



**Dr. Mitch Durham, Ph.D.**

Licensed Psychologist (NC License # 4175)

North Carolina Certified Health Services Provider – Psychologist

Certificate of Professional Qualification in Psychology (#4257) from the Association of State and Provincial Psychology Boards

**PROFESSIONAL DISCLOSURE STATEMENT**

I am pleased to have the opportunity to serve you. This disclosure statement provides information about my qualifications and how I view the therapeutic process. This information will be helpful in making an informed decision regarding my services.

**My Qualifications.** I received the Doctor of Philosophy (PhD) degree in Clinical Psychology from Western Seminary in 1986 prior to the transfer of the program to George Fox University. I received a Masters (MA) degree from the same institution in 1982 in Counseling Psychology. The training program was specifically intended to integrate psychology and theology into a holistic understanding of people from a Christian perspective. I have been licensed as a psychologist in Nevada, Arkansas, and North Carolina. In addition, I have received the Certificate of Professional Qualification in Psychology from the Association of State and Provincial Psychology Boards. I am certified in North Carolina as a Health Services Provider – Psychologist. I am a member of the Society for Christian Psychology. Many insurance companies cover the services of a licensed psychologist.

**Clients Served.** I provide therapy with individuals, couples, families and groups dealing with a wide range of therapeutic issues. I work predominantly with adults, as well as adolescents and older adults.

**Specialty Areas.** I specialize in the practice of clinical psychology with a primary emphasis on psychotherapy, and sub-focus on psychological testing, supervision, and consultation. In psychotherapy I have extensive experience in depression, anxiety, loneliness, self-esteem, anger, marital/family conflict, substance abuse, grief, eating disorders, and struggles of faith. More severe problems such as psychosis and suicidal threat are also within my scope of practice. In the area of psychological testing, my emphasis is on single psychological tests to aid in treatment rather than providing comprehensive batteries for external purposes or entities, such as the court system. I have provided supervision for over 20 years to Masters and Doctoral students from over a dozen different graduate training programs. I particularly enjoy consultation to churches and community treatment providers regarding improving mental health service provision to their population.

**The Counseling Relationship—What to Expect from Therapy.** As a Christian Psychologist, my worldview is shaped by my faith. Every clinician brings their worldview into the counseling relationship, and even though they should not impose their perspective on the client, it **will** influence the process. John R. W. Stott said Christianity should provide a “counter-culture with its own distinctive goals, values, standards, and lifestyle – a realistic alternative to the contemporary technocracy which is marked by bondage, materialism, self-centeredness, and greed. Christ’s call to obedience is a call to be different, not conformist.” Also, as a believer, I interpret psychological theory and research findings within the context of Scripture. In other words, primacy is given to Scripture as the filter through which all other truths are interpreted.

The last 50 years of research in psychotherapeutic outcome has consistently identified what are called the “Common Factors.” Change is most dependent on client factors, or, what the client brings with them or has available to them. This includes such things as motivation for change, events that occur facilitating change, supportive relationships, a strong belief system, etc.. These client factors account for 40% of all therapeutic change. The next most powerful change agent, accounting for another 30%, is the relationship formed between client and psychologist, often called the therapeutic alliance. This is why a good “fit” with your psychologist is important. The final 30% of change is

equally attributed to the final two Common Factors: development of hope and therapeutic technique or strategy. My treatment approach emphasizes these common factors while using what is called a “Cognitive-Behavioral” therapy approach. This “road map” for treatment emphasizes that the thought processes we have, whether true or not, determine the resulting emotions and behaviors. I find this approach most consistent with Biblical insights, for example:

- Proverbs 4:23 Above all else, guard your heart, for everything you do flows from it.
- Romans 12:2 Don’t copy the behavior and customs of this world, but let God transform you into a new person by changing the way you think.
- 2 Corinthians 10:5 We capture their rebellious thoughts and teach them to obey Christ.
- Philippians 4:8 And now dear brothers and sisters, one final thing. Fix your thoughts on what is true, and honorable, and right, and pure, and lovely, and admirable. Think about things that are excellent and worthy of praise.

As treatment progresses, we expect that internal changes taking place should result in observable, external changes. These external changes serve as “road signs” that we are headed toward the destination we set out for. This is what are termed “goals” in treatment. We will establish these early on to determine if we are making progress in the desired direction or not. In addition to establishing target goals, I have written and copyrighted a tool to use at each counseling contact. Five questions are scored on a scale at the beginning of each session and five different questions at the end of each session. The process of session by session evaluation using a similar tool is considered an Evidence-Based Practice by the federal government Substance Abuse and Mental Health Services Administration (SAMHSA).

Treatment will conclude when the sought-after goals have been sufficiently achieved, or you choose to leave, or if it becomes evident that you should continue therapy with another therapist due to a therapeutic impasse or need for increased specialization. You have the right to terminate participation in therapy at any time, for any reason, without needing to explain, and without financial obligations other than those already accrued. Termination is most often a mutual decision based upon the welfare of the client. If I must miss any session(s) due to illness or vacation, I will provide an on-call therapist and/or an emergency hospital number to ensure continued client care for possible emergencies. I am not a medical physician and cannot prescribe or provide any medication. If medical treatment is indicated, you will be encouraged to seek such attention. I will work closely with a psychiatrist or other physician if medication is warranted.

**Potential Counseling Risks.** Recognizing that therapy addresses difficult issues, you must commit to the possibly painful process of change. This change should be beneficial to you and your family; however, there are some risks. As a result of counseling, you may realize that you have additional issues that may not have surfaced prior to the onset of the counseling relationship. Some clients experience intense feelings such as anger, fear, guilt, anxiety, or other negative feelings. These feelings are normal to the counseling process, but are likewise unpleasant. Sometimes individuals in marital or family therapy find that spouses or family members are not willing to change. Other risks include emergence of traumatic memories, or considering major life decisions. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. I will attempt to inform you of potential risks specific to our work. Despite these risks, our goal will always be to examine the struggles in light of Christ’s love for us.

**Physical Health.** In order to better serve your needs, I strongly recommend that you have a complete physical examination if you have not had one within the past year to rule out any medical complication that may be contributing to your mental health needs. Also, please provide a list of any medications that you may be taking as well as any medical conditions.

**Client Responsibilities.** Your commitment to the counseling process indicates that you agree to make a good faith effort at personal growth and to engage in the counseling process as an important priority at this time in your life. You agree to complete assignments given or discuss any reasons for resistance. Clients coming from another therapist must first terminate with that therapist. Clients must make their own decisions regarding such things as whether to marry, separate, divorce, reconcile, how to set up custody and visitation, life decisions such as leaving a job, selling a

home, faith related decisions, etc. Given that, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision. You are expected to keep appointments. Missing two appointments without advanced notice may lead to termination of the counseling relationship. If you are seeking therapy with me in conjunction with another ongoing professional mental health relationship, you must first consult and inform the first therapist before I can begin work with you. You must notify me before beginning therapy with any other mental health professional.

**Privileged Communications and Confidentiality.** All of our sessions will remain strictly and absolutely confidential except for the following circumstances in accordance with state law: (1) The client signs a written release of information indicating informed consent to such release; (2) The client expresses a clear and imminent intent to do serious harm to himself/herself or someone else; (3) there is evidence or reasonable suspicion of abuse/neglect against a minor child, elder person (65 or older), or disabled adult; or (4) a court order is received directing the disclosure of information. Verbal authorization will not be sufficient except in emergency situations. Also note that if you use third party insurers, such as health insurance policies, HMO, EAP, or PPO plans, you must sign a release of information and all data necessary for your insurance company to make coverage decisions will be disclosed including diagnostic information which is part of the client records. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence, (except for the mandated exceptions already noted) unless all individuals involved sign written waivers. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy. ***Litigation Limitation:*** *Given that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent, it is expressly agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you or any attorney, or anyone else acting on your behalf, will ask me to testify in a deposition or in court or any other proceeding, nor will a disclosure of the medical record and/or progress notes be requested.* Divorce actions have specific NC state law indicating that “if either or both of the parties have sought and obtained marital counseling by a licensed physician, licensed psychologist, licensed psychological associate, licensed clinical social worker, or licensed marriage and family therapist, the person or persons rendering such counseling shall not be competent to testify in the action concerning information acquired while rendering such counseling.”

**Fees, Office Procedures, and Length of Therapy.** Therapy sessions are normally 45-50 minutes, and depending on the nature of the presenting problem, sessions are usually one time per week. It is difficult to predict how many sessions will be needed. I will be better able to discuss the probable number of sessions after we have completed the first two interview/intake sessions. Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled by secure messaging through TherapyPortal.com. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you. Psychotherapy sessions use procedure codes based on time frames. **Sessions exceeding 52 minutes are billed under a different procedure code at a higher rate.** Please ask about any questions you have concerning fees, payment requirements, and missed appointments.

**Code of Conduct.** As a Psychologist, I adhere to the Code of Ethics of the American Psychological Association. The APA code may be found online at [www.apa.org/ethics/code/index.aspx](http://www.apa.org/ethics/code/index.aspx). I also adhere to the Code of Ethics of the American Association of Christian Counselors. The AACC code is available at [www.aacc.net/about-us/code-of-ethics/](http://www.aacc.net/about-us/code-of-ethics/). If you have a complaint that you believe requires outside intervention, you may contact the North Carolina Psychology Board at 895 State Farm Road, Suite 101, Boone, NC 28607.

**Emergency Situations.** Since I provide outpatient diagnostic and psychotherapy services only, I cannot guarantee around-the-clock availability. If you should experience an emotional or behavioral crisis, and I cannot be reached immediately by telephone, you can contact a local medical or psychiatric hospital, or call 911 or 1-800-273-TALK (8255).

**Please Ask Questions.** You may have questions about me, my qualifications, the therapy process, assessments, fees, or something that has not been addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time.

**PROFESSIONAL SERVICES CONTRACT:**

We, the undersigned, have read, discussed together, and fully understand and agree to the contents of this disclosure statement. The client has retained Dr. Mitchell Durham, Ph.D., to provide psychotherapy and/or psychological testing. It is expressly understood that Dr. Durham has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Dr. Durham shall be obligated to maintain a reasonable standard of care in accordance with the Code of Ethics of the American Psychological Association. The client agrees that all fees shall be due and paid at the time of treatment, and to pay for uncanceled appointments or those where the client fails to give enough notice that he/she will not attend, and that failure to keep current on session costs will result in ceasing therapy until the balance is made current.

Client Signature: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_

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

Psychologist Signature: \_\_\_\_\_

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