

THE COLLABORATOR

Newsletter of Collaborative Divorce Professionals, Inc.
www.WinWinDivorce.org

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Editor's Corner: This Issue Features Mental Health Professionals

By Editor, Robert N. Wistner, J.D.

At the Pauline Tesler seminar last November, CDP members learned that most collaborative divorce process cases go more smoothly when a mental health professional is involved at the beginning to act as a Communications Specialist to help both parties and their lawyers communicate as effectively as possible with each other. So, your Editor decided to use this issue to feature our Mental Health Professional members in order to facilitate and increase their involvement in future cases at an earlier point in time.

The feature article “**The Mental Health Professional's Role in Collaborative Divorces**” by Ellen Kay Douglas, Ph.D. (p. 2) presents a good primer on what skills an MHP can bring to the Collaborative Divorce process to improve the odds of a successful result. The next section “**Meet Our Current Mental Health Professional Members**” (p. 5) provides our members an opportunity to become better acquainted with the background and experience of our current MHP members, including statements from each one regarding the particular types of roles he/she would like to play in our Collaborative Divorce Process cases. It is obvious that we are fortunate to have such highly qualified and experienced MHP members available and eager to help our attorneys provide the highest quality of services to our clients. Now, it is up to the attorneys to resolve to take advantage of these skills by seeking more MHP involvement as early as possible in future cases.

In the next issue of THE COLLABORATOR, our Financial Professional members will be featured in a similar way.

President's Report

By S. Scott Haynes, J.D.

COLLABORATION NEEDS COMMUNITY

As we all move forward in our respective collaborative practices, it remains my hope that CDP will be your starting point for your group oriented skill development. As we all saw from Pauline Tesler's presentation at the First Annual Midwest Collaborative Divorce Workshop, community and trust are the driving factors in a robust and growing collaborative group.

The Board made some difficult decisions about member participation in the Workshop. But the fruits of those decisions are coming to harvest. Our quantity of our group is smaller. But I believe our group is qualitatively better. I believe we have a group that is populated by practitioners who prioritize training. And not merely training for training sake.

Our goal is true skill development and familiarity with our CDP colleagues. The wide spectrum of members' experience vis-à-vis number of cases is broad. Many in our group have yet to have his or her first collaborative case while others have had a dozen or more. Yet even for those veterans with multiple cases, most of them have yet to have a case with a full interdisciplinary team involved.

It is because of this diversity of experience that the Board has made group training a priority. That started with the Workshop. It continues with the plans for the next Workshop and our budding relationships with our sister collaborative groups in Cincinnati and Cleveland. Those two groups in particular have been around longer and we hope to learn from their experiences both good and bad.

Our monthly lunches have changed format to create a group discussion so that less experienced members can interact with more seasoned ones. It enables each of us to develop a working relationship with these members even if we have yet to have a case with them. If we learned nothing else from Pauline, we learned we need to have trust in our fellow collaborative practitioners. It is the hope of the Board that group oriented training and communication is a step in that direction.

NEW MEMBERS ADDED TO ROSTER

The Board of Trustees is pleased to announce the approval of the following individuals for addition to the CDP Membership Roster:

Kathleen Chasteen, J.D. - Attorney

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The Mental Health Professional's Role in Collaborative Divorces

By: Ellen Kay Douglas, Ph.D.

Collaborative Divorce is a process which is designed to be cooperative and to provide a safe and calm environment for helping families redesign the way the family interacts and to change the parenting arrangements for the children. Mental health professionals can help this process in a variety of ways.

Divorce is a crisis to all the members of the family. There is a grieving process associated with a divorce, which is experienced differently by every member of the family.

PERSON CHOOSING DIVORCE:

The person who chooses to end the marriage may believe they are going to gain great relief by ending this marriage. Over time, that individual may find they are very disillusioned as it becomes apparent that the two adults will still need to spend time and energy managing their finances, in the short term, and managing their children's needs and concerns for many years to come. This often leads to this individual being frustrated, discouraged, angry, and highly impatient with the amount of time, money, and effort involved in untangling the marriage and family.

PERSON BEING DIVORCED:

The person being divorced is likely to feel tremendous hurt, betrayal, sadness, anger, fear and possibly a sense of shame and failure. This individual is likely to "drag their feet" or place "roadblocks" into the divorce process. Because this individual is not always interested in ending the marriage, they are not likely to cooperate in the process. Often, in the collaborative process, the professionals will believe the process is about to finish, only to find that a new issue has arisen. Why? Likely, one of two reasons: either the person is frightened of the next phase of life, or this individual is not satisfied that the level of punishment for the divorcing partner is yet great enough. Maybe both factors are involved in this potentially subconscious decision to create a new unresolved issue or to change one's mind about an issue which was thought to be resolved. This can be very frustrating to the collaborative professionals who perceived that the collaborative process was almost finished. But, it is imperative to realize this is a part of the process and needs to be expected and accepted. This is a point in the process when the collaborative team needs to consult and determine how to help both spouses continue to cope with the crisis of divorce.

CHILDREN:

Children are generally frightened and angry about the divorce. The essence of their security and stability is being shattered.

Adolescents are likely to be angry and just want their parents to avoid discussing the ugly parts of this situation. They do not want to see or hear displays of anger or sadness from their parents. Adolescents want the whole situation to go away, so their lives can continue as before. Typically, adolescents do not want to change their lifestyle and do not want their friends to know their family is in distress and in the throes of divorce. Sometimes adolescent children look for ways to sooth their pain through physical harm [i.e. cutting or burning], use of substances, sexual interactions, shoplifting, tattoos, piercings, or joining gangs. Adolescents are more likely to turn to their peers for support than to seek adult guidance. They may greatly resent being sent to therapy to help them cope with their parents' divorce. They do not view the problem as theirs, but as their parents' problem.

Elementary aged children may develop misbehavior quietly [such as sneaking into the liquor cabinet or sneaking out of the house] or they may decide to become the "model" or "perfect" child. The elementary aged child may believe... ***"If I am just good enough"...*** my parents will not see a need to divorce. Their belief may be that it is somehow their fault that their parents are divorcing. Parents often interpret the "perfect child" behavior as a sign that the child is adjusting well to the divorce. This is generally not true, but often assuages some of the parents' guilt or concerns for their children. Typically, elementary aged children do not want their friends to know that their families are divorcing. However, schools often try to identify elementary aged children in the throes of the divorce process and offer them support through group and individual counseling. This can be a source of support and comfort for the elementary aged child, as they discover they are not the only child whose family is going through a divorce.

Preschool age children are likely to be confused and frightened. Preschoolers have a strong sense of belief that the fighting, tension, and divorce is their fault and ***if they are "just good enough"*** the parents will stop fighting and life will return to "normal". When children do not misbehave during this divorce process, it is also possible their form of coping is to internalize the fear and pain into physical symptoms such as: stomachaches, headaches, respiratory illnesses, digestive tract illnesses, tics, and other physical illnesses. Children, especially young children, may also develop such behaviors as whining, nightmares or night terrors, intermittent insomnia, bedwetting [even if they have been dry for some time], fears of the dark, monsters, being kidnapped, or other fears. There can be other causes of these symptoms. However, when a family is going through a divorce, these symptoms need to be examined for the potential of the impact that the tension and fear of the unknown of the divorce may be impacting the child.

Infants and toddlers are likely to react to the tension, sadness, anxiety, and anger they sense in their caregivers. Infants and toddlers are likely confused and frightened when they begin to move between two households. This can cause a breach in their stability and security, as very young children thrive on predictability and routines. Parents may interpret this separation anxiety, which can include: whining, crying, clinging, hiding, sleep disturbance, and the acting out behaviors of the infant or toddler as something sinister happening in the other household. Frequently, these behaviors are a result of the infant or toddler experiencing unpredictable change, and being frightened and confused by the unpredictable and unexplained change.

The younger the child, the more likely transfers between parents needs to be more frequent. However, the other major factor is the level of conflict between parents. Pairing level of conflict and developmental age of the child is important in determining the frequency of transfer and/or frequency of times of interaction between both parents and for the child to be with each parent. If there is domestic violence or other forms of abuse, such as verbal, emotional, or intimidation, the parenting plan developed for this family will need to be developed with great concern for the safety and security of all family members.

Mental health professionals may view the collaborative process differently than other collaborative professionals. That is, mental health professionals are likely to consider the goal of the divorce process as being more than "just to settle". The mental health professionals will have the goal of wanting the children to continue to have some sense of security and stability and for the children to sense some predictability for the future. The mental health professionals will also want the divorcing spouses to learn healthier communication techniques and to treat each other and the children with respect as they move to the next phase of their lives. Thus, as the mental health professional supports the collaborative process, their goal is not only to finish this marriage legally, but to view the family as having learned a modicum of respect and healthy communication skills when interacting with each other.

Mental Health Professionals/Facilitators [coaches]:

Mental health professionals who are skilled in the use of communication skills, mediation techniques, and conflict resolution techniques, and who have experience and knowledge in working with families in conflict and/or families in the divorce process, can be very insightful and helpful to the collaborative divorce team. These mental health professionals will act as **facilitators** in the team meetings and in individual meetings with spouses teaching them better communication skills. Having a mental health professional involved from the beginning of the collaborative process may help to “save” a collaborative case and is likely to allow the process to resolve more efficiently and successfully. Mental health professionals can teach the divorcing couples more adequate methods of communication, can help to resolve conflicts, can help mediate difficult issues, and are likely to understand the impact of some of the underlying psychological factors, all of which are beneficial to relieving some of the tension related to the stress of going through a divorce and may help to resolve the collaborative divorce more successfully.

Mental Health Professionals/Parenting Specialists:

Some mental health professionals are also skilled in understanding the needs of children at different developmental stages and can help parents develop a parenting plan which is specifically adapted to their family’s needs. No two families are alike. So, there is no “boiler plate” parenting plan that fits any two families. The age, sex, and number of children, as well as the temperaments, special needs and interests of the children all must be considered in developing the parenting plan. The needs and demands of the parents, including their careers, interests, activities, and their personalities, as well as their strengths and weaknesses also need to be considered in the development of the parenting plan. As children grow and develop, and as parents’ lives change, the parenting plan may need to be flexible and adaptable. This is likely to be a “work in progress” for families with children who are younger than adolescents and/or if parents’ careers or residence change, or if parents choose new partners.

As the collaborative process is introduced, it is also important for the legal and financial professionals to understand that the role of the mental health professional is different from that of a therapist. The mental health professional in the collaborative process is not going to diagnose a person involved in a collaborative divorce, is not going to evaluate the individuals in the collaborative process, nor act as a therapist. The mental health professional is a consultant and a collaborator. Therefore, the rules are different for both payment and role of the mental health professional. Insurance cannot be billed for collaborative divorce services, as the mental health professional is not acting in the role of diagnostician, evaluator, or therapist. The individuals involved in the collaborative process need clarification that the mental health consultants will be paid through a retainer with private pay for services. Each spouse is expected to read and sign a contract which explains the role of the mental health professional and how the mental health professional will be paid. As legal personnel must end their role in helping the divorcing spouses at the point when the collaborative process dissolves without resolution, so the mental health professional must end their role when the collaborative process dissolves without resolution. This contract is signed before the mental health professional begins their role in the collaborative process. If it appears that one or more of the participants in the collaborative process may have mental health needs and may benefit from therapy, it is the responsibility of the collaborative mental health professional to encourage those individuals to seek therapy. The mental health collaborative consultant may provide the names of some competent mental health professionals who could provide therapy and/or encourage the individuals to seek mental health treatment from a therapist of their choice.

When selecting a mental health professional to work on the collaborative divorce professional team, it is important to select an individual who can help the process resolve more smoothly. As you would consider level of competence and experience in choosing a legal professional to complete a collaborative divorce, it is also important to select a mental health professional skilled and experienced to complete their role as a mental health professional in the collaborative process. If well trained and skilled in mediation techniques, conflict resolution skills, and in teaching communication skills, and if the mental health professional has several years of experience in working with divorcing families and conflict situations, mental health professionals can be helpful to the team of collaborative divorce professionals as a mental health professional/facilitator in team meetings and in teaching the spouses more adequate communication skills. A mental health professional with knowledge and understanding of developmental stages, parenting needs and skills, experience in working with families in crisis and/or families experiencing the stress of divorce can also support and help families build a parenting plan specific for their family. There are mental health professionals who are skilled and experienced in both areas. Some mental health professionals will be more skilled and experienced as a member of the collaborative team working as a facilitator in the team meetings and in teaching the spouses communication skills. Some mental health professionals will be more skilled and experienced in helping parents build parenting plans. Selecting a mental health professional to build a collaborative divorce professional team can be of great benefit, when consideration of skills and expertise are considered.

Currently, the Collaborative Divorce Professionals, Inc. is hoping to find several more highly skilled mental health professionals to join the Collaborative Divorce Professionals, Inc. and to be available to act as a team member in collaborative divorces. On our website: www.winwindivorce.org, a set of guidelines for mental health professionals and an application for mental health professionals will be provided to help mental health professionals apply to become active members of the Collaborative Divorce Professionals, Inc.

Licensed mental health professionals include:

IMFT: Independent licensed Marriage & Family Therapist:

Has at least a Master's Degree [maybe a Ph. D.] in Marriage and Family Therapy as well as participating in a supervised internship and passing a licensing examination to be licensed by the State of Ohio. And all independently licensed MH masters' level degrees in OH require 2 years of post-license supervision before becoming independently licensed.

LISW: Licensed Independent Social Worker:

Has at least a Master's Degree [maybe a Ph.D.] in Social Work, as well as participating in a supervised internship and passing an examination to be licensed by the State of Ohio. And all independently licensed MH masters' level degrees in OH require 2 years of post-license supervision before becoming independently licensed.

LPCC: Licensed Professional Clinical Counselor:

Has a Master's Degree in clinical counseling (Maybe a PhD), as well as participating in a supervised internship and passing an examination to be licensed by the State of Ohio. And all independently licensed MH masters' level degrees in OH require 2 years of post-license supervision before becoming independently licensed.

Licensed Psychologist:

Has a Ph.D. in psychology and has participated in a one year pre-doctoral and one year post-doctoral internship, has completed a national written licensing examination, a state oral examination, and is licensed by the State of Ohio.

All of these licensed mental health professionals must complete approved continuing education credits at regular intervals. Although all of the individual who apply to work in the collaborative process as a mental health facilitator and/or parenting specialist must be licensed, it is also important that they have knowledge, experience, and skill in the areas discussed above in this article.

MEET OUR CURRENT MENTAL HEALTH PROFESSIONAL MEMBERS

Randi W. Cohen, LPCC-S – Licensed Professional Clinical Counselor & Supervisor

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Formal Education:

MS Clinical Counseling – Masters Degree in Clinical Counseling

MA Education – Masters Degree in Education

PhD – Doctoral degree in Teacher Training and Foreign Language Education

Related Training:

Collaborative Divorce Process training - Training included the roles of attorneys, mental health coaches, facilitators and financial people, what they do when they work with couples in the collaborative divorce process. This training also included practice as an MH coach & facilitator.

General Mediation

Divorce Mediation

Randi Cohen has been a mental health counselor and a supervising mental health counselor for many years. She works with individuals & couples. She runs supervision groups and training groups. Before entering the counseling field, she was involved in education--teaching students, training teachers and supervising teachers.

For Spanish speaking clients, Randi can be especially helpful because already does psychotherapy in Spanish and in English. She is a National Certified Counselor (NCC) and a national "Approved Clinical Supervisor" (ACS).

She was named "Counselor of the Year 2001" for the state of Ohio by the Ohio Counseling Association. She was also named "Practitioner of the Year 2002" by Southeastern Ohio Counseling Association. She was presented with the CAVA (Community Against Violence and Abuse) award given by Franklin County Children's Services, for her anti-bullying work in the schools with teachers, parents, school nurses and social workers.

In 2005, she was appointed by Governor Bob Taft to serve on the Ohio Counselor, Social Worker, and Marriage & Family Therapists Board & served for 3 years.

Role in Collaborative Cases

I am willing to help as a coach with individuals and couples to teach them to communicate more openly and appropriately in English (& Spanish), so as to be heard by each other.

Ellen Kay Douglas, Ph.D., Ohio licensed Psychologist since 1988

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Degrees:

B.S. in Education - BGSU

M.S. in Family Relations & Child Development - OSU

M.S. in Guidance & Counseling - OSU

Ph.D. in Developmental Psychology – OSU

Training pertinent to Collaborative Divorce Professionals:

2 Day Basic Mediation Training

5 Day Divorce Mediation Training

2 Day Basic Collaborative Divorce Training - Sheri Slovin, et al, Cincinnati, Ohio 2008

2 Day Intermediate Collaborative Divorce Training – Pauline Tesler, Columbus, Ohio 2010

Member of IACP

Work Experience:

As a psychologist, I have been in private practice over twenty three years. My educational background has a major focus in developmental psychology. Before I became a licensed psychologist, I taught for eight years at the high school level. For six years, I ran a laboratory preschool at the high school level where I taught child development and

trained students for placement in various types of preschool programs. I have taught at the college level in the Behavioral Science Department as an adjunct professor at both Columbus State University and Capital University. Over the years, one of my specialty areas has been working with families and children struggling with issues related to relationships, including pre and post divorce. Currently, I serve on the Board of the Collaborative Divorce Professionals. I have been working to create the "Guidelines for Mental Health Professionals" and consider this a work in progress. Also, I am serving on the CDP committee to help write the Protocols for the Collaborative Divorce Professionals. In 2007 and 2009, at the request of the Ohio Bar Assn., I provided all day seminars to lawyers in Ohio on ***Developing Age Appropriate Parenting Plans***. As a part of developing those materials, I developed a questionnaire for parents going through divorce to prepare them in their thoughts about how to write their parenting plan and a template for writing parenting plans.

Psychologist in the Collaborative Process:

I am willing to work as a Facilitator or Communication Specialist [previously known as Coach] and work with spouses going through the collaborative divorce process in the five way meetings. However, I see my greatest strength in helping parents build their parenting plan, supporting them and their children as they write a parenting plan which provides their family with a unique approach to cooperatively rear their children. In some cases, if the children are young, this plan may be a "work in progress", as there may be a need to build a plan which can be amended or adjusted as the children develop through different developmental stages.

Stephen A. Douglas, Ph.D., Licensed Psychologist in Ohio since 1978

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Degrees:

B.S. in Education

M.S. in History

M.S. in Guidance & Counseling

Ph.D. in Guidance & Counseling

Training pertinent to Collaborative Divorce Professionals:

2 Day Basic Collaborative Divorce Training – Sheri Sloven, et.al. Cincinnati, Ohio – 2008

2 Day Intermediate Collaborative Divorce Training – Pauline Tesler, Columbus, Ohio – 2010

Work Experience:

As a psychologist, I have been in private practice over thirty years. Before I became a licensed psychologist, I was an infantry officer in the Army and served in Viet Nam. I also taught at the high school level for five years, during which I taught history and was a guidance counselor. I have been an Adjunct Professor at Columbus State Community College, teaching in the Behavioral Science field. Mainly, I have worked with adults in psychotherapy, including many couples with relationship and/or divorce issues. Since 1976, I have worked with law enforcement agencies, including teaching a 70 hour Behavioral Science Class to every CPD Cadet Class for the Columbus Police Department for the past thirty five years. For over thirty years, I have consulted with many law enforcement officers and departments throughout Ohio when there has been a critical incident and with the "normal" difficulties which impact law enforcement departments, personnel, and families. As a part of my work with police departments, I have taught mediation techniques, negotiation techniques, and communication techniques for thirty five years. I have also consulted with other organizations, such as university departments and businesses to help them negotiate and mediate difficult communication issues and business decisions. For over thirty three years, I have provided as many as 150 seminars per year nationally on various topics related to stress and self esteem.

Psychologist in the Collaborative Divorce Process:

As a psychologist working in the field of Collaborative Divorce, I enjoy the role of Facilitator and/or Communication Specialist [formerly called Coach] and providing the support and structure to both the spouses and the attorneys in the collaborative divorce process. In that process, I am willing to work as a facilitator in the 5-way meetings and to help spouses learn new and better communication techniques both during the 5 way meetings and through individual meetings in my office. I also enjoy providing insights to the attorneys on the underlying individual issues and/or communication issues which may be impeding the progress of the collaborative divorce process. I do not feel I have the developmental psychology background to provide the type of parenting plans which would best meet the needs of divorcing parents.

Jeff D. Sherrill, Ph.D. - Licensed psychologist in Ohio

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TRAINING AND EXPERIENCE IN MEDIATION AND COLLABORATIVE LAW

I have had a great deal of experience working with divorcing couples over the last 20 years. It's a challenge for me to describe what is most relevant to collaborative law out of that experience. Also, I attended the CDP advanced collaborative training seminar with Pauline Tesler in 2010. Working with contentious divorcing couples is one of the most challenging parts of my practice. I certainly know that I don't have all the answers, and I look forward to working collaboratively with Collaborative Divorce Professionals to find better answers to the issues of divorcing couples.

My basic 40 hour training in mediation was in February of 1991. From 1991 until 2003 I got regular mediation referrals from the Franklin County Mediation Service and from private lawyers. In 1997 I developed an alternative form of mediation for high conflict couples called Directed Family Counseling (DFC). During that same period, Kevin Arnold, Judith Thomas, Linda Miller, Linda Mosbacher, Marya Kolman and I met for a year or two to refine alternative dispute processes and to educate the court and other lawyers about alternative dispute resolution. In addition, I served as a member of the Ohio State Board of Psychology.

MY ROLE IN THE COLLABORATIVE PROCESS

I bring certain skills to the collaborative process . In my work with divorcing couples one of the most important things I do with almost every couple is work on healthy communication skills and stress management. The two often go together. I meet with them together if they are able to do that productively or individually if they are highly contentious. I look forward to joining any Collaborative Divorce Professionals team in which I could help the parties and lawyers improve the quality of communications among all participants.

I was greatly excited by the Pauline Tesler Collaborative Divorce Workshop. Pauline emphasized the importance of building trust among small groups of collaborative professionals who are going to work together. She emphasized the importance of professional planning, meeting with the clients, and then the professionals meeting again to reflect on what happened in the meeting with the clients. In my past work with lawyers I have missed the opportunity to talk about what worked and what did not work in particular cases. I think that is important especially in the cases that are the most difficult and don't work. Of course, we don't get paid once our clients terminate. I believe in the beginning to learn this process we need to put the planning time in to learn how to best work together and to help our clients.... whether we get paid or not.

At the last meeting of the CDP Protocols Committee, a tentative format for involving mental health professionals was discussed. The idea was to have the lawyers meet with the clients individually, and then the lawyers would get together and agree on a particular mental health professional for their clients. A financial professional could be dealt with in the same way. The mental health professional would then meet with the clients individually. Then the mental health professional and a financial professional would meet with the lawyers to discuss the case. I like this particular model because I think the chances are better that clients will go to a mental health professional or a financial professional if both lawyers get together and recommend the person that they see as best for these clients.