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Assent for Services for Adolescent Clients Ages 13-17

This document contains information about my psychological services. Your parents or guardians will be required to read and sign a similar form, since they are legally responsible for your care. Please print out this form, read it carefully, sign it, and return it to me at your first appointment. Be sure to write down any questions you may have so that we may discuss them when we meet. Your signature on this form represents an agreement between us.

Background and Credentials

I am a Florida Licensed Psychologist (License #PY 8082). My educational background includes a B.A. in Psychology from Smith College, an M.A. in Psychology from American University, and a Ph.D. in Clinical Psychology from American University. I completed clinical training rotations at Children's National Medical Center's Adolescent Eating Disorders Clinic in Washington, DC and the University of Miami's Counseling Center. I have been licensed as a psychologist since 2010. I work primarily with pre-teens, teens, and college students. My specialties include eating disorders, depression, anxiety, self-injury, and body dysmorphic disorder.

Psychological Services

Our first session, which will last for approximately 2 hours, will involve an evaluation of your history and a discussion of the problems you are currently having. I will spend part of the session alone with you so that you may tell me about yourself, ask questions, and describe your point of view in regards to your current difficulties. I will spend another portion of the evaluation with your parents or guardians so that they may provide me with information about your history, your family, and their view of your current difficulties. I may ask you and your parents to complete some questionnaires to help me assess your symptoms. At the end of the initial session, I will meet with you and your parents together to discuss your diagnosis and a treatment plan that best suits your needs. If we decide that I am not the best therapist for you, or that you need a different type of care that I do not provide, then I will provide you with referrals to other healthcare professionals who may be a better fit for you.

After the initial evaluation, therapy sessions are typically scheduled once per week, with each session lasting for 50 minutes. However, for people with more severe difficulties, I may recommend two or three sessions per week. During the course of our work together, we may decide to increase or decrease the frequency of sessions based on the progress you make. Usually, as people become more stable and make progress towards their treatment goals, sessions are spaced out to every two weeks, then monthly, and then "as needed."

You are expected to arrive on time and attend all scheduled appointments. If you are running late for an appointment, or if you need to cancel or reschedule an appointment, please notify me as soon as possible.

You are welcome to contact me between sessions if you have questions or concerns, if you have information to share with me, or if you need extra support. If you'd like to reach me between sessions, you may email me at info@drsarahravin.com or call me at 305-668-5755. I may not be available immediately, but I will return your email or phone call as soon as I can, typically within 24 hours or less.

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Approach to Treatment

The treatment approach we decide to use will be based on a variety of factors, including your age, personality, maturity, preferences, and family situation as well as your diagnosis and the severity of your problems. At the start of our work together, I will have a conversation with you and your parents about which type of treatment best suits your needs. I will provide you with information and reading materials about your diagnosis and the treatment approach we are using so that you will be fully informed.

The treatment methods I use are empirically-supported, which means that scientific research has demonstrated that these methods are most effective for treating certain problems in certain groups of people. My treatment techniques are derived from Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MBSR), and the Maudsley Method of Family-Based Treatment (FBT).

Your treatment will most likely involve home-based practices. For example, I may provide you with worksheets, relaxation exercises or meditations to practice, or articles to read. We may set goals during our sessions for you to carry out during the coming week. It is important for you to follow through with the goals we set, the homework I give, and the home-based practices I recommend, in order for you to receive the maximum benefit from your treatment.

People who are committed to their treatment tend to do much better than people who are not committed. Your treatment is most likely to be effective if you make it a priority in your life, if you are open and honest in talking with me, and if you follow through on assignments and recommendations.

Family Involvement in Treatment

Your family will be involved in your treatment to some degree because they are legally and morally responsible for your wellbeing and they are paying for your treatment. The amount of family involvement in your treatment will be based on your age, maturity, family situation, individual and family preferences, and the types of difficulties you are experiencing. Your family will participate in the initial assessment and treatment planning. If we decide that an individual therapy approach is best for you, then I will meet with you alone on a weekly basis. If we decide that a family-based treatment approach is best for you, then I will meet with you and your parent(s) or other family members on a weekly basis. Alternatively, we may decide that your treatment will include a combination of individual sessions and family sessions.

Therapy works best when you and I form a trusting relationship in which you feel comfortable talking about anything that is on your mind. The specific information we discuss during sessions is private, and I will not share it with anyone, including your parents. However, there are some exceptions to this rule. If you reveal information suggesting a threat to your life, your health, or your safety, or the life, health, or safety of another person, then I will need to share this information with your parents so that they can take appropriate measures to keep you safe, healthy, and alive. I may need to share this information with other authorities and healthcare professionals in order to keep you and other people safe. For example, if you reveal that you are planning to kill other people, then I am required by law to notify the police and to take measures to protect public safety. As another example, if you are planning to kill yourself, then I will need to discuss this immediately with your parents and with hospital personnel to arrange for you to be

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hospitalized. If you have been the victim of child abuse, or if you are aware of another child who is being abused, I am required by law to report this information to Florida's Department of Child and Family Services. The purpose of this law is to protect you and other people from child abuse. These situations are relatively rare. If a similar situation occurs in your case and I am required to share information about you with someone else, I will make every effort to discuss it with you fully before I take action.

I will need to inform your parents about your progress throughout your treatment. Given that they are responsible for your care, your parents will need to know what symptoms you are experiencing, how severe these symptoms are, whether you are making progress towards your treatment goals, and whether any other healthcare services may be useful for you. I will have a conversation with you and your parents about how best to inform them of your progress in treatment. In some cases, parents may be invited to join us for a portion of some of your sessions so that they can ask questions and receive updates on your progress. In other cases, I may update parents via email or phone calls outside of your sessions.

Signature

Your signature below indicates that you have read this document and agree to abide by its terms during our work together.

Signature of Adolescent Client

Today's Date

Name of Adolescent Client (please print)

Client's Date of Birth