



Improving the lives of children and families through the resolution of family conflict



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President's Message

Hon. Dianna Gould Saltman

Well, even though my term as AFCC President did not begin until July 1, it got off to a great start beginning last month in Washington, DC. For those who were unable to attend, the whole conference had a wonderful “vibe.” The newcomers were welcomed. We hosted a special reception for our international attendees. The E2M (early-to-mid-career) members had a dinner and other networking opportunities, and there is now an E2M



13th Symposium on Child Custody



Denver, Colorado
Embassy Suites By Hilton
November 8-10, 2018

AFCC 13th Symposium on Child Custody

Guidelines and Standards and Rules, Oh My!
November 8-10, 2018

committee so yet one more way to get involved and increase the dimensions of your professional network.

[Read more](#)

Ask the Experts **Chronic Stress and Trauma: How They Are Different**

*Rebecca Bailey PhD
Elizabeth Bailey RN, AMFT*

The interchangeable use of the terms trauma and stress may adversely impact the meaning of both (Allen, 2001). Though the two are closely related, varying interpretations will affect subsequent treatment. Understandably, “experts” in the field have utilized both related terms, separately and together (e.g. “complex traumatic stress”, “Post-traumatic stress). Unintentionally, generic use has created “blurring” of meaning, and the terms have become increasingly interchangeable when, in fact, they have specific intent.

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13th Symposium on Child Custody

Guidelines and Standards and Rules, Oh My!
November 8-10, 2018
Embassy Suites by Hilton Denver Downtown Hotel
Denver, Colorado

Registration Now Open

The symposium [program brochure is available online](#) and registration is open. Join AFCC in the vibrant city of Denver as we explore critical issues for family court professionals. With over 40 sessions to choose from which to choose, psychologists, mental health professionals, lawyers, mediators, counselors, social workers, and any professional who works with separating and divorcing families will have the opportunity to hear from leaders on topics of parent-child contact problems, restorative justice, model standards of practice, and more!

[Register today!](#)

Embassy Suites by Hilton
Denver Downtown Hotel
Denver, Colorado

AFCC Chapter Conferences

[Minnesota Chapter Annual Conference](#)
July 19, 2018
University of Minnesota:
Continuing Education and Conference Center
St. Paul, Minnesota

[Australia Chapter Annual Conference](#)
August 16-18, 2018
The Hilton Victoria Square
Adelaide, SA, Australia

[Washington Chapter Annual Conference](#)
September 22, 2018
Washington Athletic Club
Seattle, Washington

[Florida Chapter Annual Conference](#)
September 26-28, 2018
The Florida Hotel and Conference Center
Orlando, Florida

[Wisconsin Chapter Annual Conference](#)
September 28, 2018
Crowne Plaza
Madison, Wisconsin

[Indiana Chapter Annual Conference](#)
September 28, 2018
The IndyBar Venue
Indianapolis, Indiana

[Illinois Chapter Annual Conference](#)
October 19, 2018
Chicago, Illinois

Book Your Hotel Room

The Embassy Suites by Hilton Denver Downtown Hotel is offering a special rate to AFCC attendees of \$179/night for single or double occupancy. On October 17, 2018, any unreserved rooms in the AFCC block will be released and the special rate will no longer be guaranteed. Rooms frequently sell out before the room block is released, so we encourage you to make your reservation early! Make your reservation by calling 1-800-445-8667 and request the AFCC special rate or [reserve online](#).

Ontario Chapter Annual Conference
October 19, 2018
The Toronto Reference Library
toronto, Ontario

New York Chapter Annual Conference
November 18, 2018
University at Buffalo School of Law
Buffalo, New York

Apply for a Symposium Scholarship by September 7

Scholarships assist recipients with the cost of symposium attendance. Scholarships include pre-symposium institute registration, symposium registration, welcome reception, Friday's luncheon, access to the hospitality suite, and a certificate of attendance. The deadline to apply is **September 7, 2018**. A limited number of scholarships are available. If you have any questions, please contact [Corinne Bennett](#).

Apply today!

A Call for Comments on the Model Standards on Child Custody Evaluation

AFCC is conducting a review of its [2006 Model Standards of Practice for Child Custody Evaluation](#) and is inviting comment from all AFCC members. If you would like to contribute, please complete this [online survey](#) and submit all comments by **September 15, 2018**. Thank you for your assistance.

In Memorium

The Honourable Madam Justice Robyn Moglove Diamond passed on May 29, 2018 following a courageous battle with cancer. A graduate of the University of Manitoba's school of law, Robyn was passionate about family law and child protection. In the early part of her career, she served as family law counsel with the Manitoba Department of Justice, and later the first Director of the Department's Family Law Branch. During that time Robyn participated in the development of many legislative and program initiatives, including marital property legislation and Canada's first automated maintenance enforcement program. In 1989, at the age of 37, Robyn was appointed a Justice of the Family Division of the Court of Queen's Bench of Manitoba, where she served until her retirement last September. For well over a decade Robyn was one of Canada's two representatives on the International Hague Network of Judges dealing with issues relating to Hague Abduction Convention cases, and chaired the Canadian Network of Contact Judges. She played a leadership role in the development guidelines for, and the

promotion of, direct judicial communication in Canada and internationally. She will be missed by those she touched personally and professionally.

Stone Soup Dispute Resolution Knowledge Project

The University of Missouri Law School started the **Stone Soup Dispute Resolution Knowledge Project** in 2017 to promote collaboration by faculty, students, scholars, practitioners, educational institutions, and professional associations to produce, disseminate, and use valuable qualitative data about actual dispute resolution practice.

[Read more](#)



AFCC Webinar Corner

International Child Abduction Mediation

Melissa Kucinski, MA, JD

August 22, 2018, 1:00-2:00pm Eastern time
USA

[Registration opens](#) on July 25

If you missed this month's webinar, Working with Clients with Personality Disorders, **AFCC members may access the recording for free, along with all other previous webinars** through the [Member Center](#) of the AFCC website. Not a member? Click here to [join today!](#)

Submit a Proposal to Present at the AFCC 56th Annual Conference in Toronto, Canada

The Future of Family Justice: International Innovations

May 29-June 1, 2019

Westin Harbour Castle

Toronto, Ontario, Canada

AFCC is accepting proposals for 90-minute workshops through October 4, 2018.

Numerous innovative processes have emerged to meet the needs of rapidly changing

families and diversity in household arrangements. This conference will convene the best of our global partners to share pioneering efforts taking place world-wide. To view the call for proposals, [click here](#).

[Submit a proposal](#)

Member News

AFCC member **Daniel J. Hynan, PhD, ABAP**, has written **Parenting Plans: Meeting the Challenges with Facts and Analysis**, published by the American Bar Association. It is primarily written for legal professionals, though it is also very informative for evaluators, mediators, parenting coordinators, and mental health professionals. It provides balanced coverage of scientific evidence and professional knowledge about controversial areas, including parental alienation, high conflict families, mental health problems, and child maltreatment.

Linda Fieldstone, MEd, Judge Michelle Morley, Sue Bronson, LCSW recently presented on eldercaring coordination at the United Nations in honor of World Elder Abuse Awareness Day. [Click here](#) to read a summary of their presentation.

Former Arizona AFCC President, **Michael Aaron**, was just elected as the President of the Pima County Bar Association. Congratulations Michael!

Andrea Clark, a family court mediator for almost 37 years with the St. Louis County Government, is retiring! Andrea was a founding member of the Missouri Chapter of AFCC in 2000, and President of the Missouri Chapter in 2005. She served as Chapter Council Liason in 2007, and was a Missouri Chapter Board member from 2009-2015. Andrea received the Ellen Cowell Leadership Award in 2015 from the Missouri Chapter. She plans to continue performing on the flute and piccolo with several local musical ensembles. Congratulations Andrea!

AFCC eNEWS

The AFCC eNEWS is the monthly e-newsletter of the Association of Family and Conciliation Courts. The eNEWS provides up-to-date information for professionals including practice tips, case law and research updates, international news and the latest initiatives in family law and conflict resolution. The AFCC eNEWS is free and you do not need to be a member of AFCC to subscribe. [Subscribe here](#). AFCC members are free to share eNEWS content.

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eNEWS

VOL. 13 NO. 7
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President's Message

*Hon. Dianna Gould-Saltman
Los Angeles, California*



Well, even though my term as AFCC President did not begin until July 1, it got off to a great start beginning last month in Washington, DC. For those who were unable to attend, the whole conference had a wonderful “vibe.” The newcomers were welcomed. We hosted a special reception for our international attendees. The E2M (early-to-mid-career) members had a dinner and other networking opportunities, and there is now an E2M committee so yet one more way to get involved and increase the dimensions of your professional network.

The workshops were well-received (based on the buzz). The plenaries were outstanding. Jaycee Dugard spoke about her experience of being held captive for 18 years and discussed, in conversation with Drs. Rebecca Bailey and Matt Sullivan, how she was able to turn that experience into an opportunity to help and heal others who had experienced trauma. Dr. Kyle Pruett (better known as Marsha’s husband when at AFCC) sat down with his old college friend and renowned investigative reporter Bob Woodward to discuss the intersection of politics and psychiatry. Even though there were more than 1,000 people in the room, it was like being a fly on the wall of two friends having an after-dinner conversation. Two really, really, smart guys.

Dr. Shawn Marsh discussed parsing trauma from drama. His talk was smart, funny and a bit tear-jerking. Judge Dan Michael demonstrated how his court identifies how traumatic experiences in childhood can lead to dangerous and ultimately tragic behavior (not to excuse it, but to explain it) and sometimes turn it around or prevent the next incident.

The weekend prior to the conference, Arizona experienced a tragic incident of multiple homicides, all related to a family law case in which many of our members, including President Annette Trainor Burns, lost colleagues. The Arizona AFCC Chapter immediately rallied the troops and put together a debriefing session, free of charge, for

those in the family law community there. This is a perfect example of what AFCC is about.

Even in the face of tragedy, The Capitol Steps, our dinner entertainment on Friday night, reminded us that a sense of humor can be the saving grace in a sometimes surreal world.

Having the good fortune of taking over the helm of AFCC from such an effective leader as Annette makes my job a challenge, but I like a challenge. We've got some great things planned for the next year and I'll be filling you in on those in the e-newsletters to come.

Our Symposium on Child Custody, to be held in Denver in November, will be themed, "Guidelines and Standards and Rules. Oh, My!" You can click on the program brochure here. It will include great plenaries, workshops and pre-conference institutes, as usual, and will also include a Town Hall style program that will give audience members the opportunity to weigh in on possible changes to the next iteration of AFCC Model Standards of Practice for Child Custody Evaluation. In a world of electronic "connectedness" it is refreshing to have these opportunities to meet face to face, have real time conversations, and get to know each other as people. I hope to see as many of you there as can attend.



ASSOCIATION OF
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eNEWS

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Ask the Experts

Chronic Stress and Trauma: How They Are Different

*Rebecca Bailey PhD
Elizabeth Bailey RN, AMFT*

The interchangeable use of the terms trauma and stress may adversely impact the meaning of both (Allen, 2001). Though the two are closely related, varying interpretations will affect subsequent treatment. Understandably, “experts” in the field have utilized both related terms, separately and together (e.g. “complex traumatic stress,” “Post-traumatic stress”). Unintentionally, generic use has created “blurring” of meaning, and the terms have become increasingly interchangeable when, in fact, they have specific intent. This assumption of understanding, without explicit examination, has created an uncertain environment affecting treatment direction from professionals and clinicians in the fields of medicine, mental health care, law, psychology, social services, and from individuals, couples and families themselves. The problem is, a treatment that is appropriate for trauma, may be absolutely counter-productive for stress, and vice versa. The net effect, especially in complex cases, is that misunderstandings occur and what is thought to be effective care may have unintended, even adverse impact. It is not the object here to discuss the merits and deficits of treatment choices, but to bring attention to the value of clarity. This short article will encourage awareness of meaning and consideration and consensus related to direction of treatment and understanding in cases where trauma or stress may be a component.

As usage of the terms trauma and stress have evolved and commingled, definition of each in the literature has also evolved and commingled. It is the opinion of this article that trauma refers specifically to the response to an event, or series of events, and trauma produces specific effects. “**Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea” (American Psychological Association, 2018). “Traumatized patients come to experience emotional reactions merely as somatic states, without being able to interpret the meaning of what they are feeling” (van der Kolk, Weisaeth & Hart, 1996, p. 60). Allen further states that

trauma “represents an enduring response to an event” (Allen, 2001). While stress may be related to a specific precursor, we believe that the word refers more directly to an ongoing state of mind and body. One definition comes from Oxford Dictionaries: “A state of mental or emotional strain or tension resulting from adverse or demanding circumstances” (Oxford Dictionaries, 2018), in another: “a negative emotional experience accompanied by predictable biochemical, physiological, and behavioral changes that are directed toward adaptation either by manipulating the situation to alter the stressor or by accommodating its effects” (Baum, 1990, p. 653). “Most theorists agree that stress is, or can be, adaptive, that it is associated with threatening or harmful events, and that it is typically characterized by aversive or unpleasant feelings and mood” (Dougall & Baum, 2011, p. 53). However, in our contemporary discourse: “anything that causes some measure of stress may be popularly characterized as traumatic” (Ringel & Brandell, 2012, p. 42).

The understanding of the meaning of trauma is important as it highlights the notion of a life-threatening event as the precursor to the internal disruption which occurs during or after a trauma inducing event or series of events. It is with this perspective, of a specific precursor, that we can support the importance of an internalization of a sense of safety and connection for the individual. In her watershed book, “Trauma and Recovery,” Judith Herman says: “common denominator in psychological trauma is intense fear, helplessness, loss of control and annihilation” (Herman, 1992, p 32). Based on Herman’s work and on others, there appears to be a consensus that restoring an internal sense of safety is the most important initial step to treating psychologically traumatized individuals.

On the other hand, chronic stress may be life threatening in its eventual health consequences, but clearly, the immediacy of death is not present. In the pressure cooker of contemporary life, human beings may feel immense stress and may even develop phobic responses to what they perceive to be causing stress, but that stressor is, and was never, life threatening. It is imperative that treating professionals understand the difference between the precursors. To support intense stress as a life-threatening stimulus serves to validate the fear, making treatment and resolution difficult, if not impossible. Where encouraging stress management techniques coupled with therapeutic discussion of patterns of behavior would more appropriate. We do not wish to minimize the impact of chronic stress on a human being, but to emphasize the importance of semantics in deciding upon appropriate treatment.

There are a number of treatment modalities which might benefit both trauma and stress, such as Cognitive Behavioral Therapy, Psychoanalytic Theory, Attachment Theory, and Neurofeedback, as well as other clinical applications with these selected populations. Each has their own champions and critics, but in all, understanding the differences and ramifications in approach is necessary for effective treatment

Recent studies conducted after events such as 9/11, the return of military personnel from Iraq and Afghanistan, school and mass shootings, and other terrorist acts, have improved understanding of appropriate treatment. As a result of these studies, “trauma

intervention methods have become less intrusive and are now based on stabilization and psychosocial approaches" (Ford and Courtois, 2009, as cited by Ringell & Brandell, 2012, p. 10). For example, it was thought that "encouraging expression of one's thoughts and feelings about the traumatic even soon after it happens will bring about relief and resolution of symptoms" (Seery Silver, Holman, Ence, and Chu, 2008, as cited in Ringel and Brandell, 2012, p. 7) but findings, such as a 2002 meta-analysis by van Emmerik, Kamphius, Hulsbosch, and Emmelkamp as well as other studies, showed that debriefing did not improve symptoms of PTSD (Emmerik, Kamphius, Hulsbosch, & Emmelkamp, 2002; Sherman, Zanotti & Jones, 2005).

In another example "Body based therapies help clients access traumatic experiences that are not yet available for verbal narration and cognitive reflection. Many clients require processes other than talk therapy to make the material available to conscious awareness" (Ringel & Brandell, 2012, p. 8). Body based, and mindfulness meditation therapies are often employed as teaching skills for management of symptoms related to stress however, it is important to note that the utilization with survivors of trauma may be for an entirely different reason than for those with chronic or other stress.

A popular approach to managing trauma is Cognitive Behavioral Therapy (CBT), described as "being rooted in the fundamental principle that an individual's cognitions play a significant and primary role in the development and maintenance of emotional and behavioral responses to life situations" (Ringel and Brandell, 2012, p. 14). Changing the direction of thinking can be a very effective tool in changing behavior, however there is no gold standard in the treatment of PTSD (McFarlane & Yehuda, 2000). In evaluating CBT as an approach to treating PTSD, a 2005 meta-analysis concludes "there is good evidence that trauma-focused psychological treatments (trauma-focused cognitive behavior therapy and eye movement desensitization and reprocessing) are effective in PTSD; but that treatments that do not focus on the patients' trauma memories or their meanings are either less effective or not yet sufficiently studied. International treatment guidelines therefore recommend trauma-focused psychological treatments as first-line treatments for PTSD" (Ehlers, et al., 2010, p. 269). This meta-analysis also reports that "comparisons of different treatments have concluded that non-trauma-focused treatments tend to be less efficacious in treating PTSD than trauma-focused treatments" (Ehlers, et al., 2010, p. 269). Therefore, effective treatment includes specific modalities fitting the specific diagnosis.

In conclusion, varying interpretations of the terms "trauma" and "stress" may adversely impact outcomes. When considering direction for care, understanding the meaning of these two terms will lead to better results. In the case of PTSD and other trauma, "Therapeutic elements common to many psychotherapies may be therapeutic, but less so than trauma-focused therapies. Understanding the mechanism of these non-specific factors may help improve available treatments" (Ehlers et al., 2010, p. 271). In the case of stress, "After a thorough literature review in major databases (MEDLINE, Scopus, Science Direct) the following techniques were identified and are presented and briefly discussed here: progressive muscle relaxation, autogenic training, relaxation response, biofeedback, emotional freedom technique, guided imagery, diaphragmatic breathing,

transcendental meditation, cognitive behavioral therapy, mindfulness-based stress reduction and emotional freedom technique” (Vargoli, 2011, p. 74). Of note, though these techniques may be utilized in trauma-focused treatment, they are not specifically trauma-focused therapies. Attention to meaning, and clarity of purpose, may improve care, and subsequent outcomes in cases of trauma versus stress related issues. Building consensus, and purposeful attention to clarity of meaning will point the way to appropriate treatment planning in this population.

Dr. Rebecca Bailey combined her years of clinical experience with a long-standing interest in equine-assisted growth and learning programs, and developed Transitioning Families, an innovative, family-based program for therapeutic reunification and reintegration, in California. Dr. Bailey received her doctoral degree from The Wright Institute in Berkeley, CA in 1993. She is a nationally recognized expert on abduction and a regular consultant to the National Center for Missing and Exploited Children in Alexandria, Virginia. Dr. Bailey is an active member of the Association of Family and Conciliation Courts as well as the International Association of the Chiefs of Police. Dr. Bailey has appeared as a guest commentator on television shows such as Anderson Cooper, Good Morning America, Piers Morgan, Erin Burnett, Kyra Phillips, 20/20, Dr. Oz, Diane Sawyer and World News Tonight. She is co-author, with her sister Elizabeth, of the book Safe Kids, Smart Parents (Simon & Schuster, 2013).

Dr. Bailey can be contacted directly at drbailey@transitioningfamilies.com.

Elizabeth Bailey is a registered nurse, board certified in psychiatric-mental health care. She was a staff nurse on the med/psych unit at the Resnick Neuropsychiatric Hospital at UCLA for 11 years. She recently completed a master's program in clinical psychology and is close to finishing the licensing process as a Marriage and Family Therapist in California. She occasionally works with Transitioning Families in the capacity of psychiatric RN, and is currently writing a second book with Dr. Bailey.

Bibliography

- Allen, J. (2001). *Traumatic relationships and serious mental disorders*. New York: John Wiley.
- American Psychological Association. (2018). *Trauma and Shock*. Retrieved July 8, 2018, from [ww.apa.org: http://www.apa.org/topics/trauma](http://www.apa.org/topics/trauma)
- Baum, A. (1990). "Stress, Intrusive Imagery, and Chronic Distress". *Health Psychology*, 6, 653-675.
- Dougall, A. L., & Baum, A. (2011). Stress, Health and Illness. In A. Baum, T. A. Revenson, & J. singer (Eds.), *Handbook of Health Psychology* (pp. 53-78). Routledge.
- Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., Yulea, W. (2010, March). Do all psychological treatments really work the same in posttraumatic stress disorder? *Clinical Psychology Review*, 30(2), 269-276.
- Emmerik, A. A., Kamphuis, J. H., Hulbosch, A. M., & Emmelkamp, P. M. (2002, September). Single session debriefing after psychological trauma: a meta-analysis. *The Lancet*, 766-771.
- Ford, J., & Courtois, C. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. C. Ford (Ed.), *Treating Complex Traumatic Stress Disorders* (pp. 13-30). New York : Guilford.
- Herman, J. (1992). *Trauma and Recovery*. NY, NY: Basic Books.
- McFarlane, A., & Yehuda, R. (2000). Clinical Treatment of Posttraumatic Stress Disorder: Conceptual Challenges Raised by Research. *Australian and New Zealand Journal of Psychiatry*, 34, 940-953.
- Morrison, J. (2014). *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*. NY, NY: The Guilford Press.

Oxford dictionaries. (2018). *Stress*. Retrieved July 7, 2018, from en.oxforddictionaries.com:

<https://en.oxforddictionaries.com/definition/stress>

Ringel, S., & Brandell, J. R. (2012). *Trauma, Contemporary Directions in Theory, Practice and Research*. Thousand Oaks, CA: Sage.

Seery, M., Silver, R., Holman, A., Ence, W., & Chu, T. (2008). Expressing thoughts and feelings following a collective trauma. *Journal of counseling and clinical psychiatry*, 76(4), 657-667.

van der Kolk, B., Weisaeth, L., & Hart, O. v. (1996). History of Trauma in Psychiatry. In B. van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic Stress: the Effects of overwhelming experience on mind, body and society* (pp. 47-76). New York: Guilford.

Varogli, L. (2011). Stress Management Techniques: evidence-based procedures that reduce stress and promote health. *Health Science Journal*, 5(2), 74-89.

**United Nations Presentation in Honor of World Elder Abuse Awareness Day:
Focusing on Advancing Autonomy for Older Persons and Preventing Abuse and Neglect**

**ELDERCARING COORDINATION:
AN INTERGENERATIONAL MODEL OF CONFLICT RESOLUTION**

June 14, 2018

Linda Fieldstone, M.Ed., Judge Michelle Morley, Sue Bronson, LCSW

It was an enormous honor to be at the United Nations for World Elder Abuse Awareness Day to talk about eldercaring coordination, a conflict resolution process developed specifically to protect the autonomy and safety of ageing persons. Thank you to the International Federation on Ageing, and the reminder it gives us to raise our collective consciousness about the treatment of our ageing, and to all of you for your work in that direction.

Let your mind wander off for a minute, to the warm and aromatic kitchen of an ageing person who is surrounded by loving family members, all focused on the ageing person's care, safety and well-being. It's a Sunday afternoon, and the family has come for a visit. While growing older has its challenges, this parent or grandparent's ageing process is an inspiration, a source of joy for the family, celebrating the life of their ageing loved one and the many happy occasions shared throughout the years together.

Now imagine, instead, if you were an ageing person losing independence, feeling scared, sad and alone, perhaps confused and isolated from loved ones. Instead of at your kitchen table, your grandchildren are home alone while family members are seated opposite one another in a courtroom to argue over your care. The tables between them have become battlegrounds for revenge, blame and ridicule. For some families, overseeing a loved one's transitions through ageing can be a painful reminder of the past. They remember the tumultuous ways in which they have dealt with disagreement and become consumed by disappointment, anger and loss. Instead of being supportive during the ageing person's transition, their personal positions over-ride their ageing loved one's needs and safety. Now, the family members only see each other when they go to court, urging their lawyers to degrade and belittle one another. Strategic litigation tactics heighten the hostility between them as the ageing person fades dramatically into the background, whispering, "I just want my family to get along!"

Eldercaring Coordination is a solution - for the ageing person's anguish and the family's aggressive actions. Eldercaring Coordination is a compassionate, court-alternative response to family conflict, one that engenders respect and protection for the ageing person. This court ordered dispute resolution option focuses on **reducing family conflict and minimizing risks and abuse to respect and preserve the dignity and quality of life of ageing persons**. To do that, the ageing person's voice must be at the center of conversation, yet all the voices of concerned family members must be heard.

How can that happen? A high conflict family dispute resolution specialist called an Eldercaring Coordinator helps families refocus on the ageing person, set their disagreements aside peacefully, and elevate the ageing person's needs and preferences. Families are referred to eldercaring coordination in a court proceeding, once family conflict is identified by the court, or upon the request of the ageing person, family, attorney or guardian. They can be recognized by their frequent motions to the court regarding non-legal issues, cross allegations and unsubstantiated claims, safety concerns, and withholding of information, money, time and affection of the ageing person. The court orders who participates in eldercaring coordination: the elder, legally authorized decision-makers, and others by invitation. Why does it take a court order when we want to enable the family to resolve disputes out of court? Because all too often family members in conflict refuse to meet together unless they are court ordered to do so.

The eldercaring coordinator enables family members to develop more effective communication and problem-solving skills, and to develop and implement a care plan that is flexible according to the transitions of the ageing person. As the needs of the ageing person change, the family returns to the eldercaring coordinator, rather than reverting to the gavel of a judge for decision-making on non-legal issues.

Family conflict regarding ageing persons is an issue without borders, a global issue, unattached to economic, racial, religious, ethnic or national boundaries. Worldwide, our ageing population is growing exponentially as people are living longer. Where ageism exists, the mistreatment of ageing persons perpetuates the potential for adverse effects on their families. Family conflict involving ageing persons is not just a social problem, it is a medical problem, with health implications. The effects of conflict on this vulnerable population is a societal issue, involving not only the quality of life, but the length of life of our oldest population. Research shows the many ways that an ageing person's health is compromised when caregivers are overburdened, treatment is delayed, decisions are obstructed, and their safety is jeopardized by family conflict. And it doesn't stop there... The cumulative effects of prior and current generational conflict are harmful, resulting in lack of social capital and accrued interpersonal skill deficits. So, even the youngest generations benefit through eldercaring coordination, as it reduces the tension of their parents, heals ruptures in family relationships, and provides a dignified model of conflict resolution for them to integrate. Recognizing that high conflict in families is a health issue for ageing persons, United States StayWell Medicare/Medicaid health plan provider has contributed to provide scholarship funds for eldercaring coordination in Florida. "Eldercaring coordination is based on the idea that with open communication and effective planning, family members can come to the best resolution to resolve disputes," said Elizabeth Miller, president of Staywell Health Plan. "Ongoing conflict can put undue stress on a family and delay needed medical treatment and therapies, adversely impacting the health of elders and their children." When we help our ageing loved ones, we are helping our children as well.

Therefore, it is unconscionable that our attention to the abuse of ageing persons lags twenty years behind our focus on child abuse. The World Health Organization estimates that one of every six people 60 or older will suffer some form of abuse, with only 1 in 24 incidents reported, even though spouses and adult children are the most likely perpetrators. We all have family secrets and in older families the members have even more time to become experts at keeping them

hidden. The root of some secrets can lie deep, sometimes covered protectively by fear, and sometimes covered by shame, intimidation and coercion. An accusation based on assumptions and conclusions from limited information can be difficult to discern from actual hidden abuse. Ongoing exploitation may not be admitted even when confronted. Uncovering the truth becomes even more complicated in high conflict situations as harsh feelings, misperceptions and baseless conclusions cloud and conceal the reality behind family secrets.

Eldercaring coordination becomes the key to unlocking these mysteries and safeguarding the elder from conflict, threats of harm and risky situations. Eldercaring Coordinators use a trauma-informed, person-centered approach so they are better able to guide families through a supported decision-making process that protects the health, safety and well-being of their ageing loved one. The eldercaring coordinator is trained extensively and experienced with how abuse may be minimized, rationalized, and kept a secret. Since Eldercaring Coordinators are court ordered to work with families for up to two years, it gives them time to develop relationship and hear the concerns of each person participating. They provide ongoing screening and are sensitive to hints of abuse, neglect and exploitation through unfolding conversations. When risks are present, Eldercaring Coordinators help families distinguish drama caused by vendettas from what is credible, so family members can provide the right response to protect their ageing loved one. Eldercaring Coordinator is there to complement, not replace, services and can help the family develop a support system, connect them with available resources as needed, and notify appropriate authorities when warranted.

How was eldercaring coordination developed? In 2013, the Association for Conflict Resolution convened twenty well respected United States and Canadian organizations, who worked with the twenty statewide organizations assembled by the Florida Chapter of the Association of Family and Conciliation Courts. The Association for Conflict Resolution Guidelines for Eldercaring Coordination were unanimously approved the next year by those organizations, who recognized that it is time to protect our elders by engaging their families in the process of their care. There are currently six states in the United States with Pilot Sites for eldercaring coordination, and others interested in the United States as well as Canada and as far away as Australia. The eldercaring coordination process is being researched by Dr. Pamela Teaster, Director of the Center for Gerontology, and Dr. Megan Dolbin-MacNab, Director of the Doctoral Program of Marriage and Family Therapy, both at Virginia Tech University. Their studies are informing best practices in eldercaring coordination as it develops. The Elder Justice Initiative on Eldercaring Coordination provides the framework needed to foster the development of eldercaring coordination across the globe, with continuous support, including standardized procedures, forms and training. The Initiative is ready to include your communities to the growing number providing access to this unique conflict resolution process and help you bring eldercaring coordination to ageing persons and their families in in your communities.

The benefits for eldercaring coordination is a distinct contrast to the cost of ongoing litigation and court fees:

- Time, money and health are saved as conflict is reduced within the privacy of the eldercaring coordination process, outside of court;

- Instead of incurring court related fees individually, including each expert testifying for each party in the court case, the fee of one Eldercaring Coordinator is shared by those participating in the process or, in some areas, scholarships may be offered;
- At times, the humiliation of an ageing person being legally labeled “incapacitated” is completely avoided when family members are able to step in and work together;
- The ageing person and family can respond to issues quickly, without having to wait for open court dockets to address emotional, non-legal issues in court.
- Risks and safety issues are identified so the ageing person can be protected from harm and vulnerabilities
- Best of all, families become better role models for their next generations when they are able to resolve disputes and engage in supported decision-making, respecting the need for safety and autonomy of their ageing loved ones.

Even the youngest generations benefit through eldercaring coordination, as it reduces the tension of their parents, heals ruptures in family relationships, and provides a dignified model of conflict resolution for them to integrate.

Think of how you would want the story to unfold if it was your parent, grandparent OR YOU in the middle of family turmoil. Do you want to spend the last chapter amidst the downpour of flying accusations and heated arguments? A situation ripe for abuse and exploitation. Or would you prefer to have comforting time with family members collaborating to meet your needs and keep you safe? Remember what parents want most.... for the family to all get along! Eldercaring coordination honors that ageing person's wish by giving their family the tools and support needed to create a legacy their ageing loved one can feel proud of continuing for generations – **a legacy of peace in the family.**

For more information, including how to become an Eldercaring Coordination Pilot Site, please contact The Elder Justice Initiative on Eldercaring Coordination Co-Chairs:

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How AFCC Members Can Benefit from the Stone Soup Project

The University of Missouri Law School started the [Stone Soup Dispute Resolution Knowledge Project](#) in 2017 to promote collaboration by faculty, students, scholars, practitioners, educational institutions, and professional associations to produce, disseminate, and use valuable qualitative data about actual dispute resolution practice.

Dispute resolution is defined broadly and includes dispute system design, conflict management, organizational decision-making, dispute prevention, and transactional negotiation, among other things. Moreover, the Project is not limited to traditional concepts of dispute resolution, recognizing that legal practice generally is oriented to dispute prevention and resolution.

Stone Soup in the Classroom

Faculty and students in a wide range of courses benefit from Stone Soup by learning how things work in the real world.

The Project started primarily in US law school courses but these techniques could be used in virtually any discipline and in other countries. It has engaged almost 1,000 students in 40 classes covering 12 subjects, taught by 32 faculty from 25 schools in three countries. Most assignments were in traditional ADR courses, but faculty also used Stone Soup assignments in many other courses.

Faculty tailored Stone Soup assignments to fit their educational objectives. Students generally conducted interviews of lawyer-advocates, neutrals, or parties, though some students observed court and other dispute resolution processes. In some courses, students interviewed friends and relatives about their experiences with actual cases.

Faculty have complete freedom in designing Stone Soup assignments, deciding whether to assign students to write a paper, the length of the paper (if any), percentage of the grade (if any), due date, and whether to discuss the results in class. In some courses, there is no paper requirement and the purpose is to discuss students' interviews or observations in class. In any case, students' experiences stimulate conversations outside of class with faculty and other students.

Stone Soup faculty assessed their courses, identifying what worked well, what students learned that they would not have learned without the assignment, and what faculty would do differently in the future. Here's a [collection of their assessments](#).

Faculty consistently reported outstanding results that far exceeded expectations. Stone Soup provided many benefits including:

- increasing students' exposure to the real world of practice
- helping students develop critically-important interviewing and analysis skills
- identifying how theory does and doesn't map well onto actual practice
- supplementing faculty's knowledge
- increasing students' and faculty's enjoyment of the courses

The initial experiences yielded some [general suggestions for using Stone Soup](#). In particular, faculty should require students to complete interviews or observations as soon as appropriate in a course, and should schedule time in class to discuss what students learned. Discussing insights from these assignments early in a semester provides a base of experience that everyone can refer to during the rest of the course.

Some faculty like the Stone Soup idea but wonder if it works in their courses or feel hesitant for other reasons. This [blog post identifies some colleagues' concerns and responses to those concerns](#). In particular, the assignments need not add much, if any, workload, students generally can find interview subjects without faculty assistance, and Stone Soup can work well in almost any course dealing with practice.

Stone Soup in Continuing Education Programs for Practitioners

The Stone Soup Project developed a [process to systematically obtain information from audiences in continuing education programs as part of the educational process](#). This involves planning to ask certain questions of the audience, taking notes of the discussion, and distributing insights from the program.

The process was used in a [two-hour continuing education program](#) and a [two-day training](#) as well as at the [American Bar Association Section of Dispute Resolution annual conference](#).

Stone Soup for Scholarship

Faculty can use Stone Soup course assignments to develop their scholarship as students' interviews and observations can stimulate ideas for faculty's research. Indeed, faculty may want to use students' reports themselves as data. In that situation, faculty would need to get approval from their schools' research ethics boards (called "institutional review boards" in the US).

If faculty require students to conduct interviews or observe proceedings purely for

teaching purposes, under federal regulations, US faculty should not need IRB approval. Policies and interpretations differ between schools and countries, and faculty should consult with their research ethics boards if they have any questions.

Follow Up

For more information, you can email John Lande, the Project co-director, at landej@missouri.edu.

If you will use a Stone Soup assignment in a course you will teach this year, please let John know the courses(s) and semester(s) so that you can be added to an updated [roster of Stone Soup faculty](#).

*John Lande is the Isidor Loeb Professor Emeritus at the University of Missouri School of Law. He received his J.D. from Hastings College of Law and Ph.D in sociology from the University of Wisconsin-Madison. The ABA published his book, *Lawyering with Planned Early Negotiation: How You Can Get Good Results for Clients and Make Money*. You can download his publications at <http://www.law.missouri.edu/lande/>.*