



Effective orders for mental health interventions in parenting plans

KEVIN CHAFIN LPC

SIMONE A. HABERSTOCK JD LLM



agenda

INTRODUCTION

COUNSELING FOR INDIVIDUALS

FAMILY COUNSELING

CO-PARENTING COUNSELING

RESIST AND REFUSE

ADDICTION

introduction

INFORMED CONSENT

ROLES & BOUNDARIES

PAYMENT FOR SERVICES



Evaluation vs. Therapy Interventions

Psychological Evaluation: A comprehensive psychological evaluation of one or both parents in a family court setting. During a child custody dispute, the evaluation is designed to assess mental health issues, including adjustment of the parents, clinical disorders, personality traits, and how the mental health issues affect parenting and co-parenting in the best interests of the child. Distinct from a child custody evaluation, the focus is upon the parents, not the children, and cannot lead to opinions about legal or physical custody. Recommendations for clinical intervention and the parenting plan (other than custody) are an important part of this type of evaluation. (Mo. Rule of Civ. Pro. 60)

Child Custody Evaluation:

A comprehensive evaluation of the family system, including parents and children, and the dynamics of the system. This includes evaluations of the mental health of each individual family member, as well as the capacities of the parents to meet the needs of each child and to function in the co-parenting role. The evaluation can lead to opinions about legal and physical custody, if so ordered, and should result in recommendations for clinical intervention and the parenting plan. (RSMo. § 452.390, Mo. Rule of Civ. Pro. 60)

When Evaluation and Treatment are not Consistent

- Dialogue or exchange of information and ideas between the evaluator and treating professionals

What to provide to Treatment Providers

1. Copies of orders for treatment that contain the objective or goal for the referral/order
2. Copies of the parenting plan
3. Copies of all evaluations and reports
4. Copies of relevant tests (drug/alcohol/etc.)
5. Copies of relevant medical/counseling records
6. Police reports
7. Any restraining orders/orders of protection entered in this or any related case
8. Relevant children's division or CAC reports (by court order)
9. Authorizations/Releases to disclose to attorneys, GAL, PC, and to other members of treatment team

INDIVIDUAL COUNSELING

A process of therapy when the intended beneficiary of the intervention is an individual client, the primary focus of the therapist is the client's welfare, and treatment is implemented for the benefit of the client. Therapists with different treatment orientations may identify different treatment goals, but all focus on improving client's functioning.

Ordered When: Mental health is interrupting the individual's functioning, adjustment to the present situation, or ability to parent

FAMILY COUNSELING

A process of therapy where services are provided to any combination of family members, including but not limited to, both parents and their child/ren, one parent and the child/ren, siblings, guardians, grandparents, etc. The therapist assists in identifying problem areas in the family and offers interventions that are aimed at the goals of more healthy relationships between family members, and a more health family system. Therapy intended to address resist and refuse dynamics, where a child is refusing to spend time with a parent, is considered “family therapy.”

Ordered When: There is dysfunction or strain in the relationships between family members causing disruptions.

CO-PARENTING COUNSELING

Co-parent counseling is for parents who are divorced, separated or never-married who share custody and care of their child(ren). A focus of this counseling is to reduce conflict, improve communication, and increase cooperation, as well as be a forum for sharing information regarding the children, and developing plans or making decisions for them.

“Co-parenting counseling is designed to help parents move away from adversarial roles as former partners toward cooperative and complementary roles as co-parents, thus encouraging the active participation of both parents in the child’s life.”

Ordered When: Parents are unable to cooperate and solve problems to effectively meet the needs of their children.

Resist and refuse dynamics

Ordered When: One or more of the children are unwilling to spend time with a parent in opposition to reasonable expectations or the will of the court.

Order should provide that:

- Both parents, child/ren, and family members should participate as directed
- The order should state that there is a resist and refuse problem

Addiction

Ordered When: When substance use escalates to the point where it interferes with an individual's daily life and their ability to care for their children.

Order should provide:

- Treatment Plan
- Maintenance
- Relapse

Mental Health Issues

- Orders should provide:
 - Treatment (Objectives)
 - Maintenance
 - Safety/Relapse Plan

Who Coordinates Post Judgment?

- Should NOT be the co-parenting counselor or child therapist
- Instead – appoint a Parenting Coordinator or Special Master for “case management”
 - PC can enforce/Special master cannot
- Duties
 - Ensure communication and coordination between treatment team
 - Obtain necessary releases and records
 - Encourage compliance with orders
 - Clarify orders

The background features a light gray base with large, soft-edged organic shapes in muted red and olive green. A thin white line outlines a shape on the right. In the top left, there is a faint sketch of a leafy branch.

thank you

THERAPEUTIC ORDERS

No therapist providing counseling services pursuant to the parties' parenting plan shall be required to offer an opinion or evaluation about future changes to the parenting plan or changes to each parent's rights and responsibilities. A therapist providing services pursuant to this plan may be called to testify about events and behavior they observe or encounter during counseling.

Both parents shall promptly execute releases permitting therapists to communicate with one another and for the parenting coordinator to communicate with all such therapists. [*The parents also agree that X Therapist/parenting coordinator may act as a team manager for all therapeutic services ordered in this Parenting Plan.*]

Neither parent shall disparage or make negative or derogatory statements about therapy that either parent or the children are engaged.

Neither parent shall inform the child of the mental health/counseling treatment unless or until the parenting coordinator [therapist] provides instructions and then the parents shall adhere strictly to the instructions.

Neither parent can unilaterally terminate the therapy ordered herein. Both parents may terminate services by agreement and written consent. In that event, the therapist, at their discretion, may require the parents or the child/ren to attend one final session before services are terminated.

a. CO-PARENTING COUNSELING. The parents shall attend co-parenting counseling with _____. Co-parenting counseling is a process where parents work with a shared therapist to reduce conflict, improve communication, and increase cooperation, as well as learn to share information regarding the children and develop plans and make decisions for their children. The parents shall meet together or separately as the therapist directs [*or as otherwise directed by this parenting plan*]. The co-parenting counselor shall not meet with the child; however, if the child has a therapist, both parents shall execute releases allowing the co-parenting counselor to communicate with the child's therapist.

Recommended: Include Reasons for referral

b. FAMILY THERAPY.

i. General Family therapy is a process of therapy where services are provided to any combination of family members, including but not limited to, both parents and their child/ren, one parent and the child/ren, siblings, guardians, grandparents, etc. The client is the "family" and therapist assists in identifying problem areas in the family and offers interventions that are aimed at the goals of more healthy relationships between family members, and a more health family system.

ii. Resist and Refuse Dynamics *[additional]*

The parents shall engage _____ as a therapist for the minor child to help the minor child improve and enjoy a healthy relationship with both parents. Both parents and the minor child/ren shall participate in said therapy as directed by the therapist. Both parents shall ensure that they, the minor child/ren, and all other relevant members of the family will comply with the provider's requests. * (see Benjamin Garber, Mending Fences))) The Parenting Coordinator shall select the therapist if the parties are unable to do so. ¹

c. CHILD THERAPIST.

The parents shall engage _____ as a therapist for the minor child to help the minor child understand and cope with parental conflict *[or other issues]*. The therapist's client is the child.

d. ALCOHOL/SUBSTANCE ABUSE

- a. Treatment Plan (details)
 - i. Inpatient Treatment
 - ii. Outpatient Treatment
 - iii. On-going Therapy

¹ Benjamin Garber, PhD, Mending Fences: A Collaborative, Cognitive-Behavioral Reunification Protocol Serving the Best Interests of the Post-Divorce, Unhooked Books (2021)

- b. Maintenance Plan
 - i. Testing procedures
 - 1. Frequency
 - 2. Place
 - 3. Cost
 - 4. Outcome- positive or negative (if positive see c below)
 - ii. Objectives for implementation of full parenting schedule or reduction of restrictions
 - iii. Co-Parenting Counseling initiated at specific point in progress.

- c. Relapse Plan
 - i. Procedures upon self-reporting
 - 1. How will notice be provided?
 - 2. Interruption in parenting time
 - 3. Treatment Plan (can refer to a)
 - ii. Procedures for child reporting
 - 1. What instructions will child be given?
 - 2. How does child report?
 - 3. To whom does child report?
 - iii. Procedures for reporting (i or ii above or positive test)
 - 1. Interruption in parenting time upon positive test results
 - 2. Treatment plan (can refer to a)
 - iv. Resumption of parenting time
 - 1. Timing
 - 2. Requirements
 - v. Establish basis/grounds/goals for permanent change/modification in parenting time or responsibilities for improvement or for long term relapse.

- e. MENTAL HEALTH ISSUES
 - a. Treatment Plan (details)
 - i. Inpatient Treatment
 - ii. Outpatient Treatment
 - iii. On-going Therapy/Medication

 - b. Maintenance Plan
 - i. What information about treatment will be shared and how?
 - ii. Objectives for implementation of full parenting schedule or reduction of restrictions
 - iii. Co-Parenting Counseling initiated at specific point in progress.

 - c. Relapse Plan
 - i. Procedures upon self-reporting
 - 1. Interruption in parenting time

- 2. Treatment Plan (can refer to a)
 - ii. Procedures for child reporting
 - iii. Procedures for safety concerns expressed by treating professionals.
 - 1. Interruption in parenting time
 - 2. Treatment plan (can refer to a)
 - iv. Resumption of parenting time
 - 1. Timing
 - 2. Requirements
- v. Establish basis/grounds/goals for permanent change/modification in parenting time or responsibilities.