



Psychotherapist – Client Therapeutic Agreement Effective: June 13, 2019

Welcome to my practice.

Thank you for your interest in engaging in a counseling relationship with me. By its nature, counseling involves sharing personal information about yourself, and sometimes about others close to you. Confidentiality is your most important right. The material that we talk about will be treated with the utmost respect. Specifically, I will not share any of your records, either in writing or by talking to someone, unless I have your permission. When it may be helpful to contact others, such as to coordinate treatment with your physician or another service provider, I will discuss this contact with you in advance, and will proceed to do so only with your permission.

LICENSURE, EDUCATION, EXPERIENCE, AND TREATMENT PHILOSOPHY:

I am a Licensed Clinical Professional Counselor in the State of Illinois (180.007922). This licensure affords me the ability to practice independently as a Licensed Clinical Professional Counselor (LCPC). I hold an MA degree in Clinical Psychology from the Illinois School of Professional Psychology in Chicago, Illinois, and a 5-year Bachelor Degree in Psychology from the Autonomous University of Honduras.

I am certified in EMDR therapy through the EMDR International Association (EMDRIA). I have also achieved a Certificate of Completion in Basic and intermediate Training in Clinical Hypnosis through the American Society of Clinical Hypnosis.

PSYCHOTHERAPY SERVICES

Psychotherapy is an alliance between a client and a therapist to increase your understanding of why you have functioned as you do, heal your emotional wounding, and bring about lasting change. **Our work may cause you to experience heightened emotional distress at times and will require active efforts on your part, both in session and outside of session, to manage it using tools and techniques we have jointly developed in anticipation of this. It will also require that you be very forthcoming about this distress if and when it occurs so that we may appropriately manage the work to ensure your continued healthful, day-to-day functioning.** To facilitate the greatest possibility for success during therapy, I have several expectations of both you and myself.

CLIENT RESPONSIBILITIES: I expect that each client who works with me will participate actively in the therapeutic process by:

(A) Working with me to establish realistic and concrete goals to accomplish within a mutually agreed-upon time frame;

(B) Bringing material into the session that you have noticed or worked with between sessions, understanding that change often requires personal work outside of the session.

(C) Being open and honest with me about your emotional state, your engagement in harmful substance use and/or harmful self-soothing behaviors, and the impact of our work on your day-to-day functioning.

(D) Employing healthful soothing techniques/strategies that have been developed and/or agreed-upon in session when you are outside of session, and offering honest feedback to me about these tools' effectiveness (or ineffectiveness); and,

(E) Discussing with me any concerns or questions you have about the work we are doing (or planning to do) to ensure that you can continue to feel committed to complete our agreed-upon treatment plan.

Your initials here indicate that you have fully read this page: _____



THERAPIST RESPONSIBILITIES: I agree to practice within my level of competence, licensure guidelines, and ethical standards of practice; as such,

(A) I am committed to promoting the principles of empowerment to help you achieve your goals for healing, with the understanding that I view healing as a process, rather than as a single event;

(B) I am committed to ensuring that I am introducing necessary tools and techniques to help you manage your emotions in the midst of our work;

(C) I am committed to employing my training and behaving responsibly, so to avoid in any way compromising your emotional or physical boundaries and health;

(D) I am committed to be honest with you at times when it may be of value to re-assess the treatment plan in light of any new developments during the course of our work;

(E) I am committed to employ and participate in continuing education in therapeutic treatment approaches that effectively promote and sustain the highest level of functioning for you throughout the course of your therapy.

(F) Occasionally, with the client's permission, I employ hypnosis and hypnotic techniques as helpful tools in psychological treatment for a variety of conditions. Should client and I mutually agree that hypnosis may be beneficial, a permission authorization form will be provided to the client to grant permission to me to both facilitate trance through hypnosis and to teach the client techniques for self-hypnosis.

ENDING THERAPY

Some clients benefit most from a brief involvement in therapy, whereas others will find an extended length of time more valuable and necessary. I am committed to working with you as long as the therapeutic process is productive and healthy. The process of ending therapy may be equally as significant as the work you accomplish during the course of your therapy. The ending of therapy is most impactful when it evolves from a partnership between client and therapist.

I am available at any time during the therapy process to discuss concerns you may have regarding the ending of your therapy. It is most productive if you can address the ending of your therapy over the course of several closure sessions. If I do not have contact or communication from you for a period of 30 consecutive days or you do not respond to my attempts to reach you to determine whether you wish to continue in treatment, I will assume that you no longer intend to remain active in this therapy relationship and your case will be closed.

I HAVE READ, UNDERSTAND AND AGREE TO KATHIA LOPEZ MURDOCK'S DISCLOSURE AND PSYCHOTHERAPIST AND CLIENT SERVICES AGREEMENT

Signature of Client /Parent

Date

Print Name

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