Name:

Counselling Session Record – Individual

Jesus said, "Therefore if the Son makes you free, you shall be free indeed." John 8:36

The Reason for Counselling (ask within the first 3 minutes)

Briefly answer the following questions:

1. What are your Best Hopes from this time?
2. What difference would it make if those best hopes became a reality?
3. What would be the first sign that things were improving?
4. What have you done so far to improve things?
5. Is there any other information I should know? (eg habits; other difficulties)

Support

Name 3 people you can reach out to and do something social - people you can ask for help (and phone)

General Information

Date: ____/____/_____

(first) (last)

Name: _____ Age: _____

Mobile Phone:_____ Email: _____

Job/s you have had: _____

_____

_____

Married: Y / N Name of spouse if yes: _____How long? _____

Rate your health: Declining----------Average----------Excellent

When was the last time you went to a doctor?_____

Are you presently on medication? _____

Have you had counselling before? _____

What was helpful? _____

_____

_____

Do you have trouble sleeping?_____

Religious Background

Do you consider yourself religious?_____

Do you believe in God? Yes / No / Not sure

What do you pray about? _____

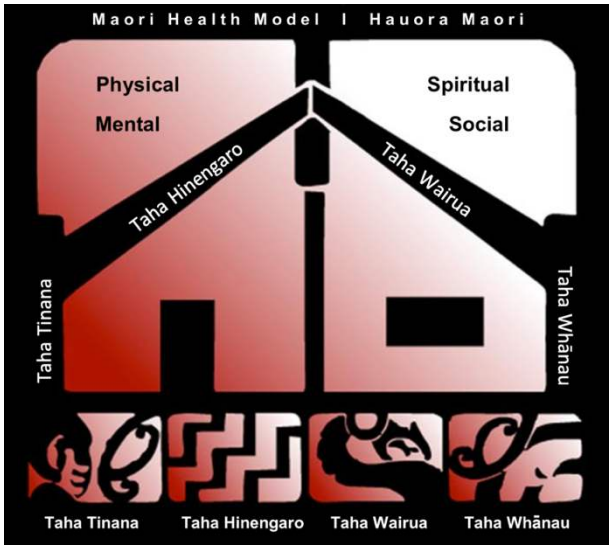
Have there been any recent changes in your religious life?_____

_____

_____

Personality and Passions

What words describe you now? (What do people like about you?)	What do you enjoy doing?
+	+
+	+
+	+
+	+
+	+
What makes you laugh?	**What do you do for exercise?**
+	+
+	+
+	+
What is important to you?	
+	
+	
+	



Family

Who is your family?

Suicidal Risk	Y	N
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself? *If the client answers "yes" to question 2, ask questions 3, 4, 5 and 6. If the person answers "no" to question 2, go directly to question 6.*		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6) Always ask question 6: In the past three months, have you done anything, started to do anything, or prepared to do anything to end your life?		

What keeps you safe/alive?

Weekly Counselling Record/Diary

Name:_____ Date:_____/_____/_____

Session number: 1

Since making the appointment, what has been better?	Session notes:
Your Best Hopes from this session:	
What would you be pleased to notice between now and next time?	

Weekly Counselling Record/Diary

Name:_____ Date:_____/_____/_____

Session number: 2

What has been better since last time we met?	Session notes:
Your Best Hopes from this session:	
What would you be pleased to notice between now and next time?	

Weekly Counselling Record/Diary

Name:_____ Date:_____/_____/_____

Session number: 3

What has been better since last time we met?	Session notes:
Your Best Hopes from this session:	
What would you be pleased to notice between now and next time?	

Weekly Counselling Record/Diary

Name:_____ Date:_____/_____/_____

Session number: 4

What has been better since last time we met?	Session notes:
Your Best Hopes from this session:	
What would you be pleased to notice between now and next time?	

Weekly Counselling Record/Diary

Name:_____ Date:_____/_____/_____

Session number: 5

What has been better since last time we met?	Session notes:
Your Best Hopes from this session:	
What would you be pleased to notice between now and next time?	

Informed Consent

(please initial or tick each item as read)

— I understand that Matt Cameron (Bmin, DipTch, DipCouns, NZCCA) is a Licensed Professional Counsellor in New Zealand.

— I understand that during the time that we work together, we will meet for approximately 50 minutes. While our sessions may have a deeper connection, ours is a professional relationship rather than a social one.

— I understand that I am in control of the counselling relationship and may choose at any time to end our therapeutic relationship. If at any time I am dissatisfied with Matt Cameron's services as a therapist, I have a right to let him know and may file a formal complaint with the NZCCA.

— I understand that all fees for counselling are due after each session.

— I understand that I am responsible for appointments that are not cancelled at least 24 hours prior to my appointment time (with the exception of an emergency), then half the normal cost will need to be paid.

— I give my permission to video-record our counselling session/s. The recording is confidential and would only be viewed for supervision purposes to help me improve my counselling work. The focus of the video is on counselling skills rather than the issue. The client's identity is confidential and known only to the counsellor. Once the recording has been viewed it will be wiped – in less than six months from recording. At the end of each session, I will check again if you are okay for me to use this recording.

— Everything we speak about will be kept confidential. This means my Counsellor won't tell anyone else what I say without my permission. The only times confidentiality is broken (talk to someone else about me) is if:

  —Someone is hurting me.

  —I am hurting myself or I think seriously about hurting myself.

  —I am hurting someone else or think seriously about hurting someone else.

  My Counsellor would talk to me before letting anyone else know.

— We have discussed this together and I understand everything.

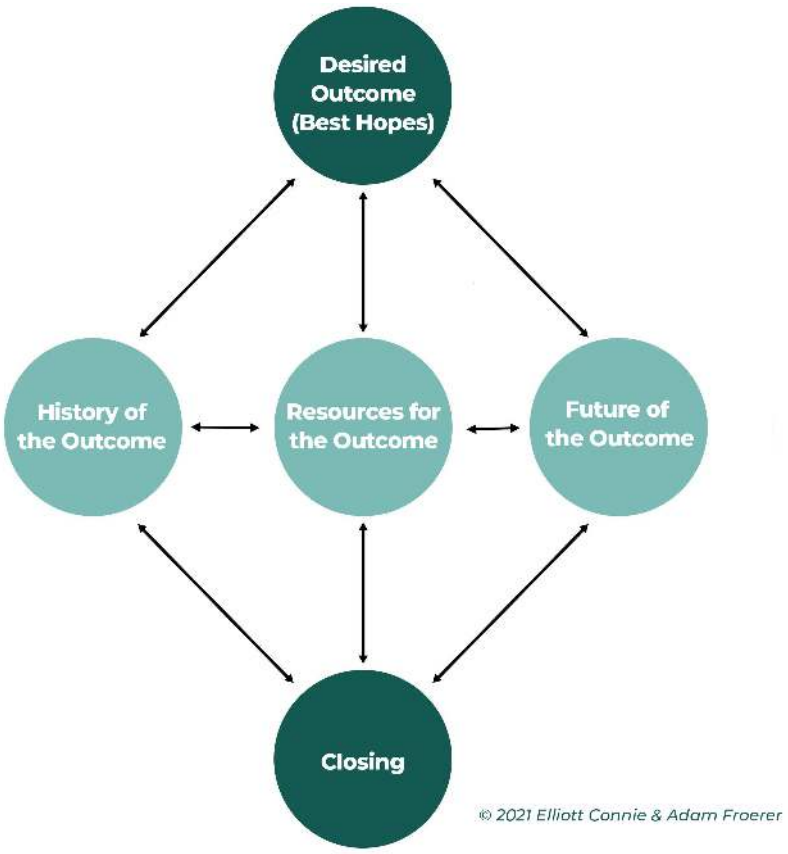
Name: …… Signed: …… Dated: ……

Possible Checklist (useful tools covered in session)

- Two Worlds
- Strengths inventory
- Love languages
- Te Whare Tapa Whā (Maori Wellbeing)
- I can: see x5; hear x4; touch x3; smell x2; taste x1
- Gratitude list
- CBT description
- 10-20 SF activity
- Breathing 6:4… 11:7… 12:8…
- Feeling cards
- Future version of best self

CBT

Activating event	**Beliefs about the event**		**Consequences of the event**	
Describe the actual or anticipated event	List dysfunctional thoughts/images	List functional alternative thoughts/images	List dysfunctional emotions/behaviours	List functional alternative emotions/behaviours



Anger is the result of a **Blocked Goals.**
Anxiety is the result of **Uncertain Goals.**
Despair is the result of **Unreachable Goals.**