

Seattle MIND Counseling

DOMINIQUE WALMSLEY, PhD, LMHC

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Information to Clients

I appreciate the opportunity of being able to work with you. This brochure answers some questions clients often ask about any therapy practice. It is important to me that you know how we will work together, as this will contribute to a more beneficial working relationship. If you have any questions or concerns, we will discuss them in person. I will give you a copy of this brochure so that you can refer to it later.

About Psychotherapy

I have a Doctorate in Psychology from Saybrook University. I am a licensed as a mental health counselor with the State of Washington, and a member of the American Counselors Association (ACA) and the American Psychological Association (APA).

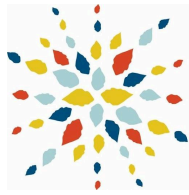
I use a person-centered approach in therapy, in which the client's unique set of values and interests guides me in shaping a path for the desired growth and change. In assessing their needs, clients might desire support of a particular kind, depending on the scope of their present struggle. Through existentialism and phenomenology, I strive to assist my clients in gaining greater understanding of their place in the world and finding a meaningful of existence there. Using analogy and narrative, I illustrate and suggest ways of finding value in the everyday experiences of life. Through mindfulness, I assist clients in harnessing their innate intuition to sense what is best for them in a very practical way.

To support this collaboration, I provide knowledge of relaxation techniques, cognitive behavioral techniques, exploration of childhood experiences, and philosophical or spiritual frameworks that give structure to enduring change. My clients have expressed appreciation for the understanding I bring to their personal values, and to helping them reorient their energy towards behaviors and activities that are inspiring to successful personal growth. Although this process might be intensive for some, others might only desire efficient guidance to particular short-term, immediate, problems. I work for the benefit of the expressed needs of the client at the time of therapy, even as I keep track of what has transpired over time.

There are certain risks in this process. As clients grow and change, some of the changes have consequences that, though helpful in fundamental ways, may bring discomfort in others. This is normal to any growth process, and even to life itself. In therapy, these consequences can be addressed, and work can progress in a manner that supports the client's long-term well-being. Given the many variables of this healing process, and of the life of any individual, outcomes cannot be predicted precisely. Periodically I will assess progress and discuss future treatment with clients. Referral to another professional might be necessary.

About Client Rights

Psychotherapeutic services are best provided in an atmosphere of trust. Clients can expect me to be present and attentive, keeping their best interest in mind, and providing my knowledge and skills towards their personal growth and well-being. They, in turn, share with me their concerns,



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experiences, feelings and beliefs, in order to provide information toward that process. Besides the above, the relationship between the client and me will, itself, be an avenue for growth or healing.

It is appropriate for clients to raise questions about their therapist, the therapeutic approach, the progress of therapy, and the fee. As informed consumers, they are responsible for choosing the therapist and counseling modality which best suit their needs, and to request changes in the counseling approach, referral to another therapist, or termination, at any time.

I am bound by the ethical code of the American Counselors' Association (ACA) and by the laws of the State of Washington regarding the special nature of the therapist-client relationship. These laws reflect the understanding that therapists hold an influential position in their relationship with clients, and will only use this influence in a constructive way. Clients who think that I am not meeting this ethical responsibility are strongly encouraged to address this with me. If they are still not satisfied after having done so, they can contact the Professional Examining Board in Olympia (360) 753-3095.

About Confidentiality

All sessions are kept confidential. Clients determine whether information may be released to anyone else, and give permission by signing a time-limited release. There are exceptions to this rule when child abuse or abuse of a developmentally disabled adult has occurred within the last 7 years, or in life-threatening situations where the client poses a clear and present danger to self or others, or is unable to provide minimum life-sustaining self-care. The therapist will take steps necessary to secure the safety of the client or others.

Sometimes I will consult with a supervisor, or with another therapist, people who are also ethically bound to confidentiality. I will limit what I share to that which is necessary towards better treatment of clients.

I might want to record the session for further study. I might share this with a supervisor on occasion. I will discuss recording with you if I would like to do so in your sessions. I only record if I consider it to be contributing to meeting your goals for therapy.

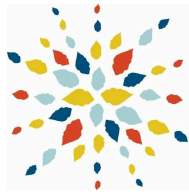
Appointments and Fees

Consistency in keeping appointments is integral to the counseling process. Most commonly you will have a 53-minute appointment, unless a longer period of time is seen as beneficial. If you are unable to keep an appointment, let me know 48 hours before the appointment, or you will be charged \$100 for the session.

My fee is \$150 per hour, payable at the time of the session.

Emergencies

I will check my voicemail frequently. If you cannot reach me in an emergency between sessions, please call the Crisis Clinic (206) 461-3222. I will be concerned about you if this becomes necessary, and would like to hear from you as soon as possible. Please continue to try to contact me, letting me know how I can best reach you.



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If there is an emergency during our work together, or I become concerned about your personal safety, or if I am concerned that you might harm someone else, I am required by law and by the rules of my profession to contact someone close to you. Please provide contact information for this person of your choice on the Client Identification Form.

Agreement

I, the client, understand that I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement, that I can discuss any concerns I have, and that the points mentioned above may be open to change. It does not indicate that I am waiving any of my rights. I understand that no specific promises have been made about treatment results, and that I have the right to end therapy. However, I will try to discuss my concerns with the therapist before ending therapy. In signing this agreement, I enter therapy willing to cooperate fully, to the best of my ability, and trust that the therapist will apply her attention and interest to me, according to the requirements of her profession.

I have read the form, INFORMATION TO CLIENTS and HIPAA.

Signature of Client

Date

Printed name

Signature of Client

Date

Printed name