



Darlene Denis-Friske BA[Psych], CYW, CYC(Cert.)
Child & Youth Work / Parent Consultation
Certified Child and Youth Counsellor [OACYC]
Faculty [Neufeld Institute]
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Service Agreement and Informed Consent Information
[Version updated July 2011]

Client / Child's Name _____ **Date of Birth** _____

Home address / phone number _____

Parent / Guardian / Information [Address / phone number]:

Mother _____ **Father** _____

Legal Custody / Guardianship Details [if applicable] _____

Legal Custody Arrangement Details [if applicable] _____

NOTE:

- A child eleven years of age or younger requires the signed consent of parent[s] to access services. Even if a child is 12 years old or older, I highly recommend that the child's parents are involved in the counselling process, even if they are not required to consent to the process.
- In the case of a custody arrangement, information & consent from both parents is required.

My qualifications:

I am a Child and Youth Worker certified with the Ontario Association of Child and Youth Counsellors [www.oacyc.org]. I have an honours degree in psychology, focused in the area of personality development [Carleton University, graduated in 1994], and I have completed three years of study and supervision in child and youth work [Cambrian College, graduated in 1990]. Presently, I am pursuing my masters in counselling, with a focus in mental health counselling. I'm also involved in ongoing masters level advanced studies through the Neufeld Institute [since 2005]. I have providing child and youth work services to children, teens, parents and educators since 1988, working in many diverse settings including schools and psychiatric hospital. I have been in private practice since 2004. I am on faculty with the Neufeld Institute.

My services:

I provide services in *Child and Youth Work* and *Parent Consultation*.

Child and Youth Work is defined as “The assessment of maladaptive behaviour patterns and social-emotional functioning in children, adolescents, and young adults and the prevention and treatment of conditions in the individual, family, and community, in order to develop, maintain, and promote emotional, social, behavioural, and interpersonal well-being within the context of daily living” [The Ontario Association of Child and Youth Counsellors]. For a statement of the ethics of child and youth work, please go to www.oacyc.org, or request a copy from me.

Parent Consultation work involves working directly in consultation with parent[s] to support them in developing their insight and intuitive understanding of their child’s behavior. The focus of *Parent Consultation* is to help guide parents in understanding and supporting the emotional and attachment needs of their child. I have completed two years of internship with Canadian child development expert, Dr. Gordon Neufeld, in the area of parent consultation work, and continue to study with the Neufeld Institute at the masters level.

Information about Confidentiality

For parents /adults [Parent Consultation]:

Everything that we talk about in our work will be held confidential and privileged. No one will know the contents of our sessions unless you choose to tell them or unless you sign a consent for me to disclose or release information. There are **exceptions**, and I may need to break confidentiality if there is reason to believe, in my professional opinion and/or in consultation with colleagues and/or Clinical Consultant, that a potential risk of harm to self exists, or harm to someone else [including homicide, child / dependent / elder abuse], or if disclosure is court-ordered. In these instances, I am required by law [*Ontario’s Child and Family Services Act, Section 72*] to contact the appropriate authority [police, Children’s Aid Society, or other affected persons]. I will act discretely should any of these situations arise, and the intent of my actions will always be to serve in your best interest.

For co-parents / separated / divorced parents, or those involved in issues of custody or access via the court system, both now and/or in future:

I will not enter into any agreements in working with children or teenagers that might involve me in the court process in any way with regard to issues of child custody, child access, or in issues of legal dispute around questions of care and/or relationship with a biological, foster, adoptive parent or guardian. I do not do parenting capacity / responsibility assessment work, I do not do investigative work, I do not do protection-oriented assessment work, nor am I qualified or comfortable to assess / advise in issues of custody, access or supervised access. I do not enter into agreements that would have me align with any certain parent. I expect parents to disclose such agendas before moving forward with my seeing their child or teenager, and I will be happy to provide referrals to professionals with expertise in the areas of conflict resolution and mediation. Finally, I do **not** agree or give consent in any way to having my voice or my discussion of important themes in supporting a child recorded by a parent either for personal review or otherwise.

Your signature of this agreement form indicates that you understand these condition of service and that you are in agreement, now and in future.

For parents of children and teenagers [Child and Youth Work]:

When working with children and teenagers, the issue of confidentiality is often complicated and needs to be discussed, understood and agreed-upon. In order for children and teenagers to feel safe and able to relate to a child and youth worker, thereby able to identify and discuss areas of worry, issues, fears, anxieties, etc., they must feel a sense of privacy about the information they decide to share. They must feel a sense of being in some control over what is or isn’t discussed with others. **My first responsibility is to honour the child or adolescent’s confidentiality.** Parents, and minor children, should be made aware that the law allows parents to examine their child’s records / file unless I believe that doing so

would endanger the child, or if we agree otherwise. I therefore request an agreement from parent[s] that they consent to give-up their access to their child's record, and their legal privilege to have information released / disclosed, unless we agree that doing so is in the best interests of the child, recognizing that confidentiality and a trust-relationship are so crucial to successful outcome in child and youth work.

I understand and acknowledge that there may be types of information that would be important for the parent[s] or guardian to be aware of in helping them to support their child or teenager, and I will share relevant themes and issues where it seems in the best interest of the child to do so. I will ensure the child is made aware that regular communication with the parent will occur, and we will discuss it further if this presents issue for the child or adolescent.

In terms of confidentiality with children and teenagers, there are necessary **exceptions**, those being that I will need to break confidentiality when there is reasonable suspicion or disclosure of child abuse or neglect [*Ontario's Child and Family Services Act, Section 72*], in cases where there is reason to believe that a minor child will harm themselves or others, or engage in dangerous and / or high risk behaviors, and when disclosure is court-ordered. Should the need arise to report, I will try my best to discuss it with the child / teenager / parents, as is appropriate, as I feel that honesty is crucial to our work together.

For children and teenagers:

My first responsibility is to honour our confidential relationship because trust is very important. I will keep the details of what we talk about private, telling no one. Therefore, specific information will not be shared with your parents or others, unless you give me specific permission that I can. There are **exceptions** to this, and I am required by law to break confidentiality by reporting to the proper agency if I suspect abuse, if I suspect that you will hurt yourself, if I suspect that you will hurt someone else, or if the courts order me to disclose information. Although I will not discuss specifics with your parent[s], I will share important generalities with your parent[s] to offer helpful guidance to them, and to help them develop important ways to support you.

Your parent[s] / guardians have agreed to honour this confidential relationship.

If we encounter each other outside of the office or in the community...

It may happen that we run into each other outside of the office context and within the community, perhaps at a local grocery store or a function of some sort. It might be important to consider this so that you / your family can feel more comfortable in what will happen. I will not approach a child, adolescent or parent[s] to greet them, or to recognize them or address them in any way. I will maintain the full confidentiality of a person's involvement with me by proceeding as if they are not known to me, unless they choose otherwise by acknowledging me. This isn't to be unfriendly on my part, but to ensure that you do not have to feel anxious about someone concluding that I know you because you see me in-office. This will be so, unless we agree otherwise during our discussion.

Statement of Intention, Process and Termination

It is my intention to work directly with either the child / youth / parent[s] depending on type of service and context, in order to develop a supportive and confidential relationship of trust and ultimately, to offer a place and space to work-through difficult emotions, frustrations, issues and fears. Sometimes this can result in things feeling 'worse' as we begin to explore difficult issues and themes, but ultimately the intention is to help facilitate identification and expression of issues, which can help to bring about relief, alleviate tensions and anxieties, and move towards resolution and progress forward.

Always, in my work with children and youth, my focus is on supporting the child / youth while also moving towards assisting the parent[s] to develop confidence in their own insight and abilities to read their child / youth's upset and behaviors and support their child / youth in terms of emotional maturation, as is appropriate to the situation and context.

While counselling has been shown to have many benefits, such as development of healthy coping skills, ability to verbalize issues and feelings involved, ability to work-through places of frustration and tension, etc., it must be noted that there are no guarantees that issues or difficulties will be remedied or relieved by pursuing services with me, either via *Child and Youth Work* or *Parent Consultation* services.

I request that parent[s] / child / adolescent let me know when it is felt that our work is coming to a close. I will also be cognizant and sensitive to timing in terms of goals being met, issues alleviated, and considerations of the best time to move forward by closure of the working relationship. This can be done at anytime by the parent / child / adolescent, and I ask that we all work together on ending the working relationship in a healthy and respectful way. If there are any issues with service, I would ask that they be brought to me directly and I will do my best to address and remedy the area of issue, even if it seems closure of service is the best remedy at the time. This would include ensuring to schedule a final closing appointment which is especially important for children and adolescents so that they aren't left in confusion regarding an 'abrupt' ending. Children and youth benefit from being able to say, and have, a healthy and encouraging 'goodbye' experience.

Consultation:

As part of an ethical responsibility to provide the best child and youth work services possible, I obtain the services of a *Clinical Consultant* for regular case consultation and therefore may discuss elements of a given case in a general way with all identifying features removed, should I feel the need to access perspective, gain clarity of focus, and collaborate around directions. My *Clinical Consultant* is Dr. Henry Venema, Clinical Psychologist, Cobden, Ontario.

I also meet with a small group of colleagues on a regular basis to discuss ethics / guidelines / generalities. This again allows me to work on areas where I may need assistance in clarity of focus, drawing on the wealth of experience from colleagues. All identifying information will be completely removed from my discussions.

In Cases of Crisis:

If you are experiencing a crisis, please leave me a message, and then proceed [as is necessary] to your nearest hospital emergency room for assistance, or call 911 for assistance, or call the following crisis lines as is appropriate to where you live: The Renfrew County Mental Health Crisis Line at 1-866-996-0991, The Ottawa Mental Health Crisis Line at 613-722-6914, or the Kids Help Phone at 1-800-668-6868. Please also engage your family, friends, and other supportive people in your life to help you through what it is you are dealing with. I will return your call as soon as I access the message however **PLEASE NOTE** that I do not keep regular office hours and as such, it can be one or two days between my accessing telephone or email messages.

Also of **NOTE:** I am not a crisis mental health service provider.

Documentation of Service:

Administrative paperwork [such as this form], and notes regarding dates of appointment, focus, and planning must all be documented by the Child and Youth Worker. This documentation becomes a 'file' which is strictly confidential, and cannot be accessed by anyone else outside of consent unless there is a court-order.

Fee and Payment Information

Fee for service is **\$95.00** per session, to be paid in full at the time of each visit [cash or cheque]. Services may be covered under extended health insurance plans. I will provide a receipt after each session which can then be submitted by the client / parent should they wish to pursue their own reimbursement.

Contact Details:

Please let me know your preferred method of contact, either through telephone or email communication.

Preferred telephone number: _____ Can I leave a message? _____

Email contact, if preferred _____

NOTE: Email communication can be a convenient means of setting appointment times, however email may not be a secure way of sending and receiving information. I will make every attempt to keep emails confidential, however if you prefer this form of contact, your signature on this agreement indicates that you will not hold me, Darlene Denis-Friske, liable for any breach of confidentiality that results from the use of email communications.

I have read, understand and agree to the above. I have discussed the above items, and have been invited to address any questions or areas of concern, with Darlene Denis-Friske. I have had opportunity and invitation to consider this consent for as long as I feel is necessary, and understand that I am free to consult with others before signing this consent and moving forward with services, including other professionals [lawyer, family doctor, other counsellors, Social Workers, Psychologists, etc.]

I understand that service may be revoked at any time by parent / guardian / client. I understand that should Darlene Denis-Friske, through careful consideration and/or case consultation with her Clinical Consultant, decide that closure of services and referral to another professional be deemed as appropriate in a given case and in the best interest of the child / youth / family, this will be addressed and facilitated by Darlene along with the parent / guardian / client.

All parts of a client-counsellor relationship, including this agreement, fall under the applicable laws of Ontario. By signing this agreement, all consenting individuals understand that they are agreeing to be governed by the laws of the Province.

If at any time any part of this agreement is found to be in conflict with any applicable laws in Ontario, that part of the agreement will be deemed null and void, but all other parts of the agreement will remain in effect.

Parent/Guardian/Client Signature _____ **Date** _____

Parent/Guardian/Client Signature _____ **Date** _____

Child/Adolescent Signature [12 or over] _____ **Date** _____

Darlene Denis-Friske Signature _____ **Date** _____