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**COURT ORDERED
FAMILY THERAPY AGREEMENT**

I/we, _____ (print name), agree to retain Dr. Tamsen Thorpe to conduct Family Therapy with regard to the following matter: _____ v. _____.

OBJECTIVES

1. The parents agree and understand this is **not** an evaluation and that the objective of this therapy is not to determine **IF** it is in the child(ren)'s best interest to have contact with one of the parents. Rather, the parents agree that it is in the child(ren)'s best interests to have meaningful relationships with **both** parents.
2. To meet the goals listed below, the parents have agreed to engage the services of Dr. Tamsen Thorpe (also referred to as "the therapist" in this Agreement) and will contact her to schedule appointments.
3. The goals of the treatment/intervention are:
 - a) to foster healthy child adjustment;
 - b) to facilitate the implementation of the previously agreed to or court-ordered parenting time schedule, dated _____;
 - c) to restore adequate parent functioning, parenting and roles;
 - d) to restore and/or facilitate contact between _____ and _____.

- e) to work with each parent and their child(ren) toward the goal of identifying and separating each child's needs and views from each parent's needs and views;
- f) to assist the parents to fully understand the needs of each child(ren) and the negative repercussions for the child(ren) of a severed and/or compromised relationship with a parent in their young lives and as adults;
- g) to work with each family member to help them form more appropriate parent-parent and parent-child roles and boundaries;
- h) to correct the child's distortions and replace with realistic perceptions to reflect the child's actual experience with both parents;
- i) to assist the child to differentiate self from others and exercise age-appropriate autonomy;
- j) to help each parent to distinguish valid concerns from overly negative, critical and generalized views relating to the other parent;
- k) to assist parents to resolve relevant parent-child conflicts;
- l) to improve our parenting skills and family communication skills;

PROCESS

- A. Individual intake of each parent
- B. Individual intake of each child(ren)
- C. Collateral contacts, including, but not limited to; GAL, P.C. and therapists
- D. Review of relevant documents
- E. Potential coparent meeting(s)
- F. Parent and child(ren) education and preparation
- G. Joint family member meeting(s)

The above process varies in how many hours it takes, depending on factors including but not limited to number of children and collateral contacts, as well as amount of documentation provided. A typical range for the first A to D steps is between 10 and 15 hours. After completion of these steps, a more detailed treatment plan can be determined.

Please provide background documentation by email. To minimize fees, **provide only the most relevant documents** pertaining to the therapy. The other party must be copied on same.

ROLE AND AUTHORITY OF THE THERAPIST

1. The parents have agreed to the involvement of the entire family, in various combinations, as directed by Dr. Tamsen Thorpe. The process will include meetings between the therapist and each of the parents and the child(ren) individually and jointly. The process may include interviews and/or meetings with other family members as deemed necessary by Dr. Thorpe.
2. Dr. Thorpe will not be making decisions regarding the child(ren)'s time with each parent (access) and/or legal decision-making (custody). Rather, she will be assisting to implement the previously agreed to and/or court ordered parenting plan. Dr. Thorpe may make recommendations to the parents, lawyers and the court to the extent that she has obtained sufficient information.
3. Dr. Thorpe may choose to contact other professionals involved with the family to both give and receive information to better meet the aforementioned objectives and goals of the therapy. Toward this end, the parents will sign all releases of information required by Dr. Thorpe to implement the process. The parents shall provide all records, documentation, and information requested by Dr. Thorpe as soon as possible upon request.
4. From time to time, the interests of the child(ren) will be best served by the engagement of additional professionals. For example, Dr. Thorpe may make recommendations and referrals for an additional therapist, for the parents, child(ren) or extended family who are involved in the process.

CONFIDENTIALITY

1. The parents understand that the process is not confidential, although Dr. Thorpe may use her discretion to exchange information as necessary between parents, between the parents and the child(ren), and between the child(ren). Dr. Thorpe shall be free to disclose all information, documentation and correspondence generated by the process with the lawyer for each parent and with the court. Dr. Thorpe may at her discretion exchange information with other relevant professionals currently or previously involved and may speak with the lawyers ex-parte. This signed agreement serves as the parents' informed consent for Dr. Thorpe to obtain information from the Court, counsel and both parents AND for Dr. Thorpe to provide information received from all sources to the Court, counsel and the other parent.

2. The parents understand that Dr. Thorpe is required to report to the appropriate child welfare/protective services if she has a reasonable suspicion that a child(ren) is being abused and/or neglected. In addition, she is obliged to notify the proper authorities if she has a “reasonable suspicion” that a client may harm himself or herself or the other parent.

FEES

3. Unless otherwise agreed or by court order, the parents shall share all costs equally at a rate of \$300.00 per hour. Fees are applied to all time expended in any/all professional activities, including administrative matters. This includes time spent in reviewing documents and correspondence, writing memos to the file, writing reports, voice-mail, writing and reviewing received e-mail, meetings, and contacts/telephone calls with the parents, their counsel and other professionals involved. Also included are any unpaid fees charged retroactively from the time that services are initially requested and the file is opened. This also includes disbursements paid to collateral sources for verbal and/or written reports and agency/hospital reports should these be required by the source.
4. The parents will each provide a retainer payment (unless otherwise specified). The total sum of \$3,500.00 will be deposited, in advance, as a retainer – made payable to Directions CLS, LLC, via check or credit card form. At all times each parent shall maintain a retainer of at least \$600.00, totaling \$1,200 (for four hours), in the account. Dr. Thorpe shall advise in advance when a further retainer is required. A statement of the account will be provided to the parents from time to time. If the above terms are not satisfied, Dr. Thorpe will postpone all services until the retainer terms are met. Non-payment of fees shall be grounds for the resignation of Dr. Thorpe

APPOINTMENTS

5. Appointments canceled without at least 24 hours advance notice may be charged at full fee independent of the reason for the cancellation. Monday appointments must be canceled by noon on the previous Friday. The parents will each be responsible for bills arising from his/her own cancellation with insufficient notice and/or failure to attend a scheduled appointment.

- 6. It is not standard practice to tape (video/audio) sessions as Dr. Thorpe takes contemporaneous notes during each interview session. **Taping is not allowed.** Should this occur, Dr. Thorpe will have the option of terminating the reconciliation therapy process.

My signature on this page indicates that I have read these provisions and agree to the contents.

Signature

Date

Print Name

Signature

Date

Print Name