



INFORMATION FOR CLIENTS

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following:

- _ • What the risks and benefits of therapy are.
- _ • What the goals of therapy are, and what my methods of treatment are like.
- _ • How long therapy might take.
- _ • How much my services cost, and how I handle money matters.
- _ • Other important areas of our relationship.

After you read this brochure, we can talk in person about how these issues apply to you.

You may print a copy of this form from my website or ask me for a copy. Please read all of it. Mark any parts that are not clear to you, and write down any questions you have. We will discuss your questions at our first meeting. When you have read this form and have had all of your questions answered, I will ask you to sign a statement indicating that you have read and understand my policies. I will sign it as well and make a copy, so we each have one.

About Psychotherapy

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My approach to therapy is primarily cognitive-behavioral. The most central ideas in my work are that our thoughts, feelings, and actions all interact with each other, and that changing one of these factors can have an effect on the others. This means that we focus on your thoughts and behaviors, how they impact your life, and what changes could be made that may improve your life. Cognitive-behavioral therapy techniques have been shown by research to be helpful for many people in reducing their problems. Cognitive-behavioral therapy (or CBT) often involves assigned “homework,” or practice outside of sessions. This helps you to learn new skills and see how they impact your life. More

information about CBT can be found on this website: www.nacbt.org/whatiscbt.htm.

Sometimes cognitive-behavioral therapy techniques are not the best approach for a certain person's problems, so I also integrate therapy techniques from other theories into approaching their problems. I will work with you to find the best treatment option for you.

Many children can also benefit from CBT techniques. Research has shown that this type of therapy can be helpful with some children as young as five years old. As with adults, when CBT does not appear to be the best approach for a child, I will incorporate other methods of treatment. I believe in working collaboratively with parents and other providers (such as school professionals, other caregivers, and psychiatrists or family doctors), as agreed upon by parents, to coordinate services for children. If you are bringing your child in for therapy, you can expect to be an active part of the treatment process. I may work with you and your child together for all or part of a session, and may even ask to meet with you without your child for some sessions. I will keep you informed of your child's progress. I will also rely on you to provide updates about your child's functioning. I may assign activities for your child to do at home and ask you to help or monitor their completion. Since children are not always aware of their thoughts or feelings, or may not be able to articulate them, I may recommend a type of therapy called "play therapy" with some children. When they are younger, children communicate more through play than through words.

I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office.

The goals of my treatment are to help you or your child to develop skills to improve your functioning. We will work collaboratively to set reasonable goals for your treatment and strategies for achieving those goals. By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will discuss the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will

look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. If I am working with your child, I may ask you to practice new parenting skills or to help your child practice the skills they have learned in their sessions. I will ask you or your child to practice outside our meetings, and we will work together to set up homework assignments. I might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for a few months. After that, we may meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

I may send you a brief set of questions about 6 months after our last session. These questions will ask you to look back at our work together. I ask that you agree, as part of entering therapy with me, to return this follow-up form and to be very honest about what you tell me then.

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the

beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. (A review of Dr. Martin Seligman's research on the effectiveness of psychotherapy, written by Dr. Larry M. Friedberg, can be found at: <http://www.michiganpsychologicalassociation.org/displaycommon.cfm?an=1&subarticlenbr=20>)

People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello to you first or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings. As your therapist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday; and may not receive any of your gifts eagerly. Please remember that these same rules apply to all of my clients and are in no way a reflection of my personal opinions about you.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? Are you involved in

custody litigation or adoption proceedings? If you are engaged in any legal proceedings, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

4. If you disclose, or I have reason to suspect, that a child or elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me to provide high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

It may be beneficial for me to confer with your primary care physician or psychiatrist with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. I will ask you for the name and contact information of your primary care physician and psychiatrist (if you have one) for my records. I will also ask you to sign a release of information form allowing me to discuss your treatment with these providers so that we can all provide you with the best treatment. We can discuss any reservations you have about signing the release of information, and you have the right to refuse to sign this or any other releases that I request from you.

Except for situations like those I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office. I make every effort to keep the names and records of clients private. I will try never to use your name on the telephone, if clients in the office can overhear it.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. There is a fee for obtaining copies. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me. Those records will have to be requested directly from the person who created them.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you. If this happens I will discuss it with you, and provide you with a written explanation.

As an adult, you have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. If you are a minor, your parents have the right to access your information. I will discuss issues relating to confidentiality with minors below. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

Confidentiality with Minors

Confidentiality and the limits of confidentiality outlined above also apply to minors. The exception to this is that their parents also have the legal right to access their records. For younger children, this is often not a problem. Parents may even be present for a majority of the treatment sessions with some younger children. However, there are times when even young children need to feel like therapy is a "safe place" to discuss their concerns. Some instances of this include when discussing abuse or concerns relating to parents' divorce. In these cases, I may request that parents do not ask for specific information about what their children reveal in therapy. In these cases, I will try to keep parents informed of general topics or techniques that I work with the children in their sessions. I will always inform parents of any safety concerns that may arise.

Adolescents often expect a higher level of confidentiality than younger children. This is a natural part of growing up. One of the tasks of adolescence is to discover more about oneself and to become more independent from parents. This does not mean that parents are no longer important. You probably still have a bigger impact on your adolescent than he or she wants you to know, but your adolescent is less likely to want you to know all of the specific details of what they discuss in therapy than a younger child. If your adolescent does not trust that what they say will be kept confidential, he or she may not benefit from therapy. In most cases, I will ask that parents do not request specific

information about what their adolescent reveals in therapy. He or she will be informed that any safety concerns they reveal will not be kept confidential. If your adolescent shares other, non-safety-related, concerns that I think would be helpful for you to be aware of, I will encourage them to discuss these topics with you either in session or at home.

My Background

I am a licensed psychologist. I have a Ph.D. in Clinical Psychology with a child and family focus from the University of Houston, where most of my graduate work focused on working with victimized children and divorcing families. During graduate school, I provided therapy services to children who had experienced traumatic events, conducted court-ordered custody evaluations, and co-developed a manualized group intervention for parents and children from families of divorce. (Please note that I no longer do custody evaluations, but am familiar with the process.) I completed an Internship at the University of Texas–Health Science Center. During my internship I had the opportunity to work with the school psychology department in the Katy Independent School District, and with children in juvenile detention who had been sent for psychiatric hospitalization. Following graduation, I completed a two year post-doctoral program at the University of Rochester School of Medicine and Dentistry, where I received more intensive training in working with children and adolescents with a wide variety of presenting problems. Through this program, I also conducted court-ordered mental-health evaluations, mostly with individuals where custody was in question. All of my training programs were approved by the APA. I am licensed as a psychologist in Texas and New York. I am a member of the APA. I am a registered provider with the National Register of Health Service Providers in Psychology.

Since returning to Houston, I have been involved in running stress-management and relaxation groups for cancer patients at MD Anderson Cancer Center and with conducting mental health evaluations for the Texas Department of Assistive and Rehabilitative Services (DARS).

I enjoy working with children, adolescents, and adults. I have experience doing individual therapy, group therapy, and assessments in a variety of settings, including schools, outpatient clinics, hospitals, and independent practice, with people of all ages. I have taught undergraduate classes in Abnormal Psychology and the Psychology of Adolescence, and have presented to other professionals on various topics, including the diagnosis and treatment of disruptive behavior disorders. My diverse experiences have helped me become uniquely trained in working with both children and adults with a wide array of presenting concerns. I am particularly interested in the treatment of anxiety and related disorders, stress, parenting issues, childhood ADHD, and behavior problems.

About Our Appointments

The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1 hour for this first meeting. Following this, we will usually meet for a 45-minute session once or twice a week, then less often.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel a regularly scheduled appointment, please try to give me at least a week's notice. Once scheduled, your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a week in advance.

If the appointment is not kept or is cancelled with less than 48 hours' advance notice, you can expect me to charge you for it. You will be charged the full fee for sessions cancelled with less than 24 hours' notice, for other than the most serious reasons. Sessions scheduled for a Monday will be charged if not cancelled by the morning of the preceding Friday.

Unless you are bringing in a child for therapy, I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. If I am seeing one of your children for a session, and you can be expected to join us for all or part of the session, please do not bring other children with you. It is okay to bring older children if they do not need supervision.

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fees are as follows. You will be given advance notice if my fees should change. Regular therapy services: For a session of 45 minutes, the fee is \$200. The first intake session, which is generally allotted 60 minutes, have a fee of \$225. Please pay for each session at its end. I have

found that this arrangement helps us stay focused on our goals, and so it works best. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, I will charge you our regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well. I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor. Cost of transportation to and from appointments and fees paid may be deductible from the client's personal income taxes as medical expenses.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If you have a balance of \$400 that remains unpaid, I must stop therapy with you. Patients who owe money and fail to make arrangements to pay may be referred to a collection agency. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Have Traditional (or "Indemnity") Health Insurance Coverage

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions." Or call your employer's

benefits office to find out what you need to know.

However, please keep two things in mind:

1. I had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.
2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.

If You Have a Managed Care Contract

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss.

I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result.

I am not a member of any health insurance plans or panels. Health insurance is a contract between you (or your employer) and your insurer; I am not part of that contract. However, I will supply you with an invoice for my services with the standard diagnostic and procedure codes for billing purposes, the times we met, my charges, and your payments. You can use this to apply for reimbursement.

If You Need to Contact Me

I cannot promise that I will be available at all times. Although I am in the office through , from to , I usually do not take phone calls when I am with a client. You can always leave a message with my secretary or on my answering machine, and I will return your call as soon as I can. Generally, I will return messages daily except on Sundays and holidays.

If you have an emergency or crisis, leave a message on my emergency voicemail line and I will be paged. I will return your call as soon as possible. If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call 911 or one of the

following community emergency agencies: Crisis Intervention of Houston at 713-HOTLINE, Teen Crisis Hotline at 713-529-TEEN, or the MHMRA Helpline at 713-970-7000.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. I will ask adult clients to provide information for this emergency contact on another form. For children and adolescents, their parents or guardians will be the first people notified.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners [note that this name differs across states], the organization that licenses those of us in the independent practice of psychology.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.