



Bexar Family Solutions

11230 West Ave., Suite 1203// San Antonio, Texas 78213-1359
Ph: 210.320.2999 // Fax: 210.320.4716 // Email: info@bexarfamilysolutions.com

Cooperative Parenting

Parent's Name: _____

Welcome to Bexar Family Solutions' (BFS) Cooperative Parenting education program, offered in collaboration with the Bexar County Juvenile Probation Department and Domestic Relations Office. Cooperative Parenting education is a service designed for parents having difficulty cooperating with each other on matters related to their children after the parents have ended their relationship. Our goals are to help parents:

1. Shift their role from former partner to co-parents;
2. Understand the impact of parental conflict on their child's development;
3. Identify their contribution to conflict while increasing impulse control;
4. Learn anger management, communication and conflict resolution skills;
5. Learn about children's issues in divorce;
6. Reduce symptoms of stress as parental conflict decreases;
7. Rebuild their lives as separate individuals;
8. Recognize the importance of the bond between the child and both parents;
9. Foster sensitivity to their child's needs;
10. Focus on present child-rearing issues rather than past relational issues;
11. Address their underlying emotional problems; and
12. Provide the motivation and skills they need to avoid parental conflict

This course is an opportunity to make a real difference in your children's lives. We sincerely hope that you will take the information to heart and apply it faithfully, so that your children do not suffer needlessly. This document provides you with important information about how the program is operated, your obligations, as well as your rights. Please read it carefully.

The process starts with our staff gathering some basic information from you. We then schedule an appointment for you to come to our office to fill out some forms. While there, we will have you answer some questions about your experiences since your relationship with the other parent ended and how well you and the other parent are able to communicate about your child(ren). We will also ask you to give us some idea of the level of conflict between you and the other parent, and we will measure the quality of your relationship with the other parent. Next, we will check for any history of domestic violence between you and the other parent. These "assessments," as we call them, will help us measure your progress in the course. Lastly, during your initial interview we will provide you with important information about the course and give you your workbook.

The *Cooperative Parenting and Divorce* course consists of eight weekly group meetings with other co-parents. Two facilitators—one male, one female—will present you with information and lead discussions. Each weekly class will last about two hours. In between classes, you will have to complete assignments from your workbook, which will be checked the following week. To complete the course, you must attend all eight weekly sessions.

In some cases, it may not be appropriate that a couple attend training in the group setting. Everyone will start out there, but under certain circumstances, you and your co-parent may be asked to work with just a facilitator—without any other participants present. This would happen if you or your co-parent:

1. Refuse to participate in group activities;
2. Regularly fail to complete assignments;
3. Have not yet developed the skills to manage behaviors or emotions that interfere with the group's learning;
4. Other special circumstances as deemed appropriate by the program manager.

It is important that you understand you will be receiving training and education, not therapy. With the information you learn, you can choose to make changes in your life to reduce the conflict with the other parent that harms your child(ren).

Initials _____

CLINIC AND STAFF POLICIES:

Cooperative Parenting and Divorce facilitators hold at least a master’s degree and are licensed by the state of Texas as social workers, professional counselors, or marriage and family therapists. They have received additional training to facilitate cooperative parenting education with both groups and individuals.

While facilitators are licensed mental health professionals, their role is to be your trainer, not your therapist. If you would like therapy, your facilitator can assist you in finding a mental health professional to address your needs.

BFS reserves the right to refuse services to anyone who is, in the facilitator’s judgment, under the influence of drugs or alcohol or who poses a danger to course participants, staff, or any other person.

BFS is NOT an emergency facility. For imminent suicidal or homicidal intent or for other emergency situations, get help immediately. Call **911** or go to the nearest hospital emergency room. You may also call the Center for Health Care Services Crisis Hotline at **(210) 223-7233** 24 hours a day.

CONFIDENTIALITY:

We will respect your privacy within the limits of the law and professional ethics. However, **while attending this course, parents are not protected by therapist-client privilege.** As a result, if the Court asks for information about your participation, comments, or behaviors or if a facilitator is compelled by subpoena to provide testimony, nothing can be held in confidence. _____ Initial Here

Facilitators are required to report an allegation or incident of abuse, exploitation or neglect of a child within twenty-four (24) hours from the time the allegation is made. They must inform law enforcement officials, Texas Department of Family and Protective Services, and the Bexar County Juvenile Probation Department. It becomes the responsibility of those agencies to determine whether they will pursue the report with an investigation. Facilitators are also required to notify the authorities if they have a reasonable belief that an elderly or disabled person is being abused or if they believe that you are a danger to yourself or another person.

Other information we are required to release:

- Attendance records for each participant
- Course completion or termination for each participant
- Total number of parents receiving cooperative parenting group classes
- Total number of parents receiving cooperative parenting counseling with individual couples
- Number and percentage of parents who successfully complete the Program
- Number and percentage of “no shows” (including how many of these “no shows” represent missed sessions that were later attended by means of make-up sessions)
- Number and percentage of parents who showed improvement from their pre- to their post-assessments
- Number and percentage of parents who indicate their overall satisfaction with process/content of the Program
- Number and percentage of complaints and/or grievances, with detailed information as to any grievances that have not yet been resolved

Additionally, BFS is subject to audit by the Bexar County Juvenile Probation Department and other State agencies. This means that an auditor may review your file to verify that BFS is complying with the terms of its contract with the County or other laws.

CONCERNS OR COMPLAINTS:

We strive to provide the highest quality service. If you have a problem or a complaint about the course or its presentation, please bring it to the attention of your facilitators. They will work with you to resolve the problem. If you are not satisfied with the outcome, you have the right to address your concerns to the Bexar County Domestic Relations Office (DRO), which oversees the Cooperative Parenting education project. You may contact the DRO at:

Bexar County Domestic Relations Office
ATTN: Anthony Neugebauer, Director
100 Dolorosa // 3rd Floor
San Antonio, Texas 78205

You may also call 210.335.1242.

Initials _____

ATTENDANCE POLICY:

You must attend all eight sessions of *Cooperative Parenting and Divorce* to complete the course successfully. Your attendance record will be reported to the Court. If you cannot attend a class, you must notify BFS **at least 24-hours in advance**. In an emergency, you must notify BFS as soon as possible.

1. You may make up no more than two (2) classes.
2. You will be offered the opportunity to make up the missed session in the hour before the next regularly scheduled class.
3. **THIS WILL BE YOUR ONLY OPPORTUNITY TO MAKE UP THE CLASS.**
4. Missing the make-up session or being late to the make-up session will result in disenrollment from the course.
5. You will be disenrolled from the course upon your third absence, if you fail to attend a make-up session, **or if you are late to a make-up session**. Notification of this fact may be sent to the Court, the DRO, and your attorney, if you have one.
6. **Other than for make-up classes, IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED CLASS START TIME, YOU WILL NOT RECEIVE CREDIT FOR THAT SESSION AND IT WILL BE COUNTED AS AN ABSENCE.**
7. In order to obtain your Certificate of Completion after disenrollment, you will have to reenroll and attend all eight sessions. You will not receive credit for classes already attended.
8. If you are dropped from the class, you fail to begin the course as scheduled, or fail to complete the course BFS will notify your attorney, the DRO, and the Court.
9. During business hours, please call BFS at 210.320.2999. After business hours, leave a message at this number. Always provide your name and a phone number where you can be contacted.

**Children are not permitted to attend Cooperative Parenting and Divorce classes.
BFS does not provide childcare services, so you must make those arrangements on your own.**

COST:

The initial meeting (intake session) costs \$75. Each group cooperative parenting session (including make-up sessions) costs \$35.00 per person. Each non-group cooperative parenting session costs \$90.00 per session. Unless otherwise agreed, when both parents attend a private session, the cost will be split 50%-50%. **If you have been ordered by a Bexar County District Court** to attend the course, the actual amount you pay will be based on your income—the more you earn, the larger your portion of the fee. Based on the preliminary income information you provided, your fee for the intake appointment will be \$_____ and the cost for each of the eight classes will be \$_____. **YOUR ELIGIBITLTY FOR A REDUCED RATE IS SUBJECT TO VERIFICATION AND CHANGE. FAILURE TO PROVIDE ADEQUATE VERIFICATION OF INCOME WILL RESULT IN A CHANGE IN YOUR COST FOR THESE SERVICES. FINAL DETERMINATION OF YOUR FEE WILL BE MADE DURING THE INTAKE MEETING WITH OFFICE STAFF. YOUR FEE MAY ALSO BE ADJUSTED IF YOUR INCOME CHANGES DURING THE COURSE.** Payment is due at the time services are provided. We accept cash and credit/debit cards (Visa/MasterCard/Discover). **We do not accept checks or money orders.** You will not be permitted to attend or receive credit for a class unless you have paid your portion of the cost.

REFUND POLICY

1. The registration fee is **non-refundable**;
2. If you pre-pay for classes, you are eligible for a full refund for the cost of class sessions you do not attend;
3. Requests for refund must be provided in writing within 60 days of withdrawal from the course. **Failure to meet this deadline will result in forfeiture of refund.** Refunds for money collected by credit/debit card will be credited back to that card. Otherwise, you will receive a check for the refund within 30 days of receipt of request.

Other charges:

Contact with Facilitator outside of regularly-scheduled appointments (excluding routine administrative contact)	\$1.50 per minute
Facilitator’s consultation with other professionals (therapists, etc.)	\$1.50 per minute
Legal matters (deposition, testimony, etc.)	\$200 per hour
Copy of your file	\$20 + \$1.00/page

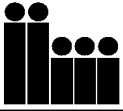
By signing below, I am signifying that I have read and understand all of this information.

Print Participant’s Name

Participant’s Signature

Date

Initials _____



Cooperative Parenting PROGRAM EXPECTATIONS

Do:

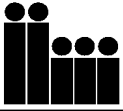
1. Arrive at each session on time and remain the entire session.
2. Bring your Parent's Guide, a pen or pencil and completed assignments.
3. Bring a picture of your child or children.
4. Focus on your child while you are learning new behaviors.
5. Accept responsibility for your own actions.
6. Adhere to all the ground rules for the class.
7. Be respectful to participants and group leaders.
8. Demonstrate control over your anger and impulses.
9. Maintain confidentiality at all times. Information shared during the program should not be shared with anyone, especially your child.

If you are unable or unwilling to control your anger, your involvement in the group program will be terminated and you may be required to participate in a more intensive course of training, potentially as significant cost increase.

Don't:

1. Don't sit with or speak to your child's other parent during or after the first seven sessions if close contact will encourage conflict.
2. Don't discuss your child's other parent before, during or after the sessions unless you are required to as part of a group activity.
3. Don't focus on past marital issues. Stay focused on your child(ren).
4. Don't bring any court documents to the sessions.
5. Don't attempt to convince the group leader or other parents to take sides with you against your child's other parent.

KEEP THIS



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**Cooperative Parenting
INTAKE FORM**

Today's Date: _____ Cause #: _____

Name: _____ Relationship to Child(ren): _____

Birth date: _____ Age: _____

Home Address: _____ City: _____ ZIP: _____

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Referred to the *Cooperative Parenting and Divorce* program by:

Check One: Court Ordered Settlement Agreement Voluntary Participation

Attorney's Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

What is your co-parent's name? _____

Have you or the other parent ever been subject to a protective order? No Yes If "Yes," is it still in effect? No Yes

Do you or the other parent have a history of stalking or harassment of the other parent? No Yes

If yes, when did it occur? _____

Do you believe that there is any possibility of ***actual*** physical or emotional danger to you if you participate with the other parent in the *Cooperative Parenting and Divorce* program? Please answer this question as it pertains to your SAFETY.

No Yes If "Yes," explain:

8. Value your child's relationship with the other parent.

1 2 3 4 5 6 7 8 9 10
poor excellent

How often do you do the following:

9. Make negative comments about your child's other parent in front of your child.

1 2 3 4 5 6 7 8 9 10
Very Often Never

10. Ask your child questions about the other parent's personal life.

1 2 3 4 5 6 7 8 9 10
Very Often Never

11. Ask your child to relay messages or pass notes to the other parent.

1 2 3 4 5 6 7 8 9 10
Very Often Never

12. Tell your child that the other parent was to blame for the divorce.

1 2 3 4 5 6 7 8 9 10
Very Often Never

13. Argue with your child's other parent in front of your child.

1 2 3 4 5 6 7 8 9 10
Very Often Never

14. Attempt to get your child to love you more than the other parent.

1 2 3 4 5 6 7 8 9 10
Very Often Never

15. Try to limit the amount of time your child spends with the other parent.

1 2 3 4 5 6 7 8 9 10
Very Often Never

*Rate your overall relationship with your child's other parent.
(Circle only one)*

Extremely Hostile Hostile Moderately Angry Avoidant Cold Civil Friendly Very Friendly



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Cooperative Parenting

Description of Course for Parents

Program Description:

Cooperative Parenting and Divorce is a psychoeducational, video-based program designed to improve the quality of the parental relationship in situations of divorce. It explores the issues associated with divorce through a program that incorporates skill development, role plays, large and small group discussions and weekly homework assignments. The program is designed for divorcing or divorced parents demonstrating mild to moderate levels of parent conflict.

This thoughtful and practical program consists of eight 2-hour weekly sessions facilitated by two trained parent educators. Parents are required to attend the same class unless there is a history of domestic violence or some other extenuating circumstance.

The goals of the program include:

- Assisting parents in shifting their role from former spouses to co-parents.
- Educating parents regarding the impact of parental conflict on their child's development.
- Helping parents identify their contribution to conflict while increasing impulse control.
- Teaching parents anger management, communication and conflict-resolution skills.
- Supporting parents in the development of detailed parenting agreements.

Registration & Fees:

The fee for the intake session and eight classes will depend on your family income. This fee must be paid by cash, cashier's check, or money order made **payable to BEXAR FAMILY SOLUTIONS**. The Court and your attorney will be notified if you do not complete your registration and pay your fees in a timely manner.

In Order to Receive Your Certificate of Completion You Must

- Attend and participate in all eight sessions
- Finish all assignments in and out of class
- Complete the Pre-Assessment & Intake Forms
- Complete the Post-Assessment & Program Evaluation
 - Show appropriate and respectful behavior
- Meet your financial obligation prior to the start of the group
- Adhere to all program guidelines, expectations and requirements

Group Location:

Bexar Family Solutions
11230 West Ave., Suite 1203, San Antonio, TX 78213
On West Avenue, between IH-410 and Blanco Rd.

Class Dates and Times:

Start Date: _____ End Date: _____ Weekly, 6:30 – 8:30 PM

Questions:

Direct all questions to Bexar Family Solutions at (210) 320-2999.

KEEP THIS



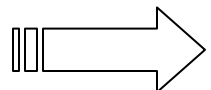
Cooperative Parenting Violence and Controlling Behavior Checklist

Parent _____ Co-Parent _____ Date _____

Directions: If you have done this to your coparent, mark with an “S”; if your co-parent has done this to you, mark with a “C”; if both of you have done this to each other, mark with a “B.” To the far right indicate when this behavior last occurred. Don’t just tell me about your co-parent—tell me what *you* have done, too.

PHYSICAL ABUSE	LAST OCCURRED (YEAR)
_____ Slapped	_____
_____ Punched	_____
_____ Grabbed	_____
_____ Kicked	_____
_____ Pushed	_____
_____ Restrained	_____
_____ Pulled Hair	_____
_____ Pinched	_____
_____ Intimidated	_____
_____ Stalked	_____
_____ Bit	_____
_____ Intentional Spit	_____
_____ Harassed	_____
_____ Standing over Someone	_____
_____ Reckless Driving	_____
_____ Forced Isolation	_____
_____ Uninvited Touch	_____
_____ Forced Sex/Rape	_____
_____ Destruction of Property	_____
_____ Possessiveness/Control	_____
_____ Used Weapons	_____
_____ Left Weapons in Sight	_____
_____ Direct Physical Threats	_____
_____ Other Forms of Physical Abuse:	_____
_____	_____
_____	_____
_____	_____
_____	_____

Over, Please



PSYCHOLOGICAL ABUSE

LAST OCCURRED

_____	Screaming	_____
_____	Swearing	_____
_____	Being Lewd	_____
_____	Angry Gestures (pointing, etc.)	_____
_____	Name calling	_____
_____	Mocking	_____
_____	Ridicule	_____
_____	Accusations	_____
_____	Blaming	_____
_____	Pressuring	_____
_____	Use of Guilt	_____
_____	Intentional Ignoring	_____
_____	Indirect Threats	_____
_____	Infidelity	_____
_____	Lying	_____
_____	Using pornography	_____
_____	Withholding Assistance	_____
_____	Abusing Alcohol or Drugs	_____
_____	Undermining Parenting	_____
_____	Other forms of Manipulation	_____

ECONOMIC ABUSE

LAST OCCURRED

_____	Refusal to share Financial Information	_____
_____	Refusal to Share Finances	_____
_____	Threats to withhold Money	_____
_____	Withholds Car Keys	_____
_____	Withholds Job	_____
_____	Other Types of Manipulation	_____

OTHER abuse not covered above:



Anger Assessment

Choose one reply that fits the best:

Common Symptoms	Never	Sometimes	Frequently	Always
I use aggressive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have explosive outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have hit others or walls during these outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have destroyed property during an outburst.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel hostility to insignificant irritants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use verbally abusive language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am disrespectful to authority figures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use body language to threaten e.g. clenched fist or jaw, glaring looks or refuse to make eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have refused to participate socially due to anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made swift or harsh judgment statements made to or about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name: _____ Today's Date: _____