

**Susan C. Johnson, MSSW, LICSW, BCD**  
**New Growth Counseling Services**  
**430 E Lauridsen Blvd, Port Angeles, WA 98362**  
**360-457-1610**

## **Clinical Disclosure Statement**

Welcome! This disclosure is designed to assist you with choosing a provider at New Growth who may best serve your unique treatment needs. The information in this disclosure has been prepared to inform you of my qualifications, clinical practice, and what you may expect from me as a therapist. Please feel free to ask questions or discuss this information with me at any time after reading the disclosure carefully. You have the right to choose a mental health therapist who best serves your purposes and you have the right to refuse treatment at any time.

In addition to this document, you received a copy of New Growth's Office Disclosure which describes confidentiality and other information about appointments and policies specific to New Growth. You also have access to New Growth's Privacy Policies which describes the limits of privacy and New Growth's cost sheet, outlining the cost of services provided by New Growth. Please review these documents carefully.

## **Education, Training, Licensure**

While living in El Paso, Texas, I received my BS degree in Criminal Justice at the University of Texas, El Paso, with the initial plan to follow up with a law degree. Life circumstances compelled me to make a change, therefore, I entered the University of Texas, Austin social work master's program at the UT El Paso campus, earning my MSSW in 1993. After engaging in advanced clinical studies and supervised clinical training for a few years I earned my Texas LCSW in 1997.

My academic training included a broad range of therapies such as internal family systems theory and practice, cognitive behavioral, and psychodynamic. Clinical skills outside of academia include further training and clinical practice in hospice and palliative care, grief and bereavement, trauma, CBT, DBT, mindfulness practices, crisis/ natural disaster response, and motivational interviewing.

I am a licensed independent social worker in the state of Washington. My license number is LW 60601839.

## **Therapeutic Approach**

In counseling, I am involved in helping you to identify your treatment needs by providing information, collaborative exploration of ideas, and strategies to support you in finding solutions that work for you in your situation.

I use a combination of CBT, distress tolerance strategies, mindfulness practices, and interpersonal resolution informed therapies. CBT explores your thoughts, beliefs, values, and how those may be influencing your behaviors and emotions. Mindfulness is about being present in the moment without judgment. With practice, mindfulness skills can assist you with developing the ability to observe your thinking and emotions, become less reactive, and more responsive to your life experience. Interpersonal therapies focus on the value of the relationship that evolves between therapist and client and helps to increase interpersonal effectiveness in relationships. I utilize therapeutic grief counseling if a client is bereaved over the loss of a loved one, a pet, or is struggling with unresolved grief issues over loss not necessarily related to death.

## **Therapeutic Process**

The initial assessment session will involve development of an individualized treatment plan with goals towards addressing the problematic issues you have identified. Issues regarding stress, family conflict, difficulties from your developmental / social history, marital problems, grief and loss issues, substance abuse history, and struggles with life transitions are common themes of the assessment process. We will begin the process of establishing your goals for counseling and treatment planning.

During therapy, we will explore your strengths, beliefs, values, coping strategies, and behaviors that helped you gain the resilience to cope with past issues. Therapy may involve helping you identify barriers to change, develop and implement more effective strategies to promote change. Therapy may involve engagement in problem solving, healthier decision making, and healthier conflict resolution to assist in enhancing quality of life. I may request that you practice skills, read, and/or engage in other activities between sessions.

Therapy is an individual choice. You may choose another therapy option, such as another counselor, support groups, seeking self help resources, and alternative modes

of treatment. Initially you and I will typically meet weekly or every two weeks for 50 to 60 minutes. Frequency and duration of sessions can vary, depending on your situation. Some clients require only a few sessions to meet their goals while others may benefit from long term counseling support.

Be advised that some issues result in physical conditions and medical consultation may be advised. My therapeutic approach involves the awareness of the connection of mind, body, and spirit and I am open to exploring physical concerns or chronic pain that contribute to your level of distress.

### **Risks and Benefits of Therapy**

A significant benefit of active participation in counseling often includes an improved ability to manage and cope with interpersonal relationships. Benefits of therapy may also include a greater understanding of personal goals and values that can enhance your quality of life, can also provide solutions to problems, and reduce feelings of emotional distress.

It is important to understand that therapy treatment often requires one to confront unpleasant life circumstances, aspects of self, painful history, and difficult emotions. You may experience uncomfortable feelings of sadness, guilt, frustration, loneliness, or helplessness. In your work to gain benefits through counseling and resolve issues, therapy may require you to make changes you may not have expected nor originally intended.

### **Record Keeping**

I am required by law to keep records of our sessions together. To facilitate this progress, I will take notes during the session to ensure accuracy. All information is stored in our electronic health record. Information you share with me and any record of that information will be held in strict confidence. I cannot disclose any information about you to anyone else, including the fact that you are in treatment, unless you give me permission, or unless I am required to do so by law.

## **Professional Consultation**

I participate in a consultation group with the clinicians at New Growth on a biweekly basis and I reserve the right to contact other professionals for consultation as needed. In consultation, I do my best to avoid revealing the identity of my clients. I will not share client names or other identifying information. All consultants are bound by law to keep any information confidential.

## **Professional Boundaries**

I abide by the Code of Ethics of my discipline which precludes dual roles. Counselors are obligated to establish and maintain appropriate professional boundaries with clients. These relationships do not allow for business, social, sexual, or any other dual relationship that impairs clinical objectivity, effectiveness, or client welfare, which includes present and past clients, and, in some cases, client's close friends and family members.

The size of our community creates situations where you and I may be present in social situations or other places outside of my office. To protect confidentiality, I will not acknowledge the existence of the therapy relationship outside of the therapy session unless initiated by you.