

Rae A. Littlewood, Ph.D.
Licensed Clinical Psychologist
NM License #1167

INTAKE FORM FOR COUPLE/FAMILY THERAPY

Today's Date: _____

Partner A: _____ DOB: ____/____/____ Age: _____

Phone #: _____ Email: _____

Partner B: _____ DOB: ____/____/____ Age: _____

Phone #: _____ Email: _____

Address (where you would like any correspondence sent):

City: _____ State: _____ Zip Code: _____

DESCRIPTION, POLICIES, AND CONSENT FOR COUPLE/FAMILY THERAPY

This document contains important information about my services and business policies. Please read it carefully and ask me any questions that arise. Your signature indicates that you understand and accept the terms of treatment.

Most couples and families experience disconnection at some point in the relationship. With expert relationship counseling, I can help you to reduce distress and create safety and connection between you and your loved one again. My approach to working with couples and families is Emotion Focused Therapy (EFT). I will provide you with information regarding the attachment framework of EFT, the process of EFT, and the goals of EFT during the initial phase of treatment. You can also find EFT resources at <https://iceeft.com/what-is-eft/>.

The initial phase of treatment is assessment and treatment planning. Typically, I will meet with the couple or family for an initial 90-minute session. The next 1-2 sessions will focus on gathering individual history of each member of the couple or family. After relevant assessment is completed, we will discuss my observations and goals of treatment. My approach to couple and family work may be different than what you have experienced in the past. EFT is not a "communication skills" or "problem-solving" approach to relationship work. It is about understanding the ways in which we create and or fail to create emotional experiences that bring us into connection with our partner or family members. Throughout the initial phase of treatment, I am building an understanding of the negative cycle that creates disconnection and

conflict, which I will share with you. As treatment progresses, each partner will learn about their and their partner's style of giving and receiving care. EFT is experiential and directive, so each partner should expect to receive in-session guidance and feedback, as we work to change the negative cycle.

PROFESSIONAL FEE INFORMATION

I do not accept insurance for couples work. The fee for the initial 90-minute couples intake session is \$275. Each additional 75-minute session is \$250. Payment is due at the time services are rendered. Checks should be made payable to Rae A. Littlewood, PhD. I also accept payments through Venmo for Business: @RaeLittlewoodPhD

If you need to cancel an appointment, please provide at least 24 hours of notice. The fee for a no-show session is \$100.

INFORMED CONSENT

Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. There are certain situations in which Dr. Littlewood is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include: a) If you threaten bodily harm or death to another person, Dr. Littlewood is required by law to inform the intended victim and appropriate law enforcement agencies. b) If you threaten bodily harm or death to yourself, Dr. Littlewood will inform the appropriate law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats. c) If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, Dr. Littlewood is required by law to report this to the appropriate authorities.

“NO SECRETS” POLICY. Information shared by one individual may be relevant or even essential to the proper treatment of the couple or the family. Therefore, I will not hold secrets for any members involved in couples or family therapy. This policy is intended to allow me to continue to treat the relationship and prevent, to the extent possible, a conflict of interest between one individual's interests and the interests of the couple or family.

EFT is counter-indicated for couples experiencing high levels of aggressive conflict or violence. If part of your ongoing pattern of conflict involves high levels of aggression or violence, you will be referred out.

The purpose of treatment is to provide the couple with assistance in addressing problems within the relationship and/or family. My ethical standards require that I do not engage in multiple relationships with clients. This means that, as your therapist, I will not evaluate or provide opinion on forensic matters pertaining to your relationship, your family, or your fitness for custody.

Continued participation by each partner is voluntary. Either partner may suspend or terminate the therapy at her or his individual request.

Your signature below verifies that you have read, understand, and agree with the information provided. This also verifies that you have read and understand the Notice of Privacy Practices.

PARTNER A: _____ DATE: _____

PARTNER B: _____ DATE: _____

CONSENT FOR EFT CONSULTATION

In order to provide the best possible treatment for your relationship, Dr. Littlewood participates in training and consultation for EFT-therapist certification. At some point in treatment, you may be asked for permission to videotape one or more therapy sessions for the purposes of consultation and/or training.

If you give consent, during consultation and/or training, Dr. Littlewood will present your case to the group via videotape. Typically, a ten-minute segment of your session will be shared with the group, along with a summarization of the presenting problem(s) and relationship history. No identifying information is presented to the consultation and/or training group members. After the case has been presented, the group will collaborate with Dr. Littlewood on how to best work with the presenting relationship dynamics. Dr. Littlewood will share the feedback and recommendations with you at your next session. You will have the opportunity to revoke consent at any time after the session has been recorded.

By initialing below, I give my consent to allow a designated segment of my confidential therapy session(s) with Dr. Littlewood to be observed by an EFT consultation and/or training group with minimal background relationship and clinical history revealed.

Partner A: _____

Partner B: _____

COUPLES INTAKE INFORMATION & ATTACHMENT HISTORY
(each partner completes their own)

Children's Names & Ages: _____

Who lives in your home with you? _____

Briefly describe what you would like to get from participating in couple/family therapy:

If you have attended individual or couples therapy with a mental health professional, please describe your experience below:

When & with whom? _____

How was it helpful or not helpful to you? _____

Please describe any ongoing medical problems or treatment you are experiencing: _____

Please list medications and doses you are currently taking: _____

Please list all non-prescribed substances you use, the amount you currently use & the frequency:

Alcohol: _____

Recreational Drugs: _____

Tobacco: _____

Have you ever had problems with alcohol or drugs or been in treatment for substance abuse or dependence? NO YES

If YES, please describe:

Please take some time to consider the following questions prior to your initial session. A brief written response is very helpful and much appreciated in facilitating a thorough assessment. The first set of questions refers to your developmental history and the second set to your history in romantic relationships as an adult.

1. Who did you go to for comfort when you were young?
2. Could you always count on this person/these people for comfort?
3. When were you most likely to be comforted by this person/these people?
4. How did you let this person/these people know that you needed connection and comfort?
5. Did this person/these people ever betray you or were they unavailable at critical times?
6. What did you learn about comfort and connection from this person/these people?
7. If no one was safe, how did you comfort yourself? How did you learn that people were unsafe?
8. Did you ever turn to alcohol, drugs, sex or materials things for comfort?

1. Have there been times when you have been able to be vulnerable and find comfort with your partner? Please provide a brief description of giving and/or receiving comfort in your relationship.

2. Have there been any particular traumatic incidences in your current relationship?

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