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Informed Consent to Treat Children in High Conflict/Divorce/Custody Situations

Thank you for entrusting me with the psychological care of your child. My role is to help your child develop the coping skills needed to handle the powerful forces at work in his/her life, both now and into the future. I understand that parents' worst fears are that their child will be either clinically mistreated or that I will somehow "side" with one parent at the expense of the other (and that I will not be receptive to the input of that other parent). These fears are a part of the forces at work in the child's life and the ways they are handled can "make or break" a child's treatment.

In order to increase the chances that my work with your child will be the best it can be, I have addressed some of these concerns in writing. I will be happy to discuss any of this material with you at any time, but it's very important that you acknowledge having read and understood this document before I begin to see your child.

California law requires that I try my best to work with both parents of children I see, whenever possible, so I make effort to contact both parents and to document any reasons for working only with one parent, along with the steps I am taking to involve the other parent. I normally require that both parents sign authorization to treat their child, even if one does not have physical (or even legal) custody. The law also gives both parents reasonable expectations for information from me about their child's progress or lack of it.

The law grants me the right to withhold information that I believe will result in damage to my professional relationship with the child or will place the child in physical or emotional danger, if disclosed. Professional values suggest that even young children are entitled to expect that their communications to me will be confidential and the law suggests that they may actually be able to prevent information they share with me from disclosure in legal settings (that is, children have been able to "assert privilege" in certain situations). Courts seem to differ about this issue, with some considering a child's age/maturity level in making these decisions.

For these reasons, I ask parents to allow me to share only what I am required by law to share – circumstances when a child is behaving in ways that endanger himself/herself, others or property – and information that a child wishes discussed with parents. I ask that parents help me make therapy a "safe" place for children to learn coping skills by not applying pressure of one form or another to influence the treatment process or to move it in one direction or another. I do want parents to keep me informed of what they see happening in their child's life,

but communications by parents do not carry guarantees of confidentiality. I can and do share parent communications with children, taking their ages and maturity levels into consideration. I also want parents to understand that there are two requests that I cannot grant, as doing so would endanger the safety of the child's therapy: I do not confer with attorneys for either side in a divorce or custody dispute (nor do I hold lengthy conferences with one parent that I would not hold with the other parent); and I do not write letters or make statements about which custody or visitation arrangements I believe to be in the "best interests of the child." These types of discussions and comments are appropriate for formal forensic evaluators who are charged with the responsibility to thoroughly evaluate a child's family relationships and make recommendations to the courts.

My job is to describe and treat children's symptoms with a goal of increasing their capacity to cope with the forces active in their lives. I may choose not to confer with a forensic evaluator appointed by the court to make recommendations about visitation/custody. I can and will confer with a child's own attorney, if one has been retained or appointed, or a child's legal guardian, if one has been appointed.)

However, there is no doubt but that parents do have the capacity, with enough legal pressure, to force me to disclose information (verbal and/or written) to the courts, even when I think it would be better for their children if they did not involve me in this way. I will try to be as clear with your child as possible as to the limits of confidentiality and to the issue of privilege as regards the things s/he might share with me. This clarity might result in your child being less open with me than if there were absolute confidentiality, but we live in a real world and understanding these issues is a part of the very coping skills I will try to teach to your child.

One final thought: in many cases where children are caught in high conflict divorce/custody situations, the conflict between the parents results in demands that treatment be discontinued with one clinician and that another one be sought to continue the child's care. Sometimes there are good reasons for changing clinicians – sometimes not. In any case, my general policy is that when either parent is dissatisfied enough to demand that I stop providing services to their child, I will actively consider transfer and will request that both parents allow for a transition that is smooth and professional and thus least damaging to the child.

I have read and understood this agreement:

Parent Name: _____
Parent Signature: _____

Parent Name: _____
Parent Signature: _____