



**2265 Teton Plaza, Idaho Falls ID 83404
(208) 403-0135 Fax: (208) 209-8454**

Psychotherapy for Children of Separated or Divorced Parents

In families of separation and divorce, children's psychotherapists work to help them cope adaptively with the forces acting upon their lives. Treating children in these contexts is difficult because:

1. Both parents usually have different views of the forces acting upon the child and the child's needs.
2. Parents' views may be affected by their own psychological experiences, issues, and needs.
3. Both parents usually fear that the child's psychotherapist will side with the other parent.
4. Both parents usually fear that the child's psychotherapist will make custody or visitation recommendations that are not in the best interest of the child or parent.

For these reasons, your child's psychotherapist has instituted the following policies in treating children on separated or divorced parent who share legal custody.

1. Both parents must consent to treatment, ideally before the first session with the child, or shortly thereafter.
2. Both parents will be offered "equal time" in face-to-face or phone contacts as much as realistically possible, unless this is contraindicated, such as cases in which the therapist judges that contact with one or both parent might negatively affect the child (e.g. if there is a concern related to parental abuse or threats to the child).
3. Your child's therapist will not communicate with attorneys for either parent or guardian.
4. Any information provided by one parent may be shared with the other parent by the child's therapist.
5. Your child's psychotherapist will not provide custody or visitation recommendations to the court, mediator, and/or psychologist conducting a family psychological evaluation. If the child has a court representative (attorney, guardian ad litem, or other advocate) or if requested by both parents or ordered by the court your child's therapist may discuss observation about the child with these parties.

These policies may not apply when a parent resides out of the area or is incarcerated, when parent-child contact is limited by a court (Juvenile, Family, or Guardianship) or court representative (i.e., County Services Agency social worker), when there is substantial evidence that a parent might be physically or psychologically harming or damage the therapeutic relationship, or when a parent fails to respond to the therapist's attempts to establish contact with that parent.

Initial here if this section has been read and understood _____

Confidentiality from Third Parties (Other Than Parents)

Psychotherapy is confidential from parties other than parents with important exceptions:

KRISTOPHER L. WALTON
**ASSOCIATES, LLC**

2265 Teton Plaza, Idaho Falls ID 83404
(208) 403-0135 Fax: (208) 209-8454

1. Information may be released to designated parties by written authorization of clients, parents or legal guardians.
2. When parents seek reimbursement for psychotherapy from insurance companies or other third parties, information, including psychological diagnoses, and in many cases, explanations of symptoms and treatment plans, and in rare cases, entire client records, must be provided to the third party. If health coverage is provided by the parent's employer, the employer may have access to such information. Insurance companies usually claim to keep psychological diagnoses confidential, but may enter this information into national medical information databanks, where it may be accessed by employer, other insurance companies, etc, and may limit future access to disability insurance, life insurance, jobs, etc. Your child's therapist will provide you with copies of reports submitted to insurance companies at your request.
3. Psychotherapist are required to release information obtained from children or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a psychotherapy client or to others, e.g., imminent risk of suicide, homicide, or destruction of property that could endanger others.
4. Psychotherapists are required to report suspected past or present abuse or neglect of children, adults, and elders, including children being exposed to domestic violence, to the authorities, including Child Protection and law enforcement, based on information provided by the client or collateral sources.
5. If children participate in psychotherapy in compliance with a court order, psychotherapists are required to release information to the relevant court, social service, or probation departments.
6. Your child's psychotherapist must release information, which may include all notes on your child's psychotherapy and contact with collateral sources, in response to a court order, and may also be required to do so in response to a legitimate subpoena.
7. Psychotherapists often consult with other professional on cases, and teach or write about the psychotherapy process, but disguise identifying information when doing so. Please indicate to your therapist if you wish to place restrictions on consultation, teaching, or writing related to your case.
8. Psychotherapists reserve the right to release financial information to a collection agency attorney, or small claims court, if you are delinquent in paying your bill.
9. Cell phone and e-mail communication can be intercepted by third parties. These forms of communication are reserved for urgent or time-sensitive matters. Psychotherapists are required to make a record of each client contact. E-mail communication are printed in full and become part of a client's file.

Initial here if this section has been read and understood _____

KRISTOPHER L. WALTON
**ASSOCIATES, LLC**

2265 Teton Plaza, Idaho Falls ID 83404
(208) 403-0135 Fax: (208) 209-8454

Professional Records

Psychotherapy laws and ethics require that Idaho licensed psychotherapists keep treatment records. Professional records can be misinterpreted and/or upsetting to untrained readers. Your child and you are entitled to receive a copy of these records unless your therapist believes that see them would be emotionally damaging to you or your child, in which case your therapist will review them together with your child or with you or will send them to a mental health professional of your choice, to allow you or your child to discuss the contents. Client will be charged copying costs plus \$150.00-per-hour for professional time spent responding to information requests.

Your child's record includes a copy of the signed informed consent form, acknowledgement of receipt of privacy policy and practices, progress notes, any release of protected health information, and copies of your super bill. Records are kept in a locked file cabinet.

Initial here if this section has been read and understood_____

Alternative Treatments

Other treatment approaches are available as an alternative, or as an adjunct, to individual child psychotherapy. These include family therapy and group therapy.

Initial here if this section has been read and understood_____ *Fee for Psychotherapy*

Psychotherapy sessions and collateral contact: \$165 for initial intake evaluation, \$150 per 45-50 minutes, including any time missed by being late. Payment is due at each session. Phone calls: 30 minutes \$75.00, 60 minutes \$150.00 Letters and reports: \$150.00-per-hour.

Attendance and Participation in school IEP meeting: \$150.00-per-hour. Travel time is charged at hourly rate at well, but adjusted if travel is less than one hour.

I understand that payment is due at the end of each session. I agree to cooperate with procedures required to collect third-party payment. If I receive a third-party payment, I agree to turn it over to my therapist as soon as possible.

Initial here if this section has been read and understood_____

KRISTOPHER L. WALTON
& ASSOCIATES, LLC

2265 Teton Plaza, Idaho Falls ID 83404
(208) 403-0135 Fax: (208) 209-8454

Cancellations

I understand that my child's psychotherapist reserves an appointment time for my child. I agree to call 24-hours in advance if I must cancel a session in order to allow my child's therapist to reschedule his time. If I provide less than 24 hours notice of a cancellation, unless a sudden medical emergency has occurred, I will pay the fee of \$25.00 for the first missed session and \$150.00-per-session following.

Initial here if this section has been read and understood _____

Emergencies

I may telephone my child's therapist in an emergency at 208-403-3597. My child's therapist is not always immediately available by phone and may not be available in the late evening. If unavailable, my therapist will return my call as soon as possible. If I cannot reach my therapist, I can call the 24-hour Crisis Team at Eastern Idaho Regional Medical Center; Behavioral Health Unit at (208) 227-2100 or call 911. When my child's therapist is out of town, and if I am not also seeing another mental health professional, such as a psychiatrist, my child's therapist will provide me with phone numbers of alternate sources of help.

Initial here if this section has been read and understood _____

Psychotherapy Contract for Parents or Guardians of Child Clients

I have read the above information, have asked questions as needed, and understand the issues relate to risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts with parent and others, treating children of separated or divorced families, professional records, confidentiality from third parties, evaluating the accuracy of children's disclosures and memory, implication of knowledge of children's disclosures and memory for psychotherapy and related legal issues, alternative treatments, my child's diagnoses and treatment plan, length of psychotherapy, fee for psychotherapy, emergencies, and cancellations.

Initial here if this section has been read and understood _____

Length of Psychotherapy

Some psychological problems in children can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict the length of therapy needed. Some disorder cannot be properly treated with the limitations of some health insurance policies. Generally, hospitalization should be as brief as possible to limit disruptions to a child's life.

KRISTOPHER L. WALTON
**ASSOCIATES, LLC**

2265 Teton Plaza, Idaho Falls ID 83404
(208) 403-0135 Fax: (208) 209-8454

The decision to terminate therapy belongs to the parent or legal guardian, except in cases in which the decision is that of the child at a certain age, e.g., cases involving issues of child abuse, substance abuse, birth control, pregnancy, and severe need.

Terminating therapy with a child should be done over a number of sessions, particularly in cases of a long-term therapeutic relationship. Should you or your child decided to terminate therapy prior to the child's therapist's recommendation, it is important that your child have a final meeting with his or her therapist.

If your child's therapist believes you are terminating your child's therapy before adequate treatment has been received for your child's psychological problems, your child's therapist will provide you with referrals for other therapist or you may choose to continue therapy with your current therapist.

Some managed health care plans provide benefits for only a time-limited course of psychotherapy. Some companies have contracts with therapists that prohibit clients to remain in therapy with a therapist beyond the designated time-frame. If your therapist believes your child needs further psychotherapy after this period, your therapist will provide referrals to other therapists with whom your child can continue treatment. Initial here if this section has been read and understood _____

I agree to treatment for my child (_____) based on my informed consent to proceed.

Print Parent Name

Signature Date

Print Parent Name

Signature Date

Kristopher L. Walton & Associates, LLC

2265 Teton Plaza
Idaho Falls, Idaho 83404
Office: 208-403-0135
Fax: 208-209-8454

Comprehensive Diagnostic Assessment

Name:

DOB:

Date of Assessment:

Primary Care Provider:

Psychiatrist:

Medications:

Environment

Who lives in your home (parents, siblings, roommates, etc.) and how do you get along with them?

Presenting Problem

Please describe what the current concerns are that brought you in today.

Please describe any additional life stressors.

Psychiatric Problems

Depression - Have you had a period of time during which you felt unhappy, depressed, and irritable and felt no interest in life consistently for at least two to four weeks?

High Periods or Mania - Have you had moods that lasted one week or more in which you had so much energy you did not sleep for several nights, or felt you could accomplish many difficult tasks easily? Were you feeling so good that others commented on your elevated mood?

Chronic Feelings of Unhappiness - Have you felt mildly unhappy, or unable to enjoy life, for many years, for no apparent reason?

Suicide Attempts - Have you ever attempted suicide?

Self-harm - Besides attempting suicide have you ever attempted to do physical harm to yourself in other ways such as cutting or burning yourself?

Chronic Tension and Anxiety - Have you ever had problems with chronic anxiety, tension, nervousness, or constant worrying? Do you worry about minor concerns? (Not connected to anxiety attacks)?

Panic Attacks - Have you had brief anxiety attacks during which you felt like you were going to die, lose control, were very frightened, extremely anxious, or uncomfortable?

Panic Associated Fears - Have you ever been afraid of going out of the house alone, going to the grocery store, driving, or using public transportation because of fear of having a panic attack?

Obsessive/Compulsive Symptoms - Have you had compulsions to repeat tasks such as checking things, washing hands, counting, or obsessions (ideas that make no sense by keep repeating in your mind)?

Social Fears or Phobias - Have you been fearful in specific social situation, or felt uncomfortable doing things in front of other people? Do you worry excessively about being embarrassed, or humiliated in social situation?

Phobias - Have you had significant phobias such as heights, flight, closed spaces, insects, etc. that interfere with your life?

Posttraumatic Symptoms - Have you ever experienced a very traumatic event that has continued to bother you or cause emotional problems later in life, such as nightmares or flashbacks of the event?

Hyperactivity/Inattentions - Were you considered hyperactive and/or inattentive, or have you been treated with Ritalin or another stimulant, or been diagnosed with ADHD?

Psychotic Symptoms - Have you ever had hallucinations, hear voices, felt that you had special powers or were receiving special messages, felt inappropriately suspicious that people were trying to hurt you?

Chronic Physical Symptoms - Have you had a period of time during which you felt physically sick or worried about your health when no physical cause could be found?

Chronic Pain - Have you had problems with chronic pain such as stomachaches or headaches?

Sleep Problems - Have you experienced sleep problems such as insomnia, oversleeping, frequent nightmares, or sleepwalking?

Anorexia - Have you ever been anorexic or purposely lost weight to obtain a weight below normal?

Binge Eating or Bulimia - Have you had eating binges associated with inducing vomiting using laxatives, or exercising to the extreme?

Compulsive Behaviors - Have you had problems with compulsive behaviors such as gambling, spending, work, sex, pornography, or other problematic compulsion?

Dissociative Symptoms - Have you had periods of time during which you feel "out of touch," removed from the world around you, or lost large amounts of time that you cannot account for?

Psychiatric History

Are you currently receiving services from a mental health provider? (Therapy, PSR, Service Coordination, Medication, etc.) If so, which providers?

Have you had mental health services in the past? (Therapy, PSR, Service Coordination, Medication, etc.) If so, which providers?

Have you ever been admitted to residential treatment program or psychiatric hospital?

Substance Use/Abuse

Do you drink alcohol?
How often and how much?

Do you, or those who you associate with believe you have a drinking problem?

Drug Abuse - Have you ever abused "street" or prescription drugs?
Which ones and what age were you?

Do you smoke or use tobacco products?

Do you regularly consume caffeinated beverages? (Soda, tea, coffee, energy drinks, etc.)

Family Psychiatric History

Please share any psychiatric problems in your biological relatives. Consider problems such as depressions, bipolar disorder, anxiety disorders (OCD, panic disorder, PTSD), schizophrenia, ADHD, alcohol or drug abuse, anger or criminal problems, suicides, etc.

Medical History and Functioning

How is your overall health?

Do you have any major health concerns? (High blood pressure, headaches, seizures, heart problems, etc.)

Do you have any contagious diseases?

Do you have any disabilities or handicaps?

Do you have any major allergies?

Have you had any major accidents, illnesses, or injuries?

Family History and Functioning

What is your current relationship status?

What is your sexual orientation?

If you have ever been married, when was it, how long did it last, and did you have any children?

Are you currently in a romantic relationship?
How do you feel about your current relationship?
What are your major conflicts about?

Any children living outside of the home?

What resources and supports do you feel you and your family have?

What are your strengths in the family setting?

Where were you born?

Were you adopted?

How old were your parents when you were born?

Were they married?

Where did you grow up?

Are your parents still living?
What do they do for an occupation?

Please describe your relationship with your father.

Please describe your relationship with your mother.

What siblings do you have?

Please explain your family's cultural, and/or religious background.

Were you ever physically or sexually abused, assaulted, or molested?

Social History and Functioning

How would you describe your friendships? (No friends, acquaintances, acquaintances and friends)

How would you describe and comfort level in social situations?

What are your social talents or strengths?

Vocational/Educational History and Functioning

What is the highest level of education that you have achieved?

Please describe how you did in school academically.

Please describe how you did in school behaviorally.

Please describe how you did in school socially.

Were you ever in a specialized class setting or receive special education?

Do you have any educational goals at this time?

Are you currently employed?

How long have you worked there and are you satisfied with this job?

Have you ever been reprimanded, fired, or participated in a work program?

What are your employment goals?

Have you ever been in the military?

Were you honorably discharged?

Financial History and Functioning

Please describe the family's source of income.

Do you or your children receive support from state or federal programs?

Do you have a history of financial problems?

Basic Living Skills History and Functioning

Do you have any concerns about your ability to maintain your basic living tasks (cooking, chores, safety, etc.)?

Housing History and Functioning

What are your current living arrangements? (rent, own, live with family, etc.)

Is this living arrangement what you would consider healthy and safe?

Community/Legal History and Functioning

Do you have any current or past involvement with the legal/court system?

Mental Status Exam - Clinician Use Only

Suicidality/Homicidality:

Does client have any suicidal or homicidal thoughts, feelings, gestures, intentions, or plans?

Does client have a history of suicidal or homicidal thoughts feelings, gestures, intentions, or plans?

Is immediate intervention required to keep client or others safe?

Referral:

Mental Status

General Behavior: cooperative, passive, withdrawn, dramatic, restless, hostile, anxious, other:

Attire: appropriate, seductive, untidy, loud, meticulous, other:

Gait: normal, erect, stooped, ataxic, rigid, shuffling, manneristic, other:

Motor Activity: normal, agitated, retarded, tremor, tic, mannerism, other:

Productive of Thought: spontaneous, verbose, pressured, speech, unproductive, other:

Mood: normal, indifferent, fearful, angry, euphoric, labile, shallow, blunted, flat, composed, anxious, sad, tearful, depressed, other:

Affect: appropriate, inappropriate, flat, other:

Perception: normal, auditory hallucination, visual hallucination, illusions, depersonalization, hypochondriasis, other:

Orientation: normal, disoriented to time, place, person

Memory: normal, defective (remote, recent, immediate), other:

General Knowledge: consistent with education, inconsistent, able to abstract, concrete, other:
Insight: absent, good, fair, minimal

Judgment: good, fair, poor

Diagnosis

Axis I (p)

Axis II

Axis III

Axis IV

Axis V GAF

Treatment Recommendations:

- **Clinical Therapy** Hrs per week: Duration:
- **Group Therapy** Hrs per week: Duration:
- **Navigating Your Life Coaching:**

Interdisciplinary Team: (list any people involved in client care and place an "x" if we have a ROI on file)

- *Client:*
- *Parent/Guardian:*
- *Previous Therapist:*
- *Psychiatrist:*
- *General Practitioner:*
- *Bishop:*
- *School:*

- Other _____:
- Other _____:

CDA Completed By:

Date: