

Welcome!

I'm glad you chose to meet with me. The purpose of this form is to introduce myself and to let you know what you can expect from counseling. If you have any questions, please ask! It is important to me that you have a clear understanding of the information provided here.

### **Education and Qualifications**

I am a Licensed Marriage and Family Therapist in the state of Washington (# LF60143037). I received a Master of Science in Marriage and Family Therapy from Seattle Pacific University and a Bachelor of Arts in Psychology from Northwest University. My experience includes: individual, couple, family, and group therapy, with a special interest in grief, loss, premarital, and marital therapy. I am a member of the American Association of Marriage and Family Therapy (AAMFT) and the Washington Association for Marriage and Family Therapy (WAMFT). Additionally, I attend professional trainings, workshops, and seminars to enhance my therapeutic skills. I am involved in a peer consultation group with other colleagues who contribute to my growth as a therapist.

### **Therapy Process and Therapeutic Orientation**

My orientation for therapy comes from a "systems" perspective. This means I focus on how individuals function in relationship to those around them, as well as asking about what is going on inside them. Within this context, I look at how individuals can define and hold on to their sense of separate self while remaining connected to others. I also look at how change in one member of a "system" or family effects or forces change on other members of that same system.

My ideas for change in a working relationship are largely based on aspects of experiential theory; however I draw from other models such as: narrative therapy, emotion focused therapy, and cognitive-behavioral therapy. I believe healthy families offer their members the freedom to be themselves, while supporting and encouraging authenticity and congruence in each individual.

I work hard to make sure that therapy facilitates a safe setting in which individuals can explore themselves, their experiences, and their stories. I believe different tools work for different individuals and in different contexts. Finding out which tools will be the most useful is another role of the therapist. Once the therapeutic relationship is established, I also believe the therapist has the role of challenging perspectives which are holding an individual back from the change they desire. Through the course of therapy, I believe the therapist should encourage, listen, empathize, coach, and facilitate sessions.

Identifying your personal goals is an important part of therapy. The nature of your goals will affect the time spent in therapy and the course of therapy.

### **Participation**

As a client, you have the right to choices, such as your participation in therapy. For our working relationship, I would ask that you would be actively engaged in our work, just as I commit to you in this way. This means that I would ask for you to regularly attend the sessions, follow through on homework, and be honest with me in terms of your feelings and thoughts throughout the counseling process. I will commit to serving you with openness, respect, curiosity and acceptance. You have the freedom to stop therapy at any point, refuse to do a particular activity, or request referral to another therapist.

### **Confidentiality**

Whatever you share with me during a counseling session is confidential information. I will not disclose personally identifying information about you to anyone outside of my office without your written permission. In order to provide you with the best service possible, I may seek supervision and consultation from other therapists. These therapists have the same obligation to maintain confidentiality that I do. I will also keep

written notes of our meetings. You may look over these notes or receive copies at any time. I desire to uphold straightforward and honest communication with you. Therefore, if you ever have any questions or concerns about our working relationship, please feel free to talk with me about it.

**Exceptions to Confidentiality**

Exceptions to confidentiality are meant to protect your interests and the interests of others. Only in the following circumstances would I be obligated by law to release confidential information:

- If I become aware of physical or sexual abuse of a child or dependent adult
- If you give strong indications that you are likely to seriously harm yourself or another
- If I am served with a court order to share information with a judge or lawyer

I will encourage you to be an active person in making reports regarding abuse or self-harm. If I am obligated to release information, I will inform you of my intentions whenever possible.

**Appointments and Cancellations**

Appointments are scheduled in advance and generally take place **once a week** for **50** minutes, but can be altered depending on your needs.

If you are unable to keep an appointment, please leave me a message at least **24 hours** in advance to avoid being charged the **full fee**. In some cases, we may discuss whether or not the full fee will be charged (i.e. sickness or an unforeseen emergency).

**Fees and Payment**

My standard fee is \$90 per 50-minute session. Payment is to be made at each session in the form of cash or check.

My fee applies to telephone contacts beyond 10 minutes per week. When a call goes over 10 minutes, I will let you know that we can either continue our conversation during a session or begin charging you the pro-rated fee. You may leave a message for me at anytime.

**Emergencies**

I do not provide a 24 hour on-call emergency service. You are free to call me off hours and leave a message on my voice mail. In cases of emergency when I am not available, please call the 24 hour Crisis Clinic at 206.461.3222/1.800.244.5767 or 911.

**Department of Health Contact Information**

To obtain a copy of your rights as a client in the state of Washington, as well as a list of the acts of unprofessional conduct in my field for which a health professions complaint may be processed, contact the Department of Health – Counselor Programs, PO Box 47869, Olympia, WA, 98504, or (360) 664-9098.

The Department of Health requires the following statement to appear in the information forms for all therapists:

Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

**Agreement**

I have read and understand the information outlined in this document. My signature indicates my agreement to abide by the above policies and procedures and to participate in therapy with Arlene Thomas.

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Client Signature	Date	Client Signature	Date
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Client Signature	Date	Arlene Thomas, MS, LMFT	Date
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