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## **STARTING OUR WORK TOGETHER: THE CLIENT INFORMATION BROCHURE**

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you.

This brochure answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure contains important information about

- my credentials
- my theoretical approach to therapy
- therapeutic goals
- what my methods of treatment look like
- the risks and benefits of therapy
- appointments and fees
- confidentiality
- and other important areas of our relationship.

This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you may have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

### **CREDENTIALS**

I am a licensed psychologist (Maryland license 04104). I hold the PhD degree from UMBC in the Clinical Psychology Track of the Human Services Psychology Program.

I completed my internship at Springfield Hospital Center in Sykesville, MD.

I am a member of the American Psychological Association, the Maryland Psychological Association, the Society for the Exploration of Psychotherapy Integration, and the International Centre for Excellence in Emotionally Focused Therapy.

In addition to being a psychotherapist, I am a professor of Psychology at Stevenson University. There I teach such clinically oriented courses as Basic Counseling Skills, Advanced Counseling Skills, and Theories of Counseling.

## **MY THEORETICAL APPROACH**

I am a humanistic therapist:

I believe we all have within ourselves the potential to know and trust ourselves more fully; to develop healthier, more mature, and more secure relationships with the important people in our lives; and to develop a greater competence in dealing with the world.

I am an existential therapist:

I believe we can deepen our capacity for self-awareness, develop the courage needed to make authentic choices, and find productive and creative ways to work within our specific circumstances to create unique, engaged, and meaningful lives.

I am an attachment therapist:

I believe we thrive best when we develop secure emotional bonds with those most important to use, bonds characterized by emotional accessibility, responsiveness, and engagement.

And finally, I am an integrative therapist:

I continue to study (and teach) the major systems of psychotherapy, and I integrate ideas and procedures from these systems as they are congruent with my humanistic, existential, and attachment base and as they prove useful to the needs of my individual clients.

## **GOALS AND APPROACH**

Working from the values of collaboration, respect, and compassion, I help my clients

- solve or better manage their problems
- develop their opportunities
- heal from emotional wounds
- develop a stronger, more integrated sense of self
- develop a greater sense of purpose and agency
- strengthen their primary relationships, making them more loving and secure
- realize a greater sense of emotional well-being
- and create more meaningful, engaged, and vital lives.

When working with individual clients, I use an integrative, empirically informed, three-stage

model of therapy:<sup>1</sup>

- *Exploration.* In this stage, clients explore their thoughts and feelings about their most important concerns.
- *Insight.* In this stage, clients develop deeper understandings of themselves and more helpful perspectives on their concerns.
- *Action.* In this stage, clients consider acting on their new understandings, exploring the changes they might want to make and developing focus, commitment, and courage.

This is the typical structure of a therapy hour:

- We greet each other.
- We may summarize our last session.
- Together, we determine a focus for our session.
- We work on that focus, structuring our work through the stages of exploration, insight, and action.
- We summarize our work.
- And we may develop an “action step” for the coming week.

When working with couples, I use Emotionally Focused Couple Therapy (EFT). EFT is an integrative therapy that helps couples transform distressed relationships marked by fear, anger, and hurt into secure relationships marked by emotional accessibility, responsiveness, and engagement. It is relatively short-term (15 to 30 sessions), structured, and one of the few couple therapies that is recognized as empirically validated by the American Psychological Association.<sup>2</sup>

I view therapy as a partnership between us. I guide the process of change; you determine what, when, and how you want to change.

In our first couple of sessions, we will talk about the concerns that brought you into therapy, some of the conditions of your life, the important relationships in your life, your experience with previous therapists (if you have had previous therapy), and your goals for therapy.

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<sup>1</sup> If you want to learn more about this three-stage approach to therapy, please read Clara Hill’s *Helping Skills: Facilitating Exploration, Insight, and Action*.

<sup>2</sup> If you want to learn more about EFT, please read Sue Johnson’s *The Practice of Emotionally Focused Couple Therapy: Creating Connections* and *Hold me Tight: Seven Conversations for a Lifetime of Love*. You can also visit the website of the International Center for Excellence in Emotionally Focused Therapy at [www.iceeft.com](http://www.iceeft.com).

After these first several sessions, we will plan our work together. In our treatment plan, we will list the areas to work on, our goals, the methods we will use, and the time and money commitments we will make. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will review the plan and make any needed changes.

Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I will want you to tell me about important experiences, what they mean to you, what strong feelings they bring up in you, and how you might want to respond to them.

At times, an important part of your therapy may be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments or “action steps” for you. I might ask you to do exercises, try out “behavioral experiments,” keep records, and read to deepen your learning. In addition, you will probably have to work on relationships in your life

Sometimes, change may be easy and quick, but more often it will be slow and frustrating. There are no instant, painless cures and no magic solutions. Lasting change comes from hard, consistent work. I like to think of progress as emerging from taking small step after small step.

Most of my clients see me weekly for a 50-minute session. When we come near to the end of therapy, many of my clients begin seeing me only once or twice a month.

Ending therapy needs to be done carefully. It is your right to end therapy at any time. If you do wish to end therapy “early,” I’ll ask that you agree now to meet then for a least one more session to review our work together. We will review our goals, the work we have done, the progress we have made, and any future work that needs to be done. If you would like to take a “time out” from therapy, we should discuss this too: Talking about such a “time out” can make it more helpful.

About 6 months after our last session, I will send you a brief set of questions. These questions will ask you to look back at our work together, and sending them to you is part of my duty as a therapist. I ask that you agree, as part of entering therapy with me, to return this follow-up form and to be very honest in what you say in it.

## **THE BENEFITS AND RISKS OF THERAPY**

For 50 years, social scientists have conducted many thousands of studies to examine the question of whether or not psychotherapy works. When they examine the collective outcomes of these studies, they conclude that psychotherapy does indeed work. From these studies, we can confidently say that most people who engage in psychotherapy benefit from it, making lasting

changes in the way they think feel, and act, and achieving valued and lasting outcomes in their lives.<sup>3 4 5 6</sup>

However, as with any powerful treatment, some risks do exist. You should think about both the benefits and risks when making any treatment decisions. For example, clients can experience such uncomfortable feelings as sadness, fear, anger, guilt, despair, or shame. They may recall unpleasant memories, and these memories may bother them at work or in school. Clients may encounter people in their social circles who mistakenly judge anyone in therapy as weak, or seriously disturbed, or perhaps even dangerous. Also, when undergoing therapy, clients may have problems with people close to them, especially people who do not want to see them change or tell family secrets. Therapy may disrupt a marital relationship and may sometimes even lead to divorce. Sometimes too, after the beginning of treatment, clients' problems may temporarily worsen. Almost always, psychotherapy involves feeling, thinking, and acting in new ways, ways that may feel quite challenging. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. In fact, about 5-10% of people who enter therapy are worse off after therapy than before.<sup>7 8</sup>

Yet we know that about 70% of clients truly benefit from therapy. Through therapy, they reduce their feelings of depression, anxiety, anger, and shame; increase their feelings of emotional well-being; resolve or better manage their problems; more fully develop their opportunities; increase their coping skills; develop a stronger and more cohesive sense of self; develop stronger and more resilient relationships; and create more meaningful, engaged, and vital lives.

*Please note that research has found that the best predictor of whether or not therapy will work is whether the client feels deeply accepted, respected, and understood by his or her therapist.<sup>9 10</sup> If*

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<sup>3</sup> Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32, 752-760.

<sup>4</sup> Seligman, M. E. P. (1995, November). The effectiveness of psychotherapy: The *Consumer Reports* study. *Consumer Reports*, 734-739.

<sup>5</sup> Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5<sup>th</sup> ed., pp. 139-193). New York: Wiley.

<sup>6</sup> Cooper, M. (2008). *Essential research findings in counseling and psychotherapy: The facts are friendly*. Los Angeles: Sage.

<sup>7</sup> Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, 2, 53-70.

<sup>8</sup> Castonguay, L. G., Boswell, J. F., Constantino, M. J., Goldfried, M. R., & Hill, C. E. (2010). Training implications of harmful effects of psychological treatments. *American Psychologist*, 65, 34-49.

<sup>9</sup> Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change* (5<sup>th</sup> ed., pp. 139-193). New York: Wiley.

you feel this from me by about our third session, we can both feel hopeful that our work together will indeed prove helpful to you. If you do not feel this from me, we will need to talk about it and perhaps work at finding a therapist who may be a better fit for you.

Please realize that I do not take on clients I do not think I can help. Although I cannot offer you guarantees, I anticipate that as we roll up our sleeves and work hard, you too will experience these benefits, and so I enter our relationship with a sense of realistic optimism.

## **ETHICS AND LAWS**

I follow the code ethic principles and code of conduct developed by the American Psychological Association. These ethics can be found at <http://www.apa.org/ethics/code/index.aspx>. I also follow both the Maryland laws and the regulations of the Maryland Board of Examiners of Psychologists concerning the practice of psychology. These laws and regulations can be found in most law libraries in Maryland.

## **CONSULTATIONS**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so you that you can make a decision that is right for you. If you are treated by another professional, I will coordinate my services with him or her and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with all the needed information.

## **WHAT TO EXPECT FROM OUR RELATIONSHIP**

As a professional, I will use my best knowledge and skills to serve you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and client, and I will abide by these. Let me explain these and other limits, so you will not think they are my personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. Therefore, I am not able to give you good advice from these other professional viewpoints.

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<sup>10</sup> Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to clients*. New York: Oxford University Press.

Second, state laws and the ethical codes of the APA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure.

As part of confidentiality, I may not say hello or talk to you very much if we meet socially, outside my office. My behavior will not be a personal reaction to you; rather, it is a way to maintain the confidentiality of our relationship.

Third, in your best interests and following the APA’s standards, I can have no other role in your life beyond being your therapist. I cannot be a close friend to you or socialize with you at parties, weddings, or family gatherings. I can never have a sexual or romantic relationship with you, either during or after the course of therapy. And, finally, I cannot have a business relationship with you, other than our therapy relationship.

Fourth, if you ever become involved in a divorce or custody dispute, I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you may require. This position is based on two reasons: (a) my statement will be seen as biased in your favor because we have a therapy relationship, and (b) the testimony might affect our therapy relationship, and I must put this relationship first.

Fifth, I ask you to agree to come to therapy sober. If I suspect that you are intoxicated, I will ask you to discuss this with me.

## **ABOUT OUR APPOINTMENTS**

The very first time I meet with you, we will need to give each other much basic information. For this reason, I may schedule 1½ hours for this first meeting. Following this, we will usually meet for a 50-minute session once a week. As we wind down therapy, we may meet less often.

I will tell you at least two weeks in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

When we make an appointment, we commit to each other. We agree to meet on a given date and time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time we agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

If you need to cancel an appointment, please call me at least 42 hours before the appointment, earlier if possible. If you need to cancel a Monday appointment, please do so no later than Thursday morning. I make my living, in part, by doing therapy, and it is very difficult to fill a missed appointment if given short notice.

Except for unpredictable emergencies, I will ask you to pay 50% of my regular fee for a missed session, and this is painful for both of us. Please note that insurance companies do not reimburse for late cancellations or missed appointments.

In the event that I cannot make it into the office because of snow or ice, I will put a message on my voice mail that morning saying that my office is closed. In general, when schools are closed, my office is also closed.

When I am on a trip, on vacation, or sick, I will let you know in advance and will give you the name of another therapist whom you can see should you have an emergency.

## **FEES**

Payment for services is an important part of any professional relationship. This is even more true in therapy: One treatment goal is to make clear relationships and the duties and obligations they involve. Please pay for each session at its end. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. I suggest you make out your check before each session begins, so that our time will be best used. Other payment or fee arrangements must be worked out before the end of our first meeting.

My current fees are as follows. I will give you advance notice if my fees should change.

- Regular therapy services: \$120 for a session of 50 minutes.
- Extended sessions: Occasionally, we may find it better to continue a session past 50 minutes rather than stop or postpone work. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.
- Telephone consultations may be suitable or even needed at times. If so, I will charge you our regular fee prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, I will bill you for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.
- Psychological testing services: \$120 per hour. Psychological testing fees include the time spent with you, the time needed for scoring and studying the test results, and the time needed to write a report on the findings. The amount of time involved depends on the tests used and the questions the testing is intended to answer.
- Reports: I will not charge you for my time spent making routine reports to your insurance company. However, I will have to bill you \$120 per hour for any extra-long or complex reports the company might require. The company will not cover this fee.

Other information regarding finances:

- I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard.
- I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.
- Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 14 days of when you get it.
- At the end of each session, I will give you a receipt. You can submit this receipt, if you like, to your insurance company for out-of-network benefits.
- The receipt can be used for health insurance claims, as described in the next section.
- Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor. The cost of transportation to and from appointments and fees paid may be deductible from your personal income taxes as medical expenses.
- If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$650, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this may be turned over to small-claims court or a collection service.
- A late fee of 1½% of the unpaid balance will be charged each month.
- Sometimes clients become involved in legal proceedings that require me to participate. For these proceedings, I charge \$250 per hour for my preparation, the proceedings themselves, and my transportation.

### *Insurance*

To make therapy affordable to those otherwise be unable to afford it, I reserve 10% of my caseload for patients who have insurance through BCBS and Magellan.

If you use insurance, you should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. You should also be aware that most insurance companies require me to provide them with a clinical diagnosis. Sometimes I am also required to provide additional clinical information, such as treatment plans or summaries, or, in rare cases, copies of the entire record. This information will become permanent part of the insurance company files.

If you are using insurance, you will need to pay me the designated copay at the end of each session.

### **CONTACTING ME**

When I am working, I cannot answer the phone, and you will reach my voice mail at 443-562-8331. I am the only person who has access to this voice mail, so you may leave a message, confident that your message is private. Generally, I will return messages daily except on Sundays and holidays.

You may also contact me at [bilgrave@comcast.net](mailto:bilgrave@comcast.net). However, if you use email, you must remember that it is not a secure medium. Therefore, I strongly recommend that you include nothing personal in what you write. It is best to use email only for scheduling and other routine matters.

## **LACK OF EMERGENCY COVERAGE**

Besides doing therapy, I teach and travel. Therefore, please note that I do not provide emergency coverage. If you do have an emergency, especially if you are considering harming yourself or committing suicide, please call 911 or go to your nearest hospital emergency room and ask for the psychologist or psychiatrist on call.

If I will be away for two weeks or more, I will give you the name and number of a psychologist or psychiatrist whom you can call while I am away.

## **PROFESSIONAL RECORDS**

I keep treatment records, as required by the laws and standards of my profession. Occasionally, patients request so see their records. Because these are professional records, clients can misinterpret them. Therefore, if your records contain information that I believe could be harmful to you, I may summarize the information and give you a copy of the summary. I recommend that you initially review your records with me, so I can give you context and explanations. You also have the right to have your record sent to another mental health provider.

The Health Insurance Portability and Accountability Act (HIPAA) is a recent federal law that provides you with rights with regard to your records and their disclosure to others. I will give you a form called the Notice of Privacy Practices that explains this law. You must read and sign the consent form associated with this Notice by our first session.

### *Other Points about Records*

As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life: relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you write on these questionnaires and what I have in my records and use it in research or teaching that I may do in the future. If I ever use the information from your questionnaire, your identity will be made completely anonymous. Your name will never be

mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

## **STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES**

It is my intention to fully abide by all the ethics of the American Psychological Association (APA) and by the laws of the state of Maryland.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them.

If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the Maryland Psychological Association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You can also contact the Maryland Board of Examiners of Psychologists.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital or family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, gender identity, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and diversity. If you believe I may have discriminated against you, please tell me immediately.

## **CONFIDENTIALITY AND ITS LIMITS**

By Maryland law and the ethical code of the American Psychological Association, I typically keep all information you share with me confidential. However, there are some situations in which I must break confidentiality. Here are some examples of those situations:

- A court orders me to disclose confidential information.
- I believe you are in immediate danger of harming or killing yourself.
- I believe it likely that you will harm or kill another person.
- Or I learn from you that a child or other vulnerable person has been or will be abused or neglected. This individual could be an individual in your care, an individual you know, or even yourself.

The clear intent of these requirements is that psychologists have both a legal and ethical responsibility to protect individuals from harm, even if they must break confidentiality to do so. Fortunately, these situations rarely occur. If such a situation should arise, I will usually make every effort to talk with you before taking action.

I may keep an extra set of notes about our sessions called “psychotherapy notes.” These notes are different from the progress notes I make after each session. These psychotherapy notes are for my benefit: They help me remember sessions, think through issues, and note particularly sensitive information that is inappropriate for your medical record. These notes are not intended to be seen by anyone but me, and I keep them separate from your medical record. You do not have access to these notes, although I may choose to let you see them. If you bring legal action against me, I may disclose these notes without your authorization.

In my profession’s tradition, I find it helpful to consult and to seek supervision regularly with other professionals about my clients. In these consultations, I make every effort to keep the identity of my clients confidential. The consultant, too, is legally bound to confidentiality. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.

When I am unavailable for emergency contact (such as for vacation or illness), I may provide the psychologist or psychiatrist providing coverage limited clinical information about such critical issues as safety problems or acute crises.

Finally, I may find it beneficial to confer with your primary care physician or your psychiatrist about your psychological treatment or to discuss any medical problems for which you are receiving treatment. By signing the HIPAA Consent Form, you have given me permission to do this, but if I do, I will consult with you first.

If you have any questions about anything in this Agreement, please ask me. It is important that you understand it fully. When you are satisfied with your understanding, please sign the authorization form on the next page.

Dyer P. Bilgrave, PhD  
6525 North Charles Street, Suite 237  
Baltimore, Maryland 21204-6829  
443-562-8331

**AUTHORIZATION FOR THE CLIENT INFORMATION BROCHURE  
CLIENT'S COPY**

When you sign, you indicate that Dr. Bilgrave has given you a copy of his Client-Therapist Agreement, that you have had the opportunity to read and to ask questions about this Agreement, and that you agree its conditions.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dyer P. Bilgrave, PhD, License #04014

\_\_\_\_\_  
Date

Date of CIB, February 15, 2011, Version 11

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**AUTHORIZATION FOR THE CLIENT INFORMATION BROCHURE  
DYER'S COPY**

When you sign, you indicate that Dr. Bilgrave has given you a copy of his Client-Therapist Agreement, that you have had the opportunity to read and to ask questions about this Agreement, and that you agree its conditions.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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Dyer P. Bilgrave, PhD, License #04014

\_\_\_\_\_  
Date

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