

The Wholeness Institute
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TREATMENT PLAN & INFORMED CONSENT

Client: _____

Please check your treatment goals below. Check all that apply and **use the first column to mark your answers..**

2018- 2019	20__	20__	
___	___	___	Decrease/eliminate depression - Are you suicidal? ___ Yes ___ No
___	___	___	Decrease/eliminate anxiety or panic attacks
___	___	___	Reduce/eliminate feelings of hopelessness
___	___	___	Improve body image
___	___	___	Learn decision-making and problem-solving skills
___	___	___	Learn to negotiate and compromise
___	___	___	Learn to express anger appropriately Have you been violent toward others? ___ Yes ___ No
___	___	___	Learn assertiveness or other communication skills
___	___	___	Reduce aggression
___	___	___	Reduce passivity
___	___	___	Improve communication skills
___	___	___	Reduce/eliminate self-injury
___	___	___	Decrease/eliminate mood swings
___	___	___	Increase ability to handle frustration or irritability
___	___	___	Reduce anger and irritability
___	___	___	Reduce fears of being alone or being abandoned
___	___	___	Decide about divorce/separation
___	___	___	Deal with impact of divorce/separation/relationship termination
___	___	___	Heal from abusive childhood
___	___	___	Recover from abusive relationship
___	___	___	Heal from a loss/grief issue
___	___	___	Learn to identify, tolerate, and express feelings
___	___	___	Reduce/eliminate guilt or shame
___	___	___	Reduce/eliminate obsessive thoughts and/or compulsive behavior
___	___	___	Learn to make friends and/or develop a support network
___	___	___	Reduce/eliminate feeling disconnected or socially isolated
___	___	___	Learn to slow down racing thoughts
___	___	___	Decrease/eliminate dependency or co-dependency
___	___	___	Reduce sensitivity to criticism
___	___	___	Learn to set boundaries
___	___	___	Learn to set and accomplish goals
___	___	___	Explore spirituality
___	___	___	Increase focus, attention, and concentration
___	___	___	Cope with pain or physical disability or illness
___	___	___	Combat addictive behaviors in self
___	___	___	Address addictive behaviors in a loved one

- Explore sexual expression
- Explore sexual orientation
- Recover from sexual abuse
- Head Injury - assess and develop skills to deal with changes
- Other: _____
- Other: _____

I understand the following issues related to Informed Consent:

Purpose of Treatment: To relieve emotional distress and to help people with mental illness change their attitudes and/or behavior.

Methods and Goals: This is an ongoing process between you and me. Together we decide what you want to accomplish and how best, given your personality, preferences, and issues, to treat and relieve the symptoms you are experiencing. Generally this refers to supportive, behavioral, and cognitive methods of therapy. Also, a process can be chosen in which one changes their present situation through dealing with the past and in many, if not most cases, this is an intricate part of the treatment provided here. This is called psychodynamic treatment. Finally, we may consider how your "system" of family and friends supports change or inertia in your life and this can involve family systems therapy. Type, length, and treatment itself is molded as we go and your process develops.

Benefits of Treatment: To reduce suffering related to anxiety, panic, obsession, phobias, depression, post-traumatic stress disorder, personality disorders, bipolar, or other adjustment to life issues.

Limitations in Treatment: Therapy is a process and not every match between therapist and client is a good one. If you find you are not making the progress you would like to make then please discuss this with your therapist. Also, treatment often improves situations but does not offer a panacea for life. You must participate fully or progress can be stalled or fail to move forward at all. And, in some cases, even with the best of treatment improvement is minimal.

Potential Risks of Treatment: Treatment can be upsetting to you and those around you as you confront issues, begin to change, and grow. As in any form of "treatment" there are risks of a treatment working for one person and not another. Also, as therapy is often a process you can uncover issues that you did not expect to and thus the pain and feelings related to those issues can be quite difficult to process. This is part of the therapeutic process but you may feel "worse" before you feel "better". Finally, friends and family are not always supportive of growth and changes a person makes and this can result in decisions you make to change relationships in your life. While it is a sign of growth again therapy can cause pain and change.

I understand that I am an active participant in my therapy and can freely disagree with my counselor at any time and can choose whether or not to act on suggestions made by my counselor. I can further request a copy of this form at any time and agree that I have reviewed the following forms and that I may request a copy the following forms:

- Policies & Procedures
- Limits of Confidentiality
- Group Boundaries

Client or Parent/Guardian of Minor

Date

Client or Parent/Guardian of Minor

Date

Client or Parent/Guardian of Minor

Date