PROFESSIONAL DISCLOSURE STATEMENT

**PHILOSOPHY AND APPROACH:**

I embrace a client-centered, strength based, and integrative style of therapy. My goal is to provide an empathic space where the client can move towards psychological balance and wholeness. I work with a wide range of issues including depression, anxiety, trauma, PTSD, eating disorders, substance abuse, creativity, relationship issues, job stress, grief and loss, and offer both long and short-term therapy.

My main clinical approach is an integration of psychodynamic, Jungian and relational therapy. This model supports deeply personalized, in-depth work of current concerns, past history, symbolic material and the unconscious. I find this holistic approach invaluable in the process of healing and the reconnecting with your vitality and unique self-expression.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics.

**FORMAL EDUCATION AND TRAINING:**

I hold a master’s degree in counseling psychology from Pacifica Graduate Institute. Major coursework included human development, psychopathology, and marriage, family, and relationship counseling. I am trained as an EMDR therapist (Eye Movement Desensitization Reprocessing Therapy) and have studied trauma, effects of trauma, and treatment approaches for adults, adolescents, and children.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I am required to participate in continuing education, taking classes dealing with subjects relevant to the profession.

**FEES:**

My fee is $140 per hour. While I do not offer sliding scale I do have a few client hours available at reduced rates for those in financial hardship.
AS A CLIENT OF AN OREGON LICENSEE, YOU HAVE THE FOLLOWING RIGHTS:

❖ To expect that a licensee has met the requirements of training and experience required by state law;

❖ To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;

❖ To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);

❖ To report complaints to the Board;

❖ To be informed of the cost of professional services before receiving the services;

❖ To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;

❖ To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at
3218 Pringle Rd. SE. #250, Salem OR 97302-6312 Telephone: (503) 378.5499
Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT
For additional information about this counselor or therapist, consult the Board's website.

Signature _________________________________________________ Date __________
Printed Name ____________________________________________________________