



Collaborative Divorce Coaching; Working Toward A Definition and Theoretical Location for the Family Therapist¹

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Collaborative Divorce Coaching (CDC) has developed in the very fertile zone between Collaborative family law, family psychology or family therapy and family-related finance.² This essay provides a brief history of the role, a detailed definition of CDC to compliment the definition of Collaborative Practice articulated by IACP and seeks a theoretical location for this definition within the overlapping spheres of practice of family therapy and mediation. The CDC makes a powerful contribution to the wellbeing of society by enhancing the capacity of families to create the change that resolves present disputes, to increase the potential to prevent future disputes and to enhance the well being of all family members, especially the children. In order to assure the continued evolution of the role of the CDC it is important to establish and define the role both pragmatically and theoretically. Evolutions (and revolutions) have beginnings. With this foundation, we create the capacity to evolve the CDC role within the CP revolution.

A. The Beginning

The term Collaborative Divorce Coach (“CDC”) was originally articulated by Dr. Peggy Thompson, Nancy Ross, LCSW,³ and others including a financial counselor and a lawyer working as the Collaborative Divorce (CD) Team in the San Francisco Bay area in the mid 1990’s. This work began long before the CD team encountered Stu Webb and as such the original description was not in relation to Stu Webb’s Collaborative Law (CL); a process of lawyers limiting the scope of their representation by means of a written agreement to settlement negotiations. The CD approach, and specifically the role of the CDC, was conceptually on par with the work being done by Stu Webb and his colleagues in Minnesota. Just as CL created a limited scope of practice for Family Lawyers, CD created a limited scope of engagement for Family Therapists.⁴ These two powerful evolutionary streams were presented together for the first time in Vancouver, Canada in June of 1999, first at AFCC and then at the first meeting of the Family Lawyers and Family Psychological Professionals who would go on to create the Vancouver Collaborative Group. IACP would later develop the term Collaborative Practice (CP) to describe all approaches to solving legal

problems, whether lawyer only, interdisciplinary, “referral” or “team” without court intervention and in an interest based, trust based, transparent process.⁵

The CD and CL approaches created a new territory for family lawyers and family therapists to work together without the constraints, the adversarial template and intrusions of court. This rich environment allows each profession to independently and jointly evolve new approaches to better work together to serve families transitioning through divorce in trust-based consensual environments. A new hybrid of legal-therapeutic process was born.⁶

Law provides a structure for social justice and contractual tools to provide guidance and stability, and, as such, serves to outline minimum requirements and standards that help distressed family members step out of their subjective experiences and come to the table around the principles of equitable division of assets, parental rights and obligations, and the best interests of the children. Family therapy provides a view of the family as a dynamic system of interrelated relationships and individual developmental trajectories as well as therapeutic understandings of change and the health and well-being of the adults and children who make up the family system. The therapeutic team provides a comprehensive view of the family system within which Collaborative lawyers and other Collaborative professionals do their work. This creates a stabilizing structure that supports better Collaborative process and long term decision-making in the legal arena, thereby extending our reach into populations who otherwise would have no recourse but litigation.

Fast forward 13 years and here we are in 2013. CP has shown remarkable growth in the legal establishment and is now a well-recognized choice in the ADR continuum in most jurisdictions and is taught in law schools in the USA, Canada, and even one school in Hong Kong. In the United States, the Uniform Law Commission has written and passed the Uniform Collaborative Law Act, and seven states have enacted laws ensuring clients have the right to participate in a Collaborative process. In Canada, ethics

standards require that lawyers advise their clients of the existence of the Collaborative process before the clients choose litigation and British Columbia has a provincially legislated Collaborative Roster that includes lawyers, therapists and financial professionals. The Canadian Bar Association has endorsed CL as a method for resolving family disputes. The Law Council of Australia has published a manifesto adopting protocols and ethics standards for effective CP. Bar Associations and Law Societies, including the Canadian and American Bar Associations, have established committees, sections or divisions focusing on CP.

In contrast, the level of organizational activity behind the growth and development of the CDC role pales in comparison. Divorce per se is not an attractive topic for most professional associations or educational institutions dealing with Family Psychology or Family Therapy.⁷ As such most practitioners are unaware of the innovations in family law and the accompanying new roles for family therapists such as the CDC. The attention of the Professional Psychology and Family Therapy communities is not commensurate with the magnitude of the demographic reality⁸ of divorce in the US & Canada. Initiatives like Co-Parenting Therapy seek to provide therapeutic support of positive resolutions to divorce, but none do so with therapists in direct contact and coordination with the legal and financial process of the divorce.

The only professional organization that recognizes and supports CDC is IACP. There is no group of professionals outside of IACP who are active in the growth and development of the CDC role. Therefore it is critical that we take the time to clearly define CDC within this community and to aim as high as we can. In doing so we are making history and creating a new professional practice independent of any professional body or theoretical orientation. As evolutions go, we are better off to have the greatest vision and highest ambition now to create the future with the most possibilities for CDC and the families it seeks to serve.

As Michelangelo said *“The greatest danger is not that we will aim too high and miss it, but that we aim too low and reach it.”*

B. DEFINING COLLABORATIVE DIVORCE COACHING⁹

IACP has defined CP as “a voluntary dispute resolution process in which parties settle without resort to litigation.”

The definition says this about interdisciplinary practice: “The parties may engage mental health and financial professionals whose engagement terminates upon the undertaking of any contested court proceeding.”

A Proposed Definition and Explication For The Psychological Professional: *Collaborative Divorce Coaching is a process, facilitated by a family therapist, that seamlessly integrates the appropriate professional knowledge bases, services and interdisciplinary processes and forums, calibrated to the client(s) 'unique combination of characteristics, capacities, complexities and commitments, in order to resolve the tasks of parental separation and divorce so as to encourage the highest possible level of wellbeing post-separation for all family members, especially the children.*

Unpacking the Definition:

Collaborative Divorce Coaching is:

(1) *a process facilitated by a family therapist;*

The Standards of IACP identify those who may serve as CDCs as requiring one of the listed Mental Health professional licenses in good standing, or an “equivalent license in a state, province or country that requires an advanced degree in a recognized clinical mental health field, requires continuing education, and is regulated by a governing body under a code of ethics.”

The process, and by association the job description of the CDC, is to serve as the client(s)' therapeutic companion and guide from the beginning to the hopefully successful end of the divorce process including the restructuring of the family and family life. CDC exists in the context of the family, specifically all the adults and children who make up the family and all the relationships between them. CDC is therefore best described within the over-arching domain of Family Psychology and Family Therapy with other related fields included as is appropriate.

There has been much discussion regarding whether or not CDC is therapy.¹⁰ A statement in the negative, “It’s not therapy” has frequently been the answer to this question. The question of whether CDC is or is not therapy is perhaps best answered in the positive. While we all agree that Collaborative Divorce Coaching is not traditional therapy, it is precisely the therapeutic aspects that makes CDC such a powerful contributor to successful outcomes for Collaborative Practice teams and divorcing families.

Collaborative Divorce Coaching (continued)

Collaborative lawyers offer a limited scope of service to their clients in that they do not go to court and will work in settlement only forums. At the same time they are still lawyers. CDC offer a limited scope service in that they will not engage in more widely focused therapy that is not relevant to the resolution of the tasks of the separation/divorce. And at the same time they are still therapists.¹¹ To restate this in the positive, CDC will use any and all therapeutic options that are focused, relevant, that contribute to the resolution of the tasks of the separation/divorce and that encourage the best possible outcomes post-separation for all family members, especially the children.

(2) that seamlessly integrates the appropriate professional knowledge bases, services and interdisciplinary processes and forums,

CDC includes not only traditional clinical and therapeutic approaches, but has the capacity to integrate a wider range of content and process choices to craft the job description that best matches their clients.

The CDC seamlessly integrates:

- Individual, Couple, Family & Child Psychology & Therapy
- Collaborative Practice
- Divorce Education (Impact of Divorce on all Family members)
- Research literature on Children, Couples and Families through - Divorce
- Parent Education (Education focused on strengthening parent-child relationships through good parenting practices)
- Mediation
- Life Coaching¹²

Within Individual, Couple, Family & Child Therapy, a number of aspects are central:

- Family Systems
- Couple Communication
- Child Development
- Family of Origin
- Attachment theory
- Solution-Oriented Approaches
- Narrative Approaches
- Problem-focused and Problem-solving Approaches
- Power Imbalance & Family Violence
- Non-Voluntary Clients & Client Resistance
- Addictions
- Abuse
- Grief Counseling
- Relaxation Techniques & Self-Regulatory approaches

- Life Review
- Spiritual Counseling
- Bibliotherapy & Videotherapy
- Stepfamily Consultation
- Referrals to appropriate professionals for issues beyond the role of divorce coaching

This list provides some of the knowledge bases most commonly integrated into Divorce Coaching. It is not intended to be comprehensive. Equally, just as family therapists develop their own style, each CDC will also develop their own unique style. CDC seamlessly integrates all aspects of any related knowledge base as to best serve the family's forward movement through their separation and divorce with a view to the long-term best outcomes for all family members.

Beyond the specific focus on families, CDC is pan-theoretical in that it is not based on a singular theoretical orientation. That said, CDC is more similar to brief, goal-oriented, systemic approaches and more different from long term psychoanalytic approaches. Therapeutic approaches that include a future focus, client resilience, client aspirations and motivations are essential.

CDC occurs in conjunction with a team of Collaborative professionals who work together to facilitate the best possible outcome for the family members under the Collaborative umbrella. All team members sign a Participation Agreement that limits their scope to an out-of-court settlement process. CDC is also limited in scope in that while therapeutic process permeates the process, it is focused on the resolution of the tasks of the separation and the highest level of well-being possible post divorce for all family members, especially the children. CDCs integrate the processes and work products of their Collaborative colleagues so that the clients' trajectory is as smooth and efficient as possible.

(3) calibrated to the clients' unique combination of characteristics, capacities, complexities and commitment,

Any collaborative process can be described as a combination of characteristics of family members, capacities, complexities and commitments. Client characteristics might include age, gender, race, sexual orientation, extended family, health, occupation, standard of living, hobbies, aspirations, to name a few. Capacities could include self awareness, empathy, communication, self-regulation, learning, change, parenting, understanding legal issues, financial expertise, and others. Complexities relate more to the situation be it

relational complexities, parenting, mental health, legal or financial complexities. Commitment relates to the availability of each family member, including adults and children, to the Collaborative process. All members may be very committed, some not so interested, and others not entirely voluntary in their participation. The level of commitment of each family member will influence the process and have a strong impact on the job description articulated with the CDC and the Collaborative team.

If the capacity of the family members is high and the complexity quite modest or low, the process from beginning to end is relatively brief and the job description of the CDC is quite limited. In this type of situation, the CDC may act as general support, facilitator for problem solving, and educator. However if the capacity of the family members is moderate or low and the complexity of the situation is quite high, then the job of the CDC may be extensive and require advanced clinical skills. In complex or multi-problem situations the CDC may need to utilize any and all possible psychological understandings and therapeutic theories and techniques in order to see the family through to their best possible outcome. Equally the CP team will need to function at an optimal level.

Typical features of the family landscape that increase complexity include high levels of emotional volatility, historical abuse for one or both parties, power imbalances, a big difference between the emotional states of the initiator and the spouse receiving the decision, a non-voluntary spouse, relocation, difficult legal situations, financial crises, violence, substance abuse, infidelity, special needs children or children in crisis, extremely different parenting styles or experiences of the children, etc. Often pre-existing problems in the family system compromise the ability of the family members to successfully transition to living well in a two-household family. While the work of the CDC is not the same as in couple therapy, elements of couple therapy are used to target relational dynamics that can make it very difficult to resolve the divorce issues – either those that are related to the parenting plan and the children or the legal or financial issues.

Our clients' level of commitment will also influence our job description. Some clients are not interested in working beyond minimal task completion. In other cases, some spouses choose to take the opportunity to understand what happened to their marriage, to improve their co-parenting communication, to improve their relationships with their

children or to seek general therapeutic support in order to reach a higher level of resolution with changes the divorce brings. The non-voluntary client also has a big influence on our process. Sometimes an initial challenge is to engage the non-voluntary spouse in the process in a way that is authentic and genuine for them.¹³

Our clients' capacities, complexities and commitments will often be a 'moving target' as we work through the separation process. We must stay light on our feet and be willing to renegotiate our job description as they work through the tasks of the separation. Generally the therapeutic aspects are more central at the beginning of the process with the problem solving becoming central as soon as the communication and emotional capacities of the clients are sufficient to effectively work on the tasks of the separation. Many clients come in with limited understanding of what a divorce really means and what the Collaborative process can offer them. As they work their way through, they become more aware of how to take hold of the CP process and make it work for them.

(4) to resolve the tasks of parental separation and divorce in such a way as to encourage the highest possible level of well-being post-separation for all family members especially the children.

The CDC process works as a part of the CP team, to support the resolution of all aspects of the separation/divorce. While our focus may be on relationship quality, communication between the spouses, the parenting plan and that which relates to the children, we may also find ourselves identifying and addressing other issues in the family dynamic such as addictions, vocational problems, inappropriate extended family involvement, extreme power imbalances or domestic violence that impede the forward progress of the process, etc. We provide a psychologically informed and solid therapeutic backdrop that supports the legal and financial decision-making in whatever way is appropriate to the family and/or the team. Also, there is wide variety in the intensity and length of Collaborative processes. Some will be straightforward and others will have twists and turns, ups and downs throughout.

Making appropriate referrals is key to CDC. Divorce is like a social Rorschach – everything about the life of the family is glaringly visible. Although problems that predate the separation are likely to be revealed in the process, CDC must stay relevant to the separation and not get overly involved in other legitimate therapeutic targets. Appropriate referrals can

be made to outside professionals or at the very least we can let our clients know that help is available and how to find it. If a referral is made it is also a good opportunity to educate the other professionals about CP. Examples of this may be problems that are not proximate to the separation/divorce such as vocational change, problems that need long-term treatment such as childhood abuse, or the attention of a specialist such as an eating disorder or psychiatric assessment. Although our work is often focused on the separation/divorce, the role of divorce coach extends to post-separation support and conflict resolution and can also include stepfamily consultation as is appropriate.

Research suggests that the children's well-being is linked to the well-being of both parents, the parenting practices of both parents and the quality of their co-parenting relationship. The CDC has a powerful opportunity to appropriately address anything that may constrain the well-being of the individuals and/or the family system. Given the great number of children who are implicated in family law conflicts, and the empirically demonstrated, highly negative effects of unresolved conflict of divorce on children it behooves us to encourage our clients to aspire to the best possible resolution of all psychological and relationship related tasks of divorce. Why would we not reach for the highest possible level of resolution given the capacities and commitment of our clients?

C. Locating Collaborative Divorce Coaching in Relation to Mediation and Family Therapy

For the family therapist trained in CP and mediation, there is substantial overlap between these three spheres of practice. All three seek to assist family members to improve their quality of life through addressing problems in their relationships. While mediation organizes around resolving disputes, family therapy organizes around the entire family as a system of people and relationships developing over the life cycle, explicitly working to create change in order to resolve problems that interrupt the well-being of the individuals and relationships. Perhaps it is fair to suggest that, at a very basic level, mediation seeks to resolve disputes, family therapy seeks to repair relationships and Collaborative Divorce Coaching (CDC) seeks to support and repair relationships to the degree necessary to resolve their disputes.

The purpose of this section of this article is to locate CDC in relation to mediation and family therapy. The aspects that will be considered are: level of explicit therapeutic process, first and second order change, past, present or future focus, and the capacity to contain and/or resolve conflict.

Explicit therapeutic process

Therapeutic process can be defined as the theoretically informed application of specific strategies and techniques designed to stimulate change in a client or relationship between clients, in order to restore individual or relational well-being. This explicit intention to create change varies in degree between CDC, mediation and family therapy.

The goal of mediation is to resolve disputes. Even though mediation has drawn heavily from therapeutic processes, the therapeutic elements are not explicit. Although change often occurs, change in the person or the relationship is not the stated objective. At the same time, therapeutic process is implicit in mediation through basic counseling techniques such as active listening or through theoretical underpinnings such as *Narrative Mediation* (Winslade & Monk, 2000) that is explicitly based on *Narrative Therapy* (White & Epston, 1990).

In family therapy, therapeutic process is explicit. Creating or supporting change that supports the individual and relational wellbeing of the client(s) is the objective. The process is limited only by the clients' interest in engaging with the therapist and the therapists' skill and imagination.

CDC aspires to support change to the degree that is necessary to resolve the problems of the separation/divorce to the highest possible level. As such, CDC includes both the resolution of disputes as well as explicit therapeutic process as necessary.

First order and second order change

Family therapy describes the notion of first order and second order change. First order change is change in the problem or the symptom. Second order change is change in the relationship system that created the problem in the first place such that the problem no longer exists as a problem.

Using this lens, all three practices lead to change, although the type of change differs. Mediation focuses on first order change – resolving the dispute. Although change in relationships may occur as a function of the mediation, change in relationships is not the explicit focus of the work.

Conversely, family therapy includes both first order and second order change. As the family system changes, problems resolve or cease to be experienced as problems. The degree of change desired is completely defined by the clients and the therapist without the influence of any external structures or tasks.

CDC must include first order change in order to resolve the tasks of the separation. At the same time CDC may also include second order change to restore or repair relationships to the point that clients are able to resolve the tasks of the separation and support the highest level of well-being of the family members especially the children.

Another way to discuss this is with the metaphor of therapeutic depth. Therapeutic process may vary considerably in depth across various theoretical orientations. The depth of the therapeutic process refers to how much the intervention is accessible to everyday awareness (such as Solution-Oriented), how much it is out of awareness but recognizable to the client at the time, (such as Family Systems Therapy) or if it is completely out of the client's awareness (such as Psychoanalysis).

The depth of the therapeutic process varies between these three modalities of practice. Consider the metaphor of the swimming pool. Therapy has access to the entire pool including the shallow end, deep end and all points in between, depending on the approach. Mediation also varies in depth depending on the approach however in its purest definition focuses on the resolving of disputes and so is therefore more focused at the shallow end of therapeutic process. At any given time CDC would be anywhere from the shallow end to part way down to the deep end, acknowledging that the deepest levels of therapeutic process are beyond the scope of CDC and reside exclusively in the domain of individual or family therapy.

Time of focus – past-present-future

As mediation is focused on resolving disputes, it is often focused primarily in the present, whereas the focus of family therapy will depend on the approach. Some, such as inter-generational family therapy may focus deeply on the past whereas Brief Solution Oriented approaches are much more focused on the present and future. Most approaches will include past, present and future but in differing degrees.

CDC leans to the future. The aspirational aspect of CDC can often play a big role in creating a vision or mission statement at the beginning of the process as well as staying true to that vision through the tough spots. For example, "What will be the legacy of your divorce for your children?" "Right now you are writing the story your children will tell for the rest of their lives about their parents' divorce. What would you like that story to be?" Therapeutic approaches

that focus on the future include interviewing strategies that specifically connect current motivation to future aspirations and then work to consolidate the change necessary to make this a reality. For the CDC, the present also requires our attention in order to help the family function as long-term decisions are being made.

Regarding the past, a CP training participant once asked "How much of the past needs to be dealt with by the CDC?" Another participant responded, "As much of the past as keeps popping up in the present." This answer captures the essence of CDC in that our focus is always on the future and at the same time, we may sometimes need to explore the past in order to sort out the present and make plans for the future.

Capacity to contain and resolve conflict

Our clients come to us in a wide range of levels of conflict. Although family therapy has the tools and techniques that assist the high conflict separating couple to resolve their differences, traditional couple therapy with a bias to restoring the marital relationship is rarely appropriate for couples working to separate. Higher conflict divorcing couples can exhibit a level of conflict that is much more intense than that generally expressed in couple therapy, suggesting that higher conflict couples may select themselves out of traditional couple therapy.

Mediation, like family therapy, is generally conducted by a neutral.¹⁴ The neutral role has provided the historical roots of both these traditions and has contributed greatly to the development of these professions. CDC rests on the shoulders of mediation and family therapy.¹⁵

CDC was originally designed by the CD team as role that is simultaneously aligned and neutral. Each party has their own CDC (aligned) and the two work as a team (neutral).¹⁶ The role is aligned in that each coach holds primary responsibility for one of the clients. The role is neutral in that each coach must still step back from the emotional pull of their client and see the relationship system of the family. They must also be able to understand and establish a working relationship with the other client to the point of being experienced as safe and supportive.¹⁷ The two coaches together provide a 'unified story' of the family system.¹⁸

The first adaptation of the CDC model is the single, neutral coach. In this approach, the neutral coach takes the role of

the therapist/mediator and works with both parents to the same degree. In this role the single, neutral coach is also present in all the lawyer joint meetings as a process facilitator. (See article in this issue.)

The choice of involvement of the therapist(s) can relate to the capacity of the clients, the complexity of the situation and to their commitment to the process. In addition, their personal choice is also an important factor. When clients have greater capacity and lower levels of conflict, they may feel the single neutral coach is sufficient.

This decision point is parallel to the decision between Collaborative law and mediation for the lawyers. Just as legal mediation requires independent legal advice, single neutral coaches often refer clients to individual therapists if the emotional tone is too charged. Collaborative law creates an aligned relationship that combines advocacy and mediation thereby reducing the need for independent legal advice outside the process. In parallel fashion, CDC creates an aligned relationship that combines therapeutic process and task completion thereby reducing the need for outside therapeutic support.¹⁹

When using two coaches, the process allows for individually calibrated approaches for each spouse such that one may meet with their coach many times without obligating the other to do the same. It also provides support for clients who are in very different emotional states and for couples with strong power imbalance. In some cases, the spouses are not able to meet in the same room at the beginning of the CDC process. The two coach structure allows them to work with their coach in separate locations connected electronically by phone or video conference. From this beginning some are able to work their way into the same office while others prefer to remain in separate offices. Equally, it may, at times, be helpful for the aligned coach to accompany their client to a meeting with the child specialist or their Collaborative lawyer if there are child related or legal issues that require a private forum with strong therapeutic support. These possibilities provide impasse tools that have never existed before. In these ways, we extend our reach into populations at risk of failing in mediation and ending up in litigation.²⁰

As a process that integrates therapeutic support and the resolution of tasks associated with separation and divorce, CDC allows families experiencing parental separation to make as stable, informed and life-enhancing a transition as possible. Located in the professional territory between mediation and

family therapy, CDC extends our reach into populations that may have no recourse other than litigation.

D. The Opportunity and the Future- a Conclusion for Now

Collaborative Divorce Coaching provides an opportunity to address children's best interests through separation and divorce.²¹ While settlement of the legal and financial issues is necessary, it is not sufficient to ensure children's best interests. Addressing the best interest of children requires all possible efforts to reduce – or better, resolve – conflict between their parents, thereby creating the highest possible level of family functioning in the post-separation family environment.

It is our responsibility to communicate to our clients that their conflict does not solely rest with them but contaminates the very family environment that protects their children from the risks of separation and enables them to move successfully into a two-household family system.²² By helping clients to resolve their conflict to the point that they can successfully co-parent, we are like the teacher who does not just teach for today (settling the current problems) but teaches for tomorrow. This is similar to the Chinese proverb that states:

“Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.”

Family therapists are the ideal therapeutic professionals for this task. We are specialists in the psychology and therapeutic aspects of families experiencing separation and divorce. In the interdisciplinary environment, we practice alongside legal and financial specialists in this area and through these associations become more informed and sophisticated in our understanding of the legal, financial and all other inter-related aspects of the divorce process. Furthermore, with all the relevant professionals involved, we enjoy a 360 degree view of the life of the family. Our colleagues become our professional team members allowing us to work more efficiently with every additional team process. We are perfectly situated to hold the highest possible vision for this work. If not us, then who?

From a sociological perspective, divorce is a part of the tapestry of our society. As family therapists we have extensive and specialized knowledge and professional experience that can support the increased well-being of the post-separation family. When we add the related knowledge bases and skills of mediation, life coaching, parent education and the empirical

Collaborative Divorce Coaching (continued)

information on divorce, plus the benefit of learning from our interdisciplinary professional environment, we become specialists who can address virtually everything our divorcing families need as they work their way through their own unique separation/divorce process. And if we don't have it, we know where to get it. As a CDC we have a limited scope of practice, however we also have an unlimited view into the intimate life of the family at one of its most vulnerable moments.

Given the demographic reality of separation and divorce, CP and CDC make a substantial contribution to the well-being of society. As CDC we are but a short moment in time in the life of a family yet we have the opportunity to help them improve their lives forever. As CDC professionals within IACP, we have the organizational support to continue to evolve this practice. Just as CP is now a legitimate choice on the ADR continuum, CDC has the potential to become a professional specialty within the domain of family therapy. Just as CP has had a positive influence on litigation and mediation, CDC could have a positive influence on the therapeutic community, transforming divorce into an important focus for therapy programs and elevating the practice of professional therapists. As divorce continues to be a mainstream event in our society, these changes would have a direct and positive effect, contributing to the well-being of a great number of families, and especially their children.

Notes

¹ This paper originally presented as part of the workshop Narrative Divorce Coaching at the 12th Annual IACP Networking Forum in San Francisco, 2011.

² Although financial professionals and child specialists are important members of IACP, this article will focus on the relationship between the Collaborative Lawyer and the Collaborative Divorce Coach because of the parallel aspects of these two roles in CP.

³ See, Fagerstrom, K., Kalish, M., Nurse, A., Ross, N., Thompson, P., Wilde, D., Wolfrum, T. *Divorce: A Problem to be Solved, Not a Battle to be Fought*. Brookwood Publishing: Orinda. (1997).

⁴ The term 'Family Therapist' is used in this context to denote the discipline and knowledge bases associated with therapeutic professionals who work with families and is not limited to those with a license in Marriage & Family Therapy.

⁵ See The Definition of Collaborative Practice: Moving from Branding to Unification by Diane S. Diel, in this edition of the Collaborative Review.

⁶ Therapeutic jurisprudence, all types of mediation, particularly transformative mediation and Integrative Law are also hybrids that combine resolving legal tasks with psychological or therapeutic process whether implicit or explicit, the exact mix being heavily influenced by the professional background of the service provider. For the purpose of this article, and to support a clearer comparison, mediation is defined in its basic sense of resolving a dispute through the use of a neutral third party.

⁷ In an informal survey of 15 CDC within IACP, all but one had no exposure to divorce during their graduate programs (including MFT programs) and with one exception did not know of programs today that include the study of divorce as a mainstream event in today's society. A quick review of the AAMFT curriculum

found on-line suggests that contemporary topics will be studied. Of the 7 examples listed, divorce is not mentioned and yet the frequency of divorce is far greater than those mentioned.

⁸ Today's couples have roughly a 40% - 50% chance of experiencing divorce and every year, 1,000,000 American children and 35,000 Canadian children will experience their parents' divorce.

⁹ The term 'Divorce Coach' was created by the Collaborative Divorce team from California. This definition is consistent with their intentions for this role. (personal communication with Dr Peggy Thompson and Nancy Ross, 2011). The term 'Collaborative Divorce Coach' is used in this article to denote the Divorce Coach working in the Collaborative Practice environment.

¹⁰ The Collaborative Review (Spring 2003) includes two articles on this topic, one by Pete Roussos and another by Susan Gamache. Both articles describe the ways in which Divorce Coaching is both different from and inclusive of family therapy. You can find these articles in the members' section of the IACP website.

¹¹ Psychologists, family therapists and other therapeutic professionals already offer limited scope services in such settings as hospitals and schools.

¹² Life coaching is an adaptation of therapeutic process that is focused on the identification and achievement of personal goals. For example, Solution Oriented Life Coaching draws explicitly from Brief, Solution Oriented Therapy originated and developed by therapists Steve De Shazer & Insoo Kim Berg in the early 1970s.

¹³ To the often heard response of the non-voluntary client "I don't need a coach because I'm fine. It is my spouse who is crazy!" I like to respond "If you are going to be co-parenting with a lunatic, I can help you."

¹⁴ Mediation does include co-mediation, which involves two mediators working together. The mediators act as neutrals and are not aligned with either client unlike the original CDC model that includes two coaches with aligned relationships working as a team. In *Beyond Neutrality* (2004) Bernie Mayer explores the strengths and vulnerabilities of neutrality and what it means for the general field of mediation. I have heard of lawyer mediators partnering with therapist mediators to provide a two person team that includes both legal and therapeutic knowledge bases facilitated through two neutral relationships.

¹⁵ Although effective in helping individuals and families restore and repair relationships and in this way to resolve conflict, individual and family therapy does not organize around conflict per se but rather communication and relationship systems, development over the life span, theoretical orientation, etc.. A comparison between the knowledge base of individual and family therapy and that of the discipline of conflict resolution is beyond the scope of this paper. However, the theoretical understandings of the dynamics of conflict, conflict resolution and related interventions would be an asset for therapists working as CDC.

¹⁶ Id., note 3. Also Tesler, P. & Thompson, P. *Collaborative Divorce*. Harper Collins Publishing, New York. (2006) and Nurse, R. & Thompson, P. *Collaborative Divorce: A Family Centered Practice in Handbook of Family Psychology* James Bray & Mark Stanton Eds., Wiley Blackwell Publishing. (2009)

¹⁷ Dr Sandra Stith has developed a therapeutic protocol for couples that have experienced domestic violence and wish to repair their relationship. The model describes two therapists working with clients alternately, in individual meetings and then in 4way meetings. However, unlike the CD Divorce Coaching model, the therapists change clients for every other individual meeting with a view to keeping the focus on the couple relationship (personal communication, 2011).

¹⁸ In some areas, family therapists provide a co-mediation approach in which the two mediators align but remain neutral to the clients to solve the problem.

¹⁹ See earlier in the article for referral guidelines for the CDC.

²⁰ Prompted by a suggestion from a client, the author offers the two coach model to couples who are on the edge of separating. This has extended to couples in which one spouse wants to separate and the other does not, or in which there is confusion about whether or not to remain together. The model of two coaches and the child specialist has also been used in litigation.

²¹ See Gamache, S. (2005) *Collaborative Practice: A New Opportunity to Address Children's Best Interest in Divorce*. Louisiana Law Review.

²² At some point this becomes an ethical issue concerning the Duty of Care for psychological professionals. As licensed therapists, is it not our professional obligation to alert our client to issues or practices that could cause them or their children harm?