

Debra K. Butler, LMFT (LF 60231302)
Pathways to Change

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Disclosure Statement and Informed Consent

Mission Statement:

I am passionate about strengthening people and relationships through the exploration of family and interpersonal dynamics. I provide services to individuals and families and employ a wide range of clinical assessment tools to determine client issues and needs. The psychosocial conditions I provide ongoing treatment for include anxiety and depression; abuse and trauma; marriage and relationship issues; domestic violence; family conflict; infidelity; adoption/parenting/fostering; grief and loss; chronic pain; health and wellness; and spirituality/faith issues.

I look forward to working with you to achieve your therapy goals. Techniques and methods used in counseling vary according to client needs and abilities. Your treatment may include psychoeducation, group therapy, and therapy for individuals, couples and families.

My counseling perspective is influenced by Judeo-Christian spiritual principles, while at the same time respecting and honoring each individual's unique value system and worldview. My theoretical orientation primarily includes Family Systems therapies and a Cognitive-Behavioral approach to treatment. This means that the influence of your family of origin is considered in understanding how you have formed your perspectives about yourself as well as how you function in the world and in relationships. Cognitive-Behavioral therapy addresses thoughts, beliefs, and action steps that support appropriate changes in the direction of fulfilling your personal therapy goals.

Together we may determine that an appropriate treatment approach would be Lifespan Integration (LI). LI is a therapy model in which I have been trained, however it is a newer approach and has not been fully researched. LI has been developed on evidence-based brain science and is supported by anecdotal evidence. More information is available upon request.

You are respected as a unique individual with the dynamic capacity to change and grow. Within these frameworks, I will endeavor to work with you to apply the approaches and strategies that will most meaningfully address your particular needs and goals.

Credentials:

I am a Licensed Counselor (LF 60231302) in Washington State. I received a Master of Science degree in Marriage and Family Therapy from Seattle Pacific University (2010), Medical Family Therapy Certification (2011) and a Bachelor of Arts in Business Education from Oregon State University (1974).

For Couples:

With your permission I may videotape or audiotape some or all of our sessions for training, consultation or supervision: this can be very positive for clients, as they get more than one therapist focusing on their problems or therapy. The tapes will not be permanently archived or made public. It will not be held against you if you choose not to be taped and you can request taping be terminated at any time during your therapy. Please sign below if you agree to have your sessions videotaped or audiotaped for training, consultation, or supervision purposes.

The signer(s) below give Debbie Butler permission to videotape or audiotape their sessions.

Client Signature Date

Client Signature Date

Confidentiality:

You have the right to confidentiality within certain limits. Information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agencies without your written permission. However, under the following circumstances, I am required by law to reveal information obtained during therapy to other persons or agencies without your permission:

1) You threaten grave bodily harm or death to another person or yourself. I am required by law to inform the intended victim and appropriate enforcement agencies. Initial _____

2) A court of law issues a legitimate subpoena. I am required by law to provide the information specifically described in the subpoena. Initial _____

3) You reveal past or present information relative to child, teenage or dependent elder abuse, and neglect. I am required by law to report this to the appropriate authorities. Initial _____

4) There is a need for involuntary commitment to a medical/mental institution. Initial _____

Signature _____ Date _____

I have read and agree to the statements above. I further understand it is the therapist's responsibility to make appropriate decisions and adjustments where necessary for my treatment. I have received a copy of:

- ◆ Disclosure Statement & Informed Consent
- ◆ Practice Policies & Procedures
- ◆ Grievance Procedures

Client Print Name Date

Signature

Client Print Name Date

Signature