

SomaticWise: Office Policies and General Information
Updated Spring 2024

Please read this entire document carefully, and if you have any questions or concerns, please discuss them with me.

THERAPY AND WHAT TO EXPECT:

Your participation in psychotherapy can result in many benefits to you, including resolution of the concerns which prompted you to seek therapy. It's not uncommon for other issues to arise that were not initially expected at the outset of therapy. You may receive benefits additional to those which brought you here, and/or experience changes that you hadn't originally planned. It's important to be aware that therapy—like nearly everything else in life—is not able to offer any guarantees regarding the results. It is my experience, belief and opinion that participation in therapy is likely to facilitate positive change if the person is ready, honest, and an active participant. Your feelings about the efficacy and usefulness of therapy will be something that you will need to evaluate for yourself on an ongoing basis.

In order for the therapy process to be effective, it requires you to be a very actively involved participant. It requires openness, honesty—with me and with yourself—and the willingness to take some risks. It requires consistent attendance of therapy sessions. It requires you to be an active partner, indeed leader, in your journey to greater wellness; and therapy may not be the only vehicle on this journey. As I frequently say to my clients, “You are the team captain of your healing team!”

During the therapy process, you may experience strong emotions, including sadness, fear, and anger. Although it's my role to help you learn to manage and balance these emotions, some of your emotions, and the therapy process, may be uncomfortable at times. I am likely to challenge you regarding some of your old or habitual ways of seeing or doing things. You may find that you need to step out of your “comfort zone” in order to achieve the results you desire. This is all part of the change process. Change and symptom reduction is sometimes frustrating in its slowness; sometimes it is rapid. Therapy works in part because we humans are “herd animals”. We are not solitary creatures by nature; and our nervous systems are in large part regulated by means of interpersonal contact. I've heard it said many times that one can't heal interpersonal wounds in isolation; they must be dealt with interpersonally. As we get to know each other over time, our developing therapeutic relationship will help us work together towards your feeling relief, support, hope, and other positive experiences.

Client initials: _____

HOW I WORK:

I have worked in the helping professions since 1988, and have been a licensed psychotherapist

(Licensed Clinical Social worker, or L.C.S.W.) since 2003. Since I am licensed as a psychotherapist, *nothing I say can be taken or interpreted as any other kind of professional advice*. For example, I can not give legal or medical advice; and it is important that you do not take anything I say as such.

You also need to have a **current physical exam** and blood lab work done, prior to or soon after starting therapy. You also need to continue with regular medical follow up as needed. This is in order to ensure you are in good health, and to rule out any health conditions that may interfere with your therapy progress.

I have training and experience in many therapeutic modalities, including humanistic, behavioral, cognitive-behavioral, psychodynamic, Ecopsychology, and Twelve Step approaches. My primary clinical modality is Somatic Experiencing (SE).

SE is a somatically based therapeutic modality. SE actively works with thinking, images, emotions, behavior, and also the physical body, particularly sensations. The goal of Somatic Experiencing is to assist the client in learning how to **self-regulate**. Self-regulation refers to your nervous system being increasingly calm, flexible, stable, resilient, and able to respond quickly and appropriately across life situations. On the other hand, failure to self-regulate often produces symptoms such as anxiety, depression, dissociation, compulsive behaviors, relational problems, etc. A person who is well self-regulated is usually able to be consistently present and open without exerting extra effort. For more information on SE, please see www.traumahealing.org, and/or *In An Unspoken Voice: How The Body Releases Trauma and Restores Goodness*, by Dr. Peter Levine.

A primary focus of SE work is helping the client integrate their thoughts, emotions and the experiences of their physical body. So, I will frequently (and gently, if possible) **interrupt** a client to direct their attention towards what they notice in their current-moment experience and their physical body. I may ask you to notice whether you sense any physical movements wanting to happen, and if so, to follow them (safely) in imagination or actuality. You may be up and moving around, not only seated, during an SE session. It is important to me to hear what you have to say, and I want to be respectful of your stories and life experiences. Also, I want you to become able to speak your experiences without falling into old emotional and somatic patterns that aren't helpful. With time and guidance, this method can result in the client being able to have and discuss experiences with a great reduction in underlying distress.

I am trained in the use of **therapeutic touch** in somatic therapy, although I often work without using physical touch between client and therapist. The developer and teacher of this method is Kathy Kain, www.somaticpractice.net. This form of therapeutic touch has been called neuroaffective touch: helping regulate the nervous system and emotions via the use of therapeutic touch. This form of treatment is particularly good at working with emotions and other symptoms from infancy and childhood, from before the person developed speech and explicit memory.

Therapeutic touch (if it's being used) may involve contact from the practitioner, usually from their hand; it does not involve any tissue manipulation. Another form of therapeutic touch involves the therapist guiding the client in self-support, that is, the client is contacting their own physical body with their own hand(s). Therapeutic touch is not a substitute for medical treatment and it can't treat medical conditions. Its purpose is to support the regulation of the autonomic nervous system and somatic stress response. It is vital to know that therapeutic touch (like all psychotherapy) **never** includes sex, nor does it lead to sex in any way. Nor does it include the removal of clothing (except possibly outer clothing such as jackets, scarves, etc.) Furthermore, the client is completely in charge of whether or not to accept touch; and if so, where, and for how long they are touched. The client's consent may change from moment to moment: It is OK to accept therapeutic touch in one moment, and then in the next moment, to state that you want it to stop. It is vital to communicate to the therapist if the touch doesn't feel right or if you want it to stop. Touch is always optional, and of course, therapy can be effective with or without touch.

I am also trained in EMDR (Eye Movement Desensitization Reprocessing). EMDR uses bilateral stimulation to bring up and reprocess trauma stored in neural networks. All trauma therapy modalities involve the risk of unintentionally bringing up more traumatic material or activation than was intended, and EMDR is no exception to that. Both EMDR and Somatic Experiencing involve substantial training in how to avoid traumatic flooding, and how to stop it if it's already occurring. As with any therapeutic modality, it is the client's choice whether or not to use (or continue using) EMDR. As with anything in our work, please let me know if you don't understand something I'm doing, or it doesn't feel right. With the exception of when I am legally mandated to take certain actions, you always have the right to understand what we are doing and why. You have the right to choose whether or not or to what extent you wish to engage in it.

Client initials: _____

SCHEDULING:

Usually, my clients will come in for therapy once per week. For people with more prominent symptoms, we may decide to schedule two sessions per week if I have availability in my schedule, until symptoms begin to lessen. Clients needing more frequent therapeutic contact than this may need to consider a higher level of care, in which case we would discuss options for that. For clients who have less urgent symptoms, and/or have experienced considerable progress in the course of therapy, we would usually start to taper off the frequency of sessions: every two weeks, once a month, or every 6 weeks.

Since scheduling a session with me involves me reserving that time for you, I require 24 hours' notice if you are going to cancel a session. If you need to cancel but you are unable to give me 24 hours' notice, you are responsible for paying the entire cost of the therapy session. For cancellation of a session scheduled on a Monday, please cancel **before noon on the previous Friday**, in order to avoid a late cancelation charge.

If we are scheduled to meet in person and at the last minute you find that you you are unable to make it to my office on time, but would still like to meet via telehealth, you are welcome to message me to request a telehealth meeting instead.

When scheduling a telehealth meeting, please be aware that I can not meet with you unless you are *physically located within the state of California at the time of our meeting*, regardless of where your residence is located. There are a few exceptions; please discuss this with me ahead of time.

If your financial account at my practice has a balance due, then I will decline to schedule additional sessions until the account is paid current. If the account is not paid current within a reasonable amount of time, this may lead to termination of our work together.

It's also important to note that I tend to travel several times per year, often for trainings, conferences or other responsibilities. This helps me continue developing my learning and skill set, which I then bring back to my practice. When I serve as a teaching assistant for an SE training, my Mondays are usually impacted by the training schedule. If I'm traveling and can not be reached by cell phone, I will usually have colleagues' contact information on my outgoing voicemail. Please be aware I may not be able to receive text or voicemail messages if I'm out of cell phone range.

Note for in person meetings:

If you have or contract **any** communicable disease, please notify me **before** coming in for session! This includes contagious skin conditions or any insect bites or infestations at home. We may need to reschedule or make other arrangements (including possibly meeting via phone or telehealth) until the condition is no longer communicable to myself or my other clients.

Client initials: _____

Contact between sessions:

For routine scheduling, billing or payment questions, etc., please contact me between the hours of Mon-Thurs, between the hours of 10AM-7PM. I usually do not respond to routine business matters (including texts or emails) after 7PM or on weekends.

If you experience a crisis or need support between sessions, please do feel free to contact me. I usually have my cell phone with me, and I will get back to you as soon as I can; but it may not be immediately. On many occasions I won't be available right away, due to being in session, driving, out of town for my other professional responsibilities, etc. Please understand that my only phone is a cellular phone, and I am not in control of whether or not I have cell coverage available at any given time. I am usually in cell phone range, but this may change without notice to either me or you. However, it is important to understand that I am not an appropriate support for emergencies.

In case of any life-threatening emergency, including but not limited to substantial suicidal thoughts, it is your responsibility to call 9-1-1 and/or go to your nearest emergency room, and/or take whatever measures necessary to maintain the safety of yourself and others. This is very important. **Coming to therapy means that you and I have both made a commitment to work together towards your health and well-being.** As a client of mental health services, it is your responsibility to get yourself help in a crisis or emergency situation, and to continue to pursue such assistance until you receive it.

The suicide prevention hotline can be reached by dialing **988**.

If you are suicidal, a threat to other persons, or otherwise can not guarantee your own safety, stop what you are doing and dial 988, and/or go to your local emergency room. Referrals to other resources such as food, clothing, shelter, and more, are available 24/7 by calling the Los Angeles County resource line (dial **211**).

Client Initials: _____

TECHNOLOGY:

These days, many people like to communicate via text message and/or email. Text messaging and email are inherently not secure forms of communication, for a number of technical and logistical reasons. Cell phones are frequently lost or stolen; and computers or tablets are also sometimes stolen, or hacked. Additionally, I have no control over whether someone else reads a text message or email that I have sent to you.

I have set up my email (andrea@somaticwise.net) to be as secure as possible, encrypted and in compliance with HIPAA privacy standards. For text messaging, phone, and voicemails, I now use a HIPAA compliant carrier named Spruce Health. I suggest that all of my clients create an account at Spruce Health, using the invite I will send you. Messaging me by downloading and using the Spruce app ensures greater security than regular SMS texting. You are still free to use the regular SMS texting feature on your phone to contact me, without downloading the Spruce Health app, so long as you understand and accept that by doing so, you could potentially expose some of your private information to scammers, hackers or other snoopers, because these risks are inherent to communication in that medium.

Client initials: _____

Please note that I can text for scheduling purposes, or to provide brief support or follow up, but more extensive support usually requires a phone call or session. You should also be aware that I may not be able to answer texts rapidly if I am in session, otherwise engaged or outside of cell phone range.

Please notify me if you decide that you would like to limit or eliminate texting and/or email in your communication with me.

RECORDING

I do **not** consent to the recording of our sessions or other conversations, unless we have discussed it beforehand and made arrangements that we both agree to. It is illegal in the state of California to record conversations without the consent of both parties.

I may conduct an internet search on a client, and/or other important people/elements in the client's life, before or during treatment. If you have any questions or concerns, please discuss with me.

Client initials: _____

PAYMENT

My standard session fee is \$185.00 per session. I do sometimes offer a reduced fee for people who are not able to afford my full fee. The availability of this arrangement depends upon several factors, including how many of my other clients are currently using it, and my clinical judgement. There may be other factors affecting whether or not I'm able to reduce my fee at the time. If I offer you a reduced fee, we will review our fee agreement approximately every 6-12 months, and I may request that you increase your payment as you are able to do so.

Late cancellation:

If you won't be able to attend your appointment, please notify me as soon as possible. If it is less than 24 hours before your session, you are responsible for paying me the entire cost of the session. I will often try to reschedule your session for later in the same week at no additional cost to you, but due to my frequently changing schedule, I am not always able to offer this courtesy.

INSURANCE

I do **not** offer services as an in-network provider. If you have a preferred provider agreement (PPO) with your insurance (**not** an HMO), and you choose to submit a claim to your insurance, you may be recompensated using your out-of-network benefits. In that case, you would be responsible for paying me at the time of the visit; your insurance company would reimburse you.

If your issue is one that may qualify for insurance reimbursement, and if you choose to use health insurance to cover any portion of the cost of your therapy services, then you should be aware of the potential risks of doing so. Once your information (which would include a mental health diagnosis) is submitted to the insurance company, I no longer have any control over it, including whether/for how long it may be subject to redisclosure.

Client initials: _____

CONFIDENTIALITY

All information discussed with me in session, and all written records pertaining to those sessions are confidential, and may not be revealed to anyone else without your written permission, except where disclosure is required by law.

In an effort to ensure a high quality of therapeutic care, I periodically engage in confidential consultation with other professionals, regarding various aspects of treatment.

In my office, I have attempted to protect your privacy by means of a closed door, additional soundproofing paneling mounted on my walls, a white noise machine, and informal testing of the soundproofing. Nonetheless, I can not guarantee your privacy in the event of raised voices or loud speaking. During a telehealth session, clients should take steps in their environment to ensure that our conversation will not be overheard by any third parties. This includes that a client in a telehealth session with me should make sure there is no other person present in the room, or in a position to see or hear the content of the session.

If you have previously participated in mental health treatment, I may request that you sign a release of information for me to speak with your former therapist and/or obtain your old treatment records. This coordination of care is standard procedure. It helps ensure that I have all the available information I need to treat your condition most effectively. Similarly, I may also request your consent to communicate with other treating professionals, such as physicians and other health care practitioners.

LEGAL MATTERS

I do not interject myself into clients' legal matters, nor interact with attorneys or write opinions for legal purposes. If you initiate or participate in a lawsuit, your mental health condition may become a factor in the legal proceedings, whether or not you agree to this. In this case, I may be legally required to share your therapy records, and/or be called upon for deposition or testimony. Please be aware that I have a separate fee schedule for legal matters, and that my participation in legal matters falls outside of most insurance coverage. If I am summoned to be deposed or testify on your behalf, you are responsible for paying the entire cost of my time, at my customary rates, including transportation, parking, as well as any waiting time.

BREAKING CONFIDENTIALITY:

I make every attempt to maintain your confidentiality. However there are some occasions upon which I am legally mandated to break it.

- Reporting child abuse: If I become aware of any indication of child abuse, to your child *or any child* I am aware of, I am legally mandated to report it. In this process, I may or may not be required to disclose your name and contact information to the reporting agency;. The agency may become aware that you are my client; and they may contact you. An exception to this requirement is if the alleged victim is currently over 18 years old, **unless** there is the concern that the alleged abuser may be continuing the abuse with other children.
- Child abuse includes physical, sexual, and emotional abuse as well as neglect.
- Domestic violence is reportable as child abuse if children are potentially exposed to it.
- Reporting elder/dependent adult abuse: If I become aware of any indication of the abuse of an

elderly person (65 years old or older) or disabled/dependent adult, I am legally mandated to report it. This includes physical or sexual abuse, emotional abuse, neglect, fiduciary (financial) abuse, isolation, abduction, and/or mental suffering inflicted upon the elder by another person or persons. In this process I may or may not be required to release your name and contact information to the reporting agency; they may become aware that you are my client; and they may contact you.

- **Danger to Others:** If I become aware that you pose a significant risk of killing, attacking or physically harming another person or persons, and/or inflicting other serious damage, I am legally mandated to warn the police and the intended victim(s).
- **Grave Disability:** If you are seriously mentally ill, disoriented, and/or unable to provide for your basic food, clothing, and shelter needs, I may be required to break your confidentiality in order to arrange services for your basic safety.
- **Suicide:** If I become aware or believe that you are actively suicidal, or are unable to guarantee your own safety, I will notify the police, psychiatric emergency team, your partner and/or family, or any other precautions I feel I need to take to attempt to preserve your safety.

Client initials: _____

Contact outside of session:

I am a resident of Long Beach and am often visible around the community. I do not usually acknowledge or greet clients when I run into them in the community. This is standard procedure, to preserve your privacy. You are welcome to greet me (or not) if you'd like, or acknowledge (or not) that you are my client. This is because you, not I, hold the privilege (choice) of your confidentiality. If we encounter each other in the community, it's OK to talk with me briefly if I am able at the moment. However, I am not able to socialize for longer periods of time. (This is not personal; it's due to the legal and ethical standards I am expected to uphold.)

In order to maintain appropriate therapeutic boundaries, I am not able to accept social networking requests from clients.

TERMINATION (when therapy ends):

Although it is generally my wish and intent to maintain therapeutic relationship with a client until such time as they are satisfied or no longer need therapy, sometimes this is not possible or recommended.

If at any time I feel that you are presenting with symptoms that are outside of my scope of practice or competency, or which I am unable to treat successfully, I may refer you to one or more other professionals. If you are not progressing sufficiently in therapy, we may discuss a referral to another mental health practitioner, which may mean that we would need to terminate our therapy.

It is usually not advisable to enter into therapy with more than one therapist at a time. There are a few specific exceptions that must be discussed with me, and with the other therapist. This also may result in my terminating our work together.

If you are or become consistently uncooperative with my treatment recommendations, I may also choose to terminate treatment after discussion with you. This is because it isn't ethical to continue treatment when I believe there isn't likelihood of benefit.

I may also terminate treatment with you if I learn that there is a conflict of interest which prevents me from functioning effectively as your therapist. This often (not always) refers to one or more relationships in my personal life, intersecting with yours. Or, it could refer to you having a close relationship with one of my other clients. If this occurs, I would try to provide you with at least a general explanation as to why I could no longer serve as your therapist, although I may not be able to go into detail for reasons of confidentiality.

As described above, if your account is behind in payments, I will decline to schedule additional sessions until the account is paid current. If this causes us to not meet for several weeks, this may lead to termination of our work together.

You have the right to terminate therapy services at any time, for any reason. It is standard practice and usually quite valuable to discuss your termination with me rather than just disappearing. It's my experience that doing so usually results in significant resolution and/or relief for the client. For that reason, I request and strongly recommend that we discuss any decision to stop therapy with me.

If you fail to appear for a scheduled appointment and/or do not follow up in making an appointment with me, then I am unable to provide effective treatment. If we have not met recently or regularly, and you have not responded to my attempts to contact you, I will consider your therapy case closed and that you are no longer in treatment with me. In this case I may (or may not) call, text and/or send a letter to your home as a courtesy, to notify you that your therapy case is closed and I am no longer your therapist. Generally, if you have not met with me in the last 30 days and had not made prior arrangements with me, you can consider your therapy case at SomaticWise to be closed/inactive, and that you are no longer in therapy with me. As is the case with the majority of your journey to healing, the final responsibility for the continuity of your therapy treatment lies with you.

Your signature on this form indicates that you have read and agree to all of the above, and that you consent to be in psychotherapeutic treatment with me, Andrea Bell, LCSW. Furthermore, that you agree to discuss and attempts to resolve any issues, concerns or disagreements with me as they may arise.

Client Signature

Print Client's Name

Date