



KATHLEEN JOSEPH
& ASSOCIATES LLC.

PROFESSIONAL DISCLOSURE STATEMENT

My name is Kathleen Joseph and I will be providing mental health services to you. This document is designed to inform you of who I am and to orient you to the counseling process.

PHILOSOPHY & APPROACH TO COUNSELING

I believe that all relationships, including the counseling relationship, are dialogical in nature. This means that counseling is an opportunity for you to engage in dialogue, be it via talking or other forms of communication, with the intention of first noticing, then strengthening, revising or eliminating those ways of being that create hindrances to your development. But I also realize that such change does not occur in a vacuum, and, for most of us, changing an aspect of our lives might mean changing an aspect of someone else's life. As a student athlete, this is particularly true since your presence and progress (in the classroom and in the game) impacts and is impacted by the progress and performance of your team. Add to this reality the other roles that you maintain in your world, be it the role of child, partner, or friend. It is my goal to honor all factors in your life that "weigh in" on your reasons for, and ability to, change in order to promote a more well you. To do this, I take this integrated approach to counseling because I realize that you are not a static individual. You may present issues around self-acceptance during one session and then want to discuss issues surrounding personal meaning and purpose in another session. Utilizing an integrated approach allows me to address these issues in a manner that respects what makes you individually you.

EDUCATION & TRAINING

I am a graduate of the University of Florida, where I received dual Master's and Education Specialist degree (M.Ed./Ed.S.) in Mental Health Counseling. Major coursework included an emphasis on human growth and development, counseling and group theories and practice, psychopathology, individual evaluation and assessment, multicultural development, substance abuse and legal, ethical and professional standards.

I possess almost ten years of specialized training in the arena of crisis intervention (with college aged students in a university setting and with individuals who experienced loss or were victims of crime) which enables me to work with clients in crisis, including clients in acute and ongoing suicidal crisis. The nature of my crisis intervention training also enables me to provide onsite response to students in crisis with the intention of stabilizing the crisis in order to provide more ongoing services.

I am trained to provide counseling services to individuals, couples and families who present a broad array of concerns including those experiencing distress as it relates to surviving various traumas including sexual trauma and intimate partner violence, dealing with stressors related to academic performance, struggles with depression and anxiety, normative distress associated with various life transitions, dealing with evolving religious or spiritual concerns over the lifespan, grief over loss and struggles as a result of gender identity



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or sexuality identity issues as they relate to women, men and LGBTQ clients. This listing of services is not exhaustive and is meant to provide you with a sense of my clinical proficiencies. Please feel free to ask me about any area of concern that you do not see listed.

Woven into my previous experiences with clients is my experience working with students ranging from middle school aged to college aged. The entirety of my graduate clinical experience was in the service of students within this period of development with my most recent clinical experience being at the University of Florida Counseling and Wellness Center.

I am a Licensed Mental Health Counselor in the State of Florida (MH15959) with the Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counselors and will abide by Chapter 491 of the Florida Statutes and by the Rules set forth in Florida Administrative Code Chapter 64B4, F.A.C.

THE COUNSELING PROCESS

Many people have many different ideas about what counseling really is. Simply, counseling is an invitation extended to you to accomplish your own mental health, wellness, education, and/or career goals (adapted from American Counseling Association, 2010). Counseling provides an opportunity for individuals to explore such matters with the goal of the individual becoming more empowered and better equipped to face such challenges more confidently in the future. I do want to point out, however, that getting to a place of wellness and empowerment may include a detour into sadness, anger, anxiety, and pain as we discuss unpleasant aspects of your life. What's more, some people don't get "better" with counseling alone. As such, I cannot guarantee that you will achieve the results that you may have envisioned or that this process will be what you consider successful. I can guarantee that I will make every effort to provide resources and support to promote your dignity and wellness (adapted from American Counseling Association, 2010). I cannot do this alone, however, and I am counting on you to engage in this relationship fully as we move forward.

During our first session, I will take the time to get to know who you are and to explore your reasons for entering counseling. To do this, I will ask you some questions and making clarifying statements to make sure that I understand what you are telling me. During our following sessions, we will discuss issues that you are facing and will explore ways to seek resolutions to these issues as our counseling relationship progresses. This will mostly involve the use of "talk therapy" but may involve the use of other interventions, including art therapy (drawing how you feel or what you are experiencing) and movement based interventions. I may also suggest inviting people from your world into our counseling session to provide consultation or to assist you in resolving any particularly salient issues surrounding that person. I will always ask your permission before doing any of these interventions.



FREQUENCY & DURATION OF SESSIONS

Generally, each ongoing (non-crisis) therapy session will run for approximately 50 minutes. In conjunction with you, I will decide how often we will meet (e.g. once per week, every other week, etc.). Another part of the psychotherapy experience is deciding how long we will meet for sessions (e.g. three months, six months, one year, etc.). Typically, we will discuss session frequency and possible termination as we review your progress over time. You have the right to terminate at any point, but are encouraged to give notice prior to ending contact. It is also my understanding that the University Athletic Association may mandate that you continue counseling services beyond the point at which you wish to continue. Please note that this is a decision that is made by the UAA based on their best judgements of your wellbeing.

Finally, I ask that if you must cancel your scheduled appointment, please do so within 24 hours of your appointment.

CONFIDENTIALITY

Everything that we discuss will remain confidential, which means that I will not share the details of our conversation with your family members, employers, service providers, or any other party without a signed release of information from you. There are limits to confidentiality, which includes if you discuss with me any intention that you may have to harm yourself or anyone else or if you were to share information with me that leads me to believe that a child, an elderly person or any other vulnerable citizen has been, or is at risk for being, a victim of abuse and/or neglect. A final limit to confidentiality is if your records were subpoenaed by a court of law.

As a final protection to your confidentiality, I will not initiate contact with you if I see you in public. I take this precaution because I am known as a counselor in the Gainesville community and, if I were to initiate contact with you, others who witness my engagement with you may assume that you are receiving counseling services from me, thus violating your right to confidentiality. In these instances, I will wait for you to initiate contact with me at which point I will (happily!) recognize and return the contact.

If at any time you have any questions of me, please do not hesitate to ask during our session. I will also discuss the highlights of this form with you in person just to make sure that you understand all parts of this form.

Please sign and date both copies of this form. I will keep one copy and include it in your clinical file and can provide you with a copy for your records.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNED)

TODAY'S DATE