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POLICY REGARDING THERAPY IN CHILD CUSTODY CASES

CHILD=S NAME: _____

Although children from divorced parents may have normal “problems in living” at school, with peers, and in families, the presenting problems for children of divorce are also often related to conflict or confusion in the pre-divorce phase of family life or the post divorce phase of family life or both. That conflict may involve the biological parents and / or step-parents or siblings and / or step-siblings as well as peers or school personnel. While the intent of therapy is to support the child and hopefully to strengthen their coping skills and adjustment, this process is often more complicated than therapy for children or adolescents in intact families. This policy statement is an effort to clarify some of the complexities from the beginning to avoid surprises later. My work with children and their divorced or separated parents is guided by a fundamental principle that is international in nature and has been recognized for more than two decades, namely, **THE BEST INTEREST OF THE CHILD**. It is my intention to **NOT TAKE A SIDE**, except perhaps the child=s point of view, especially when that point of view may not be clear to others.

Legal proceedings:

- a. Based on the **GUIDELINES FOR CHILD CUSTODY EVALUATIONS IN DIVORCE CASES** as formal practice guidelines published by the *American Psychological Association*, a Psychologist who provides psychotherapy or other psychological services to any member of a family **MAY NOT** offer recommendations about visitation or custody regarding the child[ren], such as Time Sharing Plans, in a formal sense as a Professional Expert in court, in administrative hearings, or in deposition.
- b. Any subpoena to testify about the nature of the child=s diagnosis and treatment will be carefully reviewed with professionals associated with this Provider, including legal counsel, as needed, in a manner that protects specific confidentiality. Such testimony must carefully consider the mental health consequences for the child, since the primary directive is **A**for the best interest of the child.@ In some cases, this Provider will actively resist testimony and release of treatment records which appear not to be in the best interests of the child patient.
- c. Recommendations for other decisions related to school, medical care, cooperative co-parenting practices, etc. **may be** rendered as appropriate by the Therapist/ Provider, with the cooperation of both parents.
- d. Therapy for a child of divorced or divorcing parents is not a substitute for effective **Parenting Coordination** which focuses on the cooperative co-parenting process without direct involvement of the child.

Purpose of therapy for children of divorce:

Mental health professionals generally agree that a therapist intends to present a more neutral adult person in whom the child can confide about feelings, thoughts, and actions. The treatment is offered in order help the child learn how to understand and manage those experiences. The

therapist may be able to clarify which feelings and thoughts are often normal even if the expectation is to change things. The process often helps the child in understanding his/ her own experiences better, learning how to recognize and manage his/ her thoughts, feelings and actions, and learning how to convey those thoughts and feelings appropriately to others. While therapy may also include learning to understand others, individual therapy is not about changing other people. Based on best practices, therapy should include the opportunity for careful evaluation of a child=s current mental status. Problems, such as depression, anxiety, and other emotional and /or behavioral problems, may have preceded the divorce or may have arisen as a result of stressors after the separation. The focus is not on blame, but on change that helps the child live and work and play more effectively. Therapy may also offer guidance to the parents and significant others, such as concerned teachers, about what can be done beyond the therapy sessions to help the child. The younger the age of the child, the more unreasonable it is to expect the child to adjust and adapt when the adults are less willing to adjust and adapt their own decisions.

The process of limited evaluation for treatment planning usually involves speaking with each parent [who may be accompanied by a new spouse or significant adult in his or her life] to hear what problems have arisen in the child=s life, to have each parent answer basic questions related to understanding the child carefully, and often to use standard behavior checklists, completed by parents, teachers, and often the child, to collect important perspectives on the behaviors in question.

Authorization for Treatment:

In most cases, the parent who has physical custody of a child [even for visitation] may seek professional services for the child as needed unless the Child Custody Order restricts the types of services a non-residential custody parent might seek. However, it is my strong opinion as a child clinician that therapy should never be the source of additional conflict in the child=s life; therefore, I expect both parents to support the therapy with a focus on helping the child. That does not necessarily require that both parents attend the visits routinely, but it does mean that the parents will offer views about important concerns for the child and observations about the child=s thoughts, feelings and behaviors. And it means that any questions, reservations, or disagreements about the evaluation and therapy will be handled by the adults, including me, not by comments or influence on the child. I consistently hope and expect that the parents will have an open mind for considering other points of view, though I do not always expects parents to agree with me.

Confidentiality:

a. Both parents have access to information about the child unless the court has specifically restricted the access of one parent. I have been advised by legal consultants in family law that either parent may sign an Authorization to Release Information if their custody order states that they have joint or shared parental responsibility. Frankly, it is my practice to speak about the Authorization to Release Information with both parents, if they have chosen to be involved, even if involved only by phone, to reduce the chance for further conflict about the child.

PLEASE NOTE: A step-parent or fiancé/ fiancée/ paramour is not automatically entitled to information or feedback unless a specific authorization to release protected health information [PHI] about the child is signed by both parents.

b. Though most records of psychological evaluation or treatment are considered to be confidential, the court may order release of psychological records for the purpose of court decisions or other decisions.

c. Unless specific conditions exist, the records will be treated with the same confidentiality as any other medical records. Therefore, that protected health information [PHI] will be protected from most disclosure, except for release a) based voluntary Release as noted above, b) in cases of

suspected child abuse / neglect [Florida Statute Chapter 39], c) in the case of an emergency involving danger to the child or others, and d) based on a Court Order.

Financial matters:

- a. Prompt, reasonable payment for professional services is considered a part of the treatment agreement and is essential for treatment to continue. Non-payment of fees may be considered a breach of the treatment agreement, thus a reason to discontinue treatment. If circumstances have changed and have made prompt payment difficult, please discuss that with us. Disagreement or conflict with the co-parent is not an appropriate reason for discontinuing payment. It is certainly important to discuss any disagreement you as a parent may have about diagnosis or treatment with me as the Provider.
- b. Parents should be aware that if fees for evaluation and/ or therapy are to be billed to health insurance or to other third parties, a **formal mental health diagnosis must be provided** to support the claim. We cannot bill insurance without a mental health diagnosis and we will not bill insurance for meetings that are not part of the therapy sessions, for letters or other documents forwarded to the Court, attorneys, schools, physicians, or others since those are specifically “non-covered services.” Those non-covered services will be billed directly to the parents at usual and customary rates.
- c. Unless the Court has ordered that Providers manage the fee splitting, which has been very rare in our experience, we will bill the parent identified as responsible for the payment or co-payment. There may be an additional minimal fee for splitting the fees, since such management requires special procedures if we are ordered to do so. Our practice management software does not facilitate splitting fees and payments between parents. It does automatically allow us to split insurance payments and co-payments by the patient or parent.

Financial arrangements related to legal matters:

It is essential to understand that any communication by this Provider with an attorney or the attorney=s employees or an agent of a court related matter, such as legal assistants, investigators other than the Florida Department of Children and Families, meetings or extended phone conversations will be billed at the fee of \$250.00 per hour, using fifteen minutes increments. Those fees may not be billed to insurance, but must be paid out of pocket. Any subpoena for expert testimony, in either deposition or court hearing, however limited it may be, must be paid in advance according to the attorney=s estimate of the time required at \$250.00 per hour.

Communication by this Provider with other professionals whose roles are focused on encouraging or enhancing cooperative communication and problem solving with the co-parents will be billed at \$150.00 per hour, using fifteen minute increments. This may not be billed to insurance either.

Respectfully,

C. Russell Clifton, Jr. PhD

I have read and understand the above summary of treatment issues for children of separated or divorced parents.

Parent signature

Date