

Advance Orientation: Preparing Parents to Participate in a Court-ordered Parenting Plan Evaluation

by

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Abstract

When divorcing parents litigate their children's custody, many courts order the family to participate in a Parenting Plan Evaluation (PPE, formerly known as a Child Custody Evaluation). PPE is a rigorous, intrusive, time- and dollar-expensive process intended to characterize the family's dynamics so as to assist the court to understand the children's best interests. Given that the family subjected to PPE is by definition already undergoing seismic social, emotional, pragmatic, and financial upheaval, there is reason to question the ecological validity of the data thus obtained. When the PPE process compounds these stresses, ecological validity is further compromised. Research spanning more than fifty years across a wide variety of fields repeatedly finds that programs that orient consumers in advance of participating in an unfamiliar and stressful event diminish anticipatory anxiety, and improve compliance, efficacy, efficiency, and satisfaction, with numerous secondary benefits. This article introduces Advance Orientation (AO) to family law in general and to PPE in particular. AO is distinguished from informed consent on one hand and from coaching on the other. An AO program for parents ordered to participate in PPE is described. A research program intended to document associated improvements in the ecological validity of PPE data is discussed.

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Parenting Plan Evaluations (PPEs) presume to draw generalizations about families seen at the worst of times: when they are rubbed raw by the enormous social, emotional, and financial pressures of conflicted custody litigation, and then asked to put on their Sunday best to impress an unfamiliar professional whose opinions are likely to shape the rest of their lives.¹

The work that motivates this article is built upon a self-evident syllogism:

1. Courts often order parenting plan evaluations when divorcing parents contest custody.
2. Divorce itself is often very stressful.
3. PPEs are an additional very stressful event.
4. Stress alters human behavior.

Therefore,

5. Anything that diminishes the stress associated with PPE is likely to increase the ecological validity and thereby the value of the process.

Given the simplicity of this logic, it is startling to realize that the legal and mental health professionals who work in the family courts have seldom addressed the question of the ecological validity of PPE, that is, the degree to which an artificially engineered observation is representative of natural behaviors. Instead, evaluators typically go about exposing court-ordered families to the “unavoidably intrusive nature” of PPE² and then presume to draw inferences if not conclusions and recommendations from the data thus obtained.

It is embarrassing to acknowledge that both common sense and empirical study in numerous unrelated fields long ago determined that advance orientation (AO) diminishes consumer anxiety, improves efficacy, efficiency, and satisfaction at minimal expense. These outcomes are associated with corollary benefits including improved ecological validity, lower costs to the consumer, and fewer complaints about the service.

¹ Benjamin D. Garber, *The Emperor Has No Clothes: A Systemic View of the Status and Future of Child Custody Evaluations*, 61 FAM. CT. REV. 747 (2023).

² Lauren Barth, *Consultant Conduct in Anticipation of a Child Custody Evaluation : Ethical and Social Dilemmas and the Need for Neutral Parent Education*, 49 FAM. CT. REV., 155 (2011).

The discussion that follows offers a sampling of the data that support these conclusions. Successful AO programs and the media used to communicate them are dissected in order to identify their critical elements. These observations are then applied to custody litigation so as to introduce an AO program intended for parents preparing to participate in a PPE. AO is distinguished from informed consent and from coaching in the context of contested custody litigation. Finally, an ongoing program of research is described that promises to validate the many benefits of AO in family law.

I. Parenting Plan Evaluations

A. *Contemporary Parenting Plan Evaluations (PPEs)*³

PPE is a comprehensive assessment of a particular family's history and dynamics focused on qualifying the "fit" within and between the family's subsidiary relationships and between those relationships and the larger social ecology within which they function.⁴ Evaluators are specifically directed to interview and/or observe each member of the family system, relevant subsidiary relationships (e.g., parent-child, co-parents), to access professional resources (e.g., healthcare providers), relevant records, and personal references. Contemporary guidelines for the conduct of PPEs require the evaluator to employ multiple methods so as to thoroughly and equitably capture the many social, emotional, developmental, and contextual variables that bear on addressing the questions raised by the court in ordering the service. Although the evaluator is cautioned against causing "unintended stressors

³ "The term Child Custody Evaluations has been replaced with Parenting Plan Evaluations. This reflects an important shift away from the term 'child custody,' which connotes possession and control of children rather than responsibility for their care. Child Custody Evaluations, Parental Responsibilities Evaluations, Best Interest Evaluations, Custody and Access Evaluations, Parenting Time Evaluations, or similar terms are used in various jurisdictions." ASSOCIATION OF FAMILY AND CONCILIATION COURTS, GUIDELINES FOR PARENTING PLAN EVALUATIONS IN FAMILY LAW CASES 5 (2022), <https://www.afccnet.org/Portals/0/PDF/2022>.

⁴ "From the court's perspective, the most valuable contributions by psychologists reflect a clinically astute and scientifically sound approach to legally relevant matters. Issues that are central to the court's ultimate decision-making obligations in child custody matters include parenting abilities, the child's needs, and the resulting fit." AMERICAN PSYCHOLOGICAL ASSOCIATION, APA GUIDELINES FOR PSYCHOLOGICAL ASSESSMENT AND EVALUATION, Guideline 2, at 5 (2020).

on the family, including prolonged conflict, scrutiny, uncertainty of outcome, and demands on economic resources of the family”⁵ and to “avoid exacerbating a child’s distress during this process,”⁶ PPE is incontrovertibly stressful for all involved.⁷ In the view of physician Richard A. Gardner, “[c]ustody litigation is generally even fiercer and more psychologically devastating than traditional marital conflict.”⁸

In fact, the stresses associated with PPE are just the icing on an already anxiety-filled cake. The process of marital separation and divorce is itself among the most stressful events an adult can endure in contemporary western society.⁹ Divorcing parents who litigate custody are commonly described as the most highly conflicted and therefore the most highly stressed among all divorcing couples.

B. *The Stresses of Parenting Plan Evaluations*

Participating in PPE is stressful. Research with custody litigants is challenging for many reasons.¹⁰ This means that the empirical foundation underlying PPE methods is often weak, at best.¹¹ With regard to custody litigants’ experience of PPE, it is almost non-existent.¹²

⁵ ASSOCIATION OF FAMILY AND CONCILIATION COURTS, *supra* note 3, at 9.

⁶ AMERICAN PSYCHOLOGICAL ASSOCIATION, *supra* note 4, at 14.

⁷ Evaluators are furthermore cautioned about the stresses inherent in the process by considering “how the methods of assessment and communication to the parties may impact safety to the parties.” *Id.* at 16.

⁸ Kathryn D. Katz, *Majoritarian Morality and Parental Rights*, 52 ALBANY L. REV. 405, 440 n.265 (1988) (quoting Gardner).

⁹ See Thomas H. Holmes & Richard H. Rahe, *The Social Readjustment Rating Scale*, 11 J. PSYCHOSOMATIC RES. 213 (1967).

¹⁰ “[R]esearch involving highly conflicted, litigating families is confounded by issues of discovery and privilege and risks imposing stresses on an already overly-stressed population and the professionals who serve them.” Garber, *supra* note 1, at 748.

¹¹ *Id.* at 749.

¹² See, for example, Austin and Jaffe’s (1990) study of custody litigants one-year post-evaluation. Gary W. Austin & Peter G. Jaffe, *Follow-up Study of Parents in Custody and Access Disputes*, 31 CANADIAN PSYCHOL. / PSYCHOLOGIE CANADIENNE 172 (1990). Note however that sampling bias likely confounds their findings.

Venzke and Venzke interviewed parents who had recently participated in PPE.¹³ They concluded that “the custody evaluation process resulted in increased stress for families.”¹⁴ Locat (in preparation 2024) routinely found that parents who had completed PPE were dissatisfied with the process:

The majority of parents describe PPE as emotionally demanding, both for themselves and their children. Indeed, in interviews, parents cry, become disorganized and angry when recalling their experience . . . [In particular] they deplore the lack of explanations they received from the expert or their lawyer. Some parents report not having had the procedure explained to them by the expert. Having no knowledge of the process, they worry about the consequences for their personal and family lives.¹⁵

Responding to the anxiety that family members endure as a result of participating in PPE, James Bow and Franella Quinnell caution that, “the stress of the divorce often results in anguish and tension for family members . . . It is essential, therefore, that the evaluation process minimize the probability of iatrogenic harm, that is, evaluators precipitating or aggravating injury to the parties.”¹⁶ Ira Daniel Turkat takes this reasoning several steps further to advise that “the court may find it a better alternative to save the family from the stress, financial depletion, other negative effects, and murder risk” associated with PPEs.¹⁷

Compounding the potential harm incurred by evaluatees is the degree to which the acute stresses associated with PPE participation can corrupt the data collected and thereby undermine resulting conclusions and recommendations to the detriment of all. This is one form of the observer effect, the principle that acknowledges that the act of assessing a thing changes it. Variations

¹³ Beth A. Venzke & Randy Venzke, *Parental Perceptions of the Custody Evaluation Process in Divorce Situations* [Conference session abstract], 80TH ANNUAL MEETING OF THE MIDWESTERN PSYCHOLOGICAL ASSOCIATION (May 1-3, 2008).

¹⁴ *Id.*

¹⁵ Fanny Locat, *Psychological and Psychosocial Appraisal: The Point of View of Appraised Parents* [translated from French] (forthcoming 2025) (copy on file with author).

¹⁶ James N. Bow & Franella A. Quinnell, *A Critical Review of Child Custody Evaluation Reports*, 40 FAM. CT. REV. 164, 164 (2002).

¹⁷ Ira Daniel Turkat, *Why Judges Should Not Permit Child Custody Evaluations*, 34(4) AM. J. FAM. L. 115 (2021).

on the observer effect are well-known in physics as Heisenberg's uncertainty principle and in clinical psychology as the Hawthorne effect.¹⁸

In family law, the observer effect is relevant to understanding how the family being evaluated is changed as a result of the evaluation process. Robert Emery and colleagues address this as a matter of ecological validity: "Because families are evaluated during a period of high stress . . . evaluators also must be cautious about drawing inferences about functioning at some later, hopefully less stressful, point in time."¹⁹ In a like manner, David Chambers observed that:

many mothers report that their nurturing qualities, the qualities we may most want to observe, seem to them dramatically impaired during the post-separation period when they are often absorbed by their own emotional needs . . . These short- and long-term reactions to the divorce period compound the difficulties of making reliable observations even under the best of circumstances.²⁰

On this basis, Chambers then cautions that "the recommendation of the expert or the observations of the judge would be unduly colored by the stresses of the divorce process - by the parents' depression, anxiety, anger, and confusion and the child's reactions to it."²¹

Zoe Scott Rathus and co-researchers conducted a qualitative analysis of mothers who had been victims of intimate partner violence (IPV) and their experience of PPE in Australia. Among their conclusions, they observed that "some of the adverse impacts of the assessment process might be reduced if IPV victims were

¹⁸ "All knowledge is contingent on the interests of the scientists creating it, the tools and procedures they use to measure the phenomena under investigation, and the analytic frameworks they use to interpret their results." Torin Monahan & Jill A. Fisher, *Benefits of "Observer Effects": Lessons from the Field*, 10(3) QUAL. RES. 357, 359 (2010).

¹⁹ Robert E. Emery, Randy K. Otto, & William T. O'Donohue, *A Critical Assessment of Child Custody Evaluations: Limited Science and a Flawed System*, 6(1) PSYCHOL. SCI. IN PUB. INT. 1, 9 (2005).

²⁰ David L. Chambers, *Rethinking the Substantive Rules for Custody Disputes in Divorce*, 83 MICH. L. REV. 477, 484 (1984).

²¹ *Id.* at 485. Note that relevant guidelines require that "psychologists strive to consider the importance of situational factors, such as the ways in which involvement in a child custody dispute may impact the behavior of persons from whom evaluation data are collected." AMERICAN PSYCHOLOGICAL ASSOCIATION, *supra* note 4, Guideline 21, at 20.

forewarned that the process would be emotionally difficult, supported to prepare for the challenges they would experience and if they were to receive support postassessment.”²²

Locat found that parents who had participated in PPE often complained that “the extreme, abnormal, and difficult situation in which they find themselves influences their access to their usual resources for parenting. They would have liked the [evaluator] to be able to distinguish their normal abilities from their current state.”²³

C. *The Effects of Stress on the Reliability of Information Obtained*

Stress undermines performance and thereby compromises ecological validity.²⁴ It is an axiom of human experience that stress compromises mature functioning. In the extreme, stress triggers reflexive fight-flight-freeze behaviors with concomitant costs to executive functioning.²⁵ On one hand, observing individuals under acute stress may be the best way to understand their coping capacities or resilience (notwithstanding the questionable ethics of any such procedure).²⁶ On the other hand, observing individuals under

²² Zoe Scott Rathus, Samantha Jeffries, Helenah Menih, & Rachael Field, “It’s Like Standing on a Beach, Holding Your Children’s Hands, and Having a Tsunami Just Coming Towards You”: Intimate Partner Violence and “Expert” Assessments in Australian Family Law, 14 VICTIMS & OFFENDERS 1, 25 (Mar. 2019).

²³ Locat, *supra* note 15, at 8.

²⁴ “[E]cological validity refers to whether the evaluator’s observation of parent-child characteristics, behaviors, and interactions in the real world are accurately captured within an experimental context (e.g., a scheduled home visit). This is in contrast to external validity, which refers to the extent in which results can be generalized to others...” Micahel Saini & Shely Polak, *The Ecological Validity of Parent-Child Observations: A Review of Empirical Evidence Related to Custody Evaluations*. 11 J. CHILD CUSTODY: RES., ISSUES & PRAC. 181 (2014).

²⁵ Rongjun Yu, *Stress Potentiates Decision Biases: A Stress Induced Deliberation-to-Intuition (SIDI) Model*, 3 NEUROBIOLOGY OF STRESS 83, 83 (June 2016) (“when stressed, individuals tend to make more habitual responses than goal-directed choices, be less likely to adjust their initial judgment, and rely more on gut feelings in social situations”).

²⁶ Mary Ainsworth’s and Beatrice Wittig’s Strange Situation assessment of infant and toddler attachment is a stunning example of this point. Mary D.S. Ainsworth & Beatrice A. Wittig, *Attachment and Exploratory Behavior of One-year-olds in a Strange Situation*, in 4 DETERMINANTS OF INFANT BEHAVIOR 113 (B.M. Foss ed. 1969).

acute stress is likely to capture a non-representative or ecologically invalid sample of behavior.

With a handful of notable exceptions, family law has largely ignored this reality. Among the exceptions are cautions about the effects of reactive stress on language comprehension while undergoing evaluation. For example, regarding an attorney who advocates for litigants for whom English is not their native language, M. Debra Gold advised, “If your client is not fully fluent in English, it is wise to arrange for an interpreter since the stress and confusion of the trial can interfere with the client’s ability to communicate in, and accurately understand, English.”²⁷ In the context of discussing informed consent, Johan Bester, Cristie M. Cole and Eric Kodish offer a similar idea in much more basic terms: “dumping an indigestible barrage of complex information on a patient would challenge her understanding.”²⁸ Daniel Pickar warned that “the stresses of divorce and litigation can often lead to significant regression in a parent’s psychological functioning and behavior . . . [that] can sometimes reach violent, psychotic, and even murderous proportions.”²⁹

II. Advance Orientation Distinguished from Informed Consent and Coaching

A. Informed Consent

Every mental health guild, relevant standard, and guideline requires that professionals obtain consumers’ informed consent in advance of engaging in any service.³⁰ Informed consent is generally

²⁷ M. Debra Gold, *Cultural Considerations in Custody Litigation in Our Diverse Communities*, FAM. L. REV. 3, 16 (Spring 2019).

²⁸ Johan Bester, Cristie M. Cole, & Eric Kodish, *The Limits of Informed Consent for an Overwhelmed Patient: Clinicians’ Role in Protecting Patients and Preventing Overwhelm*, 18 AMA J. ETHICS 869, 875 (2016).

²⁹ Daniel B. Pickar, (2007), *On Being a Child Custody Evaluator: Professional and Personal Challenges, Risks, and Rewards*, 45 FAM. CT. REV. 103 (2007).

³⁰ Given that PPE evaluatees are ordered by the Court to participate in PPE and may therefore not have the freedom to decline, this process is more accurately known as informed assent. Susan Dwyer, *Informed Consent in Court-Involved Therapy*, 9 J. CHILD CUSTODY 108 (2012).

provided in writing at the time of service and should thereafter become a subject of ongoing discussion.³¹ It is intended to assure that the consumer understands their rights and the nature and limitations of the service so as to knowingly agree to engage in the process.

It is unknown whether informed consent mitigates the iatrogenic harm an evaluatee might experience during evaluation or otherwise quell evaluatee anxiety. When informed consent is delivered in linguistically-, developmentally- and culturally informed language it can, “help to reduce anxiety and apprehension.”³² Personalizing delivery of the information, “can positively influence treatment expectations and reduce decisional conflicts.”³³ In common practice, however, multi-page documents written in 10-point font filled with polysyllabic liability-management terms-of-art are at least as likely to overwhelm as they are to orient.³⁴

³¹ Rashmi Ashish Kadam, *Informed Consent Process: A Step Further Towards Making It Meaningful*, 8 PERSPECT. CLINICAL RES. 107 (2017). The U.S. Department of Health and Human Services (DHHS, 2024) requires that “[a]n investigator shall seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimizes the possibility of coercion or undue influence” (45 CFR 46.116)” and “Informed consent and parental permission should be viewed as an ongoing process.” Department of Health and Human Services, *Informed Consent FAQs*, <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html#:~:text=The%20informed%20consent%20process%20is%20an%20ongoing%20exchange%20of%20information,community%20meetings%2C%20and%20videotape%20presentations> (last visited Mar. 5, 2024).

³² Jeffrey E. Barnett & Mary Sedrak, *Individual Differences and the Process of Informed Consent*. SOC’Y FOR THE ADVANCEMENT OF PSYCHOTHERAPY (Mar. 12, 2017), <http://www.societyforpsychotherapy.org/individual-differences-process-informed-consent>.

³³ Sara R. Heisig, Meike C. Shedden-Mora, Pablo Hidalgo, & Yvonne Nestoriuc, *Framing and Personalizing Informed Consent to Prevent Negative Expectations: An Experimental Pilot Study*, 34 HEALTH PSYCHOL. 1033 (2015), <https://doi.org/10.1037/hea0000217>.

³⁴ Bester et al., *supra* note 28. See also Kadam, *supra* note 3, at 107 (“Communication of highly technical, complex, and specialized ... information to participants with limited literacy, diverse sociocultural background, diminished autonomy, and debilitating diseases is a difficult task.”). See Katherine L. Zaleski & Davi B. Waisel, *Withholding Information from an Anxiety-prone Patient?*, 17(3) AMA J. ETHICS 209 (2015), for a discussion of withholding informed consent when it is likely to inflame anxiety at a cost to treatment outcomes.

Indeed, medical and dental researchers have demonstrated the anxiety-inducing effect of detailed informed consent.³⁵ Jeffrey Goldberger and colleagues, for example, found that “detailed informed consent is associated with increased anxiety relative to a consent that does not detail specific risks” among adults undergoing diagnostic cardiac studies.³⁶ Aylin Yucel and colleagues similarly observed that “brief information about the risk factors and potential adverse reactions . . . reduces anxiety level, while detailed information before the procedure increases the anxiety level.”³⁷

In the context of oral surgery, Nardy Casap and co-authors found that patients who received detailed informed consent experienced escalating physiological markers of anxiety as compared to others who received a simplified consent.³⁸ Even more dramatically, Gokhan Göçmen and colleagues observed among candidates for dental surgery that “All patients obtained significantly higher anxiety scores after reading the consent form . . . [and almost half] postponed the extraction after reading the consent form.”³⁹

B. *Advance Orientation Is Specifically Targeted to Reduce Anxiety*

Advance orientation (AO) complements but cannot replace informed consent. Advance orientation is to informed consent what therapy is to psychoeducation. The first speaks to the consumer’s emotional needs with the specific goal of diminishing anxiety and priming healthy coping mechanisms even if it does so in

³⁵ Others medical researchers have not found this to be true. See, e.g., S. Inglis & D. Farnill, *The Effects of Providing Preoperative Statistical Anaesthetic-risk Information*, 21 ANAESTHESIA & INTENSIVE CARE 799 (1993).

³⁶ Jeffrey J. Goldberger, Jane Kruse, Michele A. Parker & Alan H. Kadish, *Effect of Informed Consent on Anxiety in Patients Undergoing Diagnostic Electrophysiology Studies*, 134 AM. HEART J. 119 (July 1997).

³⁷ A. Yucel et al., *Effect of Informed Consent for Intravascular Contrast Material on the Level of Anxiety: How Much Information Should Be Given?*, 46 ACTA RADIOLOGICA 701, 701 (2005).

³⁸ Nardy Casap, Michael Alterman, Guy Sharon, & Yuval Samuni, *The Effect of Informed Consent on Stress Levels Associated with Extraction of Impacted Mandibular Third Molars*, 66 J. ORAL MAXILLOFACIAL SURGERY 878, 878 (2008).

³⁹ Gokhan Göçmen, Ömer banş Atalı, Onur Gonul & K. Goker, *Impact of Informed Consent on Patient Decisions Regarding Third Molar Removal*, 20 NIGERIAN J. CLINICAL PRAC. 158, 158 (Feb. 2017).

part by communicating facts. The second only communicates facts such as scope, limitations, costs, timing, and confidentiality. Where AO strives to familiarize or habituate consumers, informed consent strives to provide sufficient information to allow for meaningful decision making.

AO is by definition provided in advance. Thus, it actively invites consumers to digest relevant content at their own pace, in their own way, in the comfort of their preferred physical and social environment, with or without the assistance of trusted others. Informed consent, by contrast, is often delivered to the consumer immediately prior to commencing the service in a manner that can implicitly communicate urgency and the need for blind compliance. In short, AO is designed for the consumer. It is explained in consumer-friendly terms. Informed consent, although ideally designed for the consumer, more often than not in practice serves the professional's need to limit liability and "tick the box" of consent.

C. *Advance Orientation Is Not Coaching*

Advance orientation should not be confused with coaching. In the context of contested custody litigation, coaching describes a mental health professional's behind-the-scenes efforts to teach a parent how to present him- or herself to the evaluator. Thus, "coaching has the potential to produce false responses that may frustrate the purpose of the evaluation by decreasing or even eliminating the authenticity of client interaction with the evaluator."⁴⁰ This is distinct from "orienting the parent to the custody evaluation process and the importance of providing accurate, well-organized, and comprehensive information to the evaluator."⁴¹

AO is the latter. AO seeks to diminish parents' anxiety going into PPE by giving them a roadmap of the process without telling them how to drive. AO seeks to minimize the acute and reactive artifacts that can mislead evaluators by demystifying the process for the parent-cum-evalutee. At no point should AO cross the fuzzy

⁴⁰ Barth, *supra* note 2, at 158.

⁴¹ Elena Hobbs-Minor & Matthew J. Sullivan, *Mental Health Consultation in Child Custody Cases, Innovations in Interventions with High Conflict Families*, in *INNOVATIONS IN INTERVENTIONS WITH HIGH CONFLICT FAMILIES* (Linda B. Fieldstone & Christine A. Coates eds. 2008).

center line into coaching by suggesting what the participating parent should or should not say or do.

Distinguishing these services by their respective goals furthers the distinction:

1. Informed consent seeks to alert consumers to their rights and responsibilities in the context of PPE, but in practice these documents are often filled with difficult-to-read liability-management terms designed to protect the professional.
2. Advance orientation seeks to make consumers more comfortable in PPE so as to more genuinely and thoroughly express themselves and thereby improve the ecological validity of the process.
3. Coaching seeks to tell consumers how to make themselves look good during PPE and thereby to have a better chance to “win” the custody battle.

III. The Efficacy of Advance Orientation Across Fields

Across numerous fields, studies of AO have demonstrated that the approach diminishes participant anxiety, enhances compliance, improves efficiency, efficacy, and satisfaction. A broad survey across diverse fields finds that advance orientation eases consumer anxiety and improves compliance and satisfaction. These studies often find that AO is associated with improved efficacy and efficiency of the service. A sample of these findings is set forth below by type of professional endeavor.

The question arises whether these findings can be generalized to family law and PPE. It’s impossible to know until the data are available for analysis, but it is our considered opinion that there is nothing that makes the findings presented below unique to their respective fields of inquiry. The commonality that invites generalization is the benefit that humans enjoy when the activities in which we are engaged—no matter how physically painful or potentially life altering—are familiar and predictable.

Medicine/nursing. AO has a long history of utilization and success in medicine. Almost four decades ago, Martha Gagliano reviewed the medical literature of that era and concluded that “role-modeling in video decreases patients’ anxiety, pain, and

sympathetic arousal while increasing knowledge, cooperation, and coping ability.”⁴² Somewhat more recently, Helene Krouse documented the benefits enjoyed by surgical patients who received advance orientation and education via video. This experience was helpful in “reducing anxiety and physiological arousal during stressful procedures.”⁴³

Family-centered AO has been shown to reduce children’s anxiety prior to surgery and facilitated children’s post-operative recovery. Children who participated in this advance orientation were discharged sooner and required less post-operative analgesics than matched controls.⁴⁴

In contemporary practice, Enhanced Recovery After Surgery (ERAS) protocols have been established to teach patients about their particular surgery and likely recovery experience. ERAS programs have “nearly eliminated” patients’ self-administered pain medicines in recovery and at one month follow-up.⁴⁵ Participation in ERAS AO is associated with greater mobility postoperatively than a matched control group that did not complete the AO.⁴⁶ Valentina Härter and co-authors, Hatem Jlala and colleagues, and Ryo Nakamura and co-authors, among others, document the benefits of AO on preoperative anxiety, patient post-operative recovery, and reductions in the duration of hospital stays (at very significant cost savings).⁴⁷ Meltem

⁴² Martha Gagliano, *A Literature Review on the Efficacy of Video in Patient Education*, 63 J. MED. EDUC. 783 (1988).

⁴³ Helene Krouse, *Video Modelling to Educate Patients*, 33 J. ADV. NURS. 748 (2001).

⁴⁴ Zeev N. Kain, Alison A. Caldwell-Andrews, Linda C. Mayes, Megan E. Weinberg, Shu-Ming Wang, Jill E. MacLaren & Ronald L. Blount; *Family-centered Preparation for Surgery Improves Perioperative Outcomes in Children: A Randomized Controlled Trial*, 106 ANESTHESIOLOGY 65, 65 (2007).

⁴⁵ Zarina S. Ali et al., *Enhanced Recovery After Elective Spinal and Peripheral Nerve Surgery: Pilot Study from a Single Institution*, 30 J. NEUROSURGERY SPINE 532, 532 (2019). A popular press summary of this study is available at Penn’s ‘Enhanced Recovery’ Protocol Reduces Opioid Use in Spinal Surgery Patients, PENN. MED. NEWS (Jan. 25, 2019), <https://www.pennmedicine.org/news/news-releases/2019/january/penns-enhanced-recovery-protocol-reduces-opioid-use-in-spinal-surgery-patients>.

⁴⁶ *Id.*

⁴⁷ Valentina Härter, Claus Barkmann, Christian Wiessner, Martin Rupprecht, Konrad Reinshagen & Julian Trah, *Effects of Educational Video on Pre-operative Anxiety in Children - A Randomized Controlled Trials*, 9 FRONTIERS PEDIATRICS

Cakmak and co-authors, Mahsa Maghalien and co-authors, and Duygu Yeşilyurt and Ümmü Findik and many others emphasize increases in patient satisfaction with medical procedures following AO regardless of outcomes.⁴⁸ Yuewei Wang and colleagues and others find that these ameliorating effects are greatest when AO is delivered via mixed media rather than simply in person,⁴⁹ although research using virtual reality devices and augmented reality are also very promising.⁵⁰ These and similar findings are so broadly

640236 (May 2021); Hatem A. Jlala et al., *Effect of Preoperative Multimedia Information on Perioperative Anxiety in Patients Undergoing Procedures Under Regional Anaesthesia*, 104 BR. J. ANAESTHESIA 369 (2010); Ryo Nakamura et al., *The Impact of a Preoperative Nurse-Led Orientation Program on Postoperative Delirium after Cardiovascular Surgery: A Retrospective Single-Center Observational Study*, 11 J. INTENSIVE CARE 20 (2023).

⁴⁸ “[A]s a psychological intervention, the use of informational videos is recommended in practice to improve satisfaction following a cesarean section. This intervention is safe, non-invasive, and does not carry any complications.” Mahsa Maghalien, Sakineh Mohammad-Alizadeh-Charandabi, Minoo Ranjbar, Farzaneh Aslanpour Alamdary, Mojgan Mirghafourvand, *Informational Video on Preoperative Anxiety and Postoperative Satisfaction Prior to Elective Cesarean Delivery: A Systematic Review and Meta-analysis*, 12 BMC PSYCHOL. 6 (Jan. 2024); see also Meltem Cakmak, Isil Kose, Ciler Zinzircioglu, Yucel Karaman, Zeki Tuncel Tekgul, Sinan Pektas, Yelda Balik, Mustafa Gonullu, Pervin Sutas Bozkurt, *Effect of Video-based Education on Anxiety and Satisfaction of Patients Undergoing Spinal Anesthesia*, 68 BRAZILIAN J. ANESTHESIOLOGY (English ed.) 274 (2018); Duygu Soydaş Yeşilyurt & Ümmü Yıldız Findik, *Effect of Preoperative Video Information on Anxiety and Satisfaction in Patients Undergoing Abdominal Surgery*, 37 CIN: COMPUTERS, INFORMATICS, NURSING 430 (Aug. 2019); Cf. Houman Khorshidi, Fatemeh Lavaee, Janan Ghapanchi, Ali Golkari & Sara Kholousi, *The Relation of Preoperative Stress and Anxiety on Patients’ Satisfaction After Implant Placement*, 14 DENTAL RES. J. (ISFAHAN) 351 (Sept.-Oct. 2017).

⁴⁹ Yuewei Wang, Xueqin Huang & Zhili Liu, *The Effect of Preoperative Health Education, Delivered as Animation Videos, on Postoperative Anxiety and Pain in Femoral Fractures*, 13 FRONTIERS PSYCHOL. 1, 1 (May 5, 2022) (“animation videos are superior to recorded videos in mitigating postoperative anxiety”).

⁵⁰ Gurkan Kapikiran, Semra Bulbuloglu & Serdar Saritas, *The Effect of Video Training Before Organ Transplant Surgery on Patient Satisfaction and Anxiety: Head Mounted Display Effect*, 62 CLINICAL SIMULATION IN NURS. 99 (Jan. 2022); Marink D. Oudkerk Pool, Jean-Luc Q. Hooglugt, Anke J. Kraaijeveld, Barbara J.M. Mulder, Robbert J. de Winter, Marlies P. Schijven, Daniëlle Robbers-Visser, S. Matthijs Boekholdta, Berto J. Boumaa & Michiel M. Winter, *Pre-procedural Virtual Reality Education Reduces Anxiety in Patients Undergoing Atrial Septal Closure – Results from a Randomized Trial*, 7 INT’L J. CARDIOLOGY CONGENITAL HEART DISEASE 100332 (2022); Michael G. Rizzo et al., *Augmented*

endorsed that the American College of Surgeons advises that “[t]he education that patients receive before surgery helps to manage expectations and results in significant positive effects on surgery outcomes and quality of life.”⁵¹

Dental interventions. Abeer Al-Namankany and co-authors, demonstrated that pediatric dental patients who participated in an AO program had significantly less anxiety during the procedure than a control group of children who did not participate in the program “presumably because [members of] the test group were aware of what was going to happen to them after watching the modelling video.”⁵² Barbara Melamed and colleagues similarly found that children who viewed an advance orientation video coped better with dental procedures and had “significantly fewer fear-related disruptive behaviors” than those who did not.⁵³

Perhaps most impressive among these studies are those that use smart phone technology to make AO enjoyable, as well as easily and repeatedly accessible over an extended period of time in advance of the intended procedure. Razieh Meshki and co-authors observed that children who played a “dental simulation game” experienced decreased anxiety during anesthetic injections and drilling.⁵⁴ A randomized trial with a control group yielded the

Reality for Perioperative Anxiety in Patients Undergoing Surgery: A Randomized Clinical Trial, 6(8) JAMA NETWORK OPEN e2329310 (2023). Interested readers will enjoy a brief animated video on the use of virtual reality to quell preoperative anxiety at <https://www.youtube.com/watch?v=cJ9y2GJONNY>.

⁵¹ American College of Surgeons, *Procedure Specific Patient Education*, <https://www.facs.org/for-medical-professionals/education/for-your-patients/#:~:text=The%20education%20that%20patients%20receive,outcomes%20and%20quality%20of%20life> (last visited Mar. 19, 2025). The American Medical Association Health Literacy Policy H-160.931 in relevant part calls for “the development of literacy appropriate, culturally diverse health-related patient education materials for distribution in the outpatient and inpatient setting.” *Health Care Delivery*, AMA POLICY FINDER (2023), <https://policysearch.ama-ssn.org/policyfinder/detail/%22patient%20education%22?uri=%2FAMADoc%2FHOD.xml-0-746.xml>.

⁵² Abeer Al-Namankany, *Assessing Dental Anxiety in Young Girls in KSA*, 13 J. TAIBAH UNIV. MED. SCI. 123 (2017).

⁵³ Barbara G. Melamed et al., *Reduction of Fear-related Dental Management Problems with Use of Filmed Modeling*, 90 J. AM. DENTAL ASS’N 822, 822 (1975).

⁵⁴ Razieh Meshki et al., *Effects of Pretreatment Exposure to Dental Practice Using a Smartphone Dental Simulation Game on Children’s Pain and Anxiety: A*

conclusion that “engaging in specific dental simulation games prior to the [first] dentist visit could help preschoolers feel less anxious during routine dental operations.”⁵⁵

Genetic screening. A. Cull and co-authors observed that women engaged in breast cancer screening were less anxious and more satisfied with the process no matter the results if they had the benefit of an advance video orientation.⁵⁶

Public health compliance. Imen Zemni and colleagues demonstrated during the COVID pandemic that individuals who participated in AO programs, “about the causes, transmission, prevention, and treatment of COVID-19 . . . are more likely to feel confident in their ability to protect themselves and others, thereby alleviating anxiety.”⁵⁷ In a similar way, albeit concerned with a very different subject, video AO training about active shooter experiences has been shown to significantly improve “participants’ emergency preparedness and changing behaviour patterns.”⁵⁸

Psychiatric and psychological care. In 1968 Martin Orne and Paul Wender pioneered the concept of “anticipatory socialization” for individuals seeking outpatient psychotherapy.⁵⁹ This AO process focuses on “role induction” defined as “education about the jobs of both the client and the therapist.”⁶⁰ The efficacy of these basic concepts has been repeatedly examined over the

Preliminary Double-Blind Randomized Clinical Trial, 15 J. DENTISTRY (Tehran) 250, 250 (July 2018).

⁵⁵ Viral Maru, Rucha Shivajirao Bhise Patil, Sujata Kumari, Saumya Tiwari, Salil Bapat, *Influence of Pretreatment Exposure to Pediatric Dental Care Using the “Tiny Dentist” Game on 4–7 Years Old Children’s Pain and Anxiety: A Parallel Randomised Clinical Trial*, 47 J. CLINICAL PEDIATRIC DENTISTRY 96 (2023).

⁵⁶ A. Cull et al., *The Use of Videotaped Information in Cancer Genetic Counselling: A Randomized Evaluation Study*, 77 BR. J. CANCER 830 (1998).

⁵⁷ Imen Zemni et al., *The Effectiveness of a Health Education Intervention to Reduce Anxiety in Quarantined COVID-19 Patients: A Randomized Controlled Trial*, 23 BMC PUB. HEALTH 1188 at *8 (2023).

⁵⁸ Ruying Liu, Runhe Zhu, Burcin Becerik-Gerber and Gale Lucas, *Be Prepared: How Training and Emergency Type Affect Evacuation Behaviour*, 39 J. COMPUTER ASSISTED LEARNING 1493 (2023).

⁵⁹ Martin T. Orne & Paul H. Wender, *Anticipatory Socialization for Psychotherapy: Method and Rationale*, 124 J. PSYCHIATRY 1202 (1968).

⁶⁰ *Id.* at 1209.

subsequent half-century with impressive results.⁶¹ Hans Strupp and A.L. Bloxom, for example, found that an AO film benefited patient understanding, compliance, and satisfaction and diminished premature drop-out.⁶² R.G. Lambert and M.J. Lambert reported that immigrant outpatient clients who participated in an AO “were more satisfied with therapy, rated themselves as more changed, and dropped out of treatment at significantly lower rates.”⁶³ More recently, Wai-Chi Lau and co-authors found that AO presented via virtual reality media greatly facilitated inpatient psychiatric patient’s transition into the hospital, reduced their anxiety, and improved their level of understanding of the care environment.⁶⁴

Mediation. Researchers from the Statewide Office of Family Court Services and San Diego Family Court Services compared mediation outcomes for divorcing parents who participated in AO versus those who did not. The authors conclude first that “[r]elative to the comparison group, trained parents were more likely after their mediation to report having had helpful conversations with the other parent in getting ready for the mediation.”⁶⁵ Second, they found that “the [resulting] child custody and sharing plans were more likely to be entered by stipulation, rather than by the judge’s decision, if the couple had participated in the education program.”⁶⁶ Finally, they determined that trained parents were more confident about their knowledge of the mediation process than those who did not complete training, although the actual outcomes of the mediation sessions did not

⁶¹ Joshua K. Swift, Elizabeth A. Penix-Smith & Ailun Li, *A Meta-analysis of the Effects of Role Induction in Psychotherapy*, 60 *PSYCHOTHERAPY* 342 (2023).

⁶² Hans Strupp & A. L. Bloxom, *Preparing Lower-Class Patients for Group Psychotherapy*: 41 *J. CONSULTING & CLINICAL PSYCHOL.* 373 (1973).

⁶³ R. G. Lambert & M. J. Lambert, *The Effects of Role Preparation for Psychotherapy on Immigrant Clients Seeking Mental Health Services in Hawaii*, 12 *J. COMMUNITY PSYCHOL.* 263, 263 (1984).

⁶⁴ Wai-Chi Lau, Kup-Sze Choi & Wai-Yee Chung, *A Virtual Psychiatric Ward for Orientating Patients Admitted for the First Time*, 13 *CYBERPSYCHOL., BEHAV. & SOC. NETWORKING* 637 (2010).

⁶⁵ Andrea Lash, Jenie Chang, Youn Kim, Ruth Hatcher & Don Millikan, *Pre-mediation Parent Education: The San Diego Experience*, CALIFORNIA STATEWIDE OFFICE OF FAMILY COURT SERVICES (Nov. 1999), <https://courts.ca.gov/sites/default/files/courts/default/2024-12/sdresup.pdf>.

⁶⁶ *Id.*

differ for parents who completed AO compared to those who did not.⁶⁷

IV. Preparing for Parenting Plan Evaluation (PPE)

Given the importance of PPE to the contested child custody process and to the child's well-being in particular, given the successes of AO in numerous other fields as documented over at least fifty years, given the generally unacknowledged extent to which parents' acute and reactive anxiety to child custody litigation in general and to PPE in particular is likely to compromise ecological validity, and given evidence that PPE participants are often dissatisfied with the process, the first author designed and implemented an AO for child custody litigants called "Preparing for Parenting Plan Evaluation (PPE)."

The program is advertised commercially to custody evaluators, family law attorneys, and courts.⁶⁸ Referring family law professionals and courts are invited to complete a companion continuing education program about the general benefits of AO in clinical and forensic practice.⁶⁹ Parents are ordered by the court, required by evaluators, and/or referred by clinicians to view the PPE AO program. They are encouraged to view the program in a comfortable environment, to pause, review, and fast forward as they like, to invite others who support them to view the program with them, and to revisit the program as many times as they wish over the course of the next year.⁷⁰

⁶⁷ *Id.*

⁶⁸ Benjamin Garber & Premela Deck, *Preparing to Participate in a Parenting Plan Evaluation*, DEFUSEDIVORCE.COM, <https://www.defusedivorce.com/challenge-page/ppe-orientation> (last visited Mar. 20, 2025).

⁶⁹ This was presented live on May 31, 2024 and is available as a recording at https://r.search.yahoo.com/_ylt=AwrNYyhmsURmKgQA6wdXNyoA:_ylu=Y29sbwNiZjEEcG9zAzEEdnRpZAMEc2VjA3Ny/RV=2/RE=1716987494/RO=10/RU=https%3a%2f%2fwww.sfrankelgroup.com%2f/RK=2/RS=upwpIK6B7TdCZE3IvsDM.GSNp98.

⁷⁰ Many AO programs emphasize but no research is available to empirically substantiate the common sense observation that at least some consumers learn more when they share the experience with trusted others. Note for example nursing directives that assert that "[i]nvolving family members in patient teaching improves the chances that your instructions will be followed" *Five Strategies for Providing Effective Patient Education*, WOLTERS KLUWER (Apr. 24,

The “Preparing for Parenting Plan Evaluation (PPE)” program is a 55-minute PowerPoint™ AO presentation narrated by the first author of this paper, a Ph.D. psychologist, custody evaluator, forensic consultant, and former guardian *ad litem*. The program uses simple illustrations and a sixth grade vocabulary to simplify and make sense out of the otherwise overwhelming and threatening evaluation process. Brief excerpts from interviews with a dozen experts from around the world are interspersed throughout the program, introducing diversity and depth to the presentation.

Research is now underway seeking to determine whether and to what degree participating in this video program affects parents’ expectations about the PPE process, their satisfaction with the process once it is complete, and whether associated improvements of PPE efficacy, efficiency, and thereby diminished costs can be documented. Participants are given the ability to opt into the research program. Those who do so are subsequently invited to provide follow-up data once their PPE is complete. A preliminary survey suggests a strong consensus among custody evaluators that AO for PPE has a very significant and positive impact on parents’ contribution to the process, that the uniformity of a single AO program available to all PPE participants would be valuable, and that referring participants to a single online source represents a cost- and time-savings to the process.

V. Conclusion

Advance orientation (AO) programs have been shown repeatedly across many and varied professional endeavors to diminish consumers’ anxiety, improve understanding, compliance, efficiency, and satisfaction with the process. This article summarized a small sample of these findings and, on that basis, suggested the value of generalizing these successes to the realm of Parenting Plan Evaluation in child custody litigation. It described an AO program intended to ease custody litigants’ anxiety and thereby improve the ecological validity of Parenting Plan Evaluations. A research program is now underway intended to test our central hypothesis, that is, that parents who complete the “Preparing for aParenting Plan Evaluation (PPE)” program

2020), <https://www.wolterskluwer.com/en/expert-insights/5-strategies-for-providing-effective-patient-education>.

available at DefuseDivorce.com are better informed, more confident, less anxious, and generally more satisfied with the process no matter its outcome than parents who do not participate in the program.

In our view the risks and limitations associated with AO in family law practice in general and with this program in particular are insignificant compared to its potential benefits. Those limitations include the still-untested generalization of benefits repeatedly seen in other fields to parents-cum-custody litigants and ultimately to their children. As long as the AO program does not constitute coaching, and does not create a cost- or time-burden, then participation does no harm.

Is there a risk that a single, uniform PPE AO could mislead a parent to expect a process that is substantially different than that described in the program? Yes, this is possible but considered more a benefit than a risk. Communicating details drawn from contemporary guidelines, standards, and ethics is intended to make parents better-informed consumers and may help to hold evaluators to these same best practices.

Is there a risk that a “Preparing for Parenting Plan Evaluation (PPE)” consumer will (intentionally or accidentally) allow a child to view the program and thereby cause the child harm? Once a parent purchases the program, he or she has continual online access for a full year. It is therefore conceivable that a child could stumble across it or even that a parent would invite the child to view the program. We see no necessary harm in either outcome, although the child’s age and ability to understand are likely relevant considerations. Indeed, with this possibility in mind, the authors have recently developed a companion program for parents and children to view together entitled, “Helping your child prepare to participate in a parenting plan evaluation.”⁷¹

Considering all that has been presented, these potential risks must continue to be weighed alongside the significant benefits of AO programming. Ongoing empirical research will be essential to refine the model, address emerging concerns, and ensure that AO remains a tool for education and empowerment, rather than one that causes unintended harm. From our perspective, AO has the capacity to demystify a process that many parents approach with

⁷¹ DEFUSEDIVORCE.COM <https://difusedivorce.com/programs?program=1747675615403x742981974043131900>.

fear, confusion, and mistrust, while also setting a new standard for serving the best interests of children in high-conflict divorce contexts. As such, we believe this model is a promising first step toward what could become the future standard in PPE practice.