

## In therapy? Here's how to assess effectiveness

By Jonathan Alpert  
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So, you've been in therapy for several months and aren't sure if you're improving.

You seem to feel better, getting things off your mind each week, but how do you know if you're actually gaining from seeing your therapist? There's a difference between feeling better and getting better. The former usually brings immediate relief. The latter results in lasting life change that will lead to healthy behaviors and new ways of coping with stress and problems. This comes only when you acquire tools and skills you can apply beyond the immediate crisis or concern that brought you to the therapist in the first place.

In psychotherapy, regardless of the school of thought, a collaborative effort should exist in which the client and therapist both work hard to achieve the desired outcome.

One of the first things that you should do is make a list of realistic goals and what you're hoping to gain from therapy. Share it with your therapist so that a specific treatment plan can be established. Reviewing the goals every few sessions will give you and the therapist an opportunity to monitor progress.

Ideally, as insight, support, and direction are provided, you should move closer to reaching the goals with each session.

Homework should be given, as this bridges what's learned in the session with what happens in real life. It gives the patient an opportunity to develop thoughts or concepts arrived at during sessions, to try out newly acquired skills and to implement exercises.

For example, if social anxiety is the problem, then homework may be practicing relaxation techniques and an exercise in which the patient approaches others casually, asking for the time or directions. The patient should keep a written record of his or her reactions to the exercise and bring it back to a session and review it with the therapist.

As treatment continues, information learned in sessions will be more accessible when a patient is away from therapy, and come more naturally. The patient will develop a set of skills that can be applied with confidence to situations that once proved to be problematic.

Over time, the patient will find the answers and rely less on the therapist's guidance, and the need for sessions will be less frequent, allowing the patient to develop a sense of independence.

Be a good consumer of this personalized service and assess your progress. One way this is accomplished is to review the notes and goals that were established at the first session. This will reveal what progress has been made — or not. It's quite possible that goals *aren't* being reached but you're simply feeling better having someone to talk to. This isn't the healthiest set-up, as it could lead to becoming dependent on your therapist. An honest and skilled therapist should recognize this — and either set a new course of treatment or suggest a different therapist.

What are some signs that you should shop for a new therapist? Beyond a lack of progress toward your goals, there are some other things you should check.

Therapy is *your* time and *your* opportunity to address issues. Therefore, you should be the one to choose what's most important to work on.

You should feel respected in session and not as though your therapist's values are being placed on you or you're being judged — otherwise, you'll surely feel uncomfortable and limit or withhold valuable information.

A feeling of safety should also be abundantly available, as therapy addresses sensitive and fragile issues.

Don't just accept the therapist's methods. In fact, the talk therapy model where patient talks and therapist listens, offering an occasional, "I see" or "tell me how that makes you feel," isn't necessarily the gold standard or helpful.

Rather than being a passive participant, take an active role and question the course of treatment and outcome. After all, with a physical disorder, if the doctor prescribed medication or physical therapy and you saw no improvement, you'd probably speak up.

If, say, after a month of treatment for anxiety you still worry excessively, feel restless or edgy and have difficulty concentrating, then bring it to the therapist's attention. Share how you feel and don't assume it's known. A disorder such as anxiety is treatable and results are measurable. Frequency, duration and intensity of symptoms can be monitored — and there should be noticeable, if not marked, improvements after several weeks as you learn new skills and develop insight.

If you try therapy and don't feel comfortable, chances are it's just not a good fit — and not necessarily a reflection on you. It's a very personal service, and comfort has to exist. If it doesn't, keep trying until you find a therapist you click with: You'll likely know within the first few minutes. Don't give up.

Although it may be a sensitive matter, word of mouth is probably the best way to find a good therapist. If someone you know has gained from seeing one, then he or she will probably be proud to share those improvements with you and tell you about the person who helped.

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*In On the Mind, Jonathan Alpert, a psychotherapist in New York, answers questions about healthy mental living. Send questions and comments to [health@latimes.com](mailto:health@latimes.com).*

## Disclosure Statement & Agreement For Services

The sample which follows is one example of what might be included in a disclosure statement and/or agreement for services. The therapist may adopt some or all of it to meet his or her particular needs.

### Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

### Information about Your Therapist

At an appropriate time, your therapist will discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

Note: The therapist should indicate his/her licensure status before the patient completes this form.

Your therapist is a:

- Licensed Marriage and Family Therapist
- Licensed Clinical Social Worker
- Licensed Psychologist
- Marriage and Family Therapist Registered Intern\*
- Marriage and Family Therapist Trainee\*
- Associate Clinical Social Worker\*
- Psychological Assistant\*
- Registered Psychologist\*

Name of Clinical Supervisor (if applicable)	License Type	License Number
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(Note: If the therapy practice uses a fictitious business name, the name and license designation of the business owners must be disclosed. Similarly, if the business is a professional corporation, the patient must be informed of that fact.)

### Information About This Practice (as applicable)

The name of this practice is: SOI Counseling and Testing Center

The individual therapist(s) who operate this practice is/are:

<i>Valerie Maxwell, Ph.D.</i>		<b>PSY 9844</b>
2007 CEDAR AVE. MANHATTAN BEACH, CA 90266 PSY 9844 (310) 546-6500	License Type	License Number
Name of Therapist	License Type	License Number

**Minors and Confidentiality**

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

**Appointment Scheduling and Cancellation Policies**

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs. in advance of your appointment. If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

**Therapist Availability/Emergencies**

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

(Alternative message(s) for therapists who have limited availability)

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

You should be aware that your therapist is generally available to return phone calls within approximately \_\_\_\_\_ hours. Your therapist is not able to return phone calls after \_\_\_\_\_ P.M.

Your therapist is not available to return phone calls on Saturdays or Sundays.

If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail message.

**In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

(Optional content)

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Crisis Hotline: ( ) \_\_\_\_\_

Youth Shelter: ( ) \_\_\_\_\_

Domestic Violence Help: ( ) \_\_\_\_\_

Hospital: ( ) \_\_\_\_\_

**Therapist Communications**

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

\_\_\_ My therapist may call me at my home. My home phone number is: ( ) \_\_\_\_\_

\_\_\_ My therapist may call me on my cell phone. My cell phone number is: ( ) \_\_\_\_\_

\_\_\_ My therapist may call me at work. My work phone number is: ( ) \_\_\_\_\_

\_\_\_ My therapist may send mail to me at my home address.

\_\_\_ My therapist may send mail to me at my work address.

\_\_\_ My therapist may communicate with me by email. My email address is: \_\_\_\_\_

\_\_\_ My therapist may send a fax to me. My fax number is: ( ) \_\_\_\_\_

**About the Therapy Process**

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

**Termination of Therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that you have about this information before you sign!

\_\_\_\_\_  
Name of Patient

Date: \_\_\_/\_\_\_/\_\_\_

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice takes effect on \_\_\_\_\_ and remains in effect until we replace it.

## **1. OUR PLEDGE REGARDING MEDICAL INFORMATION**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

## **2. OUR LEGAL DUTY**

### ***Law Requires Us to:***

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

### ***We Have the Right to:***

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### ***Notice of Change to Privacy Practices:***

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

## **3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

**FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

**FOR PAYMENT:** We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

**Notification:** We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

**Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for national security and intelligence activities,

**Court Orders and Judicial and Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

**Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect.

**Victims of Abuse, Neglect, or Domestic Violence:**

We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required pursuant to certain subpoenas or court orders, and crimes on our premises.

**Appointment Reminders:** We may use and disclose medical information for purposes of reminding you of your appointments.

**Alternative and Additional Medical Services:** We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

## 4. YOUR INDIVIDUAL RIGHTS

**You Have a Right to:**

1. Obtain copies of certain parts of your file or a summary of that info, to be determined by your provider as he or she deems most appropriate and beneficial to the client.  
us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you \$ 0.25 for each page, and postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.

5. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.

## **QUESTIONS AND COMPLAINTS**

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of your rights in Section 4 of this notice by writing to the following address:

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We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.