

# Separated, Blended or Non-Traditional Family Structures



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If you live in a separated, blended or non-traditional family - welcome! We work with many of these families – below are 6 important principles which guide our work with them.

## 1. We try to work with all members of a parenting team.

In most cases it is best for a young person for all members of a parenting team to know about, make decisions about and be appropriately involved in a young person's therapy/psychological treatment and we make all reasonable efforts to ensure this occurs (Australian Psychologists Code of Ethics in Working with Young People, 2018).

Exceptions to this include if a court has said that a child is independently competent (to make their own health decisions, including giving informed consent), or specified that only one parent (i.e. sole parental care) is responsible for health decisions.

The type/ extent of each parent's involvement will vary depending on the needs of the child (their wishes and need for a safe therapy experience) and therefore needs to be discussed with each family. The type and extent of involvement might include:

- Alternating appointments (e.g., one parent/caregiver brings the child one session or one block of 3-4 sessions, and another parent/caregiver brings the child to the next session or block of 3-4 sessions and so on).
- The parent/caregiver who brings the child/young person to most appointments contacts the other parent/caregiver to update them about the session (and/or provides them with a summary of the session a psychologist might be able to sometimes create – in session – with the child)
- The psychologist might email or call the parent/caregiver who doesn't attend appointments to invite their thoughts and feedback or provide a periodic summary of therapy (given time constraints and the risk of misinterpretation, this cannot happen regularly - see next section for more info about this).
- Parents/caregivers might have separate appointments without the child/young person to discuss supporting the child.

Parents need to decide which party is responsible for payment of which sessions - and then let us know in advance.

We require separated parents to be able to **communicate well and extensively** with **each other** (this may be via email/text/message book/phone) about the *content* of therapy and *time and date* of appointments as we cannot update both parties after appointments about the sessions nor call both parties to update them about appointment times.

As per Australian privacy laws, if either parent requests general information about sessions (for example, this might be dates of appointments, information provided to us by either parent verbally or via email about the child and general summaries of treatment provided), we will provide this information - unless a court order states otherwise, the psychologist determines there is a clear safety risk in doing so or the child is old enough to withhold consent.

## 2. We do not need permission from both parents to provide treatment.

Given time constraints and nature of our role, like other medical practitioners, **we are not required to (and generally do not) seek permission from the non-attending parent to work with the child/young person** (Section: 5.4 page 223 and 7.5, page 227 - Australian Code of Ethics for Psychologists in working with young people, 2018). In other words, consent from one legal guardian is sufficient for a child to receive therapy (or neither if the child is able to give consent for treatment themselves under "Gillick competency tests").

This Australian Psychological Society ethical principle allows psychologists to provide appropriate mental health treatment to children in a range of situations, and to prioritise a child's mental health over and above differences in opinions between two legal guardians about the need for psychological therapy

An exception to this is if a court order specifies otherwise - (for example, the order explicitly states that permission is required from both legal guardians for therapy to occur OR states sole guardianship).

Although we don't usually actively seek permission from non-attending parents to see or work with the child, we usually encourage (and note in the file that we have done so) attending parents to inform the non-attending parent that their child is attending therapy and to provide them with the contact details of their child's therapist. Doing this early in therapy allows us to make plans for the appropriate involvement of all members of the child's parenting team if appropriate.

In addition, there are some situations in which the psychologist working with the child **will** seek permission from or communicate with a non-attending parent, and we reserve the right to do so if this is in the best interests of the child. This decision will be determined by factors such as safety, the best interests of the young person and whether the goals for therapy can be adequately addressed without at least some input from a non-attending parent.

### **3. We cannot provide regular or lengthy feedback to parents / caregivers who don't attend appointments.**

Also, given time constraints and the nature of our role, **we are also generally not able to give feedback to non-attending parent/caregivers or always seek their involvement/input in all therapeutic or assessment decisions.** Generally, we can communicate with non-attending parents every 3-4 sessions. We are also unable to liaise with the other parent about logistics such as **times or days of appointments** made by the other parent in advance of them being made (e.g. check that they suit both parents before making them).

This means *attending* and *non-attending* parent/caregivers need to be in a position to communicate well about therapy. Unfortunately, if at any time, we believe both parents should be involved in the therapy process, but they are unable to communicate about therapy or appointments, then due to the limited scope of our practice we are unable to provide (or continue providing) therapy to the family and will make recommendations for other services.

### **4. We take the child/young person's wishes into consideration and prioritise their safety and well-being.**

Finally, we will always prioritise the child's **safety**, and if some of the general principles above mean a child's safety is at risk, then we adapt and modify our practices.

We also respect the child/young person's rights to **confidentiality** and their wishes. Although we can't promise children that everything they tell us is confidential (unless they have the ability to understand consent) and not passed on to one of their parent/caregivers, we will take their wishes seriously.

### **5. We require a copy of relevant sections of any relevant, current court orders.**

Although we are not the subject of Family Court orders ourselves (these are directions for parents/caregivers) we also of course support parents/caregivers to follow these court orders. In order to do so, we will request a copy of (or to site) the relevant sections about custody and medical treatment in court orders at the first appointment and whenever orders are updated.

### **6. Separated families and NDIS.**

We are required by NDIS to liaise with the Participant's Representative on the participant's NDIS plan. This means we cannot have NDIS funded parent only appointments /liaise about NDIS reports with a parent who is NOT named as the Participant's Representative on the NDIS plan unless the Participant Representative approves this. Where separated parents have shared parental responsibility, both can apply to NDIS to be added as a Participant's Representative. Please note, if the parent named as participant representative gives permission for the other parent to be involved in reports and a second, separate assessment is required (i.e., the parents are unable to meet/complete the assessment measures together), there will be an additional charge for the report.

### **We know this can be a tough issue to manage for some families.**

We understand that if there are difficulties with communication between parents this can be a tough situation to navigate - please feel free to talk with us about how we can work with you, and we will let you know what our practices are and how they apply to your situation.

Please note that NDIS funding allow parent only sessions. As of 1 June 2023, Medicare allow 2 parent-only sessions per calendar year.