INFORMATION FOR CLIENTS [1]

REG REYNOLDS, PH.D., C.PSYCH.

[1] Much of this information was current about 10 years ago. Since then, I have been restricting my practice to the supervision of programs for children with autism. I still have the same interests, but I am not, at present, looking for any broader practice. However, I have not edited this information piece to reflect that change. I have done some updating of it, but much of it will read as if I am still actively providing all of the services listed, and I am not. Nevertheless, there is a lot of information in this paper which you may find useful.

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Welcome to this psychological practice. I appreciate having an opportunity to serve you. Because I believe that it is very important that each of us be as clear as possible about what we expect of each other, this booklet has been designed to answer some of the questions that you may have about this practice and about our relationship. Please feel free to ask about anything that isn't entirely clear, and to ask any other questions that come to mind.

Tell Me About Psychology and Psychologists

Psychology is a social science (in contrast to psychiatry, which is a medical specialty) concerned with trying to understand people. It asks "where," "what," "when," "why" and particularly "how" they go about the process of thinking, feeling, and behaving the way they do. The profession of psychology attempts to apply these questions to problem-solving within the various contexts in which people find themselves:

Educational psychologists work with educational problems.
Health care psychologists work to promote health.
Industrial/organizational psychologists apply their knowledge to the problems of industries and organizations.
Forensic psychologists work with legal issues.
Clinical psychologists are personal-problem solvers.

Psychology is one of the most highly trained of all the health care professions. To be a psychologist in Ontario typically requires nine years of university, including a doctoral degree (usually a Ph.D. in psychology), plus one or more additional years of supervised practical experience followed by both written and oral examinations. To be a psychological associate is similar, but at the M.A. level of training. Most psychologists belong to the Ontario Psychological Association (416-961-5552), and many belong to the Canadian Psychological Association and/or the American Psychological Association as well. The governing body is the College of Psychologists of Ontario (416-961-8817) which maintains a directory of all of the registered psychologists and psychological associates in Ontario.

When Is It Appropriate to Consult a Psychologist or Psychological Associate?

Some of the personal and interpersonal problems for which psychologists and psychological associates may provide consultation, assessment and treatment[2] include (but are not limited to) *addictions*, *aggressiveness*, agoraphobia, alcoholism, *anger and hostility, anxiety, allergies*, *attention deficit disorders, autism, criminality, depressive reactions,* eating disorders, epilepsy, *fears and phobias*, hypertension, immune system dysfunctions, *interpersonal (or relationship) conflicts*,

[2] Some of these problems, such as allergies, epilepsy, hypertension and immune system dysfunctions, are best treated as a collaborative effort between health care practitioners. In such cases, you can expect that I will want to have your permission to contact your physician and/or other health care professionals, as may be appropriate.

learning problems, life-style disorders such as procrastination and "Type A" behaviour, loneliness, *loss and grieving, marital (or couples) problems,* obsessions and compulsions, *post traumatic stress, sexual abuse,* sexual dysfunctions, *sexual offending,* shyness and social anxiety, *stress, traumatic brain injury, traumatization (e.g., sexual or emotional),* under-assertiveness, and work-related problems.

When I maintained an office, it was established *primarily* for the practice of general clinical psychology, offering consultation, psychological assessment, counselling, education and psychotherapy for a wide variety of personal problems, and more recently for the provision of biofeedback, including neurofeedback for the re-training of mind and body functioning. I am a general practitioner rather than a specialist, and I am not claiming *expertise* in any of these problems -- those problems in which I have a particular *interest* are shown in italics. However, please feel free to consult me about these or any other psychological and/or interpersonal problems since, if I am not able to meet your psychological assessment and/or treatment needs myself, I will try to help you find whatever assistance you need.

Please Tell Me About Psychological Assessment

Psychological assessment might more properly be called assessment of psychological functioning. It attempts to answer the questions of "where," "when,""what," "why" and/or (particularly) "how" the client goes about the process of thinking, feeling, and behaving the way he or she does. It requires that the psychologist collect information about the client and his or her circumstances -- usually through interviews, questionnaires, and/or other standardized psychological tests -- and make inferences regarding the meaning of that information for the individual.

What Is the Difference Between Counselling and Psychotherapy?

As I use these terms, counselling refers to the kind of straight-forward situation in which the client asks for expert advice, and the counsel which is given meets the client's expressed need; while anything more complicated than that is referred to as psychotherapy.

Counselling is appropriate when the client knows what information or advice he or she requires in order to be able to resolve any personal problems that stand in the way of achieving his or her goals, and can ask for it directly. Psychotherapy is appropriate when the client's behaviour -- and in the long run, any satisfaction which may accrue to a person in life will be determined by what that person does -- is determined by thoughts and feelings of which he or she may be only vaguely aware, or which he or she does not fully understand (which makes it hard for the client to know just what kind of advice to ask for). Psychological assessment can sometimes answer that question; otherwise, psychotherapy is often the best way to proceed.

Tell Me More About Psychotherapy

Very few personal or interpersonal problems are born-in. Most are learned, and most can be unlearned. Education is the process by which learning may be facilitated. In my opinion, psychotherapy is the corresponding process through which unlearning (of those dysfunctional ways of thinking, feeling and behaving which create problems for the individual and his or her loved ones)

may be facilitated.

There are some three to four hundred different approaches to psychotherapy. Obviously, no one person could be skilled in all of them. My own approach is both psychodynamic (focussing on those factors which caused the problem to begin) and cognitive-affective-behavioural (focussing on those factors which cause the problem to continue). In addition to consultation, psychological assessment and counselling, I offer educational assistance, including education about psychological processes -- if psychology were taught in the schools, half of our work would already have been done for us -- psychoanalytic psychotherapy, behaviour therapy (systematic desensitization and free-operant conditioning), a variety of short-term treatments[3], and biofeedback when that is considered to be appropriate, e.g., in the treatment of alcoholism, attention deficit disorders (ADD and ADHD), episodic violence, memory problems such as those involved in Alzheimer's Disease, and the rehabilitation of traumatic brain injury. The type of treatment offered will depend on the circumstances of each individual case.

You have the right to ask me about any of the services that we provide, and about any other treatments that may be available for your condition. You also have the right to know the risks and benefits of proceeding with treatment, and the risks and benefits of not proceeding with treatment.

By the end of our second or third session together, I should be able to offer you my initial impressions and a verbal treatment plan, which may change somewhat as treatment progresses. I will tell you what I think about your situation. You will then be in a position to decide how you wish to proceed. If we are to work together, we will need to specify the goals of your treatment, how to proceed, the approximate time commitment involved, costs and other aspects of your situation.

Psychotherapy is not like visiting a medical doctor in that it always requires your very active participation. There are few instant, painless and passive cures. Nor are there any "magic pills" that you can take to make everything right. There may be homework assignments, exercises, practice sessions and record-keeping, and possibly other projects. You and I will both have work to do, both in the therapy hours and at other times during the day. Psychotherapy will require that you make an effort to change your ways of thinking, feeling and behaving so that you can get greater satisfaction out of life. Change may sometimes be swift, but often it will be slow and frustrating, with need for considerable repetition. I will need to hear your views on the progress we are making, and I will expect you to be open with me about them.

So that we can keep track of your progress, I may remind you from time to time of this need for mutual feedback; and if either of us feels that therapy is not progressing satisfactorily, I may suggest that you see another therapist or professional in addition to me, for further assessment or for the possible prescription of medications. Alternatively, I may suggest that you enroll in certain

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[3] I have a particular interest in those cognitive-affective-behavioural treatments derived from Neuro-Linguistic Programming (NLP), the newer energy therapies such as Thought Field Therapy (TFT) and Emotional Freedom Technique (EFT) -- *all methods which can be both very fast and very effective.*

courses or that you join a self-help group or that you read certain books. If you wish, I will fully discuss with you the reasoning behind any such recommendations, so that we can come to an agreement about them.

Biofeedback (including Neurofeedback)

Biofeedback is a powerful way to train (or re-train) mind/body functioning which, although it is not a universal panacea, has been found to be useful in conditions such as ADD/ADHD, AIDS (for Immune Function, Physical Symptoms and Subjective Distress), Alcoholism/Addiction, Anxiety and Panic, Asthma, Autistic Spectrum Disorders, Bruxism (Teeth Grinding), Chronic Pain, Chronic Fatigue Syndrome, Conduct Disorders, Depression, Diabetes, Epilepsy, Episodic Rage and Violence, Erectile Dysfunction (Impotence), Fetal Alcohol Syndrome, Fibromyalgia, Insomnia, Learning Disabilities, Memory Problems, Migraine and Tension Headaches, Multiple Sclerosis, Post-Traumatic Stress Disorder, Premenstrual Tension, Raynaud's Disease, Schizophrenia, Stroke, Tourette's Syndrome, Traumatic Brain Injury, Urinary and Fecal Incontinence and a variety of other conditions. You should know, however, that research support for the use of biofeedback training is greater in some of these conditions than in others. Among the better researched are ADD/ADHD, Alcoholism, Anxiety and Panic, Conduct Disorders, Depression, Incontinence, Migraine and Tension Headaches, Raynaud's Disease, and Traumatic Brain Injury.

Although many of these conditions have traditionally been treated with medications or other medical procedures, *"Biofeedback is not an innately medical process. It is a training process that teaches people to increase awareness and control of their mind/body functioning, resulting in better health and well-being. Biofeedback is based on teaching one to optimize mind/body functioning that results in optimal health whether you are suffering from a [medical] condition or not."* That is, it is an educational procedure rather than a medical one.

Nevertheless, many of these conditions are best treated as a collaborative effort between health care or other practitioners. In such cases, you can expect that we will want to work closely with any professionals with whom you may be involved, as may be appropriate.

Finally, you should know that we are not currently equipped to provide Biofeedback Training for either urinary or fecal incontinence, although we are willing to arrange for the necessary equipment, training and personnel should there be sufficient demand for biofeedback for these particular conditions. We are able to provide Hemoencephalographic (i.e., bloodflow to the brain) or HEG feedback and AudioVisual (brainwave) Entrainment or AVE, both of which have been shown to promote an increase blood flow to the prefrontal cortex which is involved in those "executive" functions of the brain such as judgement, reasoning and planning.

Couples Counselling and/or Couples Therapy

At the present time, a significant portion of my practice is with married couples. When working with couples, it has been my experience that, when the relationship is in difficulty, it is *usually* because of personal problems that the partners have brought with them to the relationship. Thus, couples therapy is more common than couples counselling -- whether it be marital, cohabitational,

separation or divorce -- and much of our time is spent working with the clients individually, to examine those personal characteristics and resolve those personal problems which underlie their relationship problems.

When working with couples in conflict, I have no prior commitment to their staying together or to their separating. I do try to help them get back to being friends, if they are not already there.

Sex Counselling and Sex Therapy

Stephen Neiger, founder and former director of the Sex Information and Education Council of Canada (SIECCAN) used to say that, contrary to popular opinion, *sex does not come naturally*. In fact, sexual problems are fairly common. Masters and Johnson, for example, have estimated that about half of all marriages are "sexual disaster areas." Usually, this is not due to deep-seated personality problems but, rather, to lack of exposure to the information about sexuality which has only become available during the past few decades.

I do not claim to be an expert in sex therapy. However, as a psychologist, I have been exposed to more than a little information about sexuality and about the treatment of sexual problems. It may be that any problems which you have can easily be fixed, perhaps simply by learning more about sexuality. Alternatively, I may be able to put you in touch with someone who specializes in this area. In either event, you should feel encouraged, since many sexual problems are easily resolved.

Child Custody and Access Issues

It is possible that, if you are married or have children, you may become involved in a child custody dispute. If this occurs, I want you to understand that you should engage the services of a separate child custody evaluator specifically to assist you with any such child custody and access issues (I can give you the names of several psychologists who conduct this kind of assessment). I will not be able to provide you with expert testimony in those areas, for two reasons: (1) any evaluations which I might offer on your behalf could be seen as biased in your favour because of the therapeutic nature of our relationship, and (2) once we begin psychotherapy, I would prefer to focus my attention on therapy rather than on other issues.

Dual Relationships

Therapists and their clients often come to like and respect each other, and sometimes they are even attracted to each other. In fact, when therapy is intensive, both positive and negative feelings may become an important part of the therapeutic relationship. Such feelings may be appreciated as part of the human condition, but they must never be *acted upon*, since nothing should be allowed to interfere with the therapy relationship. They should, however, be discussed in therapy when they arise, so that they can be used in a therapeutic way.

In fact, it is not even possible for a therapy relationship to evolve into one in which the therapist and his or her client are “just friends," because there must never be even the remotest possibility of the therapist taking unfair advantage of the psychotherapeutic relationship. A similar concern prevents

me from being able to enter into any kind of business or other relationship with you, no matter how rational or beneficial it may seem at the time. The fact is that dual relationships frequently lead to conflicts between the therapist's interests and the client's interests, and it is important that the client's interests never be compromised.

Appointments

Psychological services such as counselling and psychotherapy are usually provided on a once per week or once every two weeks basis, depending on the type of therapy and the client's financial situation. Insofar as possible, I will try to schedule your appointments at a regular time, at your convenience. Because I try to schedule regular appointment times for clients, I am rarely able to fill a cancelled appointment time on short notice. Except for unpredictable emergencies, therefore, you may be charged all or part of your regular fee for any sessions cancelled with less than 24 hours notice, depending upon the circumstances.

Reality does not always allow us to keep our commitments. However, I will try not to be late or to cancel any of your appointments, because lateness and cancelled appointments can be expected to interfere with your treatment. I will also try to inform you of my vacations and any other scheduled absences at least a month in advance (and you should feel free to ask about my schedule in making your own plans). If you are late, we will probably not be able to meet for the full time scheduled, as it is likely that I will have other commitments following my appointment with you.

Fees

My typical fee for counselling and psychotherapy is eighty dollars per session for clients, a session being approximately 50 minutes (leaving ten minutes of the hour for record keeping related to your assessment or treatment). Fees may be set somewhat higher than usual for some clients and lower for others (e.g., in case of financial hardship, for training cases, or for clients of some corporate accounts). I will not charge you any more than the agreed-upon fee for sessions which last longer than fifty minutes, except by prior agreement.

Assessments which I may choose to carry out as a guide to psychotherapy are free to you, the client. Other assessments, e.g., court-related assessments, are welcomed but will be costed at the OPA suggested sessional rate of $185.00 per hour (with any associated report preparation costed at the same rate).

Billing, Insurance and Payments

Payment of fees is an important aspect of any professional relationship. This is even more important in psychotherapy, where clarification of relationships and responsibilities is often an integral part of treatment. Payment is the responsibility of the client. The government-sponsored health insurance plan (O.H.I.P) does not provide any direct coverage for psychologists' services. If you wish to see this situation changed, you may attempt to bring about such change by writing to your provincial Member of Parliament and/or to the Minister of Health.

Some private health insurance programmes do provide partial (co-insurance) coverage for psychologists' services, usually as an employee fringe benefit; and you may wish to contact your employer's Personnel Office to find out whether you have such partial coverage. For some plans, you may need a physician's referral for psychotherapy, dated before we meet, so read your plan carefully. Remember that your health insurance coverage is between you and your company, not between me and the insurance company. My receipted statement, however, should allow you to recover any health insurance benefits for which you do qualify.

If you belong to a PPO or HMO or any other "managed health care" program, they will have rules, limitations and procedures which we should discuss. For example, your plan may require that a formal assessment report be prepared, in which case I will have to charge you for that service in addition to any treatment which is provided (You should be reimbursed for any such additional assessment if it is a required part of your health insurance plan). Assessment reports which are prepared for lawyers or others must be paid for in full before they are provided in legally signed form or released to any third party.

I do not have either a secretary or an office manager, so I would prefer that you keep track of the amount which you owe and pay it promptly. Most clients find that it is easiest for them to pay at the end of each session, but that is up to you so long as you are not in arrears by more than five hundred dollars at any given time. Receipts will be provided on request.

Contacting Me

I usually do not take calls when I am with a client, although occasionally there are exceptions. I will reply to messages left on my answering machine as soon as I can. Generally, messages will be picked up and calls returned daily except on weekends and holidays.

When not with a client, I can usually be reached at either at home, (289) 337-9213 or on my cellphone, (905) 467-3238 between 9:00 a.m. and 5:00 p.m. If you cannot reach me at either of those numbers, you may call me at home. My home telephone number is (905) 847-6649. Alternatively, in the case of an emergency, you might contact your personal physician or the emergency department at your local hospital.

Confidentiality

Confidentiality is important to me. However, there are certain legal limits on the extent to which the information that you provide can be kept confidential. In each of these cases, I will consider it my lawful duty to inform the proper authorities.

a. The law specifically requires that "A person who believes on reasonable grounds that a child is or may be in need of protection... or has reasonable grounds to suspect that [a person who is currently] a child... may have suffered abuse shall forthwith report the suspicion and the information on which it is based to a [Children's Aid] society."

b. The law requires that health care professionals report any of their colleagues where there are reasonable grounds to believe that he or she has sexually abused a patient.

c. The law requires that my records be made available (i) for examination by the College of Psychologists of Ontario, (ii) if I am served with a search warrant, or (iii) on a judge's order.

d. Psychologists have a duty to protect their clients from committing acts of violence against either themselves or others.

If you were referred by the court, you should assume that the court will want to receive a report. When an assessment report that has been prepared for use in court is entered into evidence, the lawyers for both sides will have the right to examine any information that may have been used in preparation of that report. Similarly, if you are involved with the court, and if the court knows that you are receiving services from me, I may be required to appear in court with the records of my contacts with you and may be required to reveal in court any information that I have in my possession. When assessment reports are being prepared for use in court, you have the right to tell me only what you would want to have revealed in court. In situations such as these, please talk to me before you provide me with any sensitive information.

If you were referred through your employee health service, and if I am required to bill your health plan or a managed health care company for your appointments with me, they will require some information about you and the services which I have provided to you, things such as your name and employee identification number, nature of the problem, the relationship to you of any other family members seen, and the dates of your appointments with me.

There are three circumstances in which I may want to discuss some aspects of your case with another colleague, and I ask your understanding and agreement now to let me do so. First, when I am away from the office for a few days, I will make arrangements with a fellow therapist to "cover" for me. He or she will be available for emergencies and thus will need to know about my clients. Second, I may occasionally wish to consult with colleagues or specialists (who are also ethically required to maintain your confidentiality) so as to serve you better. Such consultation will not require that you be identified, but aspects of your case may be shared with them. Finally, if you have been accepted for assessment, counselling or psychotherapy at a lower fee because your assessment or treatment will be being provided by a student-psychologist under my supervision, you should expect that your case will be discussed with me as part of your student-psychologist's supervision.

Termination

Therapy is goal directed and time limited. Termination is inevitable. It should occur when your goals have been accomplished. Alternatively, either of us may terminate our work together if we feel that it is in your best interest to do so. However, termination of therapy should never be done

precipitously. We should talk about it in advance -- to review our work together, our goals and accomplishments, and any future work to be done -- so that termination can be a useful and important part of your treatment programme.

Because psychotherapy can be expected to stir up old conflicts, clients are sometimes tempted to leave therapy before their therapy goals have been reached, rather than face up to the unpleasant emotions which those old conflicts can evoke. If such unpleasant emotions do arise, please discuss them with me directly in therapy, rather than running away. Obviously, there are times to avoid one's internal conflicts, but psychotherapy is not usually one of them.

Evaluation of Treatment

Because therapy can involve a large commitment of time, money and energy, your therapist should be chosen with care. I believe that you should be comfortable, encouraged and optimistic with the therapist you choose. Please remember that your welfare is always our primary concern.

Continuing improvement is something for which all professions strive. Such improvement requires feedback and, from time to time, I will be asking you to provide me with feedback concerning your experiences in therapy. If you are either pleased or displeased, I would like to hear about it. In particular, if at any time you feel dissatisfied with the treatment that you are receiving, please tell me about your concerns as soon as possible: (1) so that we can try to resolve them, and (2) so that I may have the opportunity to learn from the feedback which you can provide. Similarly, if at any time you feel uncomfortable with any part of your treatment, I will be happy to assist you in obtaining a second opinion or in finding someone with whom you can feel comfortable.

Complaint Procedures

If you feel that you have been treated unfairly, or even unethically, and if you cannot resolve this problem with me, please contact the College of Psychologists of Ontario at (416) 961-8817 for clarification or to lodge a complaint (The College of Psychologists of Ontario is the regulatory body from whom I receive my licence to practice as a psychologist). Alternatively, you may wish to contact the Ethics Committee of the Ontario Psychological Association at (416) 961-5552.

My Background, Qualifications and Interests

1. Educational History:
    - University of Waterloo -- Ph.D. (Psychology): 1969
    - University of Kansas Medical Centre -- (clinical psychology internship): 1965/1966
        - During this internship, I had the opportunity to study free operant conditioning with Ogden Lindsley, one of the pioneers in the use of learning theory approaches in the treatment of human problems.
    - University of Syracuse -- (various courses in Special Education): 1962 through 1964
    - University of Western Ontario -- M.A. (Psychology): 1960
    - University of Western Ontario -- B.A. (Philosophy major): 1957
    - London Normal School -- (teacher training): 1952/1953
2. Employment History:

Psychologist, Independent Practice/Clinical Supervisor: 2007 to present.

- as a supervisor of ABA-based programs for children with autism

Psychologist, Erinoak: 2001 to 2009.

- Monitoring early intensive behavioural intervention programs for children with autism
- Conducting parent workshops regarding the education of children with autism.

Psychologist, Independent Practice: 1992 to 2001. During this time, *although not alway at the same time*, I have functioned:

- as a counsellor and psychotherapist for individuals and couples
- as a consultant regarding the assessment and treatment of sex offenders
- as a consultant regarding ethical issues
- as a consultant to the Ontario Ministry of the Solicitor General and Correctional Services regarding interpretation of the MMPI-2
- as a researcher, developing a test of criminality
- as a researcher, participating in a study of the treatment of criminality
- as a researcher, participating in a study of the treatment of addictions
- as an intern in, clinical member of, and board member of the Halton Centre for Childhood Sexual Abuse (now the Halton Trauma Centre)
- as an intern, co-therapist and therapist in the treatment of spousal abuse
- as a member of the Council of the College of Psychologists of Ontario
- as a developer of biofeedback equipment and as a provider of biofeedback
- as a student of Applied Behavioural Analysis (ABA) and its application in the treatment of autism

Chief Psychologist, Ontario Correctional Institute: 1973 to 1992 (retired 1992)

- responsible for the development and supervision of psychological assessment and treatment services for sex offenders, alcoholics and drug addicts
- participation in the development of cures for criminality and addictions

Coordinating Psychologist (Central Region), Ministry of Correctional Services: 1977 to 1987

Lecturer (part-time), Sheridan College, Oakville and Brampton, Ontario: 1984 to 1987

Chief Psychologist, Oakville Reception and Assessment Centre (for juveniles admitted to training school): 1972 to 1973

Chief Psychologist, Vanier Centre for Women: 1972

Psychologist, Lakeshore Psychiatric Hospital: 1966 to 1972

- assessment and treatment

– supervision of psychology staff and interns

– development and implementation of a rehabilitation program

Psychologist, Mental Health Clinics, Peterborough and London : 1959 to 1964

– working primarily with children with educational and emotional problems

Independent practice (part-time): 1962 to 1992

3. Experience:

as a psychologist practising in the clinical area, including both assessment and treatment of children, adolescents and adults, individually and (in the case of adolescents and adults) in groups.

as a psychologist practising in the forensic area.

as a psychologist working with the educational and behavioural problems of children

as a teacher and trainer.

as a manager and supervisor.

as a program designer and evaluator.

as a researcher, particularly in the area of criminality.

4. Preferred treatment/training methods:

Applied Behaviour Analysis (ABA)

Behaviour Therapy

Biofeedback / Neurofeedback

Bio-Energy Therapies (Thought Field Therapy, EFT, Matrix Work, PEAT)

Counselling / Couples Counselling

Education / Remedial Education

Group Therapy

Hypnosis / Hypnotherapy

Neuro-Linguistic Programming

Psychoanalytic Psychotherapy

5. Interests:

In the not-too-distant past, my six main work interests have been: (1) providing psychotherapy -- I really like to watch people resolve their problems, (2) trying to learn and apply the new energy therapies, (3) trying to understand and treat criminality, (4) developing equipment and protocols for biofeedback/neurofeedback, (5) traumatization and (6) the treatment of autism spectrum disorders (particularly that which incorporates Skinner's analysis of Verbal Behaviour, as exemplified by

the work of Dr. Vincent Carbone) -- for the past nine years, I have been involved in the intensive study of autism and its treatment, and have attended a variety of workshops on the Verbal Behaviour approach to ABA and on the application of this approach to play and socialization-with-peer settings. My current avocational interests include multifaith dialogue, spiritual healing, my lady's many talents (especially her artistic work) and, of course, my children and grandchildren.

I am interested in children and in helping to find solutions to their presenting problems (about half of which, in my opinion, can be attributed to learning problems). At present, however, I am not interested in providing play therapy. I still maintain an interest in the energy therapies, particularly for emotional distress of any kind, allergy-like reactions, and spiritual development; and in biofeedback and audio-visual brainwave entrainment for ADD (Attention Deficit Disorders) and for conditions such as autism and head injury. At present, however, I am mainly involved in the development and supervision of ABA-based programs for the treatment of autism.

Finally, I am not specifically trained in the resolution of child custody disputes nor in the neuropsychological assessment of brain injuries, and I am not interested in developing either of those kinds of practice at present.

RR/ February 2010