

Understanding Therapy and your Agreement to Participate for Adolescents

The success of therapy depends on a high degree of trust between you and your therapist. This document was created for adolescents to learn about what to expect from therapy and from their therapist.

What to expect

The purpose of meeting with a therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a therapist about these problems. Or, you may be here because someone has concerns about you. When we meet, I will ask questions, listen to you and try to understand more about what is bothering you. Together, we will discuss possible solutions to your problems and how to communicate differently with those around you. The relationship between you and your therapist is special and unique. You will probably share information with your therapist that you might not feel comfortable sharing with anyone else. It is not your therapist's job to make judgments or give advice. Rather, the therapist's role is to be a guide and support you in the decisions that seem right for you. In order for the relationship to feel safe, you and your therapist cannot socialize together outside of the session.

You have the right to:

- Be honest with your therapist about your feelings, not only about others, but also about your therapist. It is okay to ask for what you need, and express any fears, anger or annoyances that your therapist may trigger in you
- Question whether or not you want to continue with therapy – just let your therapist, and your parent(s) know
- Ask questions at any time. Your therapist might have an idea of how to help, and you have a right to understand her process

Know the risks

It is important for you to know that there can be discomfort involved in participating in therapy. You may remember unpleasant events, or have feelings of anger, fear, worry, sadness, frustration, or loneliness. If these difficult emotions arise for you, talk to your therapist about your feelings. She will help you learn how to manage them and identify support systems to help you feel better. If at any time you feel that your emotions are too intense, tell your therapist right away. It is part of your therapist's job to make sure that you feel emotionally safe.

Your privacy

It is important that you feel comfortable talking to me about whatever is bothering you. Sometimes you might want to discuss something that you don't want your parents or guardians to know about. You have the expectation of privacy in our sessions. However, there are some exceptions to this rule. In some situations, I am required by law or by the guidelines of my profession to share information even if I don't have your permission.

I have listed some of these situations below:

- You tell me that you plan to seriously harm yourself
- You tell me you are serious about harming someone else
- You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed

For example:

- Excessive or frequent drug and alcohol use
- Depending on your age, there are some specific sexual acts that must be reported, even if the act is consensual
- Putting another minor in a dangerous situation
- Pranks that intentionally or unintentionally cause harm
- You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past
- You are involved in a court case and a request is made for information about your therapy

Communicating with your parents and other adults

As a general rule, I do not talk to your parents about what we discuss in therapy without your permission.

During our time together I will invite your parents to a conversation about how you are doing. You are welcome to be involved in this meeting, or I can meet with your parent(s) alone. When meeting with your parent(s), I usually describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. Even if I have agreed to keep what you say private, there may come a time when I believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent(s) and I will help you find the best way to tell them.

I will not share any information with your school, medical doctors, other family members or friends without your permission and permission from your parents. Sometimes I may request to speak to someone outside of the family to find out how things are going for you. Also, it may be helpful for me to give suggestions. A very unlikely situation might come up if I do not have your permission but both I and your parent(s) believe that it is very important for me to be able to share certain information with someone. In this situation, I will use my professional judgment to decide whether to share any information.

Emergencies

If you need to contact your therapist, you can either call the office at 619-275-2286 and leave a message, or email your therapist. Your therapist can be reached during normal business hours, and may not be immediately



5055 North Harbor Drive Suite 320, San Diego, CA 92106
11440 West Bernardo Court, Suite 256, San Diego, CA 92127
Phone 619-275-2286 | Fax 619-955-5696
www.TherapyChanges.com

available to handle emergency situations. If you are in need of urgent help, please tell your parent(s), or another adult, call '911' or the San Diego Crisis Line at 1-888-724-7240.

Your agreement

Please talk this over with your parents before you decide whether or not to participate in therapy. Your parents will be asked to give their permission, as well. Even if your parents say 'yes', you can still decide not to be in therapy.

By signing below (or saying 'yes'), I have decided to participate in therapy and that all of my questions have been answered.

Signature of Adolescent

Date

Printed Name of Adolescent