**EMOTIONALLY FOCUSED COUPLES THERAPY**

**INFORMED CONSENT:**

EFT is a short term (8-20 sessions) structured approach to couples therapy formulated by Sue Johnson and Les Greenberg in the early 80’s. The strategies and techniques of EFT are also used with families. A substantial body of research outlining the effectiveness of EFT now exists. This research demonstrates that couples significantly improve over the course of treatment and continue to get better at two year follow up.

**THE GOALS OF EFT ARE:**

1. To expand and re-organize key emotional responses

2. To create a shift in partner’s interactional patterns

3. To foster the creation of a SECURE bond between partners

**LIVE OBSERVATION AND RELEASE OF INFORMATION:**

In order to effectively train therapists and provide the best possible therapy treatment, it is common for supervisors and other therapists or therapists-in-training to watch a therapy session recorded via camcorder, audio tape recorder or through web-cam. At times, the supervisor may even communicate with the therapist during the session in order to enhance the effectiveness of the therapy treatment. In order for a supervisor, therapist, or therapist-in-training to observe a session, clients must give written consent.

By signing below, I give my consent to allow my therapy session with Karen Nadon, MA, LPC to be recorded via camcorder, audiotape, or viewed by web-cam by a therapist, a team of therapists, or therapists-in-training. I understand that any supervisor, therapist, or therapist-in-training who observes my therapy session is under the same confidentiality requirements as my therapist. Furthermore, I understand that if by chance any supervisor, therapist, or therapist-in-training knows me socially, he/she will immediately leave the session and will not observe, seek, or be given any information about my case. I also understand that the purpose of allowing observation of my therapy sessions is to enhance the effectiveness of their therapy treatment I am receiving with Karen Nadon. I understand that I may withdraw this consent at any time and that I will be notified if any live observation or taping is going to occur before my arrival.

Furthermore, I understand that while being treated, my primary therapist will remain Karen Nadon, MA, LPC and that in case of emergency or problems during the week, I will contact Karen Nadon.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release is valid for one year from the date of signature(s).