***Elizabeth C. Graves, M.S.W., L.C.S.W.***

***Individual, Couples and Group Therapy***

***744 Pine Street***

***Paso Robles, CA 93446***

***805-610-0043***

Thank you for considering me for your therapy needs. Therapy occurs in a relationship that is close and personal, yet also is kept in a professional context to be therapeutic. These guidelines are designed to help set the boundaries of our relationship. My desire is to do everything within my professional capacity to be helpful to you.

# QUALIFICATIONS AND EXPERIENCE

My training and experience as a Licensed Clinical Social Worker (LCS66244) has allowed me the privilege of working with individuals, groups, couples and families, from children through seniors. I am a graduate of Cal Poly San Luis Obispo in Social Science, and Fresno State University with a Master of Social Work. My emphasis and training is on treatment with individuals, couples families and groups. I began my training working with women and families at a local crisis facility on the Central Coast, which facilitated my journey in social work. Since then, I have worked in both mental health and health care settings. During my time in the California Central Valley, I worked in multiple mental health outpatient clinics where I provided individual, group, and family therapy to adolescents and adults for over five years. In addition, I provided crisis intervention, support therapy and case management services to individuals and families at Clovis Community Hospital. Since moving back to the San Luis Obispo County in 2013, I have worked with service members, veterans and their families providing therapeutic support at San Luis Obispo County Mental Health. I am excited to pursue private practice at this point in my career and am passionate about my training as a clinical social worker.

Specifically I do not work with children on issues surrounding divorce of their parents, I do not do court custody evaluations. I am not a trained psychologist, and do not do psychological or cognitive testing. I can provide appropriate referrals for these needs.

I am a member in good standing with the National Association of Social Workers.

**THERAPEUTIC PHILOSOPHY**

My therapeutic philosophy in counseling is to facilitate each individual’s emotional growth, healing and recovery to life’s challenges; as well as improve self-awareness, increase understanding of healthy relationships, and encourage successful life transitions. I am committed to providing high quality counseling, utilizing a variety of techniques to appropriately meet individual client needs. I most often utilize a cognitive-behavioral approach as well as psychosocial-support therapy. I evaluate problems from a systems based approach and believe many maladaptive behaviors and irrational beliefs develop from faulty learning within dysfunctional systems. Therefore, to change these behaviors and/or beliefs, we often have to develop new skills and alternative beliefs in order for change to occur; this is done safely in the context of therapy.

**RISKS AND BENEFITS**

Clients should know that there are some risks associated with counseling. These may include: changes in relationships, an increase in emotional discomfort, and possible negative consequences to your career. Sometimes during the course of treatment, symptoms will “get worse before they get better” because of your work in therapy, and occasionally, in a few instances, some people worsen in treatment. Exploration and discussion of previously avoided topics or issues may become painful at times; however, it will be to your benefit to remain dedicated and motivated to your treatment. Consequences to discontinuing treatment may include worsening symptoms of depression/anxiety, stress, conflict in relationships, poor school/job performance, and/or internal conflict.

If it appears that during the course of treatment, a client requires care outside the scope of my practice, I may refer you to other resources for help. Typical forms of mental health treatment include: individual, group, family and couples therapy. Medication can be utilized in conjunction with talking therapy. Based on individual client’s needs, treatment can occur within various treatment settings. In addition to outpatient offices and clinics, these settings include: day treatment centers, residential care centers and/or inpatient hospitals.

I will support you and encourage you through your journey, whatever it may be. It is my hope, that for most persons, therapy will be a safe place to heal relationships, to learn better communication, to gain insight into ones’ self, to manage depression/anxiety, and to make better life choices.

**FREQUENCY AND DURATION**

Frequency and duration of treatment depends on the Individual/Family/Couple or Group. I usually meet with individual clients for fifty minutes, weekly or biweekly; more often in an emergency or crisis. Your appointment time is scheduled regularly, and you will be responsible for keeping your appointments. Typically, the less complicated the problem, the shorter the treatment. The issue of length of treatment will be discussed together, always with your best interest at heart.

**BILLING AND FEES**

* Fees are $100 per session (50 minutes).
* Credit cards, cash and checks are accepted.
* I do not reduce fees for any session in which you are late.
* The fee is due and payable at each session. If you fail to pay for more than one session, I will not be able to reschedule your appointments, until your balance has been paid in full.
* **A 24-hour cancellation notice is required in order to avoid being charged a full session rate.**
* Returned checks may be subject to additional bank & collection fees.
* I will prorate my hourly consultation fee and charge for any phone conversation over ten minutes, preparation of special forms, reports, court time, etc.

**INSURANCE**

* I do not accept insurance.
* You are responsible for fee at time of service, not your insurance company.
* Upon request, I can provide you or your insurance company with a “Superbill” with appropriate codes and fees for you to bill your insurance.

**DRUG AND ALCOHOL**

If a client attends therapy intoxicated, the session will be terminated and the client will be charged the full fee.

**SECRETS POLICY**

When working with couples, I do not encourage secrets between one another. If one partner discloses a secret privately pertaining to his/her relationship, I will encourage disclosure to the other partner.

**CONFIDENTIALITY AND PRIVILEGE**

What you discuss in therapy is by law confidential. Privilege is your legal right to withhold information. There are exceptions to confidentiality which include:

* When you collect compensation for your therapy from your insurance company.
* When a therapist has reasonable suspicion of abuse of a Minor, Elder and/or Dependent Adult.
* If a client intends to physically injure a potential victim or their property, a therapist has the “Duty to Warn” the potential victim.
* If a client intends to harm themselves, a therapist has the responsibility to aid, and may contact others who are in a position to help.
* In the event of criminal proceeding, court order, or civil dispute.
* Therapists may participate in case consultation with other licensed therapists without revealing identifying information of their clients.
* In some circumstances, you may request that your therapist release information to others. Your therapist will only do so when you have signed a written “Exchange of Information” form.

**TERMINATION**

* If you want to decrease the frequency of sessions, take a break, or end therapy, please give advance notice. One or two termination sessions should be expected to close the therapy process.
* Under certain circumstances I may need to terminate therapy with you:

1. If a client misses sessions, or fails to show up for scheduled appointments.
2. Non-payment of fees.
3. If I feel that you are no longer benefiting from therapy.

* If necessary, at the time of termination, you will be given appropriate referrals for your continued care.

**PATIENTS RIGHTS** (excerpted from “Professional Therapy Never Includes Sex”, California Department of Consumer Affairs, 1997)

You have a right to:

* Request and receive full information about the therapist’s professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.
* Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in case of vacation or emergencies), and cancellation policies before beginning therapy.
* Receive respectful treatment that will be helpful to you.
* A safe environment, free from sexual, physical, and emotional abuse.
* Ask questions about your therapy.
* Refuse to answer any question or disclose information to others.
* Know if there are supervisors, consultants, students or others with whom your therapist will discuss your case.
* Refuse any particular type of treatment or end treatment without obligation or harassment.
* Refuse electronic recording (but you may request it if you wish).
* Request and (in most cases) receive a summary of your file, including diagnosis, your progress, and type of treatment.
* Report unethical and illegal behavior by a therapist.
* Receive a second opinion at any time about your therapy or therapist’s methods.
* Request a transfer of a copy of your file to any therapist or agency you choose.

**AVAILABILTIY AND EMERGENCIES**

* In case of emergency, call 911 or go to nearest emergency room
* My phone number is **805-610-0043**. If I am not available, you may leave a message, and I will return your phone call within 24 hours.
* Suicide Hotline 24hours/7days

**800-783-0607**

* Immediate mental health assistance, including Mobile Crisis 24 hours/7days

**800-838-1381**

**THANK YOU AND WELCOME!**

Please sign and date that you have read, understand and accept these guidelines:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**First Name Middle Name Last Name**

**Mailing Address City State Zip**

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**Resident Address City State Zip**

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Home phone Date of Birth age Marital Status

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your current residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been employed at your current job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of education: High School College-2 year College-4year Graduate Post Graduate

Religious Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-childhood Currently

In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relation to you Phone

Have you been in counseling before? Yes/No

For what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long?

Who suggested that you contact us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your medical doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a psychiatrist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last time you have seen your doctor for a physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications you are currently taking, for what reason and/or medical conditions:

What are your major concerns today?

What do you think I need to know about you that have not been addressed in prior questions?