



Mariposa Psychotherapy Services

Helping Individuals, *Couples*, and **Families**
become more **open** *trusting and giving*

Please fill out the first 8 pages.

The last 7 pages are for you to take home.

Thank you,

Carolyn C. Martin, MS, LPC, LMFT



Information for New Patients

Welcome to our office. We ask that you read the following information and bring any questions you may have to our attention.

Confidentiality

The therapists' code of ethics and the state laws regulating therapy consider the personal information you discuss to be confidential. This means that no information about your therapy can be released without your written permission. Also, your therapist recognizes that a trusting relationship between a therapist and client cannot be formed if information is not kept confidential. However, in a small number of situations, therapists are legally required to break confidentiality:

- ❖ If you reveal information that indicates a clear and immediate danger of injury to yourself or others, the therapist is required by law to contact the appropriate authorities and/or family members.
- ❖ EVERYONE, including yourself and your therapist is required by law to report knowledge and/or suspicion of abuse and/or neglect to an incompetent person, disabled person, or a child.
- ❖ When a court-ordered subpoena requires the release of records kept at the therapist's office and/or requires a therapist to give testimony at a court hearing, they must follow the requirements of the court.

Appointments

Personal commitment to therapy is crucial for success. If you must cancel your appointment or come late for an appointment you are expected to notify me. **You will be charged in full for cancellations and/or no shows unless you give 24 hours notice.**

Your insurance company will NOT pay for any portion of your no-show or late cancellation fees.

Therapists often work late hours, attend out of town conferences, and have hospital emergencies that make them difficult to reach. Twenty-four hours notice usually will insure that I get your message. Also, this gives others an opportunity to schedule their session in your time period.

Please be on time for your sessions. They will last only 50 minutes. Think ahead about what you would like to work on, pace yourself, and plan to stop on time. Obviously, there are times when it is impossible to shut down your feelings or finish thoughts precisely after 50 minutes. The 50-minute session is a goal not a straight jacket.

Fees & Insurance

Payment is due in full at the beginning of a session. Valid methods of payment are credit card, cash, or check. Fees are subject to a 10% increase every six months. In most cases, Mariposa Psychotherapy Services would be happy to file your insurance claims for you.

Maximizing Your Therapy

It is important that you be an active, open and honest client with your therapist. Your most important responsibility, however, is to work toward the goals you and I have agreed upon. Seeing a therapist for 50 minutes per week will be of little benefit without additional effort outside the therapy office. This work can include thinking about the material covered in your session, making yourself aware of the behaviors you are willing to change, or working on specific assignments made by me. Examples of a specific assignment might be keeping a journal, reading a specific book or article, or practicing a new skill.

Emergency Calls

You can leave a message anytime on my voicemail, and I will try to respond just as soon as possible. Calls left after 10:00PM will be returned the next day. Messages left on Fridays, Saturdays and Sundays, unless it is an emergency, will often be returned on Monday. In the event of an emergency, please call or go to a local hospital emergency room.

Email is NOT a good way to contact me during the day. I usually only check my email early in the morning and after 10:00PM.

I, the undersigned, acknowledge that I have read the above material entitled **Information for New Patients** and that I understand and accept these provisions. Furthermore, I understand that I am free at any time to ask questions about or discuss the policies with my therapist.

Patient or Guardian Signature

Date

Name _____ Date _____

Please Help Me Determine the Effectiveness of My Marketing

1. Were you referred by your doctor? If so, who? _____
2. Were you referred by another therapist? If so, who? _____
3. Were you referred by a hospital or rehab? If so, where? _____
4. Were you referred by a friend or acquaintance? If so, who? _____
5. Did you find me on the internet? yes no
6. Circle the search words did you used to find a therapist/counselor.
Austin Texas counseling counselor therapy therapist psychotherapy psychotherapist
pre-engagement pre-marital marriage couples marital depression anxiety family
addiction wedding new baby ADD/ADHD John Gottman psychology psychologist
divorce cheating infidelity affair relationship self-esteem stress
7. Were there any other words you used? _____
8. Did you find me on any of the following sites? If so, please circle them.
4therapy.com psychologytoday.com counsel-search.com selfgrowth.com
nofaultdivorce.com findatherapist.com texastherapist.com mentalhealthnet.com
liveperson.com planetpsych.com aamft.com webMD.com feelgoodaustin.com
goodtherapy.com
9. What was the most helpful things about my website? _____
10. What could I improve on the website? _____
11. Did you find me in some other way besides the ones listed above? If so,
how? _____

Patient Information



Mariposa Psychotherapy Services
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Date: _____

Name: _____ Home Phone: (____) _____
Last First Middle

Address: _____
Street Apt# City State Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Email Address: _____

Employed by: _____
Company Name Address

Position: _____ Work Phone: (____) _____

Marital Status: (circle one) Single Married Widowed Separated Divorced

Parent/Guardian/
Spouse/Partner/Significant Other: _____
Last First Middle

Emergency Contact: _____ Phone: (____) _____

I have read the "Welcome to Mariposa Psychotherapy Associates" handout. _____ YES _____ NO

Clients' Rights

When contracting for therapy services, you have the right to know the following:

1. The general goals of therapy
2. The qualifications and background of your therapist
3. The fees you are being charged and how they will be paid
4. The services you can expect
5. The approximate length of the therapeutic process

In addition you have the right to terminate therapy at any time.

Questions or concerns about the services you receive may be referred to the Texas State Board of Examiners of Professional Counselors at (512) 834-6658

Patient History

Children	Names: _____ _____ _____	Ages: _____ _____ _____
Siblings	Names: _____ _____ _____	Ages: _____ _____ _____
Parents	Names: _____ _____	Ages: _____ _____

Number of Previous Marriages & Divorces: _____
Dates: _____

Education: (Include Trade, Vo-Tech & Special Schools) _____

Military Service: (circle one) Yes No Dates: _____ Discharges: _____

Primary Care Physicians Name: _____

Current or Previous Medical/Surgical Treatment: _____

Physician's Name: _____

What medication/s are you currently taking?: _____

What **non**-prescription drugs do you presently use? How much & how often?: _____

Have you ever had previous psychological treatment? (please give dates, providers & hospital names):

Please describe your current symptoms/What has brought you to therapy at this time? What is your goal for therapy?

Signature: _____

Date: _____



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Acknowledgement of Receipt of Privacy Policy & Procedures

I acknowledge that I have received a copy of the Privacy Policy & Procedures for the office of Carolyn C. Martin, M.S., L.P.C., L.M.F.T. The Privacy Policy & Procedures describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of the office health care operations. The Privacy Policy & Procedures also describes my rights and the responsibilities and duties of the office with respect to my protected health information.

Carolyn C. Martin, M.S., L.P.C., L.M.F.T reserves the right to change the privacy practices that are described in the Privacy Policy & Procedures. If privacy practices change, I will be offered a copy of the revised Privacy Policy & Procedures at the time of my first visit after the revisions become effective. I may also obtain a revised Privacy Policy & Procedures by requesting that one be mailed to me.

Name of Patient

Signature of Patient

Date



Mariposa Psychotherapy Services
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Carolyn C. Martin, MS, LPC, LMFT
4131 Spicewood Springs
Building M, Suite 1
Austin, Texas 78759
512-795-0402

Sign the following if you will be using insurance:

I authorize the release of any information relating to claims for therapy services to my insurance company and I authorize insurance payment directly to my therapist. I understand that I am ultimately responsible for all costs of treatment if the insurance refuses to pay these claims.

Your therapist's estimate of your coverage is based upon the insurance company's stated parameters of your plan. Your actual eligibility and amount of payments from the insurance company can only be determined at the time your bill is submitted to the insurance company.

I hereby authorize insurance payment directly to Carolyn C. Martin, M.S., L.P.C., L.M.F.T.

Patient or Guardian Signature

Date

4131 Spicewood Springs
Building M, Suite 1
Austin, Texas 78759
512-795-0402



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Carolyn C. Martin, M.S., L.P.C., L.M.F.T.

Credit Card Pre-Authorization:

(If you would like to charge your sessions to your credit card, please fill out this form.)

I authorize Carolyn C. Martin to keep my signature on file and to charge my account for:

1. Balances of charges not paid by insurance within 90 days and not to exceed \$ _____ for:

- This visit only
- All visits this year

2. Recurring charges (on-going treatments) of \$ _____

Patient's Name: _____

Cardholder's Name: _____

Card Holder's
Address: _____

City: _____ State: _____ Zip Code: _____

- Visa
- Master Card

Account Number: _____

Expiration Date on Card: _____

Patient or Guardian Signature

Date

Questions & Answers About Credit Card Pre-Authorization:

Q: May I set a limit or a ceiling for the amount my health care provider can automatically bill?

A: Yes. Just indicate the maximum amount in the appropriate section of this form.

Q: Can my health care provider charge my account for amounts or time periods not specified on this form?

A: No. Your health care provider is only authorized to bill your account up to the maximum amount, during the specified time period that you indicate on the form.

Q: What is the pre-authorized payment procedure?

A: It's a convenient payment method in which you authorize Carolyn Martin to automatically bill your account for charges not covered by your insurance. All charges must be in accordance with your agreement.



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Privacy Policy & Procedures

Confidentiality and privacy are the cornerstones of the mental health professions. Clients have an expectation that their communications with therapists, and their treatment records, will generally be kept confidential and will not be released to others without the written authorization of the client. One of the purposes of the Notice of Privacy Practices is to inform and educate clients about the fact that there are exceptions to the general rule of confidentiality. Many of these exceptions have existed for years, and many of them are the result of laws and regulations being passed by state legislatures and by the federal government. These laws and regulations are essentially statements of public policy. My office policies and procedures, as well as the ethical standards of my profession, are intended to shape my practice so that privacy and confidentiality are maintained, consistent with the Texas law and the federal "Privacy Rule."

1. Privacy Officer: I, Carolyn C. Martin MS, LPC, LMFT, am the privacy officer for this practice. I am the one responsible for developing and implementing these policies and procedures.
2. Contact Person: I, Carolyn C. Martin MS, LPC, LMFT, am the contact person for this practice. If a client needs or desires further information related to the policies and procedures or our compliance with them, I am the person who should be contacted.
3. The effective date of these policies and procedures is July 18, 2005.
4. I will maintain documentation of all consents, authorizations, Notices of Privacy Practices, Office Policies and Procedures, trainings, and client requests for records or amendments to records. I will also document complaints received and their disposition.
5. I will train all employees of my practice regarding the importance of privacy and confidentiality. At a minimum, these Office Policies and Procedures will be reviewed and discussed, as will the content of the Notice of Privacy Practices. The training will take place as soon as possible after the person is hired.
6. I will not maintain or use client sign-in sheets.
7. Conversations regarding confidential material or information will take place in an area and in a manner where they will not be easily overheard.
8. Client records will be kept in a locked closet in my individual office. My individual office is locked when I am not there. Client records will not be left in places in my office where others are able to see their contents. I will take steps to assure that client records are accessed only by me or by those in my employ with my permission, who may need to access them on my behalf or on the patient's behalf.
9. Computers and fax machines will be placed appropriately so that access is limited to office personnel and so that confidential information transmitted or received is not seen by others.
10. With respect to electronic equipment such as computers, I will delete and change the passwords of terminated employees promptly upon their termination.
11. With respect to office keys, terminated employees will be asked to return all keys to the office that they may possess. I also realize that it may be necessary for me to change one or more locks within my office, depending on the circumstances.
12. For those in my employ who violate these policies and procedures or who compromise the confidentiality or privacy of a client, I will take such actions as I believe are warranted by the situation. Since I have a small private practice, I have not had the need to develop and implement a formal disciplinary policy. I will act in good faith and will do my best to correct errors or deficiencies that become known to me.
13. Information and records concerning a client may be disclosed as described in the Notice of Privacy Practices and in accordance with applicable law or regulation. Generally, I will obtain a written authorization from the client before releasing information to third parties for purposes other than

treatment payment, and health care operations, unless disclosure is required by law or permitted by law.

14. If mental health records are subpoenaed by an adverse party I will assert the psychotherapist-client privilege on behalf of the client and will thereafter act according to the wishes of the client and the client's attorney, unless I am ordered by a Court or other lawful authority to release records or portions thereof.
15. To the extent that I keep patient records electronically (e.g. on computer), I will backup the computer files on a weekly basis and will store the backup in a fireproof safe. By doing so, I will be prepared in case of an incident of some kind that causes destruction, deletion, or damage to electronically stored client records.
16. I keep client records for at least ten years from the date of last treatment. With respect to the records of a minor, I keep those records for at least ten years or until the client is twenty-one years old, whichever is longer. Thereafter, I may destroy client records. When records are destroyed, they will be destroyed in a manner that protects client privacy and confidentiality.
17. I will attempt to find out from clients, as early as possible, whether they have any objection to me or others in my office sending correspondence to their residence (e.g. claim forms, bills) and whether I am permitted to call them at their residence or elsewhere to change appointment times or dates, or to discuss matters related to their treatment.
18. If I share protected health information about a client with third party business associates as part of my health care operations (e.g. a billing or transcription service), I will have a written contract with that business associate that contains terms that will protect the privacy of the client's protected health information.
19. My duty of confidentiality and the psychotherapist-client privilege survive the death of a client.
20. With respect to email communications, I will do my best to ensure that communications are encrypted and can only be opened by the person to whom they are being sent.
21. I will do my best to ensure that electronic information, such as billing records and correspondence, is protected from computer viruses and unauthorized intruders.

About Your Therapist . . .



Carolyn C. Martin

M.S., L.P.C., L.M.F.T.

Licensed Professional
Counselor

Licensed Marriage and Family
Therapist

"Trust - It's the

feeling of

safeness you

have with another

human being."

Stephen Covey

A STRONG EDUCATIONAL AND PROFESSIONAL BACKGROUND

"I believe anyone coming into therapy needs to have confidence and trust in their therapist's education, experience and credentials. I was committed to attending a world-class university with a competitive and comprehensive counseling program."

Education:

M.S., Counseling & Human Services, Texas A&M University, College Station, Texas
B.S., Psychology, Texas A&M University, College Station, Texas

B.S., Curriculum & Instruction, Elementary with Kindergarten Endorsement, Texas
A&M University, College Station, Texas

Mediation Training – 70 hours, General & Family
Workshops & Continuing Education – Over 500 hours

Licenses & Certifications:

Licensed Professional Counselor, Texas

Licensed Marriage & Family Therapist, Texas

Certified Gottman Educator

Certified Elementary Education Teacher, Texas

Work Experience:

Private Practice – Austin & Houston, Texas

Psychotherapist & Case Manager –

Forest Springs Hospital (Adolescent & Adult Unit), Houston, Texas

San Marcos Treatment Center, San Marcos, Texas

Psychotherapist – Inpatient & Outpatient, Terry-Haag Clinic, Houston, Texas

Academic Advisor & Education Curriculum Instructor – Texas A&M University

Volunteer Counselor – Brazos Valley Rape Crisis Ctr., Bryan, Texas

Volunteer Mediator – Montgomery County Dispute Resolution Ctr., Houston, Texas

Kindergarten Teacher – Bryan ISD, Hearne ISD, Mumford ISD, Texas

Professional Affiliations:

American Counseling Association

American Associations of Marriage & Family Therapists

SPECIALIZING IN AREAS THAT ARE IMPORTANT TO YOU

"Generalized knowledge of a wide variety of psychological problems is important, but people who seek therapy want to know that their therapist has a specialized knowledge about their problem. Otherwise, they could go anywhere for help."

Couples Counseling –

Marital, Premarital,
Pre-engagement,
Post-divorce

Sexual Abuse Issues

Women's Issues
Parenting Issues

Family of Origin Issues

Family Counseling
Infidelity

USING HER KNOWLEDGE TO TEACH OTHERS

"I love teaching. It was my first career and throughout my career I have always believed that it is important not only to serve individuals, couples and groups in my practice, but also the community. I do this by serving as a guest speaker for groups around Austin."

Lectures:

"Communication & Intimacy" – South Austin Medical Center

"Parents in Crisis" – Montgomery County Juvenile Services

"Teacher Effectiveness in the 90's and Beyond" – Conroe, Klein & Tomball ISD

"Stress Management" – Sylvan Learning Centers

Therapy Groups:

Parents of Hospitalized Children – Gulf Pines Hospital, Houston, Texas

Family Support for Hospitalized Adults – Gulf Pines Hospital, Houston, Texas

Women in Difficult Relationships – CPC Hospital, Houston, Texas

Body Awareness for Hospitalized Women – Gulf Pines Hospital, Houston, Texas

Support Groups:

Women's Personal Growth

Sexual Abuse Survivors

Parents of Acting-Out Teens

People Living With AIDS

Women in Difficult Relationships

PERSONAL

Married 40 years, 1 child, 2 grandchildren, living in Austin 17 years



Welcome to Mariposa Psychotherapy Services

This information is provided to you to answer frequently asked questions concerning therapy and the therapeutic process. With a good understanding of what you are about to undertake, you are more likely to achieve your goals and achieve them in a more timely fashion.

What Is Therapy?

The main purpose of therapy is to facilitate your problem solving and personal growth. This occurs when you begin to acknowledge your freedom to change, accept the responsibility to make those changes, and then take action.

Therapy is a process by which you can make positive life changes. The word "process", according to Webster's Dictionary, is a natural phenomenon marked by gradual changes that lead toward a particular result, e.g., the process of growth. The implied message in this definition is that major changes take time. These major changes are an accumulation of smaller changes directed at a desired result. Don't expect quick fixes.

In therapy you will learn to identify, label and process your feelings and thoughts. You will also evaluate your behavior. Most unwanted feelings, thoughts, and behaviors can be changed with work. Therapy is work. It is not something your therapist will do to you, but instead something you will be guided through. It is important to remember that in therapy you will be encouraged to make well thought-out choices. If you have difficulty making choices, your therapist will teach you decision making skills. It is also important to remember that if you choose not to work in and/or out of the therapy setting, you will probably not achieve your desired results. The days and hours between sessions will be the time when most of your work will be done. In the first stage of therapy, time is spent discussing concerns and getting to know each other. It is important to develop a trusting relationship in the early stages of therapy. A trusting relationship is necessary to the therapeutic process. Often people enter therapy because they have difficulty forming positive relationships with others. This is an indication this person has difficulty trusting others. Your therapist will be very patient and encouraging if this is a problem for you. Much attention and time will be devoted to your needs in this area.

As trust is developed, it becomes easier to discuss feelings and needs. The result is a better understanding of yourself and the development of plans for making changes. Realistic goals can be set and choices can be explored. Active involvement by you, both during the therapy session and outside therapy is required in order for changes and growth to occur. You will usually be given suggestions at the end of your therapy session to be carried out before your next session. Many times these suggestions will be generated from your own ideas for "homework" assignments since you are more aware of your time restraints, abilities, interests, etc. Again, it is your choice to work outside the therapy setting, but try to remember you have come to a professional who is knowledgeable about the necessary steps in the process of change. It is very important in goal setting to evaluate your progress and modify goals at appropriate times. Therefore, part of your session will be devoted to discussing the previous week's assignment.

Therapy has three phases. A beginning which begins with the first session, a middle which can begin and end at any time, and an end which begins two to three sessions before the final session. When you are ready to bring a close to the therapy process, it is your responsibility to make this known to your therapist. Closure on therapy occurs for various reasons including the accomplishment of goals, moving out of town, need to focus attention elsewhere, or dissatisfaction with your therapist. Whatever the reason for ending therapy, schedule a final session and discuss your leaving with your therapist. Not showing up for your session or just "disappearing" is a very unhealthy way to deal with good-byes and conflicts.

WHAT IS CONFIDENTIALITY?

The therapists' code of ethics and the state laws regulating therapy consider the personal information you discuss to be confidential. This means that no information about your therapy can be released without your written permission. Also, your therapist recognizes that a trusting relationship between a therapist and client can not be formed if information is not kept confidential. However, in a small number of situations, therapists are legally required to break confidentiality:

- If you reveal information that indicates a clear and immediate danger of injury to yourself or others, the therapist is required by law to contact the appropriate authorities and/or family members.
- EVERYONE, including you, is required by law to report knowledge and/or suspicion of abuse and/or neglect to an incompetent person, disabled person, or a child.
- When a court-ordered subpoena requires the release of records kept at the therapist's office and/or requires the therapist to give testimony at a court hearing.

WHAT ARE MY THERAPIST'S RESPONSIBILITIES?

In the initial session your therapist will ask detailed questions about your history, your life situation, and your present concerns or problems. After the therapist has identified the specific problem areas, the two of you will agree upon a treatment plan including goals, tentative methods to accomplish these goals, and approximate length of time to achieve the goals.

Occasionally, clients are having extreme difficulty functioning in their everyday life. If your therapist feels medication might help you function better and it will facilitate the therapeutic process, you will be referred to a psychiatrist for a medication consultation. Your therapist and the psychiatrist will work very diligently to insure that you are not using unnecessary medication, will not become dependent on medication and will not have your therapeutic process retarded. Taking medication is a client's choice and you will be provided adequate information for making a wise decision.

If, at any time, you or your therapist determines that your therapist can no longer be of help to you, another appropriate professional will be suggested. Mariposa Psychotherapy Associates is committed to giving you the very best available therapy.

WHAT ARE MY RESPONSIBILITIES AS A CLIENT?

Personal commitment to therapy is crucial for success. If you must cancel your appointment or come late for an appointment you are expected to notify your therapist. Payment is due at the beginning of each session. Valid methods of payment are: credit card, cash or check. Payments will be reimbursed or credited if the cancellation of the next session is at least 24 hours in advance or in the case of emergencies. Please inform your therapist of any insurance changes. Therapists often work late hours, attend out of town conferences, and have hospital emergencies that make them difficult to reach. Twenty-four hours notice usually will insure your therapist gets your message. Also, this gives others an opportunity to schedule their session in your time period.

Please be on time for your sessions. They will last only 50 minutes. Think ahead about what you would like to work on, pace yourself, and plan to stop on time. Obviously, there are times when it is impossible to shut down your feelings or finish thoughts precisely after 50 minutes.

Equally important are the responsibilities you have to be an active, open and honest client with your therapist. Your most important responsibility, however, is to work toward the goals you and the therapist have agreed upon. Seeing a therapist for 50 minutes per week will be of little benefit without additional effort outside the therapy office. This work can include thinking about the material covered in your sessions, making yourself aware of the behaviors you want to change, or working on specific assignments made by your counselor. Examples of a specific assignment might be keeping a journal, reading a specific book or article, or practicing a new skill.

FEES & INSURANCE

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EMERGENCY CALLS

You can leave a message anytime on my voicemail, and I will try to respond just as soon as possible. Calls left after 10:00PM will be returned the next day. Messages left on Fridays, Saturdays and Sundays, unless it is an emergency, will often be returned on Monday. In the event of an emergency, please call or go to a local hospital emergency room.

Email is NOT a good way to contact me during the day. I usually only check my email early in the morning and after 10:00PM.

Again, welcome to Mariposa Psychotherapy Services and thank you for choosing me to help you make positive life changes.



When to Refer to a Therapist

Throughout your daily life you may notice that another person seems to be suffering or needing psychological help. Sometimes they may even trust you enough to open up about problems they are having in their personal lives, relationships and jobs. They may also ask for your help or advice. In many cases you may find yourself in a very difficult situation not knowing what or even if you should try to help or advise them.

Often other people's problems call for more experience and education than most people have, or call for the other person to be more objective about the problem than possible. At other times trying to help or advise others about their problems would be inappropriate given the kind of relationship between the two people. This may be a time when the best someone can do for the other person is recommend they see a psychotherapist.

Psychotherapy is a way to help people work through the problems they are experiencing, so they can move on and enjoy a life that is productive and fulfilling. Some people seek out a therapist because their feelings are painful or disrupt their daily lives. Others see a therapist when they are unsatisfied with the direction their lives are going, or to eliminate unhealthy habits or patterns. These are appropriate times to refer others to therapy. However, seriously consider referring someone to therapy under the following conditions:

- When the person expresses or appears to feel hopeless and helpless
- When they are sad, blue, nervous, or tense for a prolonged periods of time
- If they have an inability to carryout everyday activities
- If they express a wish to "make it all go away"
- If you suspect they are being abused in some way

These can all be serious warning signs of severe anxiety and/or depression.

What you can do to encourage another person to see a therapist

People who are having very difficult problems more than anything need encouragement. For whatever the reason they have probably become discouraged. The support and help of another person can give them the courage to take steps they might not otherwise feel capable of doing.

1. Express your concern for their well-being by using fairly concrete examples of what worries you, i.e. sleeps most of the day, isolates from others, rarely laughs. Just saying, "You seem to be unhappy," isn't enough.
2. Ask how you can be of help in getting them to a therapist. They may need someone to sit with them when they make the initial call or may need someone to accompany

them to the therapist's office. They may also need help in deciding whom to see.

3. Assure them that they aren't going crazy just because the problems are difficult enough to need the help of a professional. Willingness to get help when you can't handle a problem is a sign that a person is still functioning at a level where they are capable of making decisions and therefore aren't "losing their minds."
4. Share times with the person when you either saw a therapist or considered it seriously.
5. Plainly state your feelings that this problem is beyond your level of help. "I just can't help you with this particular problem" is best.
6. Assure the person you will do whatever you can to support their work with the therapist.
7. If the person is overly concerned about the cost of therapy, remind them that there are various resources like health insurance; sliding scale fees, medicare and medicaid that may help reduce the expense. Friends and family very often too have the same concerns you have and may be willing to help the person pay for therapy.
8. If after you have done everything you can to get the person to therapy, and they either refuse or don't follow through with the plan to see someone, and you continue to be extremely concerned, ask for support and help from their friends and family in getting help for them. Try to assess who has the most influence with the person. They may be your best resource.
9. If the person does follow through with the plan to see a therapist, acknowledge their courage in doing something that was difficult for them.

About Mariposa Psychotherapy Services and Carolyn C. Martin

"Therapy sessions begin by creating a space in which it is safe for clients to be themselves, to explore, to make mistakes (and have it be OK), and to change. Sessions require me to strike a balance between nurturing and challenging clients, helping them release fears and limitations, and encouraging their strengths and talents. From this process comes a dynamic, creative partnership in which clients begin to heal, lessen their own pain, and grow."

"I want clients to take away from a session the feeling that life doesn't always have to be a struggle, even though it is demanding and challenging. I take great joy and pride in giving this kind of experience to my clients."