

MARK P. WILLISON

L i c # M F T 2 3 2 7 7

I'm am a licensed Marriage & Family Therapist and I have been practicing on the Monterey Peninsula since 1983, providing counseling to individuals, couples and groups. Much of the therapy I provide is to adults experiencing difficulties with anxiety and/or depression, often associated with troubled relationships, transitions in life or, work-related issues. Sometimes these conditions are so inter-related we don't even recognize how significantly your physical and emotional health is affected by your circumstance until we begin the therapeutic process.

THERE MIGHT BE 100 REASONS TO TALK TO SOMEONE ABOUT HOW IT FEELS TO BE YOU!

One thing we know to be true: life changes and most of us don't get too far along in life without something happening that has been confusing, scary and life changing. For many, this might be a childhood event that's affected their belief systems, their behaviors, their relationships and self-esteem. In adulthood that something worth talking about might be a broken heart, retirement or a lost job, it might be a personal illness or the illness of a loved one.

Another thing we know to be true: in addition to confused and scared, change can cause us to feel anxious and depressed, emotions that affect our thinking and behaviors, often resulting in us feeling paralyzed to move forward in a healthy way.

TOGETHER WE CAN FIND SOLUTIONS FOR YOU

Solution Focused Therapy is a technique that is focused primarily on finding healthy solutions to the issue(s) you are currently struggling with. Usually, counseling will involve some review of your life's influences; family teachings, the roles and rules you were raised to follow, significant events that have impacted your life and how these influences have inspired the decisions and choices you've made. Solution focused therapy however is predominately forward thinking. Working together we'll help you move through and then past what you're feeling today to a happier, healthier more functional life.

Please review the enclosed documents:

Page 1 – Intro (you keep)

Page 2 - Counseling Consent Agreement, Client Copy (You keep)

Page 3 - Client Information Form (I keep)

Page 4 - The Payment Method Form – Please Sign (I keep)

Page 5 - Counseling Consent Agreement, Therapist Copy – Please Sign (I keep)

Page 6 – Extra Client Information Form (If there are two of you) (I keep)

Page 7 - Feeling Words List. We'll be referring to if often (You keep)

COUNSELING CONSENT AGREEMENT – CLIENT’S COPY

The Willison Group provides mental health counseling to individuals, couples, families and groups without discrimination to race, creed or religion.

The contents of any assessment or counseling session are considered confidential. Both verbal information and/or written records about the client cannot be shared with another party without the written consent of the client or the client’s legal guardian. It is the policy of this office not to release any information about the client without a signed Release of Information form giving permission to release said information. Noted exceptions to this rule are as follows:

DUTY TO WARN AND PROTECT

When a client discloses intentions or a plan to harm another person, the therapist is required by law to warn the intended victim and report this information to the appropriate legal authorities. In cases in which the client discloses or implies a plan for suicide, the therapist is required to notify the appropriate legal authorities and make a reasonable attempt to notify the family of the client.

ABUSE OF CHILDREN AND VULNERABLE ADULTS

If a client states or suggest that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult) or that a child (or vulnerable adult) is in danger of abuse, the therapist is required by law to report this information to the appropriate social service and/or legal authorities.

COURT ORDERS & MINORS / GUARDIANSHIPS

Therapists are required to release records when a court order has been placed. Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records.

THE FEE FOR PSYCHOTHERAPY SERVICES WITH MARK P. WILLISON, MFT

INDIVIDUALS & COUPLES –

\$200 PER 50 MINUTE SESSION / \$400 PER 100 MINUTES / \$100 PER 30 MINUTE SESSION

INTERNET & PHONE SESSIONS –

\$200 PER 50 MINUTE SESSION / \$400 PER 100 MINUTES / \$100 PER 30 MINUTES

REPORT WRITING –

\$200 PER HOUR, ONE HOUR MINIMUM

FEEES ARE AGREED UPON PRIOR TO THE START OF THE CLIENT-THERAPIST RELATIONSHIP

I ACKNOWLEDGE, UNDERSTAND AND ACCEPT THE CONDITIONS OF THIS CONSENT INCLUDING THE POLICY THAT THERE IS A 24 HOUR CANCELLATION NOTICE REQUIRED TO AVOID BEING CHARGED IN-FULL FOR A SCHEDULED APPOINTMENT.

CLIENT INFORMATION

FIRST APPOINTMENT DATE: _____

YOUR (OR PATIENT'S) NAME: _____ DOB: ____/____/____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BEST PHONE: _____ ALTERNATE: _____

BEST EMAIL: _____

PLEASE ANSWER ALL QUESTIONS:

ON A SCALE FROM 1 – 10... HOW HAPPY ARE YOU?

VERY UNHAPPY - 1 2 3 4 5 6 7 8 9 10 - VERY HAPPY

ARE YOU MARRIED: _____ HOW LONG? _____ PREVIOUSLY MARRIED? _____ HOW LONG? _____

DO YOU HAVE CHILDREN? AGE(S) (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

ARE YOUR PARENTS LIVING? YES NO AGE(S): MOM _____ DAD _____

ARE YOU EMPLOYED? YES NO WHERE DO YOU WORK? _____

ARE YOU SEEKING COUNSELING DUE TO WORK RELATED ISSUES? YES NO

DO YOU HAVE FINANCIAL ISSUES? YES NO EXPLAIN: _____

DO YOU HAVE HEALTH ISSUES? YES NO EXPLAIN: _____

YOUR PRIMARY PHYSICIAN: _____ PHONE: _____

CURRENT MEDICATIONS: 1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

PLEASE DESCRIBE YOUR ALCOHOL / MARIJUANA USE: NEVER OCCASIONAL FREQUENT

DETAIL PLEASE: _____

PLEASE DESCRIBE YOUR ILLICIT DRUG USE: NEVER OCCASIONAL FREQUENT

DETAIL PLEASE: _____

HAVE YOU HAD PAST COUNSELING? YES NO WHY? _____

YOUR CURRENT COUNSELING GOALS: _____

WHAT DO YOU DO FOR FUN? _____

BEST EMERGENCY CONTACT: _____ BEST PHONE #: _____

REFERRED BY: _____ RELATIONSHIP: _____

PREFERRED PAYMENT METHOD

CASH CHECK CREDIT CARD

CREDIT CARD BILLING INFORMATION

NAME ON CARD: _____

CARD NUMBER: _____/_____/_____/_____

EXP. DATE: ____/____ CVV CODE: _____ BILLING ZIP CODE: _____

EMAIL: _____

BEST PHONE: _____

I, _____, AUTHORIZE MARK WILLISON TO CHARGE MY CREDIT CARD
\$_____ FOR THE AGREED UPON SERVICES. I UNDERSTAND THAT MY CARD WILL BE BILLED THE
FULL AMOUNT I OWE WITHIN FIVE (5) DAYS OF WHEN MY SESSION OCCURRED.

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**I UNDERSTAND THERE IS A 24 HOUR CANCELLATION NOTICE REQUIRED
TO AVOID BEING BILLED IN FULL FOR A SCHEDULED APPOINTMENT**

SIGN:

Signature of client or guardian

Date

COUNSELING CONSENT AGREEMENT – THERAPIST’S COPY

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MARK WILLISON, MFT

MFT23277

TIME TO CHECK YOUR FEELINGS

Check the feelings you have experienced at least once in the last year

Check the feelings you have NOT been comfortable sharing with others

Remember, There Are No Wrong Feelings

Feelings	Experienced	Not Comfortable Sharing	Feelings	Experienced	Not Comfortable Sharing
Amused			Amazed		
Compassionate			Hopeful		
Depressed			Exasperated		
Guilty			Alienated		
Loving			Powerless		
Proud			Envious		
Trusting			Neglected		
Safe			Nervous		
Overwhelmed			Satisfied		
Uncertain			Shamed		
Happy			Weary		
Isolated			Relaxed		
Receptive			Indifferent		
Unappreciated			Pleased		
Hesitant			Aroused		
Elated			Valued		
Bitter			Resentful		
Ambivalent			Inferior		
Eager			Hateful		
Curious			Joy		
Anxious			Lonely		
Angry			Excited		
Open			Hurt		
Interested			Jealous		
Optimistic			Lust		
Confident			Embarrassed		
Uncomfortable			Sad		
Bored			Insecure		
Self-conscious			Fearful		
Brave			Confused		
Suspicious			Regretful		

It might be time to talk to someone about these feelings

Learn how to express what you're feeling more confidently and comfortably

Samples of how to talk about your feelings:

- 1) "When you don't listen to me, I FEEL hurt and rejected".
- 2) "I would appreciate you listening to how I FEEL about our intimacy. I FEEL sad, confused and isolated".