

# **OCD RECOVERY CENTERS OF AMERICA, LTD.**

**Office of Dr. Christian R. Komor**

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**[www.ocdrecoverycenters.com](http://www.ocdrecoverycenters.com)**

**PHONE: (888) 432-9130**

## **NEW PATIENT INFORMATION GUIDE**

Welcome to the OCD Recovery Centers of America, LLC and Psychological Investigations & Stalking Resources. The OCD Recovery Centers is a network of providers and agencies around the U.S. dedicated to optimal care for persons suffering from obsessive compulsive spectrum disorders and protecting persons under treat of obsessive stalking. Before we begin our work together I would like to take you on a guided tour of our office to assist you in feeling welcome and comfortable and answering frequently asked questions.

### **PROFESSIONAL SERVICES**

As a member of the Scientific Advisory Board for the Obsessive Compulsive Foundation I specialize in the treatment of Obsessive Compulsive disorders such as OCD, Hypochondriasis, Tourette's Disorder, Hoarding, Trichotillomania, Asperger's Syndrome, Body Dysmorphic Disorder, Obsessive Compulsive Personality Disorder. I am a Registered Naturopath in the District of Columbia and can provide educational information on integrative healthcare and the treatment of mind/body disorders. In all my work I seek to integrate mental and physical approaches for optimal mind/body health.

The OCD Recovery Centers of America maintains a network of providers across the US who have sought specialized training and who work extensively with obsessive-compulsive spectrum disorders. We can provide referrals to other professionals outside the W. Michigan area. I meet with clients at Old Firehouse #6, 312 Grandville Street, Grand Rapids, MI and there is a map to our location on our web site at [www.ocdrecoverycenters.com](http://www.ocdrecoverycenters.com).

### **PRACTICE PARAMETERS AND LIMITATIONS**

In deciding to engage me as your counselor keep in mind a couple of important points about the *limitations* of my practice:

- Psychological practice has different stages. At present much of my focus is on training, teaching and conducting educational seminars. I also do a great deal of counseling over the telephone. My clinical office hours are therefore limited and I am not able to make exceptions to set hours. You are very likely to experience scheduling difficulties working

with me and I also tend to be running late frequently. Please consider this when choosing to work with me.

- With limited hours I give priority to children and persons with more severe conditions.
- I do not offer reduced fees and only bill direct to insurance when a child is the patient and the family is of low income.
- I generally cannot complete paperwork or forms for you unless it is during our session time.
- Legal privilege and confidentiality extend to any situation or environment we are in while I am under contract as your counselor.
- If we are meeting in the community or home I provide 15 minutes of travel time without charge. Additional travel time is 50% of my regular fee in 10 minutes increments.
- With respect for the close relationship between the mind and the body, I make it a practice to coordinate services whenever possible and necessary with your personal physician. (If you do not wish me to be in confidential contact with your physician please let me know about your preference.)
- It is important that you keep me apprised of any and all prescription and non-prescription medications you may be taking during the course of our work together.
- If you are the parent of a minor child I will be counseling please advise me of your families beliefs and concepts in terms of religion and sexuality. These issues may come up during counseling and I will attempt to reflect and be sensitive to your family values when talking with your child if I am aware of them.

## **COMMUNICATIONS**

You will always reach voice mail when you call our office and I will return your call. I check voice mail regularly when I am in the office. If it is an emergency or urgent situation such as a last minute appointment cancellation choose Option 1 on our voice mail system to page me. Each day I am at the office I check for voice mail and e-mail throughout the day. I am normally able to return calls to clients the same day I receive them. *Please note, however, that I do not check for voice mail, facsimiles, or electronic mail on days I am not actually in the office.*

- We provide a toll-free voice mail system at (888) 432-9130 where you can reach me anywhere I am in the country. For scheduling, to leave a message regarding a confidential psychological matter or for general office business enter 2 plus the # key. For *emergencies* or last minute schedule changes enter 1 plus the # key to page me.
- To send me a facsimile transmission call (866) 892-0348.
- To send me confidential e-mail use [drck@aol.com](mailto:drck@aol.com).
- To send paper mail, use our P.O. Box 6654, Grand Rapids, MI 49516-6654.
- Self-help information is available on our web site at [www.ocdrecoverycenters.com](http://www.ocdrecoverycenters.com)
- All forms of communication are received directly by me and only by me for your privacy.

## **APPOINTMENTS**

I divide my time between my offices in Grand Rapids, Michigan and national seminar lecture tours. I currently offer General Outpatient meetings (45 minute full sessions and 25

minute half-sessions), generally on a weekly basis, Intensive Outpatient (4-5 hours per day for one to two weeks), Housecalls at any location internationally, One Day Seminars (in collaboration with Cross Country Education) and Telephone, Internet, and Video Consultations.

I leave it up to you to make sure that your appointments are arranged as you wish. It is important that you give me 24 hours notice if you need to cancel an appointment – including phone appointments. This allows me time to give the space to someone else who needs it. There will always be a *full charge* for appointments canceled with less than 24 hours notice unless the space is filled by another client, there was a scheduling error on our part, or the cancellation was due to serious illness or family emergency.

Please be aware that a private practice such as mine is at times unpredictable, and throughout the course of the day, I tend to fall behind schedule. Also, at times I may need to change or reschedule an appointment with you. I appreciate your indulgence when such delays or changes occur. In all cases, you will still receive the agreed upon amount of time in your sessions.

### **REIMBURSEMENT**

For the counselor, time is the “product” we offer and we base our charges on time provided. Currently, my charges for Outpatient and Intensive Outpatient counseling are \$140.00 per “clinical hour” (45 minutes) with half session (25 min.) charges of \$70. There is a \$10 discount for cash payment (versus checks or credit cards). The same is true for all charges below.

For travel time over the first 15 minutes I charge 50% of the hourly rate in 10 minute increments. Intensive Outpatient charges are \$155 per hour. Group psychotherapy charges are \$55.00 for 90 minutes. Inpatient consultations and psychological assessment charges are \$200.00 per hour. Deposition and court testimony charges are \$250.00 per hour. Workshop and seminar fees are \$300 per hour or \$1,500 per day. It is my usual practice to charge for phone calls longer than 10 minutes since this generally means we are actually conducting therapy. Such charges are made to the nearest quarter hour. Insurance often does not cover phone charges.

In all cases, I ask that you pay for services at the time you receive them. Generally this will happen after our session together is over, when we are scheduling our next meeting. Our office accepts payment in cash, check, or trade. (Checks can simply be made out to Christian Komor.)

### **THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

I am required by the State of Michigan and the U.S. Congress to explain to you a general description of the psychotherapeutic process along with a series of laws and regulations that have been developed to insure your privacy. I am also required to obtain your signed agreement concerning the Health Insurance Portability and Accountability Act (HIPAA) and the informed consent guidelines of the Michigan State Board of Examiners Psychologists (TSBEP). This material is also on my web site at [www.ocdrecoverycenters.com](http://www.ocdrecoverycenters.com).

The Health Insurance Portability and Accountability Act (HIPAA) is a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Michigan Notice Form) for use and disclosure of PHI for treatment, payment and health care operations. The Michigan Notice Form, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

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

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel

that it is important to our work together. I will note all consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information).

- You should be aware that I might employ administrative staff some time in the future. If this occurs, I will need to share protected information with these individuals for administrative purposes, such as scheduling, handling payments, and processing insurance claims. All staff members will be given training about protecting your privacy and will have agreed not to release any information outside of the practice without my explicit direction.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient seriously threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. Michigan law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative’s) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker’s compensation claim, I must, upon appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment. These situations are unusual in my practice.

- If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such report is filed, I may be required to provide additional information.
- If I determine that there is a probability that the patient will inflict imminent physical injury on another, or that the patient will inflict imminent physical, mental or emotional harm upon him/herself, or others, I may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. You should be aware that pursuant to Michigan law, psychological test data are not part of a patient's record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. The exceptions to this policy are contained in the attached Michigan Notice Form. If I refuse your request for access to your Clinical Record, you have a right of review, which I will discuss with you upon your request.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be

included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless I determine that release would be harmful to your physical, mental or emotional health.

### **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures.

### **MINORS & PARENTS**

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that parents may not access their child's records. For children between 16 and 18, because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from the patient and his/her parents that the parents consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions.

### **BEFORE WE BEGIN**

Research has made it abundantly clear that the mind and body not only work together but cannot really even be considered as separate. As we change our thoughts we change how our brains function and when we change our metabolism, diet or neurotransmitters we change our thoughts and feelings. In fact, there are many medical conditions, medications and some supplements and vitamins which can cause a worsening of anxiety or depression. (I can provide a listing of such items upon request.). In order to rule out the possibility that the difficulties you are experiencing may have a primarily medical origin, I suggest that you ask your general physician for a physical evaluation. From my experience it is less costly and time consuming to rule out physical contributors in this way than to spend weeks or months “counseling” an under-active thyroid gland or hormone imbalance.

## **ABOUT THE MIND/BODY HEALING PROCESS**

The mind/body healing process can often be a demanding one. In general, I have found that the more a person is willing to be open and to take risks, make changes, and not give up on themselves the more they are likely to grow. Frequently, the process involves both (1) an emotional journey into our personal origins and (2) the learning of present-day skills for living in harmony with our self and our world. During the healing process you may find yourself: releasing and “metabolizing” blocked feelings; developing and integrating new insights; learning healthy self-care behaviors; and developing new experiential pathways. I generally have observed that 25% of our work together is in discovering “what needs doing” and 75% in making action plans and putting those into effect.

It is important to remember that mind/body healthcare continues outside the consulting office. Following through on suggested personal growth activities outside of session is crucial to the success of your therapy. I highly encourage you to keep a journal or notebook to help in recording insights, feelings and questions that come to you during, as well as between, our meetings. For optimal use of this medium I suggest dividing the notebook into two parts - *Process* (e.g. feelings, questions, concerns) and *Discoveries* (e.g. insights, affirmations, self-care solutions).

Thank you again for selecting my practice. I attempt to maintain the highest level of training available in my specialty areas and have over 20 years of clinical experience with thousands of clients. You can trust that I will do my best to provide you with high quality professional services. I look forward to working with you and I invite any questions, suggestions or comments you may wish to offer at any time during our relationship.

Below you will find important information about dietary measures you can take to further your personal health and wellbeing. I have also included some stimulating questions to assist you in thinking about what it is you specifically want to achieve in the mind/body healing process.

Peace in your heart and fortune in your steps,

Christian R. Komor, Psy.D.  
Doctor of Clinical Psychology  
Registered Naturopath  
Fellow, Am. College of Advance Practice Psychologists

## **APPENDIX A: GENERAL HEALTH MAINTENANCE AND ANTIOXIDANT SUPPLEMENTS**

Our office recommends that all persons in our society follow an antioxidant plan to reduce free radical damage from environmental pollutants, life stress, dietary and other lifestyle factors. An antioxidant plan begins with adherence to a high fruit, fiber and vegetable diet as detailed below.

### DIET AND LIFESTYLE

- 1.) Avoid potentially carcinogenic synthetic compounds (for example, carbon monoxide, benzene, carbon tetrachloride and perchloroethylene), chemicals (e.g. dyes, colors, etc.) and foods (e.g. hormones, genetic alterations). For more information consult:
  - The Safe Shopper's Bible by David Steinman and Samuel S. Epstein, M.D.
- 2.) Practice active relaxation exercises and, or guided imagery. For more information see our handouts on breathing techniques and A.S.S.E.N.T. Into Health program.
- 3.) Participate in Energy Therapies such as Reiki, Qigong and Healing Touch have been researched by the National Institutes of Health.
- 4.) Eating a *variety* of plant-based foods including the following can decrease cancer risk by 20-40 percent:
  - Cruciferous Vegetables (which protect the body from oxidative stress caused by environmental contaminants by increasing phase 2 detoxification enzymes) such as cabbage, broccoli, Brussels sprouts, and cauliflower.
  - Soy Foods (which inhibits blood vessel formation around tumors and reduces deleterious effects of stronger forms of estrogen which have been linked to certain types of cancers) such as soy milk, tofu burgers and hot dogs, soy cheese and soy flour.
  - Teas (which contain phenols and polyphenols which act like antioxidants to inhibit free radical Molecule formation and to inhibit carcinogenic chemical process in the body) including all forms of green and black tea, but not herbal teas.
  - Whole Grains (which may encourage the production of healthy forms of estrogen and aid in the Removal of carcinogens from the body through natural elimination) such as oatmeal, brown rice, whole-grain cereals and breads.
  - Garlic and Onion Family Foods (which contain allyl sulfides that may increase detoxification enzyme levels and block enzymes that cause chemicals to become carcinogenic) such as garlic, onions & chives.

- Fish (which contain Omega-3 fatty acids that help to detoxify carcinogenic enzymes) such as salmon, haddock, tuna, sardines, bluefish and mackerel and also flax seeds, canola oil, and hemp.
  - Olive-Based Foods (which contain the cancer fighting enzyme squalene) including olive and olive oil.
- 5.) Exercise regularly. Combine aerobic conditioning (5 sessions per week for 20-40 minutes in your target heart zone) with strengthening (2-3 sessions per week) and flexibility exercises (daily if possible).
  - 6.) Keep your weight at 85% of established guidelines. Research studies have found that being slightly underweight is associated with increased longevity and resistance to cancers, heart disease and other types of illness.
  - 7.) Do not smoke tobacco which is a carcinogen.
  - 8.) Avoid alcohol consumption which may increase risk of breast and other cancers.
  - 9.) Eat foods low in saturate fat, trans-fatty acids and polyunsaturated fat. Use only olive oil or monounsaturated fat products.
  - 10.) Limit intake of red meat to less than 3 ounces daily. Do not eat charred meat. Choose fish, poultry in place of lamb, beef or pork.
  - 11.) Throw out any food that may be spoiled or contaminated and always keep perishables well refrigerated or frozen.
  - 12.) Avoid contact between plastics and food items in general. In particular, never place extremely hot beverages or foods in plastic or styrofoam containers as molecules from the plastic may bond with the food item. Also, never microwave using plastic containers.
  - 13.) Avoid synthetic estrogen products including birth-control pills where possible.
  - 14.) Avoid exposure to X-rays and strong Electromagnetic Fields (emitted by small appliances such as hair dryers, cellular phones and computer equipment).
  - 15.) Avoid salted, pickled or smoked foods, white mushrooms, celery, peanuts or peanut products, moldy foods.

## **ANTIOXIDANTS AND SUPPLEMENTS**

There are a great number of flavonoids found in plants that are consumed by humans. Many of these have strong antioxidant properties. Others have prooxidant properties which may suggest they should be avoided as isolated supplements. Quercetin, morin, kampferol, fisetin, myricetin, quercitrin, rhamnetin, wogonin and rutin are among the mutagenic flavonoids. The following are flavonols and flavones which have undergone research and do not appear to have mutagenic effects: Myricetin, luteolin, chrysin, hesperetin, hesperidin, isorhamnetin, apigenin, taxifolin, and catechin. These flavonoids are recommended as antioxidants.

### **Highest Potency Antioxidants**

(\*strongly recommended)

\*Grape Seed Extract (60 mg daily)

\*Green Tea Extract (100 mg daily)

\*Pine Bark Extract or “Pycnogenol” (100 mg daily)

\*Ginko Biloba Extract (60 mg daily)

\* Noni Fruit Extract (500-1,000 mg daily) – See detailed description below

\*Vitamin C as magnesium ascorbate a (250-500 mg twice daily)

\*Vitamin E (200-400 IU daily)

\*Folate (400 mcg daily)

Rhamnus frangula L.

Beta-carotene (15,000 IU daily) Can be mutagenic.

\*Golden flax seeds (1/4 to 1/2 cup ground daily)

\*Mannitech Phyto-Aloe Formula

Reshi Mushroom Extract (900 mg daily)

\*Cordyceps Sinensis (615 mg daily)

\*Maitake Mushroom Extract (150 mg twice daily)

\*Coenzyme Q10

Tomato Caratenoids (include. Lycopene) (15,000 IU daily)

Melatonin (1 mg daily)

7-KETO-DHEA

\*Selenium (100-200 micrograms daily)

### **Immune Boosters**

\*Astragalus

\*Echinacea (E purpurea) – See detailed description below

## **APPENDIX B: POSSIBLE DIET AND VITAMIN SUPPLEMENTS FOR PERSONS IN DEPRESSION AND ANXIETY RECOVERY**

### VITAMINS AND MINERALS

Multivitamin Complex (including 500 mcg of Folic acid)

Vitamin B Complex [5-100 mg daily total when combined with Multivitamin above]

Vitamin C [200 mg daily]

Calcium Citrate [750 to 1,000 mg at bedtime]

Chelated Magnesium (taken with Calcium) [750-1,000 mg at bedtime]

### AMINO ACIDS AND FATTY ACIDS

Phenylalanine as DLPA [1,000 mg] -OR- Tyrosine [1,000 mg]

- Note: Do not take Phenylalanine or Tyrosine if you or a blood relative has a history of high blood

Pressure. Take these supplements in the AM on an empty stomach.

Omega 3 and 6 fatty acids as fish oil [approx. 300 mg EPA; 240 mg DHA]

Taurine [50 mg daily]

Antianxiety/Antidepressant foods high in serotonin: Bananas, tomatoes, plums, avocados, pineapples,

eggplant, walnuts, cheese, yogurt, sour cream, chocolate, wine, broadbeans, chicken livers, pickled

herring, active yeast, soy sauce.

Antianxiety/Antidepressant foods high in tryptophane: Spirulina seaweed, soy nuts, cottage cheese,

chicken liver, pumpkin seeds, turkey, chicken, tofu, watermelon seeds, almonds, peanuts, brewer's yeast,

malted milk, milk, yogurt.

Antidepressant foods high in melatonin: Oats, sweet corn, rice, ginger, tomatoes, bananas, barley

General Diet: 20% protein, 25% fat 55% carbohydrates. Drink 8 oz. of water with each meal and once in between meals and 1 hour prior to bedtime. Include in diet barley, starches (white and sweet potatoes), low glycemic carbohydrates (broccoli, peaches, grapefruit, soy beans, apples, kidney beans, lentils, peas)

Avoid: Processed sugar and caffeine, all fats except monounsaturated, coffee, nonsteroidal anti-inflammatory drugs, beta-blockers, over-the-counter and prescription sleep medication, calcium antagonists or calcium channel blockers, steroids, antihistamines, alcohol and tobacco.

## **APPENDIX C: SOME QUESTIONS TO GET YOUR STARTED ON YOUR JOURNEY**

In charting your course on the mind/body health journey it is important to develop a clear sense for the outcome(s) that you desire. The following questions may assist you in examining more closely what your goals are for your future growth:

1. “What do you want?”
2. “How will you know when you have what you want?”  
“What will be a demonstration of it?”
3. “What stops you from having it now?”  
“What do you need to have it?”
4. “When, where, and with whom do you want your outcome?”  
“When, where and with whom do you not want it?”  
“Do you want this outcome in other situations, contexts?”
5. “If you get what you want, will you stand to lose anything?”  
“What do you get out of what you do now?”  
“How will your life be different when you get what you want?”  
“Can you think of any positive by-products?”
6. “Is it representative of who and what you want to be?”  
“What will it take to get it?”  
“What will happen if you get what you want?”