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OFFICE POLICIES AND PROCEDURES

Welcome to my practice and thank you for the confidence in me that your being here implies. Given the nature of my profession - providing psychotherapeutic treatment, assessment and consultation - it is important that you have a good sense of who I am and how I work. Thus, here is a statement of my Office Policy and Procedure. I ask that you review this manual to help us be as clear as possible as to the nature and expectations of our working together. Please do not hesitate at any time to ask about any portion of the information which seems unclear or confusing, or if you have any other questions.

Qualifications

I am a licensed psychologist in the State of California since 1982 (license number PSY 7324), and have worked in the mental health field since 1969. I received my B.A. in Psychology from the University of California, Santa Barbara, in 1972, and my M.A. and Ph.D. in Clinical Psychology (with a minor in Developmental Psychology) from Michigan State University in 1980. Since being licensed I have worked in private practice, though I also was the Clinical Director of the Adolescent Inpatient Substance Abuse Program at Southwood Mental Health Facilities in Chula Vista for two years, and subsequently the Director of Psychology for their Adolescent Psychiatric Residential Treatment Program for three more years. Since 1984 I have been an Adjunct Faculty Member of the California School of Professional Psychology, San Diego campus, teaching a class in the area of child and adolescent psychotherapy.

While my Psychology license, issued by the State of California Board of Psychology, allows me generally to provide and supervise psychological services and treatment, I have various areas of expertise. Thus, my training and experience have given me particular competence in the evaluation and treatment of children, adolescents, and families. The areas of child abuse, as well as evaluation, treatment and mediation in custody matters have been an emphasis of mine over the past twenty years. I also am certified as a New Ways for Families facilitator. In addition, my training and experience has given me competence in couples therapy, and individual therapy with and evaluation of adults.

Basic Philosophy of Psychological Treatment

I provide in my waiting room the pamphlet *A Consumer's Guide to Psychotherapy and Counseling*, which I ask that you read since it gives both an overview and a more detailed discussion of the main areas you need to know about regarding psychotherapy. As to my own approach, the Humanistic, Jungian/Psychodynamic, Cognitive-Behavioral, and Systems models are my main theoretical underpinnings, framed within the findings of

neuropsychology. My clinical techniques derive from these approaches and others, such as Gestalt therapy. I also use the technique of Eye Movement Desensitization and Reprocessing (EMDR) when appropriate. You will find a fuller description of the philosophies and theories that guide my work, and specific approaches on my website, www.volcani.com. In addition, I'd be delighted to speak with you in whatever detail you find helpful about such matters, and the general "why's" and "what's" of our work together. I want to emphasize that I see my role as a "consultant in living" or "care coach," whom you have hired to help you and/or your child take loving, respectful, and responsible care of yourself. This is living a life based on self-value, self-respect, and self-responsibility – which implies the use of one's talents, persevering through challenges, and being caring of others, our community, and the world. This takes enormous courage, which at times can necessitate professional support.

Regarding my work with children, it is ultimately a *team* approach between child, parent, and myself. The individual aspect of my work with children is fundamentally based on Humanistic Psychology, with play therapy being the main modality of treatment. Again, this is explained in more detail on my website. Of course I would be happy to discuss with you in whatever detail is useful the specifics of this way of doing therapy, including giving you readings and a videotape on play therapy. Let me here state that my approach is based on the assumption that children most readily – and often most meaningfully – express, explore and potentially resolve their concerns and conflicts through the metaphoric, "magic mind" language that we call "play." Indeed, the term "play" in some ways is a misnomer, since we tend to see it as somehow frivolous. To the contrary, play truly is the psycho-neuro-bio-social scaffolding of human competence; *it is the child immersed in self-creation*. My task is to provide a relationship in which the child feels valued and understood, and a "safe and sheltered space" in which the beneficial work of play in the context of a relational connection can occur. This child-centered focus is augmented with a skill-acquisition approach whereby the child – typically in coordination with the parent(s) – is taught specific methods to affect and behavioral regulation. In common parlance, the child is taught to be in charge of hands, feet, mouth, mind, and mood. Thus, my approach synthesizes the theories and techniques of both relationally-based and skill-acquisition focused methods that are neuro-developmentally informed and are consistent with empirical findings of effectiveness (what is now commonly known as "evidence-based treatments").

In addition to providing individual therapy for children, adolescents, and adults, I also work with families as a whole, or with specific dyads. The latter includes what is now termed by Family Court "reunification therapy." In such cases the focus is on repairing the damaged relationship between a parent and the child that is rejecting him or her – either due to the parent's direct actions ("estrangement") and/or due to the internalization of the other parent's negative feelings about the rejected parent ("alienation"). If the child is young, I often will utilize filial therapy (teaching the parent child-directed play skills) as the central means of intervention. I, furthermore, do couple's/marital therapy.

As part of my specialty in working with families of divorce, I perform 730 Custody Evaluations for Family Court, as well as individual psychological evaluations focused

on caregiving abilities. Having worked with Dependency Court for many years in child abuse matters, I also perform bonding studies related to the nature of children's attachment to and perceptions of their caregivers. In addition, I consult with attorneys and clients regarding Family Court cases. As previously noted, a more thorough description of my methods for each of the services I provide can be found on my website.

It will be important for us to discuss the specific therapeutic approaches and modalities that would be best for you and/or your child. There are occasions when medications can be of help, at which point I could refer you to several psychiatrists I am familiar with for a psychiatric consultation. Sometimes group therapy or some other specific approach that I do not do could be helpful, in which case I again would give you a referral. Often a variety of coordinated therapeutic approaches can be utilized together. As always, these are things we would need to discuss to optimize your care.

Therapy Records and Record Keeping

Therapy is ultimately based on trust, which clearly involves matters of privacy and confidentiality. There are three elements to my record keeping regarding you – there is a billing ledger with billing and account information that is kept by me; there are my clinical notes from our sessions (which I keep on my computer, being backed-up on an external hard drive and on two internet “cloud” storage services); and there are any reports or documents relevant to your case that you have supplied me. I am the only one who has access to these documents regarding you. Access to any information I may have about you can only occur through an Authorization of Release of Information Form signed by you, or a court subpoena for records. The records are kept for at least ten years (those of children are kept until the minor is twenty-five years old).

Diagnosis, Progress Assessment and Follow-Up

An initial aspect of therapy is assessment – what is the problem, what are the factors involved, and what would help. My method for gathering this information is through our initial session and as we “touch base” throughout our work together. Documents you may have supplied me, and contact with other relevant professionals and individuals (obviously with your signed consent), also can be useful. In addition, if we think it would be of help, there are various assessment techniques, including formal psychological tests, questionnaires, and inventories that I may give to you or your child. It is important that we evaluate your or your child's needs and progress on an ongoing basis to assure you or she/he are maximally benefiting from treatment. If progress is not occurring as much as you would wish or as is possible, we will need to discuss this and decide what changes, if any, need be made. While I know there can be reluctance to do so, it is important that you keep me aware of your feelings in this regard so that I can be of optimal help.

The Therapeutic Relationship

Since protecting client confidentiality is such an important aspect of therapy, some therapists prefer not to take as clients friends or other members of the existing client's family. While I assure you that I will keep confidentiality in the strictest sense, on

occasion I will see such individuals if, after discussing this with you, there are clear and specific reasons to do so, and we have determined it will not disrupt our work together. Obviously it would be important that neither you nor the family member or friend feels pressured by the other to reveal anything that is said in therapy.

The other confidentiality situation that can arise is running into your therapist outside of the office (e.g., at a grocery store, shopping mall or a restaurant). Some clients understandably feel very uncomfortable in such circumstances. Know that should you happen to see me outside of the office, I will not speak to you unless you speak to me first. This is so that you have complete control over the situation so that you may feel more comfortable.

You should know that there are four circumstances in which, by law, I would have to take action, even if it necessitated breaking confidentiality. These are:

1. Danger to self (e.g., suicidal risk or grave inability to care for oneself) – I would have to call appropriate authorities, such as emergency psychiatric services;
2. Suspected child abuse – I would have to call Child Welfare Services;
3. Suspected abuse of elderly – I would have to call appropriate authorities;
4. Danger to others (e.g., threat of homicide or grave bodily harm, which includes domestic violence) – I would have to call the police and warn the potential victim.

Otherwise, as previously noted, I must keep all information regarding you in absolute confidence, only to be divulged through a signed release by you or an order of the court.

Physical Touch and Sexual Contact With Clients

Talking about sexual thoughts or feelings can be a part of therapy. But actual sexual contact of any sort between clients and psychotherapists is *never* okay. Knowing this hopefully helps clients feel safer when they discuss sexual feelings. If you ever have any questions about this ethical code, please discuss it with me or request the information booklet that I have, entitled "Professional Therapy Never Includes Sex."

A milder version of this same concern occurs when clients wish that their therapist would hug or hold them. While this can be a part of certain forms of therapy, it is not what I do. Physical touch (other than a handshake) is a very intimate thing for many people. It is also a thing that can be easily misinterpreted as sexual, or it simply may feel uncomfortable. I want you to feel as safe and at ease as possible, so physical touch between you and I (other than a handshake) generally would not happen.

Basic Office Information and Policies

My office is generally open Monday through Friday from 8:15 to 11:15 a.m. and 4:15 to 8:00 p.m., and Saturdays from 8:15 to noon. Occasionally I will see clients at 7:30 a.m. or 8 p.m. Office appointments are scheduled in advance by you and me. I am usually able to schedule an appointment within a week of being asked.

Therapist Availability

I am primarily available during your scheduled appointment. However, I also have a

telephone/answering machine onsite at my office at (858) 459-5557, a telephone/answering machine at my home office at (858) 454-6484, and a cell phone at (858) 842-7792 (typically the best number to reach me quickly, including by texting me). In addition, I am available through e-mail at drv@volcani.com. You may leave a confidential message for me at any time. I check my answering machine at least every few hours during the day, and my e-mail at least twice a day; I have my cellphone with me most all of the time. I normally will return phone calls within several hours of the message. On occasion I may be unable to return a call until the following day. However, if I have not returned your phone call, text or email within 24 hours, please assume there has been a technical problem and contact me again.

Generally only emergency calls are returned after office hours or on holidays and weekends. Emergency calls are those which involve situations of crisis or immediate danger to the client or another individual (e.g., plans or feelings of self-harm or of harming others, a teenager running away, or a spouse leaving). In such situations call or text my cell ((858) 842-7792), leaving your name and the phone number where you can be reached. I will return the call as soon as possible, usually within the hour. If you need more immediate help, please call the County Crisis Line, the Police or your nearest Emergency Room. I wish to be available for all legitimate client needs, but please do not use the emergency system unless it is truly necessary.

I take vacation and holiday time or attend professional trainings several times a year. If I am unavailable, another qualified therapist will be covering for me (although I will be able to be contacted through my cellphone). A few weeks before I go on vacation or attend a training, you will be informed of when I will be unavailable, when I will return, who will be covering, and how to contact the covering therapist should the need arise. While I am away, my answering machine message should also contain the above information. The exception to this "prior notice" policy would be an unexpected emergency or illness that requires that I be unavailable. If this should occur, I will attempt to contact you immediately. If I am unable to reach you, I will place a notice explaining the situation on the office door if possible, and I will phone you to reschedule your appointment.

Fees and Payment Arrangements

I provide a variety of psychotherapeutic, psychodiagnostic and consulting services to clients. The fee amount and billing structure may vary depending on the service. I would be happy to provide you with a listing of these fees upon request. You will always be informed as to the cost of service before it is provided, and will be given a payment agreement specifying costs of services and terms of payment.

In addition to the fee amount, some clients wish to know what the psychotherapy fee actually covers. Hence, in addition to the therapy time itself, the fee pays for office overhead (e.g., rent, malpractice insurance, phone and electric costs, paging services, computer costs, and billing services); costs for professional journals, conferences and trainings; the time spent on record keeping and reviewing records. These are the standard operating costs of a psychotherapy practice or clinic and these are the expenses your fees are covering. In addition, I do not charge for phone contact, unless it is for more than 15

minutes (at which point I charge \$50 per 15 minutes), nor for brief email or text communication or brief (under 15 minutes) contact with other relevant professionals (such as previous therapists or, in the case of children, their teachers).

You and I will communicate regarding fees prior to making your first appointment, typically through the email I send providing directions and a Client Information and Consent Form for you to sign. This form lists the exact fee and payment arrangements we have agreed upon. Some clients prefer to talk about this form with their family and friends, or, when relevant, their attorney, prior to signing it. Obviously, this is fine. I would ask that this document be signed by the second therapy session.

Many clients want to know if I offer a "Sliding Fee Scale." Such arrangements can be made at times. In addition to specific client circumstances, different people may be charged different fees depending upon the arrangements made by me with insurance providers or managed care companies (although I do not take direct payment from such companies, I'm happy to provide you at the beginning of each month coded statements for you to obtain reimbursement), the length of time the client will probably be in treatment, and which specific services are required. In addition, different payment arrangements may be tailored to the circumstances of each client. While typically payment is made at the time of service, some clients prefer to pay in advance, and some clients need to defer a portion of the fee to a later, more financially feasible date. These considerations are my attempts to work with clients to develop comfortable payment arrangements. However, this policy of working with individual clients in order to offer affordable health care is not infinitely flexible. The specific guidelines are listed below.

Payment Arrangement Guidelines

1. Fees and specific payment arrangements are agreed upon at the beginning of any psychotherapy (individual, couples, family, or group) or psychological evaluation.
2. I do not take direct payment from insurance companies. However, as stated above, I am happy to provide itemized statements with the appropriate codes so that the client can be reimbursed by the insurance company. Thus, the client is responsible for finding out if psychotherapy is a benefit that his or her coverage provides, finding out how much of the fee the insurer will cover, and how many sessions will be covered.
3. Payment is expected to be made at the time of service. Again, upon request, I am delighted to provide an itemized statement at the beginning of the month, which provides information necessary for insurance reimbursement (this includes a diagnosis, which we would specifically discuss before one is given). Statements also are sometimes requested in legal matters, such as court ordered therapy or evaluation.
4. If arrangements have been agreed upon for payments to be made separate from time of service, clients are responsible for making such payments promptly at the agreed upon intervals.
5. Occasionally unexpected circumstances make it impossible for a client to make a scheduled payment. If this should occur, please contact me and talk about alternate payment arrangements.

6. Occasionally clients need to "run a balance" or defer payment until financial circumstances make it possible for them to resume payment. I am committed to working with you in these situations. However, I have found that allowing a balance over \$500.00 to accumulate often creates undue stress and worry for clients. As a result, my policy is not to allow unpaid balances to become this high. Instead, should this situation arise, I may suggest a temporary break in treatment while the account balance is reduced.

7. In the rare circumstance that a client leaves therapy and does not make payment arrangements, it may become necessary for the account to be turned over to a collection agency. Be assured that I will not take this step as long as a client is making good faith attempts to make payment.

Special Circumstances

Occasionally a client who is in psychotherapy is hospitalized or is homebound because of an illness. In such situations, I may make hospital, hospice or home visits. There is no additional charge to the normal fees for such hospital or home visits. Sessions by telephone or web-camera also can be arranged.

Termination of Services

Let me first state the obvious – you hired me to provide you a service; you are my boss. Hence, you can terminate therapy whenever you like. As I previously emphasized, if you are not pleased with my services, by all means do let me know so that I can see what I can do to better meet your needs. I know this can be difficult, but it is important to do. If I can't accommodate your needs, I would be happy to give several referrals to other professionals in the area. Also, as posted in my office, you have a right to ask questions or file a complaint through the Department of Consumer Affairs, Board of Psychology. The phone number is (916) 263-2699. Their address is:

Board of Psychology
Allied Health Complaints
1430 Howe Ave., Ste. 54
Sacramento, CA 95825

By definition, consultation, therapy and/or assessment is intended to achieve a defined goal(s) that, once met, no longer necessitates the service. Thus, most typically our work will end once this goal has been achieved (though, as we'll discuss and as described on my website, I do see some clients on an ongoing basis, analogous to a "vitamin supplement"). Usually, we both will know when there is enough progress made that it is time to end. We then typically would meet for one or two more sessions for "closure." Having a few such sessions before ending is particularly important for children. Do know that I would still be available to touch base by phone/text/email. Clients sometimes come back at a later date (even years later) for a "tune up," or due to other circumstances (e.g., their little darling is now a strapping teenager...). You're always welcome back!

Other reasons for termination might be that we both feel treatment is stuck and no progress is being made, or that it becomes clear I am not able to provide what it is you request or require. Finally, frequent missing of appointments or lack of payment would typically necessitate the termination of services. Do know that in any of these circum-

stances we would talk about the difficulty, see if a solution can be reached, and, if not, I would provide you with several referrals for your or your child's continued care.

Again, please do read the booklet provided for you in the waiting room, *A Consumer's Guide to Psychotherapy and Counseling*, for further clarification on issues related to the practice of psychology.

I look forward to our working together for your or your child's well-being.