

MARK P. WILLISON, MFT

THE WILLISON GROUP

I 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- Website, Directions to office, Accepted Insurance, Fees and Payments – **YOU KEEP**

Page 3 – Client Information Form – **IF MORE THAN ONE PERSON ATTENDING, BOTH PARTINE COMPLETE / I KEEP**

Page 4 - Counseling Consent Agreement, Therapist Copy – **I KEEP**

Page 5 - Counseling Consent Agreement, Client Copy - **YOU KEEP**

Page 6 - Feeling Words List. We'll be referring to it often – **YOU KEEP**

Page 7 - Best Self Exercise – **YOU KEEP**

MARK P. WILLISON, MFT

43 YEARS PROVIDING COUNSELING TO INDIVIDUALS AND COUPLES

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PLEASE GO TO MY WEBSITE: www.willisongroup.com

There you'll learn more about me and how I work.

I am in my office every Monday and Tuesday and, every-other Wednesday. I begin seeing patients at 8 or 9AM and see my last patient at 6PM. Sometimes I can see a patient at 8 or 9AM on a Thursday or a Friday.

MY ADDRESS & FINDING MY BUILDING:

2511 Garden Road, Monterey 93940, Suite B210

The complex has 3 buildings... A, B & C. I'm in Building B. Come upstairs (stairs and elevator). You'll will find a waiting area to the left, at the top of the stairs. I'll meet you there.

INSURANCE FOR SERVICES

INSURANCE: COASTAL TPA IS THE ONLY INSURANCE POLICY ACCEPTED

If you or your spouse is employed by **CHOMP** or **Salinas Valley Health**, please download and complete "**Coastal TPA Insurance Form**" and bring it with the other forms.

If you have another insurance, I can provide a Super Bill for you to submit to your provider.

FEES - full payment is due at the time services are provided.

50-minute session for individuals and couples	\$250
100-minute session for individuals and couples	\$500
30-minute session for individuals and couples	\$150
90-minute group session	\$150
Report writing	\$250

A 24-HOUR CANCELLATION NOTICE IS REQUIRED TO AVOID FULL CHARGE

ALL PAYMENTS ARE MADE WITH VENMO, ZELLE, CHECK OR CASH



PLEASE COMPLETE ALL FORMS ATTACHED BELOW

CLIENT INFORMATION

PLEASE COMPLETE TWO COPIES OF THIS FORM IF THERE ARE TWO PEOPLE COMING TO COUNSELING

FIRST APPOINTMENT DATE: _____
YOUR (OR PATIENT'S) NAME: _____ DOB: ____/____/____ AGE: ____
ADDRESS: _____ CITY: _____ ZIP: _____
BEST PHONE: _____ ALTERNATE: _____
BEST EMAIL: _____

PLEASE ANSWER ALL QUESTIONS:

CIRCLE HERE - FROM 1 TO 10, HOW HAPPY ARE YOU: **VERY UNHAPPY - 1 2 3 4 5 6 7 8 9 10 - VERY HAPPY**

ARE YOU MARRIED: YES / NO HOW LONG? _____ PREVIOUSLY MARRIED? YES / NO 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: _____

COUNSELING CONSENT AGREEMENT – THERAPIST 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

FEES - full payment is due at the time services are provided.

50-MINUTE SESSION FOR INDIVIDUALS AND COUPLES	\$250
100-MINUTE SESSION FOR INDIVIDUALS AND COUPLES	\$500
30-MINUTE SESSION FOR INDIVIDUALS AND COUPLES	\$150
90-MINUTE GROUP SESSION	\$150
REPORT WRITING	\$250

Fees 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.

SIGNATURE OF CLIENT OR GUARDIAN

Date

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There Are No Wrong Feelings

Check all the feeling words you can identify with at this time

- | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="radio"/> Alienated | <input type="radio"/> Delighted | <input type="radio"/> Hurt | <input type="checkbox"/> Pleased |
| <input type="radio"/> Amazed | <input type="radio"/> Depressed | <input type="radio"/> Indifferent | <input type="checkbox"/> Powerless |
| <input type="radio"/> Ambivalent | <input type="radio"/> Disillusioned | <input type="radio"/> Inferior | <input type="checkbox"/> Proud |
| <input type="radio"/> Amused | <input type="radio"/> Dreading | <input type="radio"/> Insecure | <input type="checkbox"/> Receptive |
| <input type="radio"/> Angry | <input type="radio"/> Eager | <input type="radio"/> Insulted | <input type="checkbox"/> Regretful |
| <input type="radio"/> Anxious | <input type="radio"/> Elated | <input type="radio"/> Interested | <input type="checkbox"/> Rejected |
| <input type="radio"/> Aroused | <input type="radio"/> Embarrassed | <input type="radio"/> Intrigued | <input type="checkbox"/> Relaxed |
| <input type="radio"/> Bitter | <input type="radio"/> Enthusiastic | <input type="radio"/> Irritated | <input type="checkbox"/> Relieved |
| <input type="radio"/> Bored | <input type="radio"/> Envious | <input type="radio"/> Isolated | <input type="checkbox"/> Resentful |
| <input type="radio"/> Brave | <input type="radio"/> Exasperated | <input type="radio"/> Jealous | <input type="checkbox"/> Sad |
| <input type="radio"/> Calm | <input type="radio"/> Excited | <input type="radio"/> Joy | <input type="checkbox"/> Safe |
| <input type="radio"/> Cautious | <input type="radio"/> Fearful | <input type="radio"/> Lonely | <input type="checkbox"/> Satisfied |
| <input type="radio"/> Cheerful | <input type="radio"/> Fondness | <input type="radio"/> Loving | <input type="checkbox"/> Self-conscious |
| <input type="radio"/> Comfortable | <input type="radio"/> Grumpy | <input type="radio"/> Lust | <input type="checkbox"/> Shamed |
| <input type="radio"/> Compassionate | <input type="radio"/> Guilty | <input type="radio"/> Neglected | <input type="checkbox"/> Sorrow |
| <input type="radio"/> Concern | <input type="radio"/> Happy | <input type="radio"/> Nervous | <input type="checkbox"/> Stunned |
| <input type="radio"/> Confident | <input type="radio"/> Hateful | <input type="radio"/> Open | <input type="checkbox"/> Suspicious |
| <input type="radio"/> Confused | <input type="radio"/> Hesitate | <input type="radio"/> Optimistic | <input type="checkbox"/> Sympathy |
| <input type="radio"/> Contempt | <input type="radio"/> Hopeful | <input type="radio"/> Overwhelmed | <input type="checkbox"/> Trusting |
| <input type="radio"/> Curious | <input type="radio"/> Hostile | <input type="radio"/> Pity | <input type="checkbox"/> Uncertain |
| <input type="radio"/> Uncomfortable | <input type="radio"/> Weary | <input type="radio"/> Worried | |

Samples of how to talk about your feelings:

- 1) "When you don't listen to me, I feel hurt and rejected".
- 2) "I appreciate you listening. I feel heard, appreciated and loved."
- 3) How many of these feelings do you express looking and sounding angry?

A PROFESSIONAL MARRIAGE & FAMILY THERAPY CORPORATION

MARK P. WILLISON, MFT 23277

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YOUR BEST SELF

Spend the first two minutes of each day... Visualizing your best self

(NEVER VISUALIZE YOUR WORST SELF!)

- Visualize how you will treat people you will encounter today.
- Visualize how you will treat yourself.
- Visualize managing stress effectively.
- Visualize accepting yours and other's imperfections.

(NOT HOW YOU WISH TO BE, BUT WHO YOU WILL BE)

Be your best today...

Actions speak louder than visualizations

REVIEW YOUR VISUALIZATIONS

Spend the last two minutes of each day... Asking:

- How true were you to your day's visualizations?
 - Did your actions match how you visualized being?
 - In what event(s) were you NOT your best self?
 - How could you have handled these events differently?
- In what areas did you succeed?
 - How did it feel at that moment?
 - How does it feel now knowing you were your best?

Re-visualize where you could have been a better self today

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