

Professional Disclosure Statement

Laura Stone

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Professional Training:

I am trained in psychodynamic theory and technique, as well as attachment and trauma-based theory and practice, Play Therapy, Cognitive Behavioral Therapy, Internal Family Systems Therapy, EMDR, Ketamine-Assisted Therapy, somatic and sensorimotor-based approaches and many other therapeutic modalities. My specific mode of therapy will vary and is in part determined by the needs and issues of the client. The initial focus will be on assessment and developing a mutual understanding of the issues that bring you and/or your family in for therapy. We will create a plan for the sessions that identifies the goals and an initial time frame for our work together.

Adults:

With individual adults, I work primarily from an insight-oriented psychodynamic approach and incorporate elements of cognitive behavioral therapy, Internal Family Systems, Eye Movement Desensitization Reprocessing (EMDR) and somatic approaches. In general, this means we will first talk - about your emotional experiences, both past and present, that are sources of concern to you. Over the course of the therapy process we will work to understand more about what has prevented you from making desired changes, as well as what is working for you. Through paying attention to what is happening inside your psyche, in your life, as well as in the therapy process itself, we will work together to allow you to better understand yourself and others, release old patterns, make clearer decisions and create a more satisfying life. Therapy is an opportunity to experience a healthy working relationship, based on reflection, thought and commitment to your development and process of growth. My role will be to listen, reflect, and help to illuminate whatever you bring to the sessions. Your willingness and focus on self-awareness and your work between sessions are essential elements of your work together.

Children & Families:

In working with young children, I frequently make use of play and art therapy techniques. Children tend to communicate and seek resolution through their play and art, and many conflicts and issues may be addressed by working with children through these natural processes. Children and families may be given "homework," or things to try at home to improve behaviors, emotional regulation, and family dynamics. In work with traumatized children and children with attachment issues, parents can be expected to be heavily involved in their young child's therapy process and can usually expect to sit in on and participate in their child's sessions. We may work dyadically, meaning we will work on the dynamics of the relationship between you and your child. Parents are encouraged to offer insights, ask questions and consult with me often. I will also be scheduling separate parent sessions when appropriate.

In working with young children with attachment issues, I may direct the child in certain kinds of activities and play, along with the parent, that are designed to strengthen attachment between parent and child. These activities may be very "hands on," i.e. encouraging holding and feeding, rocking, etc. No child will ever be held in a coercive way. Sometimes a very upset child may be "held" or restrained, if they are presenting a danger to themselves or others, until they can regain control of their body. Restraint is never used as a therapy "technique" but is only done to prevent injury to the child or another person. For children who have experienced trauma, we may also make use of EMDR and/or bilateral stimulation, or other sensorimotor-based techniques, to reduce trauma-related distress and reactivity. Adolescents: With older children and teens we may do a combination of playing and talking, and parent involvement will be defined according to the issues and goals and age of the child, as well as his/her abilities to process and communicate. If you are a parent of a child 13 or older, please know that your child has a legal right to refuse treatment, and must consent to their own treatment.

Please understand your child may need to speak to or meet with me privately, and may discuss sensitive issues in their life with me without you present. I will not disclose such information to you without your child's consent. I will let you know if I judge your child to be in mortal danger. If your child is over 13-years-old, I will, with your child's written consent, provide a summary of progress towards identified treatment goals at termination, as well as any recommendation for additional treatment.