

The Wholeness Institute
Dr. Beth Sikora, Ph.D.
6501 E. Greenway Parkway, #103-529, Scottsdale AZ 85254
602-508-9190

TREATMENT PLAN & INFORMED CONSENT

Client: _____

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

2020- 2021	20__	20__
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|-----|-----|-----|--|
| ___ | ___ | ___ | 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