

# DIVORCING TOGETHER

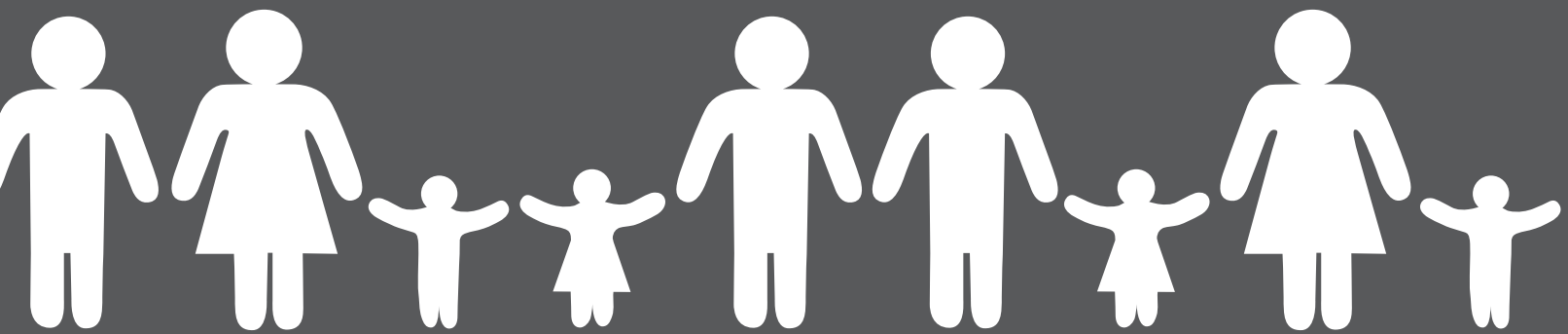
REPORT ON AN INTERDISCIPLINARY OUT-OF-COURT  
APPROACH TO SEPARATION AND DIVORCE



INSTITUTE *for the* ADVANCEMENT  
*of the* AMERICAN LEGAL SYSTEM



UNIVERSITY *of*  
DENVER



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## REPORT ON AN INTERDISCIPLINARY OUT-OF-COURT APPROACH TO SEPARATION AND DIVORCE

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May 2019

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INSTITUTE *for the* ADVANCEMENT  
*of the* AMERICAN LEGAL SYSTEM



## **IAALS—Institute for the Advancement of the American Legal System**

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IAALS, the Institute for the Advancement of the American Legal System, is a national, independent research center at the University of Denver dedicated to facilitating continuous improvement and advancing excellence in the American legal system. We are a “think tank” that goes one step further—we are practical and solution-oriented. Our mission is to forge innovative and practical solutions to problems within the American legal system. By leveraging a unique blend of empirical and legal research, innovative solutions, broad-based collaboration, communications, and ongoing measurement in strategically selected, high-impact areas, IAALS is empowering others with the knowledge, models, and will to advance a more accessible, efficient, and accountable American legal system.

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# EXECUTIVE SUMMARY

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Every year, millions of married couples decide to divorce. The legal system provides a means for sorting out financial issues, dividing assets, dissolving the legal relationship, and setting arrangements for the children. However, it is well-established that divorce, and the concomitant conflict, can present a number of psychological challenges for parents and children alike.<sup>1</sup> Furthermore, families often need help in planning for their futures and addressing other problems as they transition. The legal system is neither designed nor equipped to provide families with the support and guidance necessary to address those transitional issues.

In response to these realities, IAALS, the Institute for the Advancement of the American Legal System, developed an interdisciplinary out-of-court model to provide a comprehensive set of legal and therapeutic services to separating and divorcing families. The model provided families the opportunity to complete the divorce process without ever having to go to court. The initial implementation of the model was a Center housed on the University of Denver campus and operated between September 2013 and August 2015. In September 2015, the Center moved into the Denver community, where it served families until November 2017.

While the service delivery model remained largely the same at both the on-campus and community-based Centers, there were some noteworthy differences in the business model. First, at the on-campus Center, graduate student interns in social work, psychology, and law (under the close supervision of licensed professionals in these areas) were the primary service providers. At the community-based Center, licensed professionals were the primary service providers. Second, the on-campus Center offered services on an hourly fee basis, whereas the community-based Center employed a package-based fee system. Finally, while leadership at both Centers engaged in outreach efforts, the community-based Center implemented a much more aggressive and focused marketing campaign than did the on-campus Center. Despite attempts to adapt the business model, we were ultimately unable to find an approach that proved economically sustainable.

The Center process began with in-depth Intake and Screening procedures allowing service providers to gain an understanding of the individual issues and concerns of each family member and make a determination about the family's eligibility for services. Then, the family moved to a Service Planning phase during which Center staff described available services and recommended a plan of services tailored to the family. Families then selected and participated in legal and therapeutic services while the Center staff liaised with the court to monitor case deadlines, file all appropriate forms and documents, and keep the court apprised of case progress. At the conclusion of the case, the parents attended an on-site permanent orders hearing with a Senior Judge who was assigned to the Center through the Colorado courts.

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1 Paul R. Amato, *Research on Divorce: Continuing Trends and New Developments*, 72 J. OF MARRIAGE & FAM. 650 (2010) [hereinafter *Research on Divorce*]; Paul R. Amato & Bruce Keith, *Parental Divorce and Well-Being: A Meta-Analysis*, 53 PSYCHOL. BULL. 43 (1991) [hereinafter *Parental Divorce and Well-Being*]; Jennifer E. Lansford, *Parental Divorce and Children's Adjustment*, 4 PERSP. ON PSYCHOL. SCI. 140 (2009) [hereinafter *Parental Divorce and Children's Adjustment*].

IAALS developed and administered a robust evaluation plan to assess the implementation in terms of the population served, utilization of services, program timeline, and impact on families. In total, the Center served 158 families. Parents tended to be college-educated (74.1%), employed full-time (72.3%), and Caucasian (79.5%). When they came to the Center, parents most often reported concerns related to their children's adjustment to the separation (80.1%), financial issues surrounding the separation (75.5%), child support (63.5%), their own adjustment to the separation (56.0%), spousal support (55.2%), the time each parent would spend with the children (53.4%), and holiday schedules (51.6%). Generally, parents reported having relatively good mental health, although considerable proportions indicated mental health concerns about themselves or the other parent (33.3% and 41.3%, respectively) and just over one-quarter (27.8%) reported feeling depressed more than half of the time. With respect to communication, parents reported frequent communications with the other parent both on day-to-day matters and matters related to family dynamics and relationships—in general, parents considered these communications either neutral or good in quality. Arguments tended to be relatively infrequent and low-to-moderate intensity, with more than one-third (38.5%) indicating arguments occurred less than once a month and a sizeable majority (82.3%) rating these arguments 3 or lower on a 1 to 5 scale (where 1 is low and 5 is high intensity).

In total, the Center held 1,774 service sessions—though families at the community-based Center attended considerably more service sessions than did their counterparts at the on-campus Center (2.4 times more for both legal and counseling services). More specifically, families at the community-based Center attended an average of 18.6 service sessions, while those at the on-campus Center attended 7.9 service sessions, on average. Considering both time spent in service sessions, as well as time spent on other aspects of managing families (such as administrative tasks and drafting), Center staff dedicated an estimated 41 hours to working with each family.


Of the 158 families that the Center served, nearly three-quarters (73.5%) completed the process. On average, following the Intake and Screening process (about one month), it took just under six months (175 days) at the on-campus Center and about seven and a half months (229 days) at the community-based Center for families to reach permanent orders. The counseling process tended to be shorter, with the average time being about two and a half months (70 days) at the on-campus Center and six months (180 days) at the community-based Center.

A critical aspect of the Center evaluation was measurement of well-being outcomes. IAALS developed an instrument, the Parent Well-being Questionnaire—administered once prior to receiving services and again at the conclusion of the process—which combined a number of scales to measure changes in multiple aspects of parent well-being, including:

- Levels of acrimony between the parents;
- Shared decision-making skills;
- Communication and conflict resolution styles;
- Confidence in the co-parenting relationship; and
- Parenting stress.

We observed statistically significant improvements in each of these areas.

Finally, the evaluation included a mechanism for parents to provide feedback about their experience at the Center. Specifically, we developed an Exit Questionnaire designed to gather feedback and input regarding



accessibility, desirability, and impact of services, as well as satisfaction levels for multiple aspects of the Center process. On average, parents gave very high ratings for each item presented in the Exit Questionnaire. For instance, large majorities of parents reported the Center had a positive impact on themselves (86.2%), their children (86.2%), and their family as a whole (86.1%). As one parent put it, “The focus on children and what is best for them that is advocated by [the Center] helped our entire family go through the process and has positioned us for a harmonious co-parenting situation moving forward.”

The evaluation data demonstrates that the Center’s efforts to create positive outcomes for families and help them plan for their futures was a resounding success. However, the failure to establish a self-sustaining economic model for the Center ultimately resulted in its closing. It is our hope that this report will serve as an informational resource, both in terms of successes and lessons learned, to guide future implementations of this and similar models.



# THE NEED FOR A NEW MODEL

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Separation and divorce are a reality for millions of Americans. In fact, popular wisdom tells us that 40% to 50% of all marriages in the United States end in divorce and, although calculating the precise rate of divorce is less straightforward than it might initially seem, this figure appears to be at least approximately correct.<sup>2</sup> Further, it is estimated that about half of children of married parents in the United States will experience their parents' divorce.<sup>3</sup>

Even when parents intend to remain amicable and support their children as they separate or divorce, the structure of the court system often creates obstacles to achieving those goals. Court processes continue to emphasize traditional litigation models even in family cases, which naturally places parents in the position of adversaries. Litigation has been shown to exacerbate stress and increase conflict, detrimentally affecting both parents and children.<sup>4</sup> Indeed, it is well-established that parental conflict during separation or divorce can increase children's risk of emotional, behavioral, and psychological problems both at the time of the conflict and into their adulthood.<sup>5</sup>

Courts have an important role in fact-finding, protection, and enforcement. However, what many families need during their reorganization is access to problem-solving and future-planning services. In response to the observed need and inspired by Australia's Family Relationship Centres,<sup>6</sup> IAALS, the Institute for the Advancement of the American Legal System at the University of Denver (DU), developed an interdisciplinary out-of-court model to better serve the needs of separating and divorcing families.

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<sup>2</sup> *Research on Divorce*, *supra* note 1.

<sup>3</sup> *Parental Divorce and Children's Adjustment*, *supra* note 1.

<sup>4</sup> *Research on Divorce*, *supra* note 1.

<sup>5</sup> *Id.*; Jenifer Kunz, *Parental Divorce and Children's Interpersonal Relationships: A Meta-Analysis*, 34 J. OF DIVORCE & REMARRIAGE 19 (2001) [hereinafter *Parental Divorce and Children's Interpersonal Relationships*]; Jeffrey J. Wood, Rena L. Repetti & Scott C. Roesch, *Divorce and Children's Adjustment Problems at Home and School: The Role of Depressive/Withdrawn Parenting* 35 CHILD PSYCHIATRY & HUM. DEV. 121 (2004) [hereinafter *Divorce and Children's Adjustment Problems*].

<sup>6</sup> Patrick Parkinson, *The Idea of Family Relationship Centres in Australia*, 51 FAM. CT. REV. 195 (2013).

# MODEL DEVELOPMENT AND IMPLEMENTATION

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The University of Denver supported and housed the initial implementation of the IAALS model on campus, establishing the organization and providing the infrastructure (physical and human resources) for it to function. DU also designated key decision-makers to work with members of the Denver family law community on a steering committee to guide implementation. In addition to representatives from IAALS, the steering committee decision-makers and ultimately the Executive Committee included representation from DU's:

- Sturm College of Law;
- Graduate School of Professional Psychology;
- Department of Psychology;
- Graduate School of Social Work; and
- Butler Institute for Families.

In particular, there were a handful of individuals who were deeply involved in developing the model and advocating for the Center throughout its lifespan. Marsha Kline Pruett, M.S., Ph.D., M.S.L., contributed her extensive expertise in the impact of parental conflict and divorce on children. She was instrumental in developing the Center's evaluation plan. Andrew I. Schepard, J.D., designed and implemented the training for the students at the on-campus Center and both Dr. Pruett and Professor Schepard offered assistance to the Executive Director of the on-campus Center in ongoing oversight of the students and provision of services to the clients. Denise Breinig-Glunz, M.S.W., L.C.S.W., led the provision of clinical services at both the on-campus and community-based Centers and played a critical role in developing the suite of therapeutic services offered at the Center.

The on-campus Center provided services between September 2013 and August 2015. In September 2015, the Center moved off of the DU campus and became a stand-alone non-profit community organization, where it remained until closing in November 2017.<sup>7</sup>

The Center, the first of its kind in the United States, provided integrated case management, legal dispute resolution, therapeutic, and educational services to separating and divorcing families completely outside the courthouse. It was a holistic, non-adversarial alternative to the courts.

This report presents a thorough discussion of the business and service delivery models employed both at the on-campus and community-based Centers, as well as a comprehensive analysis of families served and outcomes achieved through Center services. The purpose of this report is to provide insight into two approaches to implementation of the IAALS model, both as a broad demonstration of how family-centered innovations can improve our family law system and as a tool for building upon and replicating the model. It is our hope that the predominantly positive results detailed below will be useful for policy-makers inside and outside the courts nationwide.

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7 While the Center was on campus, it was called the Resource Center for Separating and Divorcing Families. When it moved into the community, it was renamed the Center for Out-of-Court Divorce.

# BUSINESS MODEL

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From the beginning, the clear and singular goal of the Center was to provide an interdisciplinary resource to meet the legal and therapeutic needs of families going through the transitional process of separation or divorce, with a focus on improving outcomes for the children of these families. It was set up to be a demonstration project, with the hopes that the Center model would be replicated in communities around the country. However, because the Center was the first of its kind, what was not clear—and remains unclear—is the ideal way of organizing the business to be both affordable for families and sustainable as a non-profit organization. In fact, throughout its life both on the University of Denver campus and in the Denver community, the Center tried several changes in terms of fee structures, outreach and marketing efforts, and primary service providers. At the core, the issue with the Centers is finding a sustainable business model that can be self-supporting.

## THE ON-CAMPUS APPROACH

In addition to serving families, an ancillary goal of the on-campus Center was to provide real-world training to graduate students in social work, psychology, and law. Thus, the on-campus Center worked with the Graduate School of Social Work, the Graduate School of Professional Psychology, the Psychology Department, and the Sturm College of Law—all at the University of Denver—to identify students to complete internships and externships at the Center. These students were the primary service providers, under the close supervision of licensed professionals.

In an effort to accommodate families of all income levels, the on-campus Center utilized a sliding scale fee structure and charged for services by the hour. Center service providers determined the fee each family would pay based on income and other factors relating to the family's ability to pay. During the first year of operations, the fees ranged from \$15 to \$55 per hour. However, in an effort to increase the Center's self-sustaining potential, the range of fees increased to between \$20 and \$95 per hour after the first year.

Ultimately, though, the on-campus Center was unable to attract enough families to remain sustainable in the long term. Furthermore, the on-campus Center was heavily subsidized by IAALS as a clinical program, which was also not likely to be viable, should the Center be replicated in other communities.

## THE COMMUNITY-BASED APPROACH

Thus, the community-based Center was born. Once in the community, the Center relied on licensed professionals, rather than graduate students, as the primary service providers and transitioned from an hourly fee structure to a package-based structure. The community-based Center offered three different packages.

- The Planning for Transition Package was developed for families who were exploring the idea of separation or divorce, but had not yet decided whether to separate.
- The Comprehensive Transition Support Package was for those families who were ready to move forward with the legal process.
- Post-decree Support was for families who had already received a decree from the court—either at the Center or through the traditional process—and needed modifications to the legal agreements or additional counseling services.



Only the Post-decree Support package was offered on an hourly basis. Both of the other packages were offered at a lump sum rate. It is worth noting that virtually all families utilized the Comprehensive Transition Support Package—only two opted for the Planning for Transition Package and only one came to the Center for Post-decree Support.

The pricing of each package was developed in an effort to accommodate families of all income levels, while also allowing the community-based Center to be self-sustaining. Much like the on-campus Center, the community-based Center increased the pricing for the most popular package after the first year. The Comprehensive Transition Support Package started at \$4,500 and increased to \$6,500.<sup>8</sup> Notably, though, the community-based Center invited lower-income families to apply for financial assistance, through which fees could be significantly reduced.<sup>9</sup> The business plan for the community-based Center contemplated that the full-pay clients would be able to subsidize the clients who needed financial assistance, and that expectation was built into the pricing.

## INFORMATION, OUTREACH, AND MARKETING EFFORTS

Both the on-campus and the community-based Centers undertook efforts to inform the public about services offered and to recruit families to participate in the program; however, such efforts were much more robust at the community-based Center than at its on-campus counterpart.

Over the first year and a half of operations, the on-campus Center created and maintained an online presence primarily in the form of a dedicated website, which provided information about the Center, and allowed parents to submit Intake Forms online (see the Intake and Screening section below for more information about Intake Forms). The on-campus Center also maintained a Facebook page and a YouTube channel. In addition, the Executive Director of the on-campus Center made frequent presentations to community organizations such as churches, employee assistance programs, courts, and mental health professionals with the goal of recruiting families. Still, the most common way people heard about the on-campus Center was through word of mouth (45.1%; including the other parent, another client, co-workers, family members, or friends) or were referred through the courts (22.5%; including the court self-help center or an appointed mediator).<sup>10</sup> In total, 249 parents submitted Intake Forms at the on-campus Center, about two-thirds (65.1%) of whom ultimately became clients.

The community-based Center took a much more structured and methodical approach to marketing. Specifically, Center leadership worked with a local marketing firm to develop and implement a phased marketing strategy. Table 1 below outlines this strategy.

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8 The Planning for Transition Package remained at \$1,500 throughout the life of the community-based Center. Post-decree Support was offered at \$120/hour for mental health services and \$240/hour for mediation, plus a \$300 fee for new families—these rates stayed constant.

9 In total, six families applied for financial assistance; all six requests were approved.

10 The Intake Form asked parents to indicate how they heard about the Center; the numbers reported in this section reflect responses to that question.



*Table 1: Community-Based Center Marketing Strategy*

PHASE ONE	3 months	<ul style="list-style-type: none"> <li>• Designed, developed, and launched website</li> <li>• Started search engine optimization to increase website visibility and traffic</li> </ul>
PHASE TWO	4 months	<ul style="list-style-type: none"> <li>• Implemented pay-per-click advertising</li> <li>• Implemented Google Grant program</li> <li>• Launched LinkedIn page</li> <li>• Launched Facebook page</li> <li>• Created initial influencer outreach list and made outreach</li> </ul>
PHASE THREE	6 months	<ul style="list-style-type: none"> <li>• Launched Twitter account</li> <li>• Continued development of social media presence</li> <li>• Continuous flow of blogs published on website</li> <li>• Media relations efforts including outreach to local media outlets and news article development</li> <li>• Created four videos, each including stories from real clients and experts, relating to different aspects of the Center               <ul style="list-style-type: none"> <li>- Child-focused approach</li> <li>- Financial planning</li> <li>- Grant video for fundraising purposes</li> <li>- Overview of the background and inspiration for creating the Center</li> </ul> </li> <li>• Implemented an integrated advertising campaign on multiple platforms including:               <ul style="list-style-type: none"> <li>- Bus tail signage</li> <li>- Colorado Public Radio</li> <li>- Pandora internet radio</li> <li>- Display banners on websites</li> <li>- Social media</li> </ul> </li> </ul>

In addition to the phased marketing strategy, and similar to what was done at the on-campus Center, community-based Center leadership made outreach within the community to mental health professionals, employers, human resources departments within organizations, as well as others, in an effort to engage them as sources for referrals.

The concerted marketing efforts were responsible for just over one-third (36.2%) of all Intake Forms submitted at the community-based Center; word of mouth was responsible for a nearly equal proportion (33.1%). Overall, 551 parents submitted Intake Forms at the community-based Center, with just over one-quarter (27.5%) of those parents proceeding to becoming clients. Interestingly, further analysis shows that, considering only parents who became clients at the community-based Center (as opposed to considering *all* parents who submitted Intake Forms), more than half (52.1%) heard about the Center through word-of-mouth referrals from friends, family members, co-workers, or other clients. A smaller, but still considerable proportion (29.3%) heard about the Center through some aspect of the marketing campaign.

Thus, although the marketing campaign was (at least in part) responsible for the much higher number of Intake Forms submitted at the community-based Center than at the on-campus Center (551 versus 249, respectively), the rate at which interested parents were converted into clients was much lower at the community-based Center (27.5% versus 65.1%). We can, therefore, deduce that the marketing campaign was effective in garnering interest, but there was some disconnect preventing many of those parents from proceeding with services. Hearing about successful experiences through personal contacts clearly created the major family pathway to the Center.

Through informal efforts to gain insight into the reasons parents initiated contact—either through email, phone, or submitting an Intake Form—but declined to pursue services at the community-based Center, we learned that the most commonly shared reasons were related to:

- The requirement for both parents to agree to work together;
- The cost of services;
- Ineligibility for services;
- The couple's decision not to divorce; and
- A perception that the Center lacked legitimacy due to it not being a part of the court.

So, although this data is more anecdotal than definitive, it suggests that a marketing campaign would need to be tailored to emphasize the value of Center services, to convey the legitimacy of Center services, to reach families well-suited for services, and to reach those families at the right time.

# SERVICE DELIVERY MODEL

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Although there were substantial differences between the business models employed at the on-campus Center and the community-based Center, the service delivery model remained largely the same. As noted above, however, there was one noteworthy difference in how services were provided: at the on-campus Center graduate students in social work, psychology, and law were the primary service providers, while services at the community-based Center were primarily provided by licensed professionals.

## OVERVIEW

The sections that follow provide in-depth descriptions of each component of the Center's process. However, to facilitate a full understanding of how families moved through the process, below is a brief overview of each step in the process.

***Intake Forms:*** Both parents submitted an Intake Form, providing basic individual and family demographic information, and confirming the parents' willingness to work together.

***Individual Screening Interviews:*** Each parent separately attended an Individual Screening Interview to determine family needs and to assess whether the Center would be able to meet those needs.

***Service Planning Meeting:*** If the parents decided to move forward and staff determined the Center could meet the family's needs, both parents attended a joint Service Planning Meeting to discuss a suggested plan of services, tailored to the family.

***Court Case Management:*** As the family began participating in services, Center staff filed documents with the court indicating that the case was proceeding through the Center. The court stayed all deadlines accordingly. Center staff then managed the case throughout the process, including monitoring deadlines, filing all appropriate forms and documents, and keeping the court apprised of progress.

***Service Provision:*** Parents received a variety of legal and therapeutic services, some together and some on an individual basis. Children may have also received age-appropriate services.

***Permanent Orders:*** Once the parents completed mediation, they attended a permanent orders hearing at the Center, with a Senior Judge who was assigned to the Center through the Colorado courts.

***Ongoing Support:*** Some families needed additional support following permanent orders. For those families, the Center continued to provide legal and counseling services.

## FAMILY ELIGIBILITY

The stated purpose of the Center was to provide legal and therapeutic services to families going through separation or divorce. Center services were well-suited for families of any socioeconomic or cultural background; however, parents did need to agree to work cooperatively toward the best outcomes for their children. The Center was not equipped to meet the needs of families with recent or current severe domestic violence or certain mental health concerns, including serious substance abuse or dependency. Table 2 outlines the factors Center staff evaluated in determining the ability of the Center to meet family needs.

*Table 2: Factors in Determining the Center's Ability to Meet Family Needs*

BOTH PARENTS MUST HAVE...	A commitment to cooperating with the other parent toward positive outcomes for the children.
	A case or potential case with Colorado court jurisdiction.
NEITHER PARENT CAN HAVE...	A lengthy history of parental litigation.
	An extensive history of mental health issues.
	A history of serious substance abuse.
	A history of domestic violence, child abuse, or neglect.

## INTAKE AND SCREENING

In order to gain an understanding of each family's circumstances prior to beginning services, as well as to identify any potential disqualifying factors, the Center required parents to complete a comprehensive Intake and Screening process. As a first step, each parent completed an online Intake Form.<sup>11</sup> Responses to the Intake Form provided Center service providers with basic information about each parent—including demographic information, number and ages of children, current family situation, and reasons for seeking services at the Center—which established a foundation for interactions with the family.

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11 At the on-campus Center, there were a handful of parents without internet access who completed the Individual Intake Form in hard copy.



Once both parents in a family submitted an Intake Form, each parent came to the Center for an Individual Screening Interview, which was a private, long-form conversation between the parent and Center service providers. Through the Individual Screening Interview, Center staff learned in-depth information about the family issues each parent hoped to work through, mental health and behavioral concerns, each family member's adjustment to the changing family structure, communication between the parents, and details about the well-being of each child in the family.

Information gathered from the Intake Form and the Individual Screening Interview (collectively, the Intake and Screening process) allowed Center service providers to make a determination about whether or not the Center would be able to meet the family's needs. In instances where the Intake and Screening process revealed concerns related to mental health, violence, or substance abuse, Center service providers conducted further evaluation of those issues (e.g., administration of the MASIC screening tool for intimate partner violence and abuse<sup>12</sup>) before determining whether to move forward with services or to refer the family to other organizations better suited to meet their needs. In some cases, the Center provided parents with discrete transitional counseling services until the parents were able to secure services with a more appropriate resource.

## SERVICE PLANNING

For families who moved forward following the Intake and Screening process, the next step was a Service Planning Meeting, attended by both parents, in which Center service providers presented a Service Plan prepared specifically for the family. This individualized plan was not a regimen of required services; rather, the Service Planning Meeting was an opportunity for parents to familiarize themselves with all the services offered at the Center and the Service Plan recommended particular services based on information gathered during the Intake and Screening process. Ultimately, the parents identified the services they anticipated utilizing while at the Center. Importantly, the Center allowed the flexibility for families to adapt their plan for services as they moved through the program; at no point were parents or children committed to only a strict set of services. The Center used a flat-fee approach specifically to allow the parties to choose all services that they thought would be useful for their family, rather than having to pick between services and prioritize on the basis of financial implications.

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12 Amy Holtzworth-Munroe, Connie J. A. Beck & Amy G. Applegate, *The Mediator's Assessment of Safety Issues and Concerns (MASIC): A Screening Interview for Intimate Partner Violence and Abuse Available in the Public Domain*, 48 FAM. CT. REV. 646 (2010).

## SERVICE PROVISION

Parents who completed the Service Planning Meeting then began receiving services designed to allow them to work toward resolving legal issues, creating a positive co-parenting relationship, improving mental health, and adjusting to the family's transition. The Center offered a broad range of legal and counseling services.

### Legal Services

**Legal Education:** For parents who had not attended an initial status conference at the court prior to signing up for services at the Center,<sup>13</sup> legal education was a mandatory informational session which provided parents with information about what to expect when separating or divorcing, including how to fill out legal forms and navigate court systems.<sup>14</sup> During these sessions, Center staff offered referrals to attorneys who offered unbundled legal services<sup>15</sup> and could advise the individual client throughout the process; a number of Center clients took advantage of this option.

**Pre-mediation Preparation:** During this service, Center service providers gave parents an overview of the mediation process and the discussions that would take place. The goal of pre-mediation preparation was to get parents ready for the sometimes difficult issues on which they would have to reach agreement.

**Mediation:** These sessions were structured problem-solving discussions in which the parents worked with Center service providers toward solutions for family restructuring and agreement on disputed issues. Typically, parents completed (at least) two, two-hour mediation sessions with one focusing on resolving issues related to the children and the other being dedicated to financial matters. Some parents, after completing the mediation process, participated in a final mediation session to finalize agreements and review and sign the documents before filing with the court.

**Legal Drafting:** The mediator drafted legal documents—including mediation agreements, parenting plan agreements, and other documents—for submission to the court. Unlike other services, drafting was not completed in sessions with parents present; rather, mediators drafted these documents based upon agreements made during previously held sessions, then provided the documents to the parents for approval (and their attorneys, if applicable).<sup>16</sup>

**Financial Education:** Both at the on-campus Center and the community-based Center, there was a need for financial education for the parties. That education was provided in various ways: a financial counselor offered periodic classes on a pro bono basis; clients were referred out to financial counselors; and basic instructional materials were offered to the parties. In an ideal setting, financial information about how to budget for two households, how to divide the debt and assets, the child support guideline implication, etc. is an important part of the package.

13 The initial status conference is an opportunity for families to inform the court of their issues, provide financial disclosures, and present other relevant information.

14 This was a free service at the on-campus Center, where parents were charged on a per-service basis.

15 Traditionally, parties hire an attorney to handle their case in its entirety. However, there is a growing call in the legal field for attorneys to offer their services for only discrete portions of the case. This approach is termed unbundling of services.

16 In many states, mediators can draft agreements without running afoul of unauthorized practice of law concerns, because the mediator is deemed to be representing the dispute, not either party. Both under the on-campus rubric and the community-based rubric, there was an opinion from Colorado Attorney Regulation Counsel that the Center was not in violation of any ethical provisions based upon its service delivery model.

## Counseling Services for Parents

***Discernment Therapy:*** Some parents came to the Center for help deciding whether separation or divorce was the best choice for their family. Discernment therapy was a couples counseling service designed to help in making this decision and to work through any ambivalence about the relationship.

***Co-parenting Coaching:*** These joint sessions provided assistance and support toward effective co-parenting strategies after separation or divorce, developing a parenting plan, and feedback from child interviewing or counseling sessions.

***Adult Individual Counseling:*** These one-on-one sessions helped parents work on emotional and mental health issues related to the transition process. The mental health service provider who conducted these sessions did not work with the parent on mediation or other sessions related to the legal case.

***Divorce Therapy:*** Some parents needed help letting go and dealing with grief associated with the ending of the relationship. For these parents, divorce therapy provided a space for the parents to discuss why the decision to divorce was made, resolve any remaining issues, and provide closure so the parents could move forward in a healthier manner.

***Transition Support Groups:*** Support groups were an opportunity for parents to meet and support other parents going through the separation or divorce process. Groups also frequently participated in semi-structured skill-building activities to provide strategies for helping kids, talking to the other parent, and self-care. These sessions were gender-specific; however, in instances where the Center served same-sex couples, the parents never attended the same sessions.

***Family Therapy:*** Family therapy provided families with a space to discuss issues together. Examples of such issues include one child struggling with their relationship with one or both parents and processing the divorce as a family.



## Counseling Services for Children

**Child Counseling:** In the initial session, a Center service provider assessed the child's view about the family's situation, determined how the child was coping with the transition, and supported the child in expressing concerns (this initial session was often referred to as a child interview<sup>17</sup>). Subsequent sessions were dedicated to helping the child address any issues identified in the initial session and improve the child's overall emotional and mental well-being. Generally, these were one-on-one sessions; however, some sessions included two or more siblings.

**Play Therapy:** Play therapy provided younger children (generally, ages 4-10) with a safe space to work through feelings of loss or grief related to the changing family situation. In these sessions, children were invited to interact with Center-provided toys, games, and art supplies as a means of expressing their feelings. In some instances, the children were allowed free play; in other instances, the mental health service provider engaged the child in structured activities to work through specific issues. The service provider would reflect and validate what they saw the child expressing, allowing the child to work through issues in their own mind.

**Child Support Groups:** These sessions were an opportunity for children to interact with other children as they processed the impact of their families' changing circumstances. Groups were organized based on developmental needs of the participants; the Center held separate sessions for children of different ages and developmental stages.

## PERMANENT ORDERS

In order to provide an entirely out-of-court experience for families, the Center relied on a working relationship with the Colorado Judicial Branch. Through this relationship, the courts allowed the Center limited access to the judicial case management system and appointed a retired judge to hold uncontested on-site permanent orders hearings. The Center filed the documents with the court to initiate the legal case and, in most cases, the court waived the initial status conference.<sup>18</sup> The Center also filed any subsequent forms and documents, including parenting plans, financial mediation agreements, and financial affidavits. This, combined with permanent orders hearings at the Center, meant that parents who completed the Center program never had to step into a courthouse and the court process was managed entirely by Center staff.

## ONGOING SUPPORT

Some parents and children expressed a need or desire to continue receiving services at the Center after the family completed legal services. Limited visits over a short period of time following the permanent orders hearing were included in the package. Any additional visits were provided on an hourly fee basis. The fact that this occurred speaks to the quality of Center services and the trusting relationship Center staff developed with the families they served; however, the evaluation data presented in this report focuses primarily on what happened between submission of the Intake Forms through completion of legal services at the Center.

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<sup>17</sup> This was a free service at the on-campus Center, where parents were charged on a per-service basis.

<sup>18</sup> Some parents filed a case prior to seeking services at the Center. In those cases, the Center notified the court that the family was in the program. There was an initial requirement that parties were eligible for services only if they had not yet filed, or had only filed within the previous 30 days – because of the assumption that their positions calcified and they were less willing to work toward agreement the longer the case had been pending. That assumption was never checked against the data, because the requirement was not closely followed.



# EVALUATION

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IAALS developed and administered the Center evaluation to assess the implementation of the out-of-court model in terms of the population served, utilization of services, program timeline, and impact on families. We reviewed information gathered in the Intake Forms and Individual Screening Interviews to gather demographic data, as well as information about the reasons parents sought services at the Center. To determine the rate at which families utilized services and timelines for service completion, we analyzed service logs kept in the Center's case management system. Finally, we employed two instruments in gauging the impact on families, the Parent Well-being Questionnaire and the Exit Questionnaire. The Parent Well-being Questionnaire assessed multiple aspects of parent well-being before and after receiving services. The Exit Questionnaire asked for parent feedback about various aspects of their experience at the Center including accessibility, helpfulness, procedural fairness, impact, and satisfaction.

A couple of limitations are worth noting before continuing. First, while we tried throughout the four years of the Center's operations to gather data on the well-being of children who received services, we were unsuccessful in gathering enough data from which to draw reliable conclusions. We met with several practical obstacles in obtaining this data. However, the primary challenge was capturing information both prior to the time the child began receiving services and once the child completed services. More specifically, it was difficult to identify when the child's final appointment would be—and data collection opportunities were routinely missed as a result. Without data following service completion, analysis of any changes over time was not possible.

A second limitation we encountered was that the evaluation strategy evolved during the transition from the on-campus Center to the community-based Center. We eliminated several components of the evaluation, including those that sought feedback from partner organizations, Center staff, and student service providers.<sup>19</sup> Further, we adapted the Parent Well-being Questionnaire to be shorter and less time-consuming for parents to complete, and we modified many of the questions posed in the Exit Questionnaire. These decisions were made in favor of practicality and resources that are part-and-parcel of being a community-based program, despite the fact that they limited some of our data.

## PARENT PROFILE

In total, 800 parents submitted Intake Forms at the Center—249 at the on-campus Center and 551 at the community-based Center. Of those who submitted an Intake Form, 39.5% completed the full Intake and Screening process and proceeded to engage in services at the Center. Notably, though, we saw a striking difference in this proportion at the on-campus Center versus the community-based Center. That is, nearly two-thirds (65.1%) of parents who submitted Intake Forms at the on-campus Center went on to engage in services, while only about one-quarter (27.5%) did so at the community-based Center (see Information, Outreach, and Marketing Efforts section above for discussion of this disparity).

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<sup>19</sup> For data on these eliminated aspects of the evaluation, see: LOGAN CORNETT, CORINA GERETY & MARSHA KLINE PRUETT, INST. FOR THE ADVANCEMENT OF THE AM. LEGAL SYS., *OUT OF COURT AND IN COLLABORATION: EVALUATING AN INTERDISCIPLINARY MODEL FOR SEPARATION AND DIVORCE IN A UNIVERSITY CAMPUS SETTING* (2016) [hereinafter *OUT OF COURT AND IN COLLABORATION*], available at, [http://iaals.du.edu/sites/default/files/documents/publications/rcsdf\\_out\\_of\\_court\\_and\\_in\\_collaboration.pdf](http://iaals.du.edu/sites/default/files/documents/publications/rcsdf_out_of_court_and_in_collaboration.pdf)

There were various reasons the other 60.5% of parents who submitted Intake Forms did not complete the Intake and Screening process. At both Centers, the most common reasons were that only one parent submitted an Intake Form (on-campus = 34.5%; community-based = 54.9%; combined = 51.0%) or that the family decided, after both parents had submitted an Intake Form but before completing the Intake and Screening process, not to pursue services at the Center (on-campus = 39.1%; community-based = 42.9%; combined = 42.1%). Table 3 below presents the list of reasons why parents who submitted an Intake Form did not complete the Intake and Screening process at the Center.

*Table 3: Reasons for Not Completing Intake and Screening Process*

	ON-CAMPUS		COMMUNITY-BASED	
	<i>n</i>	%	<i>n</i>	%
The other parent did not submit a corresponding Intake form.	30	34.5%	200	54.9%
The family decided not to pursue services with the Center during the Intake and Screening process.	34	39.1%	156	42.9%
The Intake and Screening process revealed the Center was not appropriate for the family (e.g., domestic violence or substance abuse issues).	14	16.1%	8	2.2%
The parent received individual counseling only.	7	8.0%	0	0.0%
The Center did not have the ability to facilitate the court case due to lack of Colorado jurisdiction.	2	2.3%	0	0.0%
<b>Total Parents</b>	<b>87</b>	<b>100.0%</b>	<b>364</b>	<b>100.0%</b>

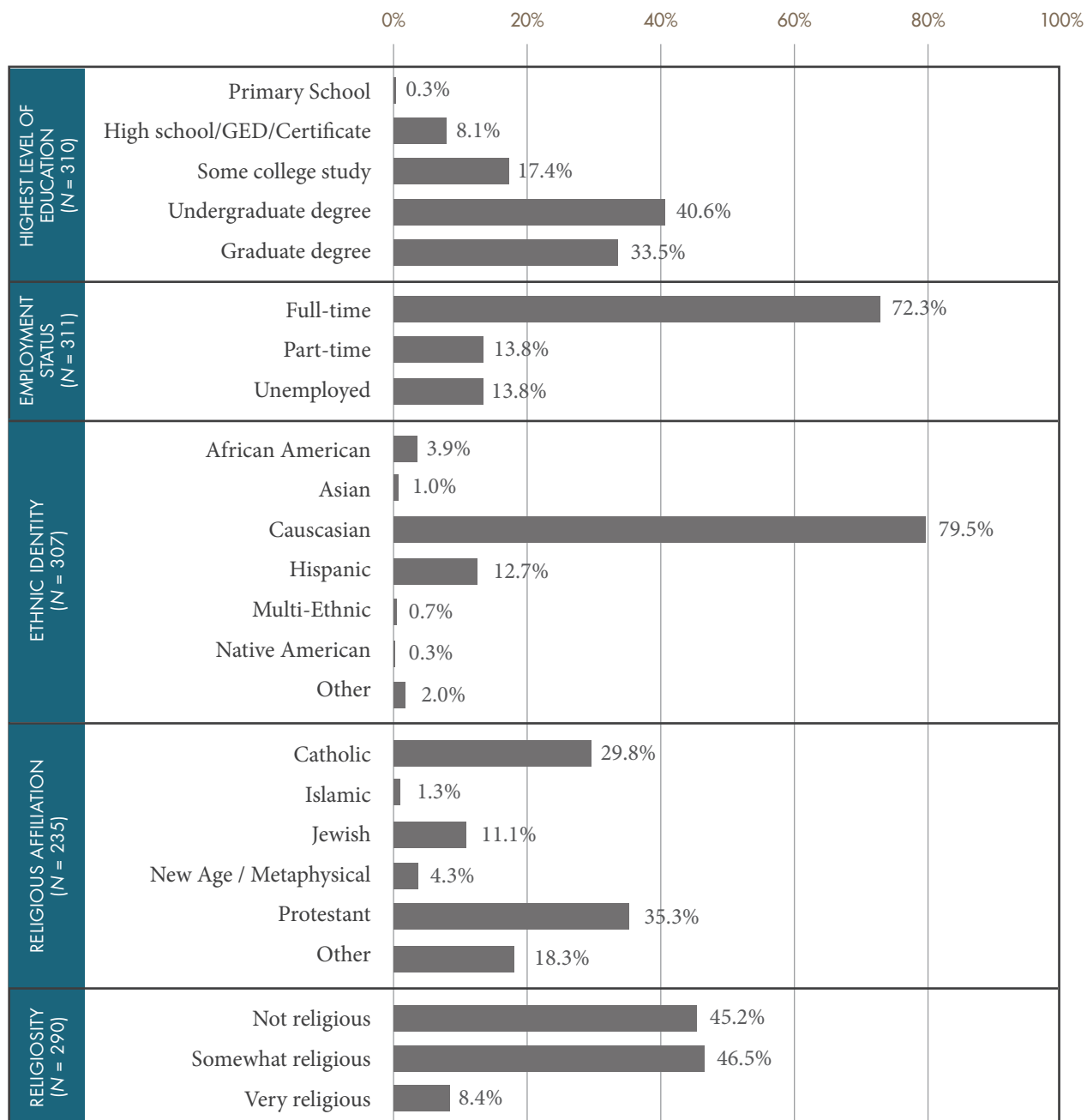
The sections below present information about the parents who completed the Intake and Screening process and utilized services at the Center. Each of the following sections—Parent Characteristics, Presenting Concerns, Health and Behavioral Concerns, and Communication—present information parents provided during the Intake and Screening Process.

## Parent Characteristics

Overall, 158 families completed the Intake and Screening process and utilized services at the Center. The on-campus Center served a total of 82 families, including 160 children; the community-based Center served 76 families (11 of whom transitioned from the on-campus Center), including 149 children. Both centers welcomed same-sex parents; however, only three families with same-sex parents received services—all at the community-based Center.

Parents who received services at the Center were largely educated, with nearly three-quarters (74.1%) having earned at least a bachelor's degree, and tended to be employed full-time (72.3%). In terms of racial and ethnic background, the vast majority of parents were Caucasian (79.5%), with other groups making up much smaller proportions. With respect to religiosity, nearly half (45.2%) of parents identified themselves as not at all religious, a similar proportion reported being somewhat religious (46.5%), and the remainder classified themselves as very religious (8.4%). Of those who indicated a religious affiliation, almost two-thirds (65.1%) were Christian—35.3% Catholic, 29.8% Protestant—with other religions making up much smaller proportions of parents.<sup>20</sup> Figure 1 below provides a detailed demographic distribution of parents who received services at the Center.

*Figure 1: Parent Demographics*



20 Note that parents were able to select as many religious affiliations as were applicable to them.

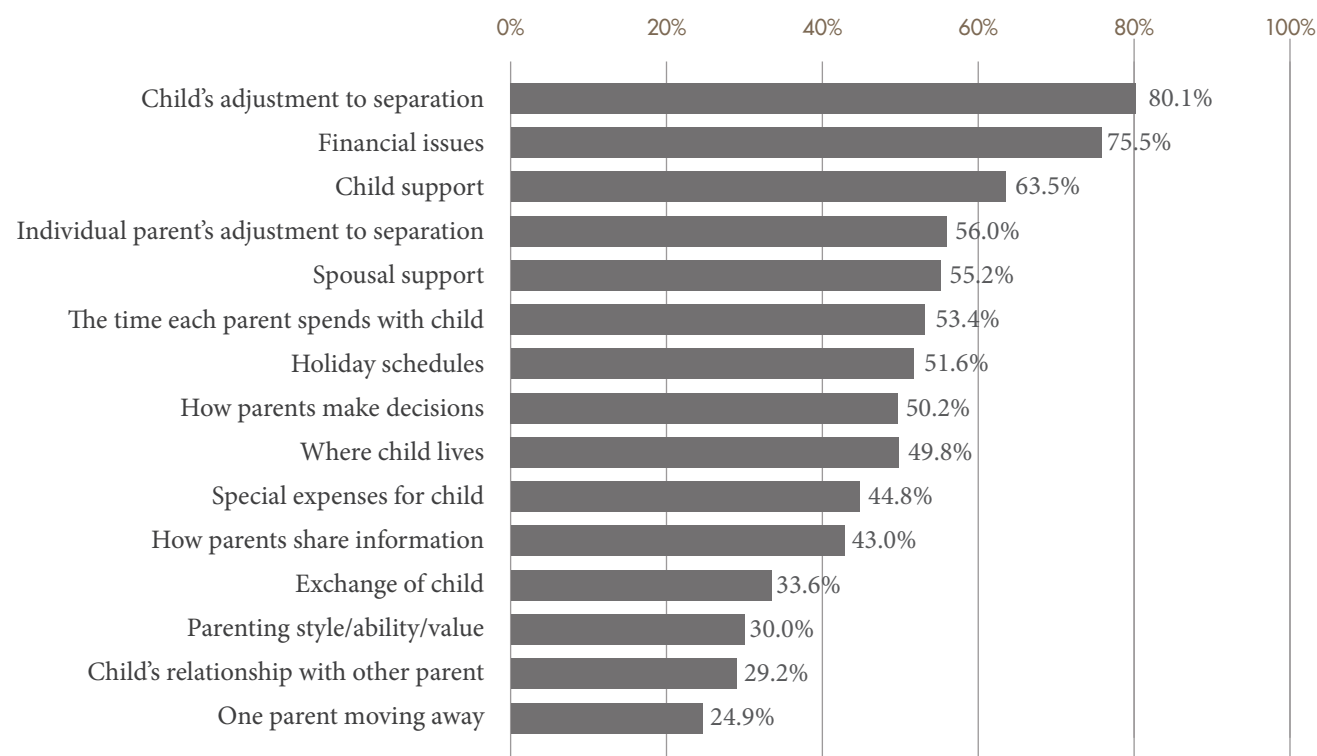
Both Centers served a broad swath of the economic spectrum; however, the on-campus Center saw a somewhat larger proportion of low-income parents (36.1% reported an annual individual income of \$35,000 or less), while the community-based Center included a larger proportion of higher income parents (32.7% reported an annual individual income of more than \$100,000).<sup>21</sup>

The vast majority of parents came to the Center prior to seeking other legal guidance: three-quarters (75.3%) reported not having received legal advice about their current situation and only 4.8% reported that they were currently working with a lawyer. Similarly, more than three-quarters (78.4%) had not filed a case with the court prior to coming to the Center.

## Presenting Concerns

During the Screening Interview, Center service providers discussed each parent's individual and family circumstances in great depth. Each session began with a broad conversation about what the parent sought from the Center and the issues they hoped to resolve through the process. By a fairly wide margin, the most commonly noted concerns were related to the children's adjustment to the separation (80.1%) and financial issues surrounding the separation (75.5%). Smaller proportions, though still a majority of parents, expressed concern about child support (63.5%), their own adjustment to the separation (56.0%), spousal support (55.2%), the time each parent spends with the children (53.4%), holiday schedules (51.6%), and parental decision-making (50.2%).

*Figure 2: Issues of Concern (N = 278)*



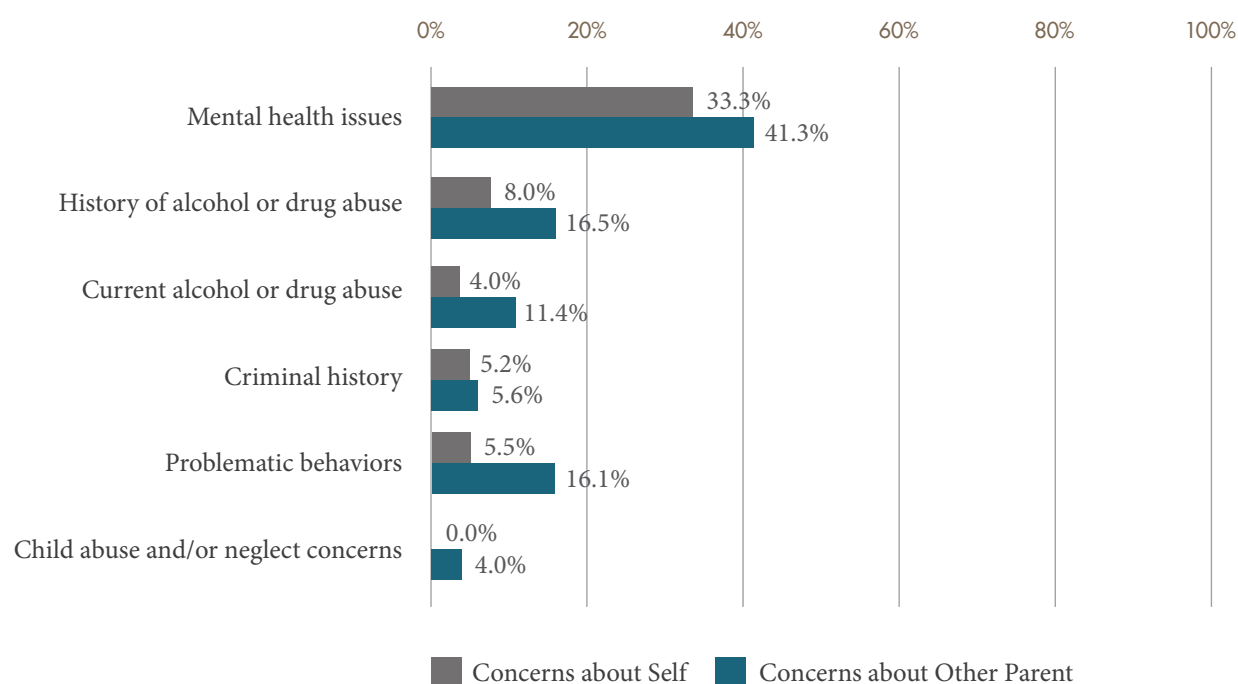
21 Annual income figures are not presented in the demographics figure, as the income categories differed on the on-campus Center and community-based Center Intake Forms; thus, the categories cannot be directly compared. On-campus Center clients' reported annual individual income (N = 161): below \$20,000 = 16.8%; \$21,000 - \$35,000 = 19.3%; \$36,000 - \$45,000 = 9.9%; \$46,000 - \$55,000 = 13.0%; \$56,000 - \$65,000 = 6.8%; \$66,000 - \$75,000 = 11.2%; \$76,000 - \$85,000 = 5.6%; \$86,000 - \$95,000 = 4.3%; above \$95,000 = 13.0%. Community-based Center clients' reported annual individual income (N = 129): no income = 8.5%; below \$20,000 = 10.9%; \$21,000 - \$40,000 = 10.1%; \$41,000 - \$60,000 = 14.0%; \$61,000 - \$80,000 = 14.0%; \$81,000 - \$100,000 = 10.9%; above \$100,000 = 31.8%.



## Mental Health and Behavioral Concerns

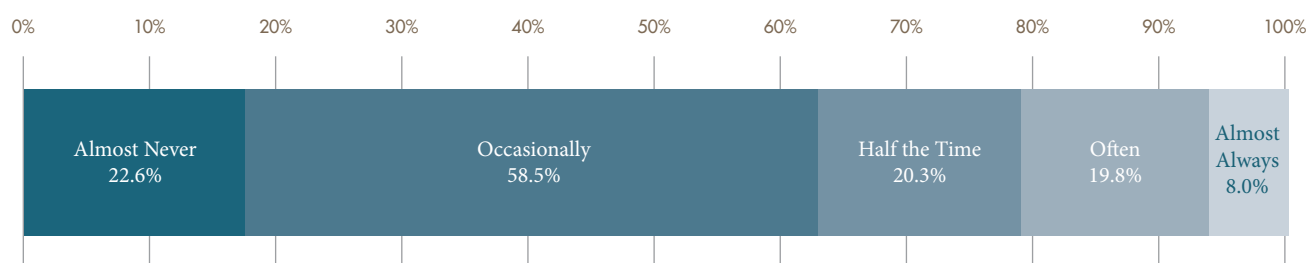
Another component of the Screening Interview involved discussing any concerns related to mental health, substance abuse, criminal history, child abuse or neglect, and other problematic behaviors. Parents had the opportunity to discuss any such concerns they had about themselves or about the other parent. Perhaps unsurprisingly, parents were more apt to identify potential concerns in the other parent, rather than in themselves.

*Figure 3: Concerns about Self and Other Parent (N = 275)*



By far, the most common concern parents expressed—either about themselves or about the other parent—related to mental health issues (33.3% and 41.3%, respectively). Even so, parents reported feeling sad or depressed with only low to moderate frequency (see Figure 4 below). Indeed, a sizeable majority (81.1%) of parents reported feeling depressed less than half of the time, while just over a quarter (27.8%) reported feeling depressed more than half of the time.

*Figure 4: Frequency of Depressed Feelings (N = 273)*



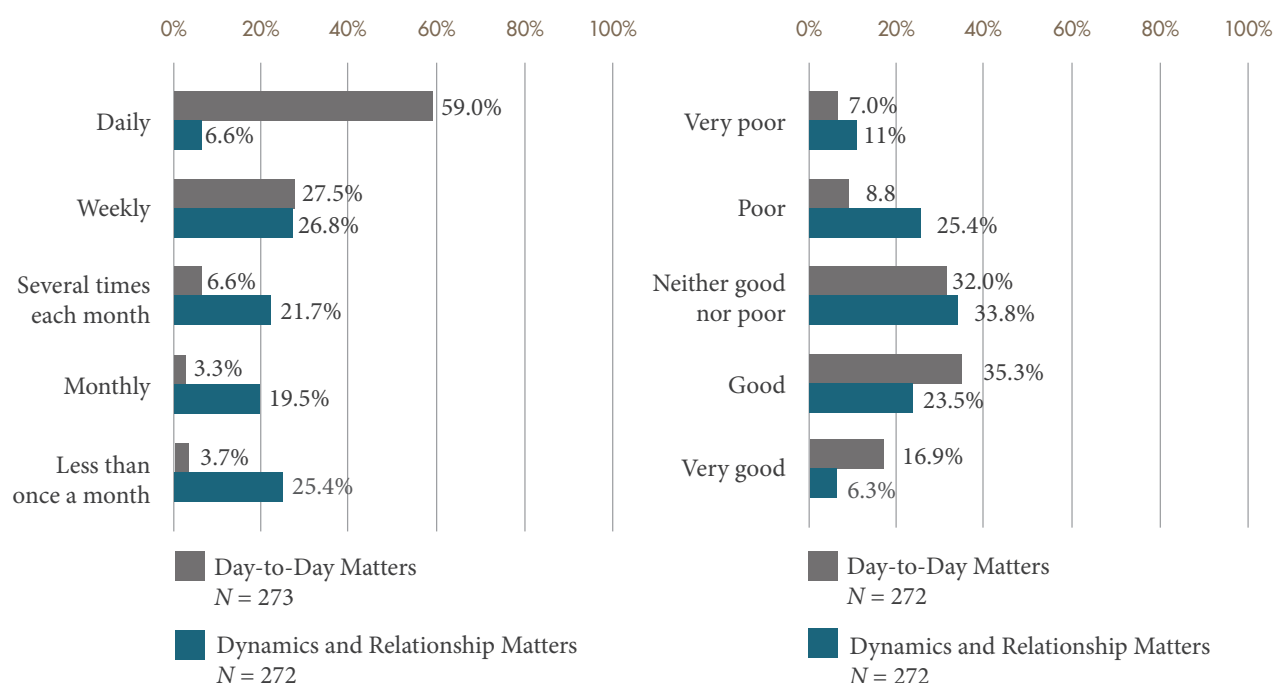
## Communication between the Parents

During the Screening Interview, parents were also asked about the state of communication with the other parent in terms of quality and frequency of communication on day-to-day matters and matters related to family dynamics and relationships. This section of the interview also inquired about arguments between the parents.

With respect to day-to-day matters (such as scheduling carpooling, chores, and bills), parents tended to communicate frequently, with 86.5% reporting that such communications occurred at least once per week. In general, parents reported that these communications were good in quality; just over half (52.2%) indicated communications about day-to-day matters were good or very good, nearly one-third (32.0%) indicated neither good nor poor, and the remainder (15.8%) indicated poor or very poor.

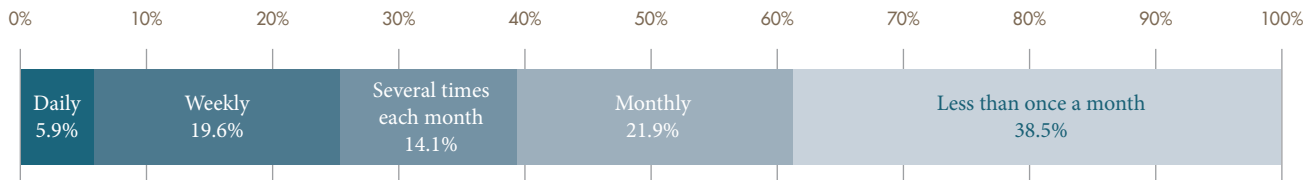
In contrast, parents reported communicating about dynamics and relationships in the family (such as how the children are doing, what the future might look like, things that are important to one or both parents, etc.) less frequently, but still relatively often—one-third (33.4%) reported engaging in communication about these matters at least once per week. While more than one-quarter (29.8%) of parents rated these communications as good or very good, a considerably larger proportion of parents (36.4%) regarded them as poor or very poor. The remaining third (33.8%) reported communications about dynamics and family relationships to be neither good nor poor.

Figure 5: Frequency and Quality of Communication



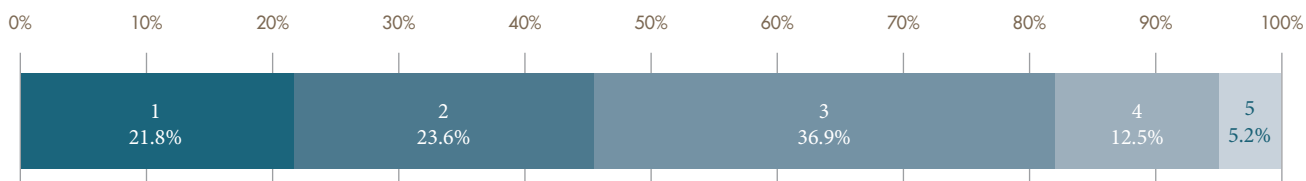
Arguments between the parents at the time of the Individual Screening Interview were generally infrequent, with 60.4% of parents reporting that arguments happened no more than once per month. Still, a quarter (25.5%) of parents reported arguing with the other parent at least once per week.

Figure 6: Frequency of Arguments (N = 270)



In addition to frequency of arguments, we asked parents to report on the intensity of arguments with the other parent on a scale of 1 (low) to 5 (high). Responses indicate that arguments tended to be low-to-medium intensity, with 82.3% of parents rating argument intensity at a 3 or below (mean = 2.6, median = 3.0).

Figure 7: Argument Intensity (N = 271)



## SERVICE UTILIZATION

In total, the Center held 1,774 service sessions.<sup>22</sup> Although both iterations of the Center were in operation for roughly the same amount of time—about two years—the community-based Center held over twice (in fact, 2.4 times) as many service sessions as did the on-campus Center. This is possibly attributable to the different pricing structures. That is, parents may have been more apt to utilize services at the community-based Center because, rather than being charged per hour as at the on-campus Center, they paid a flat rate which gave them access to as many services as they wanted to use. Another potential explanation for the usage disparity is that services at the community-based Center were provided by licensed professionals, rather than students, as was the case at the on-campus Center. Interestingly, though, the ratio of legal service sessions held to counseling sessions held remained constant: there were 2.4 times as many counseling service sessions held than legal sessions at both the on-campus Center and community-based Center.<sup>23</sup>

22 Calculations in this section include all service sessions held, regardless of whether the family ultimately completed the program.  
23 Note that legal service sessions were primarily mediation sessions.

Table 4: Service Sessions Held

		ON-CAMPUS	COMMUNITY-BASED	COMBINED
Legal/Financial Service Sessions	Legal Education	49	73	122
	Mediation	106	285	391
	Financial Education	0	10	10
	<b>Total Legal/Financial Services</b>	<b>155</b>	<b>368</b>	<b>523</b>
Counseling Service Sessions	Discernment Therapy	8	3	11
	Co-Parenting Coaching	142	64	206
	Child Counseling	119	399	518
	Divorce Therapy	0	3	3
	Family Counseling	10	8	18
	Pre-Mediation Prep	0	76	76
	Adult Individual Counseling	72	297	369
	Support Group: Men	6	5	11
	Support Group: Women	6	17	23
	Support Group: Children	6	10	16
	<b>Total Counseling Services</b>	<b>369</b>	<b>882</b>	<b>1251</b>
<b>Total Service Sessions</b>		<b>524</b>	<b>1250</b>	<b>1774</b>

On average, families at the on-campus Center attended 7.9 service sessions (median = 6.0), with the fewest sessions utilized being one and the most being 41. In contrast, families at the community-based Center attended an average of 18.6 service sessions (median = 13.0); again, the fewest sessions utilized was one, but the upper limit was much higher than the on-campus Center, at 68. Further dissecting the service utilization rates, families at the on-campus Center attended 2.2 legal service sessions on average, while families at the community-based Center attended an average of 5.0 legal sessions.<sup>24</sup> Parents at the community-based Center participated in three times as many mediation sessions, on average, as did those at the on-campus Center (3.9 versus 1.3, respectively).

24 On-campus Center legal services utilized: median = 2.0, range = 0-5; community-based Center legal services utilized: median = 5.0, range = 1-15. Note that the bulk of these legal service sessions were mediation sessions.



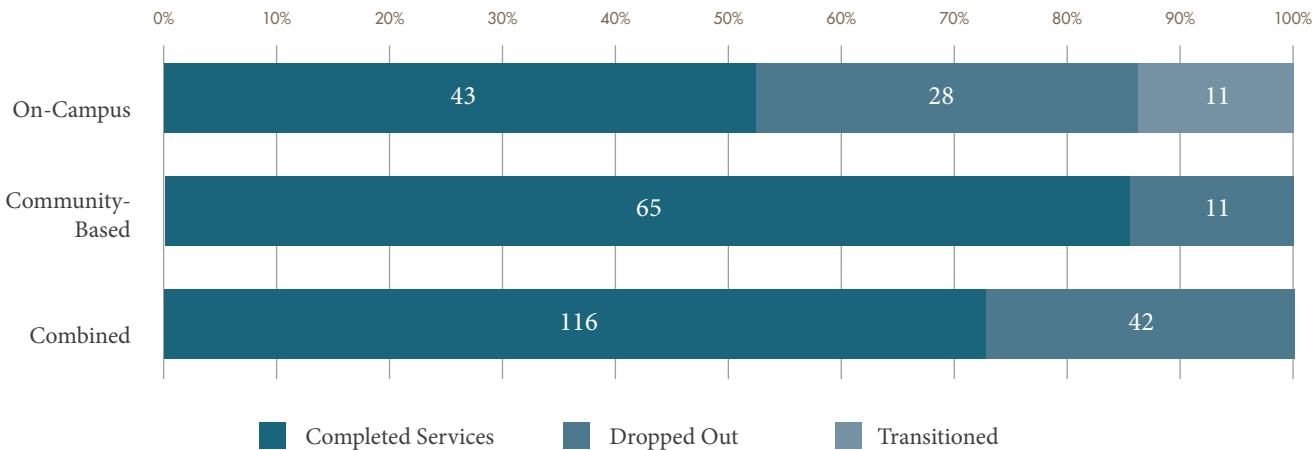
Similarly, with respect to counseling services, families at the on-campus Center attended an average of 5.7 counseling sessions, while their counterparts at the community-based Center attended 13.6 counseling sessions, on average.<sup>25</sup> Out of the 309 children in the 158 Center families, 215 (69.6%) were between the ages of five and 17 and, thus, eligible to receive services. Of those eligible, just over half (54.4%; 117 children) participated in at least one counseling service.

Distinct from service utilization, but still an important consideration, is the amount of staff time the Center devoted to each family. Including both time spent in service sessions as well as time spent on other activities—such as performing administrative functions and drafting and filing court documents—Center staff devoted an estimated 41 hours working with each family.

## PROGRAM COMPLETION AND TIMELINE

In total, of the 158 families that the Center served, nearly three-quarters (73.5%) completed the process, while the remainder (26.5%) dropped out of the process prior to completion. Notably, though, these rates differed substantially between the on-campus Center and the community-based Center. At the former, 60.5% of families completed services;<sup>26</sup> a much larger proportion—85.5%—did so at the latter. A possible contributor to consider is the difference in service provision (quality or parental confidence) between student versus professional service providers. The lower income levels at the on-campus Center also may have contributed to lower service utilization because services were being charged by the hour. A likely contributor to the much higher completion rate at the community-based Center is the package-based fee structure (as opposed to hourly-rate based structure employed at the on-campus Center). In other words, because parents had already committed financially to the process at the community-based Center, they may have been more apt to finish. With respect to those who left the Center prior to completion, common reasons included the parents deciding not to divorce, failing to schedule or attend appointments, and opting to pursue a mediation-only resource instead.

*Figure 8: Process Completion Rates*



<sup>25</sup> On-campus Center counseling services utilized: median = 3.0; range = 0-37; community-based Center counseling services utilized: median = 8.0, range = 0-59.

<sup>26</sup> This calculation does not include the 11 families who transitioned to the community-based Center; it includes only those who terminated services at the on-campus Center, either through completion of services or dropping out.

In terms of the process timelines, the Intake and Screening process took about a month, on average (slightly less at the median).<sup>27</sup> Families were engaged in the legal process—that is, from the Service Planning Meeting to permanent orders—for an average of nearly six months (175 days) at the on-campus Center and about seven and a half months (229 days) at the community-based Center. Findings from a recent report on the landscape of domestic relations cases suggest that the average time to disposition for divorce cases is about nine and a half months (283 days); thus, it would appear that the Center provided a more efficient legal process than does the traditional adversarial process.<sup>28</sup> The counseling process—that is, from the Service Planning Meeting to the final counseling appointment—was shorter, with the average time being about two and a half months (70 days) at the on-campus Center and six months (180 days) at the community-based Center. Notably, families were engaged in both the legal process and the counseling process longer at the community-based Center, associated with the higher number of completed sessions.

*Table 5: Timeline for Completion (in days)*

		MEAN	MEDIAN
Intake and Screening Process	On-Campus (N = 148)	32.7	27.0
	Community-Based (N = 129)	27.3	20.0
Legal Process	On-Campus (N = 148)	175.0	141.5
	Community-Based (N = 129)	229.3	209.0
Counseling Process	On-Campus (N = 148)	70.3	30.5
	Community-Based (N = 129)	179.9	162.0

## PARENT WELL-BEING OUTCOMES

Given that mitigating the detrimental effects divorce can have on families, and children in particular, was a core Center goal, a crucial component of the Center evaluation involved measuring well-being outcomes. As noted above, our efforts to obtain data on children were unsuccessful; however, prevailing wisdom in the existing research on the impacts of divorce on children tells us that it is parental conflict surrounding the dissolving relationship, rather than divorce per se, that poses the largest threat to child well-being.<sup>29</sup> Thus, if the outcome data from parents demonstrates improvements with respect to communication, conflict, decision-making, and other aspects of the parenting relationship, it can be inferred that such improvements would likely translate to improvements in the children's well-being.

<sup>27</sup> These calculations include only families who completed services.

<sup>28</sup> NAT'L CENTER. FOR ST. CTS., FAMILY JUSTICE INITIATIVE: THE LANDSCAPE OF DOMESTIC RELATIONS CASES IN STATE COURTS (2018), available at <http://iaals.du.edu/sites/default/files/documents/publications/fji-landscape-report.pdf>

<sup>29</sup> See, e.g., *Parental Divorce and Well-Being*, *supra* note 1; David H. Demo & Alan C. Acock, *Family Structure, Family Process, and Adolescent Well-Being*, 6 J. OF RES. ON ADOLESCENCE 457 (1996) [hereinafter *Family Structure*]; Leeann Kott & Holly M. Shoemaker, *Children of Divorce*, 31 J. OF DIVORCE AND REMARRIAGE 161 (1999); Paul R. Amato & Juliana M. Sobolewski, *The Effects of Divorce and Marital Discord on Adult Children's Psychological Well-Being*, 66 AM. SOC. REV. 900 (2001) [hereinafter *Effects of Divorce and Marital Discord*]; *Divorce and Children's Adjustment Problems*, *supra* note 5.

We utilized a pre-post within-subjects design in assessing parent well-being outcomes—that is, we compared individual parent scores prior to and following engaging in Center services; parents completed the Well-being Questionnaire once prior to receiving any legal or counseling services (but after the Intake and Screening process) and again after the permanent orders hearing. This approach allowed us to measure any changes in well-being that occurred throughout the process. We developed the Well-being Questionnaire by compiling existing scales. The original instrument utilized at the on-campus Center contained a large number of scales and, thus, was long and cumbersome to complete. For this reason, when the Center moved into the community, we shortened the questionnaire to include what we viewed as the most relevant measures.<sup>30</sup> The final, shortened version included scales to measure:

- Levels of acrimony between the parents (Acrimony Scale, Modified)<sup>31</sup>;
- Shared decision-making (Quality of Coparental Communication Scale, Modified)<sup>32</sup>;
- Communication and conflict resolution styles (Couple Communication Questionnaire, Modified)<sup>33</sup>;
- Confidence in the co-parenting relationship (Confidence Questionnaire, Modified)<sup>34</sup>; and
- Parenting stress (Parenting Stress Index – Short Form, Modified).<sup>35</sup>

Note that, in each figure below, the y-axis represents the range of possible scores on the relevant scale. Thus, the reader can discern not only the change in mean scores from pre-test to post-test, but also whether the mean scores are, overall, relatively low or relatively high. Also note that, results are considered statistically significant where  $p < 0.05$ . Finally, although we modified most of the scales we used from their original versions, each scale maintained a high level of reliability.<sup>36</sup>

Though there was some variation in outcomes between the on-campus and community-based Centers, we observed statistically significant improvement in each of the areas we measured.

30 For the original version, see: OUT OF COURT AND IN COLLABORATION, *supra* note 19.

31 Robert E. Emery, Lisa Laumann-Billings, Mary C. Waldron, David A. Sbarra & Peter Dillon, *Child Custody Mediation and Litigation: Custody, Contact, and Co-Parenting 12 Years After Initial Dispute Resolution*, 69 J. OF CONSULTING AND CLINICAL PSYCHOL. 323 (2001).

32 Constance R. Ahrons, *The Continuing Coparental Relationship Between Divorced Spouses*, 51 AMER. J. OF ORTHOPSYCHIATRY 415 (1981).

33 PHILIP A. COWAN & CAROLYN P. COWAN, COUPLE COMMUNICATION QUESTIONNAIRE (Institute of Human Development, University of California, 1990).

34 S. M. STANLEY, L. HOYER & D. W. TRATHEN, THE CONFIDENCE SCALE, (unpublished manuscript, University of Denver, 1994). Sarah W. Whitton, Antonio P. Olmos-Gallo, Scott M. Stanley, Lydia M. Prado, Galena H. Kline, Michelle St. Peters, & Howard J. Markman, *Depressive Symptoms in Early Marriage: Predictions from Relationship Confidence and Negative Marital Interaction*, 21 J. OF FAM. PSYCHOL. 297 (2007).

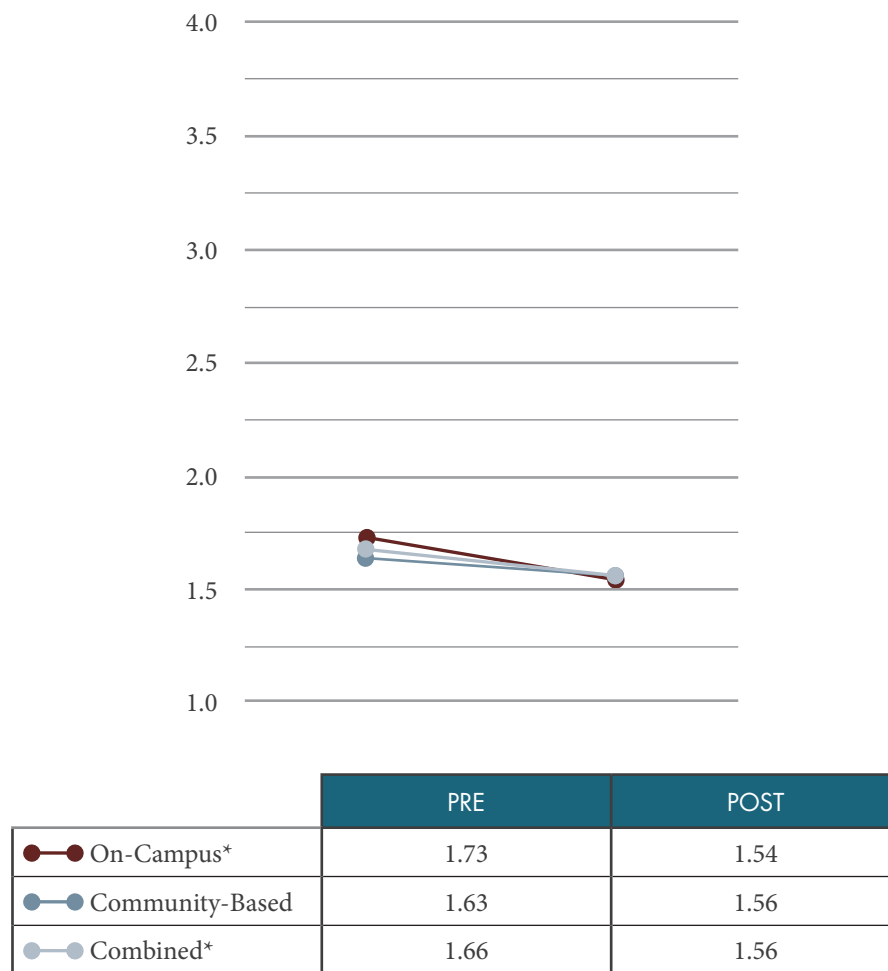
35 Richard R. Abidin, *Parenting Stress Index: A Measure of the Parent-Child System*, EVALUATING STRESS: A BOOK OF RESOURCES 277 (C. P. Zalaquett & R. J. Wood eds., 1997).

36 All Cronbach's alpha values are reported in the relevant subsection below. Prevailing wisdom dictates that an alpha of 0.70 or above is acceptable.

## Acrimony

To gauge levels of hostility and acrimony between the parents, we employed a modified version of the Acrimony Scale. Our version consisted of 10 questions (e.g., “Is parenting time a problem between you and the other parent?” and “Can you talk to the other parent about problems with the children?”), each of which parents rated on a scale from *almost never*, or 1, to *almost always*, or 4 ( $\alpha = 0.82$ ). Possible scores on this scale range from 1 to 4, with higher scores indicating higher levels of acrimony between the parents. Overall, parents began the Center process with relatively low levels of acrimony (mean = 1.66, SD = 0.41). Even so, at the conclusion of services (mean = 1.55, SD = 0.46), mean scores on the Acrimony Scale were significantly improved.<sup>37</sup>

Figure 9: Mean Pre-Test and Post-Test Scores, Acrimony Scale (N = 118)



\* indicates  $p < 0.05$

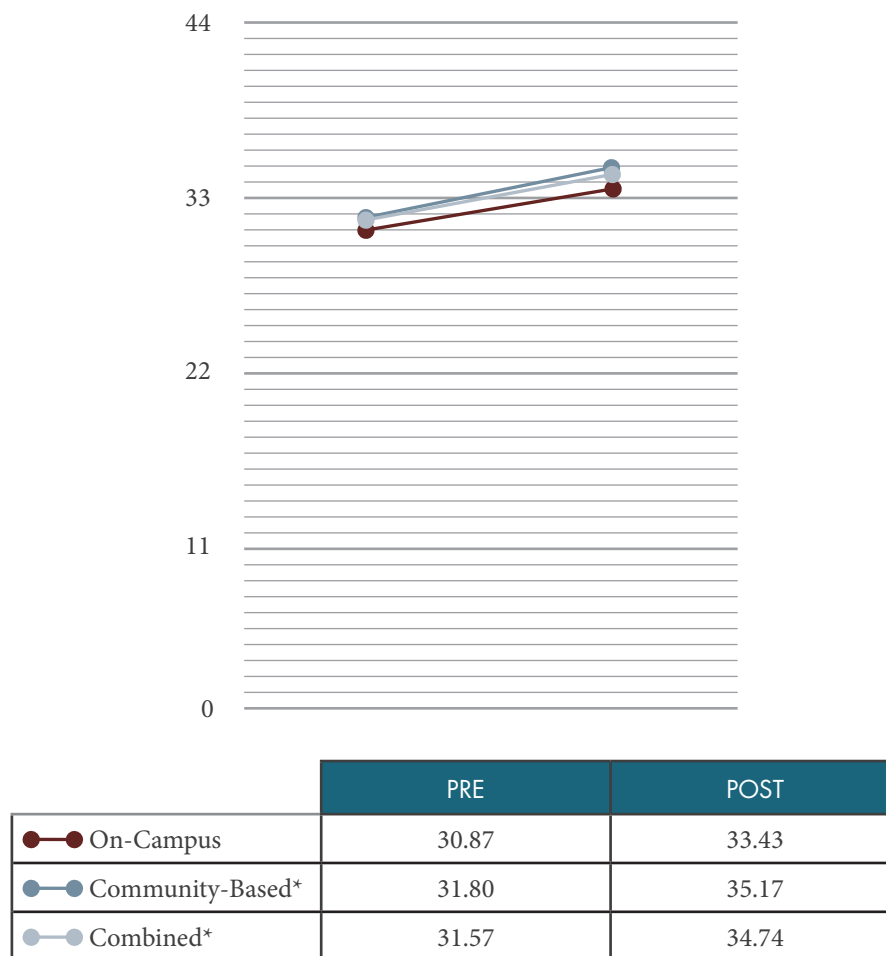
<sup>37</sup> On-campus:  $t(35) = -2.728$ ,  $p = 0.010$ ,  $n = 36$ ; community-based:  $t(81) = -1.907$ ,  $p = 0.060$ ,  $n = 82$ ; combined:  $t(117) = -3.186$ ,  $p = 0.002$ ;  $n = 118$ .



## Shared Decision-Making

The Quality of Co-parental Communication scale (QCC) measures the parents' skill in communicating and working with the other parent to make decisions about the children. We utilized a modified version of the scale, which included 11 questions (e.g., "When you need help regarding the children, do you seek help from the other parent?")<sup>38</sup> rated on a 5-point scale from *always*, or 0, to *never*, or 4 ( $\alpha = 0.77$ ). Possible scores on the modified QCC range from 0 to 44, with higher scores representing better shared decision-making skills. Considering the on-campus Center and the community-based Center together, mean scores indicate a significant improvement in decision-making skills from pre-test (mean = 31.57, SD = 5.74) to post-test (mean = 34.74, SD = 5.96)—even though parents scored on the high end of the scale at the time of pre-testing.<sup>39</sup>

Figure 10: Mean Pre-Test and Post-Test Scores, Quality of Co-Parental Communication Scale (N = 94)



\* indicates  $p < 0.05$

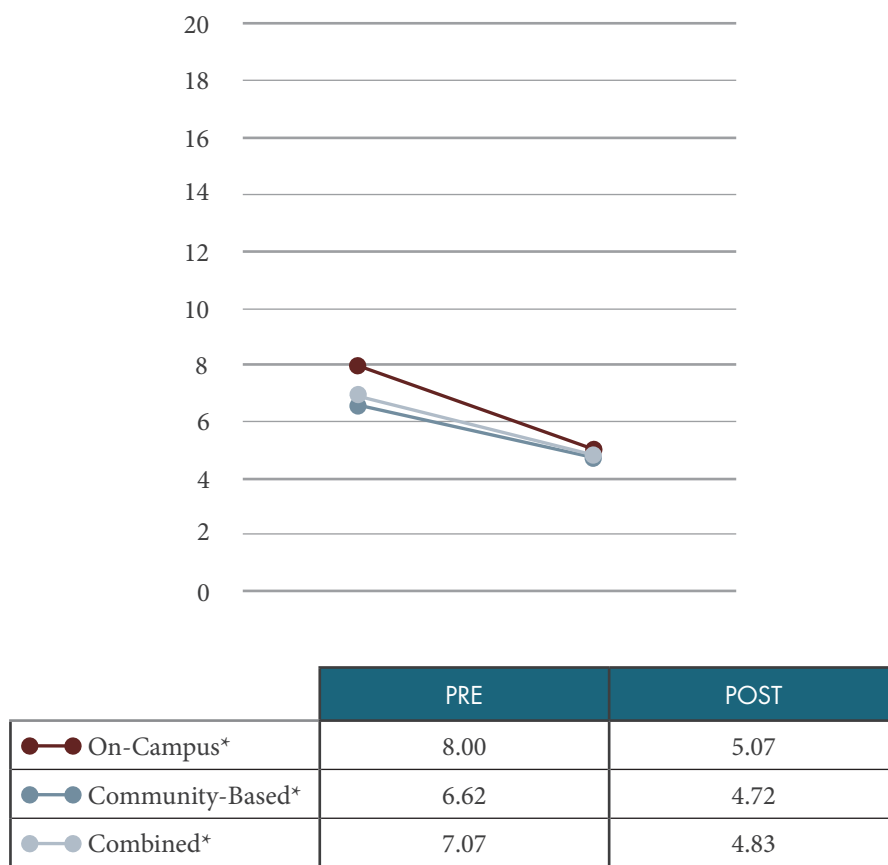
<sup>38</sup> Note that the example question provided was reversed in scoring.

<sup>39</sup> On-campus:  $t(22) = 1.715$ ,  $p = 0.100$ ,  $n = 23$ ; community-based:  $t(70) = 5.775$ ,  $p < 0.001$ ,  $n = 71$ ; combined:  $t(93) = 5.571$ ,  $p < 0.001$ ,  $n = 94$ .

## Communication and Conflict Resolution

In evaluating communication and conflict resolution strategies between the parents, we used the Couple Communication Questionnaire (CCQ). Our modified version of the CCQ presented parents with 20 communication strategies used in attempt to solve conflicts or problems (e.g., “I give in to my partner’s views or wishes” and “We talk about it to clarify the problem.”); parents were instructed to indicate using a simple *yes* (1) or *no* (0) whether they employ each strategy in conflicts with the other parent ( $\alpha = 0.74$ ). Possible scores on the modified CCQ ranged from 0 to 20; higher scores reflected poorer communication and conflict resolution skills. Parents came to the Center scoring in the mid-range on the CCQ, indicating moderate communication and conflict resolution skills (mean = 7.07, SD = 3.75). However, scores were significantly lower at the time of the permanent orders hearing, indicating a considerable improvement in skills in this area after completing services at the Center (mean = 4.83, SD = 3.21).<sup>40</sup>

Figure 11: Mean Pre-Test and Post-Test Scores, Couple Communication Questionnaire (N = 138)



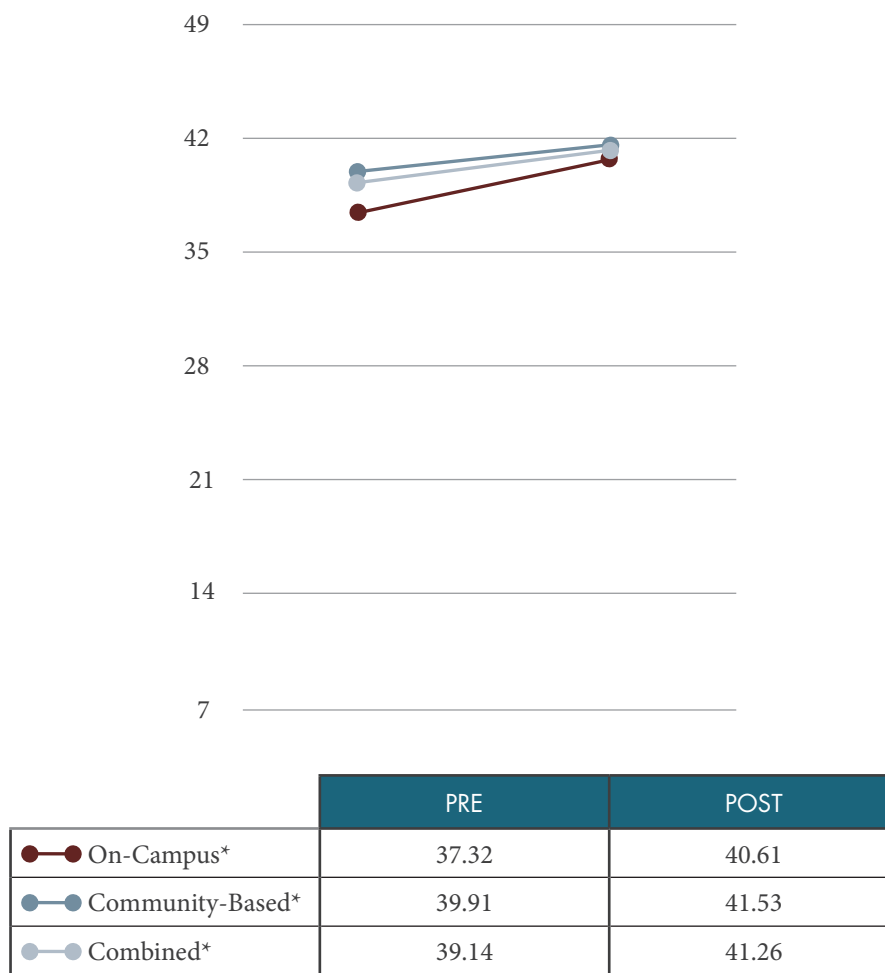
\* indicates  $p < 0.05$

40 On-campus:  $t(44) = -4.848$ ,  $p < 0.001$ ,  $n = 45$ ; community-based:  $t(92) = -4.875$ ,  $p < 0.001$ ,  $n = 93$ ; combined:  $t(137) = -6.782$ ,  $p < 0.001$ ,  $n = 138$ .

## Co-Parenting

The Confidence in Co-Parenting Scale (CCPS) allows us to gauge parents' levels of confidence in the co-parenting relationship with the other parent. In the CCPS, parents rate each of seven statements (e.g., "I believe we can handle whatever conflicts will arise in the future" and "Our risk for breaking our co-parenting agreement is probably greater than average") on a 7-point agreement scale from *strongly disagree*, or 1, to *strongly agree*, or 7 ( $\alpha = 0.90$ ). The range of possible scores on the CCPS was 7 to 49, where higher scores indicating higher levels of confidence in the co-parenting relationship. Although parents arrived at the Center already scoring relatively high on the CCPS (mean = 39.14, SD = 7.40), the data still demonstrates a statistically significant improvement in confidence in the co-parenting relationship by the time of the permanent orders hearing (mean = 41.26, SD = 6.95).<sup>41</sup>

Figure 12: Mean Pre-Test and Post-Test Scores, Confidence in Co-Parenting Scale (N = 128)



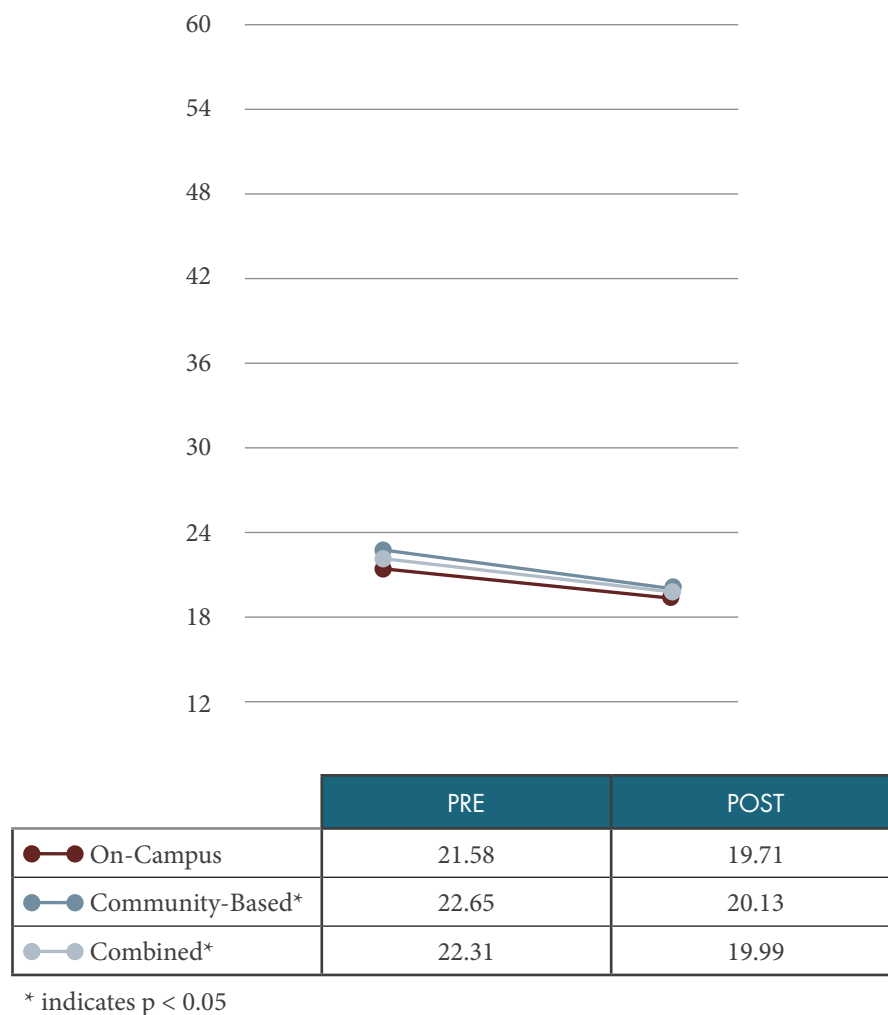
\* indicates  $p < 0.05$

<sup>41</sup> On-campus:  $t(37) = 2.511$ ,  $p = 0.017$ ,  $n = 38$ ; community-based:  $t(89) = 2.839$ ,  $p = 0.006$ ,  $n = 90$ ; combined:  $t(127) = 3.779$ ,  $p < 0.001$ ,  $n = 128$ .

## Parenting Stress

We employed a modified version of the Parenting Stress Index – Short Form (PSI-SF) in measuring levels of parental stress. In our version of the PSI-SF, we asked parents to think about 12 statements related to parenting stress (e.g., “Gave up my life for children’s needs” and “Having a child caused problems with my partner”) and evaluate them on a 5-point agreement scale—*strongly disagree* (1) to *strongly agree* (5)—as they relate to the oldest minor child from the relationship ( $\alpha = 0.88$ ). Even prior to beginning services, parents scored quite low on the PSI-SF, indicating low levels of parenting stress. Still, mean scores indicate a significant improvement between pre-test (mean = 22.31, SD = 7.24) and post-test scores (mean = 19.99, SD = 7.44).<sup>42</sup>

Figure 13: Mean Pre-Test and Post-Test Scores, Parenting Stress Index – Short Form (N = 118)



42 On-campus:  $t(37) = -1.629$ ,  $p = 0.112$ ,  $n = 38$ ; community-based:  $t(79) = -3.920$ ,  $p < 0.001$ ,  $n = 80$ ; combined:  $t(117) = -4.060$ ,  $p < 0.001$ ,  $n = 118$ .



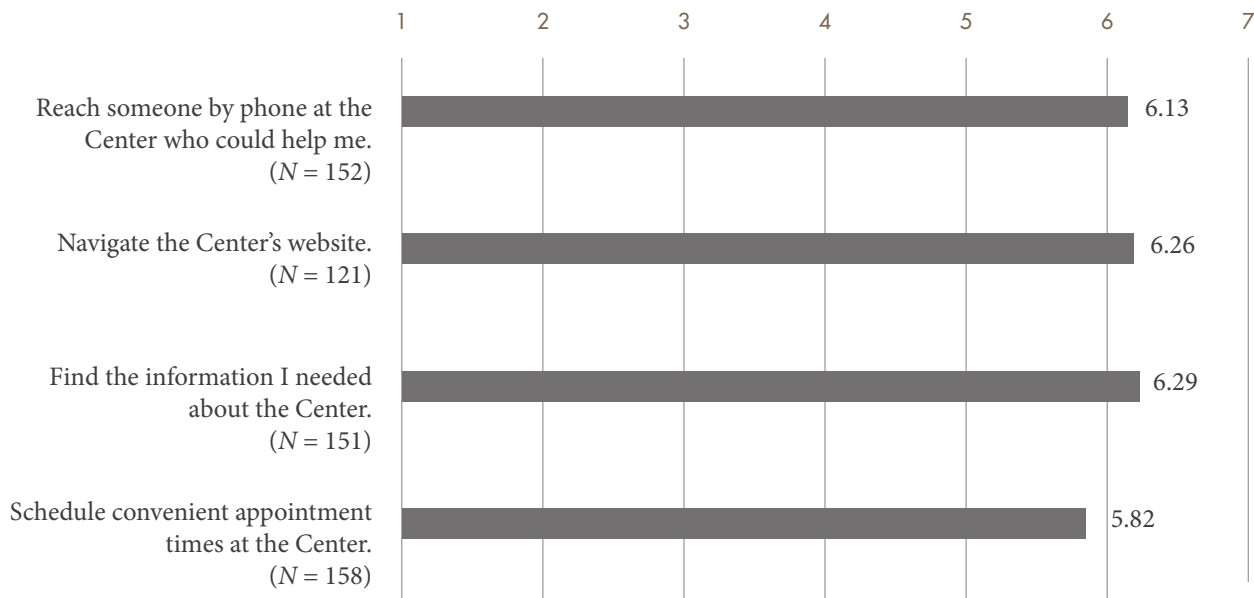
# PARENT FEEDBACK ABOUT THE PROCESS

At the time of permanent orders, parents completed an Exit Questionnaire aimed at helping us to understand perceptions about their experiences at the Center. Specifically, the Exit Questionnaire asked parents to reflect on issues around accessibility of services, how well services met their needs, levels of satisfaction regarding various aspects of their experience, and impressions about the Center’s overall impact on their family. We altered the instrument slightly during the transition from campus to community, so in the sections below, responses are combined across the on-campus Center and the community-based Center where possible—and presented separately where necessary.

## Accessibility

The first section of the Exit Questionnaire asked about four aspects of Center accessibility; parents rated each of the four statements on a seven-point scale, from *very difficult* (1) to *very easy* (7).<sup>43</sup> Average ratings indicate that parents were very satisfied with respect to accessibility, with mean ratings for ability to reach people by phone, navigate the website, and find needed information about the Center falling between 6 and 7; ability to schedule a convenient appointment was rated, on average, slightly lower (5.82), but was still quite positive.

Figure 14: Accessibility Items, On-Campus and Community-Based Centers Combined



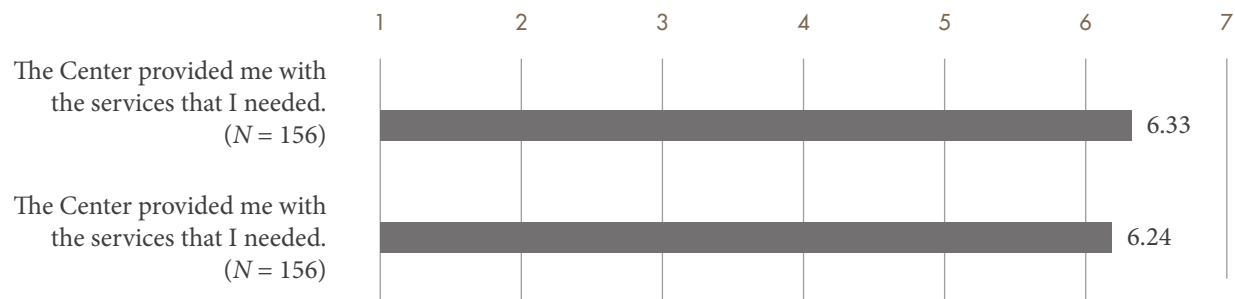
43 1 = very difficult, 2 = difficult, 3 = moderately difficult, 4 = undecided, 5 = moderately easy, 6 = easy, 7 = very easy.



## Desirability of Services

We then asked parents to evaluate, on a scale of *strongly disagree* (1) to *strongly agree* (7),<sup>44</sup> two statements related to whether the Center provided parents with the services they needed and the services they wanted. Parents overwhelmingly agreed with both statements—the average rating for both was above 6.

Figure 15: Desirability of Services Items, On-Campus and Community-Based Centers Combined

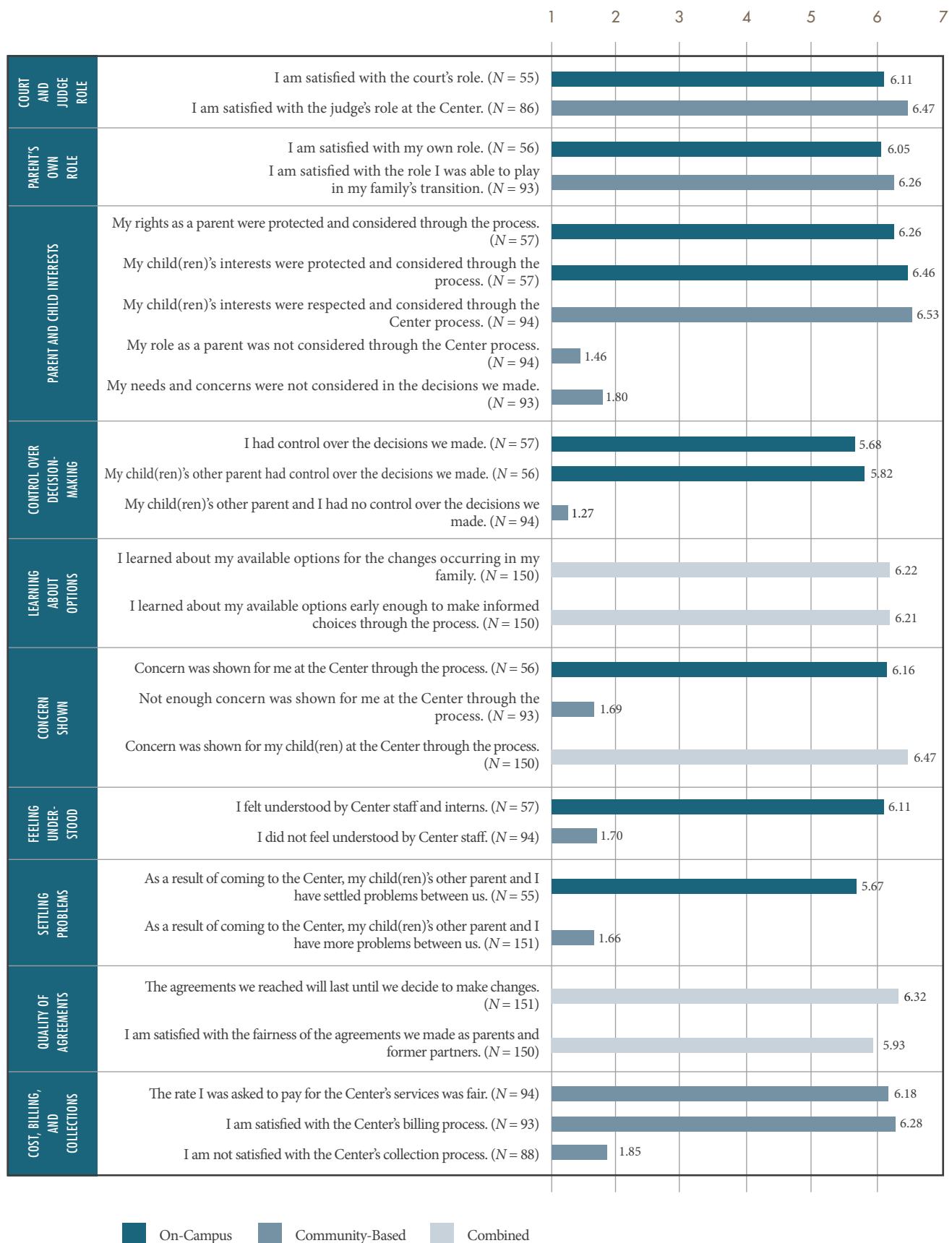



## Parent Satisfaction

The Exit Questionnaire included a series of items to examine parents’ levels of satisfaction with various aspects of the Center’s process. Specifically, we asked for feedback about the roles of the court and the judge, parents’ role, and consideration of parent and child interests throughout the process. All items related to satisfaction with the process were presented as statements which parents rated from *strongly disagree* (1) to *strongly agree* (7). Note that we varied the direction of the items—that is, we worded some positively and some negatively—so, in some instances, a lower rating indicates higher levels of satisfaction.

44 1 = strongly disagree, 2 = disagree, 3 = moderately disagree, 4 = undecided, 5 = moderately agree, 6 = agree, 7 = strongly agree. Note that this is the agreement scale used for all satisfaction items discussed below.

Figure 16: Parent Satisfaction Items, Exit Questionnaire





Overall, parents reported high levels of satisfaction with their experience at the Center. The vast majority of positively worded items received an average rating of 6 (agree) or higher; all negatively worded items received an average rating of less than 2 (disagree). Parents tended to be the most satisfied when it came to consideration for their children's interests, concern shown for the children throughout the process, the judge's role in the process, the amount of control the parents together had over the decision-making process, durability of agreements made, and consideration for the individual parent role.

Parents were also given the opportunity to provide open-ended comments about their experience at the Center. Many parents reflected that the Center helped them avoid the complications that come along with traditional adversarial divorce. As one parent put it, "This was a great way to do this. I have seen divorce as a lawyer and how it consumes all of families' resources—all parents should choose this model." Another parent said, "Such an amazing resource—to get families out of the sterility and impersonal feel of courts for such a personal time is invaluable."

Many other parents made more general comments about their experience. For instance, one parent shared, "I am very grateful that [the Center is] available as an option. This was everything I was seeking from this process." Another parent expressed gratitude in saying, "[T]hanks for taking us through this at our pace and always caring about each of us and our children and the future." Several parents would recommend the Center to others: "Would highly recommend [the Center] and have the highest esteem for you all!"

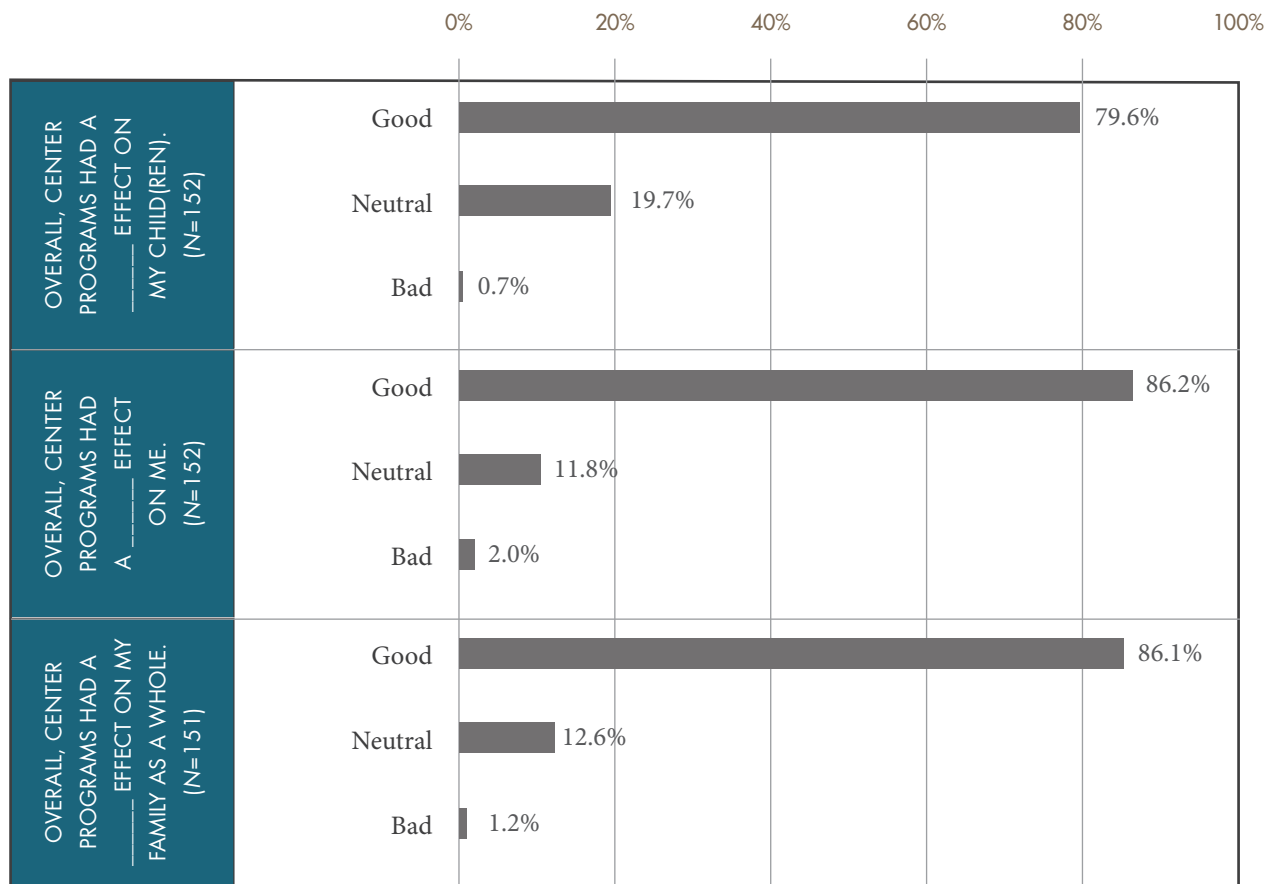
There were, of course, parents who offered constructive criticism to allow the Center to better serve future families. Some of these comments related to availability of financial assistance. One parent said, "One drawback is the lack of financial advice or how we had to hire others to do the financial split of assets. But the referrals were great for that." Others thought that certain counseling sessions should be required, rather than optional: "I think some form of communication counseling should be required as that was a big issue coming in, during, and still is for us as co-parents." Another area for improvement noted by a number of parents was scheduling and availability—this was especially true for the on-campus Center, where availability was largely dependent upon student schedules.



## Overall Impact

When asked to report on the overall impact of Center services on themselves, their children, and their family as a whole, the vast majority—well over three-quarters—indicated a positive impact. This stands in sharp contrast with the dissatisfaction parents have expressed with the traditional adversarial system.<sup>45</sup>

Figure 17: Overall Satisfaction Items, On-Campus and Community-Based Centers Combined



Narrative comments provide more insight into parents' perception of the overall impact of the Center. For instance, one parent reflected that, "Because it was easy for us, it had a positive impact on our kids. Our oldest participated in group [therapy] and I believe it helped him think about what changes were coming." Another shared, "My child was considered and honored during the whole process. She's the most important part and she was protected at all times." With respect to impacts on the parents themselves, one said that the Center "allowed me to process, to grieve, to learn, and understand what going through a divorce entails. Without [the Center] I know I would not feel as prepared for taking this step." In terms of impacts on the whole family, many parents expressed that the Center helped them remain amicable with the other party and develop the co-parenting relationship in the best interest of the children. For example, one parent said, "I believe we have a chance to have a positive post-marriage experience because of the assistance we received from [the Center]." In the words of another parent, "The focus on children and what is best for them that is advocated by [the Center] helped our entire family go through the process and has positioned us for a harmonious co-parenting situation moving forward."

45 Marsha Kline Pruett & T. D. Jackson, *Perspectives on the Divorce Process: Parental Perceptions of the Legal System and its Impact on Family Relations*, 29 J. OF THE AM. ACAD. OF PSYCHIATRY & L. 18 (2001).

# CONCLUSIONS

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Throughout its four-year, twice-implemented lifespan, the Center provided legal process and counseling services to a wide spectrum of families going through divorce and separation—and it did so in an environment completely apart from the courthouse. The parent well-being outcome data demonstrates the efficacy of the model in improving family circumstances in terms of parental decision-making skills, communication and conflict strategies, and co-parenting skills, as well as decreases in acrimony and parenting stress. These results are further cemented by feedback from the parents, which tells us that parents were very satisfied with all aspects of their experience and view the Center as having had a positive impact on their families.

The primary goal of the Center was to improve outcomes for children whose parents were divorcing. There is an abundance of existing research outlining the potential negative impacts on children of parental conflict during divorce, including decreased academic performance,<sup>46</sup> fewer positive interpersonal relationships and other reductions in psychosocial well-being,<sup>47</sup> and even declines in physical health.<sup>48</sup> Furthermore, though the events occur in childhood, the negative effects often extend into adulthood.<sup>49</sup> Although we were unable to obtain child well-being outcome data, because the existing body of research indicates that parental conflict is at the root of negative outcomes for children of divorce, and because we saw improvements rather than decrements in parental conflict over the course of involvement in the Center process, we have good reason to believe that children also benefitted from their family's involvement in the Center.

Ultimately, it was the inability to find a sustainable business model that led to the Center's closing. Future implementations of this and similar models should strategize and take measures to educate the community about services and, in doing so, clearly communicate the legitimacy and value of services. It is our hope that the information, findings, and lessons learned shared in this report will provide guidance for others who create similar resources in the future. More families in the divorce and separation situation should have the opportunity to *divorce together* for the benefit of their children.

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46 *Divorce and Children's Adjustment Problems*, *supra* note 5; *Family Structure*, *supra* note 29; Christopher J. Anthony, James Clyde DiPerna & Paul R. Amato, *Divorce, Approaches to Learning, and Children's Academic Achievement*, 52 J. OF SCH. PSYCHOL. 241 (2014).

47 *Parental Divorce and Children's Interpersonal Relationships*, *supra* note 5.

48 Mary Yannakoulia, Katerina Papanikolaou, Ioanna Hatzopoulou, Eleftheria Efstathiou, Constantina Papoutsakis & George V. Dedoussis, *Association Between Family Divorce and Children's BMI and Meal Patterns: The GENDAI Study*, 16 OBESITY: A RES. J. 1382 (2008).

49 Andrea Lambert South, *Perceptions of Romantic Relationships in Adult Children of Divorce*, 54 J. OF DIVORCE & REMARRIAGE 126 (2013); *Effects of Divorce and Marital Discord on Adult Children's Psychological Well-Being*, *supra* note 29.

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- The COCD and RCSDF boards for their expertise and commitment to the Center’s mission.
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