

KENNETH ROBERSON, PH.D

CALIFORNIA LICENSE PSY11958

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OFFICE POLICIES AND INFORMATION FOR CHILD THERAPY

EXPLANATION OF CHILD THERAPY: Some children experience difficulty in adjusting to normal life experiences, and others struggle with feelings about hurtful situations from the past. Therapy provides a unique opportunity for working through these problems in a relationship with an accepting adult who is specifically trained in understanding the complexity of children's emotional life. The therapy process for older children consists primarily of helping them to talk about their fantasies and feelings. Younger children, however, use various forms of play in addition to talking.

Therapy during childhood is particularly worthwhile because it can resolve conflicts and also prevent the development of unhealthy attitudes and behaviors that might become a stable part of the child's personality.

There is a large variation in the length of effective therapy, but if problems are serious, it is not uncommon for a child to need two years of continuous treatment. Parents should be willing to support this length of time from the onset, since it is very detrimental to the child to start treatment and then to terminate it prematurely.

CONFIDENTIALITY: Effective treatment is dependent upon the child being able to maintain a confidential relationship with the therapist. Therefore, it is essential that the child not feel any necessity to give an accounting of the events during the therapy hour. This time should be viewed as his/her own private time with the therapist. For this reason, parents are asked to refrain from questioning the child about what was discussed in the sessions.

Under ordinary circumstances, I will not tell parents (or anyone else) specifics about the treatment hour. Revealing any information will be solely at my discretion (except as mandated by law), and the decision to do so will be based on whether or not a particular disclosure is necessary to promote or protect the welfare of the child. The signing of this agreement indicates your understanding that I am not willing to testify in court or be involved in any litigation related to the child's psychological functioning. If an extensive evaluation of the child's condition is needed, it is agreed that another professional will be consulted for that purpose.

There are times when case material is used for classroom instruction of students or for publication in professional journals. In these situations the identity of the child will be disguised.

PARENT CONFERENCES: It is important that parents maintain contact with me and communicate any concerns that develop. Please feel free to phone at any time or set up an appointment to talk face-to-face. I will request regular conferences in order to get feedback about how the child is doing at home and at school. When parents have their own individual therapist in addition to their contact with me, it always has a positive effect on the child's progress.

FINANCIAL ARRANGMENTS AND SCHEDULE: My fee is \$160.00 per 50 minute session. Payment is due and payable when the bill is received at the end of the month, unless prior arrangements have been made. The usual fee will be charged for all missed sessions (including vacation times) unless I am able to fill the time with a consultation or we are able to make up the

missed session within a week's time. This policy is necessary because I reserve consistent regular times for you child as long as he/she is in treatment and I cannot use that time for anyone else.

Consistency of therapy time with as little disruption as possible contributes greatly to progress and good results. The child needs to be prepared for any change in schedule. Therefore, parents are requested to discuss potential changes with me and allow at least a month before implementing any agreed upon change.

I have read and understood the above policies and procedures.

Name (print)

Name (signature)

Date

Name (print)

Name (signature)

Date

Please mail or fax this completed form to:
1700 Pierce Street, Suite 402, San Francisco, CA 94115
Fax: 415-440-7436

Or, please email scanned copy of completed form to:
info@kennethrobersonphd.com