

Client Information, Notice of Privacy Practices & Disclosure Statement

This is intended to provide you with information regarding my qualifications, therapeutic orientation and approach to service. **It is your right and responsibility to choose the provider and treatment which best suits your needs.**

Intention

My goal is simple; to provide a safe and confidential environment for you to explore the concerns you are facing and to work with you to discover lasting solutions. In supporting and encouraging your emotional, psychological and relational growth, we can focus on developing new skills and perspectives while acknowledging existing strengths, resources and past solutions. I work in a way that examines our past and present while creating a positive future. This practice takes shape through our therapeutic relationship and through careful listening and responding to language, dreams, behaviors, ideas and goals.

Education

I received my MA in Applied Behavioral Sciences from Bastyr University through the Leadership Institute of Seattle in 2008. I also hold a M.Div. from The Pacific School of Religion in Berkeley CA. An M.Div. is the professional degree for ordained clergy. I currently hold a WA State designation as a Licensed Mental Health Counselor. (#LH60232073).

Training and Therapeutic Orientations

I am a Certified Sex Addictions Therapist through the International Institute of Trauma and Addiction Professionals (#2011c-1187). A clinical specialty of mine is working with men struggling with sexual addiction and compulsivity; a devastating addiction that manifests in many different forms. As mentioned above, I am a Certified Sex Addictions Therapist. (CSAT) certified by the International Institute of Trauma and Addiction Professionals (IITAP) which is the standard for the comprehensive assessment and treatment of sex addiction and related intimacy disorders.

To provide support to my diverse clients, I work from a variety of recovery models; Traditional 12 Step Orientation and a Secular Buddhist model called Refuge Recovery. Refuge Recovery is a Buddhist model of addiction based on the Four Truths and Noble Eight-fold Path of the Buddhist philosophy.

EMDR and AF EMDR

I have received Basic Training in Eye Movement Desensitization and Reprocessing (EMDR) by the EMDR Institute, the training division of EMDRIA. EMDR has been proven to effectively resolve trauma or disturbances for survivors of sexual abuse, war stress, addictions, partners of sex addicts, motor vehicle accidents, airplane incidents, or victims of clergy sexual misconduct. For over 20 years, client self-reports as well as empirical research of EMDR has repeatedly shown successful outcomes for client trauma resolution when other treatment methods have fallen short or even failed.

What is AF EMDR? AF stands for "Attachment Focused" in reference to the attachments one forms with a parental or guidance figure, particularly during childhood. Deficits in these attachments within one's 'family of origin,' can result from instances of absence, abuse, trauma, and losses. Severe stressors experienced during this critical time of growth allow for lasting psychological wounds that may be less responsive to traditional therapeutic approaches.

AF EMDR is an innovative and streamlined modification of the original EMDR treatment protocol and was developed by Dr. Laurel Parnell. After many years of treating individuals with family of origin issues contributing to their trauma, Dr. Parnell discovered that the use of a modification within the EMDR model helped heal the specific wounds of attachment and facilitated the repair of relationships that have been negatively affected by traumatic experiences. AF EMDR is designed to heal relational trauma, which in turn improves mental health and intimacy skills building for clients who have been suffering.

As of October 2017, I am in process in becoming a Certified AF EMDR clinician and am under supervision by Constance Kaplan LMFT in Los Angeles.

I have also had additional training in treating Dissociative Disorders and Complex PTSD. The term dissociation describes a wide array of experiences from mild detachment from immediate surroundings to more severe detachment from physical and emotional experience.

The specific choice of approach depends upon the issues to be resolved and the individual needs of the client. This is established through a relationship emphasizing personal authority and responsibility, mutual respect and honesty. First and foremost, I believe in the healing power of a trusting relationship. Once this has been established between client and therapist the work can begin.

Course of Treatment

Initial visits approximately 1-3 or so, are used to determine if a therapeutic relationship is possible. It may happen that after a few initial sessions, a referral to another clinician may be appropriate, if the counselor determines. If client and therapist agree to proceed and begin treatment, therapy goals will be established together and progress will be continuously assessed. The duration of treatment varies with your needs. Weekly sessions are encouraged at the beginning of counseling and clients may receive the most benefit with weekly sessions. Termination of therapy is an important part of the process. I suggest that we take 1-3 sessions to conclude therapy under normal circumstances.

Circumstances under which termination would happen immediately would be sudden violent outbursts, threats of violence or overt hostility.

New Client Intake sessions cost \$175 and last 60-75 minutes. Once an Intake has occurred, my standard rate is \$130 per session, which usually lasts around 50 minutes. If an adjusted rate is desired, we can discuss this prior to the first session. Your fee will be determined prior to your first appointment. Group Sessions are \$50 and last 120 minutes unless otherwise indicated. Couples sessions are \$175 and last 50-60 minutes.

Missed Sessions and Cancellations

A fee of \$60 will be charged for missed appointments and cancellations made less than 24 hours prior to the scheduled appointment time, since I have reserved that time especially for you. If you are 20 minutes late without calling me, I will assume you are a no-show and you will be charged \$60. (So, call me if you are stuck in traffic!) You will receive a free session if I miss a scheduled appointment without 24hr notification to you, unless it is an emergency or illness. Payment is due at the beginning of each session unless different arrangements have been made.

If a new client no-shows or cancels an appointment within the 1st three sessions, including Intake Session, they will be referred to another clinician.

Insurances.

I am not in network with any insurance company and do not bill insurance directly. If you wish I can generate a monthly invoice for you which you can then submit to your insurance provider for reimbursement. If you wish to seek reimbursement from your insurance carrier, you will need to check your out-of-network coverage.

Please be advised that if you use insurance to pay for your therapy with me, I will need to assign a diagnosis and your insurance company has the right to inspect my medical records. **I will do everything possible to protect your privacy, including keeping minimal records if you sign a statement directing me to do so.**

Phone Contact

You may reach me by calling my office at 253-212-3226. I check my voicemail regularly and will return your call as soon as possible. My work cell is 206-679-8722 and can be used for texting if needed. Phone conversations are at no charge. However, clients will be charged \$25 for phone conversations that last longer than 15 minutes, with payment due at the next scheduled appointment. My email address is chris@chriscausey.com. However, if you need assistance before I can be reached you may call the Pierce County Crisis Line at (253) 798-4333.

Social Media

While being an important feature for many people, a boundary I have is to decline participation in social media with any active or previous clients; this includes Linked In, Facebook, Instagram or any other social or professional network. Please refrain from sending invites or emails regarding social media.

Weapons

Many of my clients are gun enthusiasts and WA state allows for open carry as well as concealed carry with a permit. HOWEVER, due to the often-emotional content of psychotherapy, handguns including semi-automatic pistols and revolvers are NOT allowed in Individual Sessions or Group sessions. There is no negotiation on this matter and could result in termination of therapy if violated.

Confidentiality – Notice of Privacy Practices

All issues discussed during therapy are strictly confidential and will not be disclosed without your written consent, including consultations with other clinicians working with you or other family members. You may also request that no records be kept. This does not apply to session notes that I may keep for myself in the interest of consistency and congruency of therapy. Washington.

Washington State law requires me to inform you that “counselors practicing counseling for a fee must be certified with the Department of Licensing for the protection of the public health and safety. All of our discussions are confidential. I will disclose information regarding your participation in therapy only as required by your insurance company, if you are using an insurance company to pay for your therapy.

I will also break confidentiality under the following conditions, as required by me by law:

- a medical emergency
- suspected child or elder abuse
- commission of or intent to commit a crime
- a complaint against me for unprofessional conduct
- subpoena, unless you file an objection within 14 days of the subpoena
- your written consent in the form of a Release of Confidential Information
- a threat to harm another person or statement of intent to commit suicide
- a court/judge’s order

____ Acknowledgement of Receipt. By my initials I acknowledge that I have received a copy of the "Notice of Privacy Practices."

Consent for Psychotherapy Services.

Your signature indicates that you have read and understand this Disclosure Statement. It further indicates that you are agreeable to the information presented.

Client Name	Chris Causey MA LMHC
Client Signature	Counselor Signature
Date	Date