

TREATMENT PLAN FOR STRAINED AND/OR DAMAGED PARENT-CHILD RELATIONSHIPS

	PARENT / Guardian	Session Dates	Concerns / Comments
1.	Mother		
2.	Father		
3.	Mother		
4.	Father		
5.	CHILD		
6.	Step-PARENT		
	Court	Mother's Attorney	Father's Attorney
7.			

Court Order on File?

YES NO

The Counselor has been **Court Appointed** (*Specifically named?*)

YES NO UNKNOWN

Type of Counseling?

INDIVIDUAL CO-PARENT FAMILY REUNIFICATION

Using **OurFamilyWizard**® or other communication program/application?

YES NO Other: _____

REUNIFICATION

1. Last date(s) the MOTHER had possession and/or access of the CHILD?	(FROM) ____ / ____ / ____ (TO) ____ / ____ / ____
2. Last date(s) the FATHER had possession and/or access of the CHILD?	(FROM) ____ / ____ / ____ (TO) ____ / ____ / ____
3. MOTHER – Previous Contempt of Orders or Sanctions ?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, DATE(S): _____
4. FATHER – Previous Contempt of Orders or Sanctions ?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, DATE(S): _____
5. Is there upcoming or pending litigation ?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN
6. Is a <input type="radio"/> Parenting Facilitator or <input type="radio"/> Parenting Coordinator involved in the case <input type="radio"/> NOW or <input type="radio"/> IN THE PAST?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, DATE(S): _____
7. Allegations of Physical and/or Sexual Abuse ?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, NAME: _____ RELATIONSHIP: _____
8. Is / Was Child Protective Services (CPS) involved? If yes, was there an finding and/or is there an absence of maltreatment.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, DATE(S): _____
9. Is a Guardian Ad Litem (GAL) or Amicus involved with this case?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, NAME(S): _____
10. Release(s) of Information (ROI) on file?	<input type="radio"/> YES <input type="radio"/> NO

11. Was there a prior positive relationship between the child and the 'outed' parent? Did the outed parent and child previously have a bond and/or did they have an opportunity to develop a bonded parent-child relationship?

12. Has either of the parents engaged in blocking access or possession?

PARENT TREATMENT SESSION GOALS

	PARENT Treatment Session Goals	Review Dates	Therapeutic Methods / Tools Used
1.	Assist the PARENT(S) to fully understand the needs of the CHILD/ADOLESCENT and to understand the negative repercussions for the CHILD/ADOLESCENT when a relationship has been compromised with a PARENT.		
2.	Work with each family member to help form appropriate PARENT-PARENT and PARENT-CHILD roles and boundaries. OR Work with a PARENT and a CHILD to improve boundaries.		
3.	Assist the PARENT(S) to promote the CHILD's affection towards the other PARENT.		
4.	Foster a healthy CHILD relationship with both PARENTS.		
5.	Family members demonstrate empathy and respect for other individuals' points of view.		

6.	Assist the PARENT(S) in separating their thoughts/feeling from CHILD's thoughts/feelings.		
7.	Increase the PARENT(S) understanding of perspective taking and decrease the PARENT(S) utilization of historical references that occurred during the relationship.		

PARENT TREATMENT SESSION GOALS (CONTINUED)

	PARENT Treatment Session Goals	Review Dates	Therapeutic Methods / Tools Used
8.	Assist the PARENT(S) to distinguish valid concerns from overly negative, critical, and generalized views (<i>may be based on past marital relationship</i>) and help them learn to respond to the other PARENT appropriately.		
9.	Teach PARENT(S) to understand the harmful impact of badmouthing the other PARENT to the CHILD and to express their negative feelings/emotions about the other PARENT to an adult friend, adult relative, etc. instead.		
10.			
11.			
12.			

CHILD TREATMENT SESSION GOALS

	CHILD Treatment Session Goals	Review Dates	Therapeutic Methods / Tools Used
1.	Correct the CHILD's negative perceptions of a PARENT(S) and replace them with realistic perceptions to reflect the CHILD's actual experience with the PARENT(S).		
2.	Foster a healthy relationship with both PARENTS.		
3.	Family members demonstrate empathy and respect for other individuals' points of view.		
4.	Restore the child's affection and respectful behavior toward a parent(s).		
5.			
6.			

REPORTED CONCERNS

¹Concerns Reported by the Mother / Father		Session Date <i>Session Date with Mother/Father</i>	Comments / Concerns <i>Comments / Examples as stated to the counselor by the Mother/Father</i>
1.	Referring to the MOTHER and/or FATHER by his/her first name <i>(An occasional reference or on-going)</i> OR Referring to the STEP-PARENT as the MOTHER/FATHER (MOM/DAD).		
2.	Blocking or refusing access during the MOTHER's/FATHER's period of possession. <i>(List the dates as stated by the MOTHER/FATHER.)</i>		
3.	Scheduling activities during the MOTHER's/FATHER's Parenting time. <i>(Examples as stated by the MOTHER/FATHER.)</i>		
4.	Interfering with CHILD Custody <i>(Dates as stated by the MOTHER/FATHER).</i>		
5.	The MOTHER or FATHER is making negative comments <i>(badmouthing)</i> to the CHILD about the other PARENT. <i>(Examples as stated by the MOTHER/FATHER.)</i>		
6.	The MOTHER or FATHER reports the other PARENT is abusing substances.		

REPORTED CONCERNS (*CONTINUED*)

Concerns Reported by the Mother / Father	Session Date <i>Session Date with Mother/Father</i>	Comments / Concerns <i>Comments / Examples as stated to the counselor by the Mother/Father</i>
7. The MOTHER and/or FATHER reports the CHILD rejects them irrationally, and the MOTHER/FATHER is blaming the other PARENT.		
8. The MOTHER/FATHER reports the CHILD has polarized views. <i>(Examples as stated by the MOTHER and/or FATHER.)</i>		
9. The MOTHER/FATHER reports that he/she cannot make the CHILD see his or her MOTHER and/or FATHER if the CHILD does not want to spend time with the MOTHER/FATHER.		
10. The MOTHER/FATHER reports that the other PARENT does <u>not</u> share school information, sporting events, and/or other information that the other PARENT is entitled to <i>(The MOTHER/FATHER stated examples)</i> .		
11. The MOTHER/FATHER describes the MOTHER and/or FATHER does not appropriately monitor the CHILD. <i>(Examples: Does not monitor social media, does not make the CHILD adhere to a curfew, etc.)</i>		
12. The MOTHER/FATHER reports that the other PARENT has been diagnosed with a mental disorder and that he/she is not seeking treatment and/or managing prescribed medication.		

REPORTED CONCERNS (*CONTINUED*)

13.	The MOTHER/FATHER reports that the other PARENT discards and/or does not provide pictures, memorabilia, or other items. <i>(Examples as reported by the MOTHER and/or FATHER.)</i>		
14.	The MOTHER/FATHER reports the other PARENT shares inappropriate adult information with the CHILD (<i>Court Orders, Affairs, Financial Worries, etc.</i>)		
15.			
16.			
17.			
18.			
19.			

COUNSELOR OBSERVATIONS

1. Are these three components that indicate irrational rejection present:

a. A persistent (*not occasional*) rejection or denigration of a PARENT that reaches the level of a campaign? YES NO
 UNABLE TO DETERMINE ON THIS DATE: ____ / ____ / ____

b. An unjustified irrational rejection by the CHILD? YES NO
 UNABLE TO DETERMINE ON THIS DATE: ____ / ____ / ____

c. The rejection by a CHILD that is a partially a result of the **Favored** PARENT's influence? YES NO
 UNABLE TO DETERMINE ON THIS DATE: ____ / ____ / ____

2. Are the CHILD's behaviors age and stage appropriate? YES NO UNKNOWN
 If YES, EXAMPLE(S): _____

3. Is there an identifiable reason for the strained PARENT-CHILD relationship (*i.e. poor Parenting, domestic violence, maltreatment, physical abuse, etc.*)? YES NO UNKNOWN
 If YES, EXAMPLE(S): _____

4. If YES to QUESTION #3 above, are the allegations of abuse FALSE, or if substantiated are the claims highly exaggerated? YES NO UNKNOWN
 If YES, EXAMPLE(S): _____

5. Does the CHILD proclaim an absence of love and/or affection or any positive feelings for the **Rejected** PARENT? YES NO UNKNOWN
 If YES, EXAMPLE(S): _____

<p>6. Does the CHILD deny any positive memories with the Rejected PARENT?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p> <p>If YES, EXAMPLE(S): _____</p>
<p>7. Is the CHILD's behavior toward the Rejected PARENT incongruent from one situation to another?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p> <p>If YES, EXAMPLE(S): _____</p>
<p>8. The CHILD makes statements that are inappropriate for his/her age?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p> <p>If YES, EXAMPLE(S): _____</p>
<p>9. Does the MOTHER/FATHER believe the statement(s) he/she is saying about the other PARENT?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p> <p>If YES, EXAMPLE(S): _____</p>
<p>10. Is the MOTHER/FATHER genuinely frightened and protective, even if mistakenly so?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p> <p>If YES, EXAMPLE(S): _____</p>
<p>11. Is there <u>documented</u> psychopathology that would explain any existing problems with flexible and clear thinking?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p>
<p>12. Would the Rejected PARENTS weaknesses (flaws) result in the CHILD's alienation under <u>normal</u> circumstances regardless of the Favored PARENT's attitudes and/or behaviors?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p> <p>If YES, EXAMPLE(S): _____</p>

<p>13. Does the CHILD present a litany of complaints with some appearing to be trivial, false, or irrational while denying ever having positive experiences with the Rejected PARENT?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, EXAMPLE(S): _____ _____</p>
<p>14. The CHILD's reaction(s) of hatred are unjustified and/or disproportionate to the circumstance(s) they describe?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p>
<p>15. Does the CHILD manifest all-or-nothing thinking, idealizing the Favored PARENT while devaluing the Rejected PARENT?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, EXAMPLE(S): _____ _____</p>
<p>16. Does the CHILD immediately and automatically take the Favored PARENT's side/position?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN</p>
<p>17. Does the CHILD disrespect, behave rudely or even violently, and/or show no remorse for his/her behaviors?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, EXAMPLE(S): _____ _____</p>
<p>18. Does the CHILD make "rehearsed" statements that sound like the Favored PARENT while being unable to elaborate on the details?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, EXAMPLE(S): _____ _____</p>
<p>19. Does the CHILD express feelings of hatred or disdain towards EXTENDED FAMILY or FRIENDS, even when the CHILD has had little or no contact with them?</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN If YES, EXAMPLE(S): _____ _____</p>

20. Has the CHILD been diagnosed in a previous setting to have a Conduct Disorder, Mood Disorder, etc.

YES NO UNKNOWN

If YES, DISORDER(S): _____

21. Does the CHILD demonstrate low self-esteem, inflated self-esteem, aggression, disregard for social norms, lack of remorse or guilt, and/or poor impulse control?

YES NO UNKNOWN

If YES, SITE: _____

22. **THERAPUTIC OBSERVATION (CHILD):** The CHILD's resist/refuse dynamics appear to be:

a. **MILD:** CHILD resists contact but once time is spent, the CHILD enjoys time with the **Rejected** PARENT.

YES NO UNABLE TO DETERMINE

b. **MODERATE:** CHILD strongly resists contact with **Rejected** PARENT and is oppositional during parenting time.

YES NO UNABLE TO DETERMINE

c. **SEVERE:** CHILD persistently and adamantly refuses contact and may hide or run away to avoid being around the **Rejected** PARENT.

YES NO UNABLE TO DETERMINE

23. **THERAPUTIC OBSERVATION (PARENTS)**

a. **MILD:** **Favored** PARENT has made negative comment(s) about the **Rejected** PARENT without intentions or if intentional PARENT will correct his/her behavior.

YES NO UNABLE TO DETERMINE

b. **MODERATE:** **Favored** PARENT intentionally undermines and criticizes the **Rejected** PARENT. The **Favored** PARENT realizes that what he/she is doing is wrong and harmful to the CHILD.

YES NO UNABLE TO DETERMINE

c. **SEVERE:** **Favored** PARENT is obsessed and/or determined to destroy the CHILD's relationship with the **Rejected** PARENT.

YES NO UNABLE TO DETERMINE

**(If YES, may require referral to an Intensive Program.)*

ADDITIONAL / OTHER COUNSELOR OBSERVATIONS

1.

2.

3.

4.

5.

6.

7.