

Laura A. Fish M.S., L.M.F.T
1582 West San Marcos Blvd, Suite 105
San Marcos, CA 92078
(760) 215-2573

Statement of Practice

- 1.) **Qualifications**—I am a licensed Marriage and Family Therapist, with a Bachelor of Arts degree from the University of California at Berkeley, and a Masters of Science degree from San Diego State University.
 - 2.) **Clients Served**—I provide therapy for individuals, couples, and families. I work with children and adults. I also offer child and parent support or therapy groups as needed.
 - 3.) **Specialty Areas**— I specialize in the practice of marriage and family therapy working with concerns of childhood, adolescence, parenthood, marital difficulties, mental illness, and life difficulties of adulthood that affect family relationships.
- 4 & 5.) **What to Expect from Therapy and What I Expect from Clients**—

I work from an ecosystemic perspective, which means that I am always looking to find out how the “presenting issue” is connected to other aspects of a client’s life, be it childhood, relationships, work, school, or the community in which they live. By considering the systems within which a person functions on a daily basis, I will work to help client(s) integrate all aspects of their lives to achieve maximum well-being, including exploration of the mind/body connection through the lens of neuroscience.

Goals for therapy are always established through collaboration with the client who makes informed choices as to the progression of therapy. The overall objective for our time together is always the successful resolution of the problems that are deemed the most important through that collaborative process.

I draw from a variety of therapeutic strategies including traditional, modern, and more Eastern based approaches, to assist clients in finding a path for healing and well-being that fits their values, perceptions and belief. Therapy is not one-size-fits all. Some, but not all, of the techniques that I employ regularly are communication skills training, cognitive behavioral techniques, mindfulness based practices, meditation, and guided imagery. I am also a certified Reiki Master. These services are offered separate from the therapy services if desired.

With young children and adolescents, my therapeutic interventions may stem from the above, and from the field of Interpersonal Neurobiology, the Teaching Pyramid Framework, and the works of Jane Nelsen, the author of Positive Discipline.

For all of the above, “homework” is a vital part of the therapeutic process. To get the most from the therapeutic experience, clients must practice what is learned in session.

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Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Appointments are typically scheduled one time a week for fifty-minutes, with the first session devoted to gathering necessary information. While there is no way to predict the length of therapy, my goal is to help clients gain the tools they need in as few sessions as possible. The amount of effort the client puts in to doing work outside the session is directly, and inversely, correlated to the length of time needed for therapy services.

6.) Code of Ethics—As a Marriage and Family Therapist, I am required to adhere to the American Association of Marriage and Family Therapists Code of Ethics. A copy of this code is available upon request.

7.) Privileged Communications—I am required to abide by the professional practice standards for licensed marriage and family therapists and California law. I do not disclose client confidences and information to any third party without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect, instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm, and employer requests for psychological evaluation as requested by you.

Certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. If subpoenaed, I must respond to the court order, but I will always attempt to claim client privilege to avoid revealing any information.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release *any* information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

8.) After Hours and Emergencies

You may leave a message on my confidential voice mail and I will return your call within twenty-four hours to briefly respond to your concern. You will be encouraged to document your concern and bring it to your next scheduled appointment time. *Contact*

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between sessions is limited to immediate needs such as clarification about a scheduled session time or escalating symptoms and not for regular communication.

The number is (760) 215-2573 and will be provided to you on one of my business cards for easy referral. When immediate care or after hour care is necessary, you may call 911 or the San Diego 24 hour crisis hotline at 1(800) 479-3339 for emergency services. When I am out of town, I will make arrangements for another qualified therapist to cover any crisis that may arise. In the event that I cannot be reached quickly, you should call your physician or psychiatrist, dial 911, and go to the emergency room of a local hospital.

9.) Fees, Office Procedures, Policies for Insurance Reimbursement

Appointments—Appointments are typically set at the close of each session. Appointments may be rescheduled or cancelled by speaking with me or leaving a voice mail message. Failure to give **twenty-four hours** notice to reschedule or cancel an appointment will result in a charge for the time reserved for you.

Fees—My fee is \$175 for a 50-minute session and the time it takes for me to plan outside of that time frame. Typically, I spend another hour or more after each session reflecting, planning, researching, and even consulting with colleagues about your treatment plan, maintaining confidentiality of course. The fee I charge covers this total time I spend to support you. Payment for services rendered is due at the beginning of each session. Currently, I only take cash or check as a form of payment.

Insurance—Consult your insurance company in advance regarding the extent of your mental health coverage. I do not file insurance from my office. The statement you receive will contain all the information you need to file a claim for reimbursement of your fee if you have sufficient out of network benefits.

10.) Potential Benefits and Risks of Therapy

a) Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.

b) Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client's social system.

c) A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship.

d) At first the client may experience an increase in stress as a result of exploration and focus on the presenting problem(s). This increase will be discussed, monitored, and the

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client will receive strategies to manage this shift as a part of the planning process with the therapist.

11.) I have read and understand the above information.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date

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Authorization for Treatment of Minors

I, _____, give permission for Laura A. Fish, M.S., L.M.F.T

(Name of Parent or Guardian)

to conduct therapy with my _____, _____.

(Signature of Parent or Guardian)

(Date)

(Signature of Therapist)

(Date)