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Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

I like to acknowledge the potential difficulty of therapy ahead of time so that whenever it is starting to feel like “work,” or whenever it is bringing up some “stuff” that is difficult for you to be with, we can hopefully find a way to work through those tougher times in a way that is enriching, and ultimately really valuable to you in all of your relationships and in your overall well-being. I like to encourage a culture of transparency in our relationship about these times that may come up in therapy, so that I can support you through those times in the most caring and attuned way that I possibly can, and so that we can move all the way through the hard stuff, attain each of your goals for therapy, and give you the very most value for your investment in therapy.

There may be times when it feels like there has been an “empathic break” in one of our sessions, i.e., times when I failed to see you in the way you needed to be seen, or to hear you or be with you in the way you needed. I highly encourage talking about this together, even if it is difficult. This can be great practice for doing this in other relationships in your life if this is an area of difficulty for you in general. I want you to always advocate directly for your needs, though I don’t expect you to always know how to do it perfectly, and I am here to help out with that whenever you need. My promise to you is that I will hear any feedback or any thoughts or feelings you may have about any instance of ‘empathic break’ in our relationship with equanimity, compassion and professionalism. Though I will not always be as perfectly empathic as humanly possible, I do try, and I am committed to constant improvement, in general, and with

regards to relating to each individual client. Whatever an empathic break brings up for you is actually really rich and valuable clinical data, for both of us, and it can be so rewarding to process it together.

At some point, you will begin to feel done with therapy. That's wonderful! That's the goal. I always encourage a "goodbye"/graduation/termination session so that we can process our work together, reflect on your progress, plan for future obstacles to maintaining that progress, and also so that I can reflect to you genuinely all of the wonderful gifts and charisms that I see in you. Many people have a hard time with goodbyes, or the ending of any kind of relationship. Therapy, at its best, should be a corrective experience, allowing you to have the experience of a positive "goodbye," or a positive shifting of the frame of a relationship in a way that promotes the highest good of all.

On the other hand, you may begin to feel done because we are not jibing, or for other reasons, such as financial reasons. I also encourage transparency around this, so that no subject is taboo. I am committed to doing whatever I can to connect anyone who ever reaches out to me or comes into my office to support/therapeutic services that make the most sense for them, on a personal and financial level. I am well-versed in sliding scale clinics and options in the Bay Area, and I know a lot of great therapists in San Francisco as well, and I am always happy to provide referrals, whatever the reason is that therapy with me is not feeling right for you or matching your needs (on any level) anymore. Additionally, we could always discuss going down to a temporary sliding scale fee for you within my practice if I have a sliding scale spot available and you would like to stay, but are going through a financial hardship. If, during or after our first session, you felt some kind of empathic break, or you felt we weren't jibing as people, I always encourage giving it four sessions before making a definite decision, just to feel it out, and especially to see how it feels after processing the empathic break with me. Though your participation in therapy is always 100% voluntary, it is my responsibility to you to do my best to see us through these times when your commitment to your therapeutic goals is flagging, for any number of reasons. It is also my ethical responsibility to ensure I have done everything possible to connect you to whatever support is most appropriate or financially doable for you at any given time if your therapeutic goals are still not met, and especially if you are in crisis or showing up with acute symptoms or difficulties. This is an ethical responsibility that I take very seriously.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.

2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

About the therapist

I have a Masters in Philosophy from Trinity College Dublin, and a Masters in Clinical Social Work from USC, and have worked in the mental health field since 2013, mostly with children, adolescents and adults with trauma, depression, anxiety, and sometimes with eating disorders and substance use disorders. I take a very client-centered and relationship-centered approach, as I believe each individual I work with is entirely unique, and has their own unique healing process— I see it as my work to facilitate that process rather than to impose any one specific formula or modality, although my work is highly trauma-informed and does integrate cognitive behavioral techniques, inner child work, and internal family systems approaches, as well as somatic- and depth-informed approaches (integrating the Somatic Experiencing orientation of Peter Levine, and the dream work techniques of Carl Jung and Dr. Clarissa Pinkola Estes). Additionally, I am trained to utilize EMDR (Eye Movement Desensitization and Reprocessing), an evidence-based treatment for trauma, and can utilize this treatment protocol if we both feel it is appropriate, after the initial phase of therapy (mostly devoted to assessing and relationship building). There is a separate consent form for EMDR. I also bring a social justice lens and an ecological (person-in-environment) lens to the work. Additionally, I sometimes use oracle cards

(like the original Tarot, and others), astrology and art to help clients cultivate their intuition and self-knowing. I am honored to have the opportunity to do this work and I look forward to meeting and forging a relationship with each of my clients.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.