

**ASSOCIATION FOR CONFLICT RESOLUTION GUIDELINES
FOR ELDERCARING COORDINATORS**

with Foreword by Linda Fieldstone,
Sue Bronson, and Hon. Michelle Morley

On November 6, 2014, the AFCC Board of Directors endorsed the Association for Conflict Resolution (ACR) Guidelines for Eldercaring Coordination, including ethical principles for Eldercaring Coordinators, training protocols, and court pilot project template. The collaboration between Task Forces created by ACR and the Florida Chapter of AFCC, composed of twenty U.S./Canadian and twenty Florida-wide organizations, produced both an overarching guide to assist in the development of programs and a more detailed model addressing state/province-specific needs and characteristics. Eldercaring coordination is a dispute resolution option specifically for high-conflict cases involving the care, needs, and safety of elders.

Key Points for the Family Court Community:

- There are currently no dispute resolution options for parties involved in high-conflict cases regarding the care, needs, and safety of an elder.
- The ACR Guidelines for Eldercaring Coordination address the discrepancies between dispute resolution options available for parents in conflict regarding their minor children and mature families with unresolved concerns about the care, needs, and safety of an elder.
- The ACR Guidelines for Eldercaring Coordination provide information regarding the ethical practice of eldercaring coordination including a specific definition, recommended qualifications, ethical practices, grievance procedures, training protocols, and a court pilot project template.
- The practice of eldercaring coordination will address the influx of court cases expected as baby boomers continue to age, reducing delays in court hearings, as parties will have the opportunity to resolve their concerns without continuous court attention.
- As of June 2015, five states began Pilot Projects on Eldercaring Coordination, which will be studied by an independent research group to enhance the progress of the process and to develop the best practices for initiating the programs elsewhere.

Keywords: *Aging; Dispute Resolution; Elder Court Programs; Elder Mediation; Elders; and High-Conflict Families.*

FOREWORD

On November 6, 2014, the Association of Family and Conciliation Courts (AFCC) Board of Directors endorsed the Association for Conflict Resolution Guidelines for Eldercaring Coordination (ACR Guidelines), acknowledging that families do not age out of need as they mature. According to the Federal Interagency Forum on Aging-Related Statistics (2012), the numbers of elders is anticipated to double in the United States between 2008 and 2030, as baby boomers continue to reach 65 years old and beyond. Accordingly, the influx of court cases pertaining to the care, needs, and safety of elders is expected to increase significantly. Unlike parents with children of minor age, who have parenting coordination as a dispute resolution option, there is no comparable alternative for more mature families in high conflict involving issues regarding an elder. To address this issue, a groundbreaking collaboration ensued between the Florida Chapter of the AFCC (FLAFCC) and the ACR, where each formed a Task Force on Eldercaring Coordination composed of 20 statewide and 20 U.S./Canadian organizations, respectively (see Appendix A and Appendix B for list of organizations

Correspondence: Lfieldstone@jud11.flcourts.org

and representatives for each Task Force). The mission of the Task Forces was to use parenting coordination as a model “to develop a dispute resolution option specifically for high conflict cases involving issues related to the care and safety of elders in order to complement and enhance, not replace, other services such as provision of legal information or legal representation, individual/family therapy, medical, psychological or psychiatric evaluation, or mediation.”

In 2013, Linda Fieldstone, Past President of AFCC, former President of FLAFCC, and Secretary of the AFCC Task Force on Parenting Coordination (which developed the Guidelines for Parenting Coordinators in 2005), received support from the Elder Section of ACR, as well as the leadership of FLAFCC, to assist her with this project. Parenting coordination arose independently across the United States and Canada without any standardization or even awareness between parenting coordinators and programs. To address those issues, Fieldstone first attempted to ascertain if a similar practice or court program already existed that addressed high-conflict cases with elders. The National Council of Juvenile and Family Court Judges assisted her in the search and found no similar court-connected practices or court programs. Fieldstone then approached AFCC, and Executive Director Peter Salem validated that Sue Bronson, family and elder mediator and trainer and then Co-Chair of the ACR Elder Section, would be a wonderful partner to assist her in this endeavor. On the local level, Fieldstone approached FLAFCC President Judge Sandy Karlan, who received unanimous backing from her board to support this project. FLAFCC was the driving force behind the development of parenting coordination in Florida and convened its Parenting Coordination Task Force, which led eventually to statutory legislation, Family Court Rules of Procedure, and Supreme Court Administrative Order for Parenting Coordination. Judge Michelle Morley was appointed as co-chair of the Eldercaring Coordination Task Force because she was very familiar with parenting coordination as a circuit court judge in rural Sumter County, Florida, and also because she presided in guardianship cases involving elders and caregivers.

The vision was that both the FLAFCC and ACR Task Forces for Eldercaring Coordination would be comprised of Florida-specific and U.S./Canadian organizations, with advisory committees of experts in related fields. Their initial goal was to engage 9 organizations each, but the interest was so great that the number of member organizations for each Task Force quickly rose to 20. It appeared that other organizations’ leadership also recognized how high-conflict family dynamics may jeopardize the safety and well-being of the elder, delay medical treatment and court processes, affect compliance with court orders, and undermine the effectiveness of guardianship and other designations by the court. Moreover, they perceived the growing need to address high-conflict issues concerning elders with less adversarial court processes, whenever possible. In comparison to elder mediation, which addresses issues between parties in the resolution process, the eldercaring coordinator (EC) would serve cases in which the conflict is so enmeshed between the parties that they are not able to focus productively on the issues at hand. The EC concentrates on managing the conflict, enabling the parties to proceed more effectively and work with the community resources available to assist the elder and caregivers.

The two Task Forces worked concurrently and collaboratively since their first separate meetings in June 2013. The ACR Task Force provided the overarching framework needed to serve as a guide for states and provinces to develop Eldercaring Coordination Programs, and the FLAFCC Task Force demonstrated how that framework could be honed according to an individual state’s needs and characteristics. It is important to emphasize the benefits of this collaboration. Each Task Force raised different points in discussions that altered the work of the other. Additionally, information gathered or created in one Task Force was shared at each step to provide a foundation for discussion and adoption when possible to reduce the workload of the other.

The Task Force work was divided into three stages, with Stage One focused on the development of the ACR and FLAFCC Guidelines. The result was a work product of each Task Force that includes:

1. Ethical Guidelines for Eldercaring Coordination, including definitions and qualifications;
2. Recommended Complaints/Grievance Procedure;
3. Eldercaring Coordination Training Guidelines and Protocols;
4. Court Pilot Project Proposal Template, including recommended complaints procedure, standardized Order of Referral, and eldercaring coordination forms; and

5. Eldercare Coordination Project Assessment Tool/Pre- and Postsurveys for Elders, other participants, and the EC.

The complete ACR Guidelines, including the Pilot Project Template, can be found at <http://acrelidersection.weebly.com/>. The FLAFCC Guidelines for Eldercare Coordination are posted on their Web site at www.FLAFCC.org.

Stage Two involves implementation. Sites for pilot projects throughout Florida as well as in the United States and Canada have shown interest. As of June 2015, five states including Florida, Idaho, Indiana, Minnesota, and Ohio initiated their programs in September 2015, and there are future possibilities in Delaware, Georgia, Louisiana, Oregon, North Dakota, Texas, Toronto, Tennessee, Wisconsin, and Virginia. The pilot sites are using the Pilot Project Template found in the complete version of the Guidelines as their guide to procedures and protocols, as well as court forms and orders. Moreover, opportunities to work with state Elder Protective Services are being developed, such as in the eight Florida circuits participating as pilot sites, in order to further enhance the programs and provide safety precautions for the elders participating. Each initial pilot project designated three potential ECs, who have attended the ACR Inaugural Training for Eldercare Coordinators, hosted by the Ohio Supreme Court, which also involved an evaluation component so that revisions can be made to the training protocols included in the ACR Guidelines as necessary; a state-specific inaugural training was hosted by FLAFCC in Orlando, Florida. Additionally, an independent research team, including Pamela Teaster Ph.D., of the Center for Gerontology of Virginia Polytechnic Institute and State University; Sally Hurme, Project Advisor on Education and Outreach of the Association of American Retired Persons; and Marsha Kline Pruett, Resident Faculty, Smith College, are developing the survey templates to provide ongoing research throughout the project and enhance its delivery process to better inform benefits for the participants and the court. Stage Three will involve a reassessment of the work product and consultation and formation of support systems as needed.

ACR RESOLUTION GUIDELINES FOR ELDERCARE COORDINATION OVERVIEW

Eldercare Coordination focuses on reducing conflict and court involvement so the elders, family members, and other participants are able to focus productively on the issues related to the needs and safety of the elder and to work collaboratively with others in the support network that provides legal advice and social and medical care and guidance.

The process of eldercare coordination has been developed to:

- Help manage high-conflict family dynamics so that the elder, family, and stakeholders can address their nonlegal issues independently from the court;
- Ready the elder and family to work with others in their support network to address the care and needs of the elder, avoiding delays and resulting in better decisions;
- Promote the self-determination of the elder to the extent of his/her ability as fully as possible;
- Promote safety by monitoring situations at high risk for abuse or neglect;
- Provide a support system for the elder and family during times of transition; and
- Free precious judicial time by addressing matters for which other dispute resolution processes have been unavailable or ineffective.

DEFINITION OF ELDERCARE COORDINATION

Eldercare coordination is a dispute resolution process during which an EC assists elders, legally authorized decision makers, and others who participate by court order or invitation to resolve disputes with high conflict levels that impact the elder's autonomy and safety by:

- Enabling more effective communication, negotiation, and problem-solving skills;
- Offering education about elder care resources;
- Facilitating the creation and implementation of an elder care plan;
- Making recommendations for resolutions; and
- Making decisions within the scope of a court order or with the parties' prior approval.

QUALIFICATIONS OF ELDERCARING COORDINATORS (ECs)

ECs have varied professional backgrounds, including jurisprudence, social work, psychology, marriage and family therapy, mediation, parenting coordination, and geriatric care management, but share an expertise in helping elders and families resolve high-conflict disputes involving issues related to the care and needs of elders. Because the role of the EC may include decision-making authority for how the resolution to a conflict is addressed, it is crucial that the court appoint only those professionals who are qualified. These professionals would have training to ensure best practices are maintained, including the use of ongoing screening to ascertain the elder's understanding of the process and identify any potential safety concerns and the possibility of abuse, neglect, coercion, fraud, and exploitation of the elderly.

To ensure that services are provided by qualified professionals, credentials were identified that include academic knowledge, substantial conflict resolution skills, and extensive practical experience.

1. An EC shall be licensed or certified by a regulatory body of a jurisdiction, state, or province, with at least a master's degree and all of the following:
 - a. Completion of *family mediation training* certified or approved by the circuit, state, or province or commensurate with the objectives established by the ACR Resolution;
 - b. Completion of *elder mediation training* certified or approved by the circuit, state, or province or commensurate with the objectives established by the ACR;
 - c. Completion of *Eldercaring Coordination Training* certified or approved by the circuit, state, or province or commensurate with the objectives established by the ACR; and
 - d. Extensive practical experience in a profession relating to high conflict within families.
2. An EC shall be psychologically and cognitively able to perform the requirements of the EC role and have no situation, condition, impairment, or disorder that prevents the ethical, responsible, and effective exercise of the EC role.
3. An EC must decline a case, discontinue service, and immediately report to the court and the parties if any disqualifying circumstances as noted above occurs or if s/he no longer meets the minimum qualifications.

RESPONSIBLE PRACTICE OF ELDERCARING COORDINATION

The EC's primary responsibility is to the elder. At the same time, the EC must develop and maintain good working relationships with family members and other professionals involved in the elder's care. In addition, the EC supports the well-being and safety of elders within complex systems of public and private social services, legal services, and health care providers. To perform these varied functions, the EC must be trustworthy and accountable to everyone involved in the eldercaring coordination process and at all times follow the legal and ethical requirements that govern his/her professional practice. The EC should also continue to expand his/her professional knowledge and skills and cultural competence, and strive to understand how the larger societal issues affect elders and families.

The ACR Task Force recognizes that each EC is guided by the ethical code, practice standards, and scope of practice for his/her respective profession. Therefore, the Task Force has applied the core ethical principles common to most human service professions to the EC role and addressed the following two broad aspects of the ethical practice of eldercare coordination:

1. Unique considerations in working with the elder population; and
2. Tasks and functions specific to the role of EC.

These Guidelines are aspirational in nature and serve as guidance to courts and programs interested in implementing eldercare coordination as a viable dispute resolution process for high-conflict cases involving elders. Ethical behavior requires more than just avoiding wrongdoing or resolving complaints. These Guidelines were developed to help the EC understand and follow relevant ethical principles. Professionals considering becoming or serving as ECs can find the best practices and ensure their proper training to facilitate the process most effectively. Additionally, the Guidelines and training protocols provide quality control and protection for the consumer as they include minimal expectations for conduct and best practices for the EC.

FOUNDATIONAL ETHICAL PRINCIPLES OF ELDERCARE COORDINATION

1. AUTONOMY

Autonomy is defined as self-determination; respect for elders' rights and dignity; and the right of elders to be self-governing within their family and social system and cultural framework.

Every adult has the right to make his/her own life decisions, unless adjudicated by a court to not have the ability to make certain decisions. Even after court adjudication, the adult has the right to be included in the decision-making process to the extent of his/her ability. The EC shall promote the self-determination of the elder as fully as possible within the context of the eldercare coordination process. The EC has a responsibility to assist the elder in articulating his/her goals, needs, and preferences so that these can be incorporated into the plan of care to the greatest extent possible. The EC is aware of potential conflicts that may arise when balancing the benefits and risks of interventions being considered and shall strive to ensure that the elder's choices are respected and accommodated as fully as possible.

The EC shall respect the rights and dignity of the elder and shall strive to balance the elder's autonomy with the need for protection and safety. Unless an elder's decision will cause harm to him/herself or others, the preferences expressed by the elder should be followed even when others, including the EC, do not agree with those decisions.

Regardless of the elder's decisional capacity, the EC shall involve the elder, to the greatest extent possible, in decisions that impact the elder's life. The elder should be the primary decision maker in all eldercare coordination issues, unless a court has appointed a surrogate decision maker. In situations where a surrogate decision maker (such as a guardian or conservator) has been appointed, the EC shall facilitate the ability of elders to make their goals, needs, and preferences known and to have them seriously considered.

If questions regarding the elder's decisional capacity exist, s/he should be evaluated by a professional, other than the EC, who is competent to make that determination. If the elder does not comprehend the factors involved in the decision-making process and therefore cannot make a competent decision, the EC shall ensure that all decisions concerning the elder are made by the person(s) with the legal authority to do so, striving to ensure that the elder's goals, needs, and preferences are represented and that the elder is in the center of the decision making.

The EC shall strive to facilitate clear communication with elders and families, including the use of professional interpreters when needed, to ensure that the elder's goals, needs, and preferences are understood and accommodated to the fullest extent possible. Family members, or any individual significantly involved in an elder's living situation, should not be relied upon to interpret language.

The EC shall promote person-centered service delivery by communicating with the elder to the greatest extent possible. When such communication is limited, the EC shall strive to keep the elder's goals, needs, and preferences at the center of the process. The EC shall maintain open and respectful communication with legally authorized decision makers and others participating in the eldercaring coordination process. The EC shall ensure that the specific information needed by the elder and/or designated decision maker to make informed decisions (such as the potential risks and benefits of all options) is presented and understood, that the elder and/or designee consents to services, and that the elder's or designee's right to discontinue services at any time is respected.

2. BENEFICENCE

Beneficence is defined as doing good to others and promoting the well-being of eldercaring coordination participants.

The EC has a professional obligation not only to avoid harm to any party in the course of the eldercaring coordination process, but also to conduct the process with close attention to the interests of all parties. The EC shall promote the elder's goals, needs, and preferences in such a manner as to maximize the benefit to the elder while avoiding harm to the elder or others.

In situations in which harm could come to others as a result of a contemplated action or decision by the elder, the EC shall take reasonable steps to explain to the elder the risk of harm and shall attempt to mitigate that risk. If this effort is unsuccessful, the EC will not assist the elder in carrying out a decision or action that poses a threat of substantial harm to the elder or to others.

While the EC shall maintain impartiality in the process of eldercaring coordination, the EC is not neutral regarding the outcome of particular decisions and shall strive for outcomes that promote the well-being and safety of the elder. Impartiality means the freedom from favoritism or bias in word, action, or appearance and includes a commitment to assist all parties.

3. COLLABORATION

Collaboration is defined as working together cooperatively in the interest of achieving shared goals.

Eldercaring coordination entails collaboration on three levels: between the EC and participants in the eldercaring coordination process, among eldercaring coordination participants, and between the EC and other service providers. The EC shall strive to promote such collaborations on behalf of the elder served. The EC recognizes that misunderstandings, differences of opinion, and lack of communication often underlie conflicts regarding elders' care. Impasses may be reached when an elder's preferences conflict with those of legally authorized decision makers and other eldercaring coordination participants, when decision makers and other participants disagree about the best approach to eldercare, or both. The EC endeavors to facilitate communication and, if needed, care planning among all participants (including the elder) in the eldercaring coordination process.

The process of eldercaring coordination often involves interdisciplinary and interorganizational collaboration on behalf of the elder. Thus, the EC may facilitate communication among existing service providers or help participants in the eldercaring coordination process develop relationships with new service providers. In such instances, the EC shares information judiciously and only as authorized, safeguarding confidentiality, privacy, and privileged communications as appropriate.

The EC shall strive to develop and maintain professional and cooperative relationships with all other professionals involved in the eldercaring coordination process. Eldercaring coordination is interdisciplinary in nature and typically involves collateral contacts with other professionals who have knowledge of, or provide services to, the elder or family members. The EC shall strive to develop and maintain collaborative relationships with other professionals who provide services to the elder, including those in the legal, medical, mental health, and social service communities, in the interest of promoting the continuity and effectiveness of the eldercaring coordination process.

4. PROFESSIONAL COMPETENCE

Professional competence is defined as possessing the requisite skills, knowledge, and ability to provide efficacious services.

The practice of eldercaring coordination requires the acquisition and application of specialized knowledge, skills, and expertise in dispute resolution/conflict resolution, dynamics of family systems and aging, and familiarity with legal requirements relevant to eldercaring coordination. The EC also needs to recognize the presence of mental health, cognitive, or other issues affecting the elder's capacity to provide informed consent to participation in the eldercaring coordination process and ability to represent his/her own goals, needs, and preferences in that process to ensure his/her care and safety. The EC shall strive to continue to acquire additional specialized knowledge through activities, such as continuing education and case-specific consultation. The EC shall also strive to understand legal authorities, terminology, and procedures that affect eldercaring coordination practice.

The EC shall be qualified by education, training, and skills to undertake the EC role and shall continue to develop professionally in the role. Because eldercaring coordination is a complex process involving multidisciplinary areas, the EC must stay abreast not only of developments within his/her profession, but also of a wide range of knowledge relevant to the execution of the role of EC.

If the EC has limited experience or knowledge in the matters that impact a specific case, the EC must be prepared to develop further expertise in order to effectively handle the specific case. Such enhanced expertise may result from consulting other professionals, continuing education, and reviewing treatises and other reference materials. The EC shall request appropriate assistance in the case, decline an appointment, or withdraw from a case when the facts and circumstances of the case are beyond the EC's skills or expertise and the EC cannot, in a timely manner, develop the specific competency and expertise that is required.

The EC shall be psychologically and cognitively able to perform the requirements of the EC role as noted in minimum requirements above.

5. FIDELITY

Fidelity is defined as honoring commitments, keeping promises, and respecting the trust placed by eldercaring coordination participants in the service provider.

Meeting the duty of fidelity requires far more than simply performing the professional services to which the EC is contractually obligated or for which the EC makes verbal promises. It means recognizing and meeting the responsibilities of the primary profession of the EC and demonstrating loyalty to the elder involved in the eldercaring coordination process.

The EC shall be trustworthy and dependable in all aspects of both professional and business relationships. The EC shall maintain confidentiality, avoid conflicts of interest, and always pursue the best interests of elders.

The EC shall facilitate the participants' understanding of the eldercaring coordination process so that they can give informed consent to the process.

The EC shall avoid conflicts of interest that interfere with the ability to promote participants' interests and which may result in an actual, apparent, or potential benefit to the EC. Moreover, the EC shall not engage in dual or multiple roles with any eldercaring coordination participant.

6. INTEGRITY

Integrity is defined as providing services with trustworthiness; veracity; and adherence to professional, ethical, and legal requirements.

Integrity means that the EC shall be honest, diligent, and accountable in the provision of service and shall act in a manner consistent with the values reflected in his/her professional ethical code(s). The EC shall be familiar with sources of ethical and professional guidance that may be relevant to

the provision of eldercaring coordination services, including professional practice standards and laws relevant to eldercaring coordination.

Integrity involves both understanding and fulfilling the duties associated with the EC role and abiding by the limitations and scope of the role. The EC shall endeavor to understand the EC role, including sources of authority and appropriate activities, in order to maintain professional boundaries and avoid incorporating clinical, forensic, or legal practices that are beyond the scope of the EC's role.

7. JUSTICE

Justice is defined as nondiscrimination, being fair in the treatment of all eldercaring coordination participants, providing appropriate services to all.

The EC shall act in a just and fair way in all professional relationships. The EC shall not promote or sanction any form of discrimination based on age, race, ethnicity, family status, gender, gender expression, gender identity, spirituality or religion, sexual orientation, national origin, disability, socioeconomic status, or other factors.

The EC shall provide equitable service to all participants in the eldercaring coordination process, without regard either to cultural and linguistic factors or to each participant's financial contribution to the eldercaring coordination process. The EC shall provide a forum for each participant's views while upholding the goals, needs, and preferences of the elder.

Throughout the eldercaring coordination process, the EC shall consider how ageism and other forms of social injustice affect elders and eldercare. Such injustice may be manifested in multiple ways, including disregard of elder's goals, needs, and preferences; economic and health disparities; decreased access to information, resources, and services; and elder abuse or neglect. The EC shall endeavor, within the limits of both the EC's role and his/her professional discipline, to mitigate such injustice.

The EC shall promote access to information, resources, and services that may enhance the well-being of the elder and support other eldercaring coordination participants in their caregiving roles.

When disputes pertaining to eldercare arise during the eldercaring coordination process, the EC shall attempt to resolve issues and reduce conflict among all participants—ideally, by reaching agreement—in a timely manner. When participants are unable to reach agreement and if it has been ordered by the court or authorized by consent, the EC shall decide the disputed issues.

8. NONMALEFICENCE

Nonmaleficence is defined as avoiding harm to others.

The principle of nonmaleficence directs the EC to act in such a way that causes no harm to others. In particular, the EC shall not cause avoidable or intentional harm and shall avoid subjecting any party in the eldercaring coordination process to unnecessary risk of harm.

Types of harm range from physical and emotional injury to deprivation of property or violations of rights. The experience of harm can be subjective and situations may arise in which some types of harm seem inevitable. For example, an older person may find it necessary to give up some measure of independence in the interest of maintaining his/her personal safety and security. In such cases, when one harm may be imposed in order to avoid a greater harm, the EC shall strive to choose the lesser of the possible harms. To the extent possible, the EC shall facilitate the elder's choice in such matters, for each elder can best determine which harm seems the greater or lesser harm.

The EC shall aspire to facilitate healthy environments for elders and constructive relationships between elders, their families, and care providers, while ensuring the safety of all participants in the eldercaring coordination process. If the elder has been abused, the case may present substantial safety risks or power imbalances and may not be appropriate for eldercaring coordination. The EC shall report all matters of actual, suspected, or potential harm to the proper authorities (law enforcement, protective services, etc.) as directed in his/her profession's code of ethics and/or the law of his/her state, province, or jurisdiction.

9. CULTURAL COMPETENCE

Cultural competence is defined as providing culturally informed and responsive services that accommodate the elder's communication requirements, not simply as cultural awareness and respect.

Culture is an "integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships and expected behaviors of a racial, ethnic, religious or social group; and the ability to transmit the above to succeeding generations" (National Center for Cultural Competence, 2006).

The EC recognizes that every interaction with elders, other eldercaring coordination participants, and other service providers constitutes a cross-cultural interaction. Therefore, the EC shall exercise cultural and linguistic competence throughout the eldercaring coordination process, including communicating in a manner that is easily understood by participants in the eldercaring coordination process, using plain language and incorporating professional interpreters, professionally translated materials, and assistive devices as needed. The EC regularly evaluates and, as needed, modifies eldercaring coordination services to enhance cultural and linguistic accessibility and responsiveness to clients.

The EC strives to recognize and respond to relevant sources of professional guidance in regard to multicultural and diversity issues in the provision of eldercaring coordination services. Lack of awareness of these issues may influence the EC's professional judgment and decision making. The EC shall develop and maintain awareness of, respect for, and responsiveness to the diversity of families' cultural contexts. Specifically, the EC shall consider how factors and personal biases pertaining to age, gender, gender identity, sexual orientation, family status, race, ethnicity, culture, spirituality or religion, disability, language, and socioeconomic status influence both the parties' and the EC's values and expectations regarding family dynamics and eldercaring coordination. The EC shall endeavor to understand expectations and behaviors regarding eldercaring practices that are based in frameworks different from their own and to integrate this knowledge into their interventions.

TRAINING MODULES AND TRAINING PROTOCOLS FOR ELDERCARE COORDINATION

In order to attain the goal of ensuring a high level of proficiency in the performance of EC, the following training guidelines have been developed. This guide contains two components, the first includes the learning objectives and the second is how the training should be conducted.

PART I: LEARNING OBJECTIVES

These training objectives are recommended to orient professionals qualified by their states or jurisdictions to the issues and skills necessary to enter the practice of eldercaring coordination.

1. Eldercaring Coordination Concepts

- (a) Define eldercaring coordination as a dispute resolution process and describe potential benefits for elders, their families, other stakeholders, and courts.
- (b) Explain the definition of eldercaring coordination in any applicable law and any court rules of procedure.
- (c) Discuss the source(s) of authority for the eldercaring coordination process.
- (d) Describe the roles and functions of an EC, including the activities of the EC:
 - (i) Facilitating more effective communication, negotiation, and problem-solving skills;
 - (ii) Offering education regarding elder care resources;
 - (iii) Facilitating the creation, modification, or implementation of an eldercare plan;
 - (iv) Making recommendations for resolutions; and

- (v) Making decisions within the scope of a court order or with the parties' prior approval.
- (e) Identify how the role of an EC differs from other types of roles supporting elders and their families in conflict such as legal services, mediation, geriatric care management, guardianship, guardian ad litem, power of attorney, family substitute decision maker, medical surrogacy, or family counseling.
- (f) Discuss the professional guidelines and standards that guide the practice of eldercaring coordination.

2. Elder Law Pertaining to the Eldercaring Coordination Process

- (a) Detail the specific legislation, as well as court procedures, relevant to elders in your circuit or jurisdiction that are pertinent to the eldercaring coordination process.
- (b) Describe how the parameters of the law relate to the eldercaring process and the role of the EC.
- (c) Clarify the roles of those with joint or sole authority with regard to financial and health care decision making for the elder.
- (d) Explain the responsibilities and powers when guardianship is ordered by the court.
- (e) Describe the legal concepts that relate to the eldercaring coordination process including, but not limited to: due process, ex parte communications, relocation, and privilege.
- (f) Explain the statutory constraints of eldercaring coordination where domestic violence exists and/or protective orders have issued by the court.
- (g) Describe when and how the EC should interface with the court system.
- (h) List the procedures to follow when requested to provide testimony or evidence.
- (i) Describe the EC's responsibilities to the court.

3. Capacity Considerations for the Eldercaring Coordination Process

- (a) Explain legal and medical perspectives of capacity and its relevance to eldercaring coordination.
- (b) Explore the elder's as well as other participants' ability to participate in the eldercaring coordination process.
- (c) Describe and demonstrate screening for the capacity to participate in the eldercaring coordination process and how to respond appropriately, while avoiding a dual role inherent in performing a broader screening for or assessment of capacity, which should be done by a qualified professional who is not acting as an EC.
- (d) Identify strategies to creatively enhance each person's capacity to engage fully in the eldercaring coordination process.
- (e) Explain the presumption that the elder participates in all cases to the extent possible.
- (f) Discuss ways to incorporate the expressed wishes and current, as well as long-standing values, of an older person if s/he is not able to participate fully in the process.

4. The Eldercaring Coordination Process

- (a) Explain the processes of voluntary referral to eldercaring coordination and court-ordered referral to eldercaring coordination and potential differences between the two.
- (b) Identify and explain the components of a (Ratified) Order of Referral or Stipulated Agreement for Eldercaring Coordination.
- (c) Identify all of the parties that could potentially be involved in the eldercaring coordination process, including, the elder, legally authorized decision makers, and invited parties.

- (d) Explain the importance of the written professional services agreement, including the elements that need to be included in the written agreement between the parties and the EC that describe the EC's services.
- (e) Discuss affordability issues regarding eldercare coordination, description of fees and other costs, options for fee allocation, and implications of affordability issues.
- (f) Explain the possible screenings for capacity to participate in the eldercare coordination process that is to take place as part of the intake and how to implement ongoing screening on a periodic basis in order to identify characteristics of individuals who may not continue to be appropriate to participate in the eldercare coordination process.
- (g) Identify other screenings that may need to be performed by qualified professionals to assess a substance use disorder, mental health, or health care condition.
- (h) Identify other logistical factors that might influence or enhance the eldercare coordination process, including, but not limited to, accessibility to attend a meeting location, proximity of bathrooms, break times, beverages, snacks, or meals.
- (i) Explain how to structure the eldercare coordination process from screening and intake, through orientation, meetings, and outcome possibilities.
- (j) Detail components of the orientation process for eldercare coordination, explaining the process directly with participants and explaining the concepts that must be disclosed in writing to the parties.
- (k) Explain the importance of obtaining written acknowledgment by the parties that the EC, in person, reviewed the terms of the Order of Referral, described the process and the role of the EC, and notified the participants in writing of the information that must be disclosed.
- (l) Identify collaterals and the development of a collaborative team to enhance the eldercare coordination process. Clarify the EC's role, responsibilities, limitations, and communication protocols within that context.
- (m) List possible options for scheduling meetings at appropriate intervals to allow for reassessments of parties, progress of the eldercare coordination, and possible venues to consider; if meeting separately with parties, explain considerations for when joint appointments would be appropriate provided there are no safety concerns.
- (n) Detail protocols for eldercare coordination meetings logistics and interventions, including, but not limited to, scheduling of appointments, communication protocols, and documentation.
- (o) Detail the procedures of each eldercare coordination meeting, including, but not limited to, creating an agenda, handling emergencies, maintaining balance, and reassessment of conflict.
- (p) Discuss how to appropriately interface with the court to request clarification or direction if necessary in furtherance of the eldercare coordination process, to request a hearing if issues of safety arise, or to request termination of the process if the process was court ordered.
- (q) Explain how to assess phases of the eldercare coordination process as it progresses, including data gathering, conflict resolution, maintenance, and termination.
- (r) Assess the needs of the client system with specific focus on the voice, risks, and lifestyle preferences of the elder and the participants' past and current relationships with the elder and between each other.
- (s) Assess productive procedures for facilitating eldercare coordination meetings depending on parties' relationships and abilities to communicate with one another, including the need for initial and interim private meetings and caucuses, and meetings by phone, electronically, or in person.
- (t) Identify components of the eldercare plan as possible outcomes of the process, including, but not limited to, how the elder and parties will continue to address and resolve conflict, who might assist them, their resource and support team, their goals to continue after the process is completed, procedure for decision making, and the division of responsibilities to carry out goals.

- (u) Describe factors that may enhance or undermine the effectiveness of the eldercaring coordination process.

5. Ethical Considerations Pertaining to Eldercaring Coordination

- (a) Identify the foundational Ethical Principles for Eldercaring Coordination described in the ACR Guidelines for Eldercaring Coordination: autonomy, beneficence, collaboration, professional competence, fidelity, integrity, justice, nonmaleficence, and cultural competence.
- (b) Explain the ethical value of a person-centered service provision that underlies the eldercaring coordination process.
- (c) Identify ethical issues that might arise at any point in the eldercaring coordination process: person-centered/primacy of the elder's interests, self-determination, informed decision making, coordinator neutrality, confidentiality, conflicts of interest, elder abuse, and professional boundaries.
- (d) Identify common ethical dilemmas that might arise in the eldercaring coordination process and how to resolve them.
- (e) Discuss policies and procedures that support an ethical practice as an EC.
- (f) Discuss the ACR Guidelines for Eldercaring Coordination.

6. The Elder Adult Within the Context of the Eldercaring Coordination Process

- (a) Identify and explain an elder's unique developmental needs and their impact on caregiving and decision making.
- (b) Describe the interrelationship between physical challenges, mental declines, and psychosocial well-being of the elder and their possible effects on the eldercaring coordination process.
- (c) Describe societal and participants' biases and cultural attitudes regarding aging, including myths of aging and stereotype, and possible effects of such on the eldercaring coordination process.
- (d) Explain the effects of the elders' loss or potential loss of independence, including, but not limited to, their finances, driving, living arrangements, decision making, and possible effects of such on the eldercaring coordination process.

7. Family Dynamics Related to Elders Within the Context of the Eldercaring Coordination Process

- (a) Explain family systems, including, but not limited to, homeostasis, boundaries, enmeshment/disengagement, triangulation, collusion, communication styles, personality disorders, trauma histories, and how they relate to the eldercaring coordination process.
- (b) Explain family dynamics, including family of origin, unresolved past, relationships and emotion, power and influence, and how these factors relate to the eldercaring coordination process.
- (c) Detail significant transitional life changes of an elder and the possible impact on existing family dynamics and emotions of loved ones that may affect the eldercaring coordination process.
- (d) Discuss the unique and complex roles of family caregivers, professional and paraprofessional practitioners, substitute decision makers, and power of attorney and their relationship with the elder and clarify their impact on existing family dynamics that may affect the eldercaring coordination process.
- (e) Explain the intricacies inherent in multigenerational and blended families and their possible effects on the eldercaring coordination process.

- (f) Identify others who may be significant in the elder's life, how their roles may be interrelated to the elder, and how they may be helpful or hinder the eldercaring coordination process.
- (g) Explain possible effects of mental illness, substance use disorders, and other vulnerabilities in the family system, which could affect the eldercaring coordination process.
- (h) Explain how high-conflict families can impact the care of an elder as well as the eldercaring coordination process, including the role of the elder in creating, perpetuating, and/or responding to the conflicts that exist within the family system.
- (i) Explain the psychosocial effects when transitioning through terminal illness of a loved one, the grieving process, and establishing closure in order to provide a support system through the eldercaring coordination process.
- (j) Identify and be sensitive to the issues of culture, language, and spiritual needs of the family system in a highly diverse society.
- (k) Describe the impact of high-conflict family situations on an elder including, but not limited to, impact of alignments, estrangements, and alienation throughout the family system and during the eldercaring coordination process.
- (l) Identify characteristics, impasse styles, and patterns of interaction in high-conflict families that hinder conflict resolution and interventions to reduce conflict within the eldercaring coordination process.
- (m) Explain relevant psychological theories and social science research applicable to professional interventions for a family in eldercaring coordination.
- (n) Develop methods to improve communication between the elder and the other parties in order to meet the needs and enhance the safety of the elder.
- (o) Explain processes for obtaining information to facilitate resolution of disputes as they arise within the eldercaring coordination process.
- (p) Describe methods to encourage compliance with court orders.

8. Elder Abuse, Neglect, Exploitation, and Family Violence and Their Implications on the Eldercaring Coordination Process

- (a) Discuss the legal and nonlegal definitions of elder abuse, neglect, and exploitation, as well as interpersonal violence, and their context within the eldercaring coordination process.
- (b) List specific dynamics within the family and caregiving relationship that may contribute to elder abuse and neglect, exploitation, extortion, dependency, influence, coercion, control, threat, and duress, and their potential influence on the eldercaring coordination process.
- (c) Discuss the effects of elder abuse, neglect, and exploitation on relationship and family dynamics and the potential influence on the eldercaring coordination process.
- (d) Explain the importance of understanding the history of the relationships and family dynamics in recognizing coercive, controlling behavior and their effects on the eldercaring coordination process.
- (e) Explain the dynamics of perpetrators of abuse and the impact on the elder's abilities that could affect the eldercaring coordination process.
- (f) Discuss the implications of different types of abuse (i.e., elder abuse, neglect, extortion, exploitation, family violence, and substance abuse) and their possible impact on the ability of the elder and others to participate in the eldercaring coordination process.
- (g) Describe the unique problems and inherent dangers presented by family violence of all types in terms of establishing balance with the goals, needs, and preferences of the elder as priority, facilitating agreements between those involved in the eldercaring coordination process and the need for safety in the eldercaring coordination process.
- (h) Identify procedures for initial and/or ongoing screening for elder abuse, neglect, and exploitation, as well as family violence, and appropriate courses of action when safety parameters are needed.

- (i) Utilize a screening tool that identifies risk factors and the various ways they are manifested, such as power imbalances and safety issues that may impact the eldercaring coordination process.
- (ii) Explain the importance of monitoring adherence to the elder care plan.
- (iii) Explain the importance of employing safety precautions and interventions in the eldercaring coordination process, including the elder, family members, other stakeholders, and the EC.
- (iv) List appropriate precautions, safety interventions, and obligations when confronted with elder abuse and neglect, exploitation, family violence, substance abuse, and mental health issues within the context of the eldercaring coordination process.
- (v) Explain the limitations of confidentiality and the legal and ethical responsibility of the EC, as well as others that may be participating in the eldercaring coordination process, to report elder abuse, neglect, and exploitation.
- (vi) Explain the importance of reporting to a judicial officer, infractions of existing court orders, including the need to modify an eldercaring plan with the inclusion of safety parameters, using the appropriate forms for communicating to the court.
- (vii) Describe the process for terminating the eldercaring coordination process when continuing with the process would endanger the safety of those involved, including the EC.
- (viii) Detail when it is mandatory to report to the court regarding safety issues, including what constitutes reasonable cause to suspect the elder has or is being abused, neglected, or exploited or is expected to be or wrongfully removed from the jurisdiction of the court without prior approval of the court and what procedures are required when reporting emergencies to the court.
- (ix) Identify the specific statutes relevant to safety and protection of elders and how they apply to the eldercaring coordination process.

(Note: A minimum of 4 hours of instruction on safety relating to the eldercaring coordination process shall be offered integrated into eldercaring coordination training.)

9. Resources and Professional Supports for the Elder and Family as well as the Eldercaring Coordination Process

- (a) Explain how to include existing professional supports in the eldercaring coordination process such as attorneys, those authorized by the court with decision making discretion, doctors, nurses, professional guardians, and other health care professionals.
- (b) Identify additional professional resources that may assist with the planning, care, and well-being of the elder and support system, including, but not limited to, mediators, geriatric care managers, social workers, and patient advocates.
- (c) Explain how to work with legal, mental health (e.g., social workers, psychologists, marriage and family therapists), and other professional disciplines and promote cooperation among those dealing with the family and stakeholders.
- (d) Detail when and how to refer to and collaborate with a qualified expert and use a team approach to best serve the parties in the eldercaring coordination process.
- (e) Identify resources to assist in the caregiving of the elder and enhance financial, health care, and social service benefits.
- (f) Explore possible living arrangements or domicile, including those provided by family members (may include so-called “granny flats”), others in supportive roles, skilled nursing facilities, assisted living communities, and personal care homes.
- (g) List specific sources of referrals for parties.

10. Eldercare Coordination Techniques

- (a) Detail the characteristics and training that enhance or undermine the effectiveness of the EC.
- (b) Describe the need for appropriate accommodations for the eldercare coordination process and how the range of accommodations is used to enhance or support participation of the elder and by all parties.
- (c) Develop strategies for intervention with the elder and parties, including goals and time frames, within the eldercare coordination process.
- (d) Identify the concept of intractable conflict and discuss how to transform it into a framework more suitable for resolution of conflicts within the eldercare coordination process.
- (e) Explain elder care plan agreements and how to memorialize agreements between the parties during the eldercare coordination process.
- (f) Explain the procedure for having agreements ratified and incorporated as an order of the court during the eldercare coordination process.
- (g) Identify skills and parameters of decision making for the EC when more facilitative processes are ineffective; analyze when a more directive approach is needed or when more time or skill is needed for facilitative problem solving to be effective.
- (h) Create and modify an elder care plan, taking into consideration the elder's health, abilities, goals, needs, and preferences and the ideal integration of these elements to meet the best interests of the elder.
- (i) Select elder care plan elements that address different family circumstances, including, but not limited to, geographic distance, safety-focused parameters, high-conflict elements, and special needs of family members.
- (j) Develop strategies to assist the parties involved to implement their eldercare plan and court orders during the eldercare coordination process.
- (k) Identify appropriate boundaries of an EC, including establishing office safety policies and establishing appropriate limits for client demands.

PART II: TRAINING PROCEDURES FOR ECS

In order to attain the goal of ensuring a high level of proficiency in the performance of ECs, the following training guidelines are recommended:

1. Prerequisites for Training

Trainees are expected to meet the professional qualifications of ECs, as well as having completed a comprehensive family mediation training and training in elder mediation.

2. Focus of Eldercare Coordination as a Unique Interdisciplinary Process

The training should entail an integrated process for learning the concepts and skills to perform the duties of an EC, while building upon the knowledge already brought in by the trainees. To cover all the modules, the training will necessitate a minimum of 28 hours, although more time is encouraged to cover the objectives thoroughly.

- (a) The training should go beyond the general concepts and move to specifics in order to encompass all types of cases the EC may encounter.
- (b) The training should combine the new concepts through lecture and readings with experiential learning, application of the ideas, and feedback.
- (c) The key to a brief training is to integrate the specific and unique knowledge base needed for the trainee's future practice as an EC.

3. Training Methodology

- (a) **Pedagogy:** A complete eldercaring coordination training program should include, at a minimum, the following: lecture, group discussion, written exercises, simulations, and role plays. In addition, readings and other resources should be provided by the trainer to supplement the training.
- (b) **Role Play Requirements:**
 - (i) Elder caring coordination training should allow ample time for role plays to help the EC develop and practice skills that are specific to the process and the role.
 - (ii) At a minimum, every participant should participate in a role play of an eldercaring coordination session. The role play should be practical in time and scope.
 - (iii) At the conclusion of each role play, time should be allocated for self-reflection and oral or written feedback to the participants. Feedback to participants should be provided or supervised by the trainer.
 - (iv) Role play developers should consider role descriptions that suggest realistic ways of playing the older client and discuss biases that arise.
 - (v) Training should provide time to practice all stages of the eldercaring coordination process and should support ECs in gaining competence to facilitate discussions that include multiple generations, blended families, multiparties, high conflict, and ethical considerations.
 - (vi) Role-play debriefing should support reflection and a safe environment for learning and self-evaluation.

(Note: The ACR Elder Mediation Training Objectives has an Appendix attached to their work entitled “Mediation Skills Training: Best Practices,” which has a comprehensive list of points and concepts to help trainers present skill training through role play.)
- (c) **Simulation:** A complete eldercaring coordination training should present a role-play simulation of an eldercaring coordination session (either live or by video) prior to the participant’s role-play experience.
- (d) **Breaks:** Trainers should provide appropriate breaks during their training sessions, which should be in addition to the number of required hours for training.

4. Ethics

- (a) A complete eldercaring coordination training program should review eldercaring coordination ethics for at least 2 hours and include the ACR recommended Ethical Guidelines for Elder caring Coordination.
- (b) EC ethics should be woven throughout the training program and materials wherever applicable.

5. Primary Trainer Qualifications

- (a) **Primary Trainer:** A primary trainer should be present throughout the entire course.
- (b) **Primary Trainer Qualifications:** A primary trainer should demonstrate all of the following qualifications as stated in the guidelines:
 - (i) Meet the qualifications to be an EC.
 - (ii) Successful completion of an eldercaring coordination training that meets the ACR Elder caring Coordination recommendations for training.
 - (iii) Previous experience in training of other relevant topics, such as elder mediation or parenting coordination.
- (c) **Eldercaring Coordination Experience:** Serving as an EC in at least five cases lasting at least 6 months in duration, with a minimum of two active cases within the last 2 years.

- (d) Eldercaring Coordination Continuing Education: An eldercaring coordination trainer should complete a sufficient amount of continuing education in order to be current with rules, statutes, and research applicable to eldercaring coordination. Live attendance is preferable.

6. Use of Guest Lecturers

- (a) As an interdisciplinary process, the trainer should demonstrate collaboration and team work by inviting guest lecturers such as judges, attorneys, mediators, mental health professionals, psychologists, social workers, marriage and family therapists, domestic violence experts, health care providers, professional guardians, and geriatric care managers.
- (b) A guest lecturer should have a substantial part of his/her professional practice in the area about which the specialist is lecturing and should have the ability to connect his/her area of expertise with the eldercaring coordination process.
- (c) Lectures on elder law should be presented by a member of The State/Providence Bar with elder law experience.
- (d) Lectures on family dynamics and mental health and psychosocial issues should be presented by a qualified mental health professional (such as a social worker, psychologist, or marriage and family therapist).
- (e) Lectures on health and medical issues relating to elders should be presented by licensed physicians, nurses, and other medical professionals.

7. Course Content Requirements

- (a) Learning Objectives: A complete eldercaring coordination training should incorporate the learning objectives contained in Part I above.
- (b) Required Training Materials: At a minimum, trainers should provide each of the participants with the following written materials:
 - (i) An agenda annotated with the learning objectives to be covered in each section and
 - (ii) A training manual that includes basic information for each module, relevant statutes, court rules of procedure and administrative orders, forms, role-play simulations, additional resources, and other pertinent materials.

8. Completion of Training and Evaluation of Students

- (a) Participants should complete the eldercaring coordination training requirement by physically attending one entire live training program.
- (b) The primary trainer is responsible for ensuring that the integrity of each portion of the program is not compromised.
- (c) A training program should provide, at the conclusion of the training, written documentation of completion to participants who successfully complete the program.

9. Program Evaluation

At the completion of the course, each participant should complete a course evaluation that should be reviewed by the trainer as part of quality assurance.

10. Records Retention Policy

The primary trainer should be responsible for maintaining records of those who completed the program for no less than 5 years.

**APPENDIX A: REPRESENTATIVES OF THE ORGANIZATIONS COMPOSING THE
ACR TASK FORCE ON ELDERCARING COORDINATION**

(The indicated position is that held at the time the representative joined the ACR Task Force.)

CO-CHAIRS

- Sue Bronson, LCSW, Immediate Past ACR Elder Section Co-Chair
- Linda Fieldstone, M.Ed., Past President, AFCC

MEMBERS

- Georgia Anetzberger, President, National Committee on the Prevention of Elder Abuse
- Joan Braun, Co-Chair, ACR Elder Section
- Andrew Capehart, Assistant Director, National Adult Protective Services Association
- Christie Coates, Designee, Past President of AFCC
- Annice Davis-White, Designee, National Association of Professional Geriatric Care Managers
- Resa Eisen, MSW, RSW, Designee, Alternative Dispute Resolution Institute of Canada
- Amie Gourlay, Director, Hamlin University School of Law
- Julie Gray, President, National Association of Professional Geriatric Care Managers
- Trudy Gregorie, President, National Committee on the Prevention of Elder Abuse
- Kim Grier, President, National Guardianship Association
- Chris Herman, MSW, LICSW, Senior Practice Associate, National Association of Social Workers
- Sally Hurme, Project Advisor on Education and Outreach, Association of American Retired Persons
- Hon. Sandy Karlan, President, FLAFCC
- Michael Kirtland, J.D., LL.M., CELA, Designee, National Academy of Elder Law Attorneys
- Karen Largent, ACR Elder Section
- Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging
- Linda Oxford, LCSW, LMFT, Designee, American Association for Marriage and Family Therapy
- Meredith Ponder, Federal Policy and Media Coordinator, Elder Justice Coalition
- Mary Joy Quinn, President, National Guardianship Network
- Jessica Singer, J.D, Designee, National Council of Juvenile and Family Court Judges
- Matt Sullivan, Ph.D., Designee, Board of Directors, AFCC
- Brenda Uekert, Principal Court Research Consultant, National Center for State Courts
- Erica Wood, Assistant Director, American Bar Association Commission on Law and Aging
- Hon. Mike Wood, President, National College of Probate Judges
- Martin Zehr, Office on Aging; American Psychological Association
- Zena Zumeta, J.D., Designee; American Bar Association Dispute Resolution Section

**APPENDIX B: REPRESENTATIVES OF ORGANIZATIONS COMPOSING THE
FLAFCC TASK FORCE ON ELDERCARING COORDINATION**

(The indicated position is that held at the time the representative joined the FLAFCC Task Force.)

CO-CHAIRS

- Linda Fieldstone, M.Ed., Co-Chair, Past President; AFCC and FLAFCC
- Hon. Michelle Morley, Co-Chair, Board of Directors, FLAFCC

MEMBERS

- Jim Aiken, Executive Director, Florida Chapter of the National Association of Social Workers
- Robert Anderson, Florida Statewide Program Director/Nelson Mongiovi, MHP, Regional Program Director, Designee, Florida Department of Children and Families Adult Protective Services
- Susan Rice Anderson, Deputy State Ombudsman for Legal Affairs, Florida State Ombudsman
- Larry Barlow, Ph.D., LMFT, AAMFT, Approved Supervisor, Executive Director, Florida Association For Marriage and Family Therapists
- Margaret Boeth, Program Director, Florida Attorney General's Office
- Cathy Bowers, President, CP, MSA, NCG, National Patient Advocate, Inc.
- Sean Cadigan, General Magistrate/Jennifer Branch, Court Counselor, Designee, Elder Justice Center, Tampa, FL
- Karen Campbell, Regional Head North Florida, Designee, Office of Public Guardian, Inc.
- Cheval Breggins, M.B.A., Executive Director, Florida Psychological Association
- Gregory Firestone, Ph.D., Director, University of South Florida Conflict Resolution Collaborative
- Susan Fleischer, Past President, National Association of Geriatric Care Managers
- Connie Galietti, Executive Director; Florida Psychological Association
- Hon. Sandy Karlan, President, F:AFCC
- Lance McKinny, J.D., President, Florida State Guardianship Association
- Rebecca Cohen Morgan, J.D., Director, Professor, Stetson University of Law Center for Excellence in Elder Law
- Ashley Myers, J.D., Florida Bar Association Rules of Judicial Administration
- Myrna Neims, Past President, Designee, FLAFCC
- LuMarie Polivka-West, Senior Director Policy and Program Development, Florida Health Care Association
- Elinor Robin, Ph.D., LMFT, LMHC, Mediation Training Group
- Twyla Sketchley, J.D., Chair, Florida Bar Elder Section
- Deborah Silver, Ph.D., Past President, Designee, FLAFCC
- Carolyn Stimel, Ph.D., Director Professional Affairs, Florida Psychological Association
- Anne Swerlick, J.D., Deputy Director of Advocacy, Designee, Florida Legal Services
- Nina Zollo, J.D., Florida Coalition Against Domestic Violence

SPECIAL ADVISORS TO THE TASK FORCE

- Janice Fleischer, J.D., Director/Susan Marvin, Senior Staff Attorney, Designee, Florida Dispute Resolution Center
- Kirsten K. Davis, J.D., Ph.D., Professor of Law and Director, Institute for the Advancement of Legal Communication, Stetson University College of Law.

REFERENCES

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Linda Fieldstone, M.Ed., Supervisor of Family Court Services of the 11th Judicial Circuit, Florida, has served as a parenting coordinator since 1990 and was instrumental in the development of parenting coordination in Miami-Dade County and statewide. She is a past president of the Association of Family and Conciliation Courts (AFCC) and a past president of the Florida Chapter (FLAFCC), receiving their Community Service Award in 2014. She was secretary of the AFCC Task Force on Parenting Coordination, which provided Guidelines for Parenting Coordination in 2005.

Sue Bronson, a licensed clinical social worker, is designated as an advanced practitioner in family mediation by the Association for Conflict Resolution (ACR) and is co-chair of the ACR Task Force on Eldercaring Coordination. She has over thirty years of experience mediating family and workplace disputes, has trained other professionals in the United States and internationally in conflict resolution, and is the lead author of the Self-Assessment Tool for Mediators.

Judge Michelle Morley serves as a circuit court judge in Sumter County, Florida, assigned to family, probate, guardianship, and mental health matters as well as other civil matters. She initiated Felony Drug Court and Dependency Drug Court programs in Sumter County and was instrumental in developing the Leadership Sumter County program and the Sumter County Children's Alliance. She is a member of the Florida Judicial Qualifications Commission, having previously served on the Florida Judicial Ethics Commission. She has been a member of the board of the FLAFCC since 2007.