From Here To There
LICENSED MARRIAGE AND FAMILY THERAPIST

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License #001660



Welcome to My Practice

I want to welcome you to my practice and let you know that I look forward to meeting with you. I am a licensed Marriage and Family Therapist who completed her Post Degree Certificate in Marriage and Family Therapy at University of Rochester Medical Center in the department of Psychiatry. Additional education and experience includes a Master's Degree in Counselor Education from The College at Brockport. This paperwork contains information about my professional services and my business policies. Questions included in this paperwork that will help me understand you and the challenges you are currently facing. I invite you to ask any questions you may have, and ask that you please review and complete this packet in preparation of our first session.

Risks and Benefits

The role of a Marriage and Family Therapist is to assist clients with issues regarding relationships. During our work together, you may experience feelings such as sadness, guilt, anger or frustrations. As a result of your therapeutic work and the decisions you make, important relationships may be affected or end. You may also find that your journey leads to healthier relationships and solutions to your struggles with family and friends. You may experience a reduction in anxiety and/or depression. If you ever have any concerns throughout your therapeutic process, I encourage you to discuss them with me during our sessions so we can collaborate and move forward.

Termination

You may terminate therapy at any time, but I ask that we schedule at least one final session to review the work you have done. Occasionally, clients return to therapy when new challenges arise and I welcome the possibility of working with you again, depending on my availability. If I am unable to accommodate you, I will provide you with three referrals to another therapist.

Length of Therapy

Therapy is a process that is unique to everyone, couple or family, and depends on the challenges presented. Some challenges can be resolved in a short amount of time (5-10 sessions), and others can take much longer. In your first session, we will develop a treatment plan with goals for you to work toward. If you have any questions regarding the length of your treatment, I invite you to discuss them with me at any time during treatment.

Confidentiality

Therapy is best experienced in an atmosphere of trust. All therapy services are confidential. Information regarding our sessions cannot be revealed without your written permission. There are exceptions to confidentiality where disclosure is required by law (see below). There may be occasions where I consult with adjunct therapists to discuss aspects of our sessions to best support your process. Understand that I will not use your name and will change identifying details to protect your confidentiality. If you should request that I speak with another professional or person (i.e., doctors, former therapists, teachers, family or anyone else outside the therapy room), I will need your written consent and will only do so after determining this is in the best interest of your therapeutic progress.

Legal Exceptions to Confidentiality

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes when there is a reasonable suspicion of child abuse, (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and when a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property. Legally, I am a mandated reporter of abuse or intent to harm another. If you are homicidal and make a serious threat to hurt another person(s), I will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if I am court ordered to release records (for example a divorce hearing or custody hearing), I must abide by the court order and may be compelled by court order to testify under oath.

Suicidal Policy

If you are suicidal, I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentially if you pose a serious risk of self-harm to yourself.

Your signature indicates that you have read and understood confidentiality and limits to confidentiality.

SIGN HERE **Signature** _____ **Date** _____

Emergency Contact Information

In the event of an emergency, please provide a contact:

Name _____

Relationship _____ **Phone** _____

No secrets Policy

Please note that when couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), not all the individuals. In the spirit of trust and safety, I practice a no-secrets-policy when conducting martial/couples/family therapy, which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions will not be held in confidence or secret to share the secret in couples and/or family sessions. I will encourage the person holding the secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as I deem appropriate or necessary to support the treatment unit's overall treatment progress and goals.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, I may ask that a family member or significant other join us for a therapy session. It is important to note that this is done on occasion and at the therapist's discretion when it best serves the client. If a family member or significant other agrees to meet for a session, it will be for the client's benefit. Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will I work with them as a therapist as my therapeutic alliance is with the client, not the family member or significant other. If we decide that this would be beneficial, you will need to sign a written release of information for the type of conjoint session.

Sobriety Policy

I ask that all clients, couples, families, group members arrive to therapy sober and not under the influence of illegal drugs and alcohol. If I notice that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, or other substances) I will immediately end the therapy session, and assist you in finding a safe ride home (via friend, family member or taxi) as driving under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, I will reschedule the therapy session where we will process this occurrence. You will be charged your full fee for the session if you arrive intoxicated.

Therapy Sessions

The frequency of how often session are scheduled will be determined at the end of our first session. Typically, at the start of therapy, sessions are scheduled weekly and readjusted when ready. Standard sessions are 50-minutes in length and begin and end on time. Therapy will take place in office or via teletherapy or phone if you are away on business or ill. The fee is the same for in-office or teletherapy, as I must block out the same amount of time. It is understandable that occasionally you can be late, or the unexpected can occur where I will be flexible. If you do arrive late to your session, please note that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients I see. Longer sessions are available by request and upon availability of my schedule at a prorated fee. If I find that your session tends to run longer, we will discuss this in session to maintain healthy boundaries around starting and ending on time.

Therapeutic Approach & Style

My goal as a therapist is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, integrate and take responsibility for their changes. I facilitate a process where the client can move toward healing, self-acceptance, and to ultimately grow and thrive In a supportive environment. While I will meet you each step of the way in your therapy process with compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker. I will not work harder than my clients or accept responsibilities for your choices or consequences. I respect my client's decisions, and do not advise or direct my clients, as I believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

I formulate the therapeutic plan collaboratively with my clients based on each individual client's needs, their presenting problems, and the goals they wish to achieve. I believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals- I do not make guarantees for healing. I use a combination of cognitive behavioral, solution focused therapy, strength based therapy and psychoeducation, depending on the topic.

Techniques used in couple's therapy will also include:

Gottman Method Couples Therapy

This aims to increase respect, affection, and closeness; break through and resolve conflict, generate greater understandings, and keep conflict discussions calm. Gottman found that the negative behaviors that most predict divorce and criticism of partners' personality, contempt (from a position of superiority), defensiveness, and stonewalling, or emotional withdrawal from interaction. On the other hand, stable couples handle conflicts in gentle, positive ways, and are supportive of each other. As your therapist, I will help normalize how arguments will happen, and that learning how, as a team, the way you both respond to them is key.

Solution Focused Therapy

The focus is placed on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted. Instead, a qualified therapist encourages those in treatment to develop a vision of the future and offers support as they determine the skills, resources, and abilities needed to achieve that vision successfully.

Strength Based Therapy

The counselor and client work together to find past and present successes and use these to address the challenges being faced.

Non-Discrimination Policy

I respect each person's right to choose his or her own believe system. I can work well with clients from all believes. If a client would like to work from a faith-based approach am happy to discuss this with you and together we can assess what would be best for you and your goals with therapy. If it is determined that a referral would be more helpful, I will help to suggest at least two professionals in the community. Additionally, I respect each person's right to their choices in terms of sexual orientation, and provide a safe place for individuals from all identities, as well as those in the process of determining how they want to identify themselves with.

I believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, I am open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender that you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding my therapeutic approach and style, I welcome you to discuss them with me.

Court Reports or Letters

I do not writer legal letters or court reports on behalf of clients involved in divorce, custody or other legal matters or lawsuits. I do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc) or agency regarding your treatment. If a special circumstance arrives where a letter is required by court order, it will require your written consent and will be billed to you at $25.00 per page and in addition to that fee, I reserve the right to decline to write letters on your behalf (unless court mandated) if I do not feel this would be in your best interest, if it places me in a duel relationship, or will compromise out therapeutic relationship. I will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places me in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested. I will not be your advocate in a court hearing or speak on your behalf as this is not the nature of the therapist/client relationship.

Court Fees

If you become involved in legal proceedings that require my mandated participation, you will be expected to pay for all my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the time involve and the time taken my from my clinical work, I charge $250 per hour for preparation and attendance at any proceeding on your behalf.

Health Care/Managed Care Insurance Policy

For the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company. This information once released becomes part of the client's medical records and may impact confidentiality. Because of this factor in confidentiality, I do not work with Managed Care Health Insurance programs. I will be glad to provide a 'superbill' receipt that you may submit to your insurance company if you wish for a possible out of network reimbursement, however, I will not fill out forms or work directly with or on your behave with your health care insurance company.

Additionally, it is important that you also understand that there is not guarantee that your insurance carrier will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together. If you choose to work with me, my policy fee for service as described in the following section. Your signature indicates that you understand and agree to respect my policy around managed care health insurance, and will honor this agreement.

SIGN HERE **Signature** _____ **Date** _____

Fee Increases

Fees are reviewed each year, and ay increase periodically. Every consideration to client's current finances will be made, the increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding my fee policy, please do not sign until discussing with me. Your signature indicates that you understand and agree to these conditions.

SIGN HERE **Signature** _____ **Date** _____

Appointments/Cancellations

My contact number is through my business phone at (585)-402-1755. If you are trying to reach me on the same day of your session, I ask that you contact me via phone, and not by email. I make every effort to return calls and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If I am unable to attend out therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. If you are sick or experiencing any symptoms or illness, I ask that we conduct your session via Telehealth or over the phone. In return, I will extend the same considerations to you, if needed.

Child Intake Form

Pam Spallacci, LMFT, MSEd • Marriage and Family Therapist • License #001660

25 Canterbury Road, Suite 311 • Rochester, New York 14607

General Information

Please answer each question and complete this form before your first session. The information you provide is protected as confidential information.

Child's name _____ Today's date _____

Child's age _____ Date of birth _____

Address _____

Parent's name _____ Parent's name _____

Home phone _____ May I leave a message? ☐ Yes ☐ No

Cell phone _____ May I leave a message? ☐ Yes ☐ No

Work phone _____ May I leave a message? ☐ Yes ☐ No

Email _____ May I email you? ☐ Yes ☐ No

Email is for appointment scheduling only. It is not considered a confidential way to communicate.

What are the main reasons you're seeking help for your child? Include how long your child has had these symptoms or problems.

_____

_____

_____

_____

What are your hopes for your child's therapy?

_____

_____

_____

Health and Mental Health

Does your child currently have any medical problems?

Has your child ever been treated for any of the following? Circle any that apply and describe below.

Head injury or loss of consciousness, frequent ear infections, ear tubes, hearing or vision problems, headaches, meningitis, seizures, asthma, elevated lead levels, slow or fast growth, allergies, cancer, surgeries, or any other conditions.

Has your child previously seen a therapist or psychiatrist? If so, when, whom did they see, and why? About how many meetings did they have? Was the experience helpful? How so?

Has your child ever been hospitalized for a medical or mental illness? If so, list when, where, and why.

Child's primary care physician _____

Child's psychiatrist (if applicable) _____

Last complete physical exam (month and year) _____

How many times a week does your child exercise? _____

Type of exercise _____ Minutes _____

What types of food does your child often eat?

Your Child's Family

Parent information	Biological mother	Biological father
Current age or, if deceased, date, age, and cause of death		
Country of origin		
Occupation		
Religious or spiritual affiliation (if any)		
Highest grade completed		
History of learning, speech, medical, or emotional problems, or alcohol or substance abuse. Check any that apply.	☐ Learning problems ☐ Speech problems ☐ Medical problems ☐ Emotional problems ☐ Alcohol or substance abuse	☐ Learning problems ☐ Speech problems ☐ Medical problems ☐ Emotional problems ☐ Alcohol or substance abuse
Describe each parent's relationship with the child. Include examples of what you do together and how you feel.		

Parents are (choose one) ☐ Married ☐ Separated ☐ Divorced ☐ Living together

If separated or divorced, how old was your child at the time? _____

Child lives with (choose one) ☐ Both parents ☐ Mother ☐ Father ☐ Other

Who has legal custody? _____

Describe the current visitation schedule, if any, and how you communicate with your child's other parent.

_____

_____

_____

Siblings and Family History

Siblings

List your child's brothers and sisters in birth order, including adopted siblings and stepsiblings.

First name	Biological, adopted, or step	Age	School grade	Male or female	Lives with you?	Medical, social, or academic problems

Family Mental Health History

For each item, mark Yes or No. If Yes, list the relationship of each affected family member, including extended family.

History	Yes or no	Family member relationship
Anxiety (general)	☐ Yes ☐ No	
Obsessive-compulsive behavior	☐ Yes ☐ No	
Depression	☐ Yes ☐ No	
Suicide attempts	☐ Yes ☐ No	
Bipolar disorder (manic depression)	☐ Yes ☐ No	
Alcoholism	☐ Yes ☐ No	
Substance abuse	☐ Yes ☐ No	
Domestic violence	☐ Yes ☐ No	
Eating disorders	☐ Yes ☐ No	
Obesity	☐ Yes ☐ No	
Schizophrenia	☐ Yes ☐ No	
Counseling or psychotherapy	☐ Yes ☐ No	
Psychiatric hospitalizations	☐ Yes ☐ No	

Developmental History

Pregnancy and Birth

Were there any complications during pregnancy, such as high blood pressure, diabetes, or hospitalization? If so, describe.

_____

_____

Medications used during pregnancy _____

Smoking? ☐ Yes ☐ No How much? _____

Alcohol intake? ☐ Yes ☐ No How much? _____

Drug intake? ☐ Yes ☐ No How much? _____

Pregnancy length (weeks) _____ Mother's age at birth _____ Birth weight _____

Were there any complications during delivery? If so, describe.

_____

_____

Hospital stay for mother (days) _____ Hospital stay for child (days) _____

Developmental Milestones and Early Development

At what age did your child do the following? Give the approximate age in months or years.

Turned over _____ Crawled _____ Stood alone _____

Walked alone _____ First words _____ First phrases _____

Toilet trained? ☐ Yes ☐ No

If yes, daytime age _____ Nighttime age _____

Wetting or soiling after toilet training? ☐ Yes ☐ No If yes, until what age? _____

Enjoyed cuddling? ☐ Yes ☐ No

Fussy or irritable? ☐ Yes ☐ No

More active than other babies? ☐ Yes ☐ No

School and Academics

Current grade _____

Has your child ever repeated a grade? ☐ Yes ☐ No If so, which grade? _____

School name _____

School type (choose one) ☐ Public ☐ Private

School street address _____

School district or county _____ School phone _____

What preschool experience did your child have?

_____

_____

_____

Were any problems detected during kindergarten screening? ☐ Yes ☐ No

If yes, please explain.

_____

_____

Is your child in a regular classroom? ☐ Yes ☐ No

Does your child have an IEP? ☐ Yes ☐ No

Has your child ever received tutoring? ☐ Yes ☐ No

If yes, please explain.

_____

_____

Typical grades _____

What are your child's strongest and weakest points academically?

_____

_____

Are you satisfied with your child's educational program? ☐ Yes ☐ No

Please explain.

_____

_____

Home and Social Life

Home and Family Life

What are five things you enjoy most about your child?

What activities do you engage in as a family?

Does your child participate in a religious or faith-based group?

Does your child listen and follow instructions 75% of the time? ☐ Yes ☐ No

What discipline techniques do you use?

What are your strengths personally and as a parent?

In what areas would you like to grow?

What are your child's strengths?

In what areas could your child grow?

Social and Community Engagement

What are your child's favorite activities or hobbies?

What extracurricular or community activities does your child participate in?

How does your child get along with other children?

Who are some of your child's closest friends? List first names.

Symptoms and Concerns

How much is each of the following a problem for your child right now? Circle one number per row.

Area of concern	1 Not at all	2 A little	3 Somewhat	4 Considerably	5 Terribly
Anxiety	1	2	3	4	5
Physical problems	1	2	3	4	5
Sleep problems	1	2	3	4	5
Depression	1	2	3	4	5
Alcohol or substance abuse	1	2	3	4	5
Parent-child conflicts	1	2	3	4	5
Sibling conflicts	1	2	3	4	5
Social relationships	1	2	3	4	5
School problems	1	2	3	4	5
Sexual problems	1	2	3	4	5
Spiritual or religious concerns	1	2	3	4	5
Legal problems	1	2	3	4	5
Eating disorder	1	2	3	4	5
Abuse (physical, emotional, sexual)	1	2	3	4	5

Recent Stressors

Has your child experienced any stressors recently or in the past year that may be contributing to their difficulties?

☐ Yes ☐ No

Examples include illness, death, surgery, accidents, separation or divorce, a parent changing jobs, a school change, a move, family financial problems, remarriage, sexual trauma, or other losses.

If yes, please describe.

Please share anything else you would like me to know or that would help me better understand your child.