



Pippa Solomon Relationship Therapy

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INFORMED CONSENT AND HELPFUL INFO

Informed consent is important! It means that you have fully understood the psychological services being offered, including its risks and limitations, and have voluntarily consented to taking part in the therapeutic service offered.

About EFT

EFT (Emotion Focused Couple Therapy) is an innovative and ground-breaking framework in couple therapy. The work involves learning how to move from stuck, conflictual patterns of interaction that disconnect people to more vulnerable, loving connections where both parties feel heard, understood, acknowledged and validated. When we can get underneath our defense mechanisms and be vulnerable with each other, then a softening occurs which naturally deepens intimacy and connection. EFT supports couples in being safe and secure with each other.

The therapy is designed to be brief therapy, usually between 10 and 30 sessions, but it can be longer. The length of therapy varies with each couple, depending on the couple's needs, the amount of trauma each partner has experienced in their lives (ability to trust), financial limitations and attachment injuries in the relationship. The outcome of therapy is supported by your personal investment and commitment in the process.

Limitations to the psychological services offered

At all times the confidentiality of sessions is primary. However, there are exceptions to confidentiality which must be understood. These include:

- Ⓢ If I am ordered by a court of law to break confidentiality,
- Ⓢ If either of you is a danger to each other, yourselves or to any other person I may be required to break confidentiality by informing another authority, such as the police or another protection agency. It will help very much if clients inform me upfront about any suicidal feelings or whether they feel in danger of any physical, sexual or emotional abuse by their partner so that I can work out the best way to help.
- Ⓢ As part of my professional responsibility, I take part in ongoing supervision and skills development. If I ever discuss a couple or family with my supervisor or colleagues, utmost care is taken not to reveal the identity of any client. Sharing this info is only for professional purposes and my supervisor or colleagues are also bound by confidentiality integrity.

Maintaining equality

My client is your relationship and so at all times I attempt not to side with any particular person. If you feel this is happening then please bring it to my attention. If I feel I am not able to maintain an equal alliance with both of you then I will also let you know this.

Open and transparent therapy - No secrets policy

In order to protect my alliance with each of you, I have a "No secrets" policy. Partners can sometimes keep information from each other, such as secrets, or they e-mail me separately for advice. This causes complications in the therapeutic alliance. If any partner brings information and has not included their partner, then I will encourage that the information be brought into the therapeutic space, providing it feels safe enough to do so. In the worst case scenario, if the secret is destructive or counter-productive to the therapy process I may have to refuse working with a couple until the partner can reveal the secret. Where possible, it is best to keep all

correspondence with me and concerns about partners for our therapy sessions so that they can be transparent and inclusive. If a couple continues with me after the first session, they will receive a couple questionnaire. It is important that the questionnaire answers can also be shown and shared with partners. If partners are unable to be open and transparent with each other, it may require some individual sessions to establish the barriers to this.

Best fit

Our therapeutic alliance is of key importance in the therapy process. There may be times where I find that I am not the best fit as a therapist for you both. This can occur if I am unable to hold the alliance equally or if I find myself getting caught up in the relationship dynamics and unable to hold the space as effectively as I would like to. In the event of this occurrence, I will discuss this with you and refer you to someone more suitable.

Intensifying

Looking more deeply and closely into processes that go on inside us and between us can sometimes result in stronger and more escalated feelings. Couples need to be aware that sometimes looking into things does escalate things before it de-escalates them and that once you see patterns it's difficult to unsee them.

Additional / individual therapy

It may be that additional therapy is required over and above the couple or family therapy. When this is evident then it will be openly discussed and I will provide appropriate referrals for you.

Cost

The cost per session is R700 per hour and R950 for an hour and a half. Fees are payable at the end of each session, either cash or EFT. If you are using EFT, please make sure payments are kept up to date and proof of payments are sent to me. Invoices are only given on request or if needed for medical aid claims. Clients pay me directly, and claim themselves from medical aid. If you'd like to claim from medical aid then please send me the name of your medical aid and your membership number. My bank details are: Pippa Solomon; Nedbank Go Banking; Branch Code: 198765; Cheque Acc. no: 1230 332561.

Appointment Scheduling and Cancellation:

If you are unable to attend your scheduled appointment, please provide at least 24 hours notice in advance, or you will be charged a full session fee. This will not apply in the case of an emergency. In the event of late cancellations please sms me rather than e-mail as I don't always check my e-mail.

Leave times are posted on my website in advance and I will also inform you of them with good notice.

Feedback

Feedback is welcome. Please support the process by providing me with any feedback, particularly feedback about something that is not working for you or that you would like to change. Letting me know when I am off track helps to strengthen our alliance and is supportive of your process.

Ending Therapy

You may of course discontinue therapy at any time. It is useful to end in a clear and resolved way, in a final session, or via e-mail or sms. This is good for both the client and the therapist so that no unresolved or unworked through feelings exist between us.

Resources

There is a fair amount of reading posted on my website, including relationship inspirations and recommended reading. I automatically subscribe all my clients to my monthly *Relationship Inspiration* posts. You can unsubscribe from them anytime by clicking on the unsubscribe button. The previous 10 posts can be found on my website under Resources (www.relating.co.za). If for any reason you do not receive them please assume there has been an error and not that you have been purposefully left off.

Communications, Availability & Emergencies

E-mails and messages are returned as promptly as possible. If I do not respond within 24 hours, please follow-up with me as it may mean that I did not receive your message.

If urgent appointments are needed, I will make a plan to accommodate you.

CONFIRMATION OF INFORMED CONSENT

By reading this document I fully understand the information provided.

I have some understanding about Emotionally Focused Couple Therapy.

I understand the limitations and risks to the psychological services offered.

I understand the limits on confidentiality; including the “no secrets policy” and that my therapist may need to break confidentiality if I am a danger to myself or another person.

I agree to make payment after each session and to giving 24 hours advance notice if I need to cancel the appointment, otherwise I will be charged in full.

I realize that the outcome of therapy depends upon my personal investment in the therapy process. If I decide to end the therapy process I will discuss this prior to ending therapy, even if via e-mail or sms.

Any questions or queries please raise them with me. You have signed your name below which indicates that you have read these 3 pages and can provide your Informed Consent to therapy. **Your signature acknowledges agreement and understanding.**

Thanks so much and I look forward to working with you,
Pippa

SIGNATURE OF BOTH PARTNERS:

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

Witnessed by Pippa Solomon _____
