



Spectrus Psychological Services, PLLC

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PROFESSIONAL DISCLOSURE STATEMENT

CREDENTIALS, COMPETENCIES, & APPROACH TO SERVICES

Credentials

Licensed Psychologist - Texas State Board of Examiners of Psychologists
Post-Doctoral Training – Jones Center for Children’s Therapy and Assessment
Pre-Doctoral Internship - Brigham Young University, Counseling & Psychological Services
Doctorate in Counseling Psychology - University of North Texas
Master of Science in Counseling Psychology - University of North Texas

Competencies

Dr. Williams’ professional education and training allow her to function as a generalist, providing treatment for a wide range of presenting concerns. These include, but are not limited to, mood disorders, interpersonal trauma, relationship problems, social skills deficits, personality disorders, Autism Spectrum Disorder, sexual orientation and gender identity related minority stress, family conflict, dementia and geriatric issues. Areas in which Dr. Williams focuses include sexual orientation and gender identify related minority stress and Autism Spectrum Disorder. She also provides psychological and psychoeducational evaluations for a range of concerns, including conduct and behavioral problems, Attention Deficit- Hyperactivity Disorder, Specific Learning Disorders, neurocognitive impairment/dementia, mood and anxiety disorders, and Autism Spectrum and Social Communication Disorders.

Treatment Approach

Dr. Williams utilizes an integrative approach, which includes empirically supported interventions, in her work with clients. She tends to conceptualize primarily from a Time Limited Dynamic Psychotherapy perspective. According to Time Limited Dynamic Psychotherapy (TLDP), relationships patterns are established in early life and difficulties may arise when these early relationship patterns are no longer useful or effective in and individual’s current life. TLDP then views clients as being stuck in ineffective relationship patterns and in need of new ways of relating to others. Thus, the TLDP therapist seeks to use the therapeutic relationship to establish new, adaptive ways of relating to oneself and others. Research has shown TLDP can be effective in the treatment of a wide range of presenting problems. When TLDP is not indicated for a particular difficulty, Dr. Williams is able to flexibly draw on other theories (e.g., Cognitive Behavioral Therapy, Interpersonal Therapy, Emotion-Focused Therapy, etc.) and incorporate aspects of these approaches as needed.

Treatment Techniques

Dr. Williams engages in a range of treatment approaches and techniques which are empirically validated and supported. From a Time Limited Dynamic Psychotherapy (TLDP) perspective, it is typical to use a wide range of therapeutic techniques and interventions. This “do what works” approach allows Dr. Williams to tailor her techniques in therapy to the needs and preferences of clients. Examples of techniques that Dr. Williams might use are psychoeducation, mindfulness exercises, cognitive restructuring, motivational interviewing, problem-solving, life review, and validation.

PSYCHOTHERAPY SERVICES

Psychotherapy Services Offered

Dr. Williams provides therapy services to children, adolescents, adults, older adults, couples, and families. She also offers group therapy for various presenting concerns on a periodic basis.

Length & Frequency of Sessions

Individual and couples therapy sessions will be 50 minutes in length.

Family and group therapy sessions will be 90 minutes in length.

Regarding therapy with individuals and couples, the frequency of sessions will be discussed and determined by mutual agreement. Group sessions will be held on a weekly basis.

Individual Therapy

Services will begin with an initial intake meeting, during which Dr. Williams will conduct a clinical interview to gather information about patient history and concerns. This information will be used to determine the appropriate course of treatment. Collaboratively, the patient and Dr. Williams will formulate treatment goals, which will be revised and updated as treatment progresses. The patient and Dr. Williams will also discuss therapeutic approaches that may be helpful. Thereafter, treatment will include the approaches discussed in addition to any others that are deemed clinically necessary and appropriate.

Individual Therapy with Minors

Parental involvement is carefully balanced, and is often essential, in the provision of psychological services with minors. This involvement may differ at various points in treatment and will be coordinated with Dr. Williams. Parental consent must be obtained in most cases before a minor is provided with mental health services. While Dr. Williams works to ensure parents play an active role in improving their child's presenting concerns, she also urges parents to provide some degree of privacy for their child in therapy in order to build within the therapeutic relationship. Check-ins and parent training sessions are common occurrences in the treatment of minors and will be offered based on clinical judgement. Before services begin for a minor who has divorced parents, the parent with primary custody must provide consent. Thus, the nature of parental involvement and issues around the minor's privacy in therapy will be discussed with parents and the patient at the outset of services.

Couples Therapy

When couples enter treatment, Dr. Williams considers *the relationship* between partners or spouses to be the focus of treatment. Thus, sessions will necessarily happen only with both partners/spouses present. There will be times when it may be clinically useful to conduct brief portions of a session with partners/spouses individually, with the explicit understanding that information shared in individual session times may be shared with the partner/spouse not present and this decision will be based on clinical judgement. Dr. Williams will *not* provide individual therapy to partners/spouse while she is providing therapy services to the couple.

Family Therapy

Entering therapy as a family can be very beneficial and can bring all members together to work on problems. Dr. Williams views the family as a system, with each member serving an important role/function within that system. As such, it is preferable to have all members of a family attend therapy when possible. There are times when meeting with certain family members individually, or with parents as a couple, could be helpful. If this occurs, it is with the explicit understanding that information shared

in individual/parent session times may be shared with the family members who are not present and this decision will be based on clinical judgement.

Group Therapy

In group therapy, the role of the group leader(s) varies but is relegated to facilitating bonding, trust and sharing within the group. This begins in the first few sessions, where members meet and get to know each other, talk about what brings them to group, and determine what they want to receive from the group. As group continues to meet, members will optimally ask for time to discuss personal issues and gain support or feedback from the group. During session, a clinician may provide their own reactions and feedback, as well as ask questions of members to keep communication and therapeutic progress going. However, the group itself, and the contributions and interactions amongst members, are what underlie the most impactful change. Thus, the ultimate goal in group therapy is to ensure that the group forms well, stays active, focused, and conducive to members' growth.

Risks & Benefits of Therapy

Research suggests therapy services are effective in ameliorating a range of psychological and relationship issues. Such benefits could include: more effective management of symptoms of mental illness, enhanced and expanded coping strategies, improved mood and emotion regulation, engagement in healthier conflict management, and strengthening of relationships. However, personal work undertaken in therapy is not without challenges. Risks involved in therapy include uncomfortable or painful feelings (e.g., sadness, guilt, pain, frustration, etc.) which may accompany the discussion and processing of concerns that bring clients to therapy. Additionally, some of the changes in patient behaviors, thoughts, and feelings which result from active engagement in therapy could create tension in current relationships. It is also typical for individuals entering therapy to experience an increase in distress at the beginning of therapy, as they begin to explore their problems in depth. Moreover, in couples and family therapy it is not uncommon for individuals to feel pulled to continue to discuss conflicts brought up in therapy, outside of session, and feel the strain of this. It is helpful to set aside time to relax and recover after your sessions, and to consider reserving the discussion of certain topics (especially in couples and family treatment) for session time when possible.

Termination of Therapy Services

There may be instances in which Dr. Williams feels it is most ethical and clinically necessary to refer a patient to another mental health professional, particularly if specific services which a patient requires do not fall within her range of specialty or generalist services. At other times, it may be clinically indicated to end the therapeutic relationship for a variety of reasons, such as when the patient has reached their goals and reduction in the frequency of sessions seems appropriate. Termination of services will be documented in writing and retained for patient and clinician's records. If a former patient would like Dr. Williams to speak with their new clinician to provide helpful information and enhance continuity of care, the patient must sign a release of information form. Importantly, it should be noted that clients are able to terminate services at any time, but should understand that failure to cancel scheduled appointments according to the cancellation policy may result in no-show or late cancellation fees.

ASSESSMENT & PSYCHOLOGICAL EVALUATIONS

Psychological Assessments Offered

Dr. Williams offers psychological and psychoeducational assessments to children, adolescents, adults, and geriatric clients. These assessments are offered to address presenting concerns including:

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum & Developmental Disorders
- Specific Learning Disorders
- Personality Disorders
- Mood & Anxiety Disorders
- Neurocognitive Disorder (Dementia) screening
- Age Related Cognitive Decline
- Conduct & Behavioral Problems
- Psychopathology
- Trauma & PTSD

Clinical Interview & Testing Sessions

Clinical interviews are initiated when an assessment is requested and are typically 50 minutes in duration. After the clinical interview, appropriate testing measures will be selected, and the patient's testing session(s) will be scheduled. The time needed to administer assessment measures will be determined on a case-by-case basis, depending on presenting concerns. When extended periods of testing are indicated, testing periods will generally be split into multiple sessions that are agreed upon between the patient and clinician. On-site testing is offered as needed under special circumstances, for an additional fee.

Methods of Psychological Assessment Service Provision

The patient in a psychological assessment is typically the individual or entity that has requested the assessment and has provided the referral question to be answered by the assessment. At the outset of an evaluation, Dr. Williams will discuss with the individual being evaluated: 1) who the patient is, 2) what their role is in the evaluation, and 3) how the information gathered may be used and with whom it may be shared. Most evaluations will begin by establishing the referral question to be answered by the assessment. Next, Dr. Williams will conduct a clinical interview with the individual being evaluated and administer any tests that are clinically indicated. It is sometimes helpful to obtain the perspective of third party observers during an evaluation, and this would be discussed with the patient and individual being evaluated and a signed release will be requested if information must be shared with a third party. After testing is completed, Dr. Williams will score and interpret the test data, and then integrate it into a comprehensive report which includes diagnostic impressions and an appropriate list of recommendations. Please note, this is an exhaustive process and it may take 4 to 6 weeks to prepare an assessment report for feedback. Once the report is complete, Dr. Williams will schedule a 50-minute feedback session with the patient to review the report, diagnostic impressions, and recommendations. A copy of this report will be provided to the patient upon receipt of payment for the balance of testing.

Risks & Benefits of Psychological Assessment

Psychological evaluations are comprehensive and require investments of both time and money. Additionally, some of the tasks and questions which may be asked of clients could lead to feelings of mental strain and frustration, which is not uncommon when the limits of functionality or abilities are reached. When a third party or an outside institution is requesting the assessment and is considered the patient, the individual being tested may not have full control over the way the results of the assessment will be used. The individual being tested will be informed of this possibility at the outset in order to minimize risks to their privacy. Finally, receiving the results of an assessment report can lead to a range of emotions and reactions from clients, which should be considered and can be discussed with Dr. Williams during testing or at the final feedback session.