**Professional Disclosure Statement**

**Spencer O’Connell**

Licensed Professional Counselor

Christians As Family Advocates (CAFA)

921 Country Club Road, Suite 222, Eugene, Oregon 97401

Phone: 541-686-6000; Fax 541-344-8239

**Philosophy & Approach**

I believe every person, regardless of race, age, gender, religion, or culture, has inestimable worth and is deserving of unconditional acceptance. I use an eclectic person-centered, narrative approach to counseling, which means that I believe every person’s story is unique and requires a personal connection to treatment. I use narrative-focused interventions to attach meaning to your experience and examine ways you can write a new chapter or story in your life. I believe that every individual is equipped and capable of writing a new life story, filled with hope and connection. I seek to be trauma-informed and to look for ways to enhance human development and growth through the life span, exploring and building on existing strengths. Though I am grounded in a Biblical worldview and belief system, I respect the personal spiritual position of my clients, and do not require or expect them to hold my viewpoint.

**Formal Education and Training**

I currently hold a Master of Arts in Clinical Mental Health Counseling from Northwest Christian University and I hold a Bachelor of Science in Christian Counseling from New Hope Christian College. I have completed coursework such as Human Growth and Development, Family Systems, Crisis, Trauma and Grief Counseling. Areas of training include Othmer Method Neurofeedback, IASIS Neurofeedback, crisis response, and play therapy. I enjoy working with children, adolescents and adults.

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

**What to Expect from the Counseling Process**

Each person comes to counseling with unique life experiences, beliefs, skills, strengths, and goals that are deeply personal. We’ll work together to establish goals based on the help you want. Typically, sessions include an exploration of personal relationships, the family system, and cultural influences which might include gender, faith, or ethnicity, as well as significant life events, traumas, and personal hopes and dreams.

**Confidentiality and Potential Risks in Therapy**

You should expect that what you discuss in the counseling setting will be held in the strictest of confidence with exceptions, as listed below in the “Client Bill of Rights.” It’s also important to understand there can be both positive and negative impacts of therapy. For example, you may feel worse before feeling better, as we begin to work through difficult issues, but you won’t be alone in the process. Some of the negative emotions you might encounter are feelings of increased stress, anxiety, or emotional pain. It is important to be aware that these feelings are normal and may continue outside the counseling setting. However, the goal is to resolve these issues as effectively and quickly as possible.

**Session Frequency, Length, Fees and Missed Appointments**

Typically, each session is 50 minutes. Frequency and duration will be agreed upon mutually and will continue if deemed beneficial by both therapist and client. Fees per session are typically how much you would pay for a copay according to your insurance, but depending on your circumstances this may not work for you. It is best to discuss fees with me in person to determine how much you will need to pay per session.

**Code of Ethics**

I abide by the **Oregon Board of Licensed Professional Counselors & Therapists** Code of Ethics, as well as the **American Counseling Association** Code of Ethics regarding responsibility to the client, client welfare, confidentiality, integrity, conduct, and competence.

**Client Bill of Rights**

As a client of an Oregon Registered Inter, you have the following rights:

1. To expect that a licensee has met the qualifications of training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to self or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
7. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the **Oregon Board of Licensed Professional Counselors and Therapists** at 3218 Pringle Rd SE, #120, Salem, OR 97302-6312; Phone: (503) 378-5499; Email: lpct.board@mhra.oregon.gov; Website: www.oregon.gov/OBLPCT. For additional information about this counselor, consult the Board’s website.

By signing below, I affirm I have read and understand my rights, understand my responsibilities, and the risks regarding the therapy process I will be involved in, and that I have had all my questions answered.

Client signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_