



## ROSE GILMAN'S THERAPIST DISCLOSURE STATEMENT

**Formal Education and Training:** I obtained my Bachelor's Degree in Business Administration at Gonzaga University and later continued my education at Oklahoma State University when I received my Masters in Business Administration. After some time working and having children, I returned to Gonzaga to pursue my Masters of Arts in Marriage and Family Counseling. I am thrilled to be currently working with Refresh Therapy as a student counselor, working toward obtaining a Marriage and Family Therapist Associate License. My estimated graduation date is May 2024. My supervisor's name is Cody Brown, and his licensure information is as follows: Licensed Mental Health Counselor in Washington (LH61136624).

**Philosophy and Approach:** The approach I take as a counselor is one of curiosity and the goal to understand. I want to create a safe space for truth and transformation. My therapeutic approach is informed by the theory of the family system. I see our lives as influenced by larger systems which impact how we understand ourselves and our place in the world through the lens of those bigger societal and familial frameworks of interconnected relationships. This means I look at both the individual and the interrelated systems of which we are all a part when working with a client or family.

**Participation:** Counseling should be accessible and I want to do what I can to take the mystery and intimidation out of seeking a counselor. Questions are welcome at any point in the therapeutic process. Counseling can be a rocky road and uncomfortable feelings may emerge. Vulnerability and being open to exploring areas of discomfort can ultimately lead to personal growth and healthier relationships. If at any point you feel a different therapist may fit your needs better, you have the right to ask for a referral.

**Consultations:** I am a student counselor, which means I will require supervision by other licensed counselors and will regularly consult with these experienced professionals regarding clients with whom I am working to fulfill my educational requirements. The purpose of consultation is to ensure you receive counseling services that meet your needs and as a reassurance that my work with you is consistent with current therapeutic approaches. Your confidentiality will be strictly maintained unless you give permission otherwise.

**Scheduling Appointments:** Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session. I will attempt to keep the same appointment time available to you unless frequent cancellations have been made. If it is necessary to change or cancel your appointment, please let me know as soon as possible. I will charge you a full session fee for appointments that are canceled less than 24 hours in advance. I will let you know at least 2 weeks in advance if I will be unavailable for a session, with the exception of emergencies.

**Termination:** The length of treatment is an individual process that is determined by the therapeutic process. I believe the terminating process to be as significant as the rest of treatment which we will work together to make this transaction as smooth as possible. When your treatment comes to a stopping point, please know that you may return at any point in the future.