From Here To There
LICENSED MARRIAGE AND FAMILY THERAPIST

Pam Spallacci, LMFT, MSEd
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.

Individual Therapy Intake Form

To be completed by individuals ages 14 and older.

Pamela Spallacci, LMFT, MSEd • 25 Canterbury Road, Suite 311 • Rochester, NY 14607
www.pamelaspallaccilmft.com • Phone 585-402-1755 • Fax 585-242-0552

Client Information

First name _____ Last name _____

Age _____ Birth day _____ Month _____ Year _____

Ethnicity _____ Religion _____ Marital status _____

Sex or gender _____ Number of children _____ Ages of children _____

Home address _____

Who do you live with? _____

Cell phone _____ Home phone _____

Work phone _____ Email _____

Emergency contact name _____ Phone _____

Employment Status

☐ On sick leave since _____ Return-to-work date _____

☐ Previously full-time ☐ Previously part-time Employer _____ Position _____

☐ Full-time employer _____ Position _____

☐ Part-time employer _____ Position _____

☐ Not working because _____

Health and Daily Habits

How is your physical health at present?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

List any persistent physical symptoms or health concerns, such as chronic pain, headaches, hypertension, or diabetes.

_____

_____

Are you experiencing any problems with your sleep habits? ☐ Yes ☐ No

If yes, check all that apply.

☐ Sleeping too little ☐ Sleeping too much ☐ Poor quality sleep ☐ Disturbing dreams

How often do you exercise during the week? _____

Are you having difficulty with appetite or eating habits? ☐ Yes ☐ No

If yes, check all that apply.

☐ Eating less ☐ Eating more ☐ Binge eating ☐ Restricting

Do you regularly use alcohol? ☐ Yes ☐ No

In a typical month, how often do you have 4 or more drinks in 24 hours? _____

How often do you use recreational drugs?

☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐ Never

Have you had suicidal thoughts recently? ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

Have you had suicidal thoughts in the past? ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

Are you currently in a romantic relationship? ☐ Yes ☐ No

If yes, how long have you been in this relationship? _____

How would you rate the quality of this relationship on a scale of 1 to 10? _____

Reasons for Your Visit

How Did You Find Me?

☐ Word of mouth ☐ I'm a former client ☐ Psychology Today ☐ Google ☐ Other

Google search terms _____

Other source _____

What are the reasons for your visit?

_____

_____

_____

_____

_____

How intense is your emotional distress? Circle one number.

Mild **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Severe

Please describe.

_____

_____

Overall, how much do these problems affect work or school, getting along with others, and daily tasks such as chores? Circle one number.

Mildly disruptive **1** **2** **3** **4** **5** Incapacitating

Please describe.

_____

_____

When did these problems start? What was going on in your life at that time?

_____

_____

_____

_____

_____

Psychiatric and Medical History

List any psychiatric or mental health conditions you have been diagnosed with.

List any medical or physical conditions you have been diagnosed with.

List any medications you currently take and what you take them for.

Family Doctor

Name _____ Phone _____

Month of last checkup _____ Year _____

Results

Psychiatrist

Name _____ Phone _____

Month of last visit _____ Year _____

Results

Mental Health Treatment History

Have you ever been hospitalized for psychological or psychiatric reasons?

☐ Yes ☐ No

If yes, please describe when and where you were hospitalized and why.

Tell me about any other mental health professionals you have consulted. Include approximate dates, the type of professional, the reason for the consultation, the nature of treatment, and the outcome.

Current Habits

Describe your current habits in each of the following areas.

Smoking

Gambling

Drinking

Drug use

Caffeine intake

Exercise

Eating

Sleeping

Fun and relaxation

Relationships and Stressful Events

Describe your relationships with each of the following people, if applicable.

Biological mother _____

Biological father _____

Stepparents _____

Legal guardians _____

Siblings _____

Extended family _____

Your children _____

Friends _____

Romantic partner(s) _____

Colleagues or classmates _____

Total number of close, supportive relationships _____

Stressful Life Events

Identify any current significant or stressful events you have been experiencing.

Area	No	Yes	If yes, please describe
Economic problems	☐	☐	
Difficulty accessing health care	☐	☐	
Legal issues or crime	☐	☐	
Cultural issues	☐	☐	
Family conflict or lack of support	☐	☐	
Social problems	☐	☐	
Educational or occupational difficulties	☐	☐	
Housing problems	☐	☐	
Grief or bereavement	☐	☐	
Other	☐	☐	

Strengths and Therapy Goals

What are your positive qualities and skills? What do you like about yourself? What qualities have helped you overcome difficulties in the past?

Tell me about your plans for the future, such as career or personal plans.

How motivated do you feel to work on things in therapy?

What are your goals for therapy? What would you like to achieve?

What concerns do you have about attending therapy or working on these problems?

Is there anything else you would like to mention?

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Consent to Receive Services

Psychological Services • Clinic Copy

This consent form explains the nature of the psychological services that you are about to receive. As consent is an ongoing process, any changes that may influence your consent will be discussed with you.

Nature of treatment

(i) Evaluation and treatment planning: Approximately 1-3 sessions, (ii) Intervention: Depends on many factors, such as the nature of your difficulties and readiness for change, (iii) Termination: Approximately 1-2 sessions, involves developing a “toolbox” of strategies that may be used to help you maintain your treatment gains and reduce the likelihood of relapse and/or reoccurrence. Treatment effectiveness varies from person to person. Discussing, working with, and changing thoughts, feelings, and behaviours may be painful and challenging at times.

Approach

Your therapist will complete an intake assessment to understand how your current difficulties may have developed and are maintained within the various contexts of your life. The results of this assessment will be shared with you, and a treatment plan will be developed including some potential goals for therapy, and the strategies that may be used to help you reach your goals. Throughout the therapy you are invited to share any concerns or questions that you may have about the therapy process. This helps the therapist to personalize the treatment strategies to better match your unique needs. Services are by appointment only; in an emergency please call 911 or go to the emergency room.

Fees and payment

Sessions are approximately 50-60 minutes in length. Every attempt is made to see clients on time. To work towards this goal, payment is due at the start of each session, and sessions are to end no later than 10-minutes to the hour. Payments can be made by cash, debit, or credit card. TWENTY-FOUR (24) hours’ notice is required to CANCEL OR RESECHEDULE an appointment to avoid being billed for the full fee of the missed session. THE ONLY EXCEPTIONS ARE UNEXPECTED ILLNESS OR EMERGENCIES.

Consent to Receive Services

Psychological Services • Clinic Copy, continued

Confidentiality

Psychological records may include items such as personal information, progress notes, and evaluations, and will be shredded 7 years after your file has been closed. No information about you can be released to a third party without your prior written consent, or verbal consent in the case of an emergency. Exceptions include: (1) when children are under 14 years of age, and their parents/legal guardians want access to the file, (2) risk of imminent danger, such as suicide, death, risk of a child running away, or serious bodily harm to an identifiable person or group, (2) suspected or known abuse or neglect of a child or older adult, (3) unsafe operation of a motor vehicle, (4) requests ordered by a court of law or the Order of Psychologists of Quebec, or (5) access is required by other personnel (e.g., administrative staff) to carry out their professional duties. Therapists must, as soon as the interest of their client so requires, receive supervision, consult another therapist, a member of another professional order, or another competent person. Disclosure of identifying information will be minimized, and names will not be released without consent.

Mutual rights and responsibilities

The relationship must remain limited to a respectful therapeutic framework. You may refuse any therapeutic suggestions offered to you, or to suspend or cease treatment at any time without penalty. If you decide to stop treatment for any reason, please notify your therapist so that your file can be closed and/or you can be referred to another resource. If you stop treatment without an explanation, your file will automatically be closed after 30 days.

Consent to treatment

I have read and understood the above information, and any questions that I had have been answered. I agree with the above consent form, and freely consent to receive psychological services.

Client name _____ SIGN HERE **Signature** _____ **Date** _____

For clients ages 13 and younger

Parent or guardian name _____ SIGN HERE **Signature** _____ **Date** _____

Parent or guardian name _____ SIGN HERE **Signature** _____ **Date** _____