

Dr. Lynelle C. Yingling, LMFT
J&L Human Systems Development
Specialized Services for Separated/Divorced Co-Parenting
Lynelle@SystemsMediation.com; www.SystemsMediation.com; 972-771-9985

All *confidential conciliatory* services include the basic components of the **Collaborative Family Therapy model**. When extremely high conflict in the family occurs [such as verified family violence], the non-confidential litigation-based custody evaluation or social study service may be required.

- Distinctive characteristics of Collaborative Family Therapy:
 - Focuses on the needs of the child and the strengths of the family
 - Gives the child a voice through the therapist
 - Includes the entire family system in the process
- Techniques used are combined from Family Systems Therapy, Co-Parenting Education, and Relationship-Focused Family Mediation

Title of Service:	Collaborative Family Therapy	Collaborative Law Mental Health Family Specialist	Parenting Coordination
How Accessed:	<ul style="list-style-type: none"> ▪ Court order ▪ Voluntary request by parents/attorneys 	<ul style="list-style-type: none"> ▪ Attorney referral 	<ul style="list-style-type: none"> ▪ Court order by agreement or judicial decision
Statutory Authority:	<ul style="list-style-type: none"> ▪ TFC §153.010 	<ul style="list-style-type: none"> ▪ TFC §6.603 & TFC §153.0072 	<ul style="list-style-type: none"> ▪ TFC §153.601-611
Parent Conflict Level:	<ul style="list-style-type: none"> ▪ Low to High 	<ul style="list-style-type: none"> ▪ Low to High 	<ul style="list-style-type: none"> ▪ Moderate to High
Confidentiality:*	<ul style="list-style-type: none"> ▪ If court ordered, report compliance only to court 	<ul style="list-style-type: none"> ▪ By agreement, report to Collaborative Law Team 	<ul style="list-style-type: none"> ▪ Report recommendation for continuing service to court
Cost:	<ul style="list-style-type: none"> ▪ Self-pay with sliding scale ▪ May be covered by insurance for family therapy 	<ul style="list-style-type: none"> ▪ Self-pay with sliding scale ▪ May be covered by insurance for family therapy 	<ul style="list-style-type: none"> ▪ Self-pay with sliding scale ▪ May be covered by insurance for family therapy
Primary Focus Goals:	<ul style="list-style-type: none"> ▪ Keep focused on the needs of the child ▪ Empower parents to develop a parenting plan to meet the needs of the child 	<ul style="list-style-type: none"> ▪ Identify & resolve parenting conflicts which impede the Collaborative Law contracted process for parenting plan development / implementation 	<ul style="list-style-type: none"> ▪ Successfully implement / modify parenting plans ordered by the court

*Family violence is never confidential. Participants may sign a release of information to allow additional sharing of services content as appropriate in accordance with HIPAA, the Texas Mental Health Code, & AAMFT Code of Ethics guidelines. Communication with attorneys is generally released by client consent. Court-ordered services require compliance reporting.

PARENTING COORDINATION

WHAT IS THE SERVICE?

Parenting Coordination combines family therapy, parenting education, & mediation services for distressed or highly conflicted families having difficulties implementing an effective separated or divorced co-parenting plan. The focus is on understanding the needs of the child/ren. The role of the parenting coordinator is to serve as a problem-solving consultant & family functioning coach to facilitate necessary family system changes.

WHAT WILL THIS SERVICE DO?

- ❑ Take a thorough look at strengths and problems of the family system functioning, involving all family members age 6 and above;
- ❑ Provide child/ren a safe way to express their needs either directly to parents or through the therapist's voice;
- ❑ Help parents make informed decisions about what to include in a parenting plan they can make work to meet their child/ren's needs; and
- ❑ Coach parents to create a "next-step" plan with support resources needed to carry out the plan.

HOW WILL THIS SERVICE DO THIS?

1. For the first meeting of 2 hours, the entire family will consult with the family specialist to look at this family's strengths and problems. Family members will complete some written materials as well as review a graphic picture of the entire family system before talking about what this family does well and what problems the family is having trouble with now. Children above age 6 will be interviewed by the therapist.
2. Before the second meeting, each parent will spend approximately 1.5-2 hours reviewing a written handbook ["Co-Parenting Resources"] and a videotape ["Children: The Experts on Divorce"].
3. The parents will meet with the family specialist a second time for approximately 2.0-3.0 hours. In this coaching meeting, the parents will decide what they need to do to improve their ability to

coparent their child/ren in a way that meets the needs of the child/ren, and minimizes parental conflicts. Additional sessions will be scheduled as needed to resolve conflicts. Specific change goals and resources to help reach the goals will be identified.

WHAT ARE THE POSSIBLE OUTCOMES?

- Empower parents to plan their own lives and choose their own support services without giving up that power to the court, and all within a private process.
- Get the strengths and problems in the family clearly defined so parents can make a more informed decision about how to succeed in separated/divorced coparenting.
- Provide an individualized parent education program.
- Prepare for greater likelihood of success in compliance with an agreed court order.
- All family members talking together when highly conflicted may be stressful; the family specialist may decide the process is too stressful for this particular family at this particular time and stop/alter the process with appropriate referrals.
- Should a family member/s exhibit threatening and/or aggressive behavior toward one another, the family specialist who is committed to optimizing family functioning will work to preserve the safety and well being of each person.

WHO IS THE PARENTING COORDINATOR?

Dr. Lynelle C. Yingling is a Licensed Marriage and Family Therapist [LMFT] who specializes in developing, researching, and implementing innovative interventions to help parents learn to be successful co-parents though they are not married to each other. Family Therapists believe in families being able to learn effective communication skills and to reorganize the family system in ways that protect and nurture children.

WHAT WILL THE SERVICE COST?

Dr. Yingling uses a sliding fee schedule for the hours actually used, based on gross annual income. The total number of hours used are divided between the parents, and the sliding scale is applied to determine each parent's hourly fee.

Below \$25,000	= \$ 50 / hour
\$25,000 - \$49,999	= \$ 75 / hour
\$50,000 - \$74,999	= \$100 / hour
\$75,000 - \$99,999	= \$125 / hour
\$100,000-\$149,999	= \$150 / hour
\$150,000 & over	= \$200 / hour

Parenting Coordination services are protected by law as confidential. The services agreement also states that the Parenting Coordinator will not be subpoenaed to testify in court or release confidential medical records. However, if this agreement were not honored and the parenting coordinator were to be subpoenaed for court testimony, the sliding scale hourly fee would apply to the parent issuing the subpoena for all time and cost involved, including preparation, travel, and wait time. A deposit of 4 hours would be required to be paid 24 hours before the hearing in order for the therapist's clients to be rescheduled.

Dr. Lynelle C. Yingling, LMFT, LPC
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570 E. Quail Run Rd, Rockwall, TX 75087-7321
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Court-Ordered Parenting Coordination [PC] Procedures

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Before the first appointment is scheduled, the parent must fax or email the following to Dr. Yingling:

1. Parenting Coordination Services Information Sheet on www.systemsmediation.com under "Services" included in the Parenting Coordination Information and Intake Forms file.
2. Copy of the Parenting Coordination court order [see sample on website above for attorneys in Word format].
3. Copy of the current court-ordered parenting plan; may be combined with the parenting coordination order.
4. Completed intake forms including Services Agreement, Parental Release Form, Release of Information, and 5 family assessment forms. Dr. Yingling requests that the Authorization for Release/Exchange of Records or Information include permission to talk with all attorneys involved in the case to facilitate Dr. Yingling's report of progress to all attorneys simultaneously.

In order for Dr. Yingling to file insurance claims on the parent's behalf, the parent must contact their insurance company and complete the following **before the first appointment date**:

1. Verify that your policy covers court-ordered family therapy known as parenting coordination.
2. Request pre-certification for services.
3. Verify what your plan copay or deductible amount is.
4. Understand and accept that a mental disorder diagnosis will be required by your insurance company when the insurance is billed; any assessments necessary to make that diagnosis will be required by Dr. Yingling.

If the above requirements are met, insurance coverage would apply only to face-to-face session time with Dr. Yingling. If no qualifying insurance is requested in advance, the sliding fee scale applies and payment is due at the time of service. Additional time required for Dr. Yingling to review extensive emails, review legal documents, consult with attorneys, and other court-related activities will be charged according to the sliding fee scale.

I have read the above procedures and agree to follow them.

Parenting Coordination Client Printed Name

Signature

Date

Client file no: _____

PARENTING COORDINATION SERVICES INFORMATION SHEET

Court cause no _____ Judge ordering _____ County _____
Marriage date _____ Date of separation _____ / divorce _____
Date ordered _____ Next scheduled hearing date _____

MOTHER:
Name _____
Address _____

Phone [H] _____ [W] _____
Fax _____ Cell _____
Email _____

FATHER:
Name _____
Address _____

Phone [H] _____ [W] _____
Fax _____ Cell _____
Email _____

MOTHER'S Attorney:
Name _____
Address _____

Phone _____ Fax _____
Email _____

Father's Attorney:
Name _____
Address _____

Phone _____ Fax _____
Email _____

CHILD/REN:
Name _____ Date of birth _____ With whom primarily residing _____

CHILD/REN's Attorney/s:
Name _____
Address _____

Phone _____ Fax _____

OTHER PARTY: _____
Name _____
Address _____

Phone _____ Fax _____

LEGAL DECISIONS PENDING: ___ Pre-divorce OR ___ Post-divorce OR ___ Never married

Dissolution of marriage _____
Spousal maintenance: _____
Property settlement: _____
Child support: _____
Conservatorship: _____
Parent to establish primary residence: _____
Parental access: _____
Relocation: _____
Modification: _____
Enforcement: _____

Is a Protective Order in place: ___ yes ___ no

Send to: Dr. Lynelle C. Yingling, LMFT, Fax 972-772-3669; Lynelle@SystemsMediation.com ; call 972-771-9985
Client file no _____

PARENTING COORDINATION SERVICES AGREEMENT

Dr. Lynelle C. Yingling, LMFT, LPC

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The first parenting coordination session shall be scheduled within 15 days of the date of the court order. If no agreed-upon date for the first parenting coordination session can be scheduled within 15 days, then the Parenting Coordinator shall select a date within 20 days and all parties shall appear as directed by the Parenting Coordinator. The duration, frequency, and parties in attendance of each parenting coordination session shall be left to the discretion of the parenting coordinator. Fees for the parenting coordination services are allotted between the parties as follows:

Mother pays: _____ Sliding fee scale: _____ Pre-approved insurance: _____

Father pays: _____ Sliding fee scale: _____ Pre-approved insurance: _____

Other [_____] pays: _____

Each party is responsible for their defined portion of cost and is ordered to pay directly to the parenting coordinator the assigned fees according to the policies of the parenting coordinator. Each party shall pay their proportionate share of the Parenting Coordinator's fees within 30 days of receiving a written bill from the Parenting Coordinator if not paid in full at the time of service.

Parenting Coordination is for the purpose of assisting the parties in resolving issues related to parenting in the suit. The parenting coordinator's duties are limited to aiding the parties in:

1. identifying disputed issues;
2. reducing misunderstandings;
3. clarifying priorities;
4. exploring possibilities for problem solving;
5. developing methods of collaboration in parenting;
6. understanding parenting plans and reaching agreements about parenting issues to be included in a parenting plan; and
7. complying with the Court's order regarding conservatorship or possession of and access to the child.

The appointment of a parenting coordinator does not divest the Court of its exclusive jurisdiction to determine issues of conservatorship, support, and possession of and access to the child or the authority to exercise management and control of the suit. Accordingly, the parenting coordinator may not modify any order, judgment, or decree. If a suit is pending, any agreements made by the parties in the parenting coordination process must be reduced to writing, signed by the parties and their attorneys, and filed with the court.

No subpoenas, citation, writs, or other process shall be served at or near the location of any parenting coordination session, upon any person entering, leaving, or attending any parenting coordination session.

In addition, the parenting coordinator may not:

1. be compelled to produce work product developed during the appointment as parenting coordinator;
2. be required to disclose the source of any information;
3. submit a report into evidence, except as required by TFC Section 153.608; or
4. testify in court.

Nothing in this order shall serve to release the parenting coordinator from the legal obligation to report child, elder, or disability abuse or neglect.

Client file no _____

Referral to parenting coordination is not a substitute for trial, and the case can be tried if not settled or agreed to continue in parenting coordination or other intervention service. The Court shall remove the parenting coordinator on the request and agreement of both parties or on the motion of a party if good cause is shown. The parenting coordinator may recommend termination of the service when making a status report.

CONFIDENTIALITY POLICIES:

I understand that information exchanged with the parenting coordinator will be held confidential by the parenting coordinator in accordance with HIPAA regulations, the Texas Mental Health Code, the Texas ADR statute, and other federal/state regulations. Mental Health records are stored in locked cabinets, and client information is released only by (a) authorized consent of the clients included in the record, (b) safety risks which require protection from harm, or (c) order of the court following an in-camera review. Insurance payment of fees requires some level of information sharing authorized by the client with the signature below. Insurance claims will be filed only if the participating parent requests insurance processing and confirms qualifying benefits before the first appointment, is fully aware that a mental disorder diagnosis for the participating parent will be required by the insurance company, and has family vs. individual therapy authorized. Information will be shared with attorneys and other professionals in accordance with signed releases. Periodic status reports indicating only whether the process should be continued will be made to the court in accordance with the court order.

FINANCIAL POLICIES:

- Fees for services are due at the time of service and charged according to the following sliding scale with each parent paying for 1/2 of the time used for family/parent/child sessions or additional court-related activities and 100% of the time used for individual sessions:

Below \$25,000	= \$ 50 / hour	\$75,000 - \$99,999	= \$125 / hour
\$25,000 - \$49,999	= \$ 75 / hour	\$100,000-\$149,999	= \$150 / hour
\$50,000 - \$74,999	= \$100 / hour	\$150,000 & over	= \$200 / hour
- I understand that I am responsible for any insurance co-pay or deductible at the time of service.
- Notice of rescheduling an appointment must be received no less than 24 hours before the appointment in order to avoid being charged for the scheduled appointment.
- Court testimony by a parenting coordinator is not generally allowed. I agree not to subpoena the parenting coordinator. However, if this agreement is violated and a subpoena is issued, court testimony is not covered by insurance. Travel time, wait time, and court time will be payable according to the sliding fee scale by the party who issues the subpoena with a deposit of 4 hours required to be paid 24 hours before the hearing in order for the therapist's clients to be rescheduled.

I have read the above description of parenting coordination services and the brochure describing the service. I agree to the parenting coordinator's policies regarding confidentiality and fee payment as a participant in this service.

Date_____ Client_____ Family Member_____

Date_____ Client_____ Family Member_____

Date_____ Client_____ Family Member_____

Date_____ Client_____ Family Member_____

Date_____ Parenting Coordinator_____

Dr. Lynelle C. Yingling, J&L Human Systems Development

Client file no. _____

PARENTAL RELEASE FORM

Dr. Lynelle C. Yingling, LMFT, LPC

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Child/children name/s

has my permission to participate in the services offered by Dr. Lynelle C. Yingling of J&L Human Systems Development. It is my understanding that all client material is confidential and will not be released to any agency or person without the written permission of all family members participating, with some legal/insurance requirement exceptions. The parents agree not to subpoena records or testimony for litigation purposes. In order to make the work with the child more productive, the parents agree to not request information about the child's individual private sessions with Dr. Yingling. Dr. Yingling agrees to share with the parents any information which is necessary for the safety of the child.

Parent's/legal custodian's signature

Date

Parent's/legal custodian's printed name: _____

Parent's/legal custodian's address: _____

Parent's/legal custodian's telephone number: _____

Complete only if divorced or otherwise directed by a court-ordered parenting plan:

My last official parenting plan court order from _____ County dated _____ identifies me as a managing conservator with the right to authorize psychological services for the named child/ren:

_____ yes or _____ no

I agree to provide a copy of the latest court order to the parenting coordinator.

Client file no _____

GARF Self-Assessment for Families

form developed by Lynelle C. Yingling, PhD

Directions: Think of each of the items below in terms of your family and how well it functions now. In the blank to the left of each item, assign a **rating of 1-10**, with 10 being the best and 1 being the worst. If you think some important characteristic of family functioning is left out, add that item on the "Other" line under the category it best fits and then rate it. After rating each item, circle the 3 items from the entire list you believe would need to change in order to make this family work well.

A. Problem solving/interactional skills for making this family work well

- 1 _____ Negotiating family goals, rules, & routines
- 2 _____ Adapting to stress
- 3 _____ Communicating
- 4 _____ Resolving conflict
- 5 _____ Other: _____

B. The way this family is organized and structured

- 1 _____ Maintaining boundaries so that each individual has some personal "space"
- 2 _____ Keeping "space" for parents separate from kids
- 3 _____ Parents working together to lead this family effectively
- 4 _____ Distributing the power, control, & responsibility appropriately
- 5 _____ Other: _____

C. How members of this family feel about being a part of this family

- 1 _____ Feeling free to experience a wide range of feelings
- 2 _____ Showing a high quality of caring, empathy, involvement & attachment/commitment to each other
- 3 _____ Sharing of values
- 4 _____ Showing affection, respect, & regard
- 5 _____ Experiencing a high quality of appropriate sexual functioning
- 6 _____ Other: _____

Scoring Instructions: Add the points under each of the "A", "B", and "C" categories and record in the Total Points blank below. Divide the Total Points by the number of items in that category to calculate the Average Raw Score for that category. Multiply each Average Raw Score by 10 to calculate the GARF score for each of the 3 areas. These scores can then be plotted on the GARF Profile Chart.

A. Problem solving/interactional skills:

- _____ Total Points [sum of ratings under this category]
_____ Average Raw Score [sum of ratings divided by the number of items scored in the category]
_____ **GARF Score** [Average Raw Score multiplied by 10]

B. Organizational structure:

- _____ Total Points [sum of ratings under this category]
_____ Average Raw Score [sum of ratings divided by the number of items scored in the category]
_____ **GARF Score** [Average Raw Score multiplied by 10]

C. Emotional Climate:

- _____ Total Points [sum of ratings under this category]
_____ Average Raw Score [sum of ratings divided by the number of items scored in the category]
_____ **GARF Score** [Average Raw Score multiplied by 10]

Client file no: _____

Systemic Assessment of the Family Environment [SAFE]

By Dr. Lynelle C. Yingling, LMFT

Directions: For each of the descriptions below, mark a response describing relationships in your family now: place an X anywhere along the line showing whether you think the relationship is more like the description on the left or the description on the right. Think of your family and how you all relate to each other when problems come up.

X = as it is now when we are under stress

A. Me and My Spouse/Ex-Spouse/Partner [circle one]

share openly with each other _____ keep many secrets from each other
listen to each other _____ never listen to each other
understand each other well _____ always misunderstand each other
work together with each other _____ work against each other
try new ways when one doesn't work _____ never change the way to solve problems
support each other _____ abandon each other
both work together equally _____ one controls & the other submits

B. Me and My Kids

free to tell anyone anything _____ keep a lot of secrets from each other
when I talk, someone listens _____ no one seems to listen to me
everyone understands when we talk about things _____ no one understands what to do after we've talked
family members work together as a team _____ we seem to be playing on different teams
when one way doesn't work, we try another _____ we never try new ways to solve problems
everyone feels extra support when they need it _____ everyone feels abandoned when they really need support
parents are ultimately in charge in this family _____ kids seem to have more control than parents

C. Me and My Own Parents

tell each other important things _____ keep many important secrets from one another
listen to each other respectfully _____ always butt in or ignore each other
get across well to each other _____ never seem to understand each other
work together when necessary _____ fight when cooperation is needed
try new ways to solve problems _____ do it the way it was always done
there for each other when really needed _____ always in the way or never there when needed
treat each other as adults _____ act like parents and children

Please circle which family member you are:

mother /wife father /husband other: _____

Date of completion: _____

Client file no: _____

INFORMATION ABOUT ME AND MY FAMILY

My age: ____ years

client file number _____

My race:

____ African American

____ Hispanic

____ American Indian or Alaskan Native

____ Middle Eastern

____ Asian

____ White/Caucasian

Number of times I have been married: ____ none; ____ one; ____ two; ____ three; ____ more than three

Children in this family: ____ total number; ____ age of oldest; ____ age of youngest

I am the: ____ wife/mother **OR** ____ husband/father

Children live primarily with: ____ me **OR** ____ my spouse **OR** ____ other: _____

We are: ____ considering divorce ____ in the process of divorcing
____ already legally divorced ____ never legally married

I have a current protective order against the other parent: ____ yes **OR** ____ no

USE THIS SCALE TO ANSWER QUESTIONS ABOUT DISPUTES:

These response choices are some different ways couples act when in a dispute. In answering the questions below, please write in only the highest number that indicates the way it was in disputes between you and your spouse.

- 1 = Discuss an issue calmly and/or get information to back up one's side of things and/or to bring in (or try to bring in) someone to help settle things.**
- 2 = Yell or raise voices. Insult or swear at each other. Curse, cry, do or say something to spite the other.**
- 3 = Refuse to talk to the other, hang up phone or stomp out of room or house. Sulk, talk negatively to others (or the children) behind each other's back.**
- 4 = throw something at other or at wall or floor. Hit something. Push, grab, or shove other. Slap other.**
- 5 = Kick, bite, or hit other with a fist. Hit or try to hit other with something. Beat other up. Choke other.**
- 6 = Threaten other with a knife or gun. Use a knife or fire a gun.**

____ a. This is the most extreme way I recall us being in disputes during our living together.

____ b. This is the most extreme way I recall us being in disputes since we started to get divorced.

____ c. This is the most extreme way I recall us being in disputes during the past month.

____ d. This is the most extreme way my spouse has ever been with me in disputes.

____ e. This is the most extreme way I have ever been with my spouse in disputes.

FAMILY SAFETY QUESTIONNAIRE

Form adapted by Gretchen Ferris & Iris Newman from form developed by Family Court Services, Santa Clara County, CA; 1998

NAME: _____ Other Parent's Name: _____ (please print)

DATE: _____

All couples enter into marriage/living together relationships with expectations of what life will be like with this person. When disagreements occur and the conflicts are not resolved effectively, they can escalate into words and actions that are damaging emotionally and/or physically.

The purpose of this questionnaire is to better understand the degree of conflict with your partner so that these difficulties can be most effectively resolved. Any information you provide must be true and accurate and not intended to mislead. The other parent may have the chance to respond to the information provided. You do not have to answer questions if you believe that by doing so you may endanger yourself or your children.

- CHECK HERE IF YOU NEED HELP IN COMPLETING THIS FORM.
- CHECK HERE IF YOU DO **NOT** WISH TO COMPLETE THIS FORM.
- CHECK HERE IF YOU ARE AFRAID TO BE IN THE SAME ROOM WITH THE OTHER PARENT.

I. Please check in the box that best describes how often your partner behaved this way in the past 12 months:

FREQUENTLY	OCCASIONALLY	RARELY	NEVER	BEHAVIOR
				Yelling, threatening, swearing
				Humiliating, embarrassing, put downs
				Blaming all problems on you
				Interrupting your eating or sleeping
				Keeping you away from family, friends, employment
				Not permitting personal contact, phone, mail
				Not permitting you to go anywhere by yourself
				Not permitting employment
				Punishing you for contacts with others
				Demands constant knowledge of your whereabouts
				Making automobile not work, withholding car keys
				Making telephone not work
				Wrecking friendships or relationships with rest of family
				Being unpleasant so others stay away from you
				Threatening family and friends
				Not permitting you to have or get credit cards or checks
				Refusing to let you leave a room or place where you live
				Falsely accusing you of being sexually unfaithful
				Using the children against you or kept you from seeing them
				Making an unreasonable number of phone calls to you
				Refusing to leave your home or workplace
				Monitoring/supervising your phone calls
				Following you
				Stalking you
				Forcing you to use drugs
				Forcing you to engage in prostitution or pornography
				Other (describe):

II. Please check in the box that best describes how often your partner behaved this way in the past 12 months:

FREQUENTLY	OCCASIONALLY	RARELY	NEVER	BEHAVIOR
				Pushing, carrying, shoving, grabbing, or restraining you
				Attempted or actual slapping with an open hand
				Pulling your hair
				Physically dragging or throwing you
				Biting or kicking you
				Hitting you in the head, face, breasts or genital area
				Attempted or actual choking, strangulation or smothering
				Attempted or actual use of knife or firearm against you
				Tried to hit you with, or throw you out of, a car or truck
				Burned you
				Drove recklessly to scare you
				Threw objects at you
				Raped you
				Other forms of forced sex
				Abuse to pets
				Destruction of property
				Cruel or sadistic infliction of pain
				Kidnapped you
				Kidnapped a child
				Breaking and entering into your residence
				Behaving violently in public
				Child abuse (describe):
				Other (describe):

III. Other Questions:

1. Are you currently afraid of the other parent for any reason? If yes, please explain:

2. Do you need referrals for shelter, counseling, or other services? If yes, please name the services needed:

Client file number: _____

CO-PARENTING CONFLICT SKILLS

Please check which family member you are: ___mother ___father ___other:_____

Date of completion:_____ Client file no: _____

Directions: Please answer the questions below by placing a check mark in the appropriate column.

How we are working with the legal system and other professionals:

	None	Some	A Lot
1. Does your attorney encourage you to work things out with the other parent vs go to court to protect your rights?			
2. Do you avoid threatening the other parent to go to court to settle problems?			
3. Have you minimized going to court on parenting conflicts?			
4. To what extent have you been successful in avoiding restraining orders or protective orders to control the other parent's behavior?			
5. To what extent have you been successful in using mediation to resolve parenting conflicts?			
6. To what extent have you been able to work cooperatively with other professionals to work out parenting issues?			

How family members are doing:

	None	Some	A Lot
1. Is your child maintaining good health?			
2. Is your child doing well in school?			
3. Is your child doing well with friends and social activities?			
4. Is your child able to relate to either parent without feeling disloyal to the other parent?			
5. Can your child talk openly and freely with either parent?			
6. Does your child feel safe from any kind of physical, emotional, or sexual abuse?			
7. Is your child protected from hearing criticism of one parent by the other parent?			
8. Are parents generally able to agree on the needs of the child?			
9. Do parents feel safe meeting together in person to discuss parenting issues?			
10. Does each parent show respect to the other parent around the children?			
11. Do parents trust each other's honesty and responsibility in relation to co-parenting?			
12. Do parents communicate directly with each other rather than sending messages through the child?			
13. Are parents able to communicate with each other without attacking or blaming?			
14. Do parents accurately hear and understand the other parent's perspective?			
15. Are the parents able to define mutual goals for parenting and agree on an action plan?			
16. Do the parents make decisions based on information vs emotions?			
17. Are both parents able to manage frustrations without inappropriate anger?			
18. Are both parents able to manage stress without resorting to substance abuse?			
19. Are grandparents supportive of the parents working together in co-parenting?			