

Practitioner’s Disclosure Statements

Katie Wilson

**Education and Training:** I graduated with honors from Bethel University in St. Paul, Minnesota with a double degree in Psychology and Business. I then spent time working in the education field, both starting and managing an education program in Beijing, China, and then managing an educational program in St. Paul, MN. I moved back to China a second time where I participated in language training and counseling training, working with women in a therapeutic setting. I moved on to The Seattle School of Theology and Psychology in Seattle, WA where I graduated with a master’s degree in Counseling Psychology. In addition to my formal training as a therapist, I have been trained in CIMBS therapy, utilizing attachment, psychobiological response and relational techniques to facilitate movement toward healing, health and stability. I am also committed to regular supervision and consultation with experienced professionals.

I am an LMHC in the state of Washington, license LH60574053.

**Clientele, Services and Techniques:** My training is in a broad range of areas and modalities, but I am interested in working around relationship issues, gender, sexuality, and women’s issues, including (but not limited to): sexual trauma, PTSD, anxiety, depression, developmental issues, career and vocational questions, life transitions and relationship problems.

I believe the geography of our internal landscape is formed through relationship, and it is through relationship that we develop the ways in which we bring ourselves to the world. Responding to our experiences of great delight and intolerable pain, we develop strategies that allow us to optimally function in our world. We are shaped and formed by the relational matrix in which we were given, developing in response to both pain and delight, beginning most poignantly with the relational experiences from our early lives. People often seek therapeutic counseling when our development, especially the development of defenses, has inhibited our full participation in the world around us. The therapeutic relationship creates a place to be seen and known, a safe place to let down the defenses that have been strategically built to serve as a barrier between a person and their world. In the therapeutic relationship, one can begin to explore the constitution of their relational matrix, and consider how this matrix has formed them and their participation with the world. This new relationship offers the opportunity for experiences of relationship to be explored, and for the painful and formative aspects of relationship, such as conflict, to be re-experienced and re-engaged with a different outcome. As one learns to engage their own story, their relational patterns and inhibitions in the presence of another, they start to gain the autonomy to act differently in the world. In the context of the therapeutic relationship, we are joined as we traverse the terrain of our internal landscapes with the hope of a different outcome, allowing hope to once again infiltrate our outlook.

**Billing and Insurance Information:** The fee for counseling will be $110 per 50 minute session. Payments are to be made at each session. You will be charged for a missed appointment if you have failed to notify me within **48 hours** of our scheduled time (illness and emergencies excepted). **I believe that regularity is very important in the therapeutic process, and we will need to reconsider if you cannot make your regular session time**. Fees may increase periodically, and thus the fees are subject to change with two months prior notification.

I do not file insurance claims for you. If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form that is necessary.

**Choosing a Counselor:** You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

**Confidentiality:** There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

1. The client gives written permission to share confidential information.
2. Anything that suggests a crime or harmful act.
3. If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
4. The client brings charges against the counselor.
5. In response to a subpoena.
6. As required under chapter 26.44 RCW.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

**Consultations:** I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

**Scheduling Appointments:** Appointments are generally made on a *regular, weekly basis*. Appointment times are automatically held open for you from week to week. It is your responsibility to attend. To reiterate, **I believe that regularity is very important in the therapeutic process, and we will need to reconsider if you cannot make your regular session time**.

**State Information:** 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 a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number: Department of Health, Counselor Programs

 P.O. Box 47869

 Olympia, WA 98504-7869

 360.664.9098

**Contacting Me by Phone:** You may leave me a message at 206.225.6411 I will check these messages on a regular basis. Please limit your phone conversation needs to appointment scheduling and emergencies.

**Emergencies:** If you are in an emergency and cannot reach me, please call one of the following numbers for help: General Emergencies 911

 Crisis Clinic 800.244.5767 or 206.461.3222

Signature of Client/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Therapist/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_