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COPARENT COUNSELING INFORMATION/AGREEMENT

Parents want the best for their children. Separation and divorce challenge both parents and the children they love. New roles, significant changes in other domains, and feelings of anger, grief, mistrust, and frustration can impact on a parent's ability to positively parent, and on parents' ability to work together to jointly parent their children. Ongoing conflict between parents, rather than divorce or parental separation per se, is the most significant factor negatively impacting on the psychological health and development of children. Coparent counseling provides an opportunity for parents to learn effective coparenting communication tools, and a structured setting for parents to practice those communication skills to work together to manage conflict and resolve important coparenting issues and concerns.

Coparent counseling is not for parents who have high conflict, nor is it a form of marital therapy. Coparent counseling is a collaborative process. Parents must be willing to attend sessions together and communicate in a respectful manner with each other about their child. Both parents must have the best interests of their child/children as the reason for attending coparent counseling.

Prior to the first meeting, each parent will be asked to complete a packet of forms and return them to me. Copies of all relevant court orders and documents should be provided to me. If coparent counseling is ordered by the Courts or by a Parenting Coordinator, each parent needs to complete Release of Information forms allowing me to speak with the Parenting Coordinator, each parent's attorney, and the Guardian ad Litem, if a GAL is involved in working with the children. Coparent counseling requires that both parents sign a Release of Information to allow me to be able to share information about each parent with the other parent.

When all forms are completed and all completed forms and documents are returned to me, I will schedule an individual session with each parent, and will then schedule six joint sessions involving both parents, preferably on a weekly basis. Additional individual sessions will be scheduled only if needed. After six weekly sessions, parents will be asked to jointly discuss and decide with me whether additional sessions are required, and if so, on what kind of time schedule.

Coparent counseling is not covered by insurance. Parents will be responsible for the costs of this service. Billing is at \$150 per forty-five to sixty minute sessions. Prior to scheduling the first session, both parents must agree between themselves as to who is responsible for payment, including whether each parent will be equally responsible for all joint sessions, and will need to notify me of any such agreement in writing. Payment is due in full at the time of service. Additional charges may accrue for extended emailing, necessary consult with other

professionals, or report writing if needed, and will be charged at a percentage of \$150 for time spent.

Again, the purpose of coparent counseling is to assist parents to communicate and problem-solve in an effective and respectful manner, outside of litigation and court action, to reduce, and not fuel, parental conflict. Information gained by me, and by both parents, during our session should be treated as confidential and remain within the context of our sessions. I request that each of you agrees that information shared by either parent within the context of coparent counseling not be used for any legal purposes, and that signing of this agreement constitute such an agreement. Should I have real concerns about the safety or well-being of a child or of either parent, however, I am required by law to report such information to persons who will then follow up on those concerns.

My role is that of a neutral counselor. If you experience concern about my neutrality, or about the process of coparent counseling, I request that you discuss this concern directly and immediately with me, and that we then decide on a remedy to this concern.

Please indicate by your signature below that you have read and understand this document, that you agree to all of the components expressed in this document, and that you are committed to participating in coparent counseling with me and with your coparent.

_____	_____
Parent Signature	Date

Parent Name (please print)	