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**Description of My Private Practice**

Dear Client:

This document is designed to orient you to how I will work with you in psychotherapy. In the past, patients often started therapy with little information about the therapist, or how he/she works, his/her training, or much else aside from the fee and the need to show up on time. No longer. Now, it is expected that professional psychotherapists provide information orally or in writing about their practice, training, policies, and so on. This is to make sure you know what you are about to engage in for treatment. Contemporary psychotherapists should be transparent about their methods and work in a collaborative manner with clients. For years, I’ve communicated this information orally – usually in the phone call or email before the first appointment, or in early sessions; but I’ve decided to write it up and include even more detail than in the past. If anything is missing or unclear, please contact me at your earliest convenience so that I can answer your questions. It is your responsibility to read this document and email me when you have read and understood it – not later than one week after we beginning working together.

My Approach to Doing Therapy: As you may know, there are several different major schools of psychotherapy, and quite a number of variations within these! Prominent approaches include psychodynamic, behavioral and cognitive-behavioral, humanistic/existential/experiential, family systems, and narrative. Although these days I consider myself rooted mostly in family systems theories (“theories” plural, rather than “theory,” because there’s more than one approach to family therapy!) and am best known for my therapy work, teaching, and writing in the world of family and couple therapy, I have been trained in all of these approaches, and find they are all useful for different clients and problems, and at different periods of a client’s therapy. Therefore, my approach is known as “integrative therapy;” I will systematically utilize different theories and their associated techniques at different moments of our work together, always with you as an active, informed “consumer” and partner in deciding what kind of therapy you are receiving: In other words, I will always tell you about what I am proposing in terms of theory and techniques, and my rationale. And if you disagree with my suggestions, we can try something different. As it is said, there are “many roads to Rome” -- in this case meaning that psychotherapy research has repeatedly shown that no one theory/technique is superior to any other: the most powerful factor in leading to positive therapeutic outcomes is (1) the quality of the relationship between therapist and client (the therapist should be warm, structuring but not rigid, and emotionally “authentic,” and the relationship should be collaborative and positive in emotional quality), and (2) the level of motivation and commitment of the client.

Overall, there are two overarching main focuses of therapy: Gaining new understanding or **INSIGHT** about the nature, history, and multiple causes of one’s problems; and **ACTION**, taking concrete steps to change how you behave towards yourself, in your relationships, and in other aspects of your lived experience and context. Both insight and action are important. However, it is my strong belief, based on many years of being a therapist and also on research about what leads to positive therapeutic outcomes, that insight and understanding alone does not lead to change – whereas sometimes important change ***can*** occur by altering one’s behavior, without a heck of a lot of insight about why one was behaving in less adaptive, healthy ways! Whereas some models of therapy believe that thoughts and feelings need to change before behavior can change, I, and many others, find the opposite to be equally if not more true – that by first changing behavior, changes in thoughts and feelings will follow. The old saying is correct: “You can’t think your way into right action, but you can act your way into new thinking (and feeling).”

I have quite a number of “tools” in my therapeutic “toolbox,” and I will share these with you as the opportunity and need arises. There are a large number of research-supported techniques for reducing depression and anxiety, eliminating panic and procrastination, overcoming social phobia and developing better social skills, reducing attentional difficulties and hyperactivity, improving focus and productivity at work and achieving better work/life balance, reducing or eliminating drug or alcohol use, parenting more effectively, communicating and solving problems with one’s partner, improving sexual intimacy…the list goes on! I will make liberal use of these established techniques in our work together, and I will always tell you about the research that supports the technique. I may also recommend readings to supplement and support our work.

As much as possible, I base what I say and do with clients on solid research, and you will find that I often will quote the research to support what I am saying and suggesting. I think it is our ethical responsibility as psychologists to base what we do with clients on science as much as possible. However, therapy is not simply about applying generic techniques to solving clients’ difficulties: everything must be tailored and adapted to the individual. Basically, we will work together in a collaborative manner as scientists studying your life, and we’ll use theories and techniques to test out our hunches about what the causes of your difficulties are, and what might lead to change and growth. Then we’ll implement our strategy, and look at the outcome. If it works, great – more of that! If it doesn’t, we will either tweak the technique or use another one. One way or another, we are likely to solve your problems and improve your life, measurably. One of the ideas you’ll hear me suggest is that we need to “test the world” – try out new ways of viewing yourself and your circumstances, and new ways of handling challenges. Just analyzing what’s going wrong generally ain’t enough!

If you want to learn more about integrative psychotherapy, and about the theoretical and empirical basis for my particular approach, I’m happy to send you articles that I and others have written. And my book (*Sync Your Relationship, Save Your Marriage*, mentioned below) gives lots of anonymous case vignettes demonstrating my integrative approach.

My Education: As my close colleague Dr. Jill Bresler writes in her website introduction to her practice, “One of the most important things to know about your therapist is the extent of her (or his, in my case) training. This is something that varies widely. The field of therapy is constantly changing, and you want someone who stays in touch with new developments.” So here’s a summary of my educational background and current professional activities.

After a year as a percussion major at the New England Conservatory of Music, I received my Bachelor Degree summa cum laude degree as a double major in Philosophy and Psychology, with Honors in Psychology from Boston University (May 1980). Between undergraduate and graduate school, I worked for two years as a mental health worker at the Fresh Pond Day Treatment Center in Cambridge, Massachusetts, which was an outpatient clinic serving seriously, previously hospitalized mentally ill patients, mostly with the diagnosis of schizophrenia. During that time, I took graduate seminars alongside clinical psychology doctoral interns at the Cambridge Hospital, which is a Harvard University teaching hospital. I also completed a one-year certificate course in Psychoanalytic Therapy at the Psychotherapy Center, with the well-known psychoanalyst Norman Zinberg, MD. I attended Duke University from 1982 – 1987, when I received my doctorate (PhD) in Clinical Psychology. I completed my predoctoral clinical psychology internship at Bellevue Hospital, New York University Medical Center (June 1988). In the following two years, I was a postdoctoral fellow in Family Therapy at the Family Studies Unit, NYU Medical Center, and during that time, also held an NIMH Fellowship in Child Psychiatry. During those two years, I also received advanced training in family and couple therapy, with one of the founders of the field, Dr. Salvador Minuchin. Although my former training ended years ago, I consider myself a constant learner, and learn much from my colleagues in an ongoing fashion!

Other Employment and Professional Activities: In addition to my work as a psychotherapist in private practice, I am a tenured associate professor in psychology at the City College of New York (since 1998), where I teach family and couple therapy, abnormal psychology, multicultural issues in psychotherapy, and other courses at the doctoral, masters, and undergraduate levels. I am also a faculty member of the Ackerman Institute for the Family (since 1992). In the past, I have held positions at NYU Medical School, Lenox Hill Hospital, and United States International University (now, Alliant University) in Nairobi, Kenya. I am also an international lecturer, presenting many workshops and scientific papers each year at national and international conferences, and conduct advanced trainings for mental health professionals in private and public agencies and universities in the US and abroad. In addition, I have been active and held positions in several professional organizations, especially the American Family Therapy Academy (from which I won two awards – in 2004, Innovative Contribution to Family Therapy Theory and Practice, and in 2012, Innovative Contribution to Therapy), and the American Psychological Association, and am on the editorial boards of major professional journals. My academic publications are available on the web at the following link:

 <https://www.ccny.cuny.edu/profiles/peter-fraenkel>. I am also happy to send you PDFs of my publications. My book for couples, *Sync Your Relationship, Save Your Marriage: Four Steps to Getting Back on Track* (New York: Palgrave-Macmillan, 2011) is available on Amazon in print/hard copy and electronic form.

Contacting me: You can reach me three ways: text, voice mail, or email. I have no preference. Please note, however, that emails within Google (that is, Google/Gmail to Gmail) are encrypted, but emails between other platforms and my Gmail account are not safeguarded. By emailing me and expecting me to respond, you take full responsibility for the possibility that your email will not be confidential.

Session length and frequency. Sessions are 50 minutes in length from the start time of the appointment unless otherwise agreed upon. That fits with the procedure code I will give you when you ask for a receipt to submit for reimbursement from your insurance company. Because I usually have appointments one after another, and need a few minutes before the next session to take notes and answer communications, I need to end the session on time; therefore, if you arrive late we’ll still need to end on time -- although if possible, I’ll try to give you the full 50 minutes (for instance, if your appointment is my last one of the day, or the next client is running late). Occasionally, if the person(s) I’m seeing just before your appointment is/are in a bit of a crisis, I may need a few more minutes with them, and so, may start your session up to but not more than 10 minutes late. I ask you to be patient and understanding should this happen – who knows, one day it might be you who’s in an especially tough spot and need a little more time with me! All health care providers run a bit late from time to time, for the same reason. Since sessions are 50 minutes, you will still get your full time even if we start at 10 minutes past the hour.

Sometimes it makes sense to schedule a ninety-minute or two-hour initial session, so that I can learn the background of the problem and still have time to do some change-oriented activities with you. I usually suggest meeting once a week at first, cutting back to once every two weeks (or even less frequently) once we’ve established a clear program of change. Sometimes I see clients who come from far away for consultations, and we might meet for two, three, or more hours at a sitting, and meet again months later as travel permits.

Online therapy. I am increasingly doing online-based therapy with persons who find it quite difficult to come into the office for a session. If this is of interest to you, let me know. I use a highly encrypted, HIPAA-compliant program called ZOOM.com to conduct these sessions (fyi, Skype is not at all secure, not good for doing any talking that requires confidentiality!).

Payment: Fees are set before the first session in our initial phone conversation. I request that you pay the fee at each session. Payment can be made in cash, check, or electronically using Venmo, Zelle, or your own bank’s online payment service (for example, Chase and Citibank have their own systems, facilitated often by clearXchange). If you will pay electronically, I ask that you do that at the end of the session, just as if you were writing me a check. However, I’d encourage you to arrange payment electronically or write the check while in the waiting room ***before*** the session, so that we can use our full time to tend to your needs.

Health Insurance. I do not serve as a provider for any health insurance plan. However, I will provide a receipt to submit to your insurance company, and most of my clients receive some reimbursement. Not all clients request receipts, so it is your responsibility to do so if you desire this – I do not automatically issue receipts.

Requests for Extended Emails or Other Documents in Response to Questions

Clients sometimes want me to clarify my comments from sessions in writing through email or other forms of response (texts, letters), or request that I send summaries of the treatment to other professionals. I charge half the established fee for the therapy for responses longer than three sentences. I put a great deal of thought and time into written evaluations and formulations, just as lawyers do in working with their clients. I do not charge for phone conversations with other treating professionals, schools, medical providers, and so on, even if these, as is typical last for up to an hour at times. If you have previously emailed me, I will assume that you give me permission to send you or others such summaries through email: If you do not feel comfortable with that, because of the low-encrypted quality of email, you must tell me how you would like me to send you responses to your questions.

Cancellation Policy: I have the usual cancellation policy of most health professionals: Appointments must be cancelled with 24 hours’ notice (basically, I need to hear by midnight of the day before) or the missed session will need to be paid. I will only charge you half the fee the first time this happens: Subsequent last-minute cancellations will be charged at full rate. However, if you need to cancel a session within 24 hours before it is scheduled and we are able to reschedule for the same week, there is no charge. I will do my utmost to reschedule a session and help you avoid payment for cancellation, and help us stay on track with scheduled appointments! Please note, the same charge applies to sessions missed without cancellation.

Confidentiality: The content of our sessions, as well as other contacts between us (emails, texts, phone calls, letters or other documents), are entirely and securely confidential (internet/online hackability notwithstanding). As a licensed mental health professional, I am bound by the regulations spelled out in HIPAA, the Health Insurance Portability and Accountability Act of 1996. This means that, except for a few exceptions described below, I will not share any information about your or our work together – or *even the fact that we are working together* -- without your expressed written permission. So if you have a boss, or lawyer, or social worker, or teacher, or friend, or anyone else call me or in some other way contact me to ask about you, I cannot, and will not, talk to them or return their calls or emails at all unless you’ve given me written permission.

Now, this may surprise you, and God forbid we get into a situation like this, but even if you told me that you just killed or otherwise hurt someone, like mafia criminal Tony Soprano did on occasion with his psychiatrist, Dr. Jennifer Melfi on the HBO show “The Sopranos,” I am not allowed to break our confidentiality and report it! But please, for your own sake, and the sake of society, don’t do it! ☺

However, there are some important exceptions to confidentiality:

1. You plan to hurt someone. If you tell me you are *planning* to hurt or kill someone, I am bound, by something called the Tarasoff Decision, to report your intentions to law enforcement, immediately.
2. You’re a youth under the age of 18 and you are planning to hurt yourself or someone else or are in possible danger yourself. I work a lot with kids and teens, and the same code of confidentiality applies to them (or you, kid/teen, if you are reading this!). This means that I do not disclose to parents or anyone else what we have been talking about – unless you tell me something that makes me worry that you are in harm’s way, meaning that someone has been hurting you or might hurt you, or that you plan to hurt yourself or someone else, or already have been harming yourself, or someone else. For instance, if I am at all concerned that you, a kid or teen, are being or have been abused – sexually, physically, emotionally, or neglected – I am MANDATED (that is, required by New York State law) to report this actual or potential abuse or neglect. I am an expert in the field of child abuse and neglect, so I have a particularly clear idea about what risk for abuse looks like. I will always talk it over with you and work with you to figure out how to report this in a way that will be as least disruptive to your life as possible – but I must report it. Likewise, if you are the parent who is, in my opinion, putting your child at risk, or have already perpetrated abuse, we will discuss this and we will make the report together to the authorities (in New York State, the Administration for Children’s Services, or ACS). And then make a plan to deal with the situation as best as possible for all concerned, but especially, to safeguard your child.
3. Your records of my work with you are subpoenaed. If I am contacted by a lawyer requesting my records of our work together, I will first contact you to discuss this. In every case where this has happened in my clinical practice, and there, thankfully, have been few, my client has requested (or at least, agreed to it) that the records be released; therefore, I just have the client sign a formal Release of Information form. Per the recommendations of ethics in the field of psychotherapy, I keep very simple, limited notes – just the date of the session, who attended, one line about the topic that was discussed, and my plans or recommendations (the treatment plan). I DO NOT KEEP DETAILED RECORDS. This is standard procedure for psychologists, for just this reason – in the unlikely event that records are requested by a legal authority, the records will simply indicate the dates of service and the general topics on which our work together focused. I usually prepare a document that lists the dates of service, and a short paragraph about the topics discussed – not a session-by-session list of topics, which usually is quite redundant.
4. You request that I contact another professional about our work together. In some instances, clients ask me to speak with their other therapists, or medical professionals, or school personnel for kids and teens. I will ask you to complete a formal Release of Information form before I communicate with another professional. If you are a kid or teen, your parents have the right to ask me to communicate with your school (usually, a teacher or guidance counselor) to help you do your best in school. In most instances, I will discuss their request with you, and hopefully you will agree that it is OK for me to contact the school. But even if you are not keen on having me do that, I still have to do it if your parents want me to work with your school. Remember, we really do have your best interests in mind! And I ALWAYS talk about all the positive qualities and strengths I see in you – not only things that could still go better! ☺

Special confidentiality issues in couple therapy. One other confidentiality issue to keep in mind if I am doing (or did) couple therapy with you: At some point in our work together, I will request to meet with each of you separately. The purpose of this solo meeting is to give each partner an opportunity to speak about feelings and issues that they do not yet feel comfortable talking about with the other partner present. These meetings are completely confidential as well – meaning that I will not disclose to the other partner anything I heard in that meeting. This is important to keep in mind, because it’s possible that one partner might discuss something that if the other partner heard it, would be rather upsetting: examples are that there’s been some sexual infidelity, or the development of a close relationship with someone else (or revival of an old relationship) that the other might view as an “emotional affair;” private/undisclosed drug use; secretly spending large amounts of money; loss of a job (and pretending to go to work every day); strong, unspoken feelings about whether to stay in the relationship; or “just” greater unhappiness with the other person and the relationship than he/she has revealed to the partner. If these things get revealed later, the other partner understandably might not only feel betrayed by their partner, but also by me, the therapist. So that’s why I want to be clear from the outset that I will keep that information private, even if it might be painful and disruptive at a later date if revealed. Likewise, if my notes are requested at a later date by a lawyer due to a divorce proceeding, that information from the individual sessions would at that point have to be revealed because it is part of my treatment record; therefore, if you disclosed something to me and you don’t want it revealed, don’t give me permission to release the records! That means that if I’ve been working with, or have worked in the past with you as part of a couple, and things go in the direction of divorce, and your lawyer now wants me to release records of our work together, I can only do so if your partner also agrees for me to release the records – or vice versa.

All that being said, at the end of each individual meeting, I will always ask the partner I’ve met with what, if any, material they want to keep private, and what can be shared back in the conjoint session. If there’s any material that will be transferred back, we will discuss who should bring it up, and how to do so in a way that will be most productive.

Special confidentiality issues in family therapy. When working with kids and teens, I almost always do a combination of family therapy and individual therapy with the child or teen. The content of the individual meetings with the child or teen will be confidential, meaning that I will not disclose the content to the parents, unless, as noted above, I am concerned about the child or teen causing harm to self or other. HOWEVER, as I do with individual meetings with couple partners, I will always ask the child/teen what information she/he thinks we can share with the parent(s), and I will encourage the child/teen to share as much as possible, because generally speaking, when parents are informed about how their kids feel, they can respond in ways that improve family relationships and the life of the child (sometimes with a bit of coaching from me around how to respond to their child productively and fairly).

How to get the most out of our work together. Congratulations for calling! You are about to take a really important step in your life: To try to figure out how things have not been as satisfying and productive as you’d like in your life, and how to face challenges and improve things. This does take some work; beyond new understanding and insights, improving your life will require effort to change old automatic habits of thinking, feeling, and acting, and inevitably, these new ways will feel artificial and a bit forced. My motto is: If it doesn’t feel a bit weird and artificial at first, then you’re not doing anything new – and if you’re not trying anything new, nothing’s going to change! As I said earlier, I do not believe that understanding where problems came from leads automatically to change. Action must build upon insight; said another way, insight is the “platform” we use to climb above the life trail that is stuck in muck or tangled foliage (if you will) of old unproductive ways of being and start along a new path that is more fulfilling. Just think about your experience learning any new activity – whether it’s a sport, a musical instrument, a style of dance, a new computer program, a new recipe – everything new takes effort, focus, and most importantly, PRACTICE! But once we practice new ways of acting, and thinking, and doing, they do become familiar and comfortable.

At the end of every session, I will always make suggestions about action steps to take – “homework,” if you will – that will move the change process along. Do your homework! ☺

I also highly recommend that you take notes after the session about anything we discussed that was new, and that helped you get more clarity about yourself and your circumstances. It’s easy to have a very powerful session filled with profound insights, and then forget them a few days later! Take notes and review your notes before the next session; this will create more continuity in our work week after week.

Winding things up: Ending therapy productively. Some models of therapy include the notion of “termination,” which is supposed to be a gradual process, sometimes over several months, of ending the therapy, usually with the idea that it is over for good. This is characteristic mostly of long-term psychoanalytic psychotherapy, where the therapy has gone on for several years, sometimes with twice or three times a week sessions, and so it makes sense to spend a few months about that long-term relationship as preparation for ending. This is not how I work. First of all, I strive to have the therapy be relatively short-term, anywhere from six to twenty sessions. I have an “open-door” policy, meaning that we might end for the time being, and with no plan to resume in the future, but then something comes up, sometimes when you hit a new life cycle phase or difficult patch, or you just need a bit of a “tune-up” or “refresher course” to get active again with the skills you developed that were previously helping but which you kinda let go by the wayside. I am always delighted to see my “old clients” and help them “get back on the stick,” as the saying goes, or take things to a new level.

You may get to a point when you feel you’ve gotten enough out of the therapy for now and want to stop. That’s great! I aspire to launch you back into “life without therapy” as soon as possible!

Or it might even be that you feel the therapy has not been so helpful, and so, you want to stop. If there’s something about our work together that you have found not helpful, or even unpleasing or irritating, we should discuss the issue and see if it’s possible to rectify the situation and move on productively. It’s not a great idea to quit in a frustrated state of mind. Rather than just dropping out, it is important that you discuss this feeling with me. If you want to work with someone else, for whatever reason, I am happy to refer you to an excellent colleague – no hard feelings.

Please do keep in mind that when you decide to become a psychotherapy client of mine, just as with a medical doctor, you are “under my care,” meaning, I take some responsibility for your psychosocial well-being. Although it happens extremely rarely in my practice, it is always of great concern to me when a client suddenly drops out without notifying me. This is shown by cancelling the next appointment, or failing to make a next appointment, followed by no email to explain the reason for cancelling or not making the appointment. If this happens, I will contact you within two weeks of not hearing from you to check in and see if you want to make another appointment. If I do not hear from you within a week of that email and/or text or voicemail, I will officially “close your case,” and will make a note to that effect in my records. If you wish to resume therapy after that point, we will need to talk about what happened, and if we can clear that up, we may resume work together, unless I have no open hours, in which case I will refer you to a competent colleague. “Ruptures” are inevitable in all close relationships – intimate couples, families, friends, co-workers, as well as in therapy relationships. It’s almost inevitable that at some point, you might feel I’ve been overly challenging, not fully understanding or compassionate enough, not attentive enough to something you said, forgot something you told me (I have a pretty good memory, but I’m not perfect!), was being humorous in a way that felt invalidating to you (I only use humor to lighten the mood in a reassuring manner, to bring some much-needed perspective, or to make a point in a memorable way – sometimes I even play a song or even sing one to make a point – I’ve presented internationally and written about using music in psychotherapy, it’s a valid technique); and so on. Please don’t just quit if a rupture occurs – let’s talk about it, and work to repair our relationship, at least well enough to terminate properly. Relationships almost always get stronger and deeper through rupture and repair.

Let’s get started! Thanks for taking the time to read this document. I look forward to working with you to make some really useful and important changes in your life!

Warm and respectful regards,

Peter