

Johnson Counseling, Inc. 1720 Iowa St. Bellingham, WA. 98225 360-647-5358
Disclosure Statement

I earned my Bachelor of Arts degree in Psychology in 1990 from Western Washington University. I also completed an internship at Skagit Domestic Violence and Sexual assault Clinic at the same time.

I hold a Master's degree from City University earned in 1994. I am a licensed (previously certified) therapist in the state of Washington since 1997. My license number is LH00005284.

When working with adolescents the methods and techniques I use include a psycho-educational approach of teaching adolescents to develop skills to express their feelings effectively, coping skills to use when distressed, build effective support systems and positive social interactions, and process trauma and adjustment issues in a safe setting. I use a CBT approach to help adolescents cope with anxiety and depression symptoms.

I work with adults by using an eclectic approach that involves helping clients understand present thoughts and feelings based on their early developmental care, exploration of abuse and trauma histories, reframing beliefs, building positive self-image, recognizing options, learning about positive life choices, and building support systems. I use varied "systems" frameworks to help people meet needs in their family system, communicate with others clearly and with respectful assertiveness, and updating expectations. I do not engage in social media as a form of communication with clients.

Telephone Communication and Emergencies

Telephone calls may be answered by an answering machine. Because I am most often with clients, it may be difficult to reach me directly by phone. I will always return your call as promptly as possible. In the event that you are in psychological crisis or emergency and are unable to reach me directly, you may call 360-715-2470. In the event of a life-threatening emergency, you may call 911 or proceed to a hospital emergency room

Concerns or Complaints

It is always appropriate for you to raise concerns you have about your therapy. You have the right to request a change of therapy, a referral to another therapist, or the discontinuation of therapy. I hope you feel free to ask questions and seek clarification at any time you are unsure about what is happening or why. If you have a complaint and feel I have not been responsive, you may contact the Washington State Department of Health, counselor Certification Division, P.O. Box 9649, Olympia, WA. 98504 (206) 753-1392.

Please ask me any questions you have about this statement.

Client Signature_____

Date_____