
FORENSIC COUNSELING SERVICES

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Systemic approaches to children's therapy

Often, we encounter situations where a parent may not be aware of what is going on with their child in therapy. While this can be an issue with the parent, it can also be a structural issue with how the therapist has set up services. Whether part of a high-conflict family or not, there are basic steps to take to maximize client outcomes when working with children and protect yourself in the process.

At the outset, ask for information on both parents.

Family systems thinking reminds us that children are the product of multiple influences, and understanding what is going on with them involves understanding the bigger picture of their lives as well. One piece of this is understanding how each of the parents sees and interacts with the child.

When a parent refuses to provide their co-parent's information, this is a huge red flag. The vast majority of parents are required to notify their co-parent when accessing healthcare for their children. The vast majority of parents also have a right to get information from healthcare providers. Whether a parent has independent rights, or one parent has the exclusive decision-making authority related to care, having information from the child's other parent is vital to understanding the child and what it is like to be them. When you, as a clinician, don't know who the other parent is, how do you provide them information they are entitled to when they contact you?

There are various approaches to addressing common scenarios with parents. For instance, when each parent has the independent right to consent to treatment, one response might be:

Yes, we do see that you each have the independent right to consent to services. This also means your co-parent has the right to terminate services that you initiate, which could be very disruptive and harm the progress of the child's care. Your co-parent also has the right to confer with the provider and access records. Therefore, it is our clinic policy to reach out to both parents when we start seeing a minor client in this situation. This policy protects you from appearing to have intentionally kept the other parent out of the counseling process and biasing the therapist in your favor.

Even when one parent has the exclusive right to consent to services this can be addressed with similar language tailored to that scenario:

Yes, we do see that you have the exclusive right to consent to services. We also see that your co-parent has the independent right to confer with the provider and access records. Therefore, it is our clinic policy to reach out to both parents when we start seeing a minor client in this situation. This policy protects you from appearing to have kept the other parent out of the counseling process and biasing the therapist in your favor.

By focusing parents on protecting the child's therapeutic process, and the enlightened self-interest issues in not appearing to be attempting to mislead their co-parent or biasing the therapist, we highlight that we are looking ahead to protecting both children's and parents' interests.

Contact the other parent.

When the other parent is alleged to be problematic (angry, abusive, substance misusing, etc.), this may be difficult, but by reaching out you are showing them you are a professional interested in the wellbeing of their child, not a tool of their co-parent. It also demonstrates that you remain open-minded to understanding their child's experience versus taking sides and aligning with one parent.

Sometimes parents who are described as problematic by their co-parent do not transfer their frustrations to the healthcare provider and are genuinely interested in helping their child as much as possible, even if they have a bad relationship with their co-parent or engaged in problematic behavior in the past.¹

As an example, a parent may have had a serious substance abuse problem and is struggling with early sobriety or may be continuing to use while in a precontemplation phase. The different impact of these stages on their child may be significant, even if they are only seeing the child during supervised visitation. Helping the parent understand an independent view of how their child is functioning may not only bolster that parent's motivation to maintain sobriety but have a synergistic impact on the parent-child relationship as the child is better supported.

Sometimes parents who are described as absent/uninvolved by their co-parent are exactly as described, and sometimes the provider is being misled (intentionally or otherwise). If you call and e-mail them and they do not respond this is data. When you call/email them and they do respond, you get more data. The key is to document your efforts to contact the child's other

¹ Keep in mind that the presenting parent may simply *feel like* their co-parent is problematic and be relaying their own cognitive distortion of the situation, or worse may be intentionally misleading. Failing to consider other explanations for what is occurring may lead you down the wrong path. Keep an open mind in order to adequately assess the situation.

parent and their responses or lack thereof. This provides you with protection and maintains your neutrality.

As an example, months into therapy when an abusive parent claims they have been “alienated” or excluded from the child’s therapy, you can demonstrate that you have met professional best practices² and show how you attempted to involve them in services. The fact they did not follow through is their responsibility, not yours.

Beyond basic initial contact, offer intake sessions with both parents. Depending on their schedules and interpersonal issues, these may need to be in separate sessions, e.g. someone who is still dealing with trauma post-divorce may be shut down in a joint interview. Looking into these issues should be part of the intake/screening documents that you review (along with the current court orders, if any)³ prior to beginning therapy with a child.

This level of work is also something that you should be getting reimbursed for. Depending on your practice setup, this may involve additional co-pays or charges for separate appointments, as well as fees for any telephone or online work beyond basic scheduling. You are a professional, and you should set the expectation at the beginning that you should not be expected to work for free. Often the reality of costs helps focus parents; seeing the cause-and-effect of billing if they are “blowing up” your email often stems that problem. When you’re dealing with particularly needy or problematic parents, that’s part of the work that you’re getting paid to do (or you’re able to set a reasonable boundary when they are not making payment).

However you structure your practice, it is recommended that you clearly outline your billing policy and rates in your informed consent and/or in another document that requires a parent’s signature. For example:

“Our agency bills at a standard hourly rate of \$200.00, charged in 15-minute increments.”

“We generally respond to brief scheduling matters at no charge. However, extended communications, frequent schedule changes, ongoing questions, and emails are billable.”⁴

² See, for instance, AFCC (2011). Guidelines for Court-Involved Therapy. *Family Court Review* 49(3), 564-581, available at <https://www.afccnet.org/Resource-Center/Center-for-Excellence-in-Family-Court-Practice/afcc-task-force-on-guidelines-for-court-involved-therapy>

³ This best practice is now a requirement in Texas, see Administrative Code 681.35(c), 801.44(c), 781.303(9), etc.

⁴ **Caution:** making fees prohibitively expensive in an attempt to avoid court is inappropriate. Across professions, ethics codes prohibit charging excessive fees and exploiting client vulnerability. When a client’s case hinges on therapist testimony, they are in a precarious position; taking advantage of this to charge predatory rates is harmful.

Again, family systems theory tells us if we only have a slice of what is going on we are in the dark about a meaningful chunk of the child's life. As professionals we want the best view possible in order to help our client. Knowingly excluding one parent does not focus on the child's needs, and risks you being removed from working with the family due to bias, which likely only further harms the child.

Continue to communicate with both parents.

Email makes it incredibly easy to keep both parents literally on the same (electronic) page. Do not try to save on electrons as if they are a limited natural resource by only emailing one parent! Whether responding to one parent's message, sending treatment plans, or issuing progress reports, copying both parents⁵ at the same time shows you are keeping both in the loop to help their children. You should also require parents to copy their co-parent when sending you email, so all communications start above board and transparent.

Sometimes conflicted co-parents sabotage each other (intentionally or otherwise). As a professional, the goal is limiting that sabotage rather than enabling it. If one parent emails you without copying their co-parent, respond to their email by copying their co-parent and beginning your message with, "Just a friendly reminder to always cc your coparent on all communications."

It is often scary to deal with the issues that parents raise. Nothing says you have to resolve the historical discrepancies the parents allege, nor is it your responsibility to take on the role of a custody evaluator or parenting facilitator. Demonstrating healthy boundaries for the parents, as you focus on the problems at hand for the child in question, rather than personal attacks between the parents, can help cement your role as a helping professional for their child. Where it is clear parents need additional services, ongoing work with both of them puts you in an excellent position to make recommendations for additional services, such as parenting facilitation or family therapy.⁶

Systemic improvements help children.

Sometimes parents struggle to interact, which has obvious impacts on their shared children. Skilled professionals support healthy information sharing and help bridge that gap while skill building. If what the children need most is for a permissive parent to learn the skills to become more authoritative (for instance, to quell the perceived chaos that lack of boundaries

⁵ Virtually all parents have the right to receive information regarding the health, welfare, and education of their children, even when the court has imposed significant restrictions on their parenting time. Make sure to review the specific court orders for details.

⁶ Getting the parents additional help also prevents role-creep on the part of the child's therapist, and the subsequent allegations of dual roles and conflicting obligations due to wearing multiple hats in a case.

sometimes creates), it is important for both parents to understand that while a child may complain one parent is being “mean” and limiting screen time or setting healthy bed times, this is, ultimately, improving the situation for the child. By being ahead of such obvious co-parenting struggles, professionals can assist their child clients by preventing them in the first place!

It is also important to structure parent consults. Whether this is dedicating five or ten minutes at the start of a session to meeting with whichever parent has brought the child, or scheduling routine parent-only consult sessions routinely (along with additional sessions as needed), having a plan up front for how these interactions are handled shows parents a balanced and thought-out approach. Providers should also be aware of time-creep, as the five-to-ten-minute consult turns into the fifteen-minute-plus consult with the parent’s needs overtaking those of the child. Thankfully video conferencing services have made joint parent consults easier and more convenient than ever, and even three-way telephone consultation is easily available.

Finally, one key systemic improvement for involving both parents is literally involving both parents by asking them to bring the child at various times.⁷ Again, from a family systems perspective, some children will behave and react differently when brought by different parents; seeing how this plays out for the child may provide helpful information. It also communicates to the child, in the way verbal support cannot, that both parents are committed to helping the child with their therapeutic process. While all parents can alternate appointments, and some parenting time schedules are less accommodating of therapy openings than others, the child’s other parent bringing the child to every third or fourth session, or bringing the child on a different day of the week than the other parent usually brings the child, can have a great impact on the process. There’s a big difference for children *hearing* that you’re working with both parents and *seeing* that you’re working with both of them.

Pay attention to other clinical and logistical issues:

Shared goals – everyone wants the child to feel loved and safe in their respective homes (or, if they don’t, that’s important to know too!). At the outset, it is critical to get the parents to commit to allowing the professional to facilitate those shared goals. From there, being able to address parent resistance when that emerges allows the therapist to continue to help the child cope with whatever environment they are dealing with.

Detailed service agreements – disclosures up front about all of this are key. Thorough professional disclosure statements and informed consent agreements that clearly outline requirements and expectations may drive away malicious parents, but in the end is that really a problem? Also make sure to address your financial requirements here too! If you’re spending

⁷ As a caveat, if a court order specifies or restricts which parent may transport the child or participate with the child in sessions, while the parents can reach agreements for exceptions, it is likely unwise to risk crossing over into making parenting time recommendations by suggesting they do so.

extra time and effort on emails and other administrative tasks, make sure you're compensated for that time.

Confidentiality issues – be clear with parents up front that you will share clinically relevant information as needed, both within the family system and with other providers. Remember, the goal of therapy is to help the child cope, not further fragment supports. If there are other providers working with the family, ensure that the parents know that you will require releases to reach out to those professionals, rather than working in a silo without data from the other members of the treatment team. Your effectiveness can be limited if you are trying to go it alone when there are other treatment team members with whom you could be consulting.

Teaching coping skills – the final issue here is to reiterate that for all children in therapy the ultimate goal is to help teach coping skills, knowing that we might not be able to prompt change in the overall system. Whether this is through emotional regulation (helping identify, process, and manage big emotions), improved self-expression and social skills, problem-solving skills, behavioral responsibility, teaching a sense of agency, or other approaches, the goal for all children in therapy is to improve in various areas. As they learn better approaches, they are able to achieve better outcomes, even when their families of origin may continue to struggle.

Children's therapy is hard work and is sometimes made even more difficult when parents are in conflict or struggle to manage their own behaviors. In focusing on these systemic issues at the outset, we increase the likelihood of long-term positive outcomes for the children and families we serve.

Want to read more about the most difficult family systems cases? Check out *Parent-Child Contact Cases: A Guide to Aligning Professionals Using a Systems Perspective*, written by Dr. Premela Deck and published by the Massachusetts AFCC chapter.

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