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Information for clients 2018

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1. Fees, accounts and length of sessions

1.1 Fees

In 2018, for routine psychological assessment and psychotherapy, I charge R898.20 per hour (the rate set by Discovery Health). However, there is a higher fee of R960 per hour for the first two hours - these are charged at a higher rate because of the additional time required for administration and preparation in accepting a new client .

Fees for psycho-legal assessments and court work are higher than fees for clinical consultations and are available on request.

For missed sessions, we reserve the right to charge an administration fee of 30% of the session rate, except where the session is cancelled with 24 hours notice.

1.2 Appointments and session times

Sessions are normally 60 minutes. However, for psychological assessments, and couple or family therapy, sessions may be 90 minutes or more, and longer sessions are sometimes required in the treatment of specific kinds of problem. Except in the case of crisis management, I will normally discuss with you beforehand if longer sessions are indicated. At times it may also be appropriate to have shorter sessions (30 or 45 minutes). In all cases I charge a *pro rata* fee based on the hourly rate specified above.

Your session begins at the stated appointment time. So if you have a one hour appointment at 11h00 your appointment will run from 11h00-12h00. This is *your* time and I will not normally keep you waiting except in very unusual circumstances. Even if you arrive late, your appointment will end at the end of the hour (or whatever the agreed time was) so that I am ready to start the next client's appointment on time, So please take steps to ensure you arrive close to your appointment time.

I normally see clients weekly at a set time for several weeks or months. This means that you will be offered an appointment time on a specific day at a specific time which will be reserved for you until

you formally terminate the sessions. Where you cannot come at the usual time I may be able to accommodate you at another time by arrangement, but options may be limited. If you prefer to come less often (e.g. once every two weeks), you are welcome to discuss this.

1.3 Sessions at my office and via internet

Sessions normally take place at my office in Westlake. By prior arrangement, I can make home visits as well as hospital or clinic visits (where these are allowed by the institution concerned). In such cases I charge for my travel time by the hour at the same hourly rate that you pay for the session. I also provide consultations via the internet (see section 5.4 below) or by telephone. If you are claiming from a Medical Scheme you will need to check whether these remote sessions are covered.

For internet sessions, fees are the same as those for sessions at my office. I usually use the platform called **zoom** and you will be provided with the information you need on how to use this.

1.4 Loan of resources

I regularly lend clients various resources to assist them in their therapy. These include books, CDs and computer flashdrives (with recordings on them). When I lend these resources, it is your responsibility to return them. If they are not returned when requested or within three months, you will be billed for the cost of replacing the item(s) plus an administrative charge.

1.5 Accounts

We send out accounts regularly, usually at the end of each month, but sometimes less often. The account is sent direct to you, the client by email (or mail). Email is not an entirely secure medium and if you are concerned about this, please request communication by mail on the *Client Agreement and Information Form*. If you are a member of Discovery Health Medical Scheme and have coverage for psychotherapy, you can request that we submit the account direct to your Medical Scheme. For most other Medical Schemes, please settle the account yourself then make your own claim to the scheme. Whether or not your account is submitted to a Medical Scheme, payment of the account is ultimately your responsibility and if you are expecting the Medical Scheme to pay but for any reason they fail to, you must arrange to pay the account yourself.

Please note: Medical Schemes differ in the amount they contribute towards psychological services; most have a maximum amount annually. If you plan to claim from a Medical Scheme, please find out exactly what cover it offers. Some Medical Schemes, or particular plans within Schemes, offer additional Prescribed Minimum Benefits for certain chronic conditions and may pay for additional sessions on completion of an application form.

Most clients pay by Electronic Funds Transfer (EFT) into my bank account and it is recommended that you use this method of payment. The banking details will appear on your account.

If you have difficulty paying for psychotherapy on a monthly basis, please discuss this with me. For clients who come on a regular basis for several months, I sometimes offer a reduced fee (details available on request). In some cases, we can spread payments over a longer period on an interest-free basis. In the event that we have to send an account to an attorney for collection, the person responsible for the account will be liable to pay the legal costs involved.

2. Individual, couples and family therapy

I am certified as a schema therapist and trainer *and* as a couples schema therapist and trainer by the International Society of Schema Therapy (<http://www.schematherapysociety.org/>). I offer individual therapy, couples therapy and family therapy and base my approach on my training in cognitive therapy and schema therapy as well as on the latest research. Over the past thirty years there has been considerable research on the effectiveness of different kinds of psychotherapy and the best psychotherapy approach to particular kinds of problems. Every year more of this kind of research is published, and I follow many of the current developments. I will normally discuss with you how I understand your problems and what current research suggests would be the most helpful way to approach them. You are encouraged to discuss with me at any time the kind of therapy I am offering you and whether and to what extent it fits with your personal goals and needs. For more information, see my website at www.schematherapysouthafrica.co.za.

Where the primary problem is the breakdown of a marital or other intimate relationship, you may choose to come together as a couple, or I might recommend couples therapy to you. When assessing for couples therapy I normally like to see each of you individually at least once, and sometimes for several sessions. This is because I need to understand each of you individually and help you clarify your position and goals for therapy before seeing you together. Otherwise, when you come as a couple it is easy for progress to get derailed. As the process unfolds, I can indicate when I believe you are ready to be seen together, but I will of course listen to your own views on the matter. Once couples sessions have started there is still the option for individual sessions and these can be arranged based on what is likely to be most helpful to you at any particular time.

When the focus is on the behaviour or emotions of a child or adolescent, family therapy may be indicated as problematic behaviours in children and adolescents often arise in the context of difficulties in relationships between family members.

3. Assessment, agreement on goals, and psychotherapy

3.1 Assessment and evaluation

What form psychotherapy will take and whether couples or family work is indicated will depend on the kind of problems you or your family members are dealing with. This means that we need to start with a thorough assessment in order to determine the nature of your problems and what is likely to be the best way of addressing them. Usually the first two sessions focus on an assessment of your problems and concerns, and I obtain background information to enable me to develop a preliminary psychological understanding. I often request some of this before our first meeting, by asking you to complete a self-assessment form to provide me with background information, and may give you sets of questions to answer too. After that I discuss my conceptualization of your situation with you, the goals you might want to work towards, and options for appropriate treatment. For couples therapy this assessment could involve two or more sessions with each party, as described above.

3.2 Psychotherapy

The number of sessions you need depends on whether you simply want to resolve some specific intense symptoms or whether you want to examine and address broader and more longstanding issues in your life. Some focussed problems can be treated with **brief** structured treatment of 6-8 sessions. Some problems call for a **short-term** structured treatment of 16-25 sessions during which you may need to help yourself by reading, using material on internet sites related to your problem and doing active exercises on monitoring and changing behaviour and thinking patterns. In such a structured therapy, we will discuss the treatment plan and step by step implementation of it. At the end of each session I will often suggest activities for you to do during the week which will be part of the treatment. At the start of each session we will review those activities and discuss difficulties you encountered and indicators of progress.

For more difficult and longstanding problems, a comprehensive schema therapy approach will be appropriate and many people can benefit from weekly schema therapy for a year or even for several years. Schema therapy always begins with a series of sessions that focus on assessment (as described in 3.1 above) so that I can develop a comprehensive schema therapy case conceptualization to guide the therapy process.

Whatever the form of psychotherapy, we can regularly discuss your progress and you are encouraged to express your concerns about whether the therapy is helping you.

3.3 Review, maintenance and follow-up

However many sessions you have, the final session(s) can be structured to provide a review and maintenance plan: We will review what you have gained in the sessions so far and discuss what steps you should continue to take in order to maintain your gains. Some clients like to come in a few weeks or even months later for booster sessions to discuss difficulties in maintaining progress.

4. Possible short term negative effects of psychotherapy

In many cases, the process of psychotherapy involves the sharing and examination of events and situations in your life which are associated with great emotional pain. Often clients find that it is a relief to talk about such situations and events, but at times this can give rise to increased emotional distress outside of sessions which can effect their functioning both socially and at work. Should this happen in your case, you should discuss it with me so that we can take appropriate steps to lessen the impact on your everyday functioning as far as is possible.

Usually psychotherapy provides a means for clients to make significant personal changes. These will usually enhance your functioning at work, socially and with intimates and family members. However, at times these changes can bring about conflicts with people close to you who do not welcome the changes you are making. In extreme cases this can lead to the breakdown of significant relationships. Should this happen you will probably want to use the therapy sessions to discuss the advantages and disadvantages of changing your behaviour on the one hand, or not making changes, on the other. In addition, at times it may be helpful to have sessions with significant others (spouses, parents, children) to help them support you in the changes you want to make.

At every stage of the process of assessment or psychotherapy, you have the right to understand what I, as a psychologist, am doing and why I am doing it. For example, you may want to know why I am asking certain questions, or to receive information about what sort of psychotherapy methods I employ and what is their track record in helping people with problems such as yours. So you are invited to ask me as we go along and express your concerns if you think that the approach I am using is not helping you.

5. Ethical practice and your right to privacy and confidentiality

5.1 Ethical framework of professional practice

I offer my services as a Clinical Psychologist, registered with the Health Professions Council of South Africa (HPCSA). The rights of clients who consult health professionals in South Africa are summarized in the *National Patients' Rights Charter* published by the HPCSA. This can be downloaded from http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_3_patients_rights_charter.pdf. The HPCSA website has other information about what is considered professional and ethical conduct by practitioners for example at <http://www.hpcsa.co.za/Public/ConductEthics>. Below, I point out some of the aspects related to your rights as a client seeking psychological assessment and/or psychotherapy.

5.2 Disclosing personal information

As part of the process of assessment and psychotherapy, I will ask you to disclose personal information of the kind which you would normally keep to yourself. Of course, to a large extent the effectiveness of the process of psychotherapy depends on your making these kinds of personal disclosures. However, please be aware that you have a right to the privacy of all information about yourself and you are free not to disclose any information which you do not yet feel ready to share. If this poses a problem for the work of psychotherapy I will discuss this with you. Furthermore, if you believe I am asking for personal information which does not seem relevant to the problems you are seeking to address in therapy, please express this, and ask why I believe the information is relevant.

5.3 Voice recordings

I regularly make voice recordings of sessions and I sometimes make video recordings. When I do this you will be aware of it as I do not use hidden equipment. If you are not happy for sessions to be recorded you are free to say so. These recordings allow me to review all or parts of a session myself, and I may play some to a colleague or small group of colleagues with whom I am consulting about how to work with your case. Sometimes I give clients a copy of a recording of one or more their sessions as an mp3 file so that they can listen to it at home. This enables them to review points of learning or repeat important experiential exercises from the session.

5.4 Email communication

Email provides a very useful form of communication and I use it regularly for setting up appointment times, for sending accounts, for sending and receiving documents that are part of the assessment

process and for sending and receiving communications that are part of the process of therapy itself. However, it is not a secure form of communication and it can in principle be intercepted by third parties. Despite the risk, many people are comfortable that email is used in all the ways mentioned above. However, if you are concerned about the security of personal information, please request that I do not use email to communicate with you. Alternative arrangements can be made for communication either by phone or text message or by a shared folder in Dropbox or iCloud or a similar medium. You can indicate what kinds of communication you are willing to be sent by email on the *Client Agreement and Information Form* that you sign before starting the first assessment.

5.5 Internet sessions

There are additional security concerns if you have consultations via the internet as internet communication is not completely secure. Even highly secure systems like internet banking sites get hacked from time to time. The email system itself is widely recognized not to be very secure. At the same time, with such a mass of information flowing over the internet, the probability is low that someone would try to eavesdrop on a meeting that is taking place using one of the systems referred to above. For applications that provide for face to face meetings and conferences (Skype, Facetime, etc.) there is some variability with respect to the security levels. Zoom (which I subscribe to and normally use) is designed for corporate environments where confidentiality is a major concern. For more information, see the document *Online consultations: Practical and professional aspects*.

5.6 Limits of confidentiality

What you talk about during the sessions is confidential. This means that I will not disclose it to another person **without your permission**. However the following exceptions apply:

5.6.1 Legal constraints

- i A court may issue an order that compels a psychologist to reveal to a court information disclosed in therapy, and, in some cases, in terms of Acts of Parliament, a psychologist may have a statutory duty to disclose confidential information.
- ii Where psychologists believe that a client is at risk for seriously harming him/herself or another person or damaging property, they are ethically bound to act to prevent this and/or to protect third parties.
- iii Medical Schemes may require a diagnosis to be recorded on the account. This is done in the form of a numerical code from the International Classification of Diseases (ICD-10). The verbal form of the diagnosis (e.g. "Major Depression", "Bulimia Nervosa") does not appear. This means that those with access to your account can read the ICD-10 code and could know what your diagnosis is.

5.6.2 Professional situations that involve disclosure of your personal information

- i I routinely discuss some of the content of assessments and psychotherapy with trusted colleagues. This may include sharing some or all of a voice recording. This is normal clinical practice. Psychologists need to discuss their work with other psychologists in order to maintain professional standards, to maintain a balanced perspective, to improve their understanding, and to solve problems more effectively. This is done in the strictest confidence and with discretion. I sometimes discuss aspects of a case with overseas experts by e-mail or the internet. Where such communication is by email, limited personal information is included so that it is unlikely that a client could be identified should the email

be seen by an unauthorized person.

- ii I am involved in the training of psychologists and psychotherapists and I sometimes use case material or sections of voice recordings from my practice to illustrate particular aspects of psychotherapy. This occurs under strictly professional conditions in that the psychologists or trainee psychologists understand that such material must be treated as strictly confidential and limited personal information is provided about clients that might enable them to be identified. I will not normally use case material in this way in the case of clients who are likely to be known personally to those I am training.
- iii I am not only a practising clinician but a researcher. I regularly present papers at academic and professional conferences and write articles for publication in academic journals or books. In these articles I occasionally use examples from my practice. In such cases, no identifying information is included and it would be very hard for readers to identify particular clients. In addition the articles are not read by local people (except perhaps by those professionally involved in Psychology). In some cases I may use case material for an extended case study but in such cases I will make a separate formal research contract with the individual concerned.
- iv Should you ask me to recommend a colleague to offer treatment to you or another family member, I would normally provide the colleague with background information about you and the family member.

6. Informed consent and contract

The information in this document is important because in asking me to do the initial assessment, and then, in proceeding to have psychotherapy, you are consenting to be interviewed, to disclose personal information and to engage in the processes of psychotherapy. It is important that your consent is “informed consent,” that is, that it is based on my having informed you of the conditions under which the assessment and therapy occurs, of my responsibilities and of any risks involved. Before starting the assessment, you will be asked to sign a *Client information and agreement form*. In signing this you are entering into a formal contract with me and accept that you have read and understood the points made in this document. This means that it is your responsibility to read this document carefully and to raise questions about any matter mentioned here that concerns you, as well as any other concerns you may have. Of course, you are always free to raise concerns and discuss issues afterwards, if you are not happy with any aspect of this arrangement.

During or after the assessment process, I will give you information about your status with respect to diagnosis (e.g. Major Depressive Disorder, Anorexia Nervosa, Posttraumatic stress disorder) as well as a proposal for psychotherapy. Your consent to engage in psychotherapy is also part of a formal contract with me. Psychotherapy will normally be based on the general principles set out in this document, often within the schema therapy or cognitive therapy approaches. It is important that you express any concerns you have about the appropriateness of the treatment approach for you or the impact of the interventions either at the beginning or at any time.

Rights of minors: The Children’s Act sets out the rights of minors (children and adolescents). It specifies that no parent may unreasonably withhold consent for the treatment of a child, and that

children are able to give informed consent themselves from the age of 12. In terms of this Act, it is the duty of professionals to take decisions which they believe to be in the best interests of the child. In terms of the act, when treating a minor, I can inform parents or guardians about her/his therapeutic progress, but will not normally disclose information about the content of sessions without the child/adolescent's consent.

7. Terminating therapy

You have the right to decide whether to continue with treatment and can choose to terminate at any time. However, should you choose to terminate suddenly, I would be grateful for the opportunity to discuss this with you first. Particularly if you are feeling dissatisfied with how I am conducting the therapy or with how I am relating to you, I would welcome the opportunity to look together at what might have gone wrong and see if we can clear up any misunderstandings that might have arisen.

8. Stonehurst Mountain Estate

Directions to Stonehurst Mountain Estate and to the location of my practice within it are available in a separate document. Once at my house, drive into the driveway and **do not park on the road** as this is not permitted at Stonehurst.

Indemnity and acceptance of risk: As in many parts of Cape Town, on some days there is a very strong wind at Stonehurst. Please take care on the estate and on my property especially when getting in and out of your car and walking up the stairs, especially in windy and wet weather. Neither the Estate, nor I, accept any responsibility for any accident you may have or injuries you might sustain on the estate itself or on my property.

Do not hesitate to speak to me about any aspects of the matters raised in this document that you do not fully understand or that concern you. At any stage of the process of assessment and psychotherapy, it is important that you understand what is taking place in sessions or how I believe it will benefit you. So you should voice any questions or concerns you may have about any aspects of my work with you. It is important that you tell me if you feel upset by anything I have said or feel uncomfortable about what is happening, with what I am suggesting, or with any procedure that I use.

For more information visit my website at www.schematherapysouthafrica.co.za