

Support Person Invitation

INFORMED CONSENT

_____ (client name) has requested you

_____ (support person) be part of his/her counselling session(s) for the purpose of helping him/her to reach his/her counselling goal.

Thank you for being willing to support your loved one. Having a support person can be tremendously helpful to the person in therapy, providing them with a greater sense of hope and connection. If your loved-one has invited you, this means you are a very important person in his/her life and that they place great value on your relationship. Your loved-one is reaching out to you to be part of his/her healing process.

During the session, please be aware that your loved-one has been dealing with sensitive material and may be in a fragile state. S/he is prepared to be vulnerable with you, trusting you to you handle their feelings with care.

What to expect:

- A respectful environment with goals that may include gaining a greater understanding of what s/he is experiencing, problem solving, listening, offering words of encouragement, healing and/or restorative work.
- Your loved-one may share thoughts and feelings with you that you may not be aware of and would like your support and understanding.
- Your loved-one may ask you to help them reach their goal and be part of this process with them.
- Your loved-one may simply ask you to listen. S/he may need the therapists help to communicate his/her emotions in a healing and restorative way and assist with accurately understanding your perspective.

Important: This session is about your loved-one and not about you. Your responsibility is to focus on the person who invited you, with an open stance to learn more about his/her experience and to consider ways you may be able to help.

In the event you find certain aspects of the session awkward, uncomfortable, or experience difficult emotion, please know you will be in a supportive and caring environment. Your feelings will be validated and handled with care. My goal as a therapist is to ensure that both people in the room mutually experience feelings of care, respect and support. In the unlikely event you need to take a break, you are welcome to leave the room and return without judgement.

Counselling Approach

I offer a holistic, integrative approach to therapy. I view problems and symptoms as being connected with the physical, mental, social, emotional and spiritual aspects of who we are. I believe a counsellor's world view and personal values are expressed directly, indirectly, consciously, and/or subconsciously. My worldview and values are rooted in Christianity. This means, when welcomed, I offer spiritual support. I believe all people are worthy of love and respect regardless of beliefs, problems or circumstances.

I hold a Masters of Counselling degree. I am a Canadian Certified Counsellor with the Canadian Counselling and Psychotherapy Association and a Certified Professional Counsellor with the Professional Association of Christian Counsellors and Psychotherapists. I have additional training in Cognitive Behavior Therapy, EMDR, and Emotion-Focused Therapy. Additionally additional study and continuing education in the areas of trauma, PTSD, stress, healthy communication and self-esteem.

Limitations of Therapy

Therapy sessions carry both benefits and risks. Sessions can reduce the amounts of distress and/or improve relationships and or resolve specific issues. However, 'cures' cannot be guaranteed for any conditions due to many variables. Experiencing uncomfortable feelings, and/or discussing unpleasant situations of your life are considered risks of therapy.

You may stop therapy at any time. Please let me know at any point if my approach is not working for you.

Confidentiality

All documents and discussions that take place in our sessions are confidential. This information cannot be shared with another party without your written consent or the consent of a minor's legal guardian. The exceptions are as follows:

- If you have intentions of harming yourself;
- If you have intentions of harming another person;
- In the event of child abuse, or a child is in danger of being abused;
- In the event of the clients death, the spouse or parents have a right to access the clients records;
- In the event of a hearing regarding professional misconduct, related records may be released;
- Court orders;
- Insurance providers/financial sponsors (date/time, treatment plan, type of service, progress, case notes, summaries);
- Prenatal exposure to controlled substances;
- Minors: parents/guardians have the right to access client's records; and
- Cases are subject to the review of my clinical supervisor.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Date: _____

Client Signature: _____

Date: _____

Support Person Signature: _____

Date: _____

Counsellor Signature: _____