

**AMANDA FRANKLIN, M.Ed.**  
**Disclosure of information**

This handout is to introduce you to my therapy practice, and to the counseling process in general. The following information is designed to help you in making thoughtful decisions regarding your therapy. Please ask any question or raise any concerns which may occur to you as you read through this, now or at any time in our work together.

Provision of the following information and written acknowledgement of its receipt are required by Washington state law.

**Education, training, and experience**

I am trained as an individual, child, couple, and family therapist. I have a double BA, in English and Business Administration, from the University of Washington (1980). Also from the UW, I earned a Master's in Education, concentrating in Educational Psychology and specializing in community mental health (1986). Following that, I was in a two-year clinical training program at Seattle's Presbyterian Counseling Services, specializing in couple and family therapy (1989).

I am a clinical member and approved supervisor with the American Association for Marriage and Family Therapy. I am a licensed mental health counselor in the state of Washington, registration #LH00004551.

In addition to individual, couple, and family therapy, I also have experience in treating children through play therapy; treating adults and children who have been sexually abused; teaching psychology to graduate students; and supervising the work of other therapists. My work has included outpatient counseling in a mental health center; volunteering as a court appointed special advocate (CASA) for children in foster care; providing therapy to severely disturbed children and teenagers in foster care, as well as to their birth families and foster families; leading groups for people going through divorce; serving physically disabled college students; providing hospice care for dying patients and their families; and performing telephone crisis intervention.

**Theoretical orientation and approach to therapy**

I am a family systems therapist. Whether I am working with a child, an adult, a couple, a family, or three or more generations at one time, I consider the interactions between people which may have contributed to a problem's origin, as well as the human relationships which can assist in resolving a problem. In addition, my training in human development and my feminist orientation influence how I understand life stage transitions. I use techniques from a variety of other schools of thought, including behaviorism, client-centered therapy, and play therapy.

**Your rights as a client**

**1. Influencing the course of therapy:** Please feel free to ask any questions you may have about my work as a therapist, the approach we are taking together, or your progress. It is your responsibility to choose the therapist and therapeutic modality which best suits your needs. You

always have the right to request a change in treatment, or to refuse treatment. It is important that we work together to meet your needs. If you believe that you are not being helped, please let me know so that we can work through the difficulty together. If we are unable to do so to your satisfaction, I can assist you in finding another therapist.

**2. Confidentiality:** Our sessions are held in the strictest confidence, and no information can be released about you without your written permission. State law requires the following exceptions:

- a) when a client poses a clear and present danger to self or others, or is unable to provide minimal life-sustaining self-care;
- b) when a client reveals contemplation of a major crime or harmful act;
- c) when the counselor receives a court order to share information with a judge;
- d) if the counselor has a reasonable suspicion that a person under the age of 18, or a dependent adult (aged, or developmentally delayed) is or has been physically abused, sexually abused, or neglected. This report must occur within 48 hours of the counselor receiving such information.

I meet regularly with a consultant, Wayne McCleskey, and a long-term colleague, Carmen Hoffman, so that we may gain a better understanding of how we can work with our clients more effectively. In these consultations, your identity will be protected, as will unique identifying information. The other professionals with whom I meet are bound to the same standards of confidentiality as I am.

**3. Complaints:** If you believe that I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you feel that negotiation has not worked, you may contact one or both of the following:

a. Department of Health Counselors Program  
PO Box 47869  
Olympia, WA 98504-7869  
(360) 236-4902

b. Ethics Committee  
American Association for Marriage and Family Therapy  
112 South Alfred Street  
Alexandria, VA 22314-3061  
(202) 452-0109

At the end of this disclosure statement is a copy of the full text of Washington state law regarding the counseling relationship. Should you find me in violation of any aspect of that law, please take the appropriate action promptly.

### **Your responsibilities as a client**

**1. Scheduling:** Consistency in keeping appointments is integral to the counseling process. I prefer to schedule each new appointment at the end of each session. If you and I agree that you have a standing appointment at a certain time each week, I will not schedule another client during that time, as long as you are consistent with attendance. If you have made an appointment with me and need to cancel it, you must let me know 24 hours in advance, or you

will be charged for that session. (This way, I have the opportunity to try and schedule another client during your hour.) If I cancel an appointment with you with less than 24 hours notice, I will see you for free at the next session.

**2. Session length:** Therapy sessions are fifty minutes, unless we have negotiated a different length of time in advance. If you arrive late for a session, you will be seen for the remaining time, and will be charged the full fee. If I begin a session late, I will either see you for a full fifty minutes, charge you a pro-rated fee, or schedule a subsequent (and proportionately longer) session.

**3. Fees:** I charge a standard fee of \$90/hour. I am able to adjust this fee for people who, because of income, need to be seen on a sliding scale. The initial fee will be determined prior to the first session. If we negotiate for less than my standard fee, I ask that you agree to let me know if your income varies by more than \$100/month, so that we can keep our arrangement fair by raising or lowering your fee accordingly. I prefer that you pay at the end of each session. If you need a different arrangement, please let me know and we will discuss it. As a general rule, if a client owes me for two sessions, I prefer to put our meetings on hold until the client has caught up with their payments.

On principle, I do not bill to insurance companies. Because you have agreed to a private arrangement for paying for your therapy, I believe you have acted in a way which will protect your own privacy, which will allow me the needed therapeutic freedom to help you in the best way I can, and which will keep your fee affordable by eliminating third-party payments. Should you decide it is important to use insurance to pay for your therapy, I will assist you in finding a suitable referral.

**4. Attendance:** I see most clients on a weekly basis, and prefer to start with all new clients in this way. If another arrangement is appropriate for you, please discuss this with me. If you have a regular weekly appointment time, I will reserve it for you. If you come on a less regular basis or do not know your schedule week by week, I will offer you what openings I have. I take four weeks of vacation during the year, generally not more than two weeks at a time. I will give you at least two weeks' notice of a vacation of mine.

**5. Termination:** I believe that we should end our relationship in person, rather than over the phone. For this reason I strongly suggest that you take from one to three sessions to complete your therapy, and for me to know about and work with your desire to end. However, you have the right, at any time in the therapeutic process, to ask for a change of direction, or to discontinue.

**6. Temporary distress:** Counseling can be difficult, and even painful. At times, discussing therapeutic material may leave you feeling worse, or may make your symptoms stronger. Even though this is often normal or even to be expected, please do not be alarmed, and please do keep me abreast of how you are feeling. I need to know how you are so that I may treat you effectively.

**7. Contacting me:** You may call my voice mail at any time. The recorded message will tell you when I am in the office, and when you can expect to hear back from me. If you call me, I will call you back. If your phone does not accept blocked calls, there may be a delay in my reaching you, since in my off hours I often return calls from my home, where my phone line is blocked.