

Family Help Counseling and Seminars

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Child and Adolescent Intake Information

CCCAC# _____ DATE: _____

Name: _____ Age: ____ Birth Date: ____/____/____

Male/Female (circle one) Race: _____

School/Daycare: _____

Grade: _____ Teacher: _____

People living in same household as child:

<u>Name</u>	<u>Age</u>	<u>Relationship to child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other significant people NOT living in the same household:

Check any areas in which your child/teen is having problems"

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Weight | <input type="checkbox"/> Diet& eating | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Health | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Potty Training | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Language Skills | <input type="checkbox"/> Mood | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Nervous Habits | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> School | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Hurting Animals | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Getting along with Adults | <input type="checkbox"/> Getting along with Kids | <input type="checkbox"/> Separation Anxiety | |
| <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Delinquent Behavior | <input type="checkbox"/> Other | |

Briefly explain the items you checked:

Are there any other concerns?

What reinforcements do you use with your child?

What discipline is used in the home?

What are some of your child's fears?

Has your child previously/or currently in therapy or under the care of a psychiatrist?

Yes No

Name of Counselor/Psychiatrist: _____

Agency: _____

City: _____

Dates: _____

Phone Number: _____

Has your child been previously hospitalized? Yes No

If yes, for what, when and where? _____

Treating physician's name: _____

Is your child currently on medication? Yes No

<u>Name of Medication</u>	<u>Reason for Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>
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Name and phone number of primary care physician or pediatrician:

When was your child's last physical exam? _____

Child/Adolescent Developmental History
(for ages 17 and younger)

Patient Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Date: _____

What was your child's birth weight?

_____ lbs. _____ oz. Unknown

Was delivery normal?

Yes Unknown

No; specify _____

Did the birth mother experience any physical or emotional problems during pregnancy?

Yes; specify _____

No Unknown

Were medications taken during pregnancy?

Yes; specify _____

No Unknown

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

Yes; specify _____

No Unknown

Did the baby experience any problems immediately after birth?

Yes; specify _____

No Unknown

Has your child ever required hospitalization?

Yes; specify _____

No Unknown

Is there any history of physical, sexual or emotional abuse?

Yes; specify _____

No Unknown

Is there a history of prolonged separations or traumatic events?

Yes; specify _____

No Unknown

At what age did your child do the following?
(Italicized areas reflect normal development)

_____ smiled (6 mths)

_____ sat alone (6 to 10 mths)

_____ talked in sentences (30 to 36 mths)

_____ walked by self (12 mths)

_____ held head up (3 to 4 mths)

_____ fed self (2yrs)

_____ crawled (6 to 10 mths)

_____ rode a bike (6 yrs)

_____ rolled over (6 mths)

_____ talked in single words (18 to 24 mths)

_____ pulled up (6 to 10 mths)

_____ established toilet training (2 ½ to 4 yrs)

How would you describe your child's approach to new situations?

Positive, jumps right in

Withdrawn, tends not to participate

Slow to warm up; cautious

How would you generally describe your child's overall mood?

Positive (happy, laughing, upbeat, hopeful)

Negative (depressed, cranky, angry, hostile)

Mixed but more positive, than negative

Mixed but more negative than positive

Which school is your child currently attending?

Is your child currently receiving special services in this school?

Yes; specify _____

No

Has your child ever failed a class or been held back for academic reasons?

Yes; specify grade: _____

No

Is your child expected to pass this school year?

Yes

No

Agreement Regarding Treatment of Minors

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Occasionally, it is best to see them with parents and other family members; sometimes, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

This general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of the overall development, they may not be the best goals for therapy. Again, I will evaluate and we will discuss these goals together.

Because my role is that of the child's helper, I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

This agreement regarding treatment of minors has provisions for inserting details, which can be supplied by both the child and the adults involved. However, it is first important to point the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parent or guardians have a legal right to information.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child.
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that I do not have control over information once it is released to a third party.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your child/children follows:

Parent/Guardian Understanding & Agreement

I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/ children prefer not to volunteer information about the sessions, I will respect his/her/their right not to disclose details.

The normal procedure for discussing issues that are in my child's/children's therapy will be joint sessions including my child/children, the therapist, me and perhaps other appropriate adults. If I believe there is significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child/children present. When the therapist determines that there are significant issues that should be discussed, every effort will be made to schedule a session involving the parents and the child/children. I understand that if information becomes known to the therapist and has a significant bearing on the child's/children's well-being, the therapist will work with the person

providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent(s): Please make any additions or modifications as desired:

Signature: _____ Date: _____

Signature: _____ Date: _____

Minor(s): Please make any additions or modifications as desired:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

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Play Therapy Agreement – for Parent(s)/Guardian(s)

The following is an explanation of play therapy and the therapeutic process. As you read this information, you may want to make some notes so that you can refer any questions to your child's play therapist.

Importance of play for children:

- Play is the child's natural way of communicating.
- During play, children learn about their physical surroundings, their own capabilities and limitations, social rules and the difference between fantasy and reality.
- Play promotes healthy development in children.
- Children can often communicate their difficulties more effectively through play than they can through language.

What is play therapy?

Play therapy is to children what "talk therapy" is to adults. When adults have problems, it often helps if they can share their thoughts and feelings with a therapist or trusted friend. Children don't have the ability to express themselves with words like adults do, so it is difficult for them to "talk" about things that worry or bother them. Play therapy allows children to communicate through play, their most natural form of expression. The toys the children use in play therapy help them play out what they may be feeling, what they have experienced, and what they would like to be different. This experience enables them to attach words to their experiences, leading to a release of emotions and further recovery for the child.

Why does my child need play therapy?

In the process of growing up, most children experience difficulty coping at some time (at home, in school, with divorce/separation, with socialization, as a result of trauma or abuse, etc.), or they exhibit behaviors which concern their parents or teachers. Generally, if you, your child's teacher or a physician is concerned about your child's behavior or the difficulty of adjusting, play therapy is the recommended approach to helping your child.

What can I expect from play therapy?

There is much more freedom in the play therapy room than is allowed in other areas of the child's life. During the therapy time, every thought and feeling and almost all actions of the child are accepted. This freedom is necessary so that the child will feel accepted, safe, and trusting enough to reveal their fears and problems. There is no such thing as wrong or bad behavior in play therapy. In play therapy, the therapist will not "pump" the child for information about their life or an abusive incident. Children are allowed to work through their problems at their own pace. In play therapy, children may spill paint, sand or other messy materials on themselves. (Remember, there are few limits here). Therefore, you are encouraged to bring your child in play clothes.

What do I tell my child about play therapy?

Before the child comes in for their first session, they will need to know something about play therapy. You can tell them that they will be coming to a place that has a special room with toys. Tell them that they will be meeting a grown-up named _____, who will be taking them to the playroom and staying with them there. It is helpful to let them know they will be coming back every week, that this is not just one visit. If your child wants to know more about why they are coming, you may say something like, "when things are difficult for you at home, school, in the family, etc., sometimes it helps to have a special place to play and a special person to help." You may also tell them that it is okay to talk about those things in the playroom with the therapist. It helps if you can arrive a few minutes early for each appointment and take your child to the bathroom. Reassure your child that you will be waiting for them when the session is over.

When do you get to talk to the therapist?

It is very helpful for the therapist to know about recent and past events in your child's life, especially those to which your child has reacted strongly. Please do not give your child the responsibility of reporting the events. The play therapy session is a very special time for your child; therefore, the therapist will spend most of the time (40-50 minutes) with your child. If you need to talk to the therapist, please do so in the **First 5 minutes**. The therapist or you may initiate a parent consultation every four weeks or as important issues arise. Parent consultations are times for you and the therapist to share information about your child and the therapist may make recommendations at this time. If you have concerns that need to be addressed in between sessions, please let the therapist know by calling the office.

After each session:

It is **essential** that your child does not feel the need to give an account of what happens in the play therapy room. Therefore, it is helpful if you do not ask your child if he/she had a good time or what they did. When your child meets you in the waiting room following a session, you might say something, like "Oh, I see that you are done. Are you ready to go?" It is fine if your child chooses to volunteer information, but allow them to lead the conversation. Your child may occasionally bring home a work. This may depict a hidden meaning or message that even your child may not be aware of. Therefore, it is best not to offer praise, ("How pretty!"), criticize or ask questions. If your child offers their picture, simply comment on the colors they used or what you see. "You covered the whole page with blue."

How often and how long will my child need to come?

Children grow and develop best when they have structure and consistency. Therefore, in order for play therapy to be helpful, it is imperative that the sessions be consistent, that is at least once a week and preferably on the same day and time. Play therapy is a process of the therapist building a trusting relationship with a child, the child revealing and/or working through their problems, coming to a resolution, practicing new skills and preparing for termination.

Every child grows and changes at a different pace, therefore, the length of time needed in play therapy will vary according to individual personalities, severity of trauma and home and life circumstances. Generally, you can expect a **minimum** of 16 sessions (4 months). Behavior and mood changes are normal and expected throughout the process of play therapy. At times, it may seem as though things are getting worse and not better. If you notice this happening, please talk it over with your child's play therapist.

OTHER HELPFUL INFORMATION:

In order to provide the best service possible, it may be necessary for the play therapist to consult with other professionals that have worked with your child, i.e. school, teachers, school counselors, social workers, psychologist, psychiatrist, attorneys, etc. Permission will be obtained from you in writing before communication can be shared with other professionals and/or individuals outside of the Grace Point Counseling Center.

If needed, the play therapist may refer your child for group therapy, psychological and/or psychiatric assessments or other types of therapy. You play a crucial role in your child's life and are a member of the therapeutic team for your child. Therefore, it may at times be beneficial for you to explore some of your own issues. Referrals may be made for you to parenting classes, individual or group therapy, self-help programs or other areas as necessary.

It is the policy of Grace Point Counseling Center that parents remain at the Center during the child's session. Additionally, children under the age of 12 may not be left unsupervised in the waiting room.

Signature

Date

Signature

Date