frances fuchs, Ph.D.

Registered Expressive Arts Therapist, Certified Clinical Hypnotherapist Ordained Minister of the Association for the Integration of the Whole Person

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COUPLES COUNSELING INFORMATION & GUIDELINES

Couples counseling involves a willingness from each person to look again, with fresh eyes, at yourself and your partner. The model I use in this work sees the struggle that couples inevitably experience as part of the innate human drive for psychological wholeness and connection. In this work you will be asked to develop an on-going ability to identify and express important aspects of yourself, the ability to be curious about your partner's inner experiences, and the ability to manage your own reactions and anxieties. These are difficult skills that will serve each of you in many areas of life. To this end I will share tools and experience, and provide some ground rules that will enhance emotional safety.

One of my goals is creating clear communication. Toward this end I have outlined basic information regarding some parameters and business aspects of our working relationship. Please take a few minutes to read and sign the following. Feel free to discuss this with me, if you have any questions or concerns.

CONFIDENTIALITY: Strict confidentiality applies to information you share with me in session or phone contact. The only exceptions to this rule are in the event I believe you may harm yourself or other(s) or if I learn of the occurrence of any form of child abuse or elder abuse. You may give me a verbal or written release of information if you wish me to confer with others concerning your well-being. In some situations, if there is pertinent legal action a judge may order me to testify about a case.

SECRETS: There are times when I may confer with each individual in the couple separately. In most cases it is not beneficial to the health of the couple, nor necessary, to disclose everything said to the other partner. I do everything I can to help that individual clarify their thoughts and feelings and bring them into the couple's session. I cannot hold significant secrets for either of the individuals separately and if told to me I will facilitate revealing them to their partner in a time frame and manner that we jointly decide on.

LENGTH OF APPOINTMENTS: All appointments are 50 minutes long unless otherwise arranged in advance. I ask that you take care of business such as payment and appointment changes at the beginning of the session. If you are late, time cannot usually be made up and will shorten the length of your session. I try hard to begin on time, however if I am running late for your session I will make up your missed time or your fee will be reduced.

FEES & PAYMENT: My fees are based on current standards of the profession. I am committed to seeing a certain number of lower fee clients at all times. I review fees regularly and increase fees from time to time. Payment is due at each session unless otherwise arranged. I keep records of your account but I do not bill you.

CANCELLATIONS: Appointments must be cancelled 24 hours in advance or you will be charged for the full session fee. In the event of a cancellation due to extreme emergency, you will be charged half fee.

PHONE CALLS: Counseling calls between sessions are OK if urgent. If a call goes beyond 10 minutes I will charge for my time, charges will be prorated based on your fee.

ENDING COUNSELING: The length of time clients continue to come to counseling varies depending on the nature of your concerns and goals. It is ultimately up to you when you feel finished, and your decision will be respected. I ask that you let me know when you are considering ending, as it is often desirable to devote one or more sessions to closure. As your counselor I reserve the right to recommend termination when, in my professional judgment, I believe that it is in your best interest. Upon termination I would be happy to provide you with referrals.

MY TRAINING & CREDENTIALS: In the interest of clarity and disclosure I set forth my education, training experience and credentialing status.

- I am an Ordained Minister with *The Association for the Integration of the Whole Person* (a non-denominational, spiritual organization), which entitles me to do spiritual or pastoral mental-health counseling.
- I have my Master's Degree from *Sonoma State University* in Psychology.
- I have my Doctoral Degree in Psychology from *The University for Integrative Learning* (an internationally respected independent study University based in California).
- I am a Registered Expressive Arts Therapist, with *The International Expressive Arts Therapy Association*.
- I am a Certified Clinical Hypnotherapist, with both the *National Board for Certified Clinical Hypnotherapists* and the *American Council of Hypnotist Examiners*.
- I am a member in good standing of *The American Counseling Association*.
- I have been in private practice since 1982 and consult regularly with colleagues in the mental health field.
- I am committed to my continuing education in the fields of mental-health, human relationships and spiritual well being.

I am not a licensed therapist or psychologist and I would be happy to refer you to a licensed therapist, psychologist or other licensed mental health professional if you wish. I am trained in individual and couples mental-health counseling and all services rendered by me are done so from within my capacity as a Pastoral/Spiritual Counselor.

The spiritual perspective from which I practice counseling is that:

All human beings have an innate desire for balance, health and authenticity. We are intentional: we seek meaning, value and creativity. Humans are an integral part of nature who have choices and responsibilities. We are social beings, finding meaning in relationships to others, to nature, to ideas and sometimes to spirit. Much of life's fulfillment emerges from individual participation in the service of humane ideals. Human beings are layered and complex; we cannot be reduced to components.

From this perspective I utilize a direct, non-judgmental and collaborative approach to facilitate each person's goals for individual and relationship well being.

I have read the above and understand the current credentialing status for Frances Fuchs. I understand the "counseling information and guidelines" and agree to follow them. I agree to fulfill all financial obligations I may incur to Frances Fuchs.

SIGNATURE	PRINTED NAME	DATE