

## Mary Determan MSW, LLC

5757 W. Oklahoma Ave. #203 Milwaukee, WI 53219-4303

### **Agreement for Parents of Separation/Divorce**

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Psychotherapy can be a very important resource for children of separation and divorce. Establishing a therapeutic alliance outside of the home can:

- Facilitate open and appropriate expression of the strong feelings which routinely accompany family transitions, including guilt, grief, sadness and anger
- Provide an emotionally neutral setting in which children can explore these feelings
- Help children understand and accept the new family composition and the plans for contact with each member of the family
- Offer feedback and recommendations to a child's caregivers based on knowledge of the child's specific emotional needs and developmental capacities

*However*, the usefulness of such therapy is extremely limited when the therapy itself becomes simply another matter of dispute between parents. With this in mind, and in order to best help your child, I strongly recommend that each of the child's caregivers (e.g., parents, step-parents, day-care workers, *Guardian Ad Litem* [GAL]) mutually accept the following as requisites to participation in therapy.

1. As your child's psychotherapist, it is my primary responsibility to respond to your child's emotional needs. This includes, but is not limited to, contact with your child and each of his or her caregivers, and gathering information relevant to understanding your child's welfare and circumstances as perceived by important others (e.g., pediatrician, teachers). In some cases, this may include a recommendation that you consult with a physician should matters of your child's physical health be relevant to this therapy.
2. I ask that all caregivers remain in frequent communication regarding this child's welfare and emotional well-being. Open communication about his or her emotional state and behavior is critical. In this regard, I invite each of you to initiate frequent and open exchange with me as your child's therapist.
3. I ask that all parties recognize and, as necessary, reaffirm to the child, that I am the child's helper and not allied with any disputing party.
4. Please be advised regarding the limits of confidentiality as it applies to psychotherapy with a child in these circumstances:
  - I keep records of all contacts relevant to your child's well-being. These records are subject to court subpoena and may, under some circumstances, be solicited by parties to your divorce, including your attorneys.
  - Any matter brought to my attention by either parent regarding the child may be revealed to the other parent. Matters which are brought to my attention that are irrelevant to the child's welfare may be kept in confidence.
  - **I am legally obligated to bring any concern regarding health and safety to the attention of relevant authorities. When possible, should this necessity arise, I will advise all parties regarding my concerns.**

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5. This psychotherapy will not yield recommendations about custody. In general, I recommend that parties who are disputing custody strongly consider participation in alternative forms of negotiation and conflict resolution, including mediation and custody evaluation, rather than try to settle a custody dispute in court.

6. Payment for my services is due, in full, at the time of service in a manner agreed to by all parties involved. Any outstanding balance accrued (for example, in conference with attorneys, the GAL, or teachers), must be paid promptly and in full.

Your understanding of these six points and agreement in advance of starting this therapy may resolve difficulties that would otherwise arise and will help make this therapy successful. Your signature, below, signifies that you have read and accept these points.

\_\_\_\_\_  
Caregiver name (ex. mother's signature) Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Caregiver name (ex. father's signature) Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Caregiver name Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Caregiver name Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Child's name Date of birth Age

\_\_\_\_\_  
Mental health professional Date

- Copy accepted by client
- Copy kept by therapist

*This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.*

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