



Family and Couple's Therapy Service Delivery Considerations – Informed Consent

Understanding of Dual Relationships

If Family or Couple's Therapy is provided all members of the family or the couple who participates in therapy is considered the "Treatment Unit". If the members of the "Treatment Unit" agree to participate in Family or Couple's Therapy with one of the member's individual therapist it is necessary for the entire "Treatment Unit" to provide written consent to participate in Family or Couple's Therapy with that therapist. When a therapist provides individual therapy to a client and family therapy to that client and his/her family member(s) that therapist enters into a Dual Relationship. When a therapist agrees to provide dual services to a client he/she must use his/her clinical judgment to ensure that he/she can maintain professional objectivity within the dual relationships, provide sound and ethical services to the individual and "Treatment Unit", and ensure the therapeutic alliance remains intact and is not disrupted. The therapist will discuss the potential pros and cons of providing dual services and collaborate with the client and family member(s). If all parties are in agreement dual services may commence. In some instances, the therapist may seek professional consultation/supervision before making a final may be made. In some cases, even if the parties agree to participate in dual services offered by the therapist, it may be determined that it is not clinically appropriate for the therapist to enter into a dual relationship with the parties. In such a case, the "Treatment Unit" may be referred to another therapist within the practice or to an outside agency/therapist.

In some instances, the issues presented in family or couple's therapy may elicit strong feelings that could tribute to negative behaviors or interactions between the members of the "Treatment Unit". The therapist will work with the "Treatment Unit" to allow for appropriate expression of these feelings; however, if the behaviors or interactions appear to be verbally or physically aggressive or overtly disruptive to other clients and therapists the session will be terminated. If such behaviors and interactions continue to occur the therapist reserves the right to terminate the service and make referrals for alternate services.

Family and Couple's Therapy – No Secrets Policy

If family or couple's therapy is provided confidentiality applies to the "Treatment Unit" which includes all members of the family or couple who participate in therapy. For treatment delivery and confidentiality purposes the "Treatment Unit" is considered to be the client.



During the course of family/couple's therapy the therapist may have sessions with individual members of the "Treatment Unit" as clinically indicated in the treatment plan or based on the presented needs of the "Treatment Unit". These sessions are confidential in the sense that your therapist will not release any confidential information to a third party unless he/she is required by law to do so or with other requests, unless he/she has written authorization from all members of the "Treatment Unit". However, your therapist may need to share information learned in an individual session (or a session with only a portion of the "Treatment Unit" being present) with the entire "Treatment Unit" – that is, the family or the couple, in order to effectively provide treatment. The therapist will use his/her clinical judgment as to whether, when, and to what extent he/she will make disclosures to the "Treatment Unit". In most instances, the individual or smaller part of the "Treatment Unit" will be given the opportunity to make such a disclosure to the entire "Treatment Unit". If an individual within the "Treatment Unit" feels it is necessary for him/her to discuss matters that he/she does not want shared with the entire "Treatment Unit" he/she should consult with an individual therapist who may provide treatment to address such matters outside of family or couple's therapy.

This "No Secrets" policy is intended to allow your therapist to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If your therapist is not free to exercise his/her clinical judgment regarding the need to bring this information to the family or the couple during their therapy, the therapist might be placed in a situation where he/she will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

This policy allows your therapist the discretion to use his/her clinical judgment to disclose information he/she gleaned during interactions with one member or a smaller part of the "Treatment Unit" to the entire "Treatment Unit" when such information is deemed to be clinically relevant to the providing effective and ethically sound family or couple's therapy to the entire "Treatment Unit".

Professional Supervision/Consultation

At times multiple members of a family may participate in individual counseling with separate therapists affiliated with Caramenico Counseling Group, LLC. The clients are aware of their rights to confidentiality and limits of confidentiality; however, it is important to be explicit about specific limitations of confidentiality, i.e. supervision and peer consultation. All therapists affiliated with Caramenico Counseling Group, LLC are independent contractors who work independently within the practice; however, they are



required to participate in clinical supervision/consultation with Jennifer Erb Caramenico, MA, LPC to maintain affiliation with the practice. These supervision/consultation meetings are confidential; however, specific information about clients' treatment is discussed to ensure appropriate and effective service delivery. Additionally, to promote best practices therapists may participate in Peer Consultation meetings with each other where clinical information may be discussed. These meetings are confidential and information may not be disclosed outside of any supervision/consultation meetings.

I agree and consent to participate in Family or Couple's counseling services offered and provided by the identified independent practitioner at Caramenico Counseling Group, LLC. *If Family or Couple's Therapy will be provided all involved individuals (age 14 and over) are clients as part of the "Treatment Unit" and required to sign this document.*

Client Name	Signature	Date
(All clients age 14 and older are required to sign this document)		

Client Name	Signature	Date
(All clients age 14 and older are required to sign this document)		

Parent/Guardian Name	Signature	Date
(Parent/Guardian must sign if child is under the age of 14)		

Independent Practitioner Signature and Credentials	Date
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Client (or Parent/Guardian) was provided a signed copy of this document. Client (or Parent/Guardian) declined a signed copy of this document.

Updated January 2018