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Co-Parent Counseling Contract

The amount of conflict between parents during and after separation is the most powerful predictor of poor mental health in children in divorced families (Kelly, 2005, Pruett, Williams, Isabella, & Little, 2003; Schick, 2002). The absence of a healthy co-parenting relationship conveys to the child that he or she is less important than the parents' animosity toward each other.

Hello and welcome. If you are reading this, you have probably come to this office in order work with your ex on establishing a healthy co-parenting relationship. The co-parenting counseling offered by this office closely follows the research findings, structure, philosophy, and procedures found in the scientific, legal, and professional literature. Please do not hesitate to ask questions about the process.

The only acceptable outcome in this process is a win-win-win, that is, both co-parents and the child are living with more joy and affection and less distress in their lives than before the counseling began.

Below are several features of co-parenting counseling which must be understood and accepted by the co-parents before proceeding. I will use the term "child" throughout this document to refer to any children in the family involved impacted by the co-parenting relationship. Please carefully read the entire document and *write your initials in the space to the left of each of the items* to document that you have read, understood, and agree to the conditions of co-parenting counseling. In addition, please date and sign where indicated. Signing this document indicates that you understand the therapeutic procedures and agree to participate as specified by the conditions set forth in this document. You may have your attorney review this agreement to indicate that he/she understands and agrees with the conditions of co-parent counseling.

1. ____ This is an agreement between Dr. Kevin R. Byrd, Ph.D., HSPP, from here on referred to as the therapist, and _____, from here on referred to as the co-parent, for the therapist to render the professional services described below. Modifications to this agreement must be made in writing and signed by all relevant parties.
2. ____ For insurance purposes, one co-parent or the other will be the designated patient. I will base this determination on actual clinical findings, however, this designation carries no implication of blame or fault in the actual therapeutic process.
3. ____ Both co-parents will understand that this form of therapy is based on education, problem-solving, and skill building. You will receive a binder with the relevant materials that should be brought to every session.
4. ____ Both co-parents will be committed to openness and honesty throughout this process.
5. ____ Each co-parent will obtain a copy of *Co-Parenting 101* by Philyaw and Thomas (about \$17) Between-session readings will be assigned.
6. ____ Co-parents will recognize that divorce – especially when coupled with extended disputes, hostility between co-parents, and ongoing litigation - stretches a child's coping resources beyond his or her capacity. The child is split in two inside, and cannot grow up feeling whole and integrated. Throughout the divorce and its aftermath, the child has had little control over the major upheavals that dramatically, negatively, and permanently alter his or her life.

Strong emotions make it difficult for co-parents to understand what is best for the child. It is up to the co-parents to establish and maintain a healthy environment that does not have parents on opposite "sides."

7. ____ Therefore, the co-parenting relationship must be normalized and stabilized. The goal can be illustrated through the following example: If the child receives a D on a major school assignment, the co-parent providing care at that time should, without hesitation, contact the other co-parent to inform him or her of the problem and discuss how to respond to it. The co-parents should then work together to agree upon a response to the problem that will apply equally to and remain consistent between the households of both co-parents. For instance, if the cell phone is taken away at one co-parent's residence, for the period of the restriction it will also be taken away at the other co-parent's residence. These general practices should apply to any significant social, educational, or emotional problem presented by the child.

Each co-parent shall openly and consistently encourage parenting time and an affectionate relationship between the child and the other co-parent. Some form of civil, regular communication between the co-parents must occur, and if they are not occurring, therapeutic efforts will be directed toward establishing such communication.

8. ____ You will focus on listening to and validating the concerns of your co-parent. We will talk a lot about validation – accepting and understanding the other person’s feelings and the reasons for them.
9. ____ No “mind-reading,” that is presuming to know the intentions, motivations, thoughts, feelings of your co-parent, or “crystal ball reading,” that is predicting how your partner will behave in the future, will be tolerated.
10. ____ The parties will accept my direction and re-direction during sessions. No defensiveness, disdain, self-centered diatribes, arguing, blame, accusations, or hostility will be tolerated. If one party begins to exhibit these behaviors, he or she will be asked to be quiet until they can participate productively. If that person repeats the problem behavior, he or she will be asked to go to the waiting room for several minutes and then we will try to resume productive discussion. If the problem occurs a third time during the same session, we will terminate the session and try again the following appointment.
11. ____ The therapist will be respectful but direct in cutting off unhealthy verbal and non-verbal communication between co-parents such as that described in paragraph 10. This includes behaviors such as rolling one’s eyes, interrupting, or any utterances and facial expressions that convey disdain or disengagement. The co-parents will learn to consider, before speaking, whether their words will move the process forward or backward. Think of it this way – I want you to speak to your co-parent in a way that will address problems while making him or her want to return to the next session.
12. ____ You will strive to be aware (mindful) of your intentions (i.e., what it is you want to accomplish) throughout the session and the impact your words and behavior in the session are having on the other partner. In other words, each co-parent will think carefully before speaking.
13. ____ We will not discuss any volatile issues until the therapist determines that the mindfulness, validation, self-expression, and listening skills are sufficiently developed – perhaps around the third or fourth session.

- 14.____ In the event a child refuses parenting time with the non-custodial parent, a plan to ensure that parenting time happens when it is supposed to happen will be devised in session with the co-parents using the negotiation, validation, and interpersonal effectiveness skills learned in the early sessions. The guiding principles would be: 1) the non-custodial parent will work to understand the child's reluctance from the child's point of view and convey that understanding to the child, and 2) the custodial parent will respond in a manner similar to a situation wherein a child refuses to do what is important for his or her own best interest, such as going to school or visiting the doctor.
- 15.____ From here forward, no co-parent shall ever, *ever* say to the child anything disparaging, dismissive, rude, or hateful about the other co-parent. If the child says to a co-parent anything disparaging, dismissive, rude, or hateful about the other co-parent, the co-parent hearing the remarks will express hope that the other co-parent and child will be able to build a better relationship, or respond in a manner equally supportive of an affectionate, healthy relationship between the child and other co-parent.
- 16.____ When discussing current problems, co-parents often want to dwell in the past. They falsely believe that it is important for the therapist to know how treacherous, deceitful, hostile, abusive, resistant to change, or harassing the other co-parent has been. However, co-parent counseling requires almost exclusive focus on the present and future well-being of the child. Therapeutic efforts are aimed largely at shifting the parental thinking from defensiveness and self-advocacy about who is right/justified and who is wrong/unfair, to a concern about what forms of communication between the co-parents will promote a healthy relationship between the child and both parents.
- 17.____ Co-parents often bring up episodes from the past in the presence of the child. This information is often introduced by the co-parent under the guise of "I'm only telling him or her the truth." Co-parents will realize that just because a piece of information is true does not mean that it is helpful to introduce it, and can imagine how it would feel to have their children reminded of the most shameful aspects of their (the co-parents') lives. We encourage truthful communication, but just as importantly, we promote a concern for the impact or result of the communication. Another rationale some parents use when their words are counterproductive is that the parent is "standing up for myself." Many of the skills taught in Co-Therapy Counseling will teach you how to assert yourself without causing an argument and making the situation worse.
- 18.____ From time to time, the therapist may find it important to update others involved in the counseling process, such as the co-parents' attorneys, guardians ad litem, and parenting coordinators. If each co-parent has his or her own attorney, any information

sent to one attorney will be sent to the other. These communications may pertain to a co-parent's willingness or ability to participate in the therapy.

- 19.____ Between-session communication with me will be limited to email, and all communication between myself and either party will be cc-ed to the other party. In other words, there will be no back-channeled communication.
- 20.____ If a co-parent suffered traumatic experiences that impact the current co-parenting relationship, the traumatized co-parent's emotions will be respected. At the same time, the establishment of an effective co-parenting relationship remains essential. The traumatized co-parent is not responsible for the onset of his or her symptoms, however, he or she is responsible for taking measures to minimize the impact of those symptoms on the co-parenting relationship. In some cases, the traumatized parent may be asked to undergo individual treatment for the trauma, and return to co-parenting counseling when he or she is able to do so.
- 21.____ If a co-parent consistently fails to regulate his or her emotions sufficiently to participate in the skill building and problem-solving exercises of co-parenting counseling, that parent may be asked to obtain individual therapy aimed at improving emotional regulation.
- 22.____ Virtually every set of co-parents who present for counseling have a history of disagreements, mutually inflicted emotional pain, and injustice. Regardless of who harmed whom in the past, *each parent is now equally responsible for making sure that the child has a healthy relationship with both parents* (Friedman, et al., 2014).
- 23.____ Clinical records from these consultations are the confidential health information of both parties, and both parties must sign a release of information form before they can be released to another party. In some cases, it is possible that a court will subpoena these records, and in that case, I must release them regardless of the co-parents' wishes.
- 24.____ A therapist cannot help parents build a cooperative, trusting, good-faith co-parenting relationship while the parties are waging legal battles. Co-parents are encouraged to suspend all litigation during the Reunification Process. If litigation ensues in the form of petitions, motions, citations, or any other form in which an area of contention regarding the care of the child is being resolved through the court rather than through negotiation, Reunification Therapy will be suspended until such matters are resolved. The co-parents' attorneys are more than welcome to participate in the resolution of these difficulties.

- 25.____ Neither co-parent will diagnose the other through reading books, the internet, magazine articles, et cetera. Neither will either parent share even a professionally determined diagnosis of the other with friends or relatives. Medical and mental health records are private.
- 26.____ The Reunification therapist will not be making recommendations to the court or its appointed officials regarding parenting time or custody issues, as this would constitute a “dual-role” for the therapist and a breach of ethics.
- 27.____ I have read the above, and I agree to proceed with co-parenting under these conditions. I agree to pay the fees for which I am responsible and fulfill my obligation to participate in co-parenting. I am encouraged to share this document with my attorney before I sign it.

Co-parent Signature / Date

Co-parent Printed Name