

## **Professional Disclosure Statement**

### ***Professional Profile***

I obtained my Doctorate in Family Nursing from Oregon Health Sciences University and my Masters in Marriage and Family Therapy at Pacific Lutheran University. In addition I have a Masters of Science in Nursing from Wayne State University and Bachelors of Science in Nursing from the University of Michigan. I am a clinical member of the American Association for Marriage and Family Therapy. I am a licensed Marriage and Family Therapist in Oregon (T1127). I also have a current Registered Nurse License in Oregon (093007245RN). I have been involved in clinical nursing for over 20 years in a variety of areas that include: coronary care, cardiac rehabilitation, cardiac catheterization, intensive care, hemodialysis, and basic medical-surgical nursing. Licensures in Oregon require ongoing continuing education. I served as a tenured faculty member at Pacific Lutheran University in the School of Nursing for 13 years where I taught in the graduate and undergraduate studies.

My clinical therapy practice includes adult individuals and couples. Specific therapy issues that I commonly deal with include depression, sexual abuse, anxiety disorders, chronic illness processes, marital dysfunction, and concerns regarding an individual's spiritual growth. I specialize in trauma issues and the chronic illness process.

### ***Specializations***

**EMDR** - I have been trained in EMDR (Eye Movement Desensitization and Reprocessing) for the treatment of PTSD (post traumatic stress disorder) and other anxiety disorders. EMDR is a therapeutic treatment model, heavily researched since 1990, that desensitizes and reprocesses trauma. Eye movement facilitates this process which desensitizes the triggering effects of previous trauma experience.

**Gottman Couple Therapy** - Dr. John Gottman of the University of Washington has drawn from extensive research with healthy and failing marriages. Treatment is based on skills learned from "master couples" in his research. I have completed the first two levels of training with the institute and have initiated the next level of training with consultation required for certification. While I do not use a pure Gottman protocol I lean heavily on Gottman's research in my work with couples.

**Health and Illness Dynamics** - I have a special interest in families with chronic illness which comes from the integration of my medical-surgical nursing, marriage and family therapy degree, and doctoral studies in this area. In addition I have a personal interest in the "cancer journey" as I have experience with cancer as a patient and a caregiver. An illness affects an individual, a couple and a family. The context of illness is often within the health care system which creates even more relationship dynamics. Negative dynamics created by the illness often respond well to treatment. My experience as a nurse, therapist and previous cancer patient and caregiver enhance my ability to guide others through the illness process and navigation of the healthcare system

### ***Therapy Process***

I believe families and couples have the ability to support each other, meet each other's needs, and solve their own problems. However, sometimes-unusual circumstances arise which make this difficult. At other times, members either lose objectivity with old problems or try to solve new problems in old ways. This is when professional assistance can make a difference, provided everyone is willing to work together. , I respect and honor all faiths or religions and support your personal growth in your spiritual journey.

Initial therapy sessions will include exploration of family of origin, further clarification of family history, and the mutual establishment of therapy goals. Throughout treatment clients are responsible for bringing to session the issues that will be the initial focus of the session. Active direction of clients in

their treatment with the facilitation and guidance of the therapist produce the most efficient change and growth. Termination is mutually established when goals have been met. If during the course of therapy you become frustrated and determine to terminate our relationship I would ask that you provide an opportunity for a dialogue between us so that we may process closure.

**As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists**, I will abide by its Code of Ethics. To maintain my license I am required to participate in bi-annual continuing education, attending classes relevant to my profession. Your copy of the Notice of Privacy Practices *will explain your rights regarding the records I keep.*

**Fees and Payment of Fees**

The fee for counseling will be \$130.00 session. Charges for extended appointments will be assessed according to your hourly rate. This includes between-session telephone calls lasting over 15 minutes. Written reports will be charged according to hourly rates. Legal appearances will be charged to the inviting attorney at \$1400 per day (\$700 half day). Financial considerations are a real and necessary part of counseling. I sincerely invite you to discuss your fee and/or services with me at any time during our relationship.

If you have an insurance program I do not have a current contract with, I am willing to bill your insurance for "out of network" fee reimbursement. You are responsible to pay for the fee on the day of service. Your insurance program will reimburse you for their portion of that fee.

Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at each session. In the event you are unable to keep an appointment, a 24 hour notice is required for cancellations. You will be charged a full fee for a "no show" and a "late cancel" (for a cancellation without 24 hour notice). You will be billed for these situations.

**As a client of an Oregon Licensee, you have the following rights:**

- A. To expect that the licensee has met the minimal qualifications of training and experience required by state law;
- B. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- C. To obtain a copy of the Code of Ethics;
- D. To report complaints to the Board;
- E. To be informed of the cost of professional services before receiving the services;
- F. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
  - 1. Reporting suspected child abuse;
  - 2. Reporting imminent danger to client or others;
  - 3. Reporting information concerning licensee case consultation or supervision; and
  - 4. Defending claims brought by client against licensee;
- G. To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

**You may contact the board at the following address and telephone number:**

Oregon Board of Licensed Professional Counselors & Therapists  
3218 Pringle Rd SE Suite 250, Salem, OR 97302-6312 Telephone: (503) 378-5499

Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_