



# living systems

*Counselling, Education, Training and Research*

## Consent for Counselling of a Minor (under 18)

- I/We have brought my child/children to Living Systems for counselling. I understand that Living Systems practices using Bowen Family Systems Theory and believes that the family is an important part of counselling.
- I understand that there are risks and benefits to children being in therapy. Since therapy often involves discussing unpleasant aspects of one's life, your child may experience uncomfortable feelings. Working through difficult emotions can sometimes lead to an increase in difficult behaviours before the child is able to utilize new skills or fully integrate their experiences. On the other hand, therapy can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. I understand there are no guarantees to how my child will respond.
- I understand that my counsellor works to balance my child/children's right to privacy with my right to information. I understand that if my child/children are seen alone, to ensure my child/children's privacy, my counsellor will not provide detailed information regarding what my child/children shared unless my child/children provide consent. Instead, general themes, ideas and recommendations will be provided to me as well as support and encouragement.
- I understand that my counsellor at Living Systems is not agreeing to be an expert witness or to testify in any custodial manner.
- I understand either myself or my child may end the counseling relationship at any time. It is preferable to have a closing session or phone call, to ensure the child understands that counseling is ending and to provide an appropriate closure to the experience. You also have the right to refuse or discuss modifications of any of my counseling techniques or suggestions that you believe may be harmful.

### Acknowledgment and Consent:

By your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction. I consent to my child/children attending therapy sessions with \_\_\_\_\_ (Counsellor):

Name \_\_\_\_\_

Signature/Date \_\_\_\_\_

Name of Child

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

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