

PROFESSIONAL DISCLOSURE STATEMENT

Jennifer Vincent-Shillingford, Student Counselor Intern

971-264-0613, jennifer@drsandersonandassociates.com

Dr. Sanderson and Associates

Supervisor Karina Pierce, LPC, lic #C7131

11845 SW Greenburg Rd Ste 210, Tigard OR 97223

Dr. Sanderson and Associates

Philosophy and Approach: I believe that you are the expert of your own experience, and my goal is to create a space where you feel safe, cared for, respected, and welcomed to explore the deeper layers of your life journey. My approach is grounded in Narrative and Existential therapy, with support from Internal Family Systems (IFS), Cognitive Behavioral Therapy (CBT), and mindfulness-based tools. Using Narrative therapy we will explore, understand and reshape the stories that influence your life, and with Existential therapy we will delve into the deeper questions of meaning, choice, and authenticity to help you create a life aligned with your values.

Your cultural background, gender identity, sexual orientation, and other aspects of who you are will be central to our work together; your experiences are important and will be honored in our sessions.

Whether you're queer, trans, polyamorous, neurodivergent, part of the kink community, or simply looking for a space to be fully seen and supported, you are welcome here. I am committed to understanding and integrating all facets of your identity into our therapeutic process.

I value a collaborative approach and see therapy as a partnership. Together, we will work to uncover what is most important to you, heal areas of pain, and empower you to create the best version of who you want to be.

Current and formal education/training/experience: I'm a graduate student in the Professional Mental Health Counseling program at Lewis & Clark College, currently completing my internship at Dr. Sanderson and Associates. My work is supported by clinical supervision and ongoing training in trauma-informed care, identity-affirming therapy, and Narrative and Existential approaches. I hold a B.S. in Psychology from Grand Canyon University and have experience leading support groups and serving in advocacy roles with the Oregon Counseling Association, supporting connection and visibility within the counseling community.

Ethical Adherence and Supervision: As a counseling trainee, I abide by the Code of Ethics of the Oregon Board of Licensed Professional Counselors and Therapists as well as the Code of Ethics of the American Counseling Association.

Supervisor Name and Credentials: I will be working directly under the supervision of Karina Pierce, (Oregon LPC, License #C7131) at Dr. Sanderson and Associates, which means that while working towards full counseling licensure, I'm authorized by the state of Oregon to work with clients and receive regular supervision from a fully licensed therapist, who also abides by the OBLPCT and ACA Code of Ethics.

As a client of an Oregon counseling trainee, you have the following rights:

- To expect that a licensee meets the qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;

- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me; * To be free from discrimination because of age, color, culture, disability, ethnicity

Fees: Fees for Student Counseling Interns at Dr. Sanderson and Associates are up to \$45 for each session. Please let me know at any time if you have questions or concerns regarding your set fee.

I have read and received the required disclosure information and understand the information provided.

Client Signature (print and sign)

Date

Counselor/Therapist Trainee (print and sign)

Date