The Process of Psychotherapy

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Participation in psychotherapy can result in a number of benefits to you, including personal growth; improvement of interpersonal relationships; a better understanding of yourself and of a specific problem and, in many cases, progress toward resolution of this problem; symptom relief; improvement in day to day functioning; support in problem solving; and resolution of the specific concerns that led you to seek therapy.

Psychotherapy is a collaborative process that necessitates your active involvement, honesty, and openness in order to understand your thoughts, feelings, and behaviors. You will be encouraged to express your thoughts regarding your psychotherapy and our therapeutic relationship. Psychotherapy can also involve risks. Since psychotherapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings, such as sadness, anger, guilt, anxiety, frustration, loneliness, helplessness, or other uncomfortable feelings. You may recall unpleasant memories. These feelings or memories may bother you at work, school, or home. Making changes in your life can sometimes be disruptive to your current relationships as well as challenge long held assumptions or behaviors. Sometimes, too, it is possible for your problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. Thus, due to the complexity of this process, there can be no guarantee that psychotherapy will yield the intended results.

Psychotherapy begins with an evaluative process, typically three or four sessions. During these initial sessions we will work together to reach an understanding of the problems(s), therapeutic objective(s), treatment plan, and possible outcome(s). We will explore mutually the decision about whether to pursue psychotherapy. I encourage you to ask any questions regarding the psychotherapeutic process itself and my qualifications to provide this service (e.g., licensure, training, and experience) as you decide whether to pursue psychotherapy. I also will feel free to explore any questions that I may have regarding establishing a therapeutic relationship with you as part of our assessing whether I can be of assistance.

As psychotherapy progresses I may draw upon various psychological approaches (e.g., psychodynamic/psychoanalytic; relational/interpersonal; systems; cognitive; dialectical behavior therapy, which includes mindfulness, emotional regulation, and interpersonal effectiveness; problem solving) according to your specific needs and wants and what works best with you as an individual. We will periodically discuss your progress. During the course of psychotherapy, it is important that we each

discuss any concerns either of us has about the appropriateness or effectiveness of treatment. If indicated, I will recommend adjunctive psychotherapy (e.g., group psychotherapy), medical evaluation, psychological testing, or referral to another psychotherapist or treatment modality.

The duration of psychotherapy differs for each individual. Factors such as goals, motivation, life circumstances, and duration/extent of the issue(s) determine whether treatment requires weeks, months, or years. Your insurance may limit the number of covered sessions per year, at which point you may choose to continue by paying out of pocket.

Finally, I want to emphasize that psychotherapy is a voluntary process; you have the right to discontinue at any time and you are free to make choices regarding therapeutic suggestions or interpretations. It is a process that, for most people, yields a greater sense of self understanding, self confidence, efficacy and ability to negotiate work and love issues, and a diminution, attenuation, or lessening of presenting concerns.

I have read the above statement explaining the process of psychotherapy and understand its contents; and I have been given the opportunity to discuss any concerns and issues related to this handout. I understand, also, that I am encouraged to ask questions regarding the above information at any time.

_____ _____

Signature of Client Date

_____ _____

Signature of Therapist Date

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