

# Therapist Awareness Form for Life-Skill Intensive

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I have asked the parents of your client, \_\_\_\_\_, to let you know that they are interested in taking part in a Life-Skill Intensive. Your signature confirms that you agree with their participation and are not concerned that it will conflict with your treatment plan.

Life-Skill Intensives are brief classes designed for children ages 6 – 13 and at least one parent. Each Intensive is composed of five 50-minute modules designed to efficiently cover the information a parent and child need to address a specific issue. \_\_\_\_\_ will be taking part in a Life-Skill Intensive called \_\_\_\_\_.

The Life-Skill Intensive will begin and end with a parent(s) only appointment to best set the family up for success beforehand, and to help them solidify gains afterwards. In between will be three joint meetings (parent and child together) where they will learn new ways to think about and respond to \_\_\_\_\_.

These will be curriculum-based meetings, with specific goals, teaching points, and practice activities. There will be handouts summarizing the material we have covered, and homework to help the family practice new skills.

Life-Skill Intensives are not therapy. We will be talking about the child and family situation only insofar as it directly relates to the Life-Skill course content and will not broaden our work to include other (unrelated) issues.

Your client has signed (or will sign) a contract saying they understand that I am not providing therapy, and that once they take part in a Life-Skill Intensive, they cannot shift to doing therapy with me.

I would be happy to provide more information about the Life-Skill Intensive, at your request. Please just have your client sign a release, and then fax or mail it to me.

\_\_\_\_\_  
Therapist (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist (signed)

\_\_\_\_\_  
Phone Number