

THE EFFICACY OF MENTAL HEALTH SERVICES IN THE FAMILY
COURT SYSTEM: LEGAL PROFESSIONALS' PERCEPTIONS

A DISSERTATION

SUMMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF PROFESSIONAL EDUCATION

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MAY 2009

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April, 13, 2009

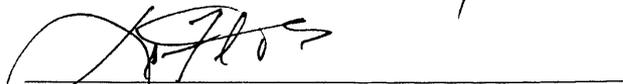
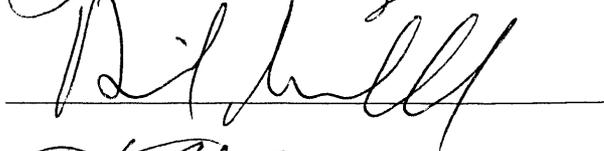
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Michele Smiley Greer entitled "The Efficacy of Mental Health Services in the Family Court System: Legal Professional's Perceptions." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.



Peter Bradley, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:



Department Chair

Accepted:



Dean of the Graduate School

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DEDICATION

Donny, Taylor and Tristan-

Thank you for your encouragement, patience and unconditional support.

To my Mom,

Thank you for believing in me and inspiring me to be the best I can.

ACKNOWLEDGMENTS

There are so many people who have shared this journey with me. I have been fortunate to have such wonderful colleagues, friends and family in my life. Everyone's support of this project has been astonishing. I am eternally grateful to all the brilliant legal professionals, whose overwhelmingly enthusiastic responses made this research possible.

I'd like to express my gratitude to all my professors for the part they played in my professional and personal growth. I particularly want to thank my committee, Dr. Peter Bradley, Dr. Linda Metcalf and Dr. David Marshall. I am immensely grateful for your guidance, support, time and enthusiasm for this project. I am truly indebted to my chair, Dr. Peter Bradley, whose kind words of encouragement, helpful comments and thought-provoking suggestions added valuable perspectives and clarity to my work and writing.

I would like to thank my sister, Lisa Capasso for cheering me on, always helping out and keeping my sanity intact by lending a sympathetic ear when I needed to talk. It is wonderful to have you as my sister and friend.

Special thanks to my amazing mom for her never ending love, support and encouragement through this arduous process. Over the years I have found great strength in her confidence in my success.

Special thanks to my Nana, Catherine, Smiley, who instilled in me the importance of an education from a very early age, I really was listening all those years. To my

grandparents, the late Michael and Anna Knight, whose wisdom, kindness, warmth and love was instrumental in building the foundation upon which I now stand. I know you have both walked beside me during this entire journey.

To my precious sons, Taylor and Tristan, who have taught me the meaning of unconditional love. The desire to be the best mother for both of you has guided me throughout this entire endeavor. I am forever grateful for all your patience, understanding and support along the way. I am truly honored and proud to be your mom.

Finally, I want to acknowledge my husband, Donny, for his unyielding love and support of my career and academic goals. He is a wonderful husband, father and friend. I am thankful for his patience and technical expertise. I am so glad that you are the one I share this dance of life with.

ABSTRACT

MICHELE SMILEY GREER

THE EFFICACY OF MENTAL HEALTH SERVICES IN THE FAMILY COURT SYSTEM: LEGAL PROFESSIONAL'S PERCEPTIONS

MAY 2009

This study identified ways mental health professionals and specifically family therapists can benefit families entrenched in the family court system. This study explored how legal professionals use mental health professionals' expertise in the legal system and the appropriate roles of mental health professionals in this process. Looking at this information from a systemic perspective allowed the relationship between mental health professionals and legal professionals to be viewed as part of the solution for families in the family court system. Finding ways to increase the usefulness and collaborative nature of the relationship between mental health professionals and legal professionals increases the positive impact that context has on families. The mental health professional may provide guidance in matters of child custody and family adjustment. At very least, the mental health professional increases the amount of information available to the court .

Conclusions based on the results of the study indicated several statistically significant findings regarding important characteristics of mental health professionals including trustworthiness, expertness, the frequency of recommending counseling for children, the importance of involving mental health professionals in cases that are expected to go to trial, the willingness of mental health professionals to testify, and the

importance of best interest of the children when considering the evaluation and testimony of mental health professionals. In addition, evaluations, recommendations, and/or expert testimony by health professionals in family court cases were viewed as important. A common thread weaving all findings together were the importance of building mental health practices on sound empirical and theoretical foundations.

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CHAPTER I

INTRODUCTION

The research on the efficacy of mental health services in the family court system is limited. Research regarding the negative impact of divorce on families is plentiful and many studies support the proposition that parental hostility and conflict is the single most common cause of poor adjustment in children following divorce (Wallerstein, 1991). It has been estimated that at least 33% of all children in the United States experience the divorce of their parents. The mental health professional may provide guidance in matters of child custody and family adjustment. At very least, the mental health professional increase the amount of information available to the court (Foot, Stolberg, & Shepherd, 2000).

In reviewing the literature related to this study, there are huge deficits in information across time. Some studies and literature published in the 1980's has not been revisited currently, hence some dated references in this chapter as well as the literature review. The scarcity of currently published information on legal professionals' and mental health professionals' roles and attitudes in the family court lends credence to the necessity and importance of this study.

After a century of increase, divorce rates in the United States began leveling in 1980. However, the divorce rate in the United States is still the highest in the world (Goldstein, 1999). About half of all marriages today will end in divorce at some point in

time (Cherlin, 2005). Roughly one in five adults (Kreider, 2005) and fifteen million children (Sammons & Lewis, 2001) have experienced divorce. The prevalence of divorce in the United States has prompted some members of the legal and mental health professions to develop new ways to aid families who are faced with the complicated task of ending unions (Adams & Coltran, 2006). Lawyers and mental health professionals are increasingly working together, or sharing their knowledge or experience. More calls for interdisciplinary cooperation in delivery of services is needed (Lebow & Rekart, 2006; Steinberg, 1980). To facilitate a collaborative relationship among mental health and legal professionals it is important to identify qualities in mental health services that legal professionals deem important. To deal with the ambiguity confronting legal decision makers, mental health professionals are necessary in the custody-litigation process and to inform the decisions of attorneys and judges (Felner & Terre, 1987)

The legal system has become overburdened with the needs of high conflict families. The courts are realizing the limitations of referring these families to traditional psychotherapy. Among families that require intervention, most respond positively to interventions such as therapy or psycho education that help them understand the divorce process (Pedro-Carroll, Nakhnikian, & Montes, 2001) or interventions such as mediation that work directly to negotiate disagreements (Katz, 2006). However, a subset of parents remain mired in conflict even after these interventions. Many times the parent's behaviors are not significantly impacted by the individual psychotherapeutic services. Meanwhile, the children in these high conflict families are not receiving the relief they need (Boyan & Termini, 2005). Relief includes children being freed from symptoms of

anxiety and depression associated with children feeling responsible for, or caught in the middle of, parental conflict. Examples of being caught in the middle include being asked to carry messages, and feeling pressured to be disloyal (Kelly & Yinglin, 1998).

Conflicts over child custody and visitation are among the most pathogenic of situations for families (Buchanan, Maccoby, & Dornbusch, 1992; Lebow & Rekart, 2006; Grych & Finchman, 1990). In high conflict situations, there is a great deal of family discord. The family structure is unclear in both hierarchy and boundaries. Children are triangulated between parents and others; including family, friends, and legal professionals. High parental conflict is a powerful predictor of the negative effects of divorce for both children and adults (Amato, 2001). Finding a way to reduce parental conflict is vital to mitigate the negative affects on the individual family members and the family system. Mental Health professionals and judicial systems have been both slow in developing and implementing specific intervention strategies that fit the special needs of families facing intractable conflict. Finding a collaborative alliance between mental health and legal professionals may provide a vehicle for change. The findings from this study will advance working relationships among professionals to address and reduce the conflict families face.

The treatment of families manifesting child custody and visitation disputes is among the most stressful contexts for therapy. Mental health professionals working with these clients need to develop strong support systems in the clinical and legal community. Beyond the requisite therapy skills, the mental health professional need to learn how to comfortably interface with the judicial system (Lebow & Rekart, 2006).

Statement of the Problem

In the last 50 years, divorce and separation of married couples has become a widespread occurrence in the United States (Cherlin, 2005). Martin & Bumpass (1989) estimate divorce in first marriages in the United States range between 50% and 67%. This study examined the efficacy of mental health professionals, in the family court system, as perceived by legal professionals. Research into the efficacy of mental health services in the family court system is imperative for a number of reasons. Legal professionals' perceptions of the effectiveness of mental health professionals in the family court will aid mental health professionals in their work with families. A crisis event such as a case in the family court system can create an opportunity for growth. An outcome of this study is a wealth of information on how professionals can work collaboratively across disciplines to reduce the negative impact the family court has on families. Research such as this is crucial to facilitate positive changes, both in terms of intervention and of policy, to accrue within the family court system.

Statement of the Purpose

The purpose of this study was to identify ways mental health professionals, specifically family therapists can benefit families entrenched in the family court system. Family therapists are trained in systemic concepts. This modality requires a whole new way of thinking about human behavior. Rather than the locus of change residing within the individual, family systems fundamental premise focuses on the interpersonal context. Instead of concentrating on individuals and their personalities, family therapists consider how problems may be, at least in part, a product of the relationships surrounding them.

Human behavior can only be understood by taking into account the context in which it occurs (Minuchin, 1974).

This study explored how legal professionals use mental health professionals' expertise in the legal system and the appropriate roles of mental health professionals in this process. Looking at this information from a systemic perspective allows the relationship between mental health professionals and legal professionals to be viewed as part of the solution for families in the family court system. Finding ways to increase the usefulness and collaborative nature of the relationship between mental health professionals and legal professionals increases the positive impact that context has on families. This study examined legal professionals' perceptions of the efficacy of mental health services for families within the family court system. Mental health professionals includes master's and doctoral level licensed professionals in marriage and family therapy (LMFT), counseling (LPC), social work (LMSW), and licensed psychologists.

Rational for Study

Mental health professionals often fail to understand the nature of the legal system and how it affects their clients. Attorneys, judges and other legal professionals are increasingly involved in making significant personal decisions about the family life of clients (Hoffman, 1995). Although both mental health professionals' and legal professionals' roles are vital in the legal process, many times they work in direct conflict with one another rather than in a complimentary position. This study sought to increase collaborative working alliances between mental health professionals and legal professionals by gaining knowledge of the qualities legal professionals are looking for in

forensic mental health professionals. By eliciting legal professionals' opinions of important qualities of mental health professionals in family court, mental health professionals have knowledge to create a collaborative environment with the legal community. Knowing what legal professionals value and look for in mental health professionals increases the efficacy of these services and the positive impact on families.

Theoretical Framework

Family Systems Theory

The conceptual framework of family systems theory provided the paradigm for understanding the perceptions of legal professionals' view of mental health professionals working with families within the family court system. Family systems theory's heritage emerged from the work of Ludwig von Bertalanffy's work on general systems theory which offered the world of the mid-twentieth century a different way of viewing science. Instead of the mechanistic models of the time, von Bertalanffy's general systems theory argued that organisms are complex, organized, and interactive. Such an approach shifted thinking from a linear causal model to models that required a broader, holistic orientation in order to understand fully the dynamics involved. Von Bertalanffy's work on general systems theory found wide applicability in such fields as community planning, computer science and programming, and the social sciences. A general systems perspective examines the way components of a system interact with one another to form a whole. Rather than just focusing on each of the separate parts, a systems perspective focuses on the connectedness and the interrelation and interdependence of all the parts. A systems perspective permits one to see how a change in one component of the system affects the

other components of the system, which in turn affects the initial component (von Bertalanffy, 1968).

The application of the systems perspective has particular relevance to the study of the family as families are comprised of individual members who share a history, have some degree of emotional bonding, and develop strategies for meeting the needs of individual members and the family as a group. Family systems theory allows one to understand the organizational complexity of families, as well as the interactive patterns that guide family interactions and the systems within which they interact.

Family Systems theory is based on the assumptions that systems are relational, recursive, and reciprocal. The actions of one member of the system will in turn affect other members, and subsequent actions will continue a spiral of effects on the system. Rather than focusing on individuals in order to understand the dynamics of a system, family systems theory focuses on the multiple units to understand how the system operates as a whole (Watzlawick, Weakland & Fisch, 1974).

According to Wittmann (1989), the entry of family systems into the family court brings with it a new vocabulary for judges and attorneys. Concepts such as triangle, boundaries, family homeostasis, family structure, and analogic communication are extremely helpful in understanding family court problems. In general the various family therapy theories view individuals as the products of a familial context and ongoing patterns of interaction. This perspective is in contrast to individually oriented approaches that, while recognizing the importance of family dynamics, still focused on individual traits and experiences on internal representations of childhood events.

Linear Causality

The concept of linear causality implies that changes occur in a straight, one-way fashion. Systems theory focuses on communication as circular rather than linear because what affects *A* affects *B*, affecting change in *C*. A change in any part of this system affects change within the entire system (Bateson, 1979). Recursive or circular explanations take into account mutual influence and interactions. Systems theorists do not concentrate on cause and effect; rather, they focus on the relational dynamics. Interactions between family members and the family and other systems produce a cycle of behavioral responses. Each person in an interaction influences and is influenced by the other person. These influences can be both positive and negative, and tend to reinforce the behavior of other family members and systems, perpetuating the cycle of responses (Jackson, 1981).

Subsystems exist within the system such as the family, parents, children, legal professionals, mental health professionals, and the larger community. The arrangement of these subsystems is hierarchical (Colapinto, 1991). In addition, subsystems can form within communities. This is evident when agencies are brought into the family system such as the family court system.

Boundaries

Another concept of systems theory is the concept of boundaries, permeable borders between members within and outside the system. Boundaries that are either too rigid or too permeable can create system malfunctions (Colapinto, 1991). In order for systems to continue to meet the various demands of the environment, they must be

flexible. In a family court system, legal professionals and mental health professionals who are too rigid in their rules, not being open and flexible, lack the concept referred to as variety.

Family Homeostasis

Another fundamental concept is family homeostasis or equilibrium. A family, just as any other system's primary function is to maintain balance. This need is inherent in all systems, and all behaviors are made to maintain a balance. Family Homeostasis is an ongoing never ending process which does not view behavior as healthy/unhealthy, or unproductive. Context is essential when looking for meaning (Jackson, 1981).

Hypotheses

Two hypotheses were formulated that relate to participant identification of the importance of the efficacy of mental health professionals in the family court system. The validity of these hypotheses was examined through analysis of the responses to two comprehensive questionnaire distributed to legal professionals. The following hypotheses were based on a review of literature and will guide the research process. The hypotheses represent the quantitative aspects of the study. The primary hypotheses are enumerated below.

This study addressed the following Null hypotheses:

1. There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals in the family court system as measured by the Counselor Rating Scale, Short Form.

2. There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals working in the family court system as measured by the Forensic Mental Health Professional Rating Form.

Definitions of Terms

The following definition of terms was used to define and facilitate clarity of the concepts related to this study.

Legal professionals - This includes, judges, attorney's, law enforcement personal, mental health professionals, caseworkers, CASA advocate, legal assistants, and other's directly involved in the legal field, working directly with families in the family court system.

Mental health professional – This is any individual having obtained at least a masters degree in marriage and family therapy, psychology, counseling, or social work, who has completed a practicum of supervised experience and acquired a license to practice psychotherapy from a state licensing regulatory agency.

Forensic Mental Health Professional – Forensic mental health comprises a field of workers who work with the legal system as it relates to laws regarding mental health issues. These workers can be psychiatrists, psychologists, licensed marriage and family therapists, licensed professional counselors or social workers. The work of forensic mental health in this research is specific to the family court system.

Family Court System - A separate court, or more likely a separate division of the regular state trial court, that considers only cases involving divorce (dissolution of

marriage), child custody and support, guardianship, adoption, and other cases having to do with family-related issues, including the issuance of restraining orders in domestic violence cases.

Assumptions

1. The participants were open, forthcoming, and truthful with the researcher.
2. The participants were willing to share their insights.
3. All participants were at least 18 years old and live in the United States.
4. The participants currently worked with families in the family court system.
5. The validity and reliability of the Counselor Rating Form, short form, was an accurate reflection of the attitudes of participants.
6. There were not statistically significant difference between the participants who participated in the study and those who declined participation.

Delimitations

As with any quantitative study, it is important for researchers to realize the delimitations inherent to their study. By identifying the delimitations of the study, the generalizability of the study's results will have more credibility (Patton, 2002). Several factors delimited this study. These include the following:

1. Legal Professionals in this study work with clients in the family court system.
2. Participants were not randomly selected, but recruited via convenience sampling
3. Due to the limited research in this area. The Forensic Mental Health Professional Rating Scale was created to capture the information sought in

this study. Therefore there is no documented reliability or validity of this instrument.

4. All participants had access to the internet and an ability to respond in English to an anonymous Internet based survey.

The Researcher as a Person

In research studies, the researcher as a person is part of the research process (Patton, 2002). The researcher is Licensed Professional Counselor in private practice in Denton Texas with 10 years of experience working systemically with families. Additionally, she is an adjunct professor at a local university. The researcher works extensively with families in the Denton County family court system.

Summary

The efficacy of mental health services in the family court has become an increasing area of interest. The purpose of the study was to explore ways families with cases in the family court systems benefit from mental health services. This study examined legal professionals' perceptions of the efficacy of mental health professionals for families within the family court system. Currently, there is limited research on the efficacy of mental health services in the family court arena. The findings from this study provide useful information to family therapists and other professionals. Research questions were examined using the quantitative research method. Purposive sampling and snowball sampling was used in order to obtain an adequate number of participants.

CHAPTER II

REVIEW OF THE LITERATURE

In reviewing the literature related to his study, there are huge deficits in information across the time. Some studies and literature published in the 1980's have not been revisited. The scarcity of currently published information on legal and mental health professionals' roles and attitudes in the family court lends credence to the necessity and importance of this study.

Fifteen million children experienced a divorce in their families in the 1990s (Sammons & Lewis, 2001). Most estimates claim almost one half of all marriages will continue to end in divorce (Adams & Coltran, 2006). The primary determinate of adverse outcome in children of divorce is ongoing parental conflict during and after divorce (Lebow & Rekart, 2006). The legal system has become overburdened with the needs of high conflict families. The courts have begun to realize the limitations of referring these families to traditional psychotherapy. Many times the parents' behaviors are not significantly impacted by the individual psychotherapeutic services. Meanwhile, the children in these high conflict families are not receiving the relief they need (Boyan & Termini, 2005).

Mental Health Professionals frequently fail to understand the nature of the legal system and how it affects their clients. Legal professionals are increasingly involved in making personal decisions about the family life of clients (Melton & Wilcox, 1989). At

times, however, therapists and legal professionals who share a common client can feel at odds with the advise or direction given by the other professional (Korelitz & Schilder, 1982) . Moreover, mental health professionals can fail to recognize when it is useful or necessary to refer clients for legal assistance and legal professionals can fail to recognize when their clients can benefit from therapeutic services.

The knowledge and assistance of both law and the mental health professional are inextricably linked to many aspects of public policy. The legal system operates by the premise that the family is the primary building block of social order (Huber & Baruth, 1987). Legislation and judicial process are the primary vehicles for making significant decisions about the definition of family, standards for resolving family disputes, and other family policy issues (Melton & Wilcox, 1989). Mental health professionals have become increasingly influential in this decision-making process to facilitate healthy and stable family functioning, especially in the face of ongoing social change (Walters, 1983).

Clearly, mental health and legal professionals must work together to achieve family and societal goals. Mental health professionals can find it difficult to operate in the legal system. Knowing what legal professionals expect from mental health professionals is a starting point. Without an understanding of the different philosophies, methods, and goals of the legal system, mental health professionals who become involved with their clients in the legal process may in fact hinder, rather than assist, their clients (Korelitz & Schulder, 1982).

Legal professionals can assist mental health professionals in the practice of therapy by offering expertise in areas such as legal liability, legal and courtroom process, family law, and expert witness testimony. Lawyer's substantive knowledge of both the content of the law and the "ins" and "outs" of the legal process is invaluable to the mental health professionals who are in any way involved with the legal system (Riley, Hartwell, Sargent, & Patterson, 1997).

Mental health professionals can assist legal professionals in their practices. Legal professionals are frequently not equipped to efficiently and accurately conceptualize about families and their law-related problems (Walters, 1983). In the area of family law, mental health professionals can educate legal professionals in family systems, child development, and blended families (Schepard, 1993). Beyond family law issues, mental health professionals can assist attorneys by contributing knowledge and expertise on issues relating to conflict management, court-ordered therapy, involuntary civil commitments, criminal law, handling clients with mental illness, crisis intervention, evaluation and treatment (American Psychological Association, 1994).

Effects of Family Conflict on Children

Empirical research confirms that divorce increases the risk for adjustment problems in children and adolescents (Amato, 2001). Children invariably manifest powerful feelings about the parental conflict (Lebow & Rekart, 2006). The largest effects are seen in externalizing symptoms, including conduct disorders, antisocial behaviors, and problems with authority figures and parents. Other findings include depression anxiety, and negative effects on self esteem (Amato, 2001).

Effects on children are not erased as they enter adulthood. A significant finding of Ahorns (2006) study was that changes in adult children's relationships with their father after divorce were related to the relationship between their parents. The primary picture that emerges is that when inter-parental conflict decreases and parental support increases after the divorce, adult children report relationships with their father either improve or remain stable. Ahorns (2006) longitudinal study demonstrates the years following divorce bring dramatic changes for children.

Quality of Parenting

The quality of parenting during and following divorce is paramount. In 1994, psychologist and family therapist Constance Ahorns introduced the phrase *the good divorce* as one in which families can stay together and interact harmoniously even after the parents dissolve their marriage (Ahorns, 1994). Both fathers and mothers are capable of competently caring for their children (Lee & Hunsley, 2006). A destructive parenting quality is the presence of conflict or hostility. High conflict is more likely to be destructive post divorce when parents use their children to express their anger and are verbally and physical aggressive on the phone or in person (Johnson, 1994). Parents who express their rage toward their former spouse by asking children to carry hostile messages, by denigrating the other parent in front of the child, or by prohibiting mention of the other parent in their presence are creating intolerable stress and loyalty conflicts in their children (Buchanan, Maccoby, & Dornbusch, 1991).

Parental Conflict

Many researchers agree on the importance of taking into consideration the multidimensional nature of parental conflicts (Gottman, & Krokoff, 1989; Grych & Fincham, 1990). There are six different dimensions: (a) frequency, (b) content, (c) level of implication of the child, (d) intensity, (e) parents' behavior, and (f) the presence or absence of resolution. The higher the frequency of conflict, the higher the likelihood the child will react to the parents' hostility and will have difficulty adjusting. When the conflicts content relates to the child, the child may feel guilt and shame. If a child feels involved in his parents conflict or is he feels caught between his parents, he may show signs of anxiety, depression, aggression or isolation. The intensity of a conflict is easily perceived by a child. The behaviors adopted by the parents while in conflicts have a determining impact on the child adjustment. Unresolved conflicts cause the child to feel anger, distress and aggressiveness (Sarrazin & Cyr, 2007).

Mental Health Professional

Mental health professionals play an integral role in family law either in a forensic role or a therapeutic role. Legal professionals see a use for mental health professionals in family law therapeutically and/or forensically. Several roles for mental health professionals in the family court system include: parent education programs, counseling, family therapy, mediation, child specialist, divorce coach and consultant. Legal professionals find therapy, and parent coordination to be particularly helpful mental health services (Takesian, 2006). Marriage and Family therapists understand families experience separation and divorce as a process, beginning long before and extending well

beyond legal conclusion. According to Deveaux (2004), mental health professionals have three important roles in the court system. First, mental health professionals must educate and challenge legislators and government bureaucrats to shift limited resources to family therapy and behavior change. Second, mental health professionals must educate prosecutors, defense lawyers, court staff, and judges about how system focused therapists' work to help defendants understand and be accountable for past behavior and learn new behaviors that reduce recidivism. Third, when a judge knows the effectiveness of family therapy, he/she can mandate family members to participate in family therapy. Knowing the benefit mental health professionals can provide in the family court system is useful only when their expertise is sought out and used by legal professionals.

Roles of Mental Health Providers

Services to assist parents in the divorce process have been growing in numbers. Mental health professional have been the main provider of these services offered either by or in conjunction with the family court system (Taylor, 1999). There are a wide variety of programs available. Some designed for parents, some for children, and some for families. Among families that require intervention, most respond positively to interventions such as therapy or psycho education that help them understand the divorce process (Pedro-Carroll, Nakhnikian, & Montes, 2001) or interventions such as mediation that work directly to negotiate disagreements (Katz, 2006). However, a segment of divorcing parents remain mired in conflict even after these interventions.

Programs for Parents

Over the past several decades, parent education programs have proliferated across the county (Geasler & Blaisure, 1999). The intent of most of these programs is to help parents identify and meet their children's needs following divorce (Lee & Hunsley, 2006). Most programs for divorcing parents are cognitive-behavioral in nature and aimed at eliminating individual behavioral difficulties. These treatments equip parents with information about the effects of divorce on children, with suggestions for altering acrimonious co-parenting relationships, and with strategies for addressing children's behavioral problems (e.g., positive routines, consistent discipline, negative reinforcement, avoidance). But these programs do not help families cope with emotional and physical separation in relationships. Altmaier & Maloney (2007) found that a program targeting parents' mindfulness is correlated with positive mental health and with other qualities critical to parenting including empathy, positive affect, and self esteem (Altmaier & Maloney, 2007).

According to Blaisure and Geasler (1996), parent education programs are usually court based, contracted, or collaborative. Court-based programs are programs administered by court officials themselves. A private or public agency, an institution of higher education, or a mental health practitioner for the court conducts contracted programs. Lastly, collaborative programs are programs where development and administrative responsibilities are shared between the court and public or private agencies. There are three types of attendance policies: state-or-locally- mandated attendance, judge-determined attendance, or invited open attendance. The majority of

counties in the programs require some form of mandatory attendance. According to Clement (1999), the number of states enacting legislation authorizing or mandating attendance at parent education programs more than quadrupled in the late 1990's.

Programs for Children

In individual or sibling meetings, children are helped to better understand what it means to be in a divorced family, to talk about their feelings about the conflict between their parents, and to find ways to insulate themselves from the conflict. The specific intervention strategies used are tailored to the age of the children. For young children, stories that enable feeling to be processed in fantasy serve as launching points for discussion. In older children, direct discussions of the issues predominates, drawing on cognitive techniques and psycho education. Children are explicitly coached in how to avoid becoming triangulated into parent conflict and how to master living between two households (Lebow & Rekart, 2006).

Therapy

The treatment aims to create a good-enough post divorce climate in which a new family structure can be constituted, parents maintain distance from one another, and conflict and triangulation can be minimized. Integrative family treatment incorporates negotiating a clear therapy contract, creating a multi-partial alliance with all parties, assessing through the lens of specific understandings about family court cases, incorporating multiple therapy session formats, holding both systemic and individual focused perspectives, drawing on a solution-oriented focus, and drawing upon a wide range of intervention techniques (Lebow & Rekart, 2006). Most divorcing parents have a

short-term, narrow view of the implications of their continuing interactions. It is important that therapists help divorcing parents broaden their image of their post divorce family and examine the implications of their relationship post divorce (Ahorns, 2006).

Parent Coordination

Parenting coordination is a process whereby an impartial third party called a parenting coordinator helps the parents to implement a parenting plan by facilitating the resolution of disputes between parents. This includes providing education, making recommendations to the parties, and, with prior approval of the parties and the court, making decisions within the scope of the court order. The appointment of a parent coordination may be effective in high conflict cases in which a parent chronically refused to follow court orders, or has severe mental health issues or substance abuse (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004).

Mediation

Mediation is one option on a spectrum of choices available for families in the family courts system (Katz, 2006). It offers an opportunity to enlist collaboration at a potentially high conflict time, thereby reducing the risk of harmful and potentially longstanding escalations. Divorce mediation cases have increased in recent years because the divorce rate has remained high and clients have become increasingly daunted by the personal and economic costs of the legal menagerie (Rotman, 2005).

Mediation is the process in which people use direct, assisted talks to resolve the issues between them. Parents may consult with outside experts, but they negotiate and make decisions for themselves. Mediation is used successfully in both low and high

conflict divorces. The goal is a workable agreement in writing. Once it is signed and notarized, the agreement is legal and binding (Katz, 2006).

According to Benjamin and Irving (2005), there are mediators who consider themselves therapeutic mediators. Therapeutic family mediators see families as systems that display stable, repetitive patterns of affect and behavior and operate within a larger sociopolitical context. Family functioning is viewed on a continuum and assessed by how the members manage feelings and whether or not they display good affect control. The mediator's role is variable, depending on the functioning of the family. In high-functioning couples, the mediator remains neutral and views the clients as capable of self-determination but remains aware of both process and content. When families are lower functioning, the mediator must exert greater control over process and content, taking a lead role in the mediation. A therapeutic mediator considers it an ethical responsibility to advocate for the best interests of the children.

A therapeutic mediator might need to rely on therapeutic methods such as reframing, enactment, formulation, metaphor, and storytelling. The mediator takes on various roles, information provider, teacher, facilitator, counselor, and advocate. A therapeutic mediator strives to understand the myriad dynamics driving the conflict, settle the dispute at the relational level, teach the parents an effective model for parenting in divorce, and intervene to change or eliminate patterns of relating likely to interfere with productive negotiation between the parties. Full and complete agreement means resolution of both relational and substantive disputes. It is designed to eliminate conflict through the establishment of rules of conduct, clarification of mutual parental

responsibility and authority, and understanding of the bases of mutual decision making (Benjamin & Irving, 2005).

Collaborative Divorce

Family lawyers and other professionals developed collaborative law in the early 1990's as an alternative to traditional divorce approaches and mediation (Lande and Herman, 2004). A model predicated on creative, non adversarial counsel. Each party retains a lawyer and agrees to negotiate, without resorting to litigation, until agreement is reached (Tesler, 1999). It is often a multidisciplinary process, including mental health professionals, neutral financial experts trained in the collaborative process, and a neutral child specialist (Herman, 2005). All involved experts are neutral (Tesler, 1999). Mental health professionals may be involved to assist as child specialist and coaches to the parties. As child specialists, they help the parents focus on the needs of their children, serving as a neutral expert on the topic. As coaches, they help manage their anxiety so that they are able to effectively communicate and work together (Slovin, 2004).

Professional Perceptions

There is currently a void in the professional literature focused on the legal professionals' perceptions of mental health efficacy within the family court system. Felner, Rowlinson, et al. (1987) report that despite efforts to enhance interdisciplinary communication and the reported trend toward increased receptivity to mental health involvement in the judicial system, the actual practices of legal professionals suggest that they continue to harbor reservations about the possible contributions of social science expertise in child custody. The overwhelming majority of legal professionals in Felner,

Rowlinson et al. (1987) considered neither social science data nor mental health professionals' involvement and/or recommendations to be significant influences on their practice of family law. Specifically, mental health participation was rarely solicited, and social science literature was infrequently attended to by legal professionals. These findings corroborate reports by Melton and his associates (Melton, Weithorn, & Slobogin, 1985) and taken together, provide empirical support that although the interdisciplinary climate may be improving, the relationship between mental health professionals and the courts nevertheless continues to be marked by controversy and ambivalence.

Waller and Anasseri (2005) study attempts to fill a gap in literature by assessing the perspectives of attorney's regarding child custody evaluations completed by mental health professionals. Findings indicate that attorneys are most like to seek child custody evaluations in the context of allegations regarding physical abuse, sexual abuse, or parental fitness. Attorneys report that they expect a very comprehensive evaluation procedure and find utility in inclusive reports. The child custody evaluations play a significant role in attorney's decision to negotiate a settlement rather than proceed to trial.

Korelitz & Schulder (1982) discusses a six month pilot study done at The Ackerman Institute for Family Therapy. Joint consultations with a family Therapist and a Family Attorney were offered to couples contemplating divorce. The authors were interested in determining whether joint consultation would be useful to help couples understand the psychological and legal implications of conflicts expressed during the separation process. Their recommendations indicated that joint legal consultations should

be an integral part of all facilities which offer marital/family and divorce therapy. By working together with a divorcing couple, a lawyer-family therapist team can assist couples to find help in a controlled and informed environment.

Attorney-mental health professional collaborative alliances increases the ability to promote appropriate changes within the divorce process. Clients benefit from the stimulation of an interdisciplinary team. A team approach increases the ability to protect the progress achieved with clients by offering direct communication with the other professional whose impact on the client might otherwise conflict with each other (Steinberg, 1980).

Summary

In the last fifty years, divorce has become a familiar occurrence. Current estimates in the United States place the divorce rate around fifty percent (Cherlin, 2005). The reactions of most children and adults to divorce and its aftermath are quite varied. Families experiencing divorce are two to three times more likely to seek mental health treatment than families that are not involved in the family court system (Ahrons, 1994). Current educational and therapeutic interventions emphasize developing personal and family understanding and ensuring children's well being by establishing co-parenting relationships, creating co-parenting plans, and enhancing the parenting skills of both parents. With the increasing need to interface law and therapy in the family court system, the literature is void in the professional literature focused on the legal professionals' perceptions of mental health efficacy within the family court system.

CHAPTER III

METHODOLOGY

The purpose of this study was to identify ways mental health professionals and specifically family therapists can benefit families entrenched in the family court system. A quantitative design was utilized to better understand the importance of mental health professionals in the family court system. Results from this study were compared and contrasted to validate and expand upon findings from the quantitative data. More specifically, this study explored how legal professionals use mental health professionals' expertise in the legal system and the appropriate roles of mental health professionals in this process. This study examined legal professionals' perceptions of the efficacy of mental health services for families within the family court system. The study examined if legal professionals' scores on the Forensic Mental Health Professional Rating scale indicated certain qualities of mental health professionals as more important than others. Finally participants were asked to complete the Counselor Rating Form. Results from the Counselor Rating Form were examined to see if certain perceptions of mental health professionals were more important.

This chapter presents the methodology of the study, identifies the sample population, and discusses how the protection of human subjects was accomplished. Next, the instruments will be identified and described. Finally, the procedures for data collection and analysis will be outlined.

Participants

The target population for this study consisted of adults who identify themselves as a legal professional working with families in the family court system. This includes, judges, attorneys, mental health professionals, caseworkers and other's directly involved in the legal field. The total sample consisted of 122 participants who anonymously complete online questionnaires.

The following demographic information was collected from each participant: age, gender, state of practice, county of practice, education level, socio-economic level, years in practice. A copy of the demographic questionnaire can be found in Appendix E. Participants were then asked to answer the Forensic Mental Health Professional Rating Scale regarding the importance of forensic mental health professionals in the family court system. Following completion of the Forensic Mental Health Professional Rating Scale, participants were given the Counselor Rating Form to complete.

Recruitment

Participants were recruited through announcements placed on internet-based websites of the following professional organizations, Greater Denton County Young Lawyers Association, Dallas Association of Young Lawyers (DAYL), Denton Bar Association and emails sent to various local legal professionals. Websites were chosen on the criteria relatedness to the research topic, reputation, and visibility (Dillman, 2000). In addition to simple random sampling techniques, voluntary snowballing techniques were utilized to gather a large enough sample.

Protection of Human Participants

The study was conducted after approval from the Institutional Review Board (IRB) of Texas woman's University was obtained. A copy of the IRB approval letter for conducting the study is located in Appendix A. Additionally, the researcher adhered to all policies and procedures outline by Texas Woman's University Institutional Review Board (IRB).

When potential participants responded to the survey announcement, they were linked to the first page of an internet research website created to welcome and inform them about the nature and purpose of the study and the criteria for participation. They were then brought to the information/consent page, which outlined the protection of confidentiality, purpose, procedures, potential risks, and benefits of the study. All participants were informed of their rights and given the opportunity to withdraw from the study at any time.

Participants were asked to acknowledge their informed consent by clicking on the link at the bottom of the page that states "Begin Survey." Those who did not wish to participate in the study could click on the link that states "Exit Survey."

Confidentiality was maintained by using the secure survey website Psychdata, <http://www.psyhdata.com>. Psychdata has a unique Secure Survey Environment (SSE), in which the survey pages are constructed so that a completed survey cannot be viewed by pressing the "back" button. Additionally, all survey pages were downloaded directly from their server and are data-base generated. No information form the survey was stored on a personal computer or saved as a cached item. Finally, upon completion of the

survey, the window closed thereby eliminating temporary history files associated with the survey. The survey website was inactive 30 days after completion of the study.

The researcher ensured confidentiality of information by placing all survey results and documentation in a locked file cabinet in the researcher's home office. All hard copy data obtained during the study will be destroyed one year after completion of the study.

At the conclusion of the study, participants were given an opportunity to review the findings. Participants were given the researcher and advisor's contact information should they have any questions or concerns.

Instrumentation

All participants were asked to report demographic information such as age, gender, state of practice, county of practice, education level, socio-economic level, years in practice. A copy of the demographic questionnaire is located in Appendix E.

Counselor Rating Form, Short Version (CRF-S)

The Counselor Rating Form, Short Version was utilized to examine if certain aspects of qualities of the mental health professional are related to legal professional's perceptions of the mental health professional and impacts their decision to enlist their services. The Counselor Rating Form Short Version (CRF-S) is an abbreviated 12 item version of Barak and LaCrosse's (1975) Counselor Rating Form. The original Counselor Rating Form developed by Barak and LaCrosse rated eighty-three adjectives for their representativeness of the three dimensions: attractiveness, expertness, and trustworthiness (Corrigan & Schmidt, 1983). Of the eighty-three adjectives, only thirty-six received at least 75% agreement among the judges and were thus included on the original

questionnaire. Corrigan and Schmidt (1983), created a shorter version of the CRF by using 12 of the 36 adjectives from the original CRF.

The CRF-S is self-administered and suitable for persons with an eighth grade reading level or higher. The CRF-S asks clients to rate the extent to which a counselor demonstrates each of twelve characteristics. Clients rate each characteristic on a 7-point likert scale, which is anchored by the words “not very” and “very.” Clients are asked to place an “X” at the point on the scale that best represents how they viewed their therapist.

The CRF-S measures three attributes: perceived attractiveness, expertness, and trustworthiness. Strong and Dixon (1971) defined attractiveness as a person’s positive feelings about the therapist, desire to gain the therapist’s approval and an overall liking and admiration for the therapist. Strong and Dixon (1971) also defined expertness as the person’s belief that the therapist possesses information and skills that will allow the person to effectively deal with his or her problems.

Subscale scores for attractiveness, expertness, and trustworthiness are computed by adding ratings from the four items that comprise each scale. Subscale scores on each of the three attributes can range from 4 - 28. Reliability coefficients for the three subscales have consistently been reported to be above .85 (Corrigan & Schmidt, 1983). Additionally, the three factors have been supported through confirmatory factor analysis. When interpreting the CRF-S, researchers should consider both the total score as well as the sub-scores.

Forensic Mental Health Professionals Rating Scale

The Forensic Mental Health Professional Rating Scale was designed and created specifically for this research. Due to the scarcity of research available on this specific research topic there was not an existing measure available to collect the data sought. Felner et al.'s (1987) explored the use of mental health professional's expertise in the legal system, legal professionals' sources of social science information, and the legal profession's perspectives on the appropriate roles of mental health professionals in the process. They solicited this information from attorneys and judges through an in-depth, self-administered structured interview/survey. This survey was developed by the authors. The reliability criterion stated was 90%.

The researcher of this current study made exhaustive efforts to secure a copy of the structured interview/survey used by Felner et al.'s (1987) article entitled *Child Custody Resolution: A Study of Social Science Involvement and Impact*, but yielded unsuccessful results. Therefore the researcher created the Forensic Mental Health Professional Rating Scale (FMHP) from results and tables published in this article. The FMHP consists of 28 items and 4 subscales. The subscales are: frequency with which legal professionals recommend mental health services in family court cases (Recommendation); factors influencing legal professionals' decisions to involve mental health professionals in family court cases (Involvement); important characteristics of mental health professionals used in family court cases (Characteristics); most important factors considered of an evaluation, recommendation, and/or expert testimony by a mental health professional in a family court case (Evaluation).

Procedure

Data Collection

Upon approval from the IRB, the researcher began the recruitment process for the study. The recruitment process began by requesting permission to post an announcement to recruit participants through websites such as Greater Denton County Young Lawyers Association and Denton Bar Association. The recruitment request and website announcement are respectively located in Appendix C. In addition emails were sent out to local legal professionals. A comprehensive listing of websites used in this research study is located in Appendix B.

As a result of recruitment efforts, potential respondents logged onto the secure research website sponsored by Psychdata. Once logged onto the website, they saw the welcome page, which informed them about the nature and purpose of the study and the criteria for participation. If participants wished to continue, they were linked to the Information/Consent page. The information/consent page emphasized that participation in the study is voluntary and that they could withdraw from the study at any time. The information/consent page provided all participants with the title of the study, as well as the names, business addresses, telephone numbers, and email addresses of the Investigator and TWU Research Advisor. Furthermore, the information/consent page outlined the protection of confidentiality, purpose, procedures, potential risks, and benefits of the study.

Participants were asked to acknowledge their informed consent by clicking on the link at the bottom of the page that states “Begin Survey”. Those who did not wish to participate in the study could click on the link that states “Exit Survey.”

After clicking on the link, participants were brought to the actual survey and provided directions for completing the questionnaire. The online survey was designed to take between 10 and 15 minutes to complete.

Confidentiality was maintained by using the secure survey website Psychdata, <http://www.psychdata.com>. Psychdata has a unique Secure Survey Environment (SSE), in which all survey pages are constructed so that a completed survey cannot be viewed by pressing the “back” button. Additionally, all survey pages are downloaded directly from their server and database-generated. Stated in simpler terms, no information from the survey can be stored on a personal computer or saved as a cached item. Finally, upon completion of the survey, the window closed thereby eliminating temporary history files associated with the survey. The survey website will become inactive 30 days after completion of the study. While the survey is active, it was only be accessed by the researcher.

The researcher also ensured confidentiality of information by placing all survey results and documentation in a locked file cabinet in the researcher’s home office. All hard copy data obtained during the study will be destroyed one year after completion of the study.

At the conclusion of the study, participants were given an opportunity to review the findings. Participants wishing to receive a copy of the results were provided with the

researcher and advisor's contact information. Participants were also given the researcher and advisor's contact information should they have any questions or concerns.

Analyses

The purpose of this study was to identify ways mental health professionals and specifically family therapists can benefit families entrenched in the family court system. A quantitative approach was utilized to compare and contrast findings from the data. Collecting data from a valid and reliable quantitative instrument as well as from a researcher generated Forensic Mental Health Survey allowed the researcher to garner a comprehensive understanding of the importance of mental health professionals in the family court system.

Treatment of Data

Upon completion of each survey, all data was stored on a secure website sponsored by Psychdata. Data was stored until it was accessed by the researcher and downloaded for analysis. Any data collected and downloaded by the researcher was stored in a locked file cabinet in the researcher's home office. Only the researcher had access to the file cabinet. All data will be destroyed within one year of completing the study. Additionally, the research website was made unavailable 30 days after the data collection process ends and the site will be removed within one year of completion of the study.

Quantitative Data Analysis

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) computer software. For demographic and professional designations, percentages

for the entire population was computed (percentage of male participants, and percentage of female participants). These percentages provide readers of the research report with an overview of the socio-demographics of the sample. In addition to percentages, further descriptive statistics and frequency distributions were calculated for demographic information as well as from the information obtained from the Forensic Mental Health Professional Rating Scale questionnaire and The Counselor Rating Scale, short form.

Pearson's product moment correlations were run to examine the relationships between the Counselor Rating Scale, short form and Forensic Mental Health Professional Rating Form (FMHP). ANOVAs were used to examine the data for differences between the qualities measured by the CRF-S. In addition, a repeated measures analysis of variance (ANOVA) was conducted to examine the relationships between the CRF-S subscales. In addition, repeated measures ANOVA was conducted to examine the relationships between CRF-S subscales and building block, type of professional, length of time working with families, and interaction with mental health professional.

Analysis on the FMHP included a repeated measures ANOVA to examine the relationship between FMHP subscales. Additionally, a repeated measures ANOVA was also conducted to examine the relationships between FMHP subscales by the FMHP building block item, type of profession, length of time working with families, and interaction with mental health professional. A repeated measures analysis was conducted to examine the individual FMHP items.

Factor analysis was conducted in order to examine the structure of the subscales in the Forensic Mental Health Professional Rating Form (FMHP).

The following hypotheses were tested for significance using repeated measures ANOVA

1. There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals in the family court system as measured by the Counselor Rating Scale, Short form.
2. There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals working in the family court system as measured by the Forensic Mental Health Professional Rating Form.

Limitations

Limitations of the study include the following:

1. All participants were self-selected into the study and may therefore introduce unknown factors into the analysis.
2. The Forensic Mental Health Professional Rating Scale was created for this study. It has not been tested therefore it does not have strong indicators of reliability and validity

Summary

This chapter presented the overall research design for this study and highlights how participants were recruited through the use of flyers on websites and sent through email. Furthermore, the chapter outlined how confidentiality of participant information was protected through the use of a secure internet website. Confidentiality was also

protected by adhering to stringent guidelines. Finally, all materials will be destroyed within one year of the study's completion.

Data was gathered through the use of an online survey. Voluntary and snowball sampling techniques was employed to recruit participants in order to gain a large enough sample for the results to be of practical significance. Data collection was continued until at least 100 surveys had been received.

Data analysis began by downloading a hard copy of the surveys. Statistical analysis, such as repeated measures ANOVA's was conducted on the quantitative data.

Results from the study were examined to determine how legal professionals perceive the importance of mental health professionals in the family court system. Understanding the importance mental health professionals in the family court system could lead to decreased court time for individuals/families in the family court system, benefit therapist training programs, licensing boards, professional organizations, and supervisors. Outcomes from the study may reveal that certain qualities of mental health professionals are more favorable to legal professionals. This could help establish collaborative alliances between mental health professionals and legal professionals to benefit families entrenched in the family court system.

CHAPTER IV

RESULTS

The purpose of this study was to identify ways mental health professionals, specifically family therapists can benefit families entrenched in the family court system. This study explored how legal professionals use mental health professionals' expertise in the legal system and the appropriate roles of mental health professionals in this process. Looking at this information from a systemic perspective allowed the relationship between mental health professionals and legal professionals to be viewed as part of the solution for families in the family court system.

Finding ways to increase the usefulness and collaborative nature of the relationship between mental health professionals and legal professionals increases the positive impact context has on families. The mental health professional may provide guidance in matters of child custody and family adjustment. At very least, the mental health professional increases the amount of information available to the court.

Sample Description

The sample included 99 adults who identified themselves as legal professionals working with families in the family court system. In total, 122 participants started the survey, 23 of which only completed the demographic portion of the survey and were eliminated from any data analysis. As shown in Table 1, nearly 75% of the respondents were male (74.7%) and 25% were female (25.3%). The average age was 41 years ($M =$

41.68, SD = 11.91) and ranged from 23 to 74 years (see Table 2). In terms of profession types, approximately one-quarter were mental health professionals (24.2%), 19.2% were CASA advocates, 16.2% were attorneys, and only 4% were judges (see Table 1). Finally, over one-third of the respondents reported that they had another profession (including CPS caseworkers, law enforcement, legal assistants) (36.4%). Judges and attorneys were grouped into one category for subsequent analysis, thereby creating four profession categories: judges and attorneys (20.2%), mental health professional (24.2%), CASA advocates (19.2%), and other (36.4%).

Table 1

Frequencies and Percentages for Gender and Type of Professional

	<i>N</i>	%
Gender		
Male	25	25.3
Female	74	74.7
Type of Professional		
Judge	4	4.0
Attorney	16	16.2
Mental Health Professional	24	24.2
CASA	19	19.2
Other	36	36.4

Table 2

Means and Standard Deviations for Continuous Demographic Variables

	<i>N</i>	Mean	<i>SD</i>	Min	Max
Age	99	41.68	11.91	23	74

As shown in Table 3, half of the respondents had been working with families in the court system for five years or less (50.5%). The remaining respondents had been working with families in the court system for five to ten years (20.2%), ten to fifteen years (12.1%), or fifteen years or more (17.2%). For the remainder of the analysis, the time working with families was recoded into two categories, reflecting five years or less (50.5%) and more than five years (49.5%).

Table 3

Frequencies and Percentages for Length of Time Working with Families

	<i>N</i>	%
Time working families		
Less than 1 year	7	7.1
1 to 5 years	43	43.4
5 to 10 years	20	20.2
10 to 15 years	12	12.1
More than 15 years	17	17.2

In terms of the amount of time spent interacting with health professionals, roughly half of the respondents indicated that they interacted with health professionals monthly (28.3%) or less (22.2%) (see Table 4). On the other hand, nearly 40% reported interacting with health professionals weekly (17.2%) or more (18.2%). The remaining respondents reported another amount of interaction (14.1%).

Table 4

Frequencies and Percentages for Frequency of Interaction with Mental Health Professionals

	<i>N</i>	%
Frequency of interaction		
2 or more times per week	18	18.2
Weekly	17	17.2
Monthly	28	28.3
Several Times per Year	22	22.2
Other	14	14.1

A majority of the sample was highly educated, with over half having earned a graduate degree (see Table 5). More specifically, 10.1% had a doctorate degree, 19.2% had a J.D. degree, and 32.3% had a master's degree. In addition, nearly one-third of the sample reported that they had earned a bachelor's degree (31.3%). Smaller proportions of

the sample reported that their highest education level was an associate's degree (3.0%), some college (2.0%), or a high school diploma (2.0%).

Table 5

Frequencies and Percentages for Education

	<i>N</i>	%
Education		
High School Diploma	2	2.0
Some College	2	2.0
Associates Degree	3	3.0
Bachelor's Degree	31	31.3
Master	32	32.3
J.D. Degree	19	19.2
Doctoral Degree	10	10.1

In terms of income, approximately one-quarter of the respondents reported having incomes below \$40,000 (25.2%), whereas nearly 40% reported that they had incomes over \$90,000 (39.4%; see Table 6). The remaining respondents reported that they had incomes between \$40,000 and \$59,000 (16.2%) and \$60,000 and \$89,000 (19.2%). Finally, approximately half of the respondents reported that they practiced collaborative law (50.5%), and 43.4% reported that they did not practice collaborative law.

Table 6

Frequencies and Percentages for Income

	<i>N</i>	%
SES		
\$20,000 or less	1	1.0
\$20,000 to \$39,000	24	24.2
\$40,000 to \$59,000	16	16.2
\$60,000 to \$89,000	19	19.2
\$90,000 to \$109,000	4	4.0
\$110,000 or more	35	35.4
Collaborative law		
Yes	43	43.4
No	50	50.5

Preliminary Analysis

Factor Analysis

A series of factor analyses were conducted in order to examine the structure of the subscales included in the Forensic Mental Health Professional Rating Form (FMHP).

The FMHP included 27 items divided into four subscales: The subscales are: 1)

Recommendation, the frequency with which legal professionals recommend mental

health services in family court cases; 2) Involvement, factors influencing legal

professionals' decisions to involve mental health professionals in family court cases; 3)

Characteristics, important characteristics of mental health professionals used in family

court cases; and 4) Evaluations, most important factors considered of an evaluation, recommendation, and/or expert testimony by a mental health professionals in a family court case. Separate factor analyses were conducted on the items included in each of the four subscales. The results of the factor analyses are presented in the below subsections.

Recommendation. A factor analysis was conducted on the 6 items included in the Recommendation subscale. All items were forced onto one factor, resulting in factor loadings that ranged from .42 to .83 (see Table 7). The resulting factor accounted for 45.14% of the total variance. Although the items were forced onto one factor accounting for less than 50% of the variance, the internal consistency of the factor was adequate, Cronbach's alpha = .74.

Table 7

Factor Loadings for Recommendation Items

	Factor Loading
Mental health evaluation of family for court purposes.	0.83
Mental health evaluation for contesting parties for court cases.	0.77
Mental health evaluation of child(ren) for court purposes.	0.71
Mental health counseling for contesting parties.	0.70
Mental health counseling for children.	0.52
Family mediation/evaluation services.	0.42

Involvement. A factor analysis was conducted on the 5 items included in the Involvement subscale. All items were forced onto one factor with factor loadings ranging from .53 to .83 (see Table 8). The factor, however, accounted for only 50.45% of the total variance. Nevertheless, the internal consistency of the factor was adequate with Cronbach's alpha = .75.

Table 8

Factor Loadings for Involvement Items

	Factor Loading
Opposing party plans to use a mental health professional	0.83
Case is expected to go to trial	0.76
Another Mental Health report/evaluation does not support individual/family	0.74
Mental health professional expertise helps to mediate or settle cases	0.65
Mental Health Professional is already working with the individual/family	0.53

Characteristics. A factor analysis was conducted on the 9 items included in the Characteristics subscale. All items were forced onto one factor, resulting in factor loadings that ranged from .44 to .86 (see Table 9). The resulting factor accounted for

42.10% of the total variance. Although the items were forced onto one factor, the internal consistency of the factor was adequate, with Cronbach's alpha = .81.

Evaluations. A factor analysis was conducted on the 6 items included in the Evaluations subscale. All items were forced onto one factor, resulting in factor loadings ranging from .57 to .85, and accounting for 51.19% of the variance (see Table 10). The internal consistency was deemed acceptable, Cronbach's alpha = .78.

Table 9

Factor Loadings for Characteristic Items

	Factor Loading
Someone who testifies well	0.86
Someone who is willing to testify in court	0.74
Someone who is well known	0.72
Someone who has been helpful in previous cases	0.69
Someone with a good understanding of the legal system	0.66
Someone who espouses a particular view on family court cases	0.61
Someone you know well	0.53
Someone whose fee the family/individual can afford	0.46
Someone who is already working with the family	0.44

Table 10

Factor Loadings for Evaluation Items

	Factor Loading
Recommendations provided by the mental health professional	0.85
The evaluation/report provided by the mental health professional	0.81
Best interest of the child(ren)	0.73
Characteristics of parents	0.71
Characteristics of the mental health professional	0.60
Miscellaneous factors	0.57

Primary Analyses

Pearson's product moment correlations were conducted to examine the relationships between the CRF and FMHP subscales. Pearson's product moment correlations are used to examine the relationships between continuous variables measured on interval or ratio scales. Correlation coefficients can range between -1.00 and +1.00. A positive correlation indicates that increases in one variable are associated with increases in the other variable. A negative correlation, on the other hand, indicates that decreases in one variable are associated with increases in the other variable. Correlation coefficients close to 0 indicate a weak relationship or a lack of a relationship between variables.

All CRF subscales were positively significantly related to all FMHP subscales (see Table 11). The results revealed a significant positive correlation between CRF Attractiveness and FMHP Recommendation, $r(97) = .20, p < .05$, indicating that higher scores on Attractiveness were related to higher recommendation scores. There was also a significant positive correlation between CRF Attractiveness and FMHP Involvement, $r(97) = .37, p < .001$, suggesting that higher Attractiveness scores were related to higher scores on Involvement. In addition, CRF Attractiveness and FMHP Characteristics were positively correlated, $r(97) = .51, p < .001$, indicating that higher scores on Attractiveness were related to higher scores on the importance of characteristics of mental health professionals used in family court cases. Finally, the results revealed a significant positive correlation between CRF Attractiveness and FMHP Evaluations, $r(97) = .43, p < .001$, suggesting that respondents who had higher Attractiveness scores also had higher scores on the importance of evaluation, recommendation and/or expert testimony by mental health professionals.

Table 11

Pearson's Product Moment Correlations between FMHP Scales and CRF-S Scales

	Attractive	Trust	Expert
Recommendation	0.201*	0.281**	0.299**
Involvement	0.367**	0.289**	0.256*
Characteristics	0.507**	0.390**	0.421**
Evaluations	0.434**	0.556**	0.513**

Note: * $p < .01$, ** $p < .001$

The results revealed a significant positive correlation between CRF Trustworthiness and FMHP Recommendation, $r(97) = .28, p < .01$, indicating that respondents who had higher scores on Trustworthiness also had higher Recommendation scores (see Table 11). Similarly, CRF Trustworthiness and FMHP Involvement were positively correlated, $r(97) = .29, p < .01$, suggesting that greater Trustworthiness scores were associated with greater Involvement scores. In addition, the results revealed a significant positive correlation between CRF Trustworthiness and FMHP Characteristics, $r(97) = .39, p < .001$. This finding suggests that greater Trustworthiness scores were associated with greater scores on the Characteristics subscale. Finally, the results revealed a significant positive correlation between CRF Trustworthiness and FMHP

Evaluations, $r(97) = .56, p < .001$, indicating that higher scores on Trustworthiness were related to greater scores on Evaluations.

There were also significant positive correlations between the CRF subscales and FMHP subscales (see Table 11). There was a significant positive correlation between CRF Expertness and FMHP Recommendation, $r(97) = .30, p < .01$, indicating that greater Expertness scores were related to higher scores on Recommendation. The results also revealed a significant positive correlation between CRF Expertness and FMHP Involvement, $r(99) = .26, p < .01$, suggesting that as scores on Expertness increased, so did scores on Involvement. In addition, there was a significant positive correlation between CRF Expertness and FMHP Characteristics, $r(97) = .42, p < .001$. In other words, as Expertness scores increased so did scores on Characteristics. Finally, the results revealed a significant positive correlation between CRF Expertness and FMHP Evaluations, $r(97) = .51, p < .001$, indicating that greater scores on Expertness were associated with greater Evaluation scores.

Counselor Rating Form, Short Version

Analyses were conducted in order to examine the data for differences between the qualities measured by the CRF, including Trustworthiness, Expertness, and Attractiveness. More specifically, a series of repeated measures ANOVAs were used to determine whether the subscales were significantly different from each other. Additional analyses were conducted to explore between subjects effects and interactions.

CRF subscales. A repeated measures analysis of variance (ANOVA) was conducted to examine the relationships between the CRF subscales (see Table 12). More specifically, a repeated measures ANOVA was conducted using the CRF subscales as the within subjects effect. The results revealed a significant effect for the subscales, $F(1, 98) = 117.57, p < .001$, indicating that there were differences in the ratings of Attractiveness, Trustworthiness, and Expertness. Pairwise comparisons revealed that Trustworthiness was considered more important ($M = 6.52, SD = .71$) than both Expertness ($M = 6.31, SD = .80, p < .001$) and Attractiveness ($M = 4.86, SD = 1.30, p < .001$). Furthermore, Expertness was considered more important ($M = 6.52, SD = .71$) than Attractiveness ($M = 4.86, SD = 1.30, p < .001$).

Table 12

Means and Standard Deviations for CRF Subscales

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>P</i>
Attractiveness	99	4.86	1.30	137.00	0.000
Trustworthiness	99	6.52	0.71		
Expertness	99	6.31	0.80		

Family as primary building block. A repeated measure ANOVA was conducted to examine the relationships between CRF subscales by the FMHP building block item. The importance of family as a building block of social order was used as a between subjects effect and the subscales as the within subjects effect (see Table 13). The results failed to reveal a significant effect for the FMHP building block item, $F(1, 97) = .40, p = .528$. In addition, the results failed to reveal a significant interaction effect for the building block x subscales, $F(2, 194) = .12, p = .788$. As discussed above, the results indicated that there was a main effect for the subscales, $F(2, 194) = 120.10, p < .001$.

Table 13

Means and Standard Deviations for CRF Subscales by Importance of Family as the Primary Building Block of Social Order

	<u>Not Important</u>		<u>Very Important</u>		<u>Total</u>	
	Mean	SD	Mean	SD	Mean	SD
	(n = 34)		(n = 65)		(N = 99)	
Attractiveness	4.84	1.35	4.87	1.28	4.86	1.30
Trustworthiness	6.43	0.57	6.57	0.77	6.52	0.71
Expertness	6.22	0.78	6.35	0.81	6.31	0.80

Professional type. A repeated measure ANOVA was conducted to examine the relationships between CRF subscales by type of professional (see Table 14). Professional

type was used as a between subjects effect and the subscales were used as the within subjects effect (see Table 14). The results failed to reveal a significant effect for professional type, $F(1, 95) = .85, p = .468$. Similarly, the interaction effect for professional type x subscale was not significant, $F(6, 190) = 2.10, p = .089$. Finally, as presented in a previous section, there was a main effect for the subscales, $F(2, 190) = 135.95, p < .001$, indicating that the scales were rated differently from each other.

Time working in family court system. A repeated measure ANOVA was conducted to examine the relationships between CRF subscales by time working in the family court system (see Table 15). The length of time working in the court system was used as the between subjects effect and the subscales were used as the within subjects effect. The results failed to reveal a significant effect for length of time working in the family court system, $F(1, 97) = .15, p = .701$. The interaction effect for length of time x subscale was also not significant, $F(2, 194) = .26, p = .663$. Finally, as reported above, there was a significant effect for the subscales, $F(2, 194) = 136.08, p < .001$.

Frequency of interaction. A repeated measure ANOVA was conducted to examine the relationships between CRF subscales by frequency of interaction with mental health professionals (see Table 16). The frequency of interaction was included as the between subjects effect and the subscales were included as the within subjects effect. The results revealed that the CRF subscales did not significantly differ by the frequency of interaction with mental health professionals, $F(1, 94) = 1.13, p = .345$.

Table 14

Means and Standard Deviations for CRF Subscales by Profession Type

	<u>Judge/Attorney</u>		<u>Mental Health Professional</u>		<u>CASA</u>		<u>Other</u>		<u>Total</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
	(n = 20)		(n = 24)		(n = 19)		(n = 36)		(N= 99)	
Attractiveness	4.34	1.40	5.17	1.09	4.80	1.15	4.98	1.41	4.86	1.30
Trustworthiness	6.45	0.54	6.43	1.02	6.46	0.76	6.65	0.49	6.52	0.71
54 Expertness	6.35	0.60	6.09	1.10	6.24	0.75	6.47	0.67	6.31	0.80

Table 15

Means and Standard Deviations for CRF Subscales by Length of Time Working in Family Court System

	<u>5 Years or Less</u>		<u>More than 5 Years</u>		<u>Total</u>	
	Mean (<i>n</i> = 50)	<i>SD</i>	Mean (<i>n</i> = 49)	<i>SD</i>	Mean (<i>N</i> = 99)	<i>SD</i>
Attractiveness	4.94	1.27	4.79	1.34	4.86	1.30
Trustworthiness	6.53	0.63	6.52	0.79	6.52	0.71
Expertness	6.32	0.74	6.30	0.86	6.31	0.80

In addition, the interaction effect for the frequency of interaction x subscales was not significant, $F(8, 188) = .65, p = .662$. As presented in an earlier section, the subscale effect was also significant, $F(2, 188) = 126.04, p < .001$.

Table 16

Means and Standard Deviations for CRF Subscales by Frequency of Interaction with Mental Health Professionals

	<u>2 or More Times per Week</u>		<u>Weekly</u>		<u>Monthly</u>		<u>Several Times per Year</u>		<u>Other</u>		<u>Total</u>	
	Mean (<i>n</i> = 18)	<i>SD</i>	Mean (<i>n</i> = 17)	<i>SD</i>	Mean (<i>n</i> = 28)	<i>SD</i>	Mean (<i>n</i> = 22)	<i>SD</i>	Mean (<i>n</i> = 14)	<i>SD</i>	Mean (<i>N</i> = 99)	<i>SD</i>
Attractiveness	4.82	1.76	5.16	1.25	5.07	1.20	4.48	1.14	4.73	1.11	4.86	1.30
5 Trustworthiness	6.63	0.52	6.56	0.56	6.69	0.38	6.35	1.07	6.27	0.87	6.52	0.71
Expertness	6.47	0.55	6.18	0.82	6.44	0.60	6.18	1.09	6.20	0.87	6.31	0.80

Forensic Mental Health Professional Rating Form Subscales

Analyses were conducted in order to examine the data for differences between the FMHP subscales, including Recommendations, Involvement, Characteristics, and Evaluation. More specifically, a series of repeated measures ANOVAs were used to determine whether the subscales were significantly different from each other. Additional analyses were conducted to explore between subjects effects and interactions.

FMHP subscales. A repeated measure ANOVA was conducted to examine the relationships between FMHP subscales, using the subscales as a within subjects factor (see Table 17). The results revealed that the FMHP subscales were significantly different, $F(3, 294) = 26.24, p < .001$. On average, Evaluations were considered more important ($M = 5.42, SD = 1.01$) than Characteristics ($M = 5.11, SD = 1.03, p < .01$), Involvement ($M = 4.80, SD = 1.33, p < .001$), and Recommendations ($M = 4.36, SD = 1.36, p < .01$). Furthermore, Characteristics were considered more important ($M = 5.11, SD = 1.03$) than Involvement ($M = 4.80, SD = 1.33, p < .001$) and Recommendations ($M = 4.36, SD = 1.36, p < .001$). Also, Involvement was considered more important ($M = 4.80, SD = 1.33$) than Recommendations ($M = 4.36, SD = 1.36, p < .01$).

Family as primary building block. A repeated measure ANOVA was conducted to examine the relationships between FMHP subscales by the FMHP build block item (see Table 18). The analysis used the FMHP subscales as the within subjects factor and the importance of the family as the primary building block as the between subjects effect. The results revealed a marginally significant effect for the importance of the family as a

building block, $F(1, 97) = 3.73, p = .056$. Respondents that rated the family as the primary building block of social order as “very important” had marginally higher ratings on the FMHP subscales overall ($M = 5.05, SD = 1.20$) than those that rated the family as the building block of social order as “not important” ($M = 4.68, SD = 1.15, p = .056$). The results failed to reveal a significant interaction effect for the importance of family as a building block x subscale, $F(3, 291) = 2.47, p = .072$. Finally, as presented above, the subscale effect was significant, $F(3, 291) = 25.30, p < .001$.

Table 17

Means and Standard Deviations for FMHP Subscales

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>P</i>
Subscale				26.24	0.000
Recommendation	99	4.36	1.36		
Involvement	99	4.80	1.33		
Characteristics	99	5.11	1.03		
Evaluations	99	5.42	1.01		

Professional type. A repeated measure ANOVA was conducted to examine the relationships between FMHP subscales by type of professional (see Table 19).

Professional type was used as the between subjects effect and the subscales were used as within subjects effects. The results failed to reveal a significant effect for professional type, $F(3, 95) = 1.20, p = .314$. Similarly, the interaction effect for professional type x subscale was not significant, $F(9, 285) = 1.73, p = .093$. Finally, as presented above, there was a significant effect for subscale, $F(3, 285) = 27.31, p < .001$.

Table 18

Means and Standard Deviations for FMHP Subscales by Importance of Family as the Primary Building Block

	<u>Not Important</u>		<u>Very Important</u>		<u>Total</u>	
	Mean	SD	Mean	SD	Mean	SD
	(n = 34)		(n = 65)		(N = 99)	
Recommendation	3.91	1.35	4.60	1.31	4.36	1.36
Involvement	4.78	1.33	4.81	1.34	4.80	1.33
Characteristics	4.94	0.95	5.20	1.06	5.11	1.03
Evaluations	5.08	1.16	5.60	0.88	5.42	1.01

Table 19

Means and Standard Deviations for FMHP Subscales by Importance of Type of Professional

	<u>Judge/Attorney</u>		<u>Mental Health Professional</u>		<u>CASA</u>		<u>Other</u>		<u>Total</u>	
	Mean (<i>n</i> = 20)	<i>SD</i>	Mean (<i>n</i> = 24)	<i>SD</i>	Mean (<i>n</i> = 19)	<i>SD</i>	Mean (<i>n</i> = 36)	<i>SD</i>	Mean (<i>N</i> = 99)	<i>SD</i>
Recommendation	3.88	1.15	3.97	1.53	4.54	1.42	4.80	1.19	4.36	1.36
Involvement	5.06	1.34	4.69	1.26	4.59	1.49	4.84	1.30	4.80	1.33
⊗ Characteristics	5.06	0.86	4.91	1.12	4.98	1.03	5.34	1.04	5.11	1.03
Evaluations	5.38	0.90	5.18	1.15	5.53	0.75	5.55	1.09	5.42	1.01

Time working in family court system. A repeated measure ANOVA was conducted to examine the relationships between FMHP subscales by time working in the family court system (see Table 20). The length of time working in the family court system was included as the between subjects effect and the subscales were used as the within subjects effect. The results failed to reveal a significant effect for time working in the family court system, $F(1, 97) = .07, p = .795$. Similarly, the interaction effect for time working in the family court system x subscale was not significant, $F(3, 291) = .40, p = .718$. Finally, as discussed in a previous section, the subscale effect was significant, $F(3, 291) = 26.06, p < .001$.

Table 20

Means and Standard Deviations for FMHP Subscales by Time Working in Court System

	<u>5 Years or Less</u>		<u>More than 5</u> <u>Years</u>		<u>Total</u>	
	Mean (<i>n</i> = 50)	SD	Mean (<i>n</i> = 49)	SD	Mean (<i>N</i> = 99)	SD
Recommendation	4.31	1.34	4.41	1.39	4.36	1.36
Involvement	4.74	1.35	4.87	1.31	4.80	1.33
Characteristics	5.17	1.00	5.05	1.06	5.11	1.03
Evaluations	5.38	1.07	5.46	0.95	5.42	1.01

Frequency of interaction. A repeated measure ANOVA was conducted to examine the relationships between FMHP subscales by frequency of interaction with mental health professionals (see Table 21). The frequency of interaction was included as the between subjects effect and the subscales were included as the within subjects effect. The results revealed a significant effect for the frequency of interaction with mental health professionals, $F(4, 94) = 3.44, p < .05$. Post hoc comparisons using Tukey's HSD test revealed that those who indicated that they interacted with mental health professionals an "other" amount of time (i.e., other than two or more times per week, weekly, monthly, and several times per year) had significantly lower overall scores on the subscales ($M = 4.26, SD = 1.34$) compared to those whose frequency of interaction were weekly ($M = 5.29, SD = .96, p < .05$) and monthly ($M = 5.15, SD = .99, p < .05$).

Forensic Mental Health Professional Rating Form Items

Further analyses were conducted to examine the individual FMHP items to determine if ratings were different between items. Separate repeated measures ANOVAs were conducted on the individual items, using the subscales to group the items.

Recommendation. A repeated measure ANOVA was conducted to examine the relationships between the FMHP Recommendation items, using the six recommendation items as within subjects effects (see Table 22). The results revealed a significant effect for item, $F(5, 490) = 11.30, p < .001$.

Table 21

Means and Standard Deviations for FMHP Subscales by Interactions with Mental Health Professionals

	<u>2 or More</u> <u>Times per</u> <u>Week</u>		<u>Weekly</u>		<u>Monthly</u>		<u>Several</u> <u>Times per</u> <u>Year</u>		<u>Other</u>		<u>Total</u>	
	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
	<i>(n = 18)</i>		<i>(n = 17)</i>		<i>(n = 28)</i>		<i>(n = 22)</i>		<i>(n = 14)</i>		<i>(N = 99)</i>	
Recommendation	4.79	0.88	4.73	1.32	4.59	1.17	4.12	1.62	3.30	1.36	4.36	1.36
Involvement	4.46	1.36	5.22	0.83	4.96	1.14	4.85	1.60	4.33	1.57	4.80	1.33
Characteristics	5.31	1.02	5.51	0.79	5.31	0.99	4.89	0.92	4.30	1.14	5.11	1.03
Evaluations	5.27	0.96	5.71	0.91	5.72	0.65	5.14	1.22	5.11	1.28	5.42	1.01

Pairwise comparisons revealed that mental health counseling for children was the highest rated item, indicating that it was recommended most often ($M = 5.17, SD = 1.80$). Furthermore, respondents recommended mental health counseling for children significantly more than family mediation/evaluation services ($M = 3.85, SD = 2.15, p < .001$), mental health evaluation of child(ren) for court purposes ($M = 4.47, SD = 2.09, p < .01$), mental health evaluation for contesting parties for court cases ($M = 3.82, SD = 2.03, p < .001$), and mental health counseling for contesting parties ($M = 3.99, SD = 2.09, p < .001$).

Table 22

Means and Standard Deviations for Recommendation Items

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Subscale				11.30	0.000
Mediation/evaluation	99	3.85	2.15		
Child evaluation	99	4.47	2.09		
Family evaluation	99	4.87	2.14		
Contesting parties evaluation	99	3.82	2.03		
Counseling for contesting parties	99	3.99	2.09		
Counseling for children	99	5.17	1.80		

The lowest rated item was mental health evaluation for contesting parties for court cases ($M = 3.82, SD = 2.03$). Mental health evaluation for contesting parties was recommended significantly less often than mental health evaluation of family for court purposes ($M = 4.89, SD = 2.14, p < .001$), mental health counseling for children ($M = 5.17, SD = 1.80, p < .001$), and mental health evaluation of child(ren) for court purposes ($M = 4.47, SD = 2.09, p < .01$).

Involvement. A repeated measure ANOVA was conducted to examine the relationships between FMHP Involvement items, using the five involvement items as within subjects effects (see Table 23). The results revealed a significant effect for item, $F(4, 392) = 6.90, p < .001$. Pairwise comparisons revealed that respondents rated the item; another mental health report/evaluation does not support the individual/family, as least important ($M = 4.16, SD = 1.80$). Moreover, this item was rated as significantly less important than the other four items, including, mental health professional is already working with the individual/family ($M = 5.06, SD = 1.68, p < .01$), case is expected to go to trial ($M = 5.17, SD = 1.83, p < .01$), opposing party plans to use a mental health professional ($M = 4.78, SD = 2.02, p < .01$), and mental health professional expertise helps to mediate or settle cases ($M = 4.83, SD = 2.03, p < .01$). Further, case is expected to go to trial was considered more important ($M = 5.17, SD = 1.83$) than opposing party plans to use a mental health professional ($M = 4.78, SD = 2.02, p < .05$).

Table 23

Means and Standard Deviations for Involvement Items

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>P</i>
Subscale				6.90	0.000
MHP already working	99	5.06	1.68		
Another evaluation does not support	99	4.16	1.80		
Case is expected to go to trial	99	5.17	1.83		
Opposing party using MHP	99	4.78	2.02		
Helps mediate	99	4.83	2.03		

Characteristic. A repeated measure ANOVA was conducted to examine the relationships between the FMHP Characteristic Items, using the nine characteristic items as the within subjects effect (see Table 24). The results revealed that the FMHP Characteristic Items were significantly different, $F(8, 784) = 45.70, p < .001$. Pairwise comparisons revealed that respondents rated someone who espouses a particular view on family court cases as least important ($M = 3.52, SD = 1.78$) and significantly less important than the other eight items (all $p < .01$). The most important item was someone who is willing to testify in court ($M = 6.08, SD = 1.42$), which was rated as significantly more important compared to the other eight items (all $p < .05$).

Table 24

Means and Standard Deviations for Characteristic Items

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>P</i>
Subscale				45.70	0.000
Willing to testify	99	6.08	1.42		
Working with family	99	5.65	1.58		
Testifies well	99	5.78	1.54		
Helpful in previous cases	99	5.77	1.35		
Affordable fee	99	5.16	1.80		
Understands legal system	99	5.62	1.37		
Someone you know	99	3.96	1.83		
Well known	99	4.45	1.89		
Particular view on family court	99	3.52	1.78		

In addition, someone whose fee the family/individual can afford was significantly different ($M = 5.16$, $SD = 1.80$) than the remaining eight items. For instance, it was considered less important than someone with a good understanding of the legal system ($M = 5.62$, $SD = 1.37$, $p < .05$), but more important than someone you know well ($M =$

3.96, $SD = 1.83$, $p < .001$), someone who is well known ($M = 4.45$, $SD = 1.89$, $p < .001$), and someone who espouses a particular view on family court cases ($M = 3.52$, $SD = 1.78$, $p < .001$). Similarly, someone you know well was rated significantly different than the other eight Characteristic items. Respondents indicated that someone you know well was significantly less important ($M = 3.96$, $SD = 1.83$) than someone who is well known ($M = 4.45$, $SD = 1.89$, $p < .01$), but more important than someone who espouses a particular view on family court cases ($M = 3.52$, $SD = 1.78$, $p < .05$).

Finally, someone who is well known was also significantly different than the remaining eight characteristic items. For instance, it was rated as significantly more important ($M = 4.45$, $SD = 1.89$) than someone who espouses a particular view on family court cases ($M = 3.52$, $SD = 1.78$, $p < .001$).

Evaluation. A repeated measure ANOVA was conducted to examine the relationships between FMHP Evaluation items, using the six evaluation items as within subjects effects (see Table 25). The results revealed a significant effect for item, $F(5, 490) = 68.31$, $p < .001$. Pairwise comparisons revealed that the best interest of the child(ren) was rated as the most important ($M = 6.39$, $SD = 1.24$) and significantly more important than the remaining five evaluation items (all $p < .05$). The least important item was miscellaneous factors ($M = 3.99$, $SD = 1.76$), which was rated as significantly less important than the other five evaluation items (all $p < .01$).

Table 25

Means and Standard Deviations for Evaluation Items

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>P</i>
Subscale				68.31	0.000
Evaluation	99	6.04	1.25		
Recommendations	99	6.17	1.12		
Characteristics of mental health professional	99	4.63	1.69		
Characteristics of parents	99	5.30	1.57		
Best interest of child	99	6.39	1.24		
Miscellaneous	99	3.99	1.76		

In addition, the characteristics of the parents were rated significantly different than the other five evaluation items (all $p < .001$). For instance, characteristics of parents was considered less important ($M = 5.30$, $SD = 1.57$) than best interest of the child(ren) ($M = 6.39$, $SD = 1.24$, $p < .001$), but more important than miscellaneous factors ($M = 3.99$, $SD = 1.76$, $p < .001$). Similarly, the characteristics of the mental health professional were rated significantly different than the other five evaluation items. For instance, the characteristics of the mental health professionals were considered less important ($M =$

4.63, $SD = 1.69$) than best interest of the child(ren) ($M = 6.39$, $SD = 1.24$, $p < .001$) and characteristics of parents ($M = 5.30$, $SD = 1.57$, $p < .001$), but more important than miscellaneous factors ($M = 3.99$, $SD = 1.76$, $p < .01$).

CHAPTER V

DISCUSSION AND CONCLUSIONS

The current Chapter provides an interpretation of the findings from Chapter IV, the implications for professionals' fields, the limitations of the study, and suggestions for future research. The purpose of the present study was to examine legal professionals' perception of the efficacy of mental health services for families within the family court system. Additionally, the study sought to increase collaborative working alliances between mental health professionals and legal professionals by gaining knowledge of the qualities that legal professionals seek in forensic mental health professionals. By understanding the opinions held by legal professionals about the important qualities of mental health professionals in family court, mental health professionals will have the knowledge to create a collaborative environment with the legal community.

Knowing what legal professionals value and look for in mental health professionals will increase the efficacy of these services and the positive impact on families. Several statistically significant findings in the current study indicate important characteristics of mental health professionals including trustworthiness, expertness, the frequency of recommending counseling for children, the importance of involving mental health professionals in cases that are expected to go to trial, the willingness of mental health professionals to testify, and the importance of best interest of the children when considering the evaluation and testimony of mental health professionals. In addition,

evaluations, recommendations, and/or expert testimony by health professionals in family court cases were viewed as important. A common thread weaving all findings together was the importance of building mental health practices on sound empirical and theoretical foundations.

Discussion of Findings

The sample for the current study included legal professionals working in the family court system. A legal professional was defined to include: judges, attorneys, CASA advocates, mental health professionals and others. The other category was designed to include social workers, CPS case workers, law enforcement and legal assistants. Due to the encompassing nature of the definition of a legal professional, it is essential to discuss the demographics of the study to allow an understanding of the findings within the context of the sample. The results revealed that approximately one-quarter of the respondents were mental health professionals and over one-third were other legal professionals. In addition, the sample included only a small proportion of judges and attorneys, as well CASA advocates. In terms of education and income, the sample was highly educated and had relatively high income levels. That is, most of the respondents had earned a bachelor's degree, a Master's degree, or a Doctoral degree. Similarly, nearly half of respondents earned over \$90,000 annual income, whereas only one-quarter had lower incomes (less than \$40,000). The difference in income levels can be explained by the variety of professions included under the definition of legal professional. The 'other' category, largely comprised of CPS caseworkers would be

expected to fall in the lower end of the income spectrum, whereas attorneys and judges had higher earnings.

The results of the current study also revealed that half of the sample had been working with families in the court system for five years or less. In addition, most participants interacted with mental health professionals on a monthly basis or more frequently. This finding is a significant shift from earlier studies (e.g., Felner, Rowlison, Farber Primavera, & Bishop, 1987; Melton, Weithorn, & Slobogin, 1985) and provides empirical support that the interdisciplinary climate may be improving. Both of these earlier studies found that mental health professional participation was rarely solicited by legal professionals.

The final sample size, as well as the distribution of the sample across the demographic variables, allowed for comparative analysis that was not originally sought in the planning stages of the current study. Even though there is virtually no evidence in the literature supporting or negating differences when comparing the results of the instrument by type of professional, time working with families, and frequency of interactions, the results were not surprising, due to the homogenous nature of the sample.

A majority of the respondents endorsed the principle that the legal system operates on the premise that the family is the primary building block of social order. In addition, participants who rated this principle as very important had higher scores on the importance of an evaluation, recommendations and/or expert testimony by a mental health professional in family court cases.

Endorsing the principle that the legal system operates on the premise that the family is the primary building block of social order has potentially far reaching impact on social and public policy because knowledge and assistance of both law and mental health professionals is inextricably linked to many aspects of public policy. The finding is consistent with previous research indicating that legislation and judicial processes are the primary vehicles for making significant decisions about the definition of family, standards for resolving family disputes, and other family policy issues (Huber & Baruth, 1987; Melton & Wilcox, 1989). As Walters (1983) found, mental health professionals have become increasingly influential in this decision-making process to facilitate healthy and stable family functioning, especially in the face of ongoing social change.

Hypothesis One

In the current study hypothesis one asserted: There will be no statistically significant difference among qualities identified by legal professionals in the family court system as measured by the Counselor Rating Form, Short Version (CRF-S). In regard to the first hypothesis, the results indicated that attractiveness was rated as less important than trustworthiness and expertness. To be effective, mental health professionals must be credible to the legal professionals. First, mental health professionals must present information that is trustworthy and free from bias. Second, legal professionals must possess the skills and abilities that allow them to effectively deal with the issues facing families tangled in the family court system. These results confirm the findings of Foot, Stolberg and Shepherd (2000) and Banks and Poythress (1982) that perceived expertise

and trustworthiness are important characteristics when determining the credibility of expert witnesses in child custody cases.

Additionally, participants who endorsed trustworthiness and expertness also endorsed the Forensic Mental Health Professional Rating Form (FMHP) scales. Both the FMHP and the CRF-S serve to measure similar concepts. The CRF-S was utilized to measure perceptions of mental health professionals on the three dimensions of attractiveness, expertness, and trustworthiness. The current study examined how legal professionals perceived mental health professionals using these measures. The FMHP served to assess different roles and purposes that legal professionals view as important for mental health professionals to possess.

There were no differences on the CRF subscales when comparing groups based on type of professional, length of time working with families, the frequency of interaction with mental health professionals, and the perceived importance of the family as the primary building block of social order. The lack of differences between these groups is not surprising, given that trustworthiness and expertness are important factors across the differing disciplines comprising legal professionals (Luftman, et al, 2005).

Hypothesis 2

In the current study hypothesis two asserted: There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals working in the family court system as measured by the Forensic Mental Health Professional Rating Form (FMHP). In terms of the second hypothesis, evaluation

recommendations and/or expert testimony was deemed significantly more important than the other three subscales, including the frequency with which legal professionals recommend mental health professionals, factors influencing legal professionals' decisions to involve mental health professionals, and important characteristics of mental health professionals. Additionally, there were several statistically significant items legal professionals viewed as important, including the frequency of recommending counseling for children, the importance of involving mental health professionals in cases that are expected to go to trial, the willingness of mental health professional to testify, and the importance of best interest of the children when considering evaluation and testimony of mental health professionals. In addition, evaluations, recommendations and/or expert testimony by health professionals in family court cases was viewed as important. These and other findings will be discussed in detail below.

Due to a void in existing measures available to collect the data sought, the Forensic Mental Health Professional Rating Scale (FMHP) was designed and created specifically for this research. Because there were no measurable reliability and validity, separate factor analyses were conducted to explore the reliability and validity of the subscales. Items for each of the FMHP subscales loaded on their respective factors at acceptable levels. Finally, the internal consistency of all subscales was acceptable, indicating they were reliable.

Participants endorsed evaluations, recommendations and/or expert testimony by a mental health professional in the family court case as the highest rated of the FMHP

subscales. The second most important subscale was the important characteristics of mental health professionals used in family court cases, followed by the factors influencing legal professionals' decisions to involve mental health professionals in family court cases. The least important subscale was the frequency with which legal professionals recommend mental health services in family court cases.

Endorsing evaluations, recommendations and/or expert testimony by mental health professionals in a family court case is important regarding the purpose of mental health professionals in the legal process. It seems that the tangible quality of an evaluation, recommendation or testimony is most valuable to legal professionals. The effectiveness of the therapeutic process in session is not deemed as valuable as how those interactions are disseminated through recommendations, evaluations and testimony. Mental health professionals will need to be more sensitive in anticipating the potential impact of their communications and data. They must systemically examine the actual consequences of the use of their assertions and data in a different disciplinary context (Kelly & Ramsey, 2007; Melton, 1989; Wittmann, 1989).

Finding ways to promote the credibility and trustworthiness of mental health professionals requires entrenching evaluation, recommendations, and testimony in empirical findings and theory. The mental health disciplines have been described as "soft sciences" that lack precision and the "cumulative character" of natural sciences. Although mental health professionals are capable of relatively precise, reliable, and valid conclusions regarding human interactions and development, the subjective and value-

laden nature of the profession makes it difficult for mental health professionals in the adversarial legal system (Kelly & Ransey, 2007; Wittmann, 1989). It is necessary to predicate evaluations, recommendations, and testimony on empirical data, specifically in the areas of individual and family counseling; child and adult development; and systemic methodology.

There were no significant differences on the FMHP subscales based on type of professional. The lack of differences could be due to the homogenous nature of the subcategories of legal professionals in the current sample. Even though the individual roles by type of professional may differ, legal professionals as a group's overall goal in the family court was unified. For example, the primary determinate of adverse outcome in family court is the level of conflict experienced by the family (Lebow & Rekar, 2006). The differing legal professionals in the current study have diverse roles in reducing conflict. Mental health professionals may encourage families to work together, whereas the legal professionals may encourage families to posture antagonistic positions (Korelitz & Schulder, 1982) both with the intention of reducing conflict.

Similarly, there were no differences in ratings of the FMHP subscales based on the length of time legal professionals had been working with families. This finding suggests that in the current study, opinions of mental health professionals' roles did not vary based on legal professionals' tenure with families.

Frequency with Which Legal Professionals Recommend Mental Health Services in Family Court Cases

Counseling for children was the most important reason legal professionals would recommend mental health services in family court cases. Specifically, recommendations for mental health counseling for children was rated as occurring the most frequently, followed by mental health evaluation of children for court purposes, mental health counseling for contesting parties, mental health evaluation for contesting parties for court cases, and family mediation/evaluation services, respectively. Finally, mental health evaluation for contesting parties for court cases was rated as the least occurring.

The current findings regarding the endorsement of legal professionals of counseling for children, are noteworthy in light of Amato (2001) and Lebow and Rekart's (2006) findings regarding the increased negative adjustment in children when there is a family court case. Takesian (2006) found that legal professionals find therapy particularly helpful for their clients dealing with the psychological emotional, social, and financial implications of divorce. Finding ways for children to accommodate and positively adjust to the new family constellations are natural roles of mental health professionals. They are able to provide an environment where children can talk about their feelings, find ways to insulate themselves from conflict, and learn strategies to navigate differing households (Lebow & Rekart, 2006). Supporting counseling for children is also consistent with the collaborative law model which espouses a process focusing on the best needs of children (Herman, 2005).

These findings suggest that legal professionals are highly concerned with the impact that a family's involvement in family court has on the children in that family. Viewing the current findings through a family systems theoretical lens provides opportunities for mental health professionals, specifically family therapists, to effect change and reduce the negative impact of family court proceedings on children. According to Wittmann (1989), the entry of family systems into family court brings with it a new paradigm for legal professionals. A family systems perspective is in contrast to the individually oriented approach that, while recognizing the importance of family dynamics, focuses more on individual traits and experiences as internal representations of childhood events. Because family systems theory is based on the assumption that systems are relational, recursive, and reciprocal, children can benefit when changes are targeted at both the parents and the child. Actions of one family member affect other family members, and subsequent actions will continue a spiral of effects on the system (Becvar & Becvar, 1982/1999). Finding ways to impact the individual members and the family as a whole is a role well suited for family therapists.

Expanding this systemic viewpoint to the larger systems highlights the increasing acknowledgement that legal and ethical issues are an essential knowledge base for forensic mental health practitioners. There are many theoretical and practical advantages to expanding the scope of family therapy in order to incorporate the broader overlap between law and family therapy practice. Educating mental health and legal professionals about the relationships between their professions also expands their professional and

social awareness. Such education will inevitably translate into better public policy legislation and judicial treatment of the many areas that affect the families with whom the mental health and legal professionals' work (Riley et al., 1997).

The current study found a large majority of respondents endorsed the principle that the legal system operates by the premise that the family is the primary building block of social order. These same respondents, also endorsed the frequency with which legal professionals recommend mental health services in family court cases. This correlation supports the premise that legal and mental health professionals share mutual social goals. In addition, the current results support the earlier work of Melton and Wilcox (1989) and Walters (1983) that mental health professionals have become increasingly influential in the decision making process to facilitate healthy and stable family functioning, especially in the face of ongoing social change.

Another important finding is related to participants who had a professional type classification as 'other' (e.g., social workers, CPS case workers, law enforcement and legal assistants). They had significantly higher scores on the frequency with which legal professionals recommended mental health services in family court than judge/attorneys and mental health professionals. It is understandable how they would recommend mental health services more often since a majority of the 'other' are related to the CPS system in Denton County. Mental health services are an integral part of most service plans within that agency. In addition, participants in 'other' (e.g., social workers, CPS case workers, law enforcement and legal assistants) occupations believed that legal professionals

recommended mental health professionals in family court less often than judge/attorneys and mental health professionals. This also coincides with the experiences in the Denton County Family Court System.

Factors Influencing Legal Professionals Decisions to Involve Mental Health Professionals in Family Court Cases

The most important factor influencing the decisions of legal professionals to involve mental health professionals in family court cases was when the case is expected to go to trial. Specifically, the case is expected to go to trial was rated as the most important factor, followed by mental health professional is already working with the individual/family, mental health professional expertise helps to mediate or settle cases, and opposing party plans to use a mental health professional. The least important factor was when another mental health report/evaluation does not support the individual/family.

According to the current results, the case is expected to go to trial was seen as a somewhat important factor influencing the decision to involve mental health professionals in family court cases. One possible explanation of this difference may have origins in the importance legal professionals place on the competency of mental health professionals in evaluation, recommendation, and testimony. It seems that the if the case is expected to go to trial, then the evaluation, recommendations and testimony of the mental health professional are fundamentally linked (Riley et al., 1997). This finding underscores the importance of propositions grounded in a strong empirical and theoretical

base since judges are encouraged to make decisions based on trustworthy and reliable information (Kelly & Ramsey, 2007).

Felner (1987) found that the second most important determinant in seeking a mental health professional's involvement was a report or evaluation that did not support the legal professional's client. This is in stark contrast to the findings of the current study where this construct was rated as the least important. According to the current study, legal professionals prefer to work with a specific mental health professional or group that they have prior experience and confidence with rather than the mental health professional's prior relationship with the client. This may indicate more collaborative alliance between the two professions as supported in Steinberg (1980), who found that opportunities for a productive and dignified outcome in the family court are substantially enhanced when attorneys and therapists work cooperatively as a team. A legal resolution which ignores the client's psychological needs is as inappropriate as a psychological resolution that conflicts with a client's legal needs. A viable solution can only result from a careful and balanced consideration of the goals for both disciplines.

Important Characteristics of Mental Health Professionals Used in Family Court Cases

The current study found that willingness to testify in court was rated as the most important characteristic of the mental health professional. Specifically, willingness to testify in court was rated the most important, followed by testifying well, helpfulness in previous cases, already working with the family, a good understanding of the legal system, affordable fees, and someone who is well known. The least important

characteristic of the mental health professional was espousing a particular view on family court cases.

The ratings of characteristics of mental health professionals confirms earlier results from Felner (1987) who also found that the most important factor influencing legal professionals' decisions to involve mental health professionals in family court cases was willingness to testify in court. The mental health professional will not only be asked to testify regarding facts, but also regarding an opinion or conclusion regarding the facts, a role that differentiates the experts from a lay witness. The mental health professional is expected to present conclusions or opinions that are derived from cautious scientific reasoning embedded in empirical research and theory (Whittmann, 1989).

Willingness to testify in court requires credibility of the mental health professional to be effective (Foot, Stolberg, & Shepherd, 2000). The concept of credibility is fundamentally similar to the findings in the current study regarding the importance of expertness and trustworthiness. Testimony provided by mental health professionals must be believable and free from bias. In other words, it must be trustworthy. In addition, the statistically significant finding in the current study regarding the importance of evaluations, recommendations and/or expert testimony by a mental health professional in the family court case is consistent with the finding of expertness of the mental health professional in this study.

Most Important Factors Considered Of an Evaluation, Recommendations and/or Expert Testimony by a Mental Health Professional in a Family Court Case

The current study found that the most important factor in the evaluation and recommendations of a mental health professional is the best interest of the child. Specifically, the best interest of the children was rated as most important, followed by recommendations provided by the mental health professional, the evaluation/report provided by the mental health professional, characteristics of parents, and characteristics of the mental health professional. Finally, miscellaneous factors were rated as the least important. As family courts are inundated with families, it is essential that judges have information about the family that allows them to make decisions that promote the welfare and best interest of the child (Patel & Jones, 2008).

Legal and mental health professionals' collaborative alliances facilitate opportunity to share knowledge and expertise (Riley et. al, 1997). The current findings concerning the best interest of the child provides promising information regarding the education and knowledge base of legal professionals concerning the effects family court cases have on children. Consistent with the literature, family court cases increase the risk for adjustment problems in children and adolescents (Ahorns, 2006; Amato, 2001; Lebow & Rekart, 2006). The current findings indicate that legal professionals acknowledge the importance of the best interest of children over a narrow and specific goal of winning the case.

Implications for Study Findings

Several implications for use of the findings can be made from the results of the current study. The most obvious implication of the present study is that identification of qualities of mental health professionals found to be most important by legal professionals may be used to impact future mental health practices and collaborative relationships between the two disciplines. With the identification of several important qualities of mental health professionals revealed in the current study, mental health professional's practice and training programs may benefit from a shift to include these important factors.

Based on family court case statistics, it is estimated that between 50% and 60% of families become entrenched in this system at some point (Adams & Coltran, 2006). With this staggering figure, it is inevitable that the professions of mental health and law share many clients and areas of overlap. It is imperative that mental health training programs include the unique ethical and legal issues of family court. Seasoned family therapists, as well as students, can increase professional competency by increasing their knowledge in the areas of divorce, child custody mediation, testifying and other forensic related issues (Riley et. al, 1997).

Viewing the results of the current study through a family systems theoretical lens provides opportunities for mental health professionals, specifically family therapists, to facilitate change and reduce the negative impact on families. Family therapists are

uniquely trained to embrace the findings of this study and form collaborative alliance with legal professionals (Wittmann, 1989).

In terms of family therapists, the results of the current study will hopefully motivate systemic therapeutic actions that include not only the family receiving treatment, but also the other professionals involved in the family court case. Ultimately, there is an opportunity to impact social and judicial policy regarding family court cases. Mental health professionals have become increasingly influential in this decision-making process to facilitate healthy and stable family functioning, especially in the face of ongoing social and judicial change.

The results from the present study suggest that empirical and theory based practice is essential. The findings emphasize the imperative requisite for continued research and contribution to the literature base. It appears that the tangible quality of an evaluation, recommendation, or testimony is most valuable to legal professionals. The effectiveness of the therapeutic process within the therapist office is less important than how the clients progress in communicated in the legal arena. Mental health professionals will need to be more sensitive in anticipating the potential impact of their recommendation, evaluation, and testimony. They must systemically examine the actual consequences of the use of their assertions and data in a different disciplinary context.

Limitations

It is important to identify the limitations of the current study and how they affect the ability to generalize the results. The most apparent limitation involves the sample

characteristics. All of the respondents in the study were legal professionals who voluntarily responded to fliers or to the recommendations from other participants. This mutuality of experience may introduce a bias, such that the perceptions and expectations of those who have chosen to utilize mental health professionals in family court in the past may differ in meaningful ways from those legal professionals who have not. Additionally, the sample was quite homogenous in terms of type of profession, education, time working with families and frequency of interaction. Although the current results may provide a good description of the legal professionals in the present study, the lack of diversity results in limitations in generalizing the findings to a larger population.

Sample size would also be considered a limitation in this study. Of the 99 participants, there were five subcategories of legal professionals (4 judges, 16 attorneys, 19 CASA advocates, 24 mental health professionals, and 36 other). This relatively small number was realistic for the scope of the present study, yet creates challenges in generalizing and in finding statistical significance. A larger study from a wider geographic region should be undertaken to determine whether the responses and data reported in the present study are consistent with a larger population of legal professionals.

Finally, there were limitations in this study related to the survey instruments. Due to the scarcity of research available on this specific research topic there was not an existing measure available to collect the data sought. Therefore, the Forensic Mental Health Professional Rating Scale was designed and created specifically for this research.

Since the Forensic Mental Health Professional Rating Scale is not a standardized instrument, reliability and validity must be examined each time the instrument is used.

Future Research

The purpose of the current study could be explored using different methodology, different instrumentation, and a more narrow definition of legal professionals. Possibly, future studies could take a more qualitative approach by interviewing legal professionals to determine the qualities of mental health professionals they deem valuable. In addition, a longitudinal study focusing on outcomes of a collaborative alliance comprised of mental health and legal professionals may provide valuable information to address the broader context of political and societal agendas on family court dispositions.

Summary and Conclusions

The present study investigated the qualities of mental health professionals deemed important by legal professionals in an effort to expand the information available to facilitate more collaborative alliances between the two professions. Identifying legal professionals' perception of important characteristics of mental health professionals included trustworthiness, expertness, the frequency of recommending counseling for children, the importance of involving mental health professionals in cases that are expected to go to trial, the willingness of mental health professional to testify, and the importance of best interest of the children when considering evaluation and testimony of mental health professionals. In addition, evaluations, recommendations and/or expert testimony by health professionals in family court cases were viewed as important.

Increasing the efficacy of these qualities encourages a better basis for mental health professional participation in the family court system, thereby providing opportunity for positive impact on the individual, family and society. A common thread connecting the findings in this study is the importance of building mental health practices on sound empirical and theoretical foundations.

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APPENDIX A

Institutional Review Board Approval



Institutional Review Board

Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

March 9, 2009

Ms. Michele Smiley Greer
P.O. Box 1329
Oak Point, TX 75068

Dear Ms. Greer:

Re: The Efficacy of Mental Health Services in the Family Court System: Legal Professional's Perceptions

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and was determined to be exempt from further review.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. Because a signed consent form is not required for exempt studies, the filing of signatures of participants with the TWU IRB is not necessary.

Another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

cc. Dr. Larry LeFlore, Department of Family Sciences
Dr. Peter Bradley, Department of Family Sciences
Graduate School

APPENDIX B

Website and Flyer Locations for Recruitment

List of Websites

Website organization

Greater Denton County Young Lawyers
Association

Website URL

tkperry@aol.com

Denton Bar Association

<http://www.dallasbar.org>

APPENDIX C

Website Recruitment Request and Flyers

Attn: Webmaster

From: Michele S. Greer, MS, LPC-S

Re: Forensic Mental Health Professional Research

My name is Michele S Greer and I am a Ph.D. candidate in Family Therapy at Texas Woman's University (TWU) in Denton, Texas. I am interested in studying how legal professionals perceive the effectiveness of mental health professionals in the family court system. While a large amount of literature exists on the effects of family court on families, extremely little research exists on legal professionals' perceptions of the effectiveness of mental health professionals in the family court system. As part of the requirements for obtaining my doctoral degree at TWU, I am conducting a quantitative research study to examine the efficacy of mental health professionals in the family court system: legal professionals' perceptions.

I would like to post a notice about my research on your organization's website so that I may be able to recruit additional participants for my study. The study has been approved by the Institutional Review Board at Texas Woman's University and meets all standards of ethical requirements. All participation in the study is completely voluntary and participants may withdraw from the study at any time. The study has also been designed to protect the confidentiality of all participants. I have attached a copy of the notice along with a link to the actual research website that contains further information on the study, the researcher, and participant's rights.

If your organization would be willing to post this recruitment notice, please send me any instructions via email at counselor@therapist.net or by mail to the following address:
Michele S. Greer, P.O. Box 1329, Oak Point TX 75068.

Thank you for your consideration.
Michele S Greer, MS (Principal Investigator)
counselor@therapist.net

RESEARCH PARTICIPANTS NEEDED FOR AN ANONYMOUS
ONLINE RESEARCH STUDY AT

<http://www.psychdata.com/s.asp?SID=128516>

The Efficacy of Mental Health Professionals in the Family Court System: Legal
Professionals' Perspectives

ATTENTION ALL JUDGES, ATTORNEYS AND OTHER LEGAL PROFESSIONALS

Are you a judge, attorney or other legal professional (caseworker, CASA advocate, law enforcement, legal assistant, mental health professional) who works in the family court system? If so, your experience and insights are needed to help provide important information about legal professionals' perceptions of mental health professionals in the family court system.

To learn more about the study, please click on the link above or below. Selecting the link will not obligate you to participate in the study; instead you will be taken to a Participant Consent Form that provides details about the study, the researcher, and your rights as a potential participant.

Website: <http://www.psychdata.com/s.asp?SID=128516>

APPENDIX D

Participant Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: The Efficacy of Mental Health Professionals in the Family Court System: Legal Professionals' Perspectives.

Investigator: Michele S. Greer, M.S. 972-523-0000, counselor@therapist.net
Advisor: Peter Bradley, PhD 940-898-2685, pbradely@mail.twu.edu

Purpose:

This research study is being conducted by Michele S. Greer, M.S. as a part of the requirement for a Doctor of Philosophy degree in Family Therapy at Texas Woman's University in Denton, TX. The purpose of this study is to identify ways mental health professionals and specifically family therapists can benefit families entrenched in the family court system. This study will explore how legal professionals use mental health professionals' expertise in the legal system and the appropriate roles of mental health professionals in this process. This study examines legal professionals' perceptions of the efficacy of psychological services for families within the family court system.

Participation:

You are invited to participate in this anonymous online survey by taking 10 to 15 minutes of your time to respond to the entire survey. Your participation in this study is completely voluntary and anonymous. If you choose to participate in this anonymous online survey, you will need to set aside 10-15 minutes of your time to respond to the entire survey. As part of the survey, you will be asked to provide some information about yourself and your previous experience working with mental health professionals in the family court system. The survey consists of a demographic questionnaire and two likert scales surveys. You are free to withdraw from this study at any time without penalty.

Risks/Confidentiality:

There is a potential risk of loss of confidentiality in all email, downloading and internet transactions. This risk of loss of confidentiality will be protected to the extent that is allowed by law, however there is a potential risk of loss of confidentiality through all transactions. Your identity will be completely anonymous as the survey is designed so that absolutely no identifiable information, including names, email addresses, phone numbers, will be requested or attached to the survey when it is submitted. You will not be asked to provide identifiable information such as your name, phone number or address and no one will be contacting you. All information collected in the study will be destroyed within 1 year of completion of the study. Only the researcher will have access to information collected during the study. The researcher will keep all downloaded information/results she collects in a locked file cabinet in the investigator's office.

Results from this study will be published in the researcher's dissertation as well as in other research publications. No identifying information will be included in any publications. Other potential risks related to your participation in the study include physical or emotional discomfort as you answer the survey questions. Should you experience physical or emotional discomfort while completing the survey, you may withdraw from the study at any time. If you feel you need to discuss your discomfort with a professional, you can contact your local crisis hotline or click on List of Referrals. Please let the Investigator know at once if you experience any problems and she will try to help you. Please note TWU does not provide medical services or financial assistance for injuries that might happen because you have agreed to take part in this study.

Survey Data:

All information collected in the study will be deleted from the website within 30 days of completion of the study. At that time the website address will also be made inactive. Only the researcher will have access to information collected during the study. The researcher will keep all information collected in a locked file cabinet in the investigator's office until it is shredded one year after the study's completion. Results from this study will be published in the researcher's dissertation as well as in other research publications. No identifying information will be included in any publications.

Benefits:

A potential benefit of your participation in this research is the opportunity to contribute to a better understanding of what makes mental health professional's services beneficial in the family court system. Another benefit is that you can elect to receive a summary of the study's results. You may request a copy of the outcome by contacting the investigator at counselor@therapist.net. Your request for a summary of the results will not be linked to any response you may have made as a participant in the study.

Questions:

The researcher will try to prevent any problems that could happen because of this research. You should let the researcher know at once if there is a problem and we will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research. Additionally, the Investigator or Research advisor would be pleased to respond to any questions you may have concerning the research study; their contact information is located at the top of this page. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Informed Consent:

Once you have completed the survey questionnaire, click on the "Submit" link, which will serve as your informed consent to act as a participant in this study.

APPENDIX E

Demographic Information

As stated in the cover letter on the previous page, your completion and successful submission of the following anonymous questionnaire will constitute your informed consent to act as a participant in this study.

Participants Demographics

1. Age at Last birthday: _____
2. Female: _____ Male: _____
3. In which state do you currently practice? _____
4. In which county/counties do you currently practice? _____
5. Type of Professional:
 - Judge _____
 - Attorney _____
 - Mental Health Professional _____
 - LPC _____
 - Psychologist _____
 - LMFT _____
 - LMSW _____
 - Other Licensed Mental Health Professional _____
 - CASA Advocate _____
 - Other legal Professional _____
 - Other _____
6. Educational Level:
 - Some High School _____
 - High School Diploma or GED _____
 - Some College _____
 - Associates Degree or Vocational/Technical School _____
 - Bachelor's Degree _____
 - Master's Degree _____
 - J.D. Degree _____
 - Doctoral Degree _____

7. Socio Economic Level:

- Below 20,000 _____
- \$20,000 - \$39,999 _____
- \$40,000 - \$59,999 _____
- \$60,000 - \$89,999 _____
- \$90,000 - 109,999 _____
- \$110,000 and Above _____

8. Length of Time you have been Working with Individuals/Families in the Family Court System.

Less than 1 year __ 1-5 years __ 5-10 years __ 10 – 15 years __ More than 10 years __

9. Frequency you interact with Mental Health Professionals in Family Court Cases

- 2 or more times per week _____
- Weekly _____
- Monthly _____
- Several Times per year _____
- Other _____

10. Do you practice collaborative law? Yes _____ No _____

APPENDIX F

Counselor Rating Form, Short Version

COUNSELOR RATING FORM, SHORT VERSION

Under each of the following characteristics is a seven-point scale that ranges from “not very” to “very”. Please mark an “X” at the point on the scale that best represents how you view a mental health professional. The submission of your completed questionnaire constitutes your informed consent to act as a participant of this research.

Example:

FUNNY

not very X : ____ : ____ : ____ : ____ : ____ : ____ : very

WELL DRESSED

not very ____ : ____ : ____ : ____ : ____ : X : ____ : very

Counselor Rating Form, Short Version

SINCERE

not very ____ : ____ : ____ : ____ : ____ : ____ : ____ : very

SKILLFUL

not very ____ : ____ : ____ : ____ : ____ : ____ : ____ : very

HONEST

not very ____ : ____ : ____ : ____ : ____ : ____ : ____ : very

EXPERT

not very _____:_____:_____:_____:_____:_____:_____:_____ very

LIKEABLE

not very _____:_____:_____:_____:_____:_____:_____:_____ very

SOCIABLE

not very _____:_____:_____:_____:_____:_____:_____:_____ very

WARM

not very _____:_____:_____:_____:_____:_____:_____:_____ very

TRUSTWORTHY

not very _____:_____:_____:_____:_____:_____:_____:_____ very

EXPERIENCED

not very _____:_____:_____:_____:_____:_____:_____:_____ very

RELIABLE

not very _____:_____:_____:_____:_____:_____:_____:_____ very

PREPARED

not very _____:_____:_____:_____:_____:_____:_____:_____ very

FRIENDLY

not very _____:_____:_____:_____:_____:_____:_____:_____ very

APPENDIX G

Forensic Mental Health Professional Rating Form

Forensic Mental Health Professional Rating Form

Under each of the following is a seven-point scale that ranges from “not very” to “very” or “not important” to “very important”. Please mark an “X” at the point on the scale that best represents how you view the statement. The submission of you completed questionnaire constitutes your informed consent to act as a participant of this research.

Frequency with which legal professionals recommend mental health services in Family Court Cases for the following reasons:

Family Mediation/Evaluation Services.

not very often ___:___:___:___:___:___:___ very often

Mental Health Evaluation of Child(ren) for Court Purposes

not very often ___:___:___:___:___:___:___ very often

Mental Health evaluation of family for court purposes

not very often ___:___:___:___:___:___:___ very often

Mental Health evaluation for contesting parties for court cases

not very often ___:___:___:___:___:___:___ very often

Mental Health counseling for contesting parties

not very often ___:___:___:___:___:___:___ very often

Mental Health counseling for children

not very often ___:___:___:___:___:___:___ very often

Factors influencing legal professionals' decisions to involve mental health professionals in family court cases:

The legal system operates by the premise that the family is the primary building block of social order

not important ___:___:___:___:___:___:___ very important

Mental Health Professional is already working with the individual/family

not important ___:___:___:___:___:___:___ very important

Another Mental Health report/evaluation does not support the individual/family

not important ___:___:___:___:___:___:___ very important

Case is expected to go to trial

not important ___:___:___:___:___:___:___ very important

Opposing party plans to use a mental health professional

not important ___:___:___:___:___:___:___ very important

Mental health professional expertise helps to mediate or settle cases

not important ___:___:___:___:___:___:___ very important

Important Characteristics of Mental Health Professionals used in Family Court Cases.

not important ___:___:___:___:___:___:___ very important

Someone who is willing to testify in court

not important ___:___:___:___:___:___:___ very important

Someone who is already working with the family

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone who testifies will

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone who has been helpful in previous cases

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone whose fee the family/individual can afford

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone with a good understanding of the legal system

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone you know well

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone who is well known

not important _____:_____:_____:_____:_____:_____:_____ very important

Someone who espouses a particular view on family court cases

not important _____:_____:_____:_____:_____:_____:_____ very important

Most important factors considered of an evaluation, recommendations and/or expert testimony by a mental health professional in a family court case:

The evaluation/report provided by the mental health professional

not important _____:_____:_____:_____:_____:_____:_____ very important

Recommendations provide by the mental health professional

not important _____:_____:_____:_____:_____:_____:_____ very important

Characteristics of the mental health professional

not important _____:_____:_____:_____:_____:_____:_____ very important

Characteristics of parents

not important _____:_____:_____:_____:_____:_____:_____ very important

Best interest of the child(ren)

not important _____:_____:_____:_____:_____:_____:_____ very important

Miscellaneous factors

not important _____:_____:_____:_____:_____:_____:_____ very important

APPENDIX H
Null Hypotheses

Null Hypotheses

1. There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals in the family court system as measured by the Counselor Rating Scale, Short form.
2. There will be no statistically significant difference among qualities identified by legal professionals of mental health professionals working in the family court system as measured by the Forensic Mental Health Professional Rating From.

APPENDIX I

Online Research Questionnaire

ATTENTION ALL JUDGES, ATTORNEYS AND OTHER LEGAL PROFESSIONALS

Are you a judge, attorney or other legal professional (caseworker, CSA advocate, law enforcement, legal assistant, mental health professional) who works in the family court system? If so, your experience and insights are needed to help provide important information about legal professionals' perceptions of mental health professionals in the family court system.

To learn more about the study, please click on the link above or below. Selecting the link will not obligate you to participate in the study; instead you will be taken to a Participant Consent Form that provides details about the study, the researcher, and your rights as a potential participant.

Click Here to Find Out More Information

<http://www.psychdata.com/s.asp?SID=128516>

Or

Click Here to Exit this Website

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: The Efficacy of Mental Health Professionals in the Family Court System: Legal Professional's Perspectives.

Investigator: Michele S. Greer, M.S. 972-523-0000, counselor@therapist.net
Advisor: Peter Bradley, PhD 940-898-2685, pbradely@mail.twu.edu

Purpose:

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Risks/Confidentiality:

There is a potential risk of loss of confidentiality in all email, downloading and internet transactions. This risk of loss of confidentiality will be protected to the extent that is allowed by law, however there is a potential risk of loss of confidentiality through all transactions. Your identity will be completely anonymous as the survey is designed so that absolutely no identifiable information, including names, email addresses, phone numbers, will be requested or attached to the survey when it is submitted. You will not be asked to provide identifiable information such as your name, phone number or address and no one will be contacting you. All information collected in the study will be destroyed within 1 year of completion of the study. Only the researcher will have access to information collected during the study. The researcher will keep all downloaded information/results she collects in a locked file cabinet in the investigator's office.

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Informed Consent:

Once you have completed the survey questionnaire, click on the "Submit" link, which will serve as your informed consent to act as a participant in this study.

Click Here to Begin the Survey
<http://www.psychdata.com/s.asp?SID=128516>

Or

Click Here to Exit this Website

Submission of your completed questionnaire constitutes your informed consent to act as a participant in this research.

On the website will be:

1. Demographic Questionnaire
2. Client Rating Form, Short version
3. Forensic Mental Health Professional Rating Form

Thank You for Participating in this Study

If you have any questions or if you would like a copy of the results form the completion of this study, please email or write to one of the researchers below.

If you know of others who might be interested in taking this survey, please feel free to either send them the link to this website or print out the flyer below and post it in your office or at a local business establishment.

Website: <http://www.psychdata.com/s.asp?SID=128516>

Michele S. Greer, M.S. (Investigator)
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