



Sound Psychotherapy & Assessment

Sierra Swing, PsyD

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www.soundpsychotherapyandassessment.com

PRACTICE DESCRIPTION AND LETTER OF AGREEMENT

I am a practicing clinical and forensic psychologist with specialized training in Psychological, Neuropsychological, and Forensic Assessment services. A copy of my resume/curriculum vitae (CV) can be found at www.soundpsychotherapyandassessment.com/providers

I provide adult and adolescent evaluation services, which include:

- Psychological and Neuropsychological Evaluations for:
 - Diagnostic Clarification and Treatment Planning
 - ADHD/Learning Disorders
 - Personal Injury cases
 - Disability Determination
 - Workplace and/or Education Accommodations
 - Parental Fitness
 - And more...
- Court Ordered Mental Health Evaluations
- Parenting Evaluations as defined by WAC 246-924-445
- Psychological Evaluations with a Parenting Component for the Department of Children, Youth and Families (DCYF) and other Dependency matters.
- Risk Evaluations for violence potential, reoffending, domestic violence, and sexual abuse.
- Criminal and Civil Competency issues (i.e., Competency to Stand Trial, Competency to Create a Will)
- N648 Evaluations for Immigration
- Bariatric Surgery Evaluations (and other presurgical evaluations)
- Gender Dysphoria Evaluations and letters of recommendation for gender affirming surgeries, sexual reassignment surgery, etc. consistent with WPATH standards.

EDUCATION AND EXPERIENCE

I have a bachelor's degree in psychology and communication studies from Seattle University, a master's degree in clinical psychology from Argosy University Seattle, and a Doctorate in Clinical Psychology (PsyD) from Argosy University, Seattle. I am licensed as a psychologist in Washington State and my license number is PY60039110. I completed my pre-internship/practicum clinical training within the Washington State Department of Corrections (DOC) at the Washington Corrections Center for Women (WCCW) and the Monroe Correctional Complex (MCC). While working for the Department of Corrections (DOC), I completed over 300 risk evaluations in which I assessed, for DOC, the likelihood that an individual would commit future acts of violence, physical or sexual abuse, or other crimes against others. I also wrote my doctoral dissertation on the effectiveness of actuarial risk assessment measures in determining risk for future violence and re-offense. Additionally, I helped establish

a local internship and training program called the Fremont Community Therapy Project, where doctoral students provided therapy and assessment services to low-income populations as part of their pre-internship, internship, and postdoctoral fellowship training. During my internship, I received training and supervision in completing forensic and psychological evaluations from Dr. Laura Brown, one of the foremost experts in the field. I have also completed additional postdoctoral education and training in forensic and neuropsychological evaluations and expert testimony.

I established my private practice in 2008 and provided both therapy and evaluation services on a part-time basis while also working full-time in the field of Health Psychology as a Behavioral Health Consultant at HealthPoint, a community health clinic in King County where I was also National Health Service Corps recipient, clinical supervisor, and lead psychologist on the integration of psychological and neuropsychological assessment services in a primary care setting. After working at HealthPoint for 11 years, I transitioned into private practice full time in January 2020 in order to expand my forensic and neuropsychological assessment practice. My expertise is in the assessment of general psychological functioning, parenting, diagnostic clarification, evaluating the psychological consequences of trauma, attachment disruption, abuse, and victimization, the assessment of risk for future violence and offense, the assessment of safe and effective parenting, and the assessment of neurocognitive functioning and impairment, including the functional and neurological effects of traumatic brain injury.

I have been contracted with the Department of Social and Health Services (DSHS), as well as Disability Determination Services (DDS) since 2010 and provide complex cognitive, intellectual, memory, and diagnostic evaluations, and assess functioning for people claiming disability. I have also been contracted with the Department of Children, Youth & Families (DCYF) since 2013 and provide psychological evaluations with a parenting component to parents who have had their children removed from their care by the state. I have been retained by the State of Washington, Attorney General of Washington, Office of Public Defense, and multiple private clients to provide forensic psychological evaluations, neuropsychological evaluations, and expert witness testimony. I have testified in State Courts, including the Superior Courts in King County, Snohomish County, and Island County, and have been considered for expert witness testimony in both State and Federal Court.

ASSESSMENT PROCESS

My evaluations are incredibly comprehensive, as my goal is to evaluate as many factors as possible in order to have a better idea and understanding about what could be impacting your functioning, as well as answer and address questions and/or concerns posed by the referring party. My approach to evaluations is rooted in a biopsychosocial framework; however, also includes relevant factors that are often overlooked in terms of the impact on neurocognitive, psychological/emotional, and/or behavioral functioning. As a result of my approach, **the assessment will contain several parts and will take several hours and appointments to complete.**

In the first part, I will have you review and complete intake and consent forms through my client portal in Simple Practice. I will also have you complete several brief screening and symptom questionnaires within the client portal. As mentioned above, there is a lot of information to provide, so please take your time. Some of the questions can be triggering and feel invasive and overwhelming, but all of the information is used to help me understand who you are and what symptoms, experiences, history, and other factors may be impacting your functioning so I can provide as much insight as possible into your strengths and weaknesses, as well as provide recommendations to improve your functioning across multiple domains.

Once the forms in my client portal are complete, you will be sent an invitation to complete various psychological and parenting assessment measures through separate online testing portals (PARiConnect, Q-Global, BetterMind, etc.). This will help reduce the number of in person testing hours. Unfortunately, there are several tests that are interactive and do require in person administration, so once the online tests are completed, you will be scheduled

to complete the remaining psychological and/or neuropsychological tests at an in person testing appointment. During the in person testing appointment, you will be administered a battery of tests personally selected to answer questions about your functioning and specific concerns.

The procedures for selecting, administering, and scoring the tests, interpreting the results, and maintaining your privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and with the applicable state and federal laws. Tests will be chosen that are suitable for the purpose of this evaluation and will be administered and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. Tests and test results will also be kept in a secure place to maintain their confidentiality and although my psychometrists may administer the tests, I am the only one who will be interpreting the tests and that will have access to the outcomes and results of your evaluation.

The second part of the evaluation will involve a clinical interview, which is scheduled with me, either in person or virtually, depending on your preference but also considering the nature of the referral. During the interview, I will ask you questions about yourself, your history, your current concerns and functioning, as well as your goals for the evaluation. There may, of course, be areas that you are reluctant to talk about and ultimately you determine the amount of information and detail you share during your interview. I can only tell you that my goal is to consider ALL relevant factors that could be impacting your functioning and oftentimes there are experiences, events, and circumstances that we have not considered previously that can be incredibly impactful to various areas of functioning. If you have concerns about the questions or information being requested, please do not hesitate to let me know. Also, if there are areas, facts, or concerns that you believe are important but I have not covered, please let me know so I can include whatever information you feel is important. The interview may be audio taped so as to ensure absolute accuracy of recording what you report.

If you have been referred for a forensic psychological evaluation with a parenting component or a full parenting evaluation, you will also be scheduled to complete a parent child observation (if one has been requested by the referring party). During this appointment, I will observe you interacting with and parenting your child/children and identifying strengths and positive parenting interactions, as well as any areas that you may benefit from addressing and/or bolstering moving forward. I may also interview your children separately if they are old enough to be interviewed on their own.

In the final part of the evaluation, I will be reviewing records related to your case, which will likely include information about your personal history, criminal history, legal involvement, psychological history, and/or relevant medical records. I may also request your permission to interview other individuals who may be able to provide information about you and regarding your case. Oftentimes, particularly in forensic cases, there are collateral contacts who are required to be interviewed and you are consenting to their engagement in the evaluation without a specific Release of Information; however, I will still request that you sign a Release of Information Consent to speak with these collaterals. I will also review any documents provided by you, your attorney, the court, and/or any other state agency.

While it is common to want to present yourself in the most favorable way possible when being evaluated as part of a legal matter, I cannot stress enough the importance of being as honest as possible throughout this interview. It is okay to have areas of difficult and being able to acknowledge those areas, shows insight and awareness, whereas acting as though you do not struggle with even common difficulties, does the opposite. Information that is withheld, incomplete, wrong, or misleading may be far more damaging than if I am able to find out about it now and put it in the context of my report or testimony. Please do not hesitate to speak to me and/or discuss any concerns you have in this area.

FEES, PAYMENT, AND PROCEDURES

1. My fee is \$300/hour in quarter-hour increments, for forensic services including, but not limited to: client contacts, examinee and collateral interviews, psychological and neuropsychological testing, scoring, and interpretation, record review, telephone calls, research and literature reviews, letters, report writing, observations, and travel time.
2. The timeline for a typical forensic or neuropsychological evaluation is 3-6 months from the time the case is opened, and consent forms are signed until the evaluation report is completed; however, this timeline is dependent on my current schedule and availability and sometimes can take significantly longer.
3. For matters involving expert witness testimony, my fee is \$375/hour, which includes trial preparation, case review, travel time, time spent waiting to testify, and testimony.
4. Unless agreed otherwise, I will consider myself retained in your matter based on verbal agreement (or expressed agreement via email). There is an administrative fee of \$200 to open a case - related to scheduling, creating a file, sending links to secure client portals, establishing testing accounts, and other administrative tasks.
5. Unless otherwise agreed in advance, an initial retainer of \$6,000 for full forensic, individual parenting, or neuropsychological evaluations must accompany this signed Letter of Agreement. When evaluating both parties in a parenting/custody evaluation as defined by WAC 246-924-445, my retainer is \$8,000. For cases where I am only providing psychological or neuropsychological testing with a brief score report (without an interview or a comprehensive/interpretive report), or a parenting assessment without psychological testing, my retainer is \$4,000. Alternatively, my office can send you an invoice to make electronic payments by debit or credit card, but there will be a 3.5% fee.
6. **In terms of total costs, please be aware that individual forensic parenting and/or custody-related evaluations (e.g., Psychological Evaluations with a Parenting Component), and neuropsychological evaluations, typically take anywhere between 30 to 50 hours, depending on case complexity, and can cost anywhere between \$6,000 and \$15,000. Full parenting evaluations typically take anywhere between 70 and 180 hours and can cost anywhere between \$15,000 and \$50,000.**
7. Any remaining balance beyond the initial retainer paid must be paid in full before I release the final report. In some cases, exceptions can be made, but balances are to be paid within 30 calendar days of receipt of the invoice, otherwise are subject to 1.5% interest monthly. Private clients are required to provide a credit card number to which outstanding balances will be billed. Checks should be made out to Sierra Swing, PsyD or Sound Psychotherapy & Assessment. My Tax ID number is 45-3698244. I can provide a W9 form upon request.
8. I require that the referring party provide a letter addressed to me that includes a brief case summary/history, the name and contact information (email address and phone number) of the client to be evaluated, contact information for collaterals that you are requesting I interview, a list/outline of records being provided, goals for the evaluation, specific referral questions or questions you're hoping to have answered or addressed as part of the evaluation, any deadlines that I need to be aware of, name and contact information of opposing counsel (if applicable), and who the report should be submitted to once complete. You can send the referral letter, records, and any other requested information via secure email (drswing@hushmail.com), regular email (drsierraswing@gmail.com) or via secure fax at 206-309-3373.
9. I often utilize the services of psychometrists (typically psychologists in training) to administer psychological and neuropsychological testing on my behalf. Their time is billed at \$200/hour, also in quarter-hour increments. They are thoroughly trained and closely supervised to ensure administration procedures are

followed, and do not score or interpret any of the tests administered. They also provide relevant behavioral observations during testing and may help with scheduling and rescheduling testing appointments.

10. I use professional test scoring services to provide clinical score reports, interpretive reports, and normative data for many of the standardized assessments administered, all of which will be included in the client's final report. Licensing and other fees for specialized tests requested/required that are not held in my current library of psychological, memory, risk, neuropsychological, or other assessment measures will be charged to the retaining party and invoiced in the "Expenses" section.
11. I may use the services of various consultants and experts including other psychologists and neuropsychologists, forensic experts, psychiatrists, lawyers, etc. Information relevant to the case will be shared, with the understanding that they will exercise appropriate professional standards regarding confidentiality.
12. Please note that I do not accept any form of insurance for forensic evaluations, including neuropsychological evaluations for personal injury cases. If you would like an invoice outlining charges that may be reimbursable by your insurance, please let me know and I would be happy to provide you with the appropriate documentation or submit a bill on your behalf, but this will incur an additional 5% fee in order to pay my billing specialist to process your claim.

APPOINTMENTS & SCHEDULING

- Appointments are scheduled with me or my assistant via phone, text message, or email. My assistant can be reached at janae@soundpsychotherapyandassessment.com or at (206) 569-8557. I can be reached at drsierraswing@gmail.com or 206-979-8787. Please keep in mind that I am most easily reached via text message and email versus over the phone; however, I would be happy to schedule a time to speak on the phone if needed.
- Your testing appointment will likely be scheduled with one of my psychometrists and will take place at my office in the SODO neighborhood of Seattle at the Urban Worklofts Building located at 3250 Airport Way S #530 Seattle, WA 98134. This appointment can take anywhere from 3-6 hours.
- Your interview will take place either in person at my testing office (if scheduled on a Thursday), at my office in West Seattle (3515 SW Alaska St - top floor - Seattle, WA 98126), or virtually, depending on what works best with your schedule. The interview appointment is typically scheduled for 1 hour; however, for parenting evaluations, the interviews may be scheduled for 2-3 hours and there will likely be several follow-up appointments.
- If a parent-child observation is requested or required as part of a forensic parenting and/or custody evaluation, this will also take place in person at my office in West Seattle (unless another location is mutually agreed upon). The parent-child observation will typically be scheduled for 1 hour and an additional 30-60 minutes may be scheduled for child interviews if needed.
- If you arrive more than 30 minutes late to a scheduled appointment, you will be charged an additional \$50 fee. If you find it necessary to cancel or reschedule any of our testing appointments, please notify me as far in advance as possible.
- Appointment times are reserved, and I require a minimum of 48 hours notice if there is a need to cancel an appointment. Appointments missed or canceled without 48 hours' notice will be billed at the full hourly fee of the time that was blocked for that day. Please communicate any need to change appointments via email to: drsierraswing@gmail.com or via text message at 206-979-8787.

EMERGENCIES AND COVERAGE

I do not provide emergency services. If you require emergency care, please call 911. I will do my best to return non-emergency calls during normal business hours (9:00am to 5:00pm); however, I am often in back to back appointments all day. When I am unavailable, you can leave messages for me on my voicemail; however, **my**

voicemail is checked and monitored by my assistant, so if you need to get a hold of me, I prefer that you text or email me.

CONFIDENTIALITY

The nature of the forensic examination process is not therapy and forensic examinations are not confidential and not covered by therapist-patient privilege. Since this evaluation is intended for use in some type of a legal proceeding, the confidentiality of the evaluation and the results is determined by the rules of that legal system. That being said, there are situations that would require me to intervene for the safety of the examinee and/or others. In particular, if the examinee is a possible danger to himself/herself or others, if there is a reason to be concerned about abuse of a child, developmentally disabled person, or dependent adult, I may be required to warn the person(s) in danger, and/or contact appropriate authorities.

AGREEMENT

Your signature below indicates that you have read this document, understand its contents, agree to the terms, and accept responsibility for the payment of fees. *Should you not feel comfortable with any of the terms above, please do not hesitate to contact me.*

I have reviewed this Letter of Agreement and understand the office policies reflected in it.

Name

Title/Organization

Signature

Date

Sierra Swing, PsyD

Date