



**Deborah Gellert, LMHC**

**Mindful Counseling**

**1135 Lawrence Street Suite C**

**Port Townsend, WA 98368**

**(360) 379-4857**

**Deborah@MindfulCounseling.com**

## **Personal Disclosure Statement**

Whether you are seeking individual therapy, or are pursuing therapy for your child or family, you have the right to determine the therapist that best fits your unique needs. I believe that the most important aspect of therapy involves feeling trust, rapport, comfort, and safety in the therapeutic relationship.

### **Treatment Philosophy**

My role with you is to assist you (and your child/family) in creating a safe atmosphere to explore emotional issues that are distressing to you. We can be goal oriented in our work together and focus on specific presenting issues that cause feelings of upset and anxiety in your life, or work in a more “in depth” fashion focusing on what may have precipitated your emotional distress. I offer my clients freedom to dictate the pace and nature of our work together.

If the intention of our time together is to assist you and/or your family or children, then I may be working both individually with different members of your family, with the parent/guardian(s) together or separately, and with all members of the family together at significant junctures. In family therapy I ask that the caregiver(s) be very involved in the treatment of your child/children. It is my belief that without active participation from the child's caregiver(s), the therapy is less effective. I typically offer families specific suggestions, and ask members to “try on” new ways of communicating with one another. My style is directive and supportive, with the hope of increasing empathy among family members.

My belief is that you and your family are already on your way to knowing what you need to know about yourselves; that the courageous act of asking for help demonstrates an intention and a willingness to change and be different. You are the experts on your own distinctive process. My job is to assist you in exploring the “answers” that are already within each of you. I view therapy to be a collaborative process that is most effective when one enters the experience with a sense of openness, compassion and curiosity.

How I might work with you typically involves talking about emotional experiences—past and present—that are sources of concern or anxiety. It is quite natural to experience bouts of anger, depression, or hopelessness during the therapy process. This typically means change is happening, and change can feel uncomfortable. It is during these times that I encourage clients to keep coming to therapy, in spite of the painful feelings. These feelings often subside in time and can pave the way for increased resilience, new behaviors and emotional responses.

My theoretical orientation is a blend of humanistic and insight oriented therapies influenced by developmental and family of origins theories. I focus on your past to the degree that it is relevant on your current emotional functioning, and only when **YOU** believe it is indicated. My focus is on establishing a trusting environment to



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facilitate healing. I concentrate on individual empowerment, compassion with oneself and others and self-esteem.

## **Education**

- Bachelor of Arts in Speech Communication from University of Washington-Seattle, WA
- Master of Arts in Clinical Psychology from Antioch University – Seattle, WA

## **Experience**

- Counselor and Support Group Facilitator, Domestic Abuse Women's Network – Kent, WA
- Counselor and Support Group Facilitator, Seattle Rape Relief – Seattle, WA
- Counselor and Educator, Planned Parenthood – Seattle, WA
- Adult, Child and Family Therapist, Pathways for Women – Lynnwood, WA
- Private Practice Therapist, Inner Resource Associates – Seattle, WA
- Adult, Child and Family Therapist, Jefferson Mental Health Services – Port Townsend, WA
- Sexual Assault Treatment Therapist, Healthy Families of Clallam County – Port Angeles, WA
- Private Practice Therapist, Mindful Counseling – Port Townsend, WA

## **Fees and Scheduling**

Your costs for therapy will be specified at the beginning of our work together. Ample notice will be given if fees should change. I prefer to be paid weekly unless special arrangements have been made. If you have any questions regarding payments, I encourage you to ask.

**PLEASE NOTE:** When we make an appointment, I am committing to hold that time for you. If you are unable to keep your scheduled appointment for any reason, please give me at least 24 hours advance notice or you will be charged the full amount for the time reserved for you. If I miss a scheduled appointment without notifying you, I will make up the session with you, without charge.

Regardless of whether you are here to begin your session on time, we will end the session at the scheduled time. If I am late in beginning the session, I will make up the time for you.



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## Your Legal Protection

The state of Washington has asked all therapists to convey the following information to their clients:

Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of 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.

You can rely on me to maintain confidentiality regarding our work together with these few exemptions:

- I may consult with other therapists who are required to keep client information confidential.
- Washington State Law also requires that child abuse and the abuse of other vulnerable people be reported.
- Washington State Law also requires that others be informed if a client threatens to harm herself-himself or others, and
- In the event of a court order, counselors may be required to disclose information in the presence of a judge.

I have read and understand this information and the accompanying counseling information sheets.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(If client is under 13)

\_\_\_\_\_  
Date