

FOCUS ON K.I.D.S.
INTAKE FORM

DATE: _____

MOTHER'S NAME: _____
(LAST) (FIRST)

(H): _____

ADDRESS: _____

(W): _____

(C): _____

ATTORNEY: _____

PHONE: _____

ADDRESS: _____

ESTIMATED SALARY: _____

WORST TIME TO COME:
AM PM ~ M/T/W/R/F



FATHER'S NAME: _____
(LAST) (FIRST)

(H): _____

ADDRESS: _____

(W): _____

(C): _____

ATTORNEY: _____

PHONE: _____

ADDRESS: _____

ESTIMATED SALARY: _____

WORST TIME TO COME:
AM PM ~ M/T/W/R/F



CHILD(REN): _____

DOB: _____

DOB: _____

DOB: _____

ATTORNEY: _____

PHONE: _____

ADDRESS: _____



ESTIMATED COMBINED SALARY: \$ _____ # IN HOUSEHOLD: _____

COURT ORDERED: Y/N
RESTRAINING/PROTECTIVE ORDERS: Y/N
SLIDING FEE/ DOCUMENTATION REQUIREMENTS: Y/N
BOTH PARTIES MUST BE PRESENT AT ALL APPOINTMENTS: Y/N
DIRECTIONS TO UCFS: Y/N

APPOINTMENT DATE: _____ TIME: _____

Focus on K.I.D.S.

(Date)

Dear

Your first appointment has been scheduled with _____
on _____ at _____.

Please arrive 20 minutes before your scheduled appointment to complete our paperwork.

We request 24 hours notice of cancellation.

Your fee for each session will be _____ and payment is expected at the time of appointment. Cash, check or money order are accepted.

Enclosed please find:

Directions to Family Service Of Greater Waterbury, Inc.

and

Focus on K.I.D.S. Client Record.

(Please complete this form and bring it with you to the first appointment).

Thank you

Focus on K.I.D.S Client Record

_____ Clinician Name _____

CLIENT INFORMATION

Date _____

Client Name Ms. Mr. Dr. _____ Female _____ Male _____
Last First M.I.

Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager #: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Never Married

Occupation: _____

Children: Name _____	DOB _____	Age _____
Name _____	DOB _____	Age _____
Name _____	DOB _____	Age _____
Name _____	DOB _____	Age _____

ATTORNEY INFORMATION

Personal Attorney: Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____ Fax #: _____

Child(ren)'s Attorney: Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____ Fax #: _____

Have any other attorneys been previously involved? _____ Yes _____ No

If yes: Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____ Fax #: _____

If Separated: Date of Separation _____

If Divorced: Date of Divorce _____

Custody Arrangement: (Please describe visitation schedule.)

Please provide a copy of any court agreements on visitation prior to your next consultative visit.

Referred by: _____

Reason for Referral: _____

Goals for Parent Counseling Sessions:

Areas of Impasse/Conflict (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Discipline | <input type="checkbox"/> New Relationships |
| <input type="checkbox"/> Drop-offs/ Pick-ups of Children | <input type="checkbox"/> Parental Alienation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parenting Schedule |
| <input type="checkbox"/> Extra-curricular Activities | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Step-parents |
| <input type="checkbox"/> Inability to Communicate | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Values |

Focus on K.I.D.S. is not a covered benefit by insurance companies as we are not diagnosing or treating a mental disorder or providing psychotherapy. Therefore, full payment is expected at the time of each session.

**Notice of Focus on K.I.D.S. Policies and Practices
to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Focus on K.I.D.S. (its professional and administrative staff) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when Focus on K.I.D.S. provides, coordinate or manage your health care and other services related to your health care. An example of treatment would be when a Focus on K.I.D.S. clinician consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Focus on K.I.D.S. obtains reimbursement for your healthcare. Examples of payment are when Focus on K.I.D.S. discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Focus on K.I.D.S. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Focus on K.I.D.S. may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Focus on K.I.D.S. is asked for information for purposes outside of treatment, payment or health care operations, Focus on K.I.D.S. will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Focus on K.I.D.S. has already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Focus on K.I.D.S. may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If, in the ordinary course of our work Focus on K.I.D.S., has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then Focus on K.I.D.S. must report this suspicion or belief to the appropriate authority.
- *Adult and Domestic Abuse* – If Focus on K.I.D.S. knows or in good faith suspects that an elderly individual or an individual, who is disabled or incompetent, has been abused, Focus on K.I.D.S. may disclose the appropriate information as permitted by law.
- *Health Oversight Activities* – If a State of Connecticut licensing board or the Department of Public Health is investigating Focus on K.I.D.S., the board may subpoena records relevant to such investigation.

- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and Focus on K.I.D.S. will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation or release of information is court ordered.
- *Serious Threat to Health or Safety* – If Focus on K.I.D.S. believes in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals, Focus on K.I.D.S. may disclose the appropriate information as permitted by law.
- *Worker's Compensation* – Focus on K.I.D.S. may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Focus on K.I.D.S. Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Focus on K.I.D.S. is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are a patient or client of the office. On your request, Focus on K.I.D.S. will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Focus on K.I.D.S. may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Focus on K.I.D.S. will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Focus on K.I.D.S. may deny your request. On your request, Focus on K.I.D.S. will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, Focus on K.I.D.S. will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

Focus on K.I.D.S.' Duties:

- Focus on K.I.D.S. is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- Focus on K.I.D.S. reserves the right to change the privacy policies and practices described in this notice. Unless Focus on K.I.D.S. notify you of such changes, however, Focus on K.I.D.S. is required to abide by the terms currently in effect.
- If Focus on K.I.D.S. revises its policies and procedures (for which it reserves the right to do), Focus on K.I.D.S. will provide you with a revised notice by directly handing it to you if you are actively seen in our offices at that time.

V. Complaints

If you are concerned that Focus on K.I.D.S. may have violated your privacy rights, or you disagree with a decision Focus on K.I.D.S. made about access to your records, you may contact Sandra Pelletier, Office Manager and Privacy Officer to discuss this matter further. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

Formlet\HIPAAnotice

HIPPA ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge that I have received a copy of the “Notice of Focus on K.I.D.S.’ Policies and Practices to Protect the Privacy of Your Health Information”.

Print Name

Print Name

Signature

Signature

Date

Date

Focus on K.I.D.S Program Agreement

This agreement is being made between _____ of Focus on K.I.D.S. and _____ (mother) and _____ (father) on this _____ day of _____, 200____. It is being made with the intent of being in the best interests of our children:

The attorneys that are also representing us are:

Mother's Attorney: _____

Father's Attorney: _____

Child/Children's Attorney(s): _____

Guardian ad litem: _____

Purpose: The purpose of the **Focus on K.I.D.S** Program is to help you as parents work cooperatively and in the best interests of your child/children. It is intended to help you learn how to resolve conflicts and finds ways to communicate with one another more effectively. It is expected that rather than being crisis-focused, you will try to use what you learn inside and outside of our meetings.

Relation to Court: The **Focus on K.I.D.S.** Program is not a legal domain and we do not have the legal authority to change any agreements already determined by the court. Yet, significant decisions made here by you, as parents will be communicated to your attorneys so they may be presented to the court if necessary. Also, this program is not intended to provide testimony for Court. It is expected that you as parents, before filing motions or taking related legal action, will make every attempt to avoid litigation and discuss any plans for litigating in our meetings,. It is also expected that you will not use information obtained in our meetings in litigation.

Parent Counseling Meetings: Meetings will be held with both parents present. It is expected that you will come to these meetings prepared with issues to discuss and a willingness to compromise and solve problems in the best interests of your child/children. During (and outside of) these meetings your interactions with each other should be respectful, polite and non-confrontational. While this may be quite difficult for one or both of you, you each agree to take responsibility for your own behavior in this regard and not blame your behavior on the actions or inactions of the other parent.

Summary Letters and Communication of Information: As part of this program you authorize Focus on K.I.D.S. and your parent counselor to send to you, your attorneys, to the attorney(s) for your minor child/children and the Guardian ad litem (if appointed) listed above, letters that summarize your parent counseling sessions. These letters document the issues addressed at the meeting, the decisions that were reached and the opinions of the parent counselor. All parties will receive the same letter. You also authorize your parent counselors to speak with attorneys listed above on an as-needed basis to be determined by your parent counselor.

Appointments and Fees: The time and place of scheduled appointments must be agreed to by both parents individually. Payment is required at the time of each appointment. Questions about our fees or billing policies should be addressed before signing this agreement. This service is not covered by health insurance, as we are not providing treatment of a mental disorder. Our fee for providing parent counseling sessions for you is \$ ____ per hour (there is no charge for writing the summary letters). We may bill for telephone calls at the same hourly rate. Father will be responsible for ____% of the fees. Mother will be responsible for ____% of the fees.

Additional Professional Contacts

- Voice Mail: Each clinician has a personal voice mail. You are welcome to leave brief messages for the clinician. The voice mail should not be used for lengthy messages. Please bring those issues to your Focus on K.I.D.S. meeting.
- Faxes/E-Mail: Each clinician is available by fax and e-mail. Again, faxes or e-mails may be used for short communications. Please bring your concerns to your sessions for discussion. Faxes and e-mails are not totally confidential and may not be immediately delivered to your clinician.

Cancellation Policy: All appointments need to be cancelled with 24 hours notice. If one of you cannot be at a scheduled meeting and do not cancel the appointment with appropriate notice, we reserve the right to charge you the fee for the missed appointment. In this instance you agree to pay the full visit fee (not your share). You are also expected to contact the other co-parent and inform him/her of the schedule change. When rescheduling an appointment, it is expected that you as parents will come up with a number of alternatives that are mutually acceptable to you so that when you call your counselor an appointment will be able to be made in an efficient manner that is agreeable to you both.

Expectations of You as Parents:

- Every effort will be made to absolutely avoid communicating evidence of conflict in front of the child/children.
- You will speak to each other with respect and not use condescending or derogatory terms in any exchanges with each other, especially in front of the child/children.
- Contact between parents should be limited to established communication times. Communication should generally be limited to exchanges of information about the children, their behavior, their schedules, school information, etc. and to solving problems faced by your child/children.
- You agree to make your child/children's needs more important than your own territorial needs or needs for independence.
- You agree to respect the other parent's time with your child/children and not interfere with the scheduled agreement. This also means following the parenting plan schedule by routinely being on time for the child/children when you pick them up from or bring them to the other parent. Along these lines, any changes, which need to be made to the schedule, must be discussed and agreed to with the other parent, before informing or discussing the change with the child/children.
- You agree to respect the other parent's parenting style and discuss any concerns at agreed upon communication times and not in front of or in earshot of the child/children.
- You agree that it is in your child/children's best interests to have two parents who love and care for them involved in their lives on a regular basis. Additionally, you agree not to place your child/children in loyalty conflicts between the two of you, and not try to have them take sides to support one parent vs. the other.

By signing this agreement, we as parents agree to the above. We also recognize that regardless of the status of our relationship (separated, divorced, or never married), we will always be our child/children's parents together, for the duration of our lives and the lives of our children.

Mother's Signature

Father's Signature

**Family Service of Greater Waterbury, Inc.
34 Murray Street
Waterbury, CT 06710
(203)-756-8317**



**Forensic Parent Counseling Program
Exchange of Information Form**

I give my permission to _____ of Family Service of Greater Waterbury, Inc. to exchange written and/or verbal information with regard to my forensic parent counseling sessions with the following individuals:

I also give permission for billing statements, follow-up surveys or other information to be sent to my home for an unlimited amount of time.

This release to exchange information with others is effective until the end of this calendar year or _____.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Witness: _____

This release and exchange of information should be extended until the date noted below:

Date: _____ Initialed: _____ Date Initialed: _____

Date: _____ Initialed: _____ Date Initialed: _____

This release may be revoked at any time by a written request.

A photo static or photographic copy of this authorization will serve as an original and will be deemed a proper authorization by the above signed.

Focus

on

Knowledge

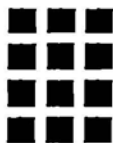
Insight

Decisions

Solutions

**A Specialized Program for
Parents in High-Conflict Separations and Divorces**

Offered through the



Connecticut Council of
Family Service Agencies

Strengthening Connecticut's Families

*Based on principles and training provided by
Beacon Behavioral Health Services' P.E.A.C.E. Program*

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**PROGRAM
DESCRIPTION**

Focus on K. I. D. S.

Introduction

Parents make a commitment to raise and care for their children with the other parent. This means giving children love and support, guidance and needed wisdom, and discipline and rewards so they grow to be healthy, well-adjusted adults.

But, when separation and divorce happens, it usually leads to a whole lot of stress, conflict and anger. Parenting under the best circumstances is hard enough. Divorce makes a hard task even harder. Because divorce is so emotionally difficult, it takes parents' attention away from their children. Instead of giving energy to their children to make sure they get what they need, it's easy for divorcing parents to use up their energy getting angry with and resentful of one another over both important and unimportant stuff.

In these cases, children are the innocent victims of separation and divorce. The single biggest thing that affects children of divorce as they grow up is the way their parents get along with one another when they're with the children. Yet, as much as parents say they want what's best for their kids, they have a very hard time working together for the sake of their children.

The **FOCUS ON K.I.D.S.** program is designed to help high-conflict divorcing or divorced parents learn the skills they need to work together, decrease the conflict between them and increase their focus on their children. The program's purpose is to help parents gain **K**nowledge and **I**nsight so they can make **D**ecisions that lead to real **S**olutions that will be in the best interest of their kids.

Program Rationale

This program is based on the belief that parents are in the best position, and are ultimately responsible, to make the decisions that affect their children. Some parents need our help to learn how to make these changes so they can take better care of their children. Also, while the focus of the divorce is often on the parenting plan "W's" (who, where and when), we believe that it's the way parents relate to and about one another when they are *with* their kids that is usually the thing that has the biggest effect on the kids. Even the best parenting plans are hard to carry out when the parents can't communicate effectively.

Program Features And Benefits

- Parents Work Together:

From the beginning of the program, we only see parents together, never separately. This supports their reality that they need to *work together* in the best interest of their kids, rather than repeat their experience as two people on opposite sides of a conflict. The program always gives parents the message that they are *both* responsible for this. We do not meet individually with parents as we find that such meetings only allow parents to work against one another and voice their own sense of being “right” or being a “victim”. The program provides a way for parents to focus on their *kids*, instead of themselves or each other.

- Parent Counseling Is Focused and Practical:

After a short introduction, we start to deal with the day-to-day issues that get in the way of working together to parent, or co-parent, the children. We find out how well the parents communicate and then set early goals aimed at getting better at cooperating and making decisions. We specifically focus on helping parents behave in appropriate and healthy ways with one another and the children. *We do not focus on helping them resolve their negative feelings toward one another* or changing long-held personality patterns and traits. If either or both parents desire such change, it is the job of other professionals to help them with it. We can and do refer to such professionals when a parent is open to it.

We see our job as getting down to the business of helping parents do what is best, regardless of how they feel about one another or their own emotional, psychological or personality issues. Without using confusing words we teach good listening, conflict resolution and cooperative communication skills. When couples get better at communicating, trust and respect frequently get better, too. We also teach parents about the effects that divorce, parental conflict and parent alienation have on their children, and how to be sensitive to the age-related needs of each of their children.

- Children And Parents Do Not Have To Undergo Additional Assessments:

We do *not* meet with the children. Children of high-conflict divorces have in many cases been interviewed by Family Services, Attorneys for the Minor Children, Therapists, Guardians ad litem, and Custody Evaluators. All of these people give advice as to what they believe is in the best interests of the children. While this can be helpful, in the end it's the *parents* that are left to deal with one another and make parenting decisions for their children after these many different consultations are over. So, we believe that best way make a difference within a family going through a divorce is to *help the parents focus on their kids*.

Parents usually know what their children need, but they often find that the conflict and problems that always seem to come up between them get in the way. The result is that their children don't get the best their parents have to offer. The FOCUS ON K.I.D.S. program helps parents be good parents. If parents describe their children as having a hard time coping with the divorce, we refer the children to another professional to help them deal with these important issues.

Also, parents in the FOCUS ON K.I.D.S. program do not have to go through any psychological testing and/or individual evaluations that they often fear may be used as evidence in future litigation.

- Customized Goal Setting:

Parents, and therefore their children, receive many benefits from the program. For example, benefits include:

- Establishing or making changes to the parenting plan.
- Learning how to avoid conflict, parent alienation, and putting their children in the “middle” of their arguments.
- Learning patterns of communication to allow them to share basic information in a simple, clear and timely fashion
- Learning how to truly parent together, or co-parent, focusing on the needs of their children, not their issues as ex-spouses.

This program helps parents set goals they can reach base on who they are, not who the other parent would like them to be. Each set of parents takes unique successes away from this program. The successes range from less litigation to finding ways to be really good co-parents.

- On-Going Communication With All Parties:

Throughout the program we talk to and write to individual attorneys, attorneys for the minor children and Guardians ad litem as needed. Parents also receive a letter following each session that outlines all discussion and decisions reached, plus their own communication challenges and suggestions for ways to communicate better.

- The Program Is Flexible:

We mold the FOCUS ON K.I.D.S. program to meet the needs of each set of parents. Parents are seen for as many visits as they need and as often or as little as is needed for their given situation. Some need frequent visits while others benefit from less frequent visits. Parents are *not* required to commit to a minimum number of visits. Most parents complete the program in 6-8 visits.

- Parents Often View The Program As A Continuing Resource:

Parents use the FOCUS ON K.I.D.S. program as a tool to help them when needed. So, even after their initial work with us is completed, we are sometimes contacted by parents to meet with them again for a few visits to help them deal with a new issue or need of their child. This feature allows us to help as needed, often before problems grow and become more difficult to deal with.

Program Cost

The cost of each visit is \$, which includes all program materials. Fees can be adjusted based on income considerations.

Payment must be made at the time of each visit and is often split equally between the parents.

The
First Visits

The First Visits

The first two *Focus on K.I.D.S.* counseling sessions are used to discuss the program basics and to set some goals for future meetings. At these meetings we will:

- Review your current visitation agreement, any court orders, and the history of the current conflict(s).
- Make agendas for future meetings.
- Review what you expect to read in the summary letter sent after each session,
- Review the Parent Agreement principles.

The next sessions are usually held for one hour each week, or every other week. These appointments focus on helping parents to identify and understand their conflicts, and to learn the skills needed to overcome those conflicts to the benefit of their children. The goal is to help parents see their poor communication *patterns*, resolve some concrete issues, and set up a structure for decision-making outside of the sessions. Progress is reviewed at every meeting, and problems that get in the way of positive steps forward are addressed.

The work during these sessions is very direct, in order to achieve real results. It's *not* to go over old hurt and anger. One way to look at it is that parents learn to be “business partners” in order to do the work of co-parenting their children. They learn to act only in the best interests of their children and not in ways that are designed to be directly or subtly hurtful to the other parent.

Follow-up sessions are used to resolve more concrete concerns, polish communication skills, and establish a follow-up schedule for future meetings.

It is expected that parents will agree to use the process outlined above to resolve problems before they engage in more litigation that has to do with the children.

**Program
Agreement**

Co-Parenting Survey

Name: _____

Co-Parenting Survey

Please rate *your own* current skills for the collaborative parenting activities listed below.
 Circle the number that best represents your current skill level.
 "0" means little to no skills. "4" means you're quite good at the skill or ability.

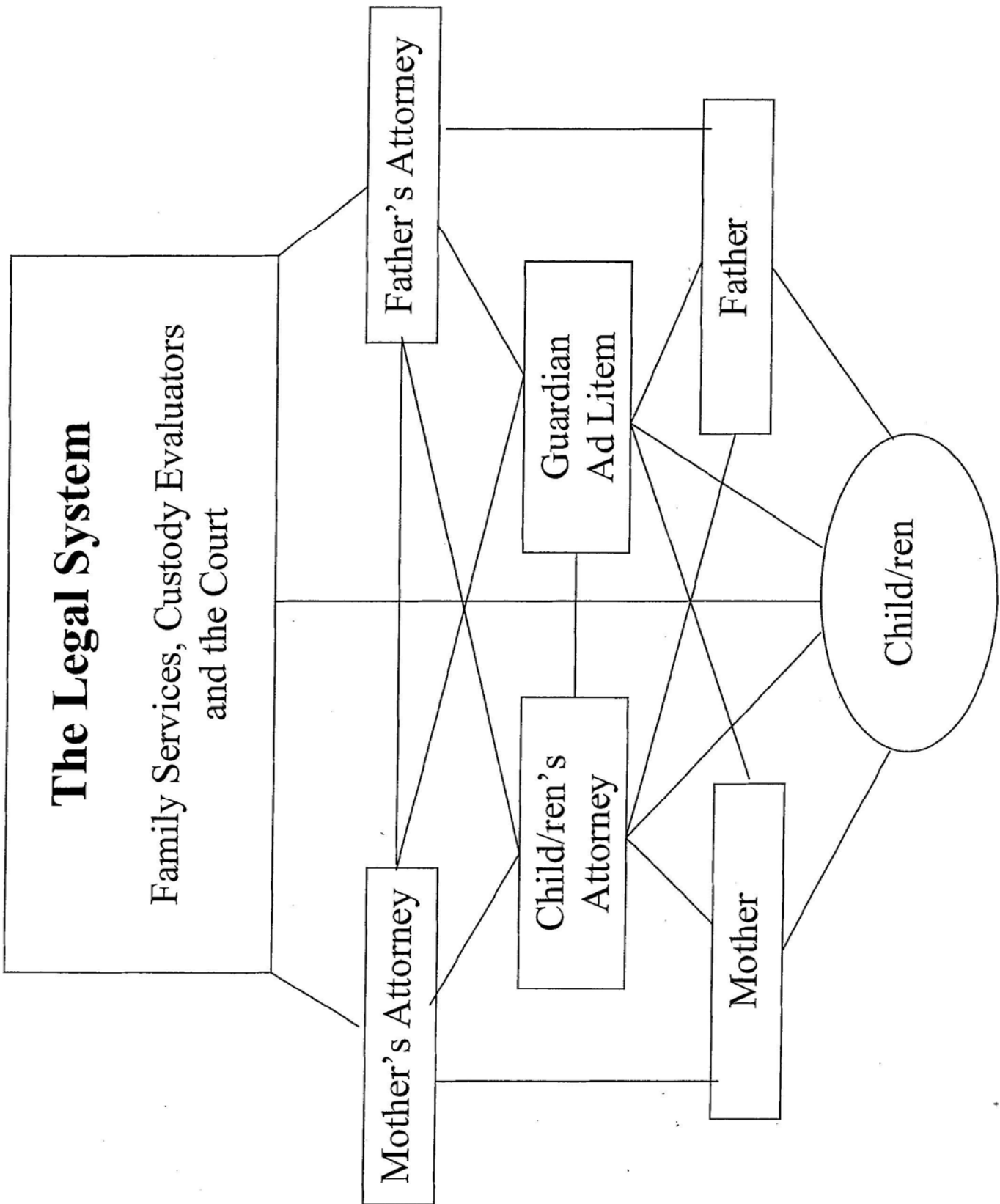
<u>Activity or Skill</u>	<u>Little to No Skills or Ability</u>					<u>Significant Skills or Ability</u>
Make simple decisions (e.g., who will drive to a special event)	0	1	2	3	4	4
Change plans	0	1	2	3	4	4
Make routine decisions in a reasonable manner	0	1	2	3	4	4
<i>Avoid</i> taking action "to get even"	0	1	2	3	4	4
Communicate clearly	0	1	2	3	4	4
Demonstrate respect for my child(ren)'s other parent	0	1	2	3	4	4
Interact with my child(ren)'s other parent without hostility	0	1	2	3	4	4
Communicate directly my child(ren)'s other parent without involving the children	0	1	2	3	4	4
Avoid speaking negatively about the other parent to our child(ren)	0	1	2	3	4	4
Participate mutually in our child(ren)'s activities	0	1	2	3	4	4
Communicate on a regular basis	0	1	2	3	4	4

Now, please rate your child(ren)'s *other parent's* current skills for the collaborative parenting activities listed below. Circle the number that best represents his or her current skill level.
 "0" means little to no skills. "4" means he or she is quite good at the skill or ability.

<u>Activity or Skill</u>	<u>Little to No Skills or Ability</u>					<u>Significant Skills or Ability</u>
Makes simple decisions (e.g., who will drive to a special event)	0	1	2	3	4	4
Changes plans	0	1	2	3	4	4
Makes routine decisions in a reasonable manner	0	1	2	3	4	4
Avoids taking action "to get even"	0	1	2	3	4	4
Communicates clearly	0	1	2	3	4	4
Demonstrates respect for me	0	1	2	3	4	4
Interacts with me without hostility	0	1	2	3	4	4
Communicates directly with me without involving the children	0	1	2	3	4	4
Avoids speaking negatively about me to the children	0	1	2	3	4	4
Participates mutually in our child(ren)'s activities	0	1	2	3	4	4
Communicates on a regular basis	0	1	2	3	4	4

Organizational Chart:

The Legal System and the Family



Forensic Parent Counseling Bibliography

1. Baris, Mitchell A. and Garrity, Carla B. Children of Divorce. Ashville, N.C., Psytec Corp., 1988.
2. Baris, Mitchell A., et al. Working with High-Conflict Families of Divorce: A Guide for Professionals. Jason Aronson Publishers, 2001.
3. Blau, Melinda. Families Apart. New York, Berkley Publishing Group, 1993.
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