



## Counselling Agreement - Informed Consent

*Any information written on these pages is only read/viewed by your counsellor*

### **Nature of Counselling**

As the client, I understand that the counselling process will involve learning to understand myself and assist in clarifying problems, goals and objectives. New Life Counselling & Training only counsel those whom they believe have the capacity to resolve their own challenges/situations/problems with the provided assistance.

The counselling process will follow a specific model, and although eclectic in nature, incorporates the concept of our assumptions and beliefs driving our self-talk, which in turn drives our emotions and then actions. Objectively examining the assumptions we have formed throughout life will allow clients to see whether these assumptions and beliefs are accurate or not. Changing negative thought patterns then impacts on every other area of our life.

The process of self-awareness, problem-solving and cognitive restructuring can, for certain clients, take some time to achieve. Some clients need only a couple of counselling sessions to achieve their goals, while others may require sessions over an extended period of time. *Most clients would need a minimum of 2-4 sessions to work through their issues/concerns.* As a client, you are in complete control and may end the counselling relationship at any point. New Life Counselling & Training will be supportive of your decision. If counselling is successful, you should feel that you are able to face life's challenges in the future without further support or intervention. New Life Counselling & Training believes that clients should feel change by at latest the third session. If not, we will happily refer you to another professional.

Although the sessions may be very emotionally and psychologically intimate it is important for you to realise that the counselling relationship is strictly professional in nature. You will be best served during counselling to remember this and concentrate exclusively on *your* issues, concerns, problems and circumstances. I understand that anything my counsellor says to me is to be taken as merely a suggestion, which I am free to accept or reject.

If at any time you are dissatisfied with the services of New Life Counselling & Training, please discuss it with your counsellor. Should you require a referral to another professional, your counsellor will discuss this with you. If you believe that any professional conduct is inappropriate, you may report your complaints to the Australian Counselling Association (ACA).

### **Data Collation**

The outcome of your counselling will be objectively monitored through the use of various questionnaires. These are completed prior to the first session, in the last session, and every second visit during your time of therapy. Information gathered from this questionnaire is only seen by your counsellor, and will be shared with you, to monitor the effectiveness of the counselling. Data gathered will be used in ongoing research, measuring the effectiveness of the counselling process/intervention. Please note, no personal or identifying information of any kind is divulged or included, only statistical data. Your confidentiality and anonymity is assured.

### **Fees and Cancellations**

In return for a fee of \$80 per session (payable on conclusion of each counselling session), New Life Counselling & Training agree to provide counselling services to you. You cannot have more than one session's payment outstanding. In the event that you are unable to keep an appointment, please provide 24 hours (Monday-Friday) advance notice (eg cancelling Monday would require notification Friday). If this is not done you will incur a cancellation fee of \$80. Counselling sessions are 60 minutes in duration.

Signed: \_\_\_\_\_ (client)  
\_\_\_\_\_ (counsellor)

Date: \_\_\_\_\_



### Background Information

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Title (eg Mr, Mrs): \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (w): \_\_\_\_\_ Phone (h): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

- |                         |  |                             |   |
|-------------------------|--|-----------------------------|---|
| Household income level: | <input type="checkbox"/> \$0 - \$10,000      | Highest Level of Education: | <input type="checkbox"/> High School    |
|                         | <input type="checkbox"/> \$10,001 - \$30,000 |                             | <input type="checkbox"/> Apprenticeship |
|                         | <input type="checkbox"/> \$30,001 - \$50,000 |                             | <input type="checkbox"/> TAFE           |
|                         | <input type="checkbox"/> \$50,001 - \$80,000 |                             | <input type="checkbox"/> Undergraduate  |
|                         | <input type="checkbox"/> \$80,001 +          |                             | <input type="checkbox"/> Postgraduate   |

Ethnicity of your family (eg German; Italian; Malaysian and English): \_\_\_\_\_

Brief description of issue that brought you to counselling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this issue affected you/been occurring? \_\_\_\_\_

Previous Marital Status (circle): single, de facto, married, separated, divorced, widowed

Please provide detail: \_\_\_\_\_

Current Marital Status (circle): single, de facto, married, separated, divorced, widowed

Quality of Relationship: \_\_\_\_\_ Length: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Blended Family? \_\_\_\_\_

Please List Children (please also indicate whether step children/adopted etc):

- |       |            |
|-------|------------|
| _____ | Age: _____ |
| _____ | Age: _____ |
| _____ | Age: _____ |
| _____ | Age: _____ |
| _____ | Age: _____ |

Name of Your Parents: \_\_\_\_\_

Quality of Relationship with Your Parents: \_\_\_\_\_

Siblings: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Level of Commitment/Involvement: \_\_\_\_\_

Have you had previous counselling? \_\_\_\_\_ Please specify (eg psychologist, counsellor) \_\_\_\_\_

If yes, what for? \_\_\_\_\_

What are you hoping to achieve from counselling now? \_\_\_\_\_



## Confidentiality Agreement

Throughout the counselling process, confidentiality is maintained for clients. This standard procedure and practice is for all clients, regardless of age or background, except in the following circumstances:

- a) You instruct me to tell someone else and provide written permission of this
- b) I determine you are a danger to yourself (eg self-harm or suicide), to others or someone is a danger to you
- c) I am ordered by a court to disclose information
- d) The law is going to be, or has been, broken
- e) Abuse of children is a mandatory reporting offence which I am bound by law to report
- f) For supervision and education purposes (basic information only shared in this instance, not names or details that would in any way disclose or identify you, the client)

Where confidentiality cannot be maintained, as your counsellor I will take all steps possible to inform/discuss my intention with you.

Please note, any data collected from the outcome measure questionnaires (for both monitoring and research purposes), has all identifying personal information removed.

Your signature on this document indicates that you have read and understood this statement, and any questions you have had about this statement have been answered to your satisfaction.

Name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature Counsellor (Ben Ramsey): \_\_\_\_\_

Date: \_\_\_\_\_

**DASS Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please read each statement and circle a number (0, 1, 2 or 3) that indicates how much the statement applied to you **OVER THE PAST WEEK**. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

- 0 Did not apply to me at all**
- 1 Applied to me to some degree**
- 2 Applied to me to a considerable degree or a good part of the time**
- 3 Applied to me very much or most of the time**

1. I found myself getting upset by quite trivial things	0	1	2	3			
2. I was aware of dryness of my mouth	0	1	2	3			
3. I couldn't seem to experience any positive feeling at all	0	1	2	3			
4. I experienced breathing difficulty (eg. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5. I just couldn't seem to get going	0	1	2	3			
6. I tended to over-react to situations	0	1	2	3			
7. I had a feeling of shakiness (eg. legs going to give way)	0	1	2	3			
8. I found it difficult to relax	0	1	2	3			
9. I found myself in situations that made me so anxious, I was most relieved when they ended	0	1	2	3			
10. I felt that I had nothing to look forward to	0	1	2	3			
11. I found myself getting upset rather easily	0	1	2	3			
12. I felt that I was using a lot of nervous energy	0	1	2	3			
13. I felt sad and depressed	0	1	2	3			
14. I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting)	0	1	2	3			
15. I had a feeling of faintness	0	1	2	3			
16. I felt that I had lost interest in just about everything	0	1	2	3			
17. I felt I wasn't worth much as a person	0	1	2	3			
18. I felt I was rather touchy	0	1	2	3			
19. I perspired noticeably (eg. hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3			
20. I felt scared without any good reason	0	1	2	3			
21. I felt that life wasn't worthwhile	0	1	2	3			

- 0 Did not apply to me at all**  
**1 Applied to me to some degree**  
**2 Applied to me to a considerable degree or a good part of the time**  
**3 Applied to me very much or most of the time**

22. I found it hard to wind down	0	1	2	3			
23. I had difficulty in swallowing	0	1	2	3			
24. I couldn't seem to get any enjoyment out to the things I did	0	1	2	3			
25. I was aware of the action of my heart in the absence of physical exertion (eg. sense of heart rate increase, heart missing a beat)	0	1	2	3			
26. I felt down-hearted and blue	0	1	2	3			
27. I found that I was very irritable	0	1	2	3			
28. I felt I was close to panic	0	1	2	3			
29. I found it hard to calm down after something upset me	0	1	2	3			
30. I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3			
31. I was unable to become enthusiastic about anything	0	1	2	3			
32. I found it difficult to tolerate interruptions to what I was doing	0	1	2	3			
33. I was in a state of nervous tension	0	1	2	3			
34. I felt I was pretty worthless	0	1	2	3			
35. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
36. I felt terrified	0	1	2	3			
37. I could see nothing in the future to be hopeful about	0	1	2	3			
38. I felt that life was meaningless	0	1	2	3			
39. I found myself getting agitated	0	1	2	3			
40. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
41. I experienced trembling (eg. in the hands)	0	1	2	3			
42. I found it difficult to work up the initiative to do things	0	1	2	3			

**Stress**

**Anxiety**

**Depression**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Outcome Questionnaire (OQ™ -45.2)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and circle the number in the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work etc.

	Never	Rarely	Sometimes	Frequently	Almost Always	SD <i>Don't Mark Below</i>	IR	SR
1. I get along with others.	4	3	2	1	0		<input type="radio"/>	
2. I tire quickly.	0	1	2	3	4	<input type="radio"/>		
3. I feel no interest in things.	0	1	2	3	4	<input type="radio"/>		
4. I feel stressed at work/school.	0	1	2	3	4			<input type="radio"/>
5. I blame myself for things.	0	1	2	3	4	<input type="radio"/>		
6. I feel irritated.	0	1	2	3	4	<input type="radio"/>		
7. I feel unhappy in my marriage/significant relationship.	0	1	2	3	4		<input type="radio"/>	
8. I have thoughts of ending my life.	0	1	2	3	4	<input type="radio"/>		
9. I feel weak.	0	1	2	3	4	<input type="radio"/>		
10. I feel fearful.	0	1	2	3	4	<input type="radio"/>		
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink mark "never").	0	1	2	3	4	<input type="radio"/>		
12. I find my work/school satisfying.	4	3	2	1	0			<input type="radio"/>
13. I am a happy person.	4	3	2	1	0	<input type="radio"/>		
14. I work/study too much.	0	1	2	3	4			<input type="radio"/>
15. I feel worthless.	0	1	2	3	4	<input type="radio"/>		
16. I am concerned about family troubles.	0	1	2	3	4		<input type="radio"/>	
17. I have an unfulfilling sex life.	0	1	2	3	4		<input type="radio"/>	
18. I feel lonely.	0	1	2	3	4		<input type="radio"/>	
19. I have frequent arguments.	0	1	2	3	4		<input type="radio"/>	
20. I feel loved and wanted.	4	3	2	1	0		<input type="radio"/>	
21. I enjoy my spare time.	4	3	2	1	0			<input type="radio"/>
22. I have difficulty concentrating.	0	1	2	3	4	<input type="radio"/>		
23. I feel hopeless about the future.	0	1	2	3	4	<input type="radio"/>		
24. I like myself.	4	3	2	1	0	<input type="radio"/>		
25. Disturbing thoughts come into my mind that I can't get rid of.	0	1	2	3	4	<input type="radio"/>		
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable mark "never").	0	1	2	3	4	<input type="radio"/>		
27. I have an upset stomach.	0	1	2	3	4	<input type="radio"/>		
28. I am working/studying less well than I used to.	0	1	2	3	4			<input type="radio"/>
29. My heart pounds too much.	0	1	2	3	4	<input type="radio"/>		
30. I have trouble getting along with friends and close acquaintances.	0	1	2	3	4		<input type="radio"/>	
31. I am satisfied with my life.	4	3	2	1	0	<input type="radio"/>		
32. I have trouble at work/school because of drinking or drug use. (If not applicable mark "never").	0	1	2	3	4	<input type="radio"/>		
33. I feel that something bad is going to happen.	0	1	2	3	4	<input type="radio"/>		
34. I have sore muscles.	0	1	2	3	4	<input type="radio"/>		
35. I feel afraid of open spaces, or of driving, or being on buses, subways, etc.	0	1	2	3	4	<input type="radio"/>		
36. I feel nervous.	0	1	2	3	4	<input type="radio"/>		
37. I feel my love relationships are full and complete.	4	3	2	1	0		<input type="radio"/>	
38. I feel that I am not doing well at work/school.	0	1	2	3	4			<input type="radio"/>
39. I have too many disagreements at work/school.	0	1	2	3	4			<input type="radio"/>
40. I feel something is wrong with my mind.	0	1	2	3	4	<input type="radio"/>		
41. I have trouble falling asleep or staying asleep.	0	1	2	3	4	<input type="radio"/>		
42. I feel blue.	0	1	2	3	4	<input type="radio"/>		
43. I am satisfied with my relationships with others.	4	3	2	1	0		<input type="radio"/>	
44. I feel angry enough at work/school to do something I might regret.	0	1	2	3	4	<input type="radio"/>		
45. I have headaches.	0	1	2	3	4	<input type="radio"/>		

+ +  
Total =

## K10+ Assessment Form

<b>The following 10 questions ask about how you have been feeling in the last four weeks. For each question, circle the number in the box to indicate the response that best indicates the amount of time you spent feeling that way.</b>		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	In the past 4 weeks, about how often did you feel tired out for no good reason?	1	2	3	4	5
2.	In the past 4 weeks, about how often did you feel nervous?	1	2	3	4	5
3.	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4.	In the past 4 weeks, about how often did you feel hopeless?	1	2	3	4	5
5.	In the past 4 weeks, about how often did you feel restless or fidgety?	1	2	3	4	5
6.	In the past 4 weeks, about how often did you feel so restless you could not sit still?	1	2	3	4	5
7.	In the past 4 weeks, about how often did you feel depressed?	1	2	3	4	5
8.	In the past 4 weeks, about how often did you feel that everything was an effort?	1	2	3	4	5
9.	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10.	In the past 4 weeks, about how often did you feel worthless?	1	2	3	4	5
<b>The next few questions about how these feelings may have affected you in the last four weeks. Write your answer in the box to the right of each question.</b>						
11.	In the last four weeks, <i>how many days</i> were you TOTALLY UNABLE to work, study or manage your day-to-day activities because of these feelings?					
12.	In the last four weeks, <i>how many days</i> were you TOTALLY UNABLE to work, study or manage your day-to-day activities and had to cut down on what you did because of these feelings?					
13.	In the last four weeks, <i>how many times</i> have you seen a doctor or any other health professional about these feelings?					
<b>This question also asks about how these feeling may have affected you in the last four weeks. Please circle the response that best describes your answer.</b>		None of the time	A little of the time	Some of the time	Most of the time	All of the time
14.	In the last four weeks, how often have physical health problems been the main cause of these feelings?	1	2	3	4	5