

**Elizabeth Dear, M.A.**  
**Marriage and Family Therapist**  
**Licensed Clinical Alcohol and Drug Counselor**

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## **THERAPEUTIC CONTRACT FOR MINOR**

**The Therapy Process** • Participating in therapy can result in a number of benefits to you or your child, including a better understanding of personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on the client's part and may result in experiencing considerable discomfort. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. When one person in a family changes, this change usually pressures other members of the family to change in response. It is always your decision what actions to take or not take; it is not my role to tell you what to do. I may suggest different methods in order to facilitate change, including family therapy, art therapy, sand tray, role-playing, play therapy, cognitive-behavioral assignments, journaling, and insight-oriented talk therapy. You may of course ask about any methods I propose, and you may refuse any particular method that does not sit well with you.

### **Guiding Principles**

- In order for any person to build trust in therapy, the relationship needs to be private and confidential. With minors and concerned parents, this issue is complicated by a parent's care and concern for how therapy is progressing. Unless we arrange a different agreement, I would like to include a parent at the end of each session for a young child and give monthly summaries of progress to a parent of an adolescent unless there is a crisis issue that needs immediate attention. These summaries would not include details of the sessions but rather general descriptions of the focus and progress. In the case of family therapy, I prefer to help family members become more open with each other rather than encourage or facilitate secret-

keeping. Office staff and any professionals who work with or for me are also bound by this confidentiality agreement.

- At your request, I can release information from your child's records on file to any person you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be helpful or harmful to your child, and I will also ask for your child's permission. If you and your child disagree about whether or not to allow me to talk to someone, we will discuss this in therapy in order to try to reach consensus.
- Under certain legally defined situations, I have the duty to reveal information you or your child tells me during the course of therapy to other people without your written consent. I am not required to inform you of my actions if this occurs. These situations include child abuse or neglect, elder or dependent adult abuse, or a situation in which you or your child is in danger of harming yourself or someone else.
- You have the right to know the content of your records, and I encourage you to discuss this with me if you want to know. I may provide you with the complete records or a summary of their content. If I believe that divulging this information to you would be harmful to you, I may refuse to do so, and I will talk with you about why. In this case, you may have another therapist review your records.
- Since an effective therapy relationship depends on having clear boundaries that allow the focus to be on the client(s) and inner work, I generally will not engage in activities associated with other types of relationships, such as social networking, attending social events, or sharing personal information.
- To provide the best possible treatment, I regularly consult with other professionals about my cases; no identifying information about you will be given in these consultations. Similarly, I am a supervisor of MFT Interns and occasionally use examples from my work to

increase interns' understanding, and I am careful not to reveal identifying information to them.

- If your or your child's mental status is raised in a court of law, the information in your case file can be subpoenaed and I can be compelled to testify about your treatment and mental health. I will not release information to the court without your permission unless I am ordered to do so by a court order. I do not provide legal opinions on issues of custody. If you request and I agree to any type of report or assessment, I will bill by my usual hourly rate for the time required to prepare the report.
- Should you choose not to enter or continue therapy with me, I will provide you with names of other qualified professionals whose services you might prefer. You are free to end therapy with me at any time; however, I hope you will discuss this with me prior to stopping. Making the commitment to yourself to stay engaged through the process of closure enriches the experience.
- If I determine that I do not think I am able to help you adequately or that therapy with me is no longer beneficial, I will assist you in finding a qualified professional or clinic that is more suitable for you. If you give me written consent, I will provide that professional with information to help with this transition.
- If you have a complaint about the services I provide or think I have acted in an unprofessional manner, you may contact the Nevada Board of Marriage and Family Therapist Examiners and Licensed Professional Counselors.
- Clients who carry insurance and wish to submit claims will bill their own insurance. I will provide you with the appropriate billing information, which you may send for reimbursement. I do not bill insurance companies nor do I usually accept payment from them at this time.

- Phone calls to schedule, change, or cancel appointments or to ask for support during a difficult period are included in this contract. Due to the limits of the time I have available to make and return phone calls, any call exceeding 10 minutes is subject to a pro-rated fee.

**Consent for Treatment** • I \_\_\_\_\_ authorize and request Elizabeth Dear, MFT, to carry out psychological assessment and treatment that are advisable during the course of therapy for my child \_\_\_\_\_ as a client, including family therapy as deemed helpful to treatment progress. I understand that the purpose of any part of treatment will be explained to me when I ask and be subject to my agreement. I have read and fully understand this Consent for Treatment form.

Date \_\_\_\_\_ Client's Signature \_\_\_\_\_

Date \_\_\_\_\_ Client's Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Client's Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Therapist's Signature \_\_\_\_\_