CLINICAL DISCLOSURE STATEMENT

Julie Ray Counseling Licensed Marriage & Family Therapist

Education and Experience

M.S. (Marriage and Family Therapy) - Fuller Theological Seminary - 2005
B.A. (Psychology) - Seattle Pacific University - 1999
Prepare and Enrich Certification Stephen's Minister Certification
AAMFT Clinician - Member ID 112452
WA LMFT - LF 60143384

I abide by the Code of Ethics for Counselors and Therapists adopted by American Association of Marriage and Family Therapists and Washington State Marriage and Family Therapist Association.

Approach to Therapy: I am trained and have experience with providing psychotherapy for individuals, couples, families. Marriage & Family Therapy is one of the core mental health disciplines and is based on the research and theory that mental illness and family problems are best treated in a family context. I use an integrated approach of Cognitive Behavioral Therapy and Family Systems. Treatment is considered most effective with a collaborative and individualized approach, whereupon strategic interventions are used to create a plan for change. Dysfunction is diminished by enhancing self-awareness and reinforcing healthy, functional patterns. Expectations and goals are clearly identified, and through the pursuit of meaning and purpose in one's life, stability can be achieved. Treatment involves the enhancement of self-acceptance, emotional stability, and the creation of new solutions. I work on acceptance techniques for generating change; and cognitive restructuring to improve one's thoughts, feelings, and behaviors. These results will be brought about in a systematic manner that employs simple concrete methods you can apply on a daily basis. Upon your willingness and effort to this treatment, you can expect success proportionate to the effort put forth.

Techniques and Interventions: Treatment is tailored for you and is result-oriented. I am nondiscriminatory and sensitive to differences of race, culture, age, language, gender, national origin, disability, marital status, sexual orientation, religious preference, and to be respected in regards to your personal value and belief systems. You have the right to choose your therapist and treatment modality which best suits your needs and purposes, in addition to refusing treatment. You have the right to have full knowledge of your confidential rights, please review the Notice of Privacy document.

Mission Statement: While every counseling experience is unique, my overall approach seeks to provide an empathetic relationship where you feel safe and free to discuss your concerns. The main goals of therapy will be to work together to resolve personal and/or relational issues as far as possible, and to promote personal/relational and spiritual growth, self-awareness, and meaningful relationships with the important people in your life. This is a "client-centered" process, you determine the particular areas of exploration in a given session. Therapy is also a faith friendly process in which spiritual concerns can be discussed.

Please be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) To Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. Counselors practicing counseling for a fee must be registered or certified with the dept. of health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.