**Therapeutic Orientation and Statement of Treatment**

I look forward to the opportunity of working with you to achieve your therapy goals. At the same time, I cannot guarantee specific results or outcomes from therapy. It is important to clarify that whatever changes may occur in our work together may not result in the outcome you expected. The possible benefits of therapy is the reduction or relief from disturbing emotions or behaviors, an increase in your sense of empowerment in your life, and possible improvement in your ability to make changes you desire for your own life and your relationships. The possible detriment of treatment is that you may change in ways you had not considered previously and you may experience a temporary increase in the disturbing emotions or behavior from which you had sought relief. The effectiveness of your treatment is dependent upon your feedback and active participation in your therapy.

The quality of your work with me will depend upon the trust that we are able to build through open disclosure. You must be willing to explore change and actively become a participate in directing the course of your treatment. My counseling perspective is influenced by Christian spiritual principles. At the same time I respect and honor each individual's unique value system and worldview. My theoretical orientation primarily includes Family Systems therapies and Cognitive-Behavioral approaches to treatment. This means that the influence of your family of origin is considered in understanding how you have formed your perspectives about yourself as well as how you function in the world and in relationships. Cognitive-Behavioral therapy addresses thoughts, beliefs, and action steps that support appropriate changes in the direction of fulfilling your personal therapy goals. You are respected as a unique individual with the dynamic capacity to change and grow. Within these frameworks, I will endeavor to work with you to apply the approaches and strategies that will most meaningfully address your particular needs and goals.

**Academic credentials, training and experience**

I have a Master of Arts degree in Counseling from City University 2010

I also hold a Bachelor of Science and a Master of Arts degree in Ministry from Abilene Christian University, 1984 and 1986.

I have several years experience working with individuals, couples and families as both an intern and a staff therapist in local, faith-based counseling agencies and I was the director of my own senior care facility for several years.

In addition, I worked as a campus minister in the 1980’s and have worked in the corporate world as a project manager, industrial engineer, and capital budget focal and instructor.
I am a Certified Sex Addiction Therapist and an experienced co-facilitator of sexual addiction and domestic violence therapy groups and have presented trainings to corporations and church groups regarding sexual addiction.

**Licensing and Compliance with the State**

Psychotherapists are required to be certified or licensed with the Washington State Department of Health. The law which regulates counselors is called the **Counselor Credentialing Act** WAC 246-810-031(i) and WAC 246-81O-031(j). Licensing does not imply the effectiveness of any treatment. The purpose of this law is to provide protection for the public health and safety and to also empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. You have many specific rights as a client, which are clearly discussed in the printout **“Counseling and Hypnotherapy Clients”**, which was prepared by the State of Washington. You will be provided a copy of this handout either via email or in person at your first appointment. I am a licensed mental health counselor – associate MC 60163572.

It is in your best interest to be proactive about your health. If you have questions or concerns, please call or see me for clarification and resolution. If after discussing your concern you still have a concern that remains unresolved you have the opportunity to contact the licensing board. The licensing board will advise you if your concern is something to be expected from therapy experience or if it is unusual. If an incident or concern is too unusual they will take a report and initiate an investigation if they believe it is warranted. Their contact information is :

Department of Licensing - [www.doh.wa.gov](http://www.doh.wa.gov)
Business and Professional Administration
P.O. Box 9012

Olympia, WA 98504-8001

 Complaints: 360-236-4022 or 360-236-4701 M-F 8 AM to 5 PM

If at anytime you choose to terminate therapy with me for any reason I will provide you with names of other qualified professionals whose services you might prefer.