Beginning Treatment

In the initial assessment phase (usually 4-10 sessions) we will decide on a particular course of treatment including the <u>frequency of appointments</u>. As treatment develops and needs become more apparent, the frequency of sessions may again be adjusted to dial in the optimal potency of the therapy (similar to finding the right dose of medicine) thus increasing the potential for long-lasting change. Most people can benefit from this intensive form of therapy but it does require a commitment to treatment that is different from other forms of therapy. Appointments are usually set on a frequency of one or more meetings per week.

We will work to establish <u>standing-appointment times</u> that are convenient for you in order to support our focused attention on your internal and relational experiences. Unlike medical and dental appointments, these weekly slots are reserved on a monthly basis, exclusively for you. Once we establish your standing-appointments you will be charged monthly for the time reserved including <u>appointments you may miss</u>. When an absence is unavoidable I am generally willing to look for an alternative time that works for both of us. Either way I will look for you at the next regularly scheduled appointment.

Confidentiality: Laws & Limits

I will not discuss your information with others unless you request or authorize me to disclose. The security of confidentiality is crucial for the therapeutic process because it enables you to talk freely about your happiest or darkest emotional experience. There are legally mandated exceptions that you should be aware of:

CHILD OR ELDER ABUSE: Generally, authorities are notified of such present or potential abuse. HARM TO SELF OR OTHERS: When there is "clear and imminent" danger, action will be taken. COUPLES: When people seek treatment together, each person has access to the record. COURT ORDER: If your health is introduced into evidence, a judge may order release of records. ELECTRONICS: I do not assure the confidentiality of electronic devices in general nor voice or text messages, video conferencing or email. INSURANCE: If necessary, you may be asked to release some information to your insurance. MORTALITY: If death prevents me from furthering

Messages My voicemail, texting and email are private and retrievable only by me. I will see texts the soonest. Keep in mind the therapy is still at work during our absences from each other. In fact, the therapy goes deeper when epiphanies, feelings and concerns are held until we see each other again.

our work, my trusted colleague will contact you. CONSULTATION: Psychologists consult with each

other. Identifying information is not shared.

Waiting Room: Sharing & Bathroom

The waiting room is shared with another psychologist. (Our businesses and records are separate.) We want this space to be a quiet, calm and welcoming room to help you and others prepare for therapy. With this in mind, please use the Atrium if you need to eat or talk on the phone. Bathroom key code is 4466.

Emergencies

Emergency services are provided by the community. If you feel you may injure yourself or someone else, please let me know. However, for immediate assistance call Metro Crisis at 503 215-7082, or your family physician, or dial 911, or go to a local hospital.

Fees & Payment Policies

Initially, payment is made as we begin each session. Once we agree upon treatment and establish standing-appointments charges will be based on the specific time reserved for you each month. At that point I am usually willing to collect payment monthly. Please pay within 10 days of the request for payment. You can find fees listed at SwanTalk.com or request a Schedule Of Fees any time we are together.

Insurance: I am willing to bill your insurance or provide you with information needed to bill your own insurance. You are responsible for paying the balance on your account regardless of the decisions made by insurance. Insurance will not reimburse for missed appointments so please be prepared to pay for these.

Court: I understand that legal procedures are sometimes brought into our lives. In order to protect the treatment I will generally refuse any legal/forensic proceedings.

Ending Treatment

As the decision-to-enter therapy is your choice, it is meet and right that the decision-to-exit therapy is also your choice. You are free to stop at any time though ending usually occurs naturally as symptoms resolve and a process of personal growth is established. The ending phase of treatment can take 1-3 months or longer depending on many factors.

If you notice thoughts regarding ending the treatment please mention them so we can understand and plan together. As with other decisions, a frank discussion of this one can be a collaborative means to further your health and self-understanding. Such a dialogue can be engaged carefully and meaningfully as we reflect on your goals and accomplishments as well as identify future work to be done if you desire.

PSYCHOTHERAPIST-PATIENT AGREEMENT

on

Treatment Conditions & Office Policies

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Welcome.

This pamphlet describes important elements to consider as we begin our work. These conditions and policies are intended to support your healing and self-discovery. Please ask me questions when you feel clarification is needed.

As we meet for the first time we will discuss some of the framework around the process as well as the questions and concerns that bring you here today.

Benefits & Risks of Treatment

Therapeutic services develop soulful practices and reduce symptoms. Positive gains might include: improved coping with stress and pain, more nuanced frustration tolerance and affect regulation, positive regard for self and others, clearer personal boundaries, enhanced communication skills, increased grit, resilience and productivity, and general satisfaction with life.

As we work together you may find that examining interactions between us will lead to personal insight as well as yield improvement in your other relationships.

On occasion people may experience temporary worsening of symptoms, emotional discomfort or unanticipated changes in relationships. Such secondary concerns can shed light on understanding your original concerns and both will be addressed with similar time and effort dedicated to the process. For instance, some people may experience pain when recalling aspects of the past, making decisions, recognizing poor decisions, delaying action or taking action. Please discuss your concerns, discomforts and questions with me as they come up.

Rights & Responsibilities

Because therapy is a collaborative process, clients have the following rights and responsibilities:

- Know the terms under which treatment and/or evaluation will be provided.
- Know the provider's qualifications & training.
- Choose the treatment and provider that best suit your needs. Such choices are enhanced by being informed of the benefits and risks of treatment, introducing discussion of these at any time or suggesting new options.
- Know the laws and limits of confidentiality.
- Remember you own the right to make choices about your therapy. You can ask questions, request changes, discontinue therapy or ask for referrals to other therapists.
- Practice the Patient's Trifecta:
 - Show-up on time.
 - Say what's on your mind.
 - Pay within 10 days of receiving a bill.

Mission & Approach

Helping people heal and grow is the primary focus of my work. I help men and women cultivate ongoing transformation in their journey to wholeness. Research has repeatedly shown that the benefits of listening-relationships are long lasting for people who engage the process of forming a therapeutic alliance with their therapist. In fact, the Psychoanalytic Approach yields benefits that continue to increase for years after the treatment has "ended." This is due to the free-talking and the unique process that is developed and worked between the patient and therapist. Psychoanalysis is unique in that it goes further than helping a person experience relief from debilitating symptoms, it helps us understand how we came to be this way and the underlying issues that developed into symptoms in the first place.

The therapeutic relationship is a collaboration in which you and I will work to facilitate positive change in your "eternal self" as observed in mental functioning, feelings, relationships, behavior, and perhaps even holiness. My particular way of approaching the work is based on the Christian and Psychoanalytic understanding that people heal as they come to understand themselves within the context of trustworthy and compassionate relationships and people can learn fundamental life skills. Therefore, we will work to create a facilitating relationship that is safe, empathic, enlivening, clarifying and response-able. With this foundation we can also engage the more difficult and possibly painful work as needed.

I believe people can change in any stage of life. This involves paying attention to pain, understanding why problems exist, perceiving the personal and subjective narrative of others as well as cohering our own life story within our personal traditions and larger culture. Profound change often requires engendering an attitude of openness besides clarifying what change is desired and assisting action in that direction.

Taking an honest look at life can be difficult whether it involves self-acceptance or self-denial. The personal reflection and contemplation needed can be unpleasant though eventually rewarding. I repeatedly observe that when people face their personal pain they frequently increase their capacity to feel joy and the fullness of life. As your therapist, I will do my best to help you through this process.

Moving toward wholeness might look different for everyone and there are no guarantees. However, basic goals tend to remain the same: personal fulfillment, acceptance of self and others, success at work and play, and the ability to cultivate responsible and loving relationships.

Experience & Training

As a counselor, I count it a privilege to have worked with the adults, couples, families, and children with whom I have listened for years. Since 1987 I have learned from experience in many settings: private practice, general outpatient clinics, psychiatric hospitals, universities, and drug and alcohol programs. Earning a doctorate in clinical psychology from George Fox University (1996) provided me with specialized training in psychotherapy as well as the integration of psychology and theology. My dissertation investigated aspects of nurturant fathering as well as the effects of father absence. My more recent studies involved advanced training in psychoanalysis and primal emotional development. I belong to professional associations that are dedicated to the ongoing education of counselors and I have taught groups of counselors, pastors, medical professionals, graduate students, community groups, and parents.