

Appendix D2

Explanation of Services

Welcome to the Office of Employee Assistance. This document contains important information about our professional services and practices. Please read it carefully and note any questions you might have. (For the purpose of this explanation the terms psychotherapy and counseling will be used interchangeably.)

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the clinician and client, as well as the particular problems brought forward. There are many different methods that may use to deal with the problems you hope to address. These services are not like a medical doctor visit. Instead, psychotherapy calls for a very active effort on your part. In order for the counseling to be most successful, you will have to work on issues both during sessions and at home.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, the clinician will be able to offer you some first impressions of what the work will include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with the clinician. Therapy involves a commitment of time, effort and energy, so you should be very careful about this decision. If you have questions about procedures, bring them up whenever they arise. If your doubts persist, your clinician will help you set up a meeting with another mental health professional for further assistance or a “second opinion.”

MEETINGS

Generally, the process begins with assessment that can last between one and three sessions. During this time, you and your clinician will decide what is the best way to proceed. After the assessment is completed and if the course of treatment is determined to be internal, then a subsequent session will be

scheduled based upon the determined frequency of sessions and mutual availability. Once an appointment is scheduled, it is customary to provide at least 24 hours advance notice of cancellation.

CONTACT

Your clinician may often not be immediately available by telephone because of providing services to other clients. The voicemail system will provide a direct and confidential means of contacting your clinician. Please call during normal business hours whenever possible. Every effort will be made to return your call on the same day you leave a message. If you are experiencing a life-threatening emergency please call “911” or go to your nearest emergency room.

MINORS

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, they will be provided only with general information about our work together, unless there is a high risk that you will seriously harm yourself or someone else. In this case, they are likely to be notified of our concern. Before giving them any information, we will discuss the matter with you, if possible, and do our best to address any objections you may have with what we are prepared to discuss.

PROFESSIONAL FEES

Services provided by the Office of Employee Assistance are without charge to the employee or their immediate dependents. However, if it is determined that a referral to another provider is in the best interest of the individuals, such services will be the full responsibility of the employee. Every effort will be made to utilize the employee’s health insurance, if applicable, and any other community resources with cost containment concerns firmly in mind.

Your signature below indicates that you have read and understand the information contained in this Explanation of Services.

Client

Date

Client

Date

Legal Guardian (if applicable)

Date