



Christina Wright-Lonheim
M.A., L.M.F.T.
Pastoral Counselor/Spiritual Director
Licensed Marriage & Family Therapist

DISCLOSURE STATEMENT

The following is information that you, as an informed client, may need to know.

Professional Background

Christina Wright-Lonheim, M.A., is a pastoral counselor, spiritual director, and marriage and family therapist with over 40 years of pastoral ministry experience. She is currently a Washington Licensed Marriage and Family therapist: #LF 60172546. Her Training:

- B.A. in behavioral science from the College of Notre Dame, Belmont, CA in 1976.
- M.A. in theology with a concentration in spirituality from the Catholic University of America, Washington D.C. in 1984.
- Completion of the Post Graduate Marriage and Family Therapy Training Program at Presbyterian Counseling Service in Seattle, WA in 1992.
- Training as a shamanic counselor with the Foundation for Shamanic Studies, CA since 1992.
- Training as a Family Constellation facilitator in 2007.

Theoretical Orientation and Approach to Counseling

Christina combines psychology and spirituality, believing that personal growth and spiritual development happen together. Her **process**-oriented psychology makes use of:

- Her background in **Jungian psychology**, with its focus on dreams, images, and Myers-Briggs personality types.
- The **Body/Mind/Spirit connection** in Christian and Native American Spiritual traditions.
- Spiritual healing through the **shamanic** traditions.
- Her training in **family systems** and **spiritual systemic constellations**.

Christina works with individuals, couples, and families. Her role as a therapist is to facilitate growth based on the client's goals. A variety of clinical and spiritual techniques may be used to help clients re-evaluate their needs in light of recent life changes. Clients may find that they are responding to life situations in ways that were once adequate (in their family of origin, religious background, or cultural upbringing), but may now impede healthy growth. This is done in a sacred and safe atmosphere.

Rights of Clients in Counseling

The course of therapy is defined mutually by the therapist and client. Clients maintain the right to end therapy at their discretion. It is the responsibility of the client to determine whether services are appropriate and ultimately helpful.

Confidentiality

Information revealed by the client during therapy is confidential and will not be shared with any other person or agency without the written consent of the client. Exceptions to this rule are:

- Court ordered presentation of treatment records for litigation purposes.
- Suicidal statements, which shall be shared with family members and appropriate mental health professionals should hospitalization be required.
- Statements of intent to harm others, which will be reported to law enforcement personnel and to the potential victim.
- Evidence of child abuse (physical or sexual), which will be reported to CPS per state law. There is no statute of limitations in Washington for reporting sexual abuse of a child.
- Periodic professional consultation and supervision.
- If the contract is for couple or family therapy, anything said by the individual outside the therapy session (including individual sessions) can be shared by the therapist in the couple sessions.
- Written records of each session will not be kept except by client request.

Appointments and Fees

Clients are seen for 50 minute sessions at prearranged appointment times. Fees are \$125.00 for a 50 minute session for individual, couple or family. Fees are to be paid at each session unless otherwise arranged. Feel free to discuss fee arrangements. Twenty-four hour notice is required to avoid payment for a cancelled session (except in the case of medical emergencies).

Office Information

Address: 10740 Meridian Ave N. Suite #104, Seattle, WA 98125
Phone: (206) 782-2710

I hereby certify that I have read, understand, and agree to abide by this Disclosure Statement, and that I have had the opportunity to ask questions concerning it before signing it.

Name (print) _____

Signature _____

Therapist signature _____

Date _____

INTERVIEW

Name _____ Birth Date _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Work Phone _____

Physical health (please list any health problems, current medications)

Referred to Christina Wright-Lonheim by _____

Please state in your own words your reason for seeking therapy.
