**Professional Disclosure Statement**

Somatic Solutions Counseling LLC

Renee Barnett, Registered LPC Intern

6018 SE Stark St, Portland OR, 97215

(503) 935-4916

**Philosophy & Approach**

There is core self within each of us that can be accessed, loved, and transformed with the right support. I believe change happens through the healing relationship, as we collaborate to navigate difficult emotions, manage states of anxiety and depression, and transcend suffering and trauma. By building skills that increase self-awareness and self-compassion, you can learn to find joy in the present moment. I use dialogue-based mindfulness in therapy sessions to safely explore aspects of the self. All parts are welcome here, as we unravel what it’s like to be you.

A note about trauma work:

Exploring past memories, core beliefs, and deeper aspects of the self can be very challenging, as it takes courage to look in places you’ve never looked before and bravery to share your experience with a counselor. Some people find they feel worse before they feel better and that’s because this work can bring up painful experiences. I intend to safely support this journey by attuning to your specific needs and allowing trust, safety, and our therapeutic relationship to guide the work we do together.

**Formal Education & Training**

I hold a Master’s of Science in Clinical Mental Health Counseling from Portland State University. Before graduate school, I sought a four-year rotation at Oregon Health and Science University where I worked as a research scientist for the Departments of Psychiatry and Behavioral Neuroscience. I have extensive experience exploring psychological disorders at the level of the brain and can help clients learn about the mind/body/brain connection. I have completed 40 hours of EMDR (Eye Movement Reprocessing Desensitization) training, and am working toward certification.

**Licensed Registered Intern**

As an Intern registered with the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by the code of ethics. I am under the ongoing clinical supervision of Barbara Segal, LPC, C4422. I am happy to explain my supervision.

**Fees, Appointments, and Cancellations**

* My fees are $90/50 minutes for individuals. Sliding scale is available for those who cannot pay the fee.
* The duration of counseling varies according to individual needs and progress.
* We will schedule a recurring, weekly, appointment that may be adjusted as needed.
* Our initial appointments will be used for assessment and to determine if we are a good fit.
* Typical appointments last 50 minutes and occur once a week; however, adjustments may be made where appropriate and helpful.
* I do not provide ongoing phone counseling as I’m most effective when working face-to-face.
* I’m unable to be “on-call” for crisis support, so I encourage you to call the **Multnomah County** **Mental Health Crisis Line** at **503-988-4888,** if you need support when I’m unavailable. If you’re experiencing a mental health emergency, you can call **911** for help.
* If at any time you feel our counseling work is not helpful or feel you are not ready for counseling, I encourage you to share your thoughts with me so that we can explore options and/or bring closure to our work together.
* If you cannot make a scheduled appointment, please call me at **503-935-4916 within 24 hours’ notice** to cancel. If you do not cancel within the 24-hour window, you may be charged the entire fee for that session.
* I am happy to answer any questions you may have or explain this disclosure statement further.

**Client Bill of Rights**

As a client of an Oregon Counseling Licensed Registered Intern you have the following rights:

* To expect that a licensed registered intern has met the minimal qualifications of training and experience required by state law;
* To examine public records maintained by the Board and to have the Board confirm credentials of a student counselor;
* To obtain a copy of the Code of Ethics;
* To report complaints to the Board;
* To be informed of the cost of professional services before receiving the services;
* To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected abuse against children, elderly, and disabled persons; 2) Reporting imminent danger to a client or others; 3) Reporting information required in court proceedings or by client’s insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee;
* To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

Client signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further information contact the **Board of Licensed Professional Counselors and Therapists** at

**3218 Pringle Rd. SE #250, Salem, OR 97302-6312, (503) 378-5499.**

**For additional information about this intern, consult the Board’s website.**