

Parent Information for Parenting Consultant Services



Please review and complete this packet as part of the intake process for Parenting Consultant Services with Dr. Erin Guyette. I look forward to working with you on behalf of your children.

Steps for Starting Services:

1. Both parents must review and complete this packet along with signing the PC Fee Agreement
2. A PC order is created, signed, and sent to the PC
3. Parents make an initial deposit for PC services
4. A joint meeting is held for the initial consultation to discuss the PC process and answer questions
5. Individual parent interviews
6. A joint meeting for goal-setting

Ongoing- Meetings as necessary to accomplish goals, make decisions, and continue consulting services

Parenting Consulting Services Summary

A parenting consultant (PC) is a neutral professional who works with parents who have mutual children. They are a neutral provider who mediate disagreements, provide coaching, and make decisions in the best interests of children. The PC helps lead parents to agreements, however, when unable to make a decision, the PC makes a decision that is binding on the parties unless and until a Court orders otherwise.

A PC is only ordered if the parents agree to utilize parenting consulting services. They are given a scope of authority within a court order. Their scope of authority can include alterations of parenting time, transportation issues, setting holiday and vacation times, and school choice, among many other things.

Having a PC can be an effective way to minimize conflict between parents, improve parent-child relationships, reduce stress on children, stop continuous litigation, and be cost-effective for resolving disputes. The parenting consultant process is not confidential as information obtained during services can be communicated to the Court if one of the parties challenges a decision. Typically a PC is obtained for two years or more and has continuous knowledge of what is occurring in a family system to help with decision making.

There is specialized training needed to be a parenting consultant. That training includes learning about child development, psychological traits, physical abuse, alcoholism and other substance abuse, parental alienation, coercive control, interpersonal dynamics, step-parenting, and parental conflict as it affects children, as well as many other things. It is helpful for professionals to have additional knowledge and training on working with family systems beyond this training as well.

Erin Guyette as your Parenting Consultant

I, Erin Guyette, am a licensed mental health professional who primarily works with families in high conflict. In my practice Guyette Family Guidance, PLLC, I focus on the well-being of children so they can lead healthy and happy lives during and after their childhood. I am a PhD graduate from the University of Minnesota with a doctorate in Family Social Science with a specialization in Couple and Family Therapy. The end goal and purpose of my career is to improve and provide services for families that focus on child well-being and healthy development.

In my practice as a parenting consultant, my goal is to help parents figure out a system so I am only needed as a “safety net.” Parents should always attempt to settle disputes first, without any Parenting Consultant intervention, as you are generally in the best position to make decisions about your children. While some families need my frequent involvement, other families may only need me a few times a year. Either way, my goal as a parenting consultant is to make child-focused decisions based on their needs, their family system, and home environments. Both parents may not be in favor of all the decisions I make, however, I strive to make educated and informed decisions for the best interests of the children when parents are unable to agree.

PARENT BACKGROUND QUESTIONNAIRE

Your Name: _____ Date of Birth: _____ Gender: _____

Address: _____
(street) (city) (state) (zip)

Mobile Phone: _____ Email Address: _____

Ethnicity/Race: _____ Relationship Status: _____

Employer: _____ Household Income: _____

Occupation: _____ -part time _____ - full time

What year did you and your coparent separate? _____ Were you legally married?- _____

Names of your children:

Name	Date of Birth	Grade & School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other family members living with you:

Name	Relationship	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relative or friend to contact in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name of referral source: _____

ADDITIONAL INTAKE QUESTIONS

1. Briefly describe the reason(s) for seeking services and what you would like to be addressed:
2. What is the current custody and time-sharing arrangement?
3. Do you have any concerns about domestic violence?
4. Do you have any concerns about child abuse or neglect?
5. Do you have safety concerns for yourself or your child?
6. What other professionals or professional services have been involved?
7. Have your child(ren) ever witnessed the police being called? If so, what were the circumstances?
8. Have any Harassment Restraining Orders (HROs) or Order for Protections (OFPs) been filed between you and your child's other parent? If so, what were the circumstances?
9. Has the other parent ever denied access to your child(ren)?
10. Do you feel that you have contributed to the conflict in the relationship with the child(ren)'s other parent? If so, please explain.
11. Are there any professionals that would be helpful collaterals for the Parenting Consultant to contact?
12. Are there any initial issues you'd like to address? If so, what are they?

CHILD WELL-BEING

13. Is your child(ren) experiencing any of the following concerns? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> sadness | <input type="checkbox"/> nervousness | <input type="checkbox"/> excessive worry |
| <input type="checkbox"/> crying | <input type="checkbox"/> self-harm | <input type="checkbox"/> low self-esteem |
| <input type="checkbox"/> trouble sleeping | <input type="checkbox"/> nightmares | <input type="checkbox"/> anger issues |
| <input type="checkbox"/> problems at home | <input type="checkbox"/> hopelessness | <input type="checkbox"/> suicidal thoughts |
| <input type="checkbox"/> hyperactivity | <input type="checkbox"/> mood swings | <input type="checkbox"/> racing thoughts |
| <input type="checkbox"/> change in eating habits | <input type="checkbox"/> headaches | <input type="checkbox"/> restlessness |
| <input type="checkbox"/> loneliness | <input type="checkbox"/> social isolation | <input type="checkbox"/> drug/alcohol use |
| <input type="checkbox"/> unresolved guilt | <input type="checkbox"/> poor concentration | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> irritability | <input type="checkbox"/> indecisiveness | <input type="checkbox"/> feeling panicky |
| <input type="checkbox"/> nausea | <input type="checkbox"/> low energy | <input type="checkbox"/> feeling anxious |
| <input type="checkbox"/> abuse | <input type="checkbox"/> other-_____ | <input type="checkbox"/> other-_____ |

14. Please list any mental health diagnoses your child(ren) has received previously:

15. Are you concerned about your child(ren) 's emotional or physical safety with the other parent?

16. Is your child(ren) displaying behaviors or making statements that are concerning? If so, please explain.

17. What impact has conflict had on your children?

18. Is there anything else you'd like me to know about your child(ren)?:

CO-PARENTING

19. I do not talk badly about my child(ren)'s other parent in front of the child(ren):

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

20. I believe my child(ren)'s other parent talks poorly about me:

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

21. My child(ren)'s other parent is willing to discuss with me any issues that are relevant to the child(ren):

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

22. I think it is important for my child(ren) to have regular contact with their other parent no matter what I think of them:

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

23. I feel friendly towards my child's other parent:

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

24. I feel like my child's other parent is a good parent:

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

25. Do you have angry disagreements with your former spouse?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

26. Have you felt you have adjusted to being divorced/separated from the child's other parent?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

27. Do you feel your child's other parent has emotionally adjusted to being divorced/separated from you?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

28. Do you feel safe when interacting with your child's other parent?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

29. Do you feel they have a problem with alcohol or any substances?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

30. Do you feel they have avoided being arrested for domestic violence?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

31. Do you feel confident that you and the child's other parent can coparent together to some extent?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

32. Is there anything else you'd like me to know about your coparenting relationship at this time?