

***Connecticut Judicial Branch
Court Support Services Division***

***Family Civil Intake Screen and Services
Evaluation: Final Outcomes Report***

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Evaluators:

***Marsha Kline Pruett, Ph.D., M.S.L.
Smith College School for Social Work***

***Megan Durell
Hunter College***

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I. Introduction of the Intake Screen and New Family Services

Prior to 2005, two services were available to families involved in civil actions through the Connecticut Court Support Services Division: 1) Mediation (Med) and 2) Comprehensive Evaluation (CE). In 2005, two additional services were introduced: 3) the Conflict Resolution Conference (CRC) and 4) the Issue Focused Evaluation (IFE).

The Conflict Resolution Conference (CRC) is a blend of Mediation and negotiation processes. The Family Services Counselor's primary goal is to help the parties reach a resolution of their own making; however if the parties are unable to do so, the counselor may direct the process, obtain collateral information from individuals or agencies known to the parties, and offer suggestions as well as recommendations. Attorneys may be present during the conference.

The Issue-Focused Evaluation (IFE) is a process of assessing a limited issue impacting a family and/or a parenting plan. The IFE is not a comprehensive assessment of the family, however it is evaluative and it is not confidential. The goal of an IFE is to define and explore the issue causing difficulties for the family, gather information regarding only this issue, and to provide a recommendation to the parents and, ultimately, the Court regarding a resolution to the dispute. It is limited in scope, involvement and duration.

Currently, all four services are available through the Family Services arm of CSSD. At approximately the same time as the two new services were added, a new Family Civil Intake Screen began to be employed when families were referred for family services at the Court. The screen was created to streamline families into appropriate services by paving more efficient and appropriate paths through the family court system based on each family's needs.

II. Establishing the Screen's Validity

Examination of relationships between specific screen items (i.e., questions) and general screen categories, and among sections of the screen provide critical information about the families served, their needs, and their responses to service provision. This provides a check on the implementation process, but is even more useful in providing information not formerly available about the clients and processes of the family division of CSSD.

✚ Associations between each category and overall category ratings:

The strength of each item's relationship to its corresponding category (example: conflict) was examined to determine which items contributed the most to that category's overall rating. This information is useful for understanding which items are most closely describing the category and may be useful if a shorter version of the screen is developed in the future.

- Family conflict was most highly associated with the number of times a family had been in court, as well as prior involvement with CSSD services.

- The strongest correlate of the parent communication category was level of cooperation.
- Mental health and domestic violence issues were highly related to the complexity of a case. Disparity of facts/views resulted most often in comprehensive evaluations being ordered.

Summary:

The screen had good face validity, with expected relationships between items in a category and the overall category.

III. Implementation Evaluation

Family court districts were trained in implementation of the new screen and services. The screen and services were phased in beginning with several pilot districts. Gradually over a year's time the expectation was that families in every district would receive the screen upon entry into family services, and that the new services would be available to all. An implementation assessment was conducted to examine whether the new screen was being used accurately and consistently. We examined missing data and counselors' deviations from the service recommendations generated by the screen; we also designed a Supervisors' Survey, which was administered at two time points spaced two years apart.

Research Question: How thoroughly was the screen implemented, and how was quality of implementation maintained?

- ✚ **Missing data:** A random sample of 200 screens was examined by court district (i.e., location) for missing data. This information was fed back to supervisors so that completeness of data could be maximized at each site. This provided a source of quality control across districts and assisted in the determination of areas in which further training was necessary or desirable. Missing data were not a major problem at any site. It was a minor problem at the vast majority of sites. Questions which were consistently missing were corrected through feedback from the research to CSSD regional managers to supervisors to counselors.
- ✚ **Deviations:** The screen's recommendations for service were compared to the counselors' final clinical judgments to ascertain if and when deviations occurred. The deviations were analyzed by question category and location.
 - The percentage of deviations from screen-generated service recommendations to final judgments was low (7%).
 - Deviations did not occur in any systematic fashion (i.e., certain patterns evident in certain locations).
 - Therefore, the frequency by which screen-based recommendations were actually implemented was quite high, and implementation was largely consistent across districts.

- ✚ Supervisors' Survey: First assessment (2006) and Re-assessment (2008)
A Supervisors' Survey was completed by each of the 18 Family Services supervisors at two time points. The survey included questions covering six areas: (1) usefulness, (2) implementation difficulty, (3) divergence between counselors' recommendations and screen-based assessments of the family's needs, (4) areas of concern, (5) training needs, and (6) monitoring practices in place.
- Usefulness. 80% of the group found the screen moderately to very useful. Experienced clinicians tended to find the screen less useful than novices in the first assessment; this was not evident two years later.
 - Implementation Difficulty. 60% reported no difficulties in implementation. The majority of counselors found the Screen easy to quite easy to implement.
 - Divergence. Divergence was not identified as a problem. Divergences were made when counselors deemed the Screen as missing a couple's capacity to be involved in a more or less intensive intervention than indicated from the facts without additional legal information (e.g., bench referral) or clinical information obtained from being with the couple (e.g., need for a home visit to reconcile conflicting facts). Divergences were not made systematically in either a more or less intensive direction, and they did not center on any particular area of the Screen.
 - Areas of Concern. Concerns that were raised in open-ended questions include: the amount of time the Screen took, the screen inciting conflict by introducing topics that may not have been raised spontaneously by the parties, and a perceived skew toward identifying pathology and angling for more intensive services. Supervisors offered suggestions for improvements on intake procedures, which were passed on to Family Services.
 - Training Needs. Training was seen as sufficient, yet it was indicated by some supervisors that a brief, targeted follow-up would be helpful in the near future.
 - Monitoring Practices. Practices of monitoring screen implementation varied across districts; some supervisors observed implementation, while the majority used supervision time to ask about implementation.

Summary:

It was determined that the screen was being fully implemented, largely without difficulties and with a moderate to high level of comfort and support. The supervisors and staff had adapted to the requirements of implementation and supervision. Supervision and quality control was being maintained across districts. Some minor problems remain, and questions raised by counselors offered suggestions for refinement, training, and future considerations. These suggestions were taken under consideration by the Regional Managers.

Research Question: How was implementation distributed across services?

The two original services that were utilized (Med and CE) were examined prior to the introduction of the Screen and new services (January-September, 2004). These two original services were compared to the utilization of all four services (Med, CE, IFE, and CRC) after the new services were fully in effect, when the training and pilot implementation had been completed (January-September, 2006).

- ✚ New services were implemented and distributed across counties. For six months, the distribution of Mediations and CEs into the new services was tracked. This aspect of implementation will be analyzed one final time at the end of the assessment.
- Prior to the Screen and new services mediated cases represented 60-90% of all cases (across districts). After introduction of the Screen, the frequency of mediated cases decreased to 30-60%. These cases were evenly divided between referrals to IFEs and CRCs.
- The proportion of CEs remained the same: approximately 30%
- For the control group, first-time services were divided as follows: 2/3 Mediation and 1/3 CE. For the experimental group, first-time services were divided approximately equally: 1/3 Mediation, 1/3 CE, and 1/3 CRC and IFE combined.

Summary:

These findings show that, with the introduction of the new services, Mediations were distributed across the new types of service. About 1/3 of families who come into Family Services get referred for a Comprehensive Evaluation; that was true in 2004 and remained true in 2006. This seems to be the percentage of families who need this kind of approach, regardless of what other services are available.

IV. Evaluation of Outcomes

Research Question: Did the new intake screen and services improve the family court process for families?

To answer this question, comparisons were made between a control group and an experimental group, with the latter assessed after the screen and new services were fully implemented.

Sample

The following analyses are based on data for 1,924 individual families involved in 2,358 services. Of the individual families, 57% were in the control group and 43% were in the experimental group. The control group received 59% of the services and the

experimental group received 41%--proportions that are comparable to the size of each group.

Predictor Variables

The predictor variable of primary interest is the *type of service* offered to families. There were four types, with types 1 and 2 below available to both the control and experimental groups, and 3 and 4 available only to the experimental group:

1. Mediation (*Med*)
2. Comprehensive Evaluation (*CE*)
3. Conflict Resolution Conference (*CRC*)
4. Issued Focus Evaluation (*IFE*)

A second predictor--the *number of services obtained*—was also measured. Many families came into Family Services only for one service, while others returned for subsequent or additional services. Number of services was defined as follows:

1st service = The first service the family is referred to between January and June of 2004 for the control group, and between January and June of 2006 for the experimental group.

2nd and 3rd services = Subsequent services following 1st service, within 12 months of 1st service completion date.

Outcome Variables

There were five key outcome variables.

1. *Agreement Rate*: the percent of families that reach an agreement in their 1st service
2. *Return Rate*: the percent of families that returned for a 2nd, 3rd, or 4th service.
3. *Timeliness of Services*, which included:
 - ✚ *Average days in service*, or the average number of days between referral and service completion dates
 - ✚ *Months in service*
 - ✚ *Time between services*, or the time, in days, between consecutive services;
4. *Motions Filed*, which included:
 - ✚ *Number of motions filed*
 - ✚ *Types of motions filed*
5. *Cost Analysis*: the assessment of whether the screen and new services offered a real cost savings to the court

Outcome Analyses

Analyses of the variables listed above are presented below. Analysis details, including statistics and tables, are available from CSSD. They are not included in this report as the purpose of this report is to summarize key findings so they are readable and understandable to non-researchers.

Research Question: How were agreement rates impacted by the screen and new services?

Overall, the experimental group had a 74% agreement rate compared to the control group's 68% agreement rate. This significant difference is due to the 7% increase in the agreement rate for the 1st service. The agreement rates for second service do not differ significantly between groups, and rates for third services were too small to analyze.

The experimental group had the same agreement rate for all four offered services combined (74%) as it does for the original two services (Mediation and CE) combined, indicating that the new services did not enhance or detract from agreement rates.

In addition, agreement rates among mediating couples increased 12%, which was a statistically significant increase. Agreement rates for CEs did not differ between the control and experimental groups. Thus, by screening out some families into other types of services, those who were referred into Mediation were better able to avail themselves of the service.

Summary:

Agreement rates improved significantly with the introduction of the screen and additional services. The increase in agreements for the first service suggests that the screen is helping to triage families into more appropriate services at the time of their first service. Since the agreement rate is comparable across the original two services and the full four services, it would seem that it is the screen, rather than the new services, that contributes to the increase in agreements reached.

Research Question: How were return rates impacted by the screen and new services?

While 24% of the control group returned to court for additional services, only 14% of the experimental group returned, reflecting a statistically significant 10% drop in the return rate. The same percent (14%) of families in each group that had a second service returned for a third service. The experimental group did not have any families that returned for a 4th service, but 14% of the control group's families returned for a 4th service.

In particular, the experimental group's return rate (15%) for Mediation was half of the control group's rate (29%). This decrease is highly significant. Both groups had

the same return rate for CEs. CRC and IFE, only available to the experimental group, had return rates of 17% and 12%, respectively.

An interesting subgroup is the families that did not settle after the first service, and then returned. This is a group who presumably were not finished with their conflict the first time around. Among this group, the return rate was 34% for the control group and 17% for the experimental group--again, a significant group difference.

Summary:

This shows that the screen and new services were associated with fewer returns to family services. In particular, there were fewer people coming back for a second time, and no one came back a fourth time in the experimental group. While return rates did not differ across groups involved in CE, the return rates halved for mediating couples. The new services, CRC and IFE, seem to have offered alternatives to Mediation which assisted in lowering the return rate. The drop in return rate was most notable for families who did not reach agreement in their first service; this is another indicator that service quality was higher in 2006 than in 2004, with that quality likely to be attributable at least in part to the screen and new services options.

Research Question: Are the services being provided in a timely manner?

First, *Average Days in Service* was measured as group comparisons of the mean number of days families spent in each type of service, and in various combinations of services. Each of the four types of services was compared across groups.

The experimental group spent an average of 8 days longer than the control group in the first service for all services combined (i.e., 69 days compared to 61 days), and 14 more days in the original services combined (Med and CE) than did the control group. Though a longer time was spent by the experimental group in first services, the differences in real terms amounted only to an extra week and a half of work days. It was determined that the difference was accounted for by couples who did not reach agreement. Experimental families who did not reach agreement took an average of 20 more days to complete their service than those families in the control group who did not reach an agreement; there were no group differences among those families who reached agreements. This shows that among those couples who did not reach an agreement, more time was spent trying in the experimental group.

When assessing families in their second service, the experimental group completed the second service in an average of 20 fewer days than the control group. Combining all subsequent services together, a significant group difference emerged in which the experimental group spent an average of 28 fewer days in services than did the control group (96 vs. 68).

Summary:

Experimental group families took a week and a half longer in their first service, with the group difference attributable to couples who did not reach agreements, suggesting that these couples may have had more or harder issues to resolve. Among returning families, the experimental group finished in fewer days than the control group (4 work weeks). When all services (1st-4th) were considered, the experimental group spent 5.5 fewer work weeks in services, a significant difference that is also meaningful in practical terms. The longer time in initial service is compensated for by a shorter time in second service or all services combined.

Research Question: Are the services occurring within the standard time frames set by CSSD?

The number of *Months* families spend in services allows for a different perspective of the time spent in services. The CSSD standards for completing Mediation, CRC, and IFE are 2 months. CEs are expected to be completed in 4 months.

Eighty-seven percent (87-88%) of both groups in Mediation finished within the standard 2 months. Eighty percent (80%) of CRC families completed the service within 2 months and 95% in three months. In contrast, only 50% of IFE families completed the service in 2 months, but 78% completed within an additional month. Furthermore, just over half of both the control (53%) and the experimental (56%) groups finished the CE service in the standard 4 months. The groups have significantly different associations with months in service. While the control group had more couples finishing in six months or longer, the experimental group's months in service had a curved distribution, with the peak being around the 4-5 month mark. Therefore, the experimental group completed more of their CEs within the standard time frame.

As part of this analysis, we also examined the lower end of the spectrum: families that completed intensive CEs in just a month. We reasoned that if families are completing CEs in a month or less, an alternative service may have served the family's needs just as well as a CE. The control group had 39 cases (4%) and the experimental group had 22 cases (3%) finish a CE in less than a month. These are obviously small percentages, suggesting the vast majority of families who were referred into CE needed the service, though it was more intensive than other available options.

Summary:

This analysis indicates that Mediation was completed within the desired standard time period, while CRCs are also generally completed within the desired time frame, though at a slightly lower rate. CEs are only completed within the desired time frame about half of the time, although the experimental group reached the 4- to 5-month mark more frequently than the control group. This indicates that improvement in reaching the time standard for completing CEs has been made by the experimental group and since

introduction of the screen and new services. The fact that many CEs still are not completed in that time frame may be a function of the length of time needed to gather the extensive amount of information needed for many evaluations.

Next, two research questions are explored in terms of the time between services for families who return.

Research Question: Have the screen and new services had an impact on the length of time between first and subsequent services?

One way to assess the lasting element of the agreement is to measure the amount of time that passes between services. Six months is used in the following analyses as a reference point for whether the issue in service is likely to pertain to the just completed service or is a new issue. Significant differences exist between groups for the number of months between services. Forty-two percent (42%) of the experimental group took longer than 6 months to return to service, compared to only 14% of the control group. Similarly, the control group had a much higher percentage of families who returned in less than 6 months. This finding suggests that the experimental group was returning with new issues, while the control group returned for a continuation of unresolved prior issues or related issues. By inference, this would also suggest that the new screen and services foster better assessment of and service for families' presenting issues the first time around.

Although the numbers are quite small and should be considered with caution, the reverse trend is evident between 2nd and 3rd services, indicating that among experimental group families who did return for a second service, the resolution did not hold as well, suggesting one area for further service focus in the future. A longer time in service might lead to a longer lasting and hence better resolution.

Among families both who did and did not reach an agreement in the first service, there was a higher return rate in the short-term (< 6 months) among the control group families and a higher rate in the long-term (> 6 months) among the experimental group, suggesting that unresolved prior issues led to their higher rate of return. This group difference held regardless of whether the families had been in Mediation or CE services.

Summary:

These findings favor experimental group families as returning at a slower rate between first and second services, regardless of whether an agreement was reached in the first service. However, they return possibly (small sample size for this analysis cautions interpretation) at a faster rate second to third service. It isn't clear why these differences occur in the pattern they do. It is possible that they indicate a more positive effect in first services that does not hold, and in fact, reflects a greater vulnerability among the experimental group families that return for the third service. This turnabout offers an area for further attention from CSSD supervisors to potentially improve service delivery by

focusing on families already in their second service as a risk factor for a quicker return for additional services.

Research Question: Has there been any impact on families who return immediately for further services?

“Quick Returns” are a subset of returns that return for a subsequent service within a month of completing the first service. The control group had a larger percentage of quick returns (35% vs. 12%), indicating that they were more apt to return immediately. The “quick” return rate was highest for families in Mediation. We have already noted above that the experimental group also stayed in service longer to try to reach an agreement (as seen by the greater number of days in service for those who did not reach agreement). The longer stay in service may be related to more lasting effects, a possibility that could be explored as a means of improving services to families and lowering return rates to Family Services even further.

Almost half (48%) of the control group that did not reach an agreement and returned for another service did so within a month, compared to 29% of the experimental group. This was a significantly higher percentage than that for the experimental group. Similarly, a quarter (24%) of those who returned after an agreement in the control group returned within a month, whereas only 5% of the experimental group returned within a month after reaching an agreement.

Summary:

Regardless of whether agreement was reached in first service, control group families were more likely to return within a month for further services, providing another indicator of the effectiveness of the screen and new services for experimental group families.

Research Question: Have the screen and new services had an impact on the number and types of motions filed in court?

The purpose of the motions analysis was to quantify the number and types of motions made in the year following services. Changes in the overall number of cases involving motions and the average number of motions filed in those cases were examined. The working hypothesis is that through the introduction of the new screen and services, the number of cases needing follow-up child-related motions would decrease because families’ needs were better understood with the new screen and better addressed in the more specialized services.

The motions analysis was based on 1,830 cases. A total of 5,819 distinguishable motions were filed by the families in the sample. The data were collected from individual case docket files, in which 21 specific types of motions were identified.

Types of Child Related (CR) Motions:

1. *Custody & Access* –includes motions directly pertaining to parenting plans and access.
 - ✚ Custody includes custody, relocation, school issues.
 - ✚ Visitation includes vacations, visitation schedules and transfers, and 3rd party access.
 - ✚ Custody/Visitation includes files in which the motion was simply noted as custody/visitation with no clarifying detail.
2. *Other CR* – includes motions pertaining to child-related matters other than custody and access. Often, these matters are related to the court process.
 - ✚ CR Evaluation includes motions for psychological or drug evaluation requests either on the child or on the whole family, or motions in which the evaluation request was related to custody, visitation, or other CR issue.
 - ✚ CR Therapy includes motions for therapy requests for the child, the whole family, or in direct response to custody, visitation, or other CR issue.
 - ✚ CR R/O includes motions for R/Os that directly pertain to the child, custody, visitation, or other CR issue.
 - ✚ Appoint GAL includes motions to appoint a GAL for the children.
 - ✚ General CR includes those motions that were obviously CR, but did not fit into the more common types of motions or the specific type of motion could not be determined.
3. *Referral to Family Services* is a unique variable that denotes referrals to Family Service for a subsequent service.

Child-Related (CR) Motions

<i>Custody & Access CR</i>
<ul style="list-style-type: none"> • Custody • Visit • Visit/custody
<i>Other CR</i>
<ul style="list-style-type: none"> • CR Evaluation • CR Therapy • CR R/Os • Appoint GAL • General CR
<i>Referral to Family Services</i>

Findings

Research Question: Are there group differences in the numbers and types of motions filed?

The proportion of cases filing at least one motion was equal for control and experimental (65%) groups. Also, the average number of motions filed was the same for the two groups (average = 5 per case). The screen and new services did not change the legal culture in any significant way.

Child-Related Motions

CR motions dropped a significant 3% (from 38% to 35% across groups). Specifically, the experimental group had significantly fewer motions in two CR categories. The percentage of cases with custody motions dropped 5%, and motions for child-related orders for therapy dropped 1% (the small percentage is due to the small sample size pertaining to this item).

Similarly, in examining the average number of motions filed *per case* for each type of motion, we found that the experimental group had a significantly lower mean number of motions for custody which contributed to the significant group difference in the custody & access subgroup, and ultimately in all CR motions. Though non-child related motions are not the focus of this report, it is noteworthy that there were no group differences among the types of non-child related motions. Group differences were found solely for CR motions, indicating the positive change in the domain of focus for Family Relations.

There was a huge variation across cases in how many motions were made for any *one* case. The control group had up to 25 motions per case, whereas the largest number filed for any case in the experimental group was only 15 CR motions, showing a decrease in the higher end of the scale regarding the number of motions for any case.

Judicial Input

Judicial time and energy are an important component of the costs of divorce and legal custody disputes. Considering whether the motions filed had judicial time or input is important because it denotes more time and cost for the courts and, likely, the clients. In order to compare cases that filed at least one motion according to whether judicial time was involved or not, four categories were created: (1) No Motions, (2) Non-Judge only, (3) Judge only, (4) Non-Judge and Judge. There were no group differences in the number of cases in each category. Whether a motion required judicial input or not did not change with the advent of the screen and new services.

However, among cases that required judicial time and input, significant group differences that favored the experimental group were found for the average number of CR motions filed overall and for the category of custody and access motions.

Summary:

There were no group differences in the number of cases overall in which motions were filed or the average number of motions filed per case. However, in individual cases, the major motion-related difference between groups occurred in custody motions, with a 5% reduction in custody motions for the experimental group. A small, significant reduction in CR therapy orders was also found. This decrease may indicate that issues potentially requiring therapy are being better addressed in services than they had been previously. Notably, the group differences that were found for custody and access motions pertained to those motions that required a judges' involvement. Thus, in a modest way, the screen and new services may have contributed to fewer motions being filed that pertain to major child-related issues: where they live, who they live with, and where they go to school. In addition, court time and costs, measured by judges' time and input, were also favorably impacted.

Given the pattern of these results, these findings suggest that the screen and new services identify and focus attention on central child-related issues that can affect the core routine and stability in the child's life. The new screen was designed to address family issues, and indeed, the groups differed more in CR motions than non-CR (not shown in this report) motions.

Research Question: Did the screen and new services have an impact on actual court-related costs?

To answer this question, a cost analysis was undertaken under the auspices of Farnam, Holt, and Wexler--a firm that provides evaluation services of this type to state agencies throughout Connecticut. The firm has an extensive history in conducting such analyses with the courts, in particular. Jim Farnam and his associate developed a survey questionnaire that enabled CSSD to (1) determine the costs of all service and clerical staff working for Family Division, (2) to track the number and types of services provided in total that occurred during the time frame being analyzed for this project, and (3) to estimate the costs of each type of service. From this, a real cost was calculated that reflected the costs of implementing services during the control group period, and the costs of implementing the Screen and services during the experimental group period. This allows a determination of whether the positive changes described throughout this report can be understood in terms of an actual cost savings for CSSD.

Results showed that the number of services provided decreased from 1,287 to 1,052 with total variable costs decreasing from approximately \$1.77 million to \$1.66 million (keeping salaries consistent in 2004 dollars). The number of services provided continued to decrease in the same period in 2007 to 903 (with total dollar costs decreasing to approximately \$1.33 million).

Summary:

By 2006, real costs savings to CSSD were \$.11 million (i.e., \$110,000) dollars, with that difference expanding to \$.44 (i.e., \$440,000) or nearly a half million dollars by 2007.

V. Vulnerable Populations: High Conflict, Unmarried, and Pro Se Parties

In addition to the outcome analyses involving the total sample, this evaluation examined the characteristics and outcomes of three subgroups that are of particular interest to CSSD because of their special needs and because of the complexities that arise in providing services to them. These subgroups include families who maintain ongoing and often high levels of conflict, including families who allege domestic violence and child abuse, unmarried parents who both wish to be involved with their child, and families who arrive in court without representation (pro se).

Research Question: What can we learn about higher conflict families from the Screen and new services, and what is their impact on these families?

Parental conflict as it pertains to, and is expressed in family court, has numerous facets and dimensions. In order to assess parental conflict and analyze it in relation to court outcomes, conflict variables were derived from the screen (which was only available for the experimental group).

Conflict Variables

First, variables that measured overall levels of a couple's Current Level of Conflict, Communication/Cooperation, Dangerousness, and Disparity were considered as individual variables. These variables contained the following items:

1. *Current Level of Conflict (CLC):*
 - ✚ Marital Status
 - ✚ Number of times court intervention was utilized prior to the present instance
 - ✚ Stage of court process the family was returning to
 - ✚ Aspects of the court process that usually settle disputes for this family
2. *Communication/Cooperation (C/C):*
 - ✚ Ability to cooperate & communicate over child(ren)
 - ✚ How present custody/access arrangements were made
 - ✚ Importance of other parent to child(ren)'s welfare
3. *Level of Dangerousness:*
 - ✚ Parent's level of fear of the other parent
 - ✚ Occurrence(s) of family violence acts
 - ✚ Legal Response to family violence

4. Level of Disparity:

✚ Disparity of facts / Need for corroborating evidence

5. *Domestic Violence (DV) Concern*: Level of concern the parent has for the DV potential of the other

In addition to the five individual variables described above, the variables were combined to create two scales.

6. *Conflict Scale*

The first scale included Communication/Cooperation (C/C), Level of Dangerousness, Level of Disparity, and Domestic Violence Concern. These variables fit together theoretically and empirically as determined through factor analysis. Using factor analysis with varimax rotation, these variables combined to create a Conflict Scale (Eigen value of 2.6 and accounting for 65% of the variance). The factor analyzed Conflict Scale is a 4-point scale created by averaging the standardized values of Cooperation/Communication, Level of Disparity, Dangerousness, and DV Concern. Its range is Low (0), Moderate (1), Moderate/High (2), High (3).

7. *Non-violent/Violent Conflict Scale*

Second, we created a *Non-violent/Violent Conflict* scale using a 4-point scale with the categories (1) low non-violent/ low violent, (2) high non-violent/low non-violent, (3) low non-violent/high violent, and (4) high non-violent/high violent. These categories were created by first averaging the standardized values of Cooperation/Communication and Disparity for non-violent conflict and Level of Dangerousness and DV Concern for violent conflict. With a median split, low and high non-violent and violent variables were created.

One final variable was assessed using the motions analysis described above.

8. *Post-Service Conflict*

The Post-service Conflict is a measure of ongoing contention after the completion of a service. The number of Child-related motions filed within 1 year after the service was completed was included as an indicator of post-service conflict. The number of motions was tallied, and based on the distribution of motions across all families, it was divided into 3 categories: Low (no motions filed after service completed), Moderate (1 or 2 motions filed), and High (3 or more motions filed).

Findings

Conflict and Services

The strongest correlation with referred service is disparity of views between the couple ($r = .80$). The settlement of the case has a negative and weak, but significant correlation to the level of dangerousness ($r = -.10$) and disparity of views ($r = -.12$).

Conflict levels are fairly evenly distributed across low-high categories, with only 10% of couples having high conflict. The Conflict factor shows that as conflict rises, the percentage of cases referred to Mediation decreases from 65% for low conflict to 2% for high conflict cases. CE referrals increase as conflict rises, from 7% for low conflict to 95% for high conflict. CRC is the second most referred service for the low (21%) and moderate (24%) conflict cases.

Significant differences in agreement rates were found for the following indices of conflict: Communication/Cooperation (12% drop between positive and limited levels); Dangerousness (10% drop between low and high levels); and Disparity (10% drop between low and high levels). For both Dangerousness and Disparity, agreement rates dropped as the level of danger and disparity increased. Agreement rates also dropped when couples had moderate (rather than high) levels of C/C, although lower levels of C/C were not related to a drop in agreements. It is speculated that those families with lower levels of communication and cooperation are sent for CEs more readily, which helps them reach agreements that are harder to attain in other services when couples are communicating or cooperating poorly.

DV Concerns are significantly associated with higher return rates, and the relationship between disparity of views and return rates is nearly significant. There were higher rates of return among couples with moderate (18%) levels of Disparity than among those either with low (11%) or high (11%) levels. The curvilinear pattern echoes the pattern described above for C/C, possibly for similar reasons as speculated above.

More than half (55%) of the couples had low Violent conflict, more than a third (37%) had moderate Violent conflict, and a small percentage had high Violent Conflict (8%). As expected, couples with low conflict of violent or non-violent types are more often referred for Mediation, while those with high conflict levels are referred for CEs. However, those with low non-violent conflict and high levels of violent conflict are distributed across Mediation, CRC and IFE services.

Post-service Conflict as captured by motion filings is a measure of ongoing contention played out in court. Within each group, those who did not reach an agreement and those who returned for subsequent services had higher Post-service Conflict than those who reached agreement and those who did not return. For the experimental group, higher scores on the Conflict Scale are related to higher levels of Post-service Conflict, but the Violent/Non-violent distinction is not related to Post-service Conflict.

The control and experimental groups do not differ in the percentage of families that filed motions after the service, or in the number of motions filed. The control and experimental group do have differing distributions of Post-service Conflict for those completing Mediation. The experimental group has more (71% vs. 63%) families that have low Post-service Conflict and fewer (8% vs. 15%) families with high Post-service Conflict. It seems reasonable to propose that alternatives to Mediation (i.e., CRC and IFE) enabled issues to be resolved, thereby lowering the Post-service Conflict. The groups do not differ in Post-service Conflict for those completing CEs.

The groups do not differ in Post-service Conflict by settlement or return rates.

Summary:

Both individual indices of conflict and the conflict scale are related to service recommendation. Higher conflict (as a factor) leads to referrals for more intensive types of service; disparity of views between parents also leads to more intensive services. Rates of high conflict are similar to those reported in other national studies (about 10%). Group differences are present for mediating couples in regard to Post-service Conflict (motions filed), such that the experimental group had more families with lower conflict, indicating another positive outcome from the screen and new services.

Research Question: What can we learn about domestic violence in CSSD families from the screen and new services?

The data used in these analyses consist of 639 cases from the experimental group. These data represent 77% of the complete sample of 835 cases for that time period. The missing screens had dates that did not coincide with a service in the experimental group because they received services outside of the experimental group parameters or they were bench referrals for which screens are not typically done.

Variables

The screen assesses Domestic Violence (DV) in two ways. One question assesses concerns parents have and one set of questions assesses actual DV events parents experienced. In addition, the screen tracks whether legal/medical responses were necessary due to DV.

1. *DV Concern:*

- Parents list past and current concerns about
 - ✚ Violent behavior by partner towards themselves
 - ✚ Violent behavior by partner towards their new significant other/spouse
 - ✚ Violent behavior between parents' current and past significant others/spouses

2. *DV Events:*

Parents indicate frequency of specific violent behaviors and threats (e.g., slap, choke, grab, rape) during their relationship with their child(ren)'s other parent. Responses are made for the past 12 months, and prior to this time period.

3. *Legal/ Medical Responses to DV:*

- The 'Legal/Medical Response to Family Violence' section of the screen includes five questions which ask about any
 - ✚ calls to police

- ✚ filing of criminal charges between parents
- ✚ restraining or protective orders
- ✚ arrest for violating a restraining or protective order
- ✚ medical treatment for DV injuries

Responses are made for the past 12 months, and prior to this time period.

Findings

Analyses included examinations of DV and Legal Responses to DV pertaining to time of occurrence (past or present), specific types of events, and numbers of events occurring in a single family.

Just under half of the sample experienced DV in the past or present. DV in any form renders it most likely that a couple will be referred for a CE, followed by a CRC and then Mediation. When disparity of views between parents is evident, or violence is denied or ambivalently acknowledged, CE is the typical referral service. Concerns and/or events in the present resulted in CE referrals in half to two-thirds of the time.

The occurrence of DV concerns did not affect agreement rates, as rates were comparable with those of parents who had no DV concerns. However, among those parents with present concerns, agreement rates were lowest for CEs, followed by CRCs, higher for Mediations and highest for IFEs. It stands to reason that families reporting more severe abuse and forms of violence, and for whom agreements are less appropriate, are referred to CEs, and less so to IFEs and Mediations.

Events and concerns about DV are significantly correlated ($r = .67$). That is, they co-occur about one-third of the time. When events were more recent and persistent (i.e., occurring both in the past and present), concern was more likely to be associated with the events. However, it was also found that those who experience DV don't always report concern and those with concerns may not experience any events (including threats). Every permutation of association between fear and actions was evident. Therefore, individual discriminations must be made about the referral choice for a couple even when DV is present; it must also be considered that concerns expressed in and of themselves do not accurately indicate which services best address the level of events occurring or likely to occur in a couple's life.

As the intensity of specific types of DV events increase (e.g., from threat to hit/bite, to choke, to sexual abuse), the frequency of their occurrence decreases. Still, 28% report being slapped/hit/kicked or bitten and 10% report being choked, having a weapon used, or being sexually abused. When such events occurred in the present, 46% report 2-3 types of events, and 15% report 4 or more. When 3-4 types are reported, all types of service referrals are dropped except for CEs, with the occasional Mediation referral even in highly violent families. These deviations are relatively few and would appear to be based on clinical information that is not evident in the research.

Legal/Medical Responses

Forty-one percent (41%) of the sample made legal/medical responses to DV events, and these responses were made within the year for just over one fifth (22%) of the sample. Thirty-seven percent (37%) of the parents have called the police, half within 12 months prior to the screen and half in the past. In over a quarter (27%) of the families, criminal charges have been filed. Thirty-two percent (32%) of families had a restraining or protective order in place; 9% of families had someone arrested for violating the order. Seven percent (7%) of families needed medical treatment due to a DV event. The percentages for each type of legal/medical response are lower for present DV events than for past ones.

The vast majority (85%) of parents who never had a legal/medical response to DV also never had a DV Concern. Most parents (75%) with legal/medical responses in both the past and present have present DV concerns.

Agreement rates decrease as the legal/medical responses became more proximate to the present, though the decrease is not significant.

The patterns of service referral for legal/medical response are similar to those for DV events. The rate at which cases are referred to CE increases with the temporal proximity and severity of response. Mediations and CRCs are comparable referral choices when various types of legal/medical responses occurred in the past *or* the present (with exception of medical treatment), but are used less often when legal/medical responses occurred in the past *and* present.

Summary:

A brief look at the domestic violence aspects of the screen reveals that just under half of the families seen reported experiencing some DV concerns and/or incidents. The presence of DV is generally related to referrals to more intensive forms of service. Yet there are some higher conflict, violent families who are referred for Mediation or CRCs. The information about concerns and events show that while these often occur in tandem, there are enough disconnects (i.e., concerns without events, events without present concerns) that each situation must be individually evaluated carefully in order to determine the most suitable service at the time the family is seeking Family Relations assistance. Agreement rates generally are not affected by DV, though parents with current concerns are less likely to reach agreement through CEs than those without such concerns. The proportion of families who seek legal and medical treatment is lower (15%) than the rate who report concerns or incidents, suggesting that allegations and perhaps unreported fears or events exceed responses that occur within legal or medical systems.

Research Question: What can we learn about child abuse in CSSD families from the screen and new services?

Variable

Only one variable assessed child abuse; it measured the parents' *Concern* about child abuse.

Findings

Over three-fifths (64%) of families reported that child abuse concerns (hereafter referred to as CA concerns or CA) are not an issue. Ten percent (10%) of the parents reported CA in the past, another quarter (26%) reported CA in the present.

When CA concerns were raised within the past twelve months and acknowledged but not treated, or were denied, the most frequent referral was CE (63% and 79%, respectively). When the family did receive treatment, the percentage referred to CE dropped to 43%--similar in percentage to those with a past CA concern. With families in treatment, Mediation is the most frequent service referral, though both CRCs and IFEs are used, as well. Very few families that had CA concerns that were not being treated were referred to Mediation, as would be expected.

Agreement rates were not impacted either by the presence, timing (past or present), or extent of acknowledgement of CA concerns.

The presence of an open DCF file frequently, but not always, accompanied DV concerns. One quarter (25%) of the sample had an open DCF file, past or present. Over half (50-54%) of all families with a past or present CA concern have never had an open DCF file.

If the DCF file was open in the past, the family was referred for a CE about half of the time, and the other half of the time they were likely to be referred evenly either for a CRC or Mediation. Though the number of parents who have ongoing (i.e., past and present) DCF files are few (i.e., 21), the majority of these are referred to CE (71%). Notably, almost one fifth (19%) are referred to Mediation – amounting to only 4 cases. CRC and IFE are rarely used in those cases with ongoing DCF files.

Agreement rates do not significantly differ across levels of concern about child abuse or timing of open DCF Files. Those parents with an open file in the past and present actually have the highest agreement rates (86%). This is concerning since it suggests that settlement occurred in families with ongoing unresolved DCF issues. Perhaps the families are at the tail-end of the DCF issues and are ready to settle, or perhaps they feel they have too much to lose not to settle. These alternative interpretations bear some further thought.

Child Abuse Concerns in the Context of DV Concerns

DV and CA co-occurred in the past and/or present in 25% of the families. When DV was reported in the present (i.e., within past 12 months), 53% of the time CA was

also reported as current. This suggests the low rate of co-occurrence may be due to underreporting (or suppressing) past concerns.

Child Abuse, DV, Substance Abuse, and Mental Health Issues

In a very general way, we examined the presence of mental health-related variables that often co-occur in families and are indicators of serious trouble for the children in those families. While this is only a crude analysis of such concerns, we offer some glimpse into their prevalence within the sample of experimental screens.

The 4 general concerns as such that are listed on the screen are:

- ✚ Domestic Violence (DV)
- ✚ Child Abuse (CA)
- ✚ Substance Abuse (SA)
- ✚ Mental Health (MH)

Twenty-three percent (23%) of the sample with available screens reported a present DV Concern, 26% have a CA concern, 19% have a SA concern, and 25% have a Mental Health concern. One-third of the DV concerns are denied, as are 41% of the CA and SA concerns, and 55% of the mental health concerns

As the number of different concerns a family has increases, so does the percent of families referred to CE. Additionally, when the concerns number three or four, CRC referrals take the largest drop, as Mediations do with the presence of just one concern. These differences are statistically significant.

It is also worth mentioning that the percent of families in each service that filed a motion to have a Guardian ad Litem appointed in the case ranged from 4% in Mediation to 7% in CE. There is no significant difference between services.

Summary:

Just under 2/3 of the sample report child abuse concerns. Having such concerns leads most frequently to a CE referral. However, if the family has acknowledged the abuse and is in treatment, Mediation becomes the most common type of service referral. Agreements rates are not impacted by child abuse concerns, in fact parents with an open child protective services file in the past and present actually have the highest agreement rates (86%). Only one-quarter of the cases had child protective services involvement, which again heralded CE referrals generally, though not always. The number of relevant cases was too few from which to generalize. It is noteworthy that child abuse and domestic violence concerns are jointly given voice in one-quarter (25%) of the cases analyzed. This is quite low when compared to the abuse literature, but research usually refers to the joint occurrence of DV and child abuse, not co-occurrence of concerns. Moreover, the co-occurrence in the present is higher (more than half of the sample),

suggesting that past concerns may be underestimated. Few of the families were appointed a Guardian ad Litem.

Research Question: What can we learn about the impact of the screen and new services on unmarried parties?

With the increasing number of unmarried families utilizing family court services, it is incumbent upon CSSD to learn more about how these families are similar or different in their needs from the married, divorcing families. In this next section, we analyze marital status in relation to outcomes of the family court process.

The data used for these analyses included 1,886 cases.

Variable

Marital Status is a variable with two categories: never married and once married. The title does not refer to the present marital status, but rather, to the couple *ever* being married to each other. *Once married* couples were involved with CSSD in dissolution of marriage or legal separation cases. *Never married* couples were involved with CSSD in custody, visitation, foreign matters/paternity judgment, paternity acknowledgement, support petition, relief from physical abuse, and “all other” cases.

Findings

The majority of couples (64%) entering Family Services were once married; 36% were never married. This proportion holds across both the control and experimental groups. Never married and once married couples are referred similarly to Mediation and CE across both groups. However, once married couples are referred to CRC twice as often as to IFE. It seems that some aspect of CRC was deemed to be better suited for once married than never married couples, perhaps it is due to them being more likely to both have lawyers than their non-married counterparts.

Agreement rates were higher for the experimental group across never married and once married couples, indicating that this gain--since introduction of the screen and new services-- was consistent across marital status categories. Mediations account for the increase in agreement rates among never married and once married couples. Similarly, return rates are 7% lower in the experimental group both among never married and once married couples. This gain, then too, cuts across marital status categories.

The significant but slightly longer average of 8 days that the experimental group spent in service than the control group applied to the once married couples, while the never married couples did not differ in the mean number of days spent in service. No differences existed across marital status groups when type of service was individually considered. When number of Months was used as the timeliness variable, a significantly

higher proportion of once married couples finished their CE in the target time period of 4-5 months than did the never marrieds.

Summary:

The screen and new services appear to be equally effective for once married and never married couples. Differences by marital status are few; the differences favor once married couples for referral to CRCs and finishing more quickly in CEs. This may be a function of different characteristics between the two groups rather than differential treatment.

Pro Se Couples

Variable

Legal Representation is a variable with two categories: lawyer and pro se. Although we are aware of legal representation changing between pro se and representational categories within a case, and/or the attorney representing the client changing within a case, this variable was used as a static variable; changes in legal representation were not considered because they could not be accurately charted. Three categories of legal representation were possible: 2 lawyers, 1 lawyer and 1 pro se, and 2 pro ses. The control and experimental groups have essentially the same proportions of these categories.

About a quarter (25%) of the cases had two lawyers, 40-41% were both pro se, and the other 35-36% had one lawyer and one pro se parent. Half of the never married couples were pro se, about 15% more than the once married couples. We speculate that this reflects an economic difference between the two groups, such that the once married couples have more financial resources to hire lawyers.

Agreement rates were significantly higher in the experimental group for the two lawyer cases (9%) and the 1 lawyer / 1 pro se cases (8%). Return rates decreased in the experimental group overall, and did so in a similar fashion for all legal representation categories, showing no relationship between legal representation and return rates.

When families are represented in the pro se vs. lawyer configuration, the experimental group took an average of 11 days longer in service than the control group. There are no group differences within the 1 lawyer / 1 pro se cases across individual types of services. In fact the only significant difference between the control and experimental groups when considering time in service is found for the couples in Mediation as two pro se parties: the experimental group couples with two pro se parties in Mediation took an average of 7 fewer days to complete the Mediation, compared to the control group. Legal Representation did not impact Months in service. For families in CE represented with 1 Lawyer / 1 pro se, the majority of the control group completed the

service in 6 or more months, while the majority of the experimental group completed the service in 4-5 months.

Summary:

As anecdotal information suggest, more couples are currently self-representing or showing up in mixed representation than being represented dually by lawyers. Never married couples are more likely to be dually pro se than are once married couples. Since the screen and new services, dual pro se couples are more likely to complete Mediation in 7 days less time. In the experimental group, couples who are both or singularly represented by a lawyer have a greater likelihood of referral to Mediation and attaining agreement. The representation differences may create better conditions for completing services in a timely and cooperative fashion, or those with more financial resources who can hire attorneys may complete the court process more easily.

VI. Conclusions

Introduction of the new screen and services have undoubtedly made a positive impact on the quality of services provided by the Connecticut Judicial Branch, Court Support Services Division – Family Services. This research evaluating services prior to and since implementation of the screen and new services has been useful for assessing (1) the distribution of new services across families, (2) comparability of service referrals across judicial districts, (3) use by supervisors to discuss and question clinical judgments made by counselors, (4) characteristics and needs of families entering the system, and (5) the impact of service delivery compared to two years prior. The screen has become a multi-purpose tool that is used for quality assurance as well as assessment of outcomes.

The introduction of these two new facets of the system--the screen and new types of service--occurred simultaneously and positive results generally cannot be attributed more to one facet than the other. However, in a few analyses we could and did isolate findings that suggested more direct attributions to either the screen or new services. It is their combined power, however, that contributes to the positive changes in service delivery, and separating out their independent effects seems less relevant than understanding their joint contribution.

Results show that the new services are being utilized as an alternative to Mediation, with the proportion of families requiring a comprehensive evaluation remaining stable. This suggests that the new services do provide more intensive supports for families who were previously referred for Mediation, when no other services were available. This use of new services and the screen is having positive effects on legal outcomes. Positive outcomes include significant increases in the rates at which parents reach agreements during or in response to family services intervention, both overall (7%) and for Mediation (12%) in particular. Moreover, rates at which families return to court

after participating in a service decreased 10% overall and 14% for Mediation, which represents almost a 50% reduction in returns after Mediation for the experimental group in comparison to the control group.

The timeliness in services shows a somewhat complicated picture. The time it takes for families to complete a service does not differ by type of service or by total time spent in or between services. Experimental families are spending a bit more time in their first service (8 days on average), but when they return they are spending 20 days less (on average) in their second service, and 28 days less for all subsequent services combined. Therefore, improvements in agreement and return rates were affected with no real negative change in families' overall time in services, which provides a quite positive indicator of the screen and services' efficiency and effectiveness.

Families are returning for fewer subsequent services (2nd and 4th [but not 3rd] returns). In addition, there is a significantly longer time between 1st and 2nd services for the experimental group, suggesting the need-to-service fit is a good one and, when families returned to the system, it was due to new issues or changes that accrued with the passage of time. However, experimental group families are returning sooner for 3rd services, an occurrence worth noting for future consideration of optimal service delivery. On the other hand, quick returns, those that occur within a month and reveal a lack of resolution in the service prior, are 20% lower for experimental families. All of these analyses taken into account paint a big picture in which families are being referred into services appropriate for them and are sustaining their agreements better in the short run and over time.

Importantly, these results can be put into the context of cost savings for the legal system. Estimates of the real costs saved since the implementation of the screen and new services show a \$100,000 costs savings from the first year of research (2006), and savings rising to about \$440,000 the following year (2007). Analysis of 2008 and the present fiscal year, which are not in the purview of this research study, could potentially show even greater costs savings.

Finally, such positive outcomes have not sacrificed the court's sensitivity to needier families. The presence of domestic violence or child abuse concerns impact referrals for families, as the majority of families receive more intensive services as the violence or abuse becomes more proximate and/or severe. Neither agreement rates nor return rates are negatively impacted by the presence or timing (past or present) of domestic violence or child abuse concerns. While one might expect that agreement rates would be lower when such concerns are present and events occur, the lack of negative impact in the face of domestic violence and child abuse is strong support for the effectiveness of services regardless of the family's need.

Similarly, agreement rates are higher for experimental group families regardless of their marital status (once married or never married couples), and across legal representation categories (represented or pro se). Return rates are lower for experimental families across marital status, as well. Service referrals are similar across groups, except

that married couples are more likely to be represented by attorneys and are more likely to be referred into CRCs. This may be a function of different group characteristics (i.e., economic resources and legal representation, given that married couples are less likely to be dually pro se and the power of CRCs to foster settlement derives from the inclusion of attorneys in the conference.). Since the implementation of the screen and new services, dual pro se couples are more likely to complete Mediation in 7 days less time. Therefore, service provision is equally effective across marital status and representation groups, although the needs of never married couples and pro se parents would make it understandable if these families took longer in the system or found it more difficult to reach agreements.

Given the challenges presented to the legal system in providing services to a great diversity of families with complex needs and vulnerabilities, the positive effects found across these analyses provide resounding support for the first years of change made in the judicial system on behalf of Connecticut families who are divorcing or facing child-related disputes.