

Appointments

Your initial assessment appointment will average 75-80 minutes in length. My standard subsequent therapy sessions are 55 minutes in length (Therapist may scheduled 45 minute sessions if therapist decides it better meets identified clinical needs or do to clients insurance policy restrictions). Please arrive on time. Your therapist makes efforts to stay on schedule for your appointment. If you are late for your appointment, please understand that we will conclude at the originally scheduled time.

Treatment and The Therapeutic Process

Therapy services begin with an evaluation of your needs. It is the client's responsibility to provide accurate and complete information in order for treatment to be appropriate and effective. After completing an evaluation, we will discuss how our work together will proceed, and begin to develop a plan for treatment incorporating your goals for counseling.

Our work together will help you to build awareness and better understand your situation and work towards desired changes that will help you move towards resolving difficulties. There are different treatment methods we may use to help with this process. One treatment modality I am trained in is EMDR therapy. If I determine the use of EMDR may be helpful to you, I will offer additional information on its use and potential risks/benefits as well provide you an opportunity to ask additional questions.

The therapeutic relationship is a collaborative one, thus, we will work together to meet your goals. However, the responsibility for taking action and making choices that initiate change is yours and calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and in-between sessions.

The counseling process has both benefits and the potential for emotional risks. On the path toward healing, you may experience an increase in painful feelings; this is a normal part of the process. It is important that you consider carefully whether these risks are worth the benefits to you of changing. As with any effort to create lasting change, engaging in therapy requires time, energy and commitment. Sometimes it can feel frustrating because we often cannot control the pace of change.

As therapy progresses, you may find your goals change. We will regularly review your progress and facilitate adjustments in goals and/or treatment modalities as needed.

Most individuals find therapy helpful and often lead to better relationships, solutions to specific problems, a decrease in harmful behaviors, improved self-image and confidence, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience or that treatment will give you the results you are seeking and sometimes can cause disappointing or unexpected outcomes. If you make a decision to discontinue services (which at anytime is your right) against the advice of your therapist, your treatment goals may not be successfully achieved. Please feel free to discuss any questions or concerns you may have at any point during treatment.

Eating Disorder Treatment

If you are seeing me for help with an eating disorder, I may recommend that you also work with a dietician and/or physician. Referrals can be provided if needed.

Termination

You are free to stop therapy at anytime. If you make the decision to terminate services, I hope you will discuss this prior to stopping. If at anytime you feel you are in need of additional services or an alternate therapist, a referral will be made to fit your needs. If after the initial interview appointment or at anytime during the course of treatment, in my judgment, I feel I am unable to meet your needs, I will inform you of this and an appropriate referral will be provided. If you (client) miss appointments and/or payments, your therapist reserves the right to terminate services.

Agreement

I (client) have read (or have had read for me) and understand the information outlined in this document pertaining to confidentiality, emergency contact, therapeutic relationship, consultations, appointments, counseling process and termination. I (client) have had all of my questions answered fully. My (client) signature below indicates I wish to participate in therapy, understand the benefits and risks and is my agreement to comply with the above policies and procedures.

(Signature of Client) (Print Name) Date: ____/____/____

(Signature of Client) (Print Name) Date: ____/____/____
(Signature of Parent/Legal Representative)

(Therapist Signature) *Kelly Bulinski, LPCC-S* Date: ____/____/____