



## **Consent for Treatment of a Child**

### **Risks and Benefits**

Counseling for children can have benefits and risks. Since therapy often involves discussing unpleasant aspects of one's life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Working through difficult emotions can sometimes lead to an increase in difficult behaviors before the child is able to utilize new skills or fully integrate their experiences. On the other hand, counseling has been shown to have benefits for individuals who go through it. Therapy can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. But there are no guarantees of how a child will respond.

Children are unique and holistic beings that sometimes require assistance and support in order to grow and develop to their fullest potential. Counseling can often be beneficial for children and their families and one way of working with children is to utilize play in a therapeutic manner. Play can be explained as the language of children. The use of therapeutic play enables a child to re-organize or make sense of their world; it can also serve to strengthen a child's sense of self and to gain mastery over their world or their "problems." Using play to explore a child's experience gives the child psychological distance and provides an opportunity to express themselves or themselves in a safe way.

In providing counseling to children, and in using play as a therapy technique, I invite the child into a special "playtime" but I am not a "play partner." Rather my role is more significant as I read, follow, interpret, and respond to the child's play.

### **Confidentiality**

Therapists who work with children have the difficult task of protecting the child's right to privacy while at the same time respecting the parent's or guardian's right to information. Therapy is most effective when a trusting relationship exists between the therapist and the child. Privacy is especially important in securing and maintaining that trust.

In my practice, I provide individual counseling to children and ensure the caregiver/parent is involved in the process through consultation with them. At times, the parent/caregiver may even participate in the sessions. However, to ensure a child's privacy I will not provide detailed information to the parent/caregiver regarding what the child shared unless the child provides assent. Instead, general themes, ideas and recommendations will be provided as well as support and encouragement to the parent/caregiver.

If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. Other areas of confidentiality will be discussed during the first session with the child in the presence of their parent/caregiver to ensure complete understanding and agreement prior to the initiation of counseling.

**Revoking Consent**

Both you and your child may end the counseling relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows as identified on the consent for treatment form). While free to discontinue services at any time, it is preferable to have a closing session or phone call, to ensure the child understands that counseling is ending and to provide an appropriate closure to the experience.

You may also have the right to refuse or discuss modifications of any of my counseling techniques or suggestions that you believe may be harmful.

**Acknowledgment and Consent:**

By your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction.

**Consent for Treatment of Minors:**

I/we consent that my child under the age of 16, \_\_\_\_\_ (*name of child*) may be treated as a client by \_\_\_\_\_ (*name of therapist*). This form is in effect until \_\_\_\_\_ (date) or until 12 months after the consent was given.

Consent can be revoked at any time.

**Parents:**

**Please do not leave the office while your child is with their therapist unless discussed with your therapist.** Your presence may be necessary during your child's visit.

\_\_\_\_\_  
Parent or Guardian's name (please print)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**CLIENT CONTACT INFO:**

NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_