

Administrative Information

This memo describes my office policies and may help you determine if we would be a good fit for each other.

Initial evaluation: Initial meetings are for diagnosis, not for treatment. We will review your history and pinpoint the problems you want help with. This may require two sessions, or one double session. If I feel that I have the tools and skills to help you, I will share my treatment recommendations with you. They will likely involve cognitive therapy and home practice between sessions. If you decide that you would like to work with me along the lines that I suggest I will be pleased to accept you as my patient at that time. If I feel that I do not have the tools to help you, or if the treatment methods I suggest do not appeal to you, I'll encourage you to explore other treatment options and you will not become my patient. If you pursue treatment with another therapist, I will be happy to share the results of my evaluation with that therapist if you provide written permission for me to do so.

Scheduling: You may schedule appointments at any time on my website. If you feel very distressed it might be helpful to meet more frequently until the crisis is over. When you begin to feel better, it may be appropriate to taper sessions and meet less frequently. Many therapists schedule 50-minute sessions once a week. However there is no research that supports this being the most effective schedule for change. If you'd like to schedule extended sessions this may greatly speed your recovery. Double or triple sessions or meeting for some hours a day for 3 or 4 days in a row can be extremely effective. My experience indicates intensive treatment often works far more quickly, costs less overall, and has long-lasting effects. If you'd like to set up an intensive treatment program please let me know.

Duration of treatment: This varies greatly from person to person. Some clients with mild problems have been helped in just a few sessions. Others with more severe difficulties may require months of hard, persistent work before they feel better. It's difficult to predict this ahead of time.

Fee: My fee is \$250 per 50 minutes of therapy. I do not bill third parties, and will gladly provide a monthly receipt ("superbill") which you can submit to your insurer for reimbursement due you under your plan.

Cancelling/rescheduling sessions: I require 48 hours notification to cancel or reschedule a session (you may reschedule any session up to 48 hours in advance). If you provide this advance notification, I will not charge you for the session. If you do not provide 48 hour notification, you will be charged for the missed session. If I can fill your slot with another patient, I will not charge you for the cancelled session.

Phone calls: You may want to call me if an emergency develops between sessions. I charge for the time we spend on the phone at my usual rate, based on the length of the call. Outside of

emergencies, I am unable to respond to phone calls or emails between sessions. If you believe you are having a life-threatening emergency and are unable to reach me, go to the nearest emergency room or call 911.

Confidentiality: I will not provide information about your treatment to others – including family members - without your written permission. Even then my discussion with any third party will be limited to the specific topics you have given me written permission to discuss. For this reason, if you would like me to speak with a relative, it is often preferable that we all meet together during a regular appointment. There are rare cases in which I am required by law to violate client confidentiality. These include threats of suicide, violence or homicide, and incidents of child or senior abuse that I become aware of in our work together.

Suicidal thoughts: Many depressed patients have suicidal thoughts. We will monitor such thoughts before and after every therapy session. If they are present, we will discuss them in detail and provide you tools to cope with them. As a condition of becoming my patient, you will make an iron-clad commitment to choose life and renounce acting on any suicidal thoughts in this lifetime.

Violent thoughts: Angry, violent thoughts are also common. We can explore these during our therapy sessions and I can teach you tools to deal with such thoughts and feelings. If at any time you tell me you intend to harm someone I am required by law to contact the police and to warn the potential victim.

Benzodiazepine use: Benzodiazepine medication is often prescribed for anxiety. Because it interferes with brain functions required for cognitive-behavioral therapy, I require patients on these medications to commit to working with their prescribers on a plan to taper and discontinue benzodiazepine use.

Third-party evaluations: I do not do provide evaluations to 3rd parties for any reason. If you are involved in any legal action, such as a divorce proceeding or a lawsuit, I will neither testify in your behalf nor provide a court copies of my records or reports of our work together [unless I am required to do so by a judge]. Such reporting would create a conflict of interest and prevent us from most effectively working together.

Premature termination: If you become discouraged between sessions or feel the urge to drop out of therapy for any reason, I ask that you come in for one additional session to discuss these feelings. This oftentimes leads to a therapeutic breakthrough. If you are not comfortable with this arrangement and want the right to drop out of therapy between sessions, please let me know at our initial meeting.

Gifts: I do not accept gifts from clients or family members of clients, as this constitutes an ethics violation.

Books and articles: Sometime patients want to give me copies of books or other materials they've seen and ask me to review them between sessions. I do not read these kinds of materials between therapy sessions. If you feel they are relevant to my understanding of your problems, I'd be

happy to look at them with you during one of our sessions. In most cases, your verbal summary will be sufficient.

Therapy homework: I assign homework you will do between sessions. Research shows that talking about one's problems while necessary, is not sufficient for recovery. In addition to our talking together I will ask you to do written cognitive and behavioral assignments that are active ingredients in cognitive-behavioral therapy.

Relapse work: Therapy has two goals. *Feeling* better and *getting* better. *Feeling* better involves decreasing your symptoms. If you're suffering from depression or anxiety, feeling better is wonderful and tremendously important! *Getting* better involves learning tools to deal with emotional or relationship problems that will emerge in the future. This is vitally important, because no one can be happy forever. We all hit bumps in the road from time to time. If you know how to deal with sudden mood swings or conflicts with other people, these bumps will register as opportunities, not problems. Before we terminate treatment we'll spend one final session on relapse techniques and a review of our work together. If you ever need a tune-up going forward you'll be welcome to return so we can quickly treat any new problem you are not successfully addressing on your own.