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Co-Parent Counseling Contract

Rationale for Co-Parenting Counseling

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).

Hello and welcome. If you are reading this, you have probably come to this office in order to engage in a form of family therapy called, “Co-Parent Counseling. The Co-Parent 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.

Below are several features of Co-Parent Counseling which must be understood and accepted by the co-parents before proceeding. 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-Parent Counseling. In addition, please date and sign where indicated. You may have your attorney review this agreement before signing it.

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. ____ When parents divorce or separate, the co-parenting relationship must be normalized and stabilized so that the child 1) feels that he or she is more important than any hostility between the co-parents, 2) does not feel responsible for difficulties in the co-parent

relationship, 3) does not feel a need to take sides, and 4) does not grow up feeling the conflict inside him or herself.

3. ____ 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, violent, 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.
4. ____ 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.
5. ____ 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.
6. ____ Each co-parent will obtain a copy of *Co-Parenting 101 by Deesha Philyaw and Michael D. Thomas* (\$11.18 on Amazon.com). Between-session readings will be assigned.
7. ____ 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.
8. ____ There will be no “mind-reading,” once Co-Parent Counseling begins. Mind-reading is presuming to know the intentions, motivations, thoughts, or feelings of your co-parent. Likewise, there will be no “crystal ball reading,” that is predicting how your partner will behave in the future.
9. ____ No defensiveness, disdain, self-centered diatribes, arguing, blame, accusations, or hostility will be tolerated. The therapist will be respectful but direct in cutting off unhealthy verbal and non-verbal communication between co-parents. This includes behaviors such as rolling one’s eyes, interrupting, or any utterances and facial expressions that convey disdain or disengagement.

- 10.____ 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 and out of the session are having on the other partner.
- 11.____ In general (there may be some exceptions) we will not discuss any volatile issues until the therapist determines that the mindfulness, validation, self-expression, and listening skills are sufficiently developed.
- 12.____ No unilateral parenting decisions will be made that relate to the child(ren)' mental health services, medical services, extra-curricular activities, religious upbringing, or major educational matters such as curriculum or school choice. All such decisions will be processed in co-parenting sessions, or perhaps outside of therapy once significant gains have been made in therapy.
- 13.____ From here forward, no co-parent shall ever, *ever* say to the child anything disparaging, dismissive, rude, or hateful about the other co-parent. Each co-parent shall openly and consistently encourage parenting time and an affectionate relationship between the child and the other co-parent.
- 14.____ If a co-parent suffered traumatic experiences that impact the current co-parenting relationship, the traumatized co-parent's emotions will be respected. 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 reunification process.
- 15.____ 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 persists or ensues, Co-Parent Counseling may be suspended until such matters are resolved.

Co-parent Signature / Date

Co-parent Printed Name