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Date

Father Family
Address
Mother Family
Address

In the best interests of: Daughter: dob
Son: dob

Dear Co-parents

We are writing in order to propose a plan intended to better understand and serve your children's needs, including and especially the quality of their relationship with each of you. This document outlines the terms and limitations under which I will be available to provide these services. Specifically,

1. We are Licensed Marriage and Family Therapists with a special interest in assisting children whose parents are highly conflicted, separated and divorced.
2. This agreement is written for your mutual understanding. Please feel free to discuss this with your legal counsel as you see fit. This Agreement is not intended to be shared in whole or in part with any child.
3. This agreement is intended to be consistent with the Court's order of (Date _____), received in this office on (Date _____). This order requires, in relevant part, that, "The parties will engage Stephanie Tschida, LMFT, and Brian Burns, LMFT in family therapy with the goal of the reunification/rebuilding of the (parent child) relationship and arranging regular schedule of parenting time between (parent and child).
4. In providing this service, the family is our patient or client. In this regard, we are not working for either of you, but in your children's best interests.

- 5. Provision if their is adult child involved per agreement
- 6. Provision if work should continue beyond child's 18th birthday if it is coming up.

7. It is important that all involved agree to present us as the parent's and children's helpers, working together with the other adults in their lives (e.g. individual therapists, pediatrician, teacher, day care provider) and with the two of you to improve the quality of the family relationships. It is important that you make the children's time here both a priority and comfortable for them.

8. It is often the case that when children become more distant from one parent, they become closer with the other. As a result, any intervention intended to facilitate a stronger relationship must involve both parents. We anticipate that our work will start with **Initial Parent Interviews and Initial Children's Interviews**. These meetings will assist us in understanding the parent's concerns and the children's concerns and perspectives, as well as help the children feel comfortable and help us assess if and how we might proceed.

9. We retain the discretion to direct if and how any subsequent service might proceed at this point and at any point thereafter. This includes the possibility that we will judge that continuing efforts toward normalization of the parent-child relationship is not likely to be successful and /or poses an unacceptable risk of harm to any party.

10. If we advise that further steps are likely to serve the children's best interests, we anticipate that the course of this intervention will progress in the following stages:

Stage 1: Goal Setting

A. Meeting with therapists and both parents to identify:

- 1) Goals for the Children
- 2) Goals for the Co-parents
- 3) Goals for the process

If a parent feels unsafe or significantly discomfoted in the physical presence of the other, the structure of the parent meetings may be adjusted.

B. Children Meetings with the Reunification Therapist to identify goals and possible steps toward reunification. If there are multiple children in the family, meetings may be with the sibling group all together and individually with each child.

Stage 2: Parent and Child Relationship Building

A. Parent Therapist meeting with each parent individually and parents together, (as able) to identify concerns, improve co-parent communication, and establish action plans.

- B. Reunification Therapist meetings with the children and with the distant parent to develop communication, resolve concerns, and identify parenting time action plans.
- C. Meetings with children and aligned parent as needed to assist the children as they engage in the reunification process.

Stage 3: Ongoing Support and Assistance

- A. Meetings scheduled with parents together and parents with the children as needed to reinforce progress, or resolve concerns.

11. In order to serve the children's best interests, the following types of meetings may occur as the stages of Reunification Therapy progress:

- a. **Aligned parent family meetings:** We will ask to meet with one or more of the children and the parent with whom they feel most comfortable at least once.
- b. **Distant parent family meetings:** If and when we judge that the child or children are ready, we will ask to meet with the children and the non-preferred (distant) parent. Should we proceed, we will ask to schedule ninety (90) minute meetings so as to allow the aligned parent to deliver the child or children into our care and then leave the property entirely. The distant parent to arrive, to participate in a meeting with the child or children, and then to leave the property entirely in advance of the aligned parent's return to pick up the child or children.
- c. **Alternating family meetings:** The substance of this intervention is likely to occur through a sequence of alternating family meetings, meeting one week with the aligned parent and the child or children and the next week with the distant parent and the child or children. It may be necessary to adjust the existing parenting plan and/or to change existing school, after-school and/or work schedules to accommodate this plan.

As therapy progresses, we may request that you make further accommodations so as to allow the distant parent to transport the child or children and/or to enjoy time with the child or children in advance of or following these meetings e.g., to go out to lunch or dinner, to enjoy a brief activity.

12. We may request interim meetings with either or both of you in order to keep current with the children's well-being that either or both of you engage in adjunct, supportive services including, for example, parent training classes, outpatient psychotherapy, and/or medication consultation.

13. We recommend that we maintain an open dialogue as this process unfolds via e-mail, copies to all adults, regarding the children's needs and well-being as a necessary foundation for parents' later child-centered collaboration.

14. We may request as a prerequisite to the continuation of this service that either of you or the children commence his or her own outpatient individual psychotherapy, support group, or educational classes so as to facilitate this process. We may similarly require any necessary informed consents allowing us to coordinate services with such providers.

15. Please note that this work requires that we build an uninterrupted momentum toward the goal of helping the children enjoy a healthy relationship with both of their parents. The regularity and predictability of our meetings will be quite important. Multiple or frivolous cancellations of these meetings may be grounds to discontinue this service and may undermine the children's ability to trust and engage in any similar service in the future.

16. Your genuine support of this service and belief that the children will benefit from the opportunity to make and maintain a healthy relationship with both of their parents is critical. Toward this end, all caregivers must agree not to blame or denigrate one another, the therapists or our shared plan in any way at any time to or around the children. We wholeheartedly support you in establishing your own personal psychotherapy or comparable supports to help you through this process and in your children's best interests.

17. By agreeing to participate in this process, you will be asked to sign Releases of Information to allow us to exchange information with the children's therapists, with a Parenting Consultant or Guardian ad Litem, and with any other party whom we deem necessary and appropriate to this purpose. We will require that you sign informed consent forms as the necessity arises. As a general rule, we will respectfully decline to communicate with your attorneys in an effort to serve the children's needs rather than those of the court.

18. Please understand that certain state and federal laws, administrative rules and ethical mandates may require disclosure of otherwise confidential information. These include but are not limited to:

- a. We must alert concerned parties if and when we believe that any party poses a threat to another's safety in the extreme this may include notification of child protective services and/or the police.
- b. Our records may be disclosed subject to subpoena or court order unless we believe that to do so will endanger an individual or compromise the children's well-being.
- c. Federal protections may allow children age 14 years or older to prohibit us from revealing information about drug and alcohol use, reproductive health/and/or HIV/AIDS status.
- d. Our records may be subject to administrative review conducted by relevant oversight and regulatory bodies.

19. Our time in this matter will be charged at \$175.00 per hour, including all time except as described in the following item. Parents will determine at the beginning of the process if and how to share costs. Payment is expected at the time of service and parents will be provided with the cumulative balance at that time (includes email, phone, other time between meetings. Failure to keep current on therapist's fees will result in a suspension or discontinuation of the process.

20. We will resist any effort to introduce this work into litigation. Should we be required to participate more directly in your litigation (e.g., summarize matters for the court directly, be deposed or testify, travel to and from such events), our time will be charged at the forensic service rate of \$350.00 per hour, due as an advance retainer in an amount commensurate with all anticipated services from the requesting party. We anticipate that all of the relevant summaries and recommendations will be communicated in writing to a GAL, Parenting Consultant, or the parent's attorneys together.

21. Acknowledging that efforts to intervene in a child's or children's best interests with highly conflicted, litigating parties can leave at least one party aggrieved, by agreeing to participate in this service you agree that any such concerns will be addressed directly to our attention in writing in the first instance. Should any such concern thereafter result in legal action, administrative hearing or review of any kind, the party raising the concern accepts full and complete responsibility for our costs inherent in any such processes at the higher forensic service rate quoted above, including but not limited to attorney's fees and time lost in preparation and appearance unless and until the hearing officer or judge rules to the contrary.

We ask that each of you initial, sign, date and return this agreement in full and deliver the retainer funds as described in a timely manner. Upon receipt of these materials, we will contact you each in order to schedule initial appointments. Please don't hesitate to reach us at any time. We very much look forward to working with you in your children's best interests.

By signing below, I agree in and to fully support the foregoing plan, conditions and limitations:

Print full name

Today's Date

Please sign your name indicating that you have read, understand and accept these terms.

Please sign your name indicating that you will allow Stephanie Tschida, LMFT and Brian Burns, LMFT to communicate with the (Parenting Consultant) (Gaurdian ad Litem).

Please print your mailing address (city, state and zip)

Preferred phone number

Alternate phone number

_____@_____

Please provide your email address. By providing an email address you are allowing Stephanie Tschida, LMFT and Brian Burns, LMFT to communicate with you via electronic mail and you are acknowledging that electronic communications are not secure.

Signatures of the Reunification Therapists:

Stephanie Tschida, LMFT

Date

Brian Burns, LMFT

Date