

SUPPORT PERSON PLAN

Thank you for your willingness and desire to be supportive of the client during treatment! To clarify roles, expectations, and goals, the CLIENT should answer YES/NO and discuss each of the following points with you. The last two points are automatically 'YES!' When finished, please review the plan with the therapist to resolve any questions or concerns, and then sign.

Y / N Client and therapist agree the person should serve as a support.

Name of Person: _____

Y / N Attend therapy appointments with client.

Notes: _____

Y / N Be with client during exposure sessions between appointments.

If so, do not criticize purpose of activity or client's effort.

Notes: _____

Y / N Being there in same room or right next to client

Y / N Do exposure activity along with client

Y / N Help client fill out paperwork / forms.

Notes: _____

Y / N Provide positive encouragement.

- Great effort!
- Proud of you that...
- It's courageous for you to...

Notes: _____

Y / N Notice and point out successes.

- Wow! I'm so impressed that...
- Being able to... shows progress.

Notes: _____

Y / N Gently express concern if you notice back sliding or regression.

Notes: _____

Y / N Do NOT provide reassurance (see Coping with Impulse to Seek Reassurance)

Notes: _____

Respect client's autonomy. Don't push, try to enforce treatment compliance, or criticize.

Respect client's privacy. Notes: _____

Support Person Contacting Therapist:

If the support person has any serious concerns about safety, they should call 911 first, and then notify the therapist by phone after the emergency is addressed. If the support person would like to share other information with the therapist, they should ask permission to join the client for a session and discuss it at that time.

Client Signature

Support Person Signature