



INFORMATION FOR CLIENTS

This information is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we can discuss it.

About Professional Counseling

I strongly believe you should feel comfortable with the counselor you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. I am licensed by the National Christian Counselors Association as a Clinical Christian Counselor and Licensed Pastoral Counselor (NCCA; #12909). I am also licensed by the Federal Association of Christian Counselors and Therapists (FACCT) as a licensed clinical Christian therapist (LCCT #02910122708). I hold a Ph.D. in Clinical Christian Psychology from Cornerstone University and Seminary (LA), with 15 years of pastoral counseling experience. I hold second Master's degree in secular mental health counseling and am a licensed mental health counselor in the state of Florida (MHC#11097). I am also a licensed professional counselor with a mental health services designation in the state of Tennessee (TN#3619). I also have a second PhD In Counselor Education and Supervision from Walden University, which is CACREP-accredited.

My theoretical approach is based on several theories, including cognitive behavioral therapy (REBT and ACT), Feminist and Social Justice Counseling, and trauma-focused modalities.

I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. Counseling 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 want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to 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 limits on our time together. I expect us to agree on a plan that we will both work hard to follow. As we progress, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will 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 for you. I might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. Unfortunately, there are no instant, painless cures. However,

you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Solution-focused/CBT-based therapy is briefer than psychodynamic-oriented therapies. We can work online and face-to-face. Toward the end of our time, I can recommend continued ideas for therapy, support groups, and process groups, if needed. Stopping therapy should not be done casually, although either of us may decide to conclude if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, and any future work that needs to be done.

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship or family structures. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with acceptance of you and optimism about our progress.

Consultations

If you could benefit from a treatment I *cannot* provide, I will help you to get what you need somewhere else. You have a right to ask me about other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or visit to a psychiatrist for an assessment of medication needs, if needed. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor, as you direct.

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 the information needed.

What to Expect from Our Relationship?

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Counseling Association (ACA), National Christian Counselor's Association (NCCA), and

Federal Association of Christian Counselors and Therapists (FACCT). In your best interests, these associations put limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

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

Second, state laws and the rules of the ACA, NCCA, and FAACT require me to keep what you tell me confidential (i.e., just between us). 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 below. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much unless we have discussed this beforehand. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

In your best interest, and following the ACA's standards, I am only your counselor. I am not ethically able to fulfill other roles. Any personal contact will be discussed personally, and limitations agreed upon. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. This is to preserve the quality of the therapeutic relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapeutic relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a *Release of Records Form* before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, and I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

Fees

Currently I do not accept insurance. The fees for services are \$125 per 50-minute session. I anticipate carrying insurance for TennCare, Humana, BCBS, Aetna, and Cigna within 3 months. Fees are due at time of service payable by check.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client: Self _ Parent _ Legal guardian

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

For further reading (references upon request):

My Theoretical Orientation

Common characteristics of effective counseling extend across theoretical boundaries (Ce, 2012). Yet, counselors who articulate a professional theoretical orientation have been found to more adequately conceptualize and treat client issues than those without a guiding framework (Halbur & Halbur, 2011). In my approach to counseling, I broadly rely on a cognitive-behavioral therapy (CBT) perspective rooted in Feminist Theory.

Feminist philosophy aims to subvert the current patriarchal/heirarchal system with a social justice awareness in order to create an interdependent (not dependent) world where clients get to define themselves rather than being defined by society. I commit to partnering with clients, using self-disclosure and authenticity to break down the typical hierarchy within counseling relationships. Investigating gender-role and power analysis through active dialog, externalizing the problems, seeing symptoms as resistance, assuming a stance of advocate in challenging conventional attitudes toward appropriate roles for marginalized clients, and inspiring clients toward social action. My interventions come largely from the CBT perspective, and include REBT as a central source of techniques, as well as logotherapy, bibliotherapy, assertiveness training, Acceptance and Commitment strategies, cognitive restructuring, identifying and challenging untested beliefs, and narrative/music therapy techniques.

Through years of schooling and experience, I have honed my feminist orientation more specifically to involve rational-emotive behavioral therapy (REBT) interventions with attention to Acceptance and

Commitment (ACT) therapy (Ellis, 1994; Bach & Moran, 2008). In attending to a diverse client group, I also utilize logotherapeutic, creative, and constructivist philosophies (Chang, Crethar, & Ratts, 2010; Crether, Riveria, & Nash, 2008; Ivey, D'Andrea, & Ivey, 2012; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015; Herlihy & Parks, 2016). My years of experience as a counselor in the United States, Qatar, China, India, and the Caribbean have also impressed upon me the importance of theoretical flexibility and cultural awareness. Below, I discuss Feminist Therapy as my foundational theoretical orientation while discussing my integration of REBT, ACT, and creative interventions.

REBT Framework

Under personal reflection, I recognize that I strongly value *unconditional acceptance*, which led me to my current career path. To that end, REBT has provided a helpful technical basis for my work with clients due to the founding influence of Albert Ellis' philosophy of radical acceptance of self, others, and the world (Ellis, 1994; Szymanska, 2010). However, I am also directive and have spent years working in community-based counseling where practical counseling techniques often had to be utilized. These demands reinforced my application of REBT interventions, which can be learned in brief therapy and practiced at home. Techniques of REBT include the ABC (i.e., activating events, beliefs, and consequences) model as a way to conceptualize client issues and includes the following interventions: Socratic dialog, disputing and reframing inaccurate thoughts, psychoeducation, bibliotherapy, humor, and homework (Hyland, Shevlin, Adamson, & Boduszek, 2014). From a behavioral standpoint, I also rely on relaxation training and systematic desensitization techniques (Ivey et al., 2012) as well as the ACT hexaflex: Being present (contacting the present moment & self-as-context), Opening up (defusion & acceptance), and Doing what matters (values and committed action).

Beginning with a commitment to acceptance, the REBT counselor uses Socratic dialog to enable clients to recognize unhelpful thoughts and beliefs that lead to psychological distress (Ivey et al., 2012). As such, the goal of therapy is to discover, decipher, and dispute irrational beliefs (i.e., the *must* and *should* statements) and replace them with more flexible and adaptive thinking patterns (Ellis, 1994; Hyland et al., 2014). Conceptualizing irrational thought patterns as the foundation of psychological distress, I have been able to assist clients to modify extreme judgements, accept unchangeable circumstances, and assume more functional patterns of thinking, behaving, and relating (Ellis, 1994; Ivey et al., 2012). These thoughts also point to external issues related to injustice and past traumas, which can be recognized and understood within the present moment.

Researchers have found that REBT can be effective in reducing symptoms of depression, anxiety, trauma reactions, borderline personality, and situational issues and has been utilized on children and adults in both individual and group modalities (Dryden & David, 2008; Grey, 2010; Minor, 2007; Ivey et al., 2012; Makison & Young, 2012). In addition, Hyland et al., 2014 found REBT to be helpful for conceptualizing and reducing symptoms of post-traumatic stress disorder (PTSD). I have found this finding important in substantiating my theoretical orientation for my work with women and children survivors of trauma. In another study on the effects of reframing strategies on reducing PTSD symptoms, the use of functional magnetic resonance imaging (fMRI) showed that treatment actually corresponded with improved functioning of the prefrontal cortex, the area of the brain empowering executive functioning over emotional reactivity (e.g., anger, fear) (Makison & Young, 2012). As a result, I find REBT to have empirical and practical support.

Cultural Considerations: Feminist and Social Justice Counseling

Due to my work in non-Western areas, my theoretical orientation, which is heavily language-based (e.g., Socratic dialog methods), must be adjusted to meet the needs of certain clients (Halbur & Halbur, 2011). Feminist/Social Justice theory addresses the notion of the personal as political, commitment to positive social change, egalitarian counseling relationship, the honoring of female voices and experiences, and recognition of oppression of all types (Herlihy & Park, 2016). In line with the goals of REBT, the feminist/social justice approach is fiercely egalitarian and aims to empower clients with new insights and thoughts that lead to self-

nurturance and social change. The feminist/social justice conceptualization allows for the counselor to recognize external forces as roots of the problems for women and minority clients while renaming symptoms as resistance and discovering optimal ways of thinking and behaving. In addition to these philosophical ideas, I integrate REBT and ACT strategies to fully recognize the roots of oppression and power imbalances, stressing the techniques of reframing, bibliotherapy, and music therapy to empower clients toward healing and positive social change.

Continued Development: ACT

With my experience with individuals with recalcitrant symptoms and environments as well as those working through trauma recovery, I have instilled aspects of Acceptance and Commitment Therapy into my repertoire of skills. Recent continuing education in ACT therapy has shown me the importance of some level of acceptance of the whole while striving toward goals, regardless of symptomatology. The goal of ACT is psychological flexibility, helping clients to answer the ACT question: *Given a distinction between you and the stuff you are struggling with and trying to change (Self-as-Context) (2) are you willing to have that stuff, fully and without defense (Acceptance) (3) as that stuff is, and not as what your language says it is, (Diffusion) (4) and DO what takes you in the direction (Commitment) (5) of what is vital and meaningful (Values) (6) at this time, and in this situation (Contact)?* Mindfulness, defusion, and goal-setting are particularly important to the client's progress.

In conclusion, I describe my therapeutic orientation as integrated, developing, and dynamic. Ultimately, my goal remains accepting clients, partnering with them to identify cognitive impulses and obstacles related to injustice, and facilitating their acquisition of more flexible and adaptive ways of thinking and the tools needed for continued development and success toward their life goals and positive social change. In my experience and personhood of a counselor, I have gained an empirically-validated skill-set and flexible approach to accepting and helping a diverse group of individuals. My hope is for clients to leave me with renewed vision, hope, and belief in their ability to author their own destinies while dealing effectively with the inevitable challenges that come from living a fully-engaged life and doing their part to bring positive social change into the world.