

Triaging Family Court Services: The Connecticut Judicial Branch's Family Civil Intake Screen*

by

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Introduction**

By recommending a system of early screening and appropriate provision of services, the *Matrimonial Commission Report to the Chief Judge of the State of New York* (2006) has identified what many believe to be a critical component of family court services of the future. The implementation of such a triage system by the Connecticut Judicial Branch-Court

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Support Services Division (CSSD) is a pioneering effort that can help inform New York's progress.

The concept of triaging dispute resolution services is said to have originated with Professor Frank Sander's proposal for a Multi-Door Courthouse at the Pound Conference (the National Conference on the Causes of Popular Dissatisfaction with the Administration of Justice) in 1976. However, for the last thirty years, mediation and, to a lesser extent, custody evaluations have dominated the family dispute resolution landscape, with many other processes taking a back seat (Salem, 2004). Only recently have a very few court services agencies begun to explore a triage process to identify the most appropriate service from a menu of options, rather than a more traditional tiered services model.

For years, family court service agencies have faced the challenge of a growing number of referrals of increasing complexity, while staffing and other resources have remained level or, in some cases, been cut. Many agencies have attempted to address these challenges, sometimes with a full-scale overhaul of services but more often on a piecemeal basis.

This article presents an overview of how Connecticut's Judicial Branch-CSSD Family Services Unit responded when faced with these challenges. Over a three-year period, the agency, working in collaboration with consultants from the Association of Family and Conciliation Courts (AFCC), revised its menu of services and its service delivery model and developed a unique research-based screening instrument designed to match the characteristics of families in dispute with the most appropriate service.

This article begins with an overview of the development of family dispute resolution services in the courts and identifies the challenges facing today's family court service agencies. Connecticut's response to these challenges is then examined, including the decision to implement a triage process and add services. The development of the screening instrument, along with its empirical, clinical and social policy basis, is explored, as are the implementation and administration of the new services and screening instrument.

This article presents a relatively detailed description of the process as well as related information and the research, policy

and theoretical underpinnings of the Family Civil Intake Screen (see Appendix A). However, it is important to note that *this article is not intended to provide a prescription for implementation of the screen in jurisdictions outside Connecticut*. Effective implementation of the screen requires a carefully coordinated effort between management, consultants and staff and includes significant training. Simply stated, the screen is not intended to be implemented independent of the process and considerable efforts that accompanied its development.

The Development of Family Dispute Resolution Services in the Courts

Family court service agencies of the 1970s and 1980s traditionally offered a limited menu of services for separating and divorcing families. Some agencies provided counseling, conciliation services or divorce adjustment programs; however, since the 1970s, most court service agencies in North America have focused on providing child custody evaluation (or investigation) and mediation services to assist parents in resolving disputes over child custody, visitation and other parenting issues. Over the past four decades, these court-connected services have experienced a significant evolutionary process in order to meet the needs of families while frequently addressing ongoing staff shortages and budgetary constraints.

The early provision of custody evaluations placed a “heavy emphasis on cause, fault and extensive historical compilation” (Salius & Maruzo, 1988, p. 164). During the 1970s, spurred in part by the nation’s first no-fault divorce statute in California, the focus shifted from fault to the best interests of the child. This in turn led to custody evaluations that increasingly emphasized the identification of parenting abilities and examination of the primary parent-child relationships rather than discussion of unrelated and extraneous behavior. While a significant improvement over the fault-seeking approach, custody evaluations continued to take responsibility for family decisions without any meaningful attempt to evaluate the ability of the parents to make such decisions (Salius & Maruzo, 1988).

As mediation became more popular, family court service agencies throughout North America began to review their child custody evaluation processes in an effort to better meet the needs of families and court systems. A number of evaluation models emerged. The Family Services Unit of Connecticut developed family-focused custody/visitation evaluation procedures, a participatory process in which parents identify their needs and those of their children, establish evaluation criteria and attempt to negotiate a settlement. Family Court Services in Los Angeles developed “Fast Track Evaluations” (Little, 1997), and settlement-based evaluation models were implemented in numerous courts including Pima County, Arizona, and Harford County, Maryland (Milne & Salem, 2000).

At the same time, an increasing number of jurisdictions began delivering mediation services in an effort to systematically integrate opportunities for parental decision making into the process. Mediation better allowed parents, rather than custody evaluators and judges, to make decisions regarding the future of their family. Mediation services grew dramatically during the late 1970s and throughout the 1980s, both in the public and private sectors. In 1981, California became the first state to mandate mediation of custody disputes (Ricci, 2004), and by the early 1990s court-based mediation of custody and visitation disputes had spread to thirty-eight states and Washington, DC (Thoennes, Salem & Pearson, 1995).

Mediation became the preferred alternative for many court counselors, attorneys and judges. Indeed, research directly comparing the mediation and custody evaluation processes found that clients reported that mediation was fairer, involved less pressure to make unwanted agreements, produced more satisfying agreements and gave them more control over decisions than those in custody evaluations (Keilitz, Daley & Hanson, 1992).

Mediation also underwent an evolutionary process, and a variety of practice models emerged. In 1996, Kelly reported, “[i]t is clear that different mediation models have developed but are rarely acknowledged or described” (p. 383). Notable exceptions at the time included California’s “recommending”

mediation model Impasse-Directed Mediation (Johnston & Campbell, 1988), and Transformative Mediation (Bush & Folger, 1994). However, just over a decade later, numerous mediation (and evaluation) models can be identified that have been designed and promulgated in response to the changing and growing needs of separating and divorcing families (Folberg, Milne & Salem, 2004).

Along with the evolution of the mediation and child custody evaluation processes, additional dispute resolution processes have emerged. These include parenting coordination (Coates, Deutsch, Starnes, Sullivan & Sydlik, 2004), high-conflict couples counseling (Thayer & Zimmerman, 2001), mediation-evaluation hybrid processes (Shienvold, 2004), collaborative divorce (Tesler & Thompson, 2006) and cooperative law (Herman & Lande, 2004). While many of these processes were developed for delivery in the private sector, court-connected programs also generated a significant number of creative and effective new dispute resolution processes (Association of Family and Conciliation Courts Court Services Task Force, 2005).

This proliferation of dispute resolution processes has resulted in an exciting range of opportunities for service providers and users alike. What has not developed alongside these services, however, is a clear set of criteria to help determine the optimal fit between clients and the services that best meet their needs.

Challenges for Today's Family Court Service Agencies

Family court service agencies have a particular need to determine the best fit between clients and services. Despite successful adaptations of the mediation and custody evaluation processes and the availability of new processes, court service agencies face the ongoing challenge of doing more work with fewer resources. While research indicates that a majority of couples succeed in moving beyond the anger, conflict and depression associated with divorce within two to three years following separation, as many as one-third of divorcing couples report experiencing significant conflict over their children many years after separation (Johnston & Roseby, 1997). This

conflict has significant long-term implications for children, families and court systems. Johnston and Roseby report on the characteristics of what they label “failed divorces”:

For about one tenth of all divorcing couples, the unremitting animosity will shadow the entire growing-up years of the children. . . . Frequently, although not always, these parents take their disputes with each other to family court. . . . Outside the court, highly conflictual divorced parents engage in frequent arguments, and undermine and sabotage each other’s role as parents. . . . High conflict parents are identified by multiple, overlapping criteria: high rates of litigation and relitigation, high degrees of anger and distrust, incidents of verbal abuse, intermittent physical aggression, and ongoing difficulty communication about and cooperating over the care of their children. . . . The most serious threat, however, is . . . that these children bear an acutely heightened risk of repeating the cycle of conflicted and abusive relationships as they grow up and try to form families of their own. (1997, pp. 4–5)

Judges, lawyers, mediators and custody evaluators anecdotally report a dramatic increase in the number of seemingly intractable disputes in the last decade. This situation may be attributable to any combination of a variety of factors.

- In recent years married and cohabitating fathers have played a more active role in parenting, and the importance of fathers in child rearing has been more widely recognized and supported by society in general. Consequently, following separation, many of these fathers naturally want more parenting time and responsibilities than desired by divorcing fathers in prior generations.
- Increased levels of reporting and incidence of domestic violence, child abuse and neglect and chemical dependency add significant complications to the dispute resolution process.
- An increased emphasis on the establishment of paternity, parental responsibility and child support payments impacts disputes over parenting time.
- Disputes over new issues, such as grandparent visitation or gay and lesbian parenting issues, arise

with little or no case law to provide guidance for decision making.

- Dramatically increasing numbers of unrepresented parents create an enormous burden for the court since most parents possess a limited understanding of the process and little context for their decision making.
- Political interests, often gender related, surface during the process. These are sometimes prompted by organizations or books that provide guidance to separating and divorcing couples that may produce rather than help resolve conflict. These include groups representing fathers' rights organizations, victim advocates and mothers without custody.
- Today's increasingly mobile society has led to a greater number of relocation cases. Relocation disputes are challenging since they tend to present an "all or nothing" situation.

Because family court service agencies often serve as either the point of entry or the initial point of services for most parents with custody, access and parenting disputes, agency staff must be equipped to deal with a wide range of issues and varying levels of conflict. The demand on family court service agencies to address the challenges cited above has resulted in an increasing number of more difficult cases. While the situations described above may represent a minority of cases, it is on many of these matters that court counselors, judges, lawyers and administrative staff spend a disproportionate amount of their time. These are the most frustrating cases for both professionals and clients and often lead to burnout and stress among court counselors.

The Connecticut Response

Connecticut's family court service agencies have long been acknowledged as innovators and leaders in dispute resolution processes and in addressing the complex challenges of families involved in parenting disputes. CSSD-Family Services Unit is a Judicial Branch agency that oversees thirteen primary offices and five satellite offices statewide and has a professional staff

of approximately one hundred family relations counselors. The creation of CSSD, in July 1999, marked the completion of the merger of six independent agencies within the Judicial Branch (the Office of the Bail Commissioner, Family Services Division, Juvenile Detention Services, Office of Juvenile Probation, Office of Adult Probation and Office of Alternative Sanctions) into one centrally administered division.

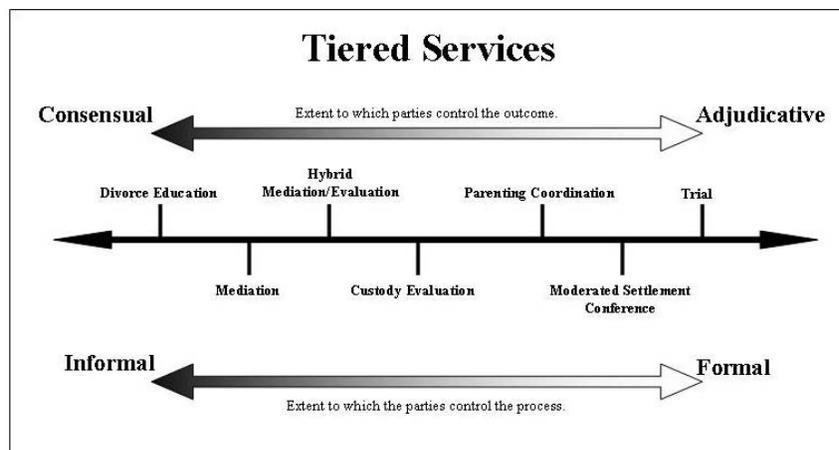
The original vision statement of the Court Support Services Division states that it is “[t]o provide Judges with effective services that improve public safety, enhance . . . the general welfare of communities, and contribute . . . to the quality of justice for all citizens.” Critical to the achievement of these goals was the provision of scientific assessment tools to all the disciplines within CSSD. This objective is rooted in CSSD’s movement toward evidence-based practices fueled by research and outcome measurements.

Shortly after its creation, the CSSD, Family Services Unit, contracted with the AFCC in its quest to develop and implement the most effective and efficient services possible. AFCC consultants conducted a comprehensive review of the existing practice models, caseloads and time standards for the family civil aspect of CSSD’s work (primarily mediation and child custody evaluation services) and compared them with national benchmarks. The consultants found that Connecticut met or exceeded national standards in the vast majority of areas (Milne & Salem, 2000). They also recommended enhanced case management strategies and expanded service delivery. The cornerstone of these recommendations was the development and implementation of an intake and assessment instrument to identify the level of conflict and complexity of issues in cases and correspondingly match the family to the most appropriate intervention.

The Case for Triaging Services

Prior to the implementation of the Family Civil Intake Screen, CSSD-Family Services Unit, like most family court service agencies, had provided services in a linear service delivery model (also referred to as tiered services). Under this system, a continuum of services is identified and made

available in a linear fashion. Families begin with the service that is least intrusive and time consuming, and, if the dispute is not resolved, the family then moves to the next available process. Under this approach, each service tier is typically more intrusive and directive than the one preceding it. The services offered and number of processes available can vary dramatically from one jurisdiction to another; however, a typical progression might include a divorce education program, mediation, child custody evaluation or investigation, moderated settlement conference and, finally, a trial.



* Adapted from the Matrimonial Commission Report to the Chief Judge of the State of New York, February 2006.

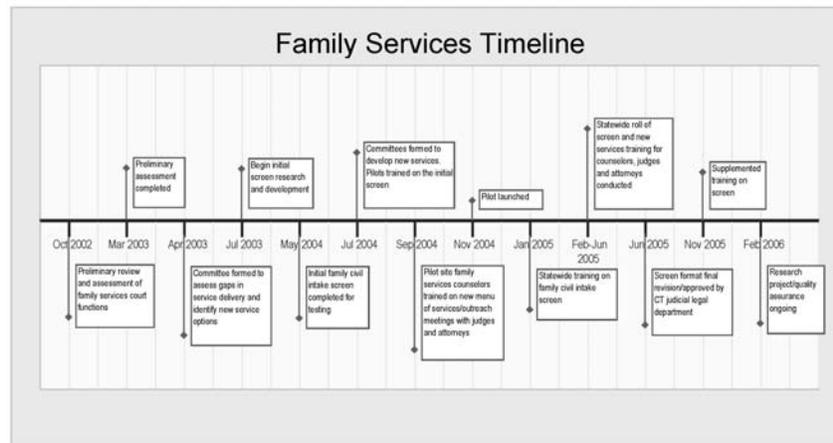
The tiered services model is based on the belief that it is preferable for separated and divorcing parents to make plans for their children and resolve their disputes with as little intervention as possible. In fact, mandatory parent education and mediation statutes and court rules in many jurisdictions require these interventions prior to more invasive and evaluative interventions (Geasler & Blaisure, 1999; Tondo, Coronel & Drucker, 2001; Tondo, 2002). Therefore, with limited exceptions (including some cases involving domestic violence), many courts have summarily referred even the seemingly most intractable cases to parent education and mediation, essentially claiming that there is no harm in trying.

Indeed, many court-based mediators can provide anecdotes of ostensibly miraculous breakthroughs in mediation with high-conflict parents. This approach enables the parents not only to reach an agreement but also to develop a better understanding of each other's needs and interests and perhaps to do a better job of co-parenting in the future. More often, however, high-conflict families fail in mediation and are referred to the next process.

As family court service agencies experience increasing caseloads and static or diminishing staff time, providing confidential mediation services that offer multiple sessions and encourage self-determination to every family has become more challenging in a court-connected context (Welsh, 2004). Not only are valuable staff time and resources used, but as families move through the system they spend an increasing amount of their own time (perhaps missing work, paying for child care and dealing with myriad expenses and inconveniences), their attorney's time (if they are represented) and their money, while often becoming increasingly polarized through repeated failed attempts to resolve their disputes. All the while, and most importantly, children must endure protracted conflict between their parents.

In many jurisdictions with mandatory mediation, court programs use hybrid mediation-evaluation processes or limit parties to a single mediation session (Sanchez, 2005; Chavez-Fallon, 2003; Dennis, 1994), thereby potentially significantly altering the nature of the mediation process.

Unconstrained by a mandatory mediation statute, CSSD opted to implement a system that would still include mediation but would allow disputants to bypass it rather than change its nature. Mediation would be augmented with additional services, and a formal assessment tool would be developed to create more consistent and uniform referrals and provide guidance to family relations counselors in an effort to reduce the amount of time families spend in services and increase agreement rates. The chart below provides information on the project timeline.



A Multifaceted Approach to Family Dispute Resolution

The decision to develop an intake and assessment instrument required CSSD to examine its menu of services. When the project began, court referrals were generally limited to mediation and a relatively comprehensive child custody evaluation that consumed about forty-five hours of staff time. CSSD has historically outsourced its parent education programs to community providers. Some of the more experienced and highly qualified family relations counselors conducted a specialized short-calendar negotiation dispute resolution process (Salem, Shepard, Deutsch & Milne, 2003), an on-site prehearing facilitated settlement conference that is described more fully below.

It was clear, however, that this approach was not sufficient to manage the growing and increasingly complex caseloads of Family Services staff. Court service agencies elsewhere were beginning to offer a range of service options, from educational programs for all separated and divorcing parents to specialized and intensive services for members of high-conflict and violent families. Some agencies adapted their existing structure and offered specialized services on a case-by-case basis. Such services included: (1) educational programs and group mediation processes for high-conflict families; (2) therapeutic mediation; (3) mediation-evaluation hybrid

processes; (4) issue-focused, settlement-focused or fast-track evaluations; and (5) parenting coordination. Numerous other family dispute resolution interventions have been implemented in family court service agencies (AFCC Court Services Task Force, 2005). Often, these are hybrid processes combining some elements of education, counseling, mediation and evaluation in an effort to tailor the process to the specific needs of each family.

As the Family Civil Intake Screen developed, CSSD staff began to evaluate the efficiency and effectiveness of the service menu offered by the Family Services Unit. Since the early 1990s, the Unit's staffing has remained relatively level, but during this time the number of referrals to the agency increased significantly. These referrals often included self-represented litigants, litigants who were never married and an increasing number of litigants involved in postjudgment matters. These types of cases exacerbate the challenge of increased referrals since the individuals and families involved are often less prepared to participate in services or the legal system and have different (often limited) parental relationships than in a typical divorce. Postjudgment matters are also more likely to involve high-conflict relationships.

As the demand for services began to outpace existing resources, the Family Services Unit recognized the need for a new service delivery model. Indeed, counselors in the field were driving the change as different offices were adapting their services in order to meet the demands being placed on their resources. The traditional mediation and evaluation services were being transformed, often on a case-by-case basis, to provide families with services more tailored to their needs. For example, when counselors determined that comprehensive custody evaluations were not needed, the scope of the process was modified and a process more closely resembling an issue-focused custody evaluation resulted. At times, mediators altered the process to incorporate an information-gathering function, including children's lawyers, information from other sources or the mediator's own expertise. These modifications enabled counselors to use their clinical judgment to help parties reach agreement on issues without a referral to a more

comprehensive and time- and resource-consuming custody evaluation.

The success of these creative and often ad hoc interventions helped inform the more strategic development of a broader array of services to better meet the needs of the families and the court. Advisory committees of administrators, supervisors and counselors were formed to structure the new services and the policies governing them. The committees developed two additional processes, the conflict resolution conference and the issue-focused evaluation, which, on the continuum of services, lie between mediation and comprehensive evaluation (see Appendix B for case flow). These processes were formalized and implemented in Family Services Unit offices throughout Connecticut.

The conflict resolution conference is an eight-week confidential service that blends the negotiation and mediation processes. In most cases, the parties meet with the counselor for two or three sessions. The counselor spends additional time gathering information and writing agreements when applicable. Although parents are offered the opportunity and encouraged to reach their own agreements, the counselor can be more directive than a mediator, can independently obtain collateral information and can make recommendations to the parents in an attempt to resolve the disputed issues. Parents are the primary participants; however, attorneys and guardians ad litem also participate and may be instrumental in the process. At the conclusion of the process, a report is sent to the court outlining any agreement. If no agreement is reached, neither the details of the conference nor the recommendations of the counselors are divulged. The conflict resolution conference involves approximately ten hours of the counselor's time and three to five hours of the parents' time.

The second additional service implemented was the issue-focused evaluation. This service is also eight weeks in length, averaging four meetings and a home visit (if deemed necessary by the counselor). The evaluation is limited in scope, counselor involvement and duration. The issue-focused evaluation allows the counselor to assess a single issue causing conflict in a family rather than completing a comprehensive

evaluation. It consumes approximately fifteen hours of staff time and is not confidential. The referral for an issue-focused evaluation comes from the court with a specific order defining the limits of the referral. The process concludes with the counselor sharing his or her assessment and recommendations orally to the parents and their attorneys and submitting a written report to the court.

The Development of the Family Civil Intake Screen

As new services were being implemented, the Family Civil Intake Screen was developed to facilitate early identification of parenting conflicts and assist counselors in better matching the needs of the families to the services (both new and previously existing). The intent was to both guide and supplement the professional judgment of counselors, leading to more efficient and effective decisions regarding the most appropriate services. The screen was designed to strengthen the consistency of the intake process within each office and across the state and move away from more discretionary decision making that fluctuated between individual counselors.

The first step in the screen's development was a review of the Family Services Unit's civil intake practices service array in an effort to identify the strengths of the process and areas in which changes might benefit the Family Services Unit, the clients and the court. Project consultants conducted a three-day site visit to meet with the Unit staff, conducted focus groups and observed the short-calendar negotiation process. Separate focus groups were conducted with family lawyers, family court judges, counselors and supervisory and management personnel. During the focus groups it became evident that the long history of cooperation between the bench and the bar and the high regard for the Family Services Unit staff would be key factors in the success of the project.

Observation of short-calendar negotiations took place in judicial districts in Hartford, Milford, New Haven and Rockville. This process is a unique on-site prehearing facilitated settlement conference. Experienced family relations counselors facilitate negotiations and provide information on child development, child custody, access and parenting

matters, child support, property division and other financial matters, all in the face of a heavy caseload and significant limitations of time and space. It is within this forum that Family Services screens and accepts referrals for office-based services.

The short-calendar process, by definition, is tailored to the needs of each family and the resources and needs of each district. Lawyers generally participate if the parties are represented. Because the short-calendar negotiation process is typically the entry point for clients, it presents the ideal forum for a more systematic face-to-face intake.

The project team's second task was to review and analyze existing intake assessment tools and screening protocols in court services and related agencies (Deutsch, Schepard & Salem, 2003) in an effort to determine how Connecticut practices compared with those in other jurisdictions. This effort included (1) a review of existing literature related to intake assessment, (2) a request for information posted on the AFCC Court Services listserv, (3) consultations with court service agencies throughout the United States and Canada about their screening protocols, (4) interviews with leading researchers to identify best practices of intake and screening, and (5) a review of the most widely used instruments that measure the critical variables of concern affecting the safety and protection of children. The search revealed no published reports, articles or papers that described court-based intake assessment or screening processes that were designed to differentiate court services.

The review led to the identification of several existing intake and screening practices that fall into three categories of practices:

(1) *Tiered services* (referred to above as a linear service delivery model) graduate a family through levels of services appropriate to its particular level of functioning and conflict. Families participate in each level of service (e.g., parent education, mediation, judicial settlement conference, evaluation, hearing or trial), stopping only if and when they reach an agreement. The emergence of critical issues—such as allegations of child maltreatment or neglect, domestic violence

or substance abuse—may trigger an emergency screening process.

Several examples of tiered systems were identified. In one Oregon jurisdiction, all parents must attend a parent education program, after which they attempt to develop a parenting plan (or modification). If no agreement is reached, they participate in mediation. If mediation does not result in an agreement, the parties move to a settlement conference and finally a hearing before the judge.

(2) *Emergency screening services* are offered in some jurisdictions. In Santa Clara County, California, parties can file a motion for an emergency screening when there is concern about the short-term safety and protection of the children, an investigation of child abuse, a severe incident of domestic violence, an incarcerated parent or a threat of abduction. The judge then issues an ex parte order for a brief emergency evaluation to take place within one day. A family court counselor meets with all family members, talks to Child Protective Services, the school, attorneys, police and other professionals and makes a rapid recommendation for temporary orders.

(3) *Triage* is used to determine the referral to the most appropriate service and was found on a limited basis and in very few jurisdictions. The most comprehensive form was used by the Office of the Children's Lawyer (OCL) in Toronto. The OCL provides evaluation, representation and intervention services on behalf of the children and uses an intake form to systematically gather information for screening from any parties claiming custody or access to the children. Information is collected about violence and the presence of protective orders, criminal charges, mental health and substance abuse issues, as well as information about legal proceedings and the kinds of court services previously used. Information about ability to communicate and concerns about custody and access are also solicited.

Review of Specific-Issue Assessment Tools

A review of specific-issue assessment tools helped identify key variables that may predict appropriateness for

mediation, education or evaluation, as well as adjustment problems for children. Instruments that assess domestic violence, conflict, psychological distress and substance abuse were reviewed with an eye toward specific questions that could be used or modified as a brief comprehensive screening tool.

- Connecticut's domestic violence screening instrument, DVSI-R, has been in use since 2003. DVSI-R includes fourteen items that lead to a rating from low to high of imminent risk of violence toward partner and imminent risk of violence toward others.
- The Divorce Mediation Assessment Instrument (Tiong Tan, 1988) was developed in conjunction with Hennepin County Minnesota Family Court Services to determine the appropriateness of mediation for a divorcing couple. The instrument was designed to highlight potential issues and problems in the mediation process and provide feedback to clients about areas for change. The subdimensions with the subscales identify useful domains of information including substance abuse, child or spouse abuse, intensity of conflict and conflict about children.
- Some standardized self-report inventories, including the Conflict Tactics Scale (CTS; Straus, 1979) and the Brief Symptom Inventory (BSI; Derogatis, 1975), were reviewed for potential areas of screening and categories of information.
- Also reviewed were the three most widely used screening instruments for substance abuse: the Alcohol Dependence Scale (ADS), the Drug Abuse Screening Test (DAST), and the Michigan Alcoholism Screening Test (MAST).

Empirical, Clinical and Social Policy Basis for the Family Civil Intake Screen

Overview

Having gathered the relevant materials and information, the project team began the task of identifying key

questions, based on empirical and clinical findings and social policy. The clear tension was to identify a series of questions that would provide enough information for counselors to make effective judgments but that could also be administered in a relatively efficient manner.

The Family Civil Intake Screen contains questions in six domains: (1) General Information; (2) Level of Conflict; (3) Ability to Cooperate and Communicate; (4) Complexity of Issues; (5) Level of Dangerousness; and (6) Disparity of Facts/Need for Corroborating Information. Questions were generally ordered to begin with those requiring factual and verifiable information and questions that were least likely to cause a defensive reaction from the parents. Essentially, the questions that are easier to answer come at the beginning and those that raise more sensitive issues come toward the end. No single question is intended to determine specific services; however, there are key questions about violence and safety that may trigger specific interventions. (See Appendix A for the screening instrument.)

General Information

The instrument's General Information section gathers basic information about the clients, existing court orders and previous participation in the Parent Education Program. Parents filing for divorce in Connecticut are automatically ordered to attend the six-hour program and are strongly encouraged to complete the program prior to referral for services by the Family Services Unit, although they do not always do so. Research indicates that, generally, attendance at parent education programs is related to lower relitigation rates and more well-informed parents, but that such programs do not necessarily ensure that settlements are more easily reached (Arbuthnot & Gordon, 1996; Arbuthnot, Kramer & Gordon, 1997; Gray, Verdick, Smith & Freed, 1997; Kramer, 1998; Kramer & Kowal, 1998).

The General Information section collects information on the age, gender and residence of each child, as well as family size, current legal and physical custody and parenting or access plans. Age, gender and family size have been found to be

predictors of high-conflict divorce (Maccoby & Mnookin, 1992), and current arrangements are the strongest determinant of custody outcome (Johnston, Klein & Tschann, 1989; Maccoby & Mnookin, 1992). This section also includes two preliminary questions related to family violence. These questions supplement a separate initial screening for domestic violence or other safety concerns. Inquiring about prior arrests and a current restraining or protective order allows the interviewer to further prescreen the case for domestic violence and the possibility that one party fears the other.

Level of Conflict

The second section of the screen helps counselors assess the parties' level of conflict, not by asking questions about their perception of the conflict, but by asking questions whose answers should be factual and verifiable. Clients are asked about the status of their relationship with the other parent (i.e., divorced, separated, never-married, cohabitating, etc.), the number of times they have utilized court interventions, their stage in the court process (e.g., no prior services, prejudgment, postjudgment) and what service usually resolved prior disputes.

This section relies on research findings and clinical experience that (1) mediation is especially effective if offered early in the divorce process (Zuberbuhler, 2001); (2) never-married parents may need special services, and those with no history of cohabitation have little basis for cooperation and trust (Johnston, 1999, 2000; Raisner, 1997, 2004); (3) postjudgment disputes are likely to be more severe and intractable (Ash & Guyer, 1986a, 1986b); (4) repeated litigation is a hallmark of high-conflict couples who are resistant to stable settlement through negotiation or mediation (Cohen, 1998; Depner, Cannata & Ricci, 1994; Duryee, 1992; Hauser, 1985); and (5) repeated litigation suggests the need for third-party decision-based models of dispute resolution (Coates, Deutsch, Starnes, Sullivan & Sydlik, 2004; T. Johnston, 1994; Zibbell, 1995).

Ability to Cooperate and Communicate

The third domain of the screen assesses the parties' ability to cooperate and communicate with each other. This section includes general questions on parents' perceptions about how well they communicate and cooperate and the importance of the other parent to the children's well-being, as well as a specific question about whether current access/visitation arrangements were made. These questions are based on research findings that self-reported inability to communicate and cooperate is strongly related to resistance to settlement in mediation and a need for more directive services (Ahrons, 1981; Johnston & Campbell, 1988; Johnston, 1999; Pearson & Thoennes, 1984) and that those who make unilateral decisions without reference to the other parent and those who do not see the value of the other parent to the children are less likely to settle in mediation (Johnston, 1999).

Complexity of Issues

The Complexity of Issues section is intended to identify families that require more complex assessment and are likely to require more directive and intrusive service interventions. This section focuses on the issues in dispute as identified by the parties, as well as the presence (or allegations) of substance abuse, child abuse or neglect, mental illness and domestic violence.

Conflicts over issues such as relocation; major medical, educational and religious decisions; and threatening or violent behaviors are more difficult to resolve (Stahl, 1999). In such cases, mediation is likely to be contra-indicated, whereas issues related to access, decision making, child care and discipline are likely to be resolved in mediation, where the individual needs of the child and family can be more fully considered (Johnston, 2000; Kelly, 2004; Mayer, 2004).

When there are reports of substance abuse and mental health concerns, a child custody evaluation may be needed since these factors may significantly compromise parenting capacities (Bow & Quinnell, 2002; Gould, 1999; Johnston & Roseby, 1997). Current allegations of child abuse and neglect

that are denied are shown to have some basis in fact in one-quarter to one-half of cases (Brown, 2003; Shaffer & Bala, 2003; Thoennes & Tjaden, 1990) and also suggest the need for careful consideration of further investigation and evaluation, although not necessarily a comprehensive custody evaluation (Birnbaum & Radovanovic, 1999; Halon, 2000).

Reports of ongoing domestic violence, especially those accompanied by denial or minimization, require careful screening, implementation of protective measures for victims and children and careful consideration of appropriate services (Dalton, 1999; Jaffe, Lemon & Poisson, 2003; McGill, Deutsch & Zibbell, 1999; Milne, 2004). Such reports indicate a need to distinguish between abusive relationships and common couple violence, to assess the impact of domestic violence on parenting and the effects on the child of witnessing parental violence and to assess the degree of fear and dangerousness. While a more coercive process is needed for abusers, others may be able to use a hybrid mediation or conflict resolution service (Dalton, Carbon & Olesen, 2003; Gelles, 1997; Johnson & Bunge, 2001; Johnson & Ferraro, 2000; Johnston & Campbell, 1993).

Level of Dangerousness

The fifth section of the instrument is designed to help determine what, if any, level of dangerousness exists or previously existed by asking about specific incidents that occurred prior to the last year and within the previous year and about the frequency of the events. The questions in the screen address whether the parents fear each other, specific abusive behaviors and legal responses to family violence (e.g., police calls or restraining orders).

Disparity of Facts/Need for Corroborating Information

The final domain in the screen occurs immediately prior to the determination of services. This section is a single item incorporated into the Service Options/Determinations page, which is the final page of the screen. It calls on the counselor to review the parties' responses (both recorded and unrecorded) and assess the level of disparity in information presented. If

parents have generally agreed on their answers and reported relatively low to moderate levels of conflict, they are more likely to be referred to mediation. Conversely, if the answers show a significant disparity and indicate a need to gather additional and corroborating information, the selected service will likely be more directive and intrusive.

Administering the Family Civil Intake Screen

During the development of the Family Civil Intake Screen, the project team thoroughly discussed and debated the method of administration. The appeal of a self-administered paper-and-pencil questionnaire was clear: it could be mailed to parties or their attorneys in advance and posted on the Internet. It would save staff time and create additional flexibility for clients since it could be completed off-site, in advance or while waiting for an appointment.

It was determined, however, that while self-administration may be more efficient, it would likely be less effective. The potential drawbacks identified included language barriers, low levels of reading comprehension and the possibility of outside influences on responses. Moreover, the opportunity for the counselors to screen in a face-to-face setting would enable them to observe nonverbal communication, clarify and probe using follow-up questions and employ their considerable clinical experience and judgment. Therefore, it was determined that the screen would be conducted through an interview process, and it was ultimately designed for that purpose.

The screens are completed at the conclusion of the short-calendar negotiation process when it has been determined that additional services are necessary. As the counselors have become more familiar with the screen, they have been able to incorporate many of the questions into the information-gathering stage of the negotiation, thereby reducing the amount of time needed to complete the screen.

Screening may be conducted conjointly or in separate meetings with each parent, depending on the case. Prior to the meeting, the counselor meets privately with each party to conduct a preliminary domestic violence screening to identify

any immediate safety concerns or other issues that would preclude a joint meeting. Attorneys are invited to attend the session; however, they are informed that clients are expected to answer questions. Information collected for the screen is considered confidential and used only for assessment purposes.

The counselor conducting the intake completes a single screen for each family and records one answer per question. If parents provide conflicting answers to a question, such as how well they cooperate, the lowest functioning answer (i.e., that which typically correlates with the higher level of conflict) is the one recorded. This practice is based on the premise that higher-functioning and lower-conflict parties will be more likely to agree on answers. The practice of accepting the lowest functioning answer becomes more important when addressing the complexity of issues and dangerousness, when one parent might indicate a trouble-free relationship while the other notes that there has been a history of violence or threatening behaviors. Accepting the answer that indicates the lowest functioning and highest conflict ensures that any allegations will be seriously considered and that safety concerns remain first and foremost. The counselor may ask follow-up questions to help parties refine their response; however, the answer recorded on the screen is that provided by the parent(s), not the interviewer's assessment of the parents' functioning.

The screen is divided into six distinct sections, as outlined above. Four of the sections conclude with a summary and overall determination point for that section. While the answers on the screen are provided by the parties, the determination sections are completed by the counselor. For most sections, the determination point is based on a rough average of responses given in that section. Including determination points for each section allows the counselor to make an assessment of that section's responses without being influenced by impressions from other sections of the screen; each section is intended to stand alone. It is not until the screen is completed that all sections are assimilated into an overall determination of service selection. As such, no single answer or section should determine the service selection.

Importantly, however, the rating for the Level of Dangerousness section is not determined by averaging the answers, as in the previous sections. Rather, because the issue is safety, the counselor accepts the single answer correlated to the highest conflict and greatest level of danger and enters it into the determination point.

The final page of the screen replicates the determination points selected for the sections on Level of Conflict, Ability to Cooperate/Communicate, Complexity of Issues and Level of Dangerousness. The counselors transfer the determination point from each section to form a snapshot of the screening results. Before the service selection is identified, however, the interviewer completes the final section on the disparity of facts presented and the need for corroborating evidence. Here, the counselor makes an overall assessment, taking into consideration the answers provided, how greatly the parents' answers differed and how much collateral information the counselor believes will be necessary to satisfy the clients' concerns and help them move toward resolution.

The counselor then reviews the determination for each section of the screen and identifies the most appropriate service. If families have used mediation successfully in the past, or it has been determined that the parties have the capacity to discuss issues with each other and compromise, and if the level of conflict between the parties is low to moderate, mediation is generally the appropriate referral.

Alternatively, a conflict resolution conference would be the most appropriate referral if (1) the parties have limited ability to communicate and cooperate; (2) the level of conflict is moderate and either acute or mildly chronic; (3) the parties have some ability to consider alternatives proposed by each other or a neutral party; (4) limited collateral information is necessary; and (5) there is no denial of any issues of domestic violence, mental health, substance abuse or child abuse or neglect.

When conflict is moderate or high, an evaluation is likely to be recommended. Issue-focused evaluations are appropriate if the presenting issue is a crisis situation needing a rapid response, if the issue is limited or postjudgment (i.e.,

the family has already participated in an evaluation) or if the court has ordered an update of an evaluation prior to trial. A comprehensive evaluation is appropriate when the presenting issues require a thorough and in-depth evaluation to determine their impact on the family; when the case is complicated and requires multiple meetings with the parties; when relocation is an issue; or when the parties disagree on issues of mental health, substance abuse, domestic violence and child abuse or neglect. If the results of the screen fall between two different services, the least intrusive service is generally selected unless there are safety concerns.

Program Implementation

Upon completion of the screen and the development of new services, attention was focused on implementing the new practices in the field. The decision was made to pilot the intake process and services in four offices (Hartford, New Britain, Litchfield and Stamford) to attempt to identify and address the challenges that would be encountered when the program was rolled out statewide. The pilot sites were selected to ensure a mix of small and large staff, rural and urban populations and varying levels of community support.

Training on how to use the screen as well as the empirical, clinical and social policy basis for the instrument was provided to supervisors and counselors at the pilot sites. Counselors were provided the opportunity to practice administering the screen both during training sessions and in the field prior to initiation of the pilot. During this phase, feedback on the screen was encouraged, which led to revisions prior to the statewide rollout.

Training on the policies and protocols of the two new services—conflict resolution conference and issue-focused custody evaluation—was conducted at all local offices. The training was held locally to account for the nuances of each court and office culture and allow for smaller group discussions on how the changes in practices would impact the office and staff. The opportunity for the staff to participate and raise practical, day-to-day issues was instrumental to the successful implementation of the program.

Once the staff members were trained, attention turned to further incorporating the stakeholders in the process. Informational meetings were held with the family judges and members of the local bar at each pilot site. Information about the project was provided, and feedback was actively sought.

The screen and new services were implemented at the pilot sites with the expectation of a minimum of a six-month pilot period. However, judges across the state quickly recognized the positive impact of the new protocols and services and, in order to respond to the judges' requests, the pilot period was reduced to three months. The program was implemented statewide over the next six months, and training on the screen and new services was provided for all supervisors and family relations counselors in Connecticut.

Preliminary Outcomes

The screening process and additional services have been in place at the pilot sites since November 2004, and the statewide rollout was completed in June 2005. In the summer of 2005, CSSD began a formal evaluation, researching the efficiency and effectiveness of the screen and the new services.

The qualitative analysis includes a review of the actual screens to determine if they are being completed fully and accurately, to assess divergences and to assure that the recommended services flow directly from the determinations made throughout the screen. Since the initiation of the pilot program, data from all screens have been collected and reviewed to ensure effective implementation. Central Administration Regional Managers formally reviewed two hundred screens in October 2005 and identified common errors and misinterpretations. This evaluation led to the development and distribution of a more thorough guide to administering the screen. In addition, supplemental training was provided to supervisors who, in turn, provided training to their counselors.

A subsequent review of another two hundred completed screens was conducted in February 2006 and found significant improvement in the quality of the screens. It was determined that additional training was not needed at that time. Office

supervisors not only conduct formal reviews but also review each screen at the time of case assignment and address any questions or concerns with the counselors on an ongoing basis.

The continuing research also includes long-term analysis, looking at the efficacy of the Family Civil Intake Screen. A controlled study is examining the timeliness of case completion, settlement rates, length of time families are in the system and rates of return to court for refilings or relitigation. The outcome data collected since the beginning of the pilot phase show increasing rates of agreement in mediation and comprehensive custody evaluations, the two processes that existed prior to the project. Mediation agreements have increased by thirteen percent, and agreements reached at the conclusion of the comprehensive evaluation have increased by sixteen percent, thereby reducing the amount of time both counselors and clients spend on these cases.

The increased rates of agreement appear to support the overall effectiveness of the screen and the practice of matching families to the most appropriate services. Furthermore, a preliminary referral and workload analysis indicate that even though referral rates increased from the year prior to the initiative, the actual amount of counselor time needed to provide the services has decreased.

Conclusion

The challenges facing family court services show no signs of subsiding. In an era of increasing demand and diminishing resources, effective implementation of projects such as the Family Civil Intake Screen will be critical to service delivery in the future. CSSD is but one of many court service agencies working to address these challenges. Preliminary data suggest that Connecticut's initiative has been successful in achieving early resolution of custody, parenting and access disputes while providing a more efficient and effective service delivery system. While these results are encouraging, the long-term benefits of the process will be not be assessed until the research project concludes at the end of 2007.

Appendix A- Family Civil Intake Screen

<i>FAMILY CIVIL INTAKE SCREEN</i>		
Court Location: _____ Intake Counselor: _____ Intake Date: _____		
GENERAL CASE INFORMATION		
Defendant _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> DOB: _____ Address: _____ Phone: _____ Employer: _____ Address: _____ Phone: _____ Work Hours: _____ Attorney: _____ Address: _____ Phone: _____	Defendant _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> DOB: _____ Address: _____ Phone: _____ Employer: _____ Address: _____ Phone: _____ Work Hours: _____ Attorney: _____ Address: _____ Phone: _____	Docket # _____ CMIS # _____
Children _____ DOB _____ Gender _____ Resides with _____ _____ _____ _____ _____ Children's Attorney/GAL: _____ Phone: _____		
Plaintiff attended/completed Parenting Education Program: _____ N _____ Y _____ Date completed _____ Waived Defendant attended/completed Parenting Education Program: _____ N _____ Y _____ Date completed _____ Waived Who presently has legal custody of the child(ren)? Father Mother Joint No Arrangement Other _____ Who presently has physical custody of the child(ren)? Father Mother Joint No Arrangement Other _____ What is the current parenting plan/access schedule? How long have these arrangements been in place? _____		

Level of Conflict:					
Which of the following best describes your relationship with your child(ren)'s other parent?	○ Divorcing/ separating and living apart LOW	○ ○○○ Divorcing/ separating/ but still living together LOW	○ Already Divorced MODERATE	○ Never Married Used to live together MODERATE	○ Never Married Never lived together HIGH
How many times have you utilized Court interventions to deal with child related disagreements between yourself and your child(ren)'s other parent?	○ No prior times; this is the first referral LOW	○ Two or three times MODERATE		○ Four or more times HIGH	
At what stages of the Court process have you returned to Court with disputes about your parenting arrangement?	○ No prior Court services LOW	○ Pendente Lite/Pre- Judgment LOW	○ Post Judgment LOW/MODERATE	○ Pendente Lite/Pre- Judgment and Post Judgment HIGH	
Which of the following Court processes usually resolved your prior parenting disputes?	○ No Prior Court Service LOW	○ Negotiation LOW	○ Mediation/ Conflict Resolution Conference LOW	○ Evaluation MODERATE	○ Trial/ Hearing HIGH
Current level of Conflict	○ LOW TO MODERATE		○ MODERATE TO HIGH		○ HIGH

Ability to Cooperate/Communicate:					
How well do you and your child(ren)'s other parent cooperate and communicate over your child(ren)	<input type="radio"/> We generally cooperate well POSITIVE	<input type="radio"/> We cooperate some of the time POSITIVE	<input type="radio"/> We do not cooperate well LIMITED	<input type="radio"/> Cooperation is almost impossible LIMITED TO NO ABILITY	<input type="radio"/> No Contact or cooperation is possible NONE
How were your present custody and access /visitation arrangements made?	<input type="radio"/> A mutual decision was made together by you and the child(ren)'s other parent POSITIVE	<input type="radio"/> A decision was made with the help of a counselor, attorney, or mediator/ne gotiator LIMITED	<input type="radio"/> A decision was made by someone in authority like a judge or after an evaluation LIMITED TO NO ABILITY	<input type="radio"/> The arrangements were made by you without discussing it with anyone NONE	
How important is the other parent to the welfare of your child(ren)?	<input type="radio"/> Very important (has many valuable things to offer as a parent) POSITIVE	<input type="radio"/> Important (has some valuable things to offer as a parent) POSITIVE	<input type="radio"/> Somewhat Important (so me value but some problems/ limitations as a parent) LIMITED	<input type="radio"/> Not important (has little to offer; problems/ deficits as a parent) LIMITED TO NO ABILITY	<input type="radio"/> Very Unimportant (has nothing to offer as a parent) NONE
Overall level of communication / cooperation	<input type="radio"/> Parties communicate and consider the other parent's opinion POSITIVE	<input type="radio"/> Minimal communication, passive cooperation LIMITED	<input type="radio"/> Communication tends to be conflicted or done so in a challenging manner; reliance on others for direction LIMITED TO NO ABILITY	<input type="radio"/> No Communication, Avoidant NONE	
Complexity of Issues:					
What do you believe are the issues currently in dispute between you and your child(ren)'s other parent?	<input type="radio"/> Relocation of one parent				HIGH
	<input type="radio"/> Medical, educational and religious decisions for your children				HIGH
	<input type="radio"/> Threatening or violent behavior between other family members				HIGH
	<input type="radio"/> Time sharing and holiday schedules (access issues) and/or arrangements for picking up/ exchanging children				MODERATE
	<input type="radio"/> Financial issues (child support/alimony, maintaining the family home)				MODERATE
	<input type="radio"/> Other parent and friends/family speaking negatively about you to the child(ren)				LOW
	<input type="radio"/> Appropriate daily care and discipline of your child(ren)				LOW
	<input type="radio"/> Other: _____				Counselor needs to rate:

Child Abuse/Neglect	<p>o Past only; No current allegations; one parent may have underlying concern that abuse/neglect may reoccur in the future</p> <p>LOW</p>	<p>o Current allegation; behavior not denied; currently in treatment or recently completed; recognition that behaviors have impacted relationship with child(ren); no agreement on how this should impact parenting plan</p> <p>MODERATE</p>	<p>o Current allegation; minimizes behavior; may or may not be in treatment; ambivalent about if/how behavior impacts relationship with child; no agreement on how this should impact parenting plan</p> <p>MODERATE/ HIGH</p>	<p>o Child abuse issue totally denied by one party</p> <p>HIGH</p>	<p>o Not an issue</p>
<p>Concerns of:</p> <ul style="list-style-type: none"> o Physically hurting the child(ren) o Emotional abusing your children o Neglecting to feed, supervise, etc. the child(ren) o Driving unsafely with the child(ren) in the car o Exposing children to dangerous/criminal behavior o Parent is engaging in sexually inappropriate behavior 					
Substance abuse	<p>o Past only; Agreement that there is no current use; one parent may have underlying concern that substance abuse may reoccur</p> <p>LOW</p>	<p>o Currently using, no denial of use; currently in treatment/or recently completed; agreement that use has impact on ability to parent; no agreement on how this should impact parenting plan</p> <p>MODERATE</p>	<p>o Currently using, no denial of use; may or may not be in treatment; ambivalent about how use impacts parenting ability; no agreement on how this should impact parenting plan</p> <p>MODERATE/ HIGH</p>	<p>o Substance use totally denied by one party</p> <p>HIGH</p>	<p>o Not an issue</p>
<p>Concerns of:</p> <ul style="list-style-type: none"> o Drinking too much o Using illegal drugs o Abusing prescription meds 					
Mental Health Concerns of:	<p>o Past only; Agreement there is no impact on current functioning; one parent may have underlying concern that functioning may be compromised in the future</p> <p>LOW</p>	<p>o Currently an issue, not denied; currently in treatment or recently completed; agreement that issue has impact on ability to parent; no agreement on how this should impact parenting plan</p> <p>MODERATE</p>	<p>o Currently an issue; may or may not be in treatment; ambivalent about if/how issue impacts parenting ability; no agreement on how this should impact parenting plan</p> <p>MODERATE/ HIGH</p>	<p>o Mental Health issue totally denied by one party</p> <p>HIGH</p>	<p>o Not an issue</p>
<ul style="list-style-type: none"> o Being mentally or emotionally unstable o Depression o Personality Disorder 					

<p>Domestic Violence</p>	<p>o Past only; No current allegations or DV arrests; NO underlying fear of the other parent</p>	<p>o Current allegation or DV arrest; behavior not denied; currently in treatment or recently completed; recognition that behaviors have impacted on parenting relationships; no agreement on how this should impact parenting plan</p>	<p>o Current allegation or DV arrest; minimizes behavior; may or may not be in treatment; ambivalent about if/how behavior impacts parenting relationships; no agreement on how this should impact parenting plan</p>	<p>o Denial of allegations by one party</p>	<p>o Not an issue</p>
<p>Concerns of: o Behaving violently towards you o Behaving violently towards their new significant other/spouse o Violence between current and past significant other/spouse</p>	<p>LOW</p>	<p>Past DV incident(s). However one parent continues to be concerned about interactions MODERATE</p>	<p>Past DV incident(s). One parent continues to be fearful MODERATE/ HIGH</p>	<p><i>Past DV incident(s). One parent continues to be fearful</i> HIGH</p>	
<p>Issues Identified : (To be filled out on the automated format only) Issues: Rating:</p>					
<p>Complexity of Issues</p>	<p>o Parenting time; Primary Residence; No current DV; Mental Health, and Substance abuse issues not present or if so do not impair ability to mediate</p>	<p>o Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present and not denied; impact of issue on parenting recognized; how issue impacts parenting plan in dispute; current or recently completed treatment a must</p>	<p>o Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present, parent has ambivalence on if/how this impacts parenting ability; how issue impacts parenting plan in dispute; may or may not be in current treatment</p>	<p>o Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse denied by one parent</p>	
<p style="text-align: center;">Level of Dangerousness</p>					
<p>How frightened are you of your child(ren)'s other parent at this time?</p>	<p>o Not at all LOW</p>	<p>o Somewhat MODERATE</p>	<p>o Very much HIGH</p>	<p>o Very much HIGH</p>	

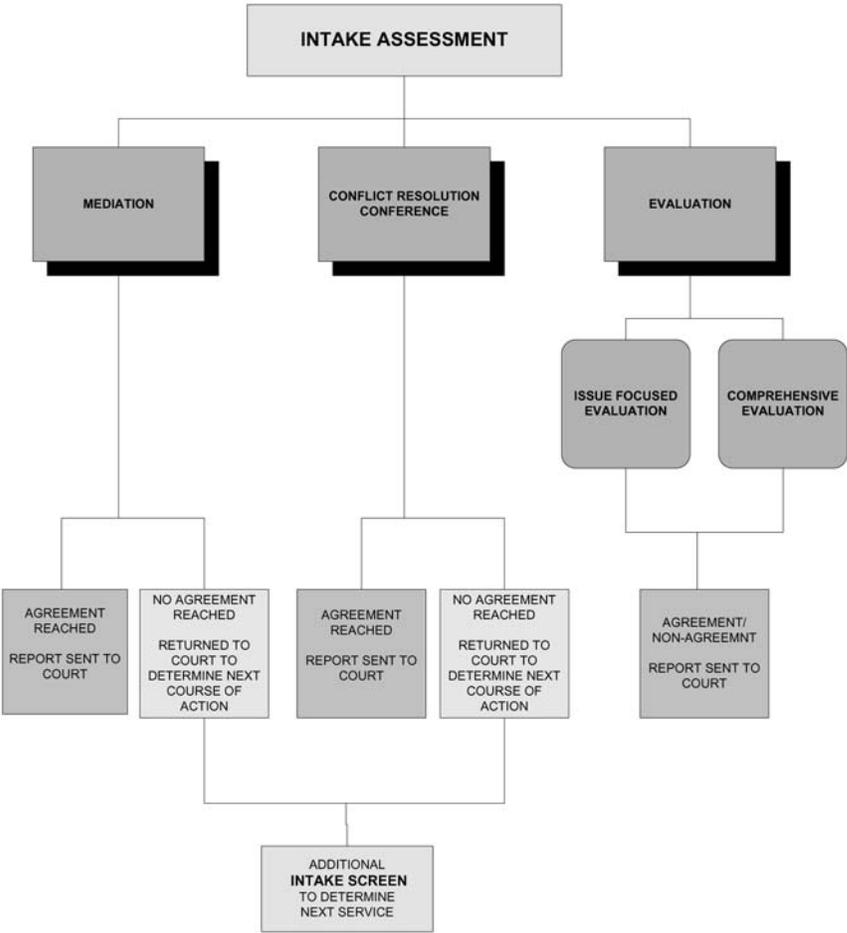
During your relationship with the child(ren)'s other parent, how often did the following occur: (See Below)	○ Occurrences within the past 12 Months:		Overall Rating**		
	○ Occurred in the past: (prior to past 12 months)	○ Never	○ Once	○ Several Times	○ Frequently
Threats to hurt or punish	Low	Low	Low	Moderate	Moderate/High
Push, grab, shove, bully	Low	Low	Low	Moderate	High
Slap, hit, kick, bite, etc.	Low or Mod.	Low	Moderate	Moderate/High	High
Choke, beat up the other (repeated blows)	Mod or High	Low	Moderate/High	High	High
Threat of/use of a weapon	Mod. or High	Low	High	High	High
Sexual abuse or rape	Mod or High	Low	High	High	High
		○ Occurred in the past: (prior to past 12 months) Ratings if yes:		○ Current – Within the past 12 months Ratings if yes:	Overall Rating **
Legal Response To Family Violence	Have police been called because of allegations of violence or abuse by you or the other parent? Have criminal charges been filed against you or the other parent as a result of alleged violence? (assaultive behavior) Has there ever been a restraining or protective orders in place between you and the other parent? Has there been an arrest for a violation of a protective order or restraining order? Have you ever received medical treatment for injuries intentionally caused by the other parent? Has DCF opened a file as a result of allegations of child abuse or neglect against either parent?	Low or Mod.	Moderate	Moderate	
		Moderate	Moderate or High		
		Low	Moderate		
		Low or Moderate	High		
		Moderate or High	High		
		Low or Moderate	Moderate/High		
Level of Dangerousness (choose highest rating from above)	○ LOW	○ MODERATE	○ MODERATE /HIGH	○ HIGH	

Service Options/Definitions

LEVEL OF CONFLICT	LOW TO MODERATE	MODERATE TO HIGH	MODERATE TO HIGH	HIGH
LEVEL OF COMMUNICATION /COOPERATION	<p>POSITIVE</p> <p>Parents communicate and consider the other parent's opinion</p>	<p>LIMITED</p> <p>Minimal communication, passive cooperation</p>	<p>LIMITED TO NO ABILITY</p> <p>Communication tends to be conflicted or done so in a challenging manner, rely on others for direction</p>	<p>NONE</p> <p>No communication, Avoidant None</p>
COMPLEXITY OF ISSUES	<p>LOW/MODERATE</p> <p>Parenting time; Primary Residence; No current DV; Mental Health, and Substance abuse issues not present or if so do not impair ability to mediate</p>	<p>MODERATE</p> <p>Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present and not denied; impact of issue on parenting recognized; how issue impacts parenting plan in dispute; current or recently completed treatment a must</p>	<p>MODERATE/HIGH</p> <p>Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present, parent has ambivalence on if /how this impacts parenting ability; how issue impacts parenting plan in dispute; may or may not be in current treatment</p>	<p>HIGH</p> <p>Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse denied by one parent</p>
LEVEL OF DANGEROUSNESS	<p>LOW</p>	<p>MODERATE OR MODERATE/HIGH</p>	<p>MODERATE/HIGH OR HIGH</p>	<p>MODERATE/HIGH OR HIGH</p>
Disparity of facts/ Need for corroborating evidence	<p>Minor to moderate differences in facts or position</p> <p>No immediate need for corroborating evidence</p>	<p>Moderate differences in facts or position</p> <p>Very limited need for corroborating evidence (1 or 2 collateral resources needed)</p>	<p>Moderate differences in facts or position</p> <p>Limited need for corroborating evidence (no more than 4 collateral resources needed)</p>	<p>Significant differences in fact or position. Strong need to share their perspective</p> <p>Significant need for corroborating evidence and expanded interviews with clients</p>
Service Selection	MEDIATION	CONFLICT RESOLUTION	FOCUSED EVALUATION	COMPREHENSIVE EVALUATION

Appendix B- Case Flow

CSSD - FAMILY SERVICE DISPUTE RESOLUTION PROCESS



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