

Mesa Valley Counseling



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Jason Cheney, M.Ed., LPC

Experienced former child welfare therapist specializing in family systems, trauma, parent-child interaction, and marriage therapies. EMDR-trained, PCIT (Parent-Child Interaction therapy) certified, experienced in TST (Trauma Systems Therapy)

Statement of Understanding for Reunification Therapy

Information concerning Mesa Valley Counseling's professional services, financial arrangements, and policies and procedures in the context of reunification therapy.

Thank you for the opportunity to work with your family. Please excuse the length of this form. However, the complexity of these services necessitates detailed coverage of Mesa Valley Counseling's policies and procedures. Be sure to let me know if you would like clarification or have questions about the terms contained in this document.

Why Reunification Therapy?

A child having relationship with two healthy, skilled biological parents is the ideal. We recognize that many reparable factors lead to estrangement between children and their parents, and believe in the pursuit of systemic wholeness for children. Studies support the important work of reunification therapy, with 27% of Americans reporting estrangement from a family member leading to heightened psychological distress, grief, and identity challenges.

Baker (2007) and many others report that child(ren) who grow up refusing or resisting contact with a parent go on to suffer low self-esteem/self-hatred, depression, drugs/alcohol abuse, lack of trust, alienation from their own child(ren), divorce, and other problems (e.g., identity difficulties, low achievement, anger issues). Further, in adult children(ren) from divorced parents, Ben-Ami and Baker (2012) found significant associations between persistently negative attitudes toward one parent as a child and lower self-sufficiency, higher rates of major depressive disorder, lower self-esteem, and insecure attachment styles as adults.

The amount of conflict between parents during and after separation is the most powerful predictor of poor mental health in children(ren) in divorced families (Kelly, 2005; Pruett, Williams, Isabella, & Little, 2003; Schick, 2002).

Allowing dysfunctional behaviors to become entrenched through years of litigation and investigation may seriously impair children's functioning, diminishing the chance that any intervention will be successful when a conclusion is finally reached (Greenburg et al., 2016).

Description of Reunification Therapy

Reunification, or reintegration, therapy is a specific form of systemic, conjoint family therapy that addresses **contact resistance/refusal** or **estrangement** between a parent and his or her child(ren). It is most often ordered by a court when a child is resisting contact with a caregiver. It may also be sought out by co-parents wishing to ease a child's distress over transitioning. The goal is to therapeutically intervene to rebalance the family system to help a child(ren) make and maintain healthy relationships with each of his/her caregivers. The therapist's focus is to serve the child(ren)'s needs and opportunity to have as many healthy emotional anchors as possible as this promotes the child(ren)'s development, mental health and wellbeing.

Usually, there is a combination of factors at play in a dynamic system where no single person is at fault. The therapist will assess the family system and implement treatment that is designed to address the issues that are contributing to the child's avoidant reactions. Through the identification and targeting of these contributing factors, the therapist strives to help the child(ren) and both/all caregivers make changes that will lead to healthier and higher quality parent-child relationships. Child(ren) generally desire more contact only as the parent-relationship improves. **Waiting until a child is "ready" for contact is a paradoxical approach** as, without contact, the relationship may only become more strained and resist/refuse dynamics more entrenched. The longer the child(ren) is/are apart from a critical emotional anchor, a primary caregiver, and the longer that absent period persists, the greater the potential harm to the child(ren) and the more difficult it may be to successfully intervene.

There are many reasons why a child may be reluctant to have contact with a parent:

- **The parent and child never had a well-established relationship** (or the difficulties may be newly emerging)
- **Events have hurt a parent and child's relationship**, including exposure to high conflict or violent parent interactions or child maltreatment
- One parent is **knowingly or unknowingly undermining** or interfering with the child's relationship with the other parent.
- **A child is reacting to the stress** of being caught in the middle of parent conflict or to differences in the parents' styles of parenting, and has aligned with one parent to relieve their internal distress, possibly leading to polarization and loyalty conflict.

Please note, one of the critical pre-conditions for reunification therapy is an acknowledgement by the **court** that says **clearly there is no longer a question of if parent-child contact will happen, but how such contact will happen**. It is also imperative, in order for reunification therapy to be effective, for the entire family system to participate and for there to be open communication between all professionals involved (e.g., individual child and parent therapists, GAL, Parent Coordinator, etc.) in a concerted effort of making and maintaining healthy relationships with all caregivers. In reunification therapy, the family is the client.

What Can I Expect?

Reunification therapy varies depending on the particular parent-child contact problems. There are many different methods that may be employed: **Individual sessions** with the **child** or **either parent, sibling sessions, individual sessions** with **other family members** or **significant others, joint parent coaching sessions, and conjoint sessions** with two or more family members present.

There are a variety of ways in which the child and the resisted parent may be asked to communicate and engage with one another using gradual exposure: **telephone calls, electronic messaging, video calls, hand-written communication, exchanging artifacts, items, photos, and belongings, and parent-child outings** which may serve as homework activities, may last for **several hours** or involve an **overnight**.

Roles and Expectations of Each Family Member

Both parents play a critical role in the success of reunification therapy. Each must support the process to benefit the child(ren).

The Custodial Parent

(The parent currently living with the child(ren) and generally maintaining a positive relationship with them.) This parent often manages their own concerns as well as the child(ren)'s about the process and is key to its success by:

1. **Scheduling the child(ren)'s appointments promptly**, at the frequency recommended by the reunification therapist and/or as ordered by the court.
 - Communicate that attendance is **mandatory**; use appropriate consequences for non-attendance if needed (e.g., loss of privileges), rather than expressing opposition through actions.
 - Contact the reunification therapist if resistance occurs to collaborate on solutions.
2. **Respecting the privacy and confidentiality of the child(ren)'s sessions.**
 - **Avoid discussing session content or coaching the child(ren) on what to say.**
 - Frame reunification therapy as an opportunity to build a healthier relationship with the other parent.
 - **Do not share concerns about the process with the child(ren)**; instead, schedule a separate discussion with the therapist.
3. **Encouraging the child(ren) to follow the therapist's recommendations**, trusting that decisions prioritize the child(ren)'s emotional safety, well-being, and happiness.
4. **Recognize that some anxiety, anger, or mixed emotions are common** during this process.

The Reunifying Parent

(The parent seeking to repair the strained relationship, often after limited or no contact.) This parent supports the process by:

1. **Acknowledging the current difficulties in the relationship and understanding that change takes time** and cannot happen overnight.
2. **Being patient** and trusting the therapist to progress at a pace suited to the case, following recommendations fully.
3. **Accepting feedback from the child(ren)** about past contributions to the rift, remaining open to their perspective.
 - Avoid defensiveness or blame toward the child(ren) or other parent.
 - Listen actively, apologize sincerely when appropriate, and demonstrate commitment to earning trust through actions.
 - Follow guidelines for communication (e.g., written, phone, or sessions) as directed by the therapist.

The Child(ren)

Children and teens may initially resist attending or express strong reluctance due to past hurts or negative beliefs about the reunifying parent. Success is more likely when the child(ren):

1. **Attend sessions as recommended.**
2. **Approach therapy with openness:** considering that *neither parent is "all bad" or "all good,"* and being willing to explore new perspectives on past events.
3. **Trust that the therapist prioritizes their best interests and will advance contact only when ready,** typically in small, supervised steps.
4. **Respect confidentiality** by not discussing sessions with the custodial parent, siblings, or others in ways that could interfere with the focused parent-child work.

The Reunification Therapy Process

Mesa Valley Counseling uses a phased, trauma-informed, and PCIT-influenced framework to guide reunification therapy, adapted to each family's needs:

Phase 1

Initial intake meetings with each parent separately, 2-4 individual sessions with the child(ren), and review of relevant materials/history. Additional child sessions may be needed based on the case. (Sessions may be via teletherapy or in-person; all parties must comply with Colorado telehealth requirements if virtual.)

Phase 2

Joint sessions between the reunifying parent and child(ren) focused on improving communication, processing past hurts (potentially incorporating EMDR elements where appropriate), setting goals for healthy interactions, and rebuilding positive connection. Session count varies (often 6-20+), depending on severity and co-parent support.

Phase 3

As progress allows, sessions may transition to spaced-out or off-site formats (e.g., parks, community locations) for more natural interactions, always under therapeutic guidance.

Phase 4

Provide updates or recommendations to parents, attorneys, or the court regarding progress, visitation, custody, or termination of reunification therapy when goals are met.

The Job of the Reunification Professional

Mesa Valley Counseling strives for objectivity and is not aligned with either parent.

During the reunification therapy process, the reunification therapist will utilize various techniques, tools, and strategies to facilitate change. ***The reunification therapist may:***

- **Empathize with and validate the child(ren)'s feelings at times and at other times challenge the child(ren)** to think and behave differently, helping them explore new perspectives on past events and family dynamics.
- **Monitor the reunifying parent's behavior during interactions and recommend specific changes** to support healthier relating, such as improving emotional regulation, active listening, or reducing defensive responses.
- **As ordered and/or applicable, provide updates to the Court or attorneys** about the progress of therapy, adherence to these guidelines and recommendations, and any observed barriers or advancements in the reunification process.

While both parents and children have valued opinions and perspectives that are important to hear, reunification works best if the reunification therapist makes decisions about treatment (e.g., how often meetings occur, when and how to progress from individual to joint sessions, when to move from in-office/teletherapy to off-site natural interactions).

In many cases, there is also a court order which has ordered reunification therapy and designated the reunification therapist as the one to direct the sessions and recommend further contact or visitation steps. Therefore, if one parent unilaterally decides to terminate before it has been recommended by the therapist, the reunification therapist may be required to write a summary letter to the Court and attorneys explaining the circumstances causing the therapy to cease.

Communication with Parents

In general, the reunification therapist will have limited communication about clinical matters via email or the secure client portal to protect privacy and maintain focus on in-session work.

- If a parent has specific concerns, that parent should email the reunification therapist, **with the other parent copied (cc'd)**, to request a time to meet or to schedule a phone call.
- The reunification therapist may provide updates via email about the next stages in the reunification therapy process.
- When the reunification therapist does communicate via email, those communications will be sent to both parents (each parent cc'd). **It is also expected that both parents will “reply all” when responding** to ensure open and equal information flow. (This does not apply to cases with a verified history of domestic violence by the court or an active protective/restraining order. In those situations, the therapist will communicate separately with each parent or through their legal counsels to prioritize safety.)

Communication with Third Parties

On occasion, it may be necessary for the reunification therapist to communicate with a third party (i.e., lawyer, guardian ad litem, another mental health professional, school personnel, or similar). Both parents will be asked to sign a release of information form to provide the reunification therapist with permission to speak to the third party. If the communication is with an attorney, it is Mesa Valley Counseling’s policy to communicate with both parties’ attorneys jointly (either by email, phone, or other form of virtual communication) whenever possible and appropriate. Please note that each parent responsible for billing will be charged for time spent on these third-party communications.

Important Information About Court-Related Services

Jason Cheney, M.Ed., LPC, and Mesa Valley Counseling, cannot provide legal advice. Therefore, the professional services provided should in no way be construed as legal services or giving legal advice.

None of the services or educational materials Mesa Valley Counseling provides, including any written materials created, should be construed as legal advice, legal information, or the practice of law.

No service that Mesa Valley Counseling provides, whether written or verbal, constitutes legal advice/information. Therefore, the court-related services provided (such as progress updates or recommendations in court-ordered cases) should not, in any way, be construed as legal services, legal advice, or the practice of law.

When Does Reunification Therapy End?

The goal of reunification therapy is achieved—**and treatment ends**—when the child can safely engage in ongoing relationship development with the parent absent structured therapeutic involvement. Note: Therapy may conclude without full success if significant barriers persist despite good-faith participation. In such cases, the process terminates, and parties typically return to court. The court may then consider modifications to custody/visitation, additional assessments, individual therapies, or other supports to prioritize the child's needs.

Confidentiality

Reunification therapy, due to its frequent involvement in high-conflict family dynamics, court orders, or co-parenting challenges, has numerous important limitations to confidentiality. These limits are necessary to ensure child safety, promote transparency between parents where appropriate, comply with legal requirements, and support the therapeutic process effectively. Mesa Valley Counseling and Jason Cheney adhere to Colorado state laws, professional ethical standards (including those of the American Counseling Association and National Board for Certified Counselors), and federal regulations (such as HIPAA where applicable) while prioritizing the child(ren)'s emotional and physical well-being.

1. Both parents are required to sign releases of information for their respective attorneys.
2. The parent with legal custody of the child(ren) shall sign a release of information for the child(ren)'s individual therapist, school counselor, or psychiatrist.
3. If you sign a release of information form authorizing Mesa Valley Counseling and Jason Cheney to speak with other professionals (mental health providers, educators, medical personnel) or non-professionals (such as extended family members in limited cases), that shared information may be subject to re-disclosure by the recipient and may no longer be protected under confidentiality rules.
4. Information obtained during reunification therapy may be disclosed to the court, your attorney, the opposing party's attorney, or other involved professionals during any legal action, hearing, or proceeding. Once information is disclosed in a legal context, it is generally no longer protected under federal medical privacy laws (such as HIPAA) or state confidentiality statutes, and further dissemination may occur.
5. Mesa Valley Counseling and Jason Cheney may, at times, consult with other qualified mental health professionals (e.g., for case consultation, supervision, or peer review) as needed to ensure the highest quality of care. These consultations are conducted in a manner that protects client identity as much as possible, but full details of the case may be discussed.
6. As a Licensed Professional Counselor in Colorado, Jason Cheney is a mandated reporter under state law. This means he is required by law to report any allegations or reasonable suspicions of child abuse, child neglect, elder abuse, or imminent harm to self or others to the appropriate authorities (such as the Colorado Department of Human Services or law enforcement). Such reporting is mandatory and does not reflect a judgment on the credibility of the allegations, support for or against any individual, or a determination of fault. It is a legal and ethical obligation to prioritize safety.
7. There is no confidentiality between the parents in most reunification cases. For example, if one parent communicates information to Jason Cheney without copying the other parent (e.g., via email or message), the therapist will initially ask the sender to repost the communication jointly (with both parents copied). If needed, Jason Cheney may reply to the communication and include (cc) the other parent to maintain transparency and fairness in the process. (This joint communication expectation does not apply in cases involving a court-verified history of domestic

violence, an active protective/restraining order, or other documented safety risks. In those situations, Jason Cheney will communicate with each parent separately or through their legal counsel to ensure safety and compliance with protective measures.)

8. Should Jason Cheney or Mesa Valley Counseling become the subject of an ethics complaint, licensing board investigation, malpractice claim, subpoena, or other legal action related to the services provided, it may be necessary to share case details with third parties, including but not limited to legal counsel, the Colorado Office of Behavioral Health or licensing board, expert witnesses, or the court for purposes of defense or compliance.
9. Recording devices (audio, video, or other) are prohibited during any session, communication, or interaction involving Mesa Valley Counseling and Jason Cheney unless expressly agreed upon in advance. Mesa Valley Counseling and Jason Cheney do not permit clients to record sessions. However, for purposes of professional training, supervision, or quality assurance, Jason Cheney may utilize a secure recording device, but only after providing clear notice and obtaining informed consent from all participating parties in that session.

These confidentiality limitations are standard in court-involved or high-conflict family therapy to balance therapeutic trust with legal, ethical, and safety obligations. Jason Cheney will discuss these limits further during the initial consultation or intake and answer any questions to ensure full understanding before proceeding.



Payment and Fee Policies

Reunification Therapy Fees

The fee for reunification therapy services provided by Mesa Valley Counseling is \$200 per 50–60-minute session (billed as a full hour for administrative purposes). This rate applies to individual sessions, joint parent-child sessions, parent-only meetings, and child-only sessions as part of the reunification process. Mesa Valley Counseling does not charge for brief telephone conversations or emails solely to schedule, change, or confirm appointments (under 15 minutes). Extended phone calls (in excess of 15 minutes), other non-session services such as reviewing extensive case files/documents/reports, reviewing and responding to detailed clinical emails (beyond scheduling), preparation and revision of case plans, progress summaries, special reports, or telephone/virtual consultations with parents/attorneys are billed at the prorated rate of \$200 per 60 minutes (in 15-minute increments). Time spent traveling from the office to off-site appointments (e.g., community locations in Phase 3) and back to the office will also be billed at the prorated 60-minute session rate. Emails are the preferred methods of communication for scheduling, changing, or confirming appointments. Text messages, social media, or other formats will not be responded to for clinical or scheduling purposes. Any communication outside of scheduling (e.g., clinical questions, updates, or concerns) must occur during scheduled phone/virtual consultations and will be billed at the prorated rate per 15-minute increments.

Court/Court-Related Fees

Jason Cheney and Mesa Valley Counseling will require a properly served subpoena and full prepayment of an appearance fee (minimum of 30 days in advance) for any deposition, court appearance, testimony, or related court obligations in this case. Subpoenas may be accepted via email service if coordinated in advance. The fee for a court appearance or deposition (remote/virtual) is \$2000 for a half-day (4 hours or less) and \$4000 for a full day. These rates reflect the considerable time commitment, preparation, and potential disruption to regular practice. All appearance fees are the responsibility of the party issuing the subpoena. If both parties subpoena Mesa Valley Counseling, fees will be shared equally unless otherwise agreed by the parties or ordered by the Court. If the appearance is not remote, travel time to/from the court/location will be billed at the prorated session rate. If the appearance fee is not paid in full in advance, no appearance will occur.

Retainer

Mesa Valley Counseling requires an initial retainer of \$2000 to \$5000 (at the discretion of the reunification therapist based on case complexity, anticipated duration, potential court involvement, and document review needs) upon signing this agreement and before services begin. The retainer will be applied to future session fees, reports, or other billable time. Once depleted, additional payments will be required to continue services.

Payments

Each parent is individually responsible for all charges incurred unless a court order specifies otherwise or a formal written agreement between the parties is provided to Mesa Valley Counseling with proof of shared responsibility.

Each parent responsible for payment must sign a credit card authorization form at the start of services. The card on file will be automatically charged at the completion of each therapy session or after billable time (e.g., reports, consultations). Parents will be notified if a charge fails and must provide an alternative payment method promptly.

Health insurance typically does not cover reunification therapy or court-related services, as insurers often classify these as non-medically necessary, forensic, or legal in nature.

Payment for court appearances, depositions, or related retainers must be completed and cleared before services begin.

Refunds

There are no refunds for any reason. Retainers, deposits, or advance payments made in anticipation of services (including sessions, reports, or court appearances) are non-refundable, even if a court date, settlement, or session is postponed, canceled, or therapy ends earlier than anticipated. Mesa Valley Counseling does not offer refunds due to dissatisfaction with services, outcomes, or recommendations.

Late Payments, Late Fees, and Returned Checks

Payment is due at the time of service or upon invoicing for non-session charges. If payment is not received in full when due, a late fee of 20% of the outstanding balance will be added each week until paid.

If Mesa Valley Counseling must engage a collection agency or pursue legal action (e.g., small claims court) to recover past-due fees, the responsible party will be liable for 100% of all associated costs, including collection agency fees, attorney fees, and court costs. This may require disclosing personal and case information to third parties for collection purposes. A \$35 fee applies for each returned check, in addition to late fees.

Cancellation Policy

If a party misses a scheduled appointment, cancels less than 48 hours in advance, or arrives more than 15 minutes late, the full session fee (\$130) will be charged. This policy supports consistent attendance critical to reunification progress and respects the reserved time.

Acknowledgements

Please read the following statements carefully. Where indicated, place your initials beside each statement to acknowledge that you have read the entire document, understood its contents, and agree to abide by its terms during your professional relationship with Mesa Valley Counseling. These acknowledgments confirm your informed consent to participate in reunification therapy, including its unique structure, limitations, risks, benefits, and expectations.

_____ *I authorize Mesa Valley Counseling to provide reunification therapy services.*

_____ *I have read the information regarding fees and do not have any questions regarding my responsibilities; I agree to pay in full the fees noted in this agreement.*

_____ *I understand that the full fee is charged for missed or canceled sessions, unless I cancel 48 hours in advance, and I agree to pay the full fee.*

_____ *I understand that Mesa Valley Counseling does not offer refunds for any reasons, including but not limited to, my dissatisfaction with any therapy session, written report, outcome of legal proceeding, or recommendations provided by Mesa Valley Counseling.*

_____ *I understand that Mesa Valley Counseling may need to consult with other professionals, and I give permission for these discussions.*

_____ *I understand Mesa Valley Counseling may need to reveal details about my case to defend itself/themselves against an ethics complaint, investigation, and/or legal action.*

_____ *I understand all materials I, or others, provided for review will not be returned to me. Therefore, I understand I should not provide Mesa Valley Counseling with any original materials.*

_____ *I understand any holding fees I pay in advance for settlement conference attendance, depositions, or testimony are non-refundable deposits.*

_____ *I understand all recording is prohibited, at any time, and by any party retaining the services of Mesa Valley Counseling.*

_____ *I agree to not attempt to record any or part of communication where Mesa Valley Counseling is present regardless of the location (office or offsite) or type (in-person, virtual, or telephone) of contact.*

_____ *I understand that Mesa Valley Counseling may wish to record the communication for educational purposes but will notify me and obtain my consent before recording any sessions.*

Please sign and date below to indicate you have read the preceding information in full and understand the information. Please ask for clarification of any information you are unclear about.

By signing this agreement, I, the undersigned, attest to the following:

I understand and have read the above document in its entirety and understand the terms of contractual relationship with Mesa Valley Counseling.

I agree to all the statements, and financial terms set forth herein.

Client Name (s) _____

Parent 1

Name _____ Date _____

Contact Information: _____

Email _____ Phone _____

Parent 2

Name _____ Date _____

Contact Information: _____

Email _____ Phone _____

Mesa Valley Counseling

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Jason Cheney, M.Ed., LPC

Experienced former child welfare therapist specializing in family systems, trauma, parent-child interaction, and marriage therapies. EMDR-trained, PCIT (Parent-Child Interaction therapy) certified, experienced in TST (Trauma Systems Therapy)

Reunification Therapy Intake Form

FAX TO : 970-787-6655

Client/Parent Name: _____ Date: _____

Which parent are you? Custodial/Preferred/Aligned Parent Estranged/Rejected/Target Parent
Other: _____

Child(ren) Involved (list each):

Name: _____ Age: _____ DOB: _____ Grade/School: _____

Contact Information

Address: _____

Primary Phone: _____ OK to leave message? Yes No

Email: _____

Attorney (if applicable): _____ Phone/Email: _____

Current Legal/Custody Status

Married Separated Divorced Never married Other

Date of separation/divorce: _____

Current custody/parenting plan (attach copy if available): _____

Who has primary physical custody? _____

Current parenting time schedule (describe briefly, including overnights, holidays):

Court Involvement

Any pending court hearings or modifications? No Yes (describe): _____

Court order for reunification therapy? No Yes (attach copy if possible)

Concerns

Primary concerns leading to contact resistance/refusal (check all that apply and describe):

- Child refuses/strongly resists contact with the other parent
- No contact for _____ months/years
- Allegations of abuse/neglect by one parent (specify who alleges what): _____
- High-conflict co-parenting / badmouthing / triangulation
- Prior positive relationship now damaged
- Child shows polarized views (all-good/all-bad)
- Other: _____

In your view, what are the main factors contributing to the child's reluctance/resistance? (Be as specific as possible):

Relationship History

Describe the child's relationship with each parent historically (before current issues):

With you:

With the other parent:

When did problems in the parent-child relationship first become noticeable?

Any significant events (e.g., divorce trauma, moves, new partners, allegations, illness):

Your Contribution & Insight

What role, if any, have your own attitudes, behaviors, or actions played in the current situation (even unintentionally)?

What changes are you willing to make to support the child's healthy relationship with the other parent?

On a scale of 1–10, how important is it for your child to have a positive relationship with the other parent? _____ Why that number?

Child's Current Functioning & Views

Child's expressed feelings about the other parent (quotes if known)

Any symptoms/behaviors you've noticed (e.g., anxiety before visits, withdrawal, anger, school issues):

Does the child speak positively about the other parent in any context? Yes No Rarely

Safety & Risk Screening

Have there been **substantiated** or **credible** allegations of abuse, neglect, domestic violence, or substance issues involving either parent? No Yes (details, dates, outcomes):

Any current safety concerns (e.g., substance use, mental health crisis, threats)? No Yes:

Has Child Protective Services / equivalent been involved? No Yes (case status):

Any restraining/protective orders? No Yes (details):

Co-Parenting Dynamics

How would you describe communication with the other parent currently? (e.g., email only, hostile, neutral):

Do you share important child information (school, medical, activities)? Yes No Sometimes

Any examples of undermining or supportive behaviors you've observed from the other parent?

Goals & Expectations

What are your specific goals for reunification therapy? (e.g., regular unsupervised visits, reduced anxiety, balanced view): What would success look like in 3–6 months?

Any fears/concerns about the process (e.g., too slow/fast, child pressure):

Are you committed to full participation, including individual, co-parenting, and joint sessions as recommended? Yes Unsure (explain):

Additional Information

Current mental health/substance treatment for you or child:

Any other professionals involved (therapists, GAL, evaluator, parenting coordinator):

Anything else the therapist should know at intake?

Signature

I certify that the information provided is accurate to the best of my knowledge. I understand reunification therapy is child-centered, requires active effort from both parents, and may involve court reporting on cooperation/progress.

Signature: _____ Date: _____

Hypotheses:

[Empty text box for hypotheses]

Recommended next steps/assessments:

[Empty text box for recommended next steps/assessments]

Collateral contacts needed:

[Empty text box for collateral contacts needed]



Sample Reunification Therapy Meeting Schedule

Family: [Mother's Name], [Father's Name], Children

Therapist: Jason Cheney, M.Ed., LPC

Start Date: August 202X (example dates used)

Purpose: *This schedule outlines the initial phases of reunification therapy after intake and case conceptualization. It includes individual sessions to build readiness, followed by gradual joint sessions. Reunification therapy duration varies, often spanning several months to over a year, depending on the specific circumstances, child(ren)'s needs, and therapeutic progress. Progression depends on the children's emotional safety and readiness, as determined by the therapist. All parties are expected to support the process fully. Unless specified, sessions will take place at Mesa Valley Counseling's office, 3198 F Road Suite 204.*

Week 1 (8/1 – 8/7) - Initial Intake & Assessment
Session 1: Intake session with Mother Date/Time: Thursday, August 4, 1:00 – 2:00 PM
Week 2 (8/8 – 8/14) – Individual Sessions with Children & Father
Session 2: Individual session with children (T&L) Date/Time: Monday, August 8, 4:00 – 5:00 PM
Session 3: Intake session with Father Date/Time: Tuesday, August 9, 2:00 – 3:00 PM
Session 4: Individual session with children (T&L) Date/Time: Wednesday, August 10, 5:00 – 6:00 PM
Week 3 (8/15 – 8/21) – Follow-up with Mother & Children
Session 5: Session with Mother Date/Time: Thursday, August 18, 2:00 – 3:00 PM
Session 6: Individual session with children (T&L) Date/Time: Friday, August 19, 4:30 – 5:30 PM
Week 4 (8/22 – 8/28) – Continued Child Session
Session 7: Individual session with children (T&L) Date/Time: Monday, August 22, 4:30 – 5:30 PM
Week 5 (8/29 – 9/4) – Follow-up with Father
Session 8: Session with Father Date/Time: Tuesday, August 30, 4:00 – 5:00 PM
Week 6 (9/5 – 9/11) – Transition to Virtual Joint Session
Session 9: Virtual session with Mother Date/Time: Tuesday, September 6, 2:00 – 3:00 PM
Session 10: Individual session with children (T&L) Date/Time: Wednesday, September 7, 6 – 7 PM

Session 11: Virtual joint session via Zoom with children (T&L) and Father Date/Time: Friday, September 9, 4:30 – 5:30 PM

Week 7 (9/12 – 9/18) – Continued Virtual Joint Session

Session 12: Virtual joint session with children (T&L) and Father Date/Time: Monday, September 12, 4:30 – 5:30 PM

Week 8 (9/26 – 10/2) – In-Person Transition

Session 13: Virtual joint session with children (T&L) and Father Date/Time: Monday, September 26, 4:30 – 5:30 PM

Session 14: In-person joint session structure Date/Time: Saturday, October 1, 10:30 – 11:30 AM

Location: Canyon View Park

- First: Brief separate meetings with parents (as needed)
- Then: Joint session with children (T&L) and Father

Next Steps & Notes:

- ✓ Sessions will continue weekly or bi-weekly based on progress, with potential for more off-site meetings (e.g., parks, community locations) as the children show readiness and comfort.
- ✓ All participants must arrive on time; full fee applies for late arrivals (>15 min), no-shows, or cancellations <48 hours.
- ✓ Parents: Support attendance without coaching or discussing session content with children.

Parent Acknowledgment:

I have reviewed this schedule and understand it is subject to change based on therapeutic needs.

Mother: _____

Date: _____

Father: _____

Date: _____