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Benjamin D. Garber

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Why the Heck aren't We Doing This Already? Advance Orientation (AO) Can Improve the Efficacy and Efficiency of Court-Ordered Family Evaluations and Interventions

Benjamin D. Garber

Family Law Consulting, PLLC, Hollis, New Hampshire, USA

ABSTRACT

Advance orientation (AO) prepares consumers to better understand an anticipated service. Research spanning more than fifty years and numerous fields demonstrates that AO routinely improves consumer satisfaction, diminishes complaints against providers, and improves both the efficacy and efficiency of services. This brief note summarizes relevant data, introduces AO programming now available at DefuseDivorce.com, and invites readers to publish their professional experiences and practices with AO in family law in *Family Transitions*.

KEYWORDS

Divorce; custody; custody evaluation; efficiency; efficacy; satisfaction; advance orientation

I am a New Hampshire licensed psychologist. I have worked in the family courts for more than thirty years. As do many other practitioners, I often struggle with the inefficiencies of the family court system (Garber, 2023). There is no doubt that our offices and our courts are dramatically overburdened, leaving caring and able professionals ranging from frontline child protective workers to high court judges constantly playing catch-up and parents fighting interminable and excruciating battles for their children's well-being. Early this year, I was startled but not at all surprised to learn of research summarizing the general dissatisfaction expressed by parents who had recently completed a court-ordered parenting plan evaluation (PPE[1]; Locat, in preparation 2024). I began to wonder whether and how those custody-litigating parents had been prepared for the process. This stirred up a tornado that has since landed me in Oz.

Advance orientation (AO) is well-established in other fields

My research into this question led me very far from my usual diet of case law and forensic theory. I found myself for the first time reading empirically rigorous and statistically impressive research in nursing, medicine, dentistry,

CONTACT Benjamin D. Garber bdgarberphd@FamilyLawConsulting.org Family Law Consulting, PLLC, P.O. Box. 101, Hollis, New Hampshire 03049, USA

[1]I use this term in deference to the Association of Family and Conciliation Courts' guidelines (2022). Readers are reminded that PPE is known by many different names across jurisdictions including Child Custody Evaluation (CCE) and Parenting Rights Evaluation (PRE).

and public health. These studies substantiated what we all already know from personal experience: Advance orientation (AO) defuses consumers' anxiety about an impending service. Consumers who complete AO tend to be more satisfied with that service. When consumers have the advantage of AO, as described below, the service tends to be more efficient and effective, the benefits of the service tend to be longer lasting, and there are significantly fewer complaints about the provider.

For the purpose of this brief note[2]

(1) **AO diminishes consumer anxiety**. We know that custody litigation induces anxiety in all involved (Bow & Quinnell, 2004). This baseline is exacerbated when courts order families to engage in services including testing, parenting coordination, and PPE (Locat, 2024; Venzke & Venzke, 2008). Of course, anxiety interferes with higher order cognitive processes (Yu, 2016), often leaving consumers frustrated, confused, and feeling unheard. Numerous, independent, and scientifically rigorous studies in other fields spanning more than fifty years have repeatedly demonstrated that AO diminishes consumer anxiety (e.g., Al-Namankany et al., 2014; Gagliano, 1988; Krous, 200; Melamed et al., 1975; Zeev et al., 2007) with many secondary benefits.

(2) **AO enhances consumer satisfaction**. When consumers understand the service that they are soon to engage in, they tend to be more satisfied with the experience regardless of the outcome of the service (e.g., Cakmak et al., 2018). In one medical application, "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" (Maghalian et al., 2024, p. 15).

(3) **AO enhances consumer compliance with service protocols**. When consumers participate in an orientation in advance of a particular service or circumstance, they are demonstrably more compliant with relevant protocols. This is best illustrated by studies in public health that find that AO significantly improves "participants' emergency preparedness and changing behavior patterns" (Liu et al., 2023, p. 1493).

(4) **AO enhances service efficiency**. Orientation in the form of "anticipatory socialization" (Orne & Wender, 1968) or "role induction" (Swift et al., 2023) in advance of commencing mental health treatment has repeatedly been found not only to improve the time- and thereby the cost-efficiency of services (e.g., Lau et al., 2010), but to reduce attrition over time. In the realm of mental health services, for example, Lambert and Lambert (1984, p. 263) reported that immigrant outpatient clients

[2]For a more detailed analysis of the variables briefly discussed here, please see Garber and Deck (in review) and a recorded webinar "Advance orientation (AO) improves efficacy, efficiency and participant satisfaction" available at https://www.sfrankelgroup.com/ao-improves-efficacy-efficiency-and-participant-satisfaction.html.:

who participated in an AO " . . . were more satisfied with therapy, rated themselves as more changed, and dropped out of treatment at significantly lower rates." Even more compelling, however, is a meta-analysis of studies of the benefits of advance orientation on post-surgical pain: "Twenty-four studies reported on postoperative psychological outcomes, and 20 of these showed benefits of preoperative education, especially on postoperative anxiety" (Darville-Beneby et al., 2023, n.p.).

(5) **AO enhances service efficacy**. most impressive among these many findings are the studies that demonstrate that patients who complete AO in advance of surgery require significantly less post-operative pain medication and were more mobile sooner (Ali et al., 2019) with briefer hospital stays (e.g., Nakamura et al., 2023), thereby reducing risk, costs, and freeing professional resources for others. These and similar findings are so broadly endorsed that the American College of Surgeons (2024) 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."[3]

(6) **AO diminishes complaints about providers**. It stands to reason that when consumers are less anxious, better oriented, and more satisfied, they are much less likely to complain about the service or the service provider (e.g., Smith et al., 2006).

AO is not informed consent and it is not coaching

Common sense, respect, and a long list of guild-specific standards, guidelines, and ethics make informed consent a necessary precondition of most professional services. Informed consent serves to advise the consumer about his/her/their legal rights. In fact, informed consent can actually *increase* consumer anxiety (Goldberger et al., 2011; Yucel et al., 2005) with corollary costs to consumer satisfaction, the efficacy and the efficiency of the service. As such, informed consent and AO are complimentary processes. In one sense, AO provides consumers with a road map, but it does not teach them how to drive.

By contrast to both, coaching explicitly teaches consumers how to succeed in a given service environment (Dale & Gould, 2014).[4] In many contexts, coaching is known to confound assessment validity and is considered unethical (Dale & Gould, 2014).

[3]The American Medical Association (AMA, 2023) Health Literacy Policy H-160.931 in relevant parts calls for "the development of literacy appropriate, culturally diverse health-related patient education materials for distribution in the outpatient and inpatient setting."

[4]Coaching in this context must be distinguished from life coaching, e.g., "In coaching, as a distinct psychological/mental health specialty, licensed mental health professionals offer and provide positive, affirmative, behavioral science-based interventions to individuals who are seeking to improve their lives or their performance" (Harris, 2019).

Introducing DefuseDivorce.com

At this point in the discussion, my professional demeanor falters: Why the heck aren't we providing uniform AO to parents who are court-ordered to engage in various child centered services including PPE? AO programs are inexpensive to produce and easy to disseminate. There is little or no downside but there is a tremendous potential upside that benefits all, none so much as the children whom we are all committed to serve.

This is the driving force that has led to the creation of DefuseDivorce.com, an online platform providing litigating parents with 24/7 access to advance orientation to the full spectrum of services commonly ordered by our family courts. Scores of mental health and legal professionals from around the world have contributed to create brief, simple, AO programming on subjects including PPEs, parenting coordination, psychological testing, parenting, co-parenting, how to create a parenting plan, and much more.

In support of the many bold claims that I've made here, DefuseDivorce.com will be collecting data from willing participants. We are actively partnering with evaluators, judges, court commissioners, and county administrators across the United States to provide free advance orientation to PPE, so as to document the benefits of simple, brief, and inexpensive AO in the context of family law. Although we can project benefits of AO by drawing on theory and data from other disciplines, we hope to demonstrate the effectiveness of this model and to justify calls for AO to become the routine first step when family courts exercise their authority to order mental health services.

A call to family law professionals

DefuseDivorce.com is committed to better understanding and supporting the needs of children caught up in their family's dramas. This note also serves as a clarion call: we want to learn about your practice and your experiences with advance orientation in family law. Do you recognize how the anxiety inherent in the life-altering events that bring parents into our offices and our courtrooms affect their presentation? How does that anxiety mask who they really are and confound our efforts to evaluate their needs and skills and capacities? How if at all do you acknowledge and seek to diminish consumer anxiety so as to improve the ecological validity, efficacy, time- and cost-and efficiency of our work? If you provide any form of AO apart from the necessities of informed consent, how do you do this? In what medium? With what benefit and at what cost?

There is much to learn and discuss about AO in family law. I invite you to join me in establishing if and how AO can become an effective tool for families. *Family Transitions* is committed to providing a platform for researchers, practitioners, educators, and others that work with families to share their innovations in this space, and will consider empirical work that details experiences with advance orientation in the context of family law for peer review and publication.

I invite you to explore DefuseDivorce.com and to reach me at https://ben@DefuseDivorce.com with your thoughts and feedback. Working together, DefuseDivorce.com has the potential to provide us with a means of better serving families and benefiting the next generation.

ORCID

Benjamin D. Garber http://orcid.org/0000-0002-7249-2230

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