

Ros Best Counselling

Rosalyn Best, RCC, CAC, MoC, MEd
Counselling for Middle and Older Generations
Living lighter, one story at a time...

Intake & Informed Consent – Form for Couples (each partner fills in one)

Before completing this form, please note:

- (1) In couples counselling, the *relationship is the client*, not the individuals. Ros Best maintains a *no-secrets policy* between her couples. I can help partners plan how to share difficult information that is relevant to the current and future relationship, but our work would be made impossible by secrets shared by the therapist and one partner to the exclusion of the other partner. Equally, if either partner felt that my work was biased in favour of the other, it is essential that they raise this with me. If the concern were ongoing, I have other couples counselling therapists I could refer you to.
- (2) If there were any *3rd party* involved in the couple relationship (an ongoing emotional or physical affair, alcohol or other addiction for example), the partner with that *3rd party* involvement must be prepared to give up that involvement, and seek extra help if needed to do so.
Note: I do not currently work with clients in committed polyamorous relationships but can recommend excellent therapists who do.
- (3) *Confidentiality*: any information either of you provide here or in session will be held in strictest confidence, and only shared upon both your requests (to your doctor, or other practitioner, for example). It will be retained for seven years after the end of our work together, and then destroyed. The only limitations to confidentiality are (1) if you indicate that you pose a substantial risk of harm to your partner or others (2) or to yourself, or (3) name a vulnerable person (including children and the elderly) who is being abused or at imminent risk of being abused, or (4) if I were required by subpoena to provide specific information to a court of law. Your client file contains this document and, for each session, a report of what we discussed, with no clinical opinions or guesses.

Name: _____ Age: _____ Date of Birth: _____

Partner's Name: _____ Age: _____ Date of Birth: _____

Contact Information

- My Home Address:
 - Street & Apartment no. _____
 - City _____
 - Postal Code _____
- The best number to reach me at is _____ (cell/ other?)
 - Confidential messages ok at this number? Yes No
- When is the best time to reach you, if needed? _____
- Texts and email can be problematic regarding confidentiality. Knowing this,
 - Are texts okay? Yes No
 - What email address, if any, would you have me use?

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- Please name an emergency contact I could use:
 - Name: _____ Relationship to you: _____ Contact: _____
- Upon completion of therapy, may I email you information of upcoming retreats, articles I write, or similar news? (frequency about 3 per year) Yes No

Today's Session

- What brings you in today?

- When did this concern start? _____

- Primary Goals for Therapy:

Background Information

- My partner currently does does not live with me
- We are thinking of moving in together living together common-law
 married and living together thinking of separating separated divorcing
 not sure
- We have been together for _____ year(s)
- Tell me about a few of your strengths?

- Tell me about a few of your partner's strengths?

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- What do I need to know about your personal pattern in intimate relationships?

- Who is in your family? What names do I need to know to understand your story?

- Are there any major life transitions you/ your partner/ your family have had to navigate recently?

- Tell me about your style (Profession, learning style, processing style and speed, preferences?):

- Have either or both of you received counselling services before?

- The issue/goal at that time

- What did you appreciate most about your session(s)?

- What did you appreciate least about your session(s)?

- Did you feel that the issue was resolved/goal achieved through that counselling?

- What (if any) health concerns (diagnoses?) do you have?

- Do you worry about your alcohol/substance use? If yes, please explain.

- Do you worry about your partner's alcohol/substance use? If yes, please explain.

- Have either of you ever attempted suicide? ___ Yes ___ No

- How much/ how well do you sleep? (Reasons?) _____

- Is your appetite normal these days? _____

- Date of your last physical exam: _____

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- Your prescribed medications (name and purpose, dosage, frequency):

- Alternative Treatments, medications?

- Anything else you feel I should know, for us to do our best work together?

Referral Information:

- How did you learn about Ros Best Counselling (check all that apply)?
 - ___ The Gottman Referral Network
 - ___ The *ICEEFT* Emotionally Focused Therapy referral network
 - ___ Theravive
 - ___ CounsellingBC
 - ___ The British Columbia Association of Clinical Counsellors (BCACC)
 - ___ Ros Best Counselling's website
 - ___ Google
 - ___ Direct recommendation from my doctor
 - ___ Direct referral from a family member or friend
 - ___ APABC (the Adlerian Professional Association of BC)
 - ___ Other

If you were referred to me by a health care provider, medical centre or referral service/website, please identify the source of the referral so I can thank them. Your name and identity will remain confidential.

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Clinic Orientation

Welcome to Ros Best Counselling. My E. Kent Avenue home office is located on the third floor of the building, accessed by elevator. You will need to either “buzz” Clark/Best, or phone my cell, and I will let you up. The therapy room is private, just inside the front door; the bathroom is next to the therapy room. For clients with wheelchairs, we will work from the living room. Only the bathroom is problematic for wheelchairs. Free underground visitor and street parking available.

Fee Payment and Cancellation Policy

\$240 for 1 ½ hours for couples or families. Couples sessions need to be at least 1 ½ hours, but can be booked for longer to suit your circumstances. Fees should be paid at the beginning of each session, by e-transfer (rosbestcounselling@shaw.ca), cash or by cheque (payable to Rosalyn Best). If your cheque were returned for insufficient funds, you are responsible for the original amount of the returned cheque and a \$25.00 service charge. Your counselling costs may be covered by your Extended Health Benefit plan. You are welcome to join the FACTBC counsellors’ campaign for there to be a College of Counselling Therapists, so doctors could refer you to counselling and so that more extended health benefit plans cover counselling costs.

An appointment is a commitment to therapy. If you are late, we will probably not be able to meet for the full time. There will be a cancellation fee of \$60 for any session missed without 24 hours’ notice.

I am deeply committed to making this world happier, one couple at a time. I offer a sliding scale for People With Disabilities, and some others on limited income.

WHAT IS CLINICAL COUNSELLING?

Clinical counselling helps people improve their mental, emotional and physical health while encouraging positive relationships with self, others and the larger community. The building of a trusting and comfortable relationship between the couple and counsellor is *essential*; be picky in choosing a therapist with whom you feel a good fit. *It is important to me that our work be evidence-informed.* Questions or comments on the counselling process are invited at any time.

HOW DOES CLINICAL COUNSELLING FOR COUPLES WORK?

We will have an initial session together, after which I may invite you to complete an online relationship satisfaction assessment from the Gottman website (user pay system). The following session is individual, for 45 minutes, 60 minutes or 1 ½ hours, as desired. At this time I will clarify with you anything you may have written on the Intake and Informed Consent form. This is your time to give me relevant relationship history, and for us to make sure there is a good counsellor/client relationship for each of you. Typically there is only one individual session for each partner. At the next session, I will report back any results from the Gottman assessment, and we will confirm our goals for therapy. We also will choose between Gottman’s Sound Relationship House or Sue Johnson’s Emotionally Focussed Therapy counselling modality. I am fully trained in both.

In Sue Johnson’s Emotionally Focussed Therapy, we focus directly on the underlying emotion and longing that triggers strong responses and often our greatest conflicts and misunderstandings. I assist each partner in connecting with the meanings these emotions have for them, and in them telling their partner. In short, this approach is all about slowing down the communication, to create new bonding conversations and (re)building a safe haven for both partners in their relationship. Reading or listening to *Hold Me Tight* is an excellent primer for couples’ therapy.

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For the Gottman’s Sound Relationship House approach, we use printed exercises to build emotional safety, to slow down communication and to structure our work together. People often feel reassured by having various proposed response wordings. We also use pulse oximeters to increase each partner’s body awareness regarding emotional flooding (heart rate and oxygen levels are monitored).

BENEFITS OF COUPLES THERAPY:

You cannot fix the old relationship, but you can have a Couple/ Marriage 2.0, where the relationship becomes a safe haven in which you can share dreams, meanings, know and be known by your partner, a place where your longings can be expressed and you get needs met. This said, sometimes the benefit of couples therapy is that partners realize that they prefer to break up, in which case we figure out how to do that well, causing the least damage to partners and the family. Ideally, partners learn more about themselves *because* there is space to understand themselves in the context of an intimate relationship.

RISKS OF THERAPY:

While there are potential benefits to couples therapy, success is not guaranteed and there are potential risks. For example, some clients find it difficult to find a therapist who is a good fit for them both, making it really frustrating to engage in therapy; others may find it is the wrong time, right now it feels too hard to “go there”. Therapy likely will stimulate memories and evoke strong feelings; sometimes the relationship may *feel* worse before it feels better. Couples therapy often feels more emotionally risky than individual therapy. Couples counselling requires active involvement and efforts to be open. *It is the therapist’s job to keep the relationship emotionally safe – at least in session - throughout the process*, to notice and discuss if there doesn’t seem to be progress, and, absolutely, partners are encouraged to discuss any frustrations they might be feeling about therapy. Therapy is a process.

If you feel that you are not progressing through our work together, we may discuss referral to an alternate qualified counselling practitioner, and I would, if you wish, provide them with the essential information needed for your therapy to continue.

Sometimes, partners realize that some of the work needed is personal, and some work requires both partners. At times, partners may find couples counselling more efficient if, at the same time, one or both partners participate in individual counselling. This can be very expensive. I can recommend specific readings to assist you, and low-cost/ free counselling, though the waitlists are long.

Contacting your Counsellor

To reach me: my cell phone number is 778-834-1867 (voicemail or text), and email is rosbestcounselling@shaw.ca, but please restrict content to matters you do not consider sensitive, unless speaking directly with me. If you are calling about an emergency and need immediate assistance, leave me a message, then dial 911 for emergency assistance. I do not use social media with clients, as recommended by my professional association.

Record Keeping

I take the confidential nature of our discussions seriously. All communications and records related to your counselling will be kept confidential. I maintain written files for my own information so that I can help you in a planned and organized manner. My records do not include impressions, only a factual record of our work together. These records are kept locked at my home office premises. Please be advised that client files are kept

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for 7 years, in accordance with BCACC guidelines and BC privacy legislation (PIPA). It is your right to see your file, though I have not had any client ask for this yet.

Therapist Consultation and Information Sharing

In order to provide the best possible service, I may record our sessions together (see consent options at the end of this document). I use these recordings to reflect upon our work together, and occasionally may submit short excerpts for consultation with qualified colleagues. Your identity would not be revealed, and all identifying features not be mentioned. I re-format the recordings (erase them) once I feel that I don't need them; they are not part of a client's formal file.

Occasionally, it may be helpful for me to consult with your physician or other practitioner. In that instance, I would ask for your written consent (on separate form) and which specifics you want me to share. This consent will be time-limited and you may withdraw it at any time.

Release of Information without Consent

There are two situations in which I might release information or files about you even if I do not have your signed consent (all counsellors must respect these limitations to consent):

- If I am required by court order or statutes to release parts of your file, or to testify under a subpoena.
- We are required to report to the proper authorities if we know of child or elder abuse or if there is the possibility of imminent physical harm to either of the partners or others.

Your Concerns and Rights

You may choose to discontinue counselling with me at any time. You have the right to review your written file. I invite you to discuss any concerns that you may have regarding your counselling directly with me. If this is unsatisfactory, you can contact the BC Association of Clinical Counsellors at 250-595-4448.

Fee Agreement: We agree that the 1 ½ hour session fee for counselling will be _____.

I agree that I have had the above information explained to me and I understand its meaning. I have had the opportunity to discuss any concerns about this information with my partner and with Ros Best.

I do / I do not consent (circle one) to Ros Best recording our sessions for personal professional purposes or for confidential consultation where my identity is not revealed. I am aware that Ros Best will destroy recordings when they are no longer needed, before or when my file is shredded after 7 years.

I do / I do not consent (circle one) to Ros Best emailing us about opportunities and articles after termination.

Client Signature _____ Date _____

Counsellor Signature _____ Date _____