**Cindy Brooks**

**LMFT, SEP, CATC IV**

MFC#86672

**Office Policies**

**Psychotherapy and Somatic Experiencing**

Welcome to my psychotherapy and Somatic Experiencing practice. Somatic Experiencing (SE) is a naturalistic form of healing that will help you learn how to settle and release physiological activation from your body. Very often this process helps people to reduce stress and return to a sense of regulation and mastery in their lives. SE will support you in learning how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. SE is particularly useful in managing stress because so many of the symptoms are physiological. If you would like to read more about SE, visit our website at [www.traumahealing.com](http://www.traumahealing.com) or read *In an Unspoken* *Voice* by Dr. Peter Levine. During SE practice, I also draw upon Psychodynamic therapy, Family systems, Twelve Step recovery and Experiential Activities.

**Credentials**

I am a Somatic Experiencing Practitioner (SEP) certified through the Somatic Experiencing Trauma Institute. I am a certified Addition Treatment Counselor through the California Association of Drug and Alcohol Educators and have been working in the field of substance abuse for over 9 years. I am also a Licensed Marriage and Family Therapist in the state of California.

**Benefits and Risks**

SE may offer you many benefits such as an increase in your ability to self-soothe and feel empowered. However, there may also be risks as with any type of therapy. Although SE is designed to help you resource and work with manageable amounts of discomfort, you may experience challenging feelings, images, or thoughts. Furthermore, as with any stress reduction treatment, there can be not guarantee that you will reach your goals. Many people report SE has helped them tremendously and has created positive change in their lives. Learning how to reorganize “body memory” is often vital in learning how to relax and calm your nervous system.

**Confidentiality**

Everything you share with me will remain confidential. There are a few reasons however I am required to break confidentiality by law. The first would be if you were in danger to yourself and had an active plan to harm yourself. In this case I would contact the hospital to place you on a 72-hour watch. Another reason would occur if you were planning to seriously harm another person. I would be required to contact the person threatened if possible as well as the police department. Confidentiality will also be broken if I learn of child or elder abuse and will contact protective services immediately. If I learn of a child abuser from a person’s past who is actively still around children I am mandated to report him or her.

If you are a minor, I am required to share important information with your parents regarding your emotional health. This is not the case if the information you share would put you at extreme physical risk from a caregiver. Breaches in confidentiality will occur along the same guidelines for adults listed above, but include a report if you are having a sexual relationship with someone 21 or older if you are less than 16 years of age. I am also mandated to report sexual abuse if you are under 13 years old and your partner is older than 13.

**Phone Calls and Emergency Contacts**

Calls will generally be returned within 48 hours during regular working hours Monday-Friday unless I am out of town. I will generally tell you when I will be away from the office. I provide non-emergency service. If you have an immediate emergency you may call 911 or go to your nearest emergency room.

**Fees**

Sessions begin at the time of the scheduled appointment and generally run 50 minutes. If you would like to book a longer session it will be pro-rated on the amount you pay. Sessions are $200 and run 50-55 minutes. I will reserve a third of my practice for students and low-income persons who may be eligible for a sliding scale.

**Cancellations**

If you decide that you need to cancel a session please call me 24 hours before at 949-697-9226. **If you do not cancel I will expect you to pay for the missed session in full.** This means that if you have an appointment at 11:00am on Tuesday you would need to cancel by 11:00 am on Monday. This allows me time to reschedule other clients who could benefit from the availability. This policy applies to me also. I will call you with at least 24 hour notice if I need to reschedule. If for any reason I miss our scheduled appointment without notifying you I will provide your next session free of charge.

**SE Session Format**

SE sessions are done seated in a chair or couch depending on your preference. You will be asked to share an impression of the sensations you feel in your body, such as tightness, heat, shakiness, expansion, openness, relaxation, contentment etc. I will teach you ways to track or follow these sensations with your awareness and come to a place of rebalance.

**Touch**

SE is not a form of massage. I may offer you touch support for the following reasons: grounding, containment, or awareness building. You will always be asked before being touched and have the right and my full support to decline. If you do not feel comfortable with touch or if the session does not call for it session work will not include touch.

**Confirmation**

It is a great honor and pleasure for me to work with you and share my knowledge of Somatic Experiencing and other modalities. I hope to teach you skills that will help you reduce stress in your life. It takes strength and courage to explore greater self-awareness and I feel privileged to support you in reaching your goals.

Please sign here to verify you have read and understand all of the above information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best number to reach you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_