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STATEMENT OF UNDERSTANDING

This document describes my therapy practice as it will pertain to us should we agree to work together. I welcome your questions, feedback, and reactions to the content.

Description of the Therapy Process and my Theroretical Approach:

Initially, we will focus on the concerns that brought you to my office. Setting specific and measurable goals is a crucial first step to keeping us on track as well as providing a means for monitoring your progress. I find it quite empowering to highlight the positive aspects of your life as well as the strengths you now use and have used in the past to create your successes and cope with your difficulties. To progress, you will need to be self-reflective and openly curious about yourself both during and, importantly, between sessions. It is important for you to let me know about your current and past alcohol and/or drug use. I tailor counseling or therapy to meet your needs versus applying one rigid theoretical model where "one size fits all". I draw upon approaches ranging from counseling, cognitive-behavioral (CBT), family systems to psychodynamic. The following summary will help you to decide which is appropriate for you.

Counseling is the most interactive and directive, and involves the most active guidance on my part. A brief, problem-focused counseling approach is sometimes called for and often quite helpful.

Cognitive-behavioral therapy utilizes a specific tool – the daily mood log – to resolve current issues. Utilizing your thoughts, emotions and belief system. CBT requires your willingness to do regular homework between sessions. This approach is valuable for both brief and longer-term therapy, which will enable you to go into greater depth.

Psychodynamic therapy relies more heavily on my offering interpretations of your past and current thoughts and emotions along with those experienced here in the room. It involves experiencing and expressing ever-deeper levels of feelings and not unconsciously acting them out in ways that may no longer serve you. Of course, some of these emotions, decisions and ways of being are quite functional and we will highlight and draw upon them. This approach acknowledges that we all act out past unconscious decisions. By definition we do not know the unconscious, so the goal of longer-term treatment is to bring these decisions about ourselves and others to conscious awareness so they can be utilized, fine-tuned, or set aside. Since the job of our normal defenses is to maintain the status quo, there is often resistance to making changes, no matter how much we may consciously yearn for them. With all approaches, I am more interactive in the earlier sessions and gradually less so if greater depth is required to resolve the presenting concern(s).

Couples/Family Therapy: I practice using both relationship/systems perspective and a developmental model, emphasizing healthy autonomy, a crucial ingredient in the development of both the capacity for and the ability to create an emotionally honest and fulfilling relationship with your partner/family. I have found it most helpful to see a couple together except in rare circumstances.

Confidentiality rules for couples/families differ from those for individual therapy. I do not hold secrets, and if I receive a phone call or information of any sort from one partner/family member,

your partner/other family members need to know this as well. If it seems useful to contact another healthcare provider, I will need written permission from each partner/family member to do so.

Possible Concerns You May Experience: There are some potential difficulties inherent in the therapy process. Sometimes you may feel worse for a time before you feel better. There may be periods of ups and downs. This is to be expected and not something to be avoided or seen as a lack of progress, especially when we are discussing painful issues. While in therapy, you may come to see things from a different perspective than you did before and this may be initially unsettling. Working in therapy to better understand yourself runs the risk of potentially distancing others from you since your relationships are based on the 'you' that other people have come to know and expect. Changes on your part may be welcomed by some and unwelcome by others.

How Long Will This Take? The length of time we work together will depend on several factors. Generally, the more long-standing your difficulties are, the longer it can take to work through and resolve them. More frequent meetings can sometimes increase the effectiveness of your therapy. Ultimately, how long we work together will depend on your own "cost-benefit" analysis – that is, you will most likely choose to end our work when the benefits of your continuing no longer outweigh the costs involved. Some people are satisfied when their initial concern has reached resolution; others may prefer to explore further in an effort to improve the quality of their lives in other areas as well. Sometimes, people complete much of their work, then for one reason or another bring that work to a close. They may continue at another time, for other reasons and/or to continue to deepen their experiences. All these choices will be up to you.

It is normal, perhaps even desirable, that feelings of discomfort may result from our interactions. An important part of your therapy is for us to discuss these feelings so they may be resolved and also to explore whether your concerns may shed a helpful light on your current or past life experience. Thus, these difficult feelings can be a springboard to greater understanding.

When you begin to contemplate ending your therapy, it is crucial to bring this up long enough in advance for us to discuss the situation and have an appropriate ending. Wrapping things up, saying goodbye, looking at future plans and goals are an important aspect of life and your therapy and are sometimes hard to do.

Confidentiality: All information disclosed during the sessions is confidential and cannot be revealed to anyone without your written permission except where disclosure is required by law. Disclosure is required in the following circumstances: where there is reasonable suspicion of child abuse or elder abuse; where there is reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken; if the client is a minor, or pursuant to a legal proceeding. In addition, a federal law known as the Patriot Act of 2001 requires therapists (and others) in certain circumstances to provide FBI agents with books, records, papers and documents and other items, and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Minors and Confidentiality: Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in treatment process. Consequently, I will exercise my professional judgment and may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they may have.

Therapist Availability and Emergency Needs: Telephone consultations between office visits are welcome. However, I will attempt to keep these contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for me at any time on my confidential voicemail. If you wish for me to return your call, please be sure to leave your name and phone number along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within

24 hours. If you have an urgent need to speak with me, please indicate that fact in your message. In the event of a medical/psychiatric emergency, or an emergency involving a threat to your safety or the safety of others, please call 911 or visit your local emergency room. You may also call the local Crisis Hotline at 650-368-6655. When I am out of town or unavailable, I will provide emergency coverage by a colleague and will leave instructions on how to reach this person on my voicemail.

Therapist Communications: I may need to communicate with you by telephone, mail or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means.

You may call me at home. My home phone number is: _____

You may call me on my cell phone. My cell phone number is: _____

You may call me at work. My work phone number is: _____

You may send mail to me at my home address: _____

You may send mail to me at my work address: _____

Appointments and Financial Responsibility: My fee for service is \$120.00 per therapy session. Individual and conjoint (marital/family) sessions are 50 minutes in length. Clients are expected to pay for sessions at the time services are rendered. Payments may be made in the form of cash, or personal check. If paying by check, please make out the check before your session. If for some reason you find that you are unable to continue paying for your therapy, please inform me as soon as possible. We can explore any options that may be available to you at that time. If, and when I increase my fee, you will be notified in writing one month in advance.

Appointment Scheduling and Cancelled or Missed Appointments: Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. If you need to cancel and reschedule your appointment, please notify me as much in advance as possible. A scheduled appointment means that time is reserved for you. If you miss or cancel your appointment with less than 24-hour notice, I will need to bill you for the time. Billing will be at my regular \$120.00 rate.

Business Entity: I am sole proprietor of my private practice, and sub-let my office space.

Complaints: If you have any concerns or complaints about my services, I urge you to bring it up with me right away. I would hope that together we can find a way to resolve the situation to your satisfaction. If you are not satisfied with the resolution we arrive at, if appropriate, you can contact the Board of Behavioral Sciences, 1625 N. Market Blvd, Suite S-200, Sacramento, CA 95834 or www.bbs.ca.gov

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Consent to Treatment

By signing below, I give my consent for Merle Saber to assess my psychological, emotional condition, to make a diagnosis, to formulate a treatment plan, and to provide therapy as needed to achieve the goals of the treatment plan. My input and agreement in each phase of the process are both necessary and desired. My consent is revocable at any time, but I realize it is preferable and consistent with the goals of therapy that we discuss my concerns and attempt to resolve them rather than ending abruptly.

My signature below confirms that I have read the "Statement of Understanding" and "Privacy of Information Policies" document, understand it, and agree to its contents.

(NOTE: If you are a parent or guardian consenting to treatment of your child, you are verifying that you have the legal authority to seek such treatment by signing below. Please provide your child's name and date of birth)

Child's Name and Date of Birth

Client/Parent/Guardian **Name(s) Printed**

Date:

Client(s) Signature(s)

Date:

Therapist/Witness