



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

- Facilitate open and appropriate expression of strong feelings such as guilt, grief, sadness and anger.
- Provide an emotionally neutral setting in which children can explore these feelings.
- Help children understand, accept, and cope with whatever difficulty they may be experiencing.
- Offer feedback and recommendations to a child's caregiver based on knowledge of the child's specific emotional needs and developmental capacities.

However, the usefulness of therapy may be limited when the therapy itself becomes simply another matter of dispute between parent and child or between parents. With this in mind, and in order to best help your child, I strongly recommend that your child and each of the child's caregivers (e.g., parents or stepparents) mutually accept the following as requisites to participate in therapy.

1. As your child's therapist, 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/her caregivers, and gathering information relevant to understanding your child's welfare and circumstances as perceived by other important individuals in your child's life (e.g., pediatrician, teachers). In some cases, this may include recommendation that you consult with a physician, should matters of your child's physical health be relevant to therapy.
2. I ask that all caregivers remain in frequent communication regarding this child's welfare and emotional well-being. Open communication about his/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 caregivers recognize and, as necessary, reaffirm to the child, that I am the child's helper. This may include encouragement for the child that is reluctant or anxious about therapy or support the optimism regarding change. Understanding the importance of fostering this therapeutic relationship between your child and therapist. Also, I have found that use of therapy as a consequence or punishment is usually not helpful.
4. This psychotherapy will not yield recommendations about custody. In general, I recommend parties who are disputing custody strongly consider participation in alternative forms of negotiation and conflict resolutions, including mediation and custody evaluation, rather than try to settle a custody dispute in court.
5. Please be advised regarding the limits of confidentiality as it applies to psychotherapy with a child:
  - a. Therapy is most effective when a trusting relationship exists between the therapist and a child. Privacy is especially important in securing and maintaining that trust. It is necessary for children to establish a "zone of privacy" with their therapist that allows them to feel free to discuss personal matters. While treating minors, I will not share specifics of what your child said or did during a session unless your child gives me permission to do so. I will, however, talk with you on a regular basis about your child's therapeutic process, treatment goals, your expectations for therapy, and your concerns and hopes for your child.
  - b. In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. At the start of our treatment, we must have a clear understanding of our purposes, any limits on confidentiality that may exist and my role.
  - c. In the case of separation or divorce, 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. However, these matters may best be brought to the attention of others, such as attorneys or your personal therapist.
  - d. I am legally obligated to bring any concern regarding the child's health and safety to the attention of relevant authorities. When possible, should this necessity arise, I will advise all nonoffending parties regarding my concerns. Please note that it is not my duty and is out of my scope of practice to investigate such allegations.



6. Finally, I ask that caregivers recognize the importance of their involvement in treatment. I find that the parents' impression may be that the therapist can resolve the behavior of the child. The parents understanding may be that it is all the individual pathology of the child when in fact it has a relational component which involves parental interactions with the child. In fact, every aspect of the development of your child from the ability to communicate, their social emotional well-being, the parent-child interactions and school readiness is influenced by the home environmental condition. The involvement of the parents with their child is critical for a successful outcome in these challenging behaviors. With the parents being the ones that spend a significant amount of time with their child, collaborating with the parents to design interventions is a promising approach to help in reducing behaviors. Without this participation, the skills that may be learned within the therapy setting may never be practiced outside of therapy. Parents help immensely just by noticing when their child is using the skills acquired in therapy and reinforcing them. Just the presence and involvement of the parent will allow the child to feel more supported and not feel as though all the work is on them and they are the problem. When a child attends therapy and acquire the necessary tools to help them feel better and communicate more effectively but are placed back into an unchanged environment, at some point all of these tools will fade, and old patterns will only return. We do understand that your participation in your child's therapy may seem overwhelming and seem like it is just "one more thing I have to do" for which there simply is just not enough time. As John Wooden has said, "If you don't have time now to do it right, when will you have time to do it over?" Parents may not only be contributors to the problem their children are experiencing, but the best resource to support their child in developing positive mental health. We want to encourage growth and healing by having parent's participation and present in this journey.

**POLICY REGARDING CHILDREN IN THE WAITING AREA:**

It is the policy of Cornerstone Family Therapy, LLC that no child under the age of 12 be left in the waiting room unattended. This includes children waiting to see their therapist as well as when parents/guardians are meeting with their own therapist. Parents/Guardians are responsible for their children and their behavior while in the waiting room. There are no staff available to supervise them. We kindly ask that you bring a responsible adult to stay with the child while in the waiting room or make other child care arrangements. This policy is to ensure your child's safety as well as to maintain respect for others.

If the child is the one being seen by a therapist, parents/guardians need to remain on the premises during the therapy session. This is important in case of an emergency or if the therapist needs to talk with the parent/guardian. If a parent/guardian needs to leave for any reason they need to let the child's therapist know.

Minors who are old enough to drive are expected to be responsible enough to be in the waiting room unsupervised and to conduct themselves in a manner respectful of others in the building.

**By signing this document, I consent to my child's participation in treatment, and affirm that I have the legal authority to give such consent. Also, I accept that I am financially responsible for all services rendered to my child for which a charge may be associated. I accept personal responsibility for all co-payments, deductibles, and non-covered services as dictated by my insurance coverage.**

Print Name: \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_