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SAMPLE
AGREEMENT TO CO-PARENT COUNSELING

In this agreement we will present our proposed treatment plan and try to cover the issues that come up repeatedly in co-parent counseling. Please take the time to read through it and then feel free to ask Mr. Cole any questions you may have.

OVERVIEW OF THE TREATMENT APPROACH

The approach to treatment consists of three phases:

- *The Evaluation Phase* – the initial phase in which information is gathered to develop the treatment plan.
- *The Presentation of the Treatment Plan.* After today’s meeting, please discuss the plan with your attorney. Treatment will begin only after both parents, attorneys, and the Guardian ad Litem, if one is assigned in this matter, agree to the proposed plan.
- *The Treatment Phase* – a six-month period in which both parents work actively with the therapist to achieve treatment goals. At the end of the first three months, both parents and the therapist will have the opportunity to re-negotiate the treatment agreement.

THE EVALUATION PHASE WITH CREATION OF TREATMENT PLAN

This phase consists of separate interviews with both parents, along with an observation of each parent playing with their child(ren). During the interviews a personal history is taken, and much time is spent delineating each parent’s primary concerns pertaining to effective parenting of their child(ren). Each parent also provides relevant documents. The information gathered at the interview and play observation sessions, and contained in the documents, form the basis of the treatment plan.

THE TREATMENT PLAN

Our central objective is to dampen the conflict between the parents and other relevant parental figures and enhance their relationship with the child(ren). Mr. Cole will help each parent use new strategies for communication that are designed to minimize conflict, as well as reinforce the structure and boundaries that are beneficial to parenting the child(ren). Mr. Cole will also work with each parent to facilitate the consistency of parenting across households, further a positive and rewarding relationship between the child and each parent, and provide consistent, predictable discipline. Some examples of the issues to be addressed in treatment are described below.

COMMUNICATION, STRUCTURE, AND BOUNDARIES

Minimize opportunities for negative communication between parents

- *Communication exclusively by email (except in the event of an emergency)* – At this point, each parent is likely to have established an email account. Parents may email each other up to four times each week, using the following guidelines: 1 issue per email of 50 words or less, language guided by common sense and courtesy, copied to Mr. Cole (kencoleps@yahoo.com). Each parent must respond to the other's email within 3 days of its receipt. Mr. Cole will work in vivo with communication deficits as needed.
- *Pick-up and drop-off location* – Continue with the current plan unless otherwise indicated.

Establish visitation schedule that fits the needs and scheduling conflicts of both parents and K

It is recommend that the current visitation be followed as established unless and until otherwise indicated.

Establish good parenting boundaries between each parent

- *Support for other parent* – Each parent should actively support the child's relationship with the other parent. Neither parent nor any person associated with that parent shall fail to support the other parent, particularly in the child(ren)'s presence. Should either parent have a question pertaining to the other parent's conduct or decision making with respect to the child(ren), it should be raised through email, as established above. Under no circumstances should the child(ren) be questioned about the other parent or about the time he/she spends with that parent. If the child(ren) raises a question about the other parent, the parent he/she is with should advise her to write up her concerns for later discussion with Mr. Cole. No discussion with one parent about the other parent should occur at this point in time.
- *Autonomy of each parent* – Each parent has the authority to make decisions pertaining to the day to day parenting of the child(ren) when he/she is in their care. Again, any questions pertaining to parenting decisions should be raised via email.
- *Joint decision making* – It is assumed that both parents would have a role in decision making about major long-term issues such as education, non-routine medical procedures, and the like.

PARENT-CHILD RELATIONSHIP AND PARENTING SKILLS

- *Enhance parenting skills to strengthen parent-child emotional bond* – We will work on providing labeled praise to reinforce appropriate behavior and self-esteem; following the child's lead where appropriate; reflecting accurately the child's expressed feelings and thoughts; ignoring negative attention-seeking behavior; refraining from critical and negative feedback; giving appropriate physical affection.
- *Associated positive outcomes in the child(ren)*, – The aforementioned parenting skills tend to enhance the child's emotional bond with each parent, with positive effects on self-esteem; pleasure, consideration, and politeness in interactions with each parent; the use of words rather than disruptive behavior and emotions; and increased persistence and effort.
- *Establish a common framework for parenting the child(ren)*, – The following will be developed and enforced: appropriate expectations and boundaries for a child of the child(ren)'s age, daily routines, discipline practices, and other areas where consistency across households is likely to be beneficial to K the child(ren).

- *Ensure that play is a regular part of parent-child interaction* – Quality parent-child play time (at least 20 minutes each day) will be a key means of reinforcing the parenting skills described above.

THE TREATMENT PHASE

We will address the goals described above over the course of six months. At the end of the first three months, both parents and Mr. Cole will discuss whether to go forward with another three months of treatment, or where an appropriate culminating point would be. Therapy will begin as soon as parties agree to this treatment plan, as well as the Stipulation (discussed and signed at first session). Sessions run for 50-60 minutes and are held either weekly or bi-weekly, depending on the issues being addressed and each parent's progress. Therapy will take the form of individual parent sessions and parent-child play sessions:

- *Individual parent sessions* – Used to establish and review communication strategies and boundaries, discuss the framework for parenting and appropriate expectations, ensure that the child(ren) is not exposed to inter-parental conflict, and discuss any other parenting concerns related to the child(ren)'s well-being. These sessions will also be used to discuss progress and positive change in both the parents and K the child(ren), and to make any needed modifications to the treatment plan.
- *Parent-child play sessions* – Used to develop and enhance parenting skills. We will ask each parent and the child(ren) to play together at our offices. These sessions will be videotaped for later review with each parent. On strategic occasions, the child will be briefly excused from the room so that parenting behaviors can be discussed and refined when desirable. When the child returns to the room, the parent will have an opportunity to practice the behavior.

DISPUTE RESOLUTION

In the event of a therapeutic impasse and/or ongoing conflict and its effect on either parent or on K, or in the event of future disputes, both parents will need a quick and effective method for resolving their differences. In the event of an impasse declared by Mr. Cole, the parties must submit the issue to binding arbitration with: Benton-Franklin Dispute Resolution Center (509-783-3325), Para & Associates (509-948-5674) or Preszler & Associates (509-783-9635). This process shall begin by notification by mail. The e-mail among the parties and the co-parenting counselor may be used as part of the evidence provided to the arbitrator. In the dispute resolution process, the following shall occur:

- 1) A preference shall be given to carrying out the final parenting plan if at all possible.
- 2) A written record shall be prepared about the arbitration decision.
- 3) The arbitrator shall distribute the costs of the process as determined by a pro rata split based upon the parties' net worth and net income.
- 4) The arbitrator can award attorney's fees and financial sanctions to the other party if the arbitrator finds that any party has used or frustrated the dispute resolution process in bad faith. Bad faith must be identified and determined by the arbitrator.
- 5) In order to deter an abusive use of the dispute resolution process, the cost of the process shall be assessed in a way that places financial responsibility on the person who uses the process inappropriately.
- 6) If a party appeals an arbitration decision to Superior Court, he or she should pay the retaining fee for the counsel of the nonmoving party.

- 7) If the moving party fails to better his or her position during appeal, he or she should pay all the arbitration costs of the nonmoving party.

APPOINTMENTS, INSURANCE, & FEES

APPOINTMENTS

Appointments run for 50-60 minutes in length for Parenting Therapy. An appointment is held exclusively for the client. We ask that clients call at least 24 hours in advance of a rescheduling or a \$75.00 fee will be assessed.

INSURANCE

Insurance companies generally do not cover co-parent counseling.

FEES

Parties must pay fees in advance of treatment.

CLIENTS' RIGHTS

Under the law, clients of psychological services have the following rights:

- 1) The right to refuse evaluation or treatment.
- 2) The right to change psychotherapists or receive a referral to another psychotherapist.
- 3) The right to choose a psychotherapist who best suits their needs.
- 4) The right to raise any question at any time about the co-parent counselor, the therapeutic approach, and/or the progress of treatment.
- 5) The right to review the record of the health care services provided to you. You may request to see and to make a copy of that record. You may also ask to correct the record. The record cannot be disclosed to others unless the law authorizes or compels the co-parent counselor to do so.
- 6) The right to confidentiality and privileged communications.

Information only can be released to others with your signed consent unless one of the five exceptions established by the law should arise: 1) If the co-parent counselor becomes aware that you may be abusing, exploiting, or neglecting a child under age 18, a developmentally disabled person, or an elderly person, a report must be made to the appropriate authorities (RCW 26:44); 2) if you become a danger to others, the co-parent counselor must protect the other person(s) and you by warning the other person(s) at risk and by reporting the danger to the appropriate authorities (RCW 71.05.120); 3) if you become mentally ill and become unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment, the co-parent counselor must report your condition to the authorities (RCW 71.05); 4) if you tell the co-parent counselor that you are suffering from HIV-related illness and do not have a physician providing for your care, the co-parent counselor must report the identities of your IV drug-using or sexual partner(s) to the local health care officer (WAC 248-100-072); and 5) under certain select circumstances, the court may subpoena your treatment records (RCW 71.05).

CONSENTS

I have read the **AGREEMENT TO CO-PARENT COUNSELING** with Kenneth Cole Counseling, P.S. and have had an opportunity to clarify any questions with my attorney. I give permission for treatment of my child and myself:

CLIENT'S NAME(S)

DATE