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Professional Disclosure

This document has been prepared to inform you of my qualifications and what you can expect from me as a clinician. Please do not hesitate to ask any questions or discuss this information with me at any time.

Philosophy and Approach to Therapy

As a Licensed Clinical Professional Counselor, I approach therapy from a cognitive-behavioral perspective. Cognitive-behavioral therapy (CBT) is based on the idea that our thoughts (cognitions), how we feel (emotions), and how we act (behaviors) are all interconnected. Psychological distress occurs when people have negative and unrealistic thoughts and, in turn, this can lead to negative behaviors. CBT aims to help people identify these negative and unrealistic thought and behavioral processes so they can begin to develop alternative and realistic thoughts and behaviors in order to reduce psychological distress.

Although I am more CBT oriented, I do provide an eclectic approach based on client needs. I have various tools that I can use within therapy to customize to the uniqueness of the clients I serve. Some of these tools include cognitive-behavioral techniques, experiential exercises, goal setting, homework assignments, and including family members in the therapeutic process.

I am committed to providing you with a safe and caring environment in which we can address your concerns. Studies have shown that successful therapeutic outcomes are related to the quality of the therapeutic relationship between a client and clinician. It is a priority of mine that you feel understood, connected, and engaged in the therapeutic process and involved in making therapy an effective and productive experience.

Formal Education and Training

Degrees:

M.S., Community Mental Health Counseling, McDaniel College, 2013

B.A., Psychology, McDaniel College, 2008

A.A., Psychology, Frederick Community College, 2006

Licenses/Credentials:

Licensed Clinical Professional Counselor, #LC6481, Maryland, 2015

Licensed Clinical Alcohol and Drug Approved Supervisor, Reference #800, Maryland, 2016

Licensed Clinical Professional Counselor Approved Supervisor, Certificate #1286, Maryland, 2017

National Certified Counselor, #706372, 2015

Master Addiction Counselor, #508686, 2016

In order to become a Licensed Clinical Professional Counselor, I had to earn a Master's Degree in Community Mental Health Counseling, pass exams, and complete clinical and supervision hours. Requirements for a Master's Degree included: 60 credit hours and completion of 500 client contact hours. I completed these requirements working as a Substance Abuse Counselor at Phoenix Health Center in Hagerstown, MD where I provided medication-assisted treatment therapy, as well as individual and group therapy.



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Upon graduation, I passed a State Law Test, as well as a National Counselor Examination (NCE) for licensure by the National Board of Certified Counselors, which assesses your knowledge, skills, and abilities as a counselor. After I passed the NCE I became a Licensed Graduate Professional Counselor (LGPC), which allowed me to work and see clients under the supervision of a Licensed Clinical Professional Counselor. In order to complete an additional post-graduate requirement of a total of 3 years of clinical experience (2 years must be after the awarding of the Master's Degree), including at least 3,000 clinical hours with 1,500 of those hours client contact hours, and a minimum of 100 hours of clinical supervision, I worked at the Frederick County Health Department as a Substance Abuse Counselor providing individual, group, and family counseling.

In 2015, I received my status as a Licensed Clinical Professional Counselor (LCPC) by the Board of Professional Counselors and Therapists, which allowed me to work independent of a supervisor. In 2015, I became a National Certified Counselor (NCC) by the National Board for Certified Counselors. The NCC demonstrates that I have met national standards for the practice of counseling and is considered a premier certification in the counseling profession.

In 2016, I received a Master Addiction Counselor (MAC) certification by the Association for Addictions Professionals. In order to be eligible for the MAC credential I was required to have at least three years, or 6,000 hours, of supervised experience as an Addictions Counselor, at least 500 contact hours of education and training in Substance Use Disorder/Addiction, six hours of ethics training and six hours of HIV/blood borne pathogens training.

In 2016, I became a Licensed Clinical Alcohol and Drug Approved Supervisor (LCADC-S) and in 2017 I became an Approved Licensed Clinical Professional Counselor Supervisor (LCPC-S). In order to obtain both of these licensures, I was required to complete an 18-credit continuing education course in Counseling Supervision. The LCADC-S allows me to supervise Licensed Graduate Alcohol and Drug Counselors (LGADC), Certified Professional Counselors - Alcohol and Drug (CPC-AD), Certified Associate Counselors - Alcohol and Drug (CAC-AD), Certified Supervised Counselors - Alcohol and Drug (CSC-AD), and Alcohol and Drug Trainees. The LCPC-S allows me to supervise Licensed Graduate Professional Counselors (LGPC) and Licensed Graduate Marriage and Family Therapists (LGMFT).

In order to maintain my LCPC, I am required by the Board of Professional Counselors and Therapists to complete 40 hours of continuing education every 2 years. To maintain my NCC, I am required to complete 100 hours of continuing education every 5 years. To maintain my MAC, I am required to complete 40 hours of continuing education every 2 years with 20 of those hours specific to substance use disorders.

Currently, I am the owner of Guiding Paths Counseling, which was established in 2016. I am in private practice by myself at this time, however, I envision employing other licensed mental health professionals to expand these vital services to the Frederick community.



How long does therapy last?

The answer to this question largely depends on you and your goals for therapy. The length of therapy can vary due to the uniqueness of treatment needs and preferences. I commend people who have the courage to seek assistance when they feel that their lives are not where they would like them to be. To me, seeking help is a sign of health, not pathology. I believe that everyone deserves to have positive relationships with themselves and those around them. To achieve this goal, we will work together to determine what goals of therapy will be. Depending on the nature of those goals, we will decide realistically how short-term or long-term the therapy will be. For some, this may be a few sessions, and for others, it may be several months or even years. However long it is, you will be a part of this decision making process.

I am a strong believer of what I call “wellness checks” which consists of checking in with a clinician on a minimal basis even when things are going well. This usually occurs after having had several sessions with the clinician and it was agreed upon by both parties that the therapeutic relationship does not need to continue on a regular basis due to progress made and goals met. Wellness checks usually consist of meeting with your clinician on a monthly, quarterly, or yearly basis just to “check-in.” This form of practice ensures that the client and clinician relationship is ongoing and that services are always available to the client. It also provides an avenue for the client to discuss emotions or events that may have brought stress to the client after the more consistent therapeutic relationship has ended.

Areas of Expertise

Adults (18 and over)	Depression
Family/Couples Counseling	Anxiety
Substance Use	Bipolar Disorder
Pregnancy and Substance Use	Post-Traumatic Stress Disorder (PTSD)
Chronic Pain and Substance Use	Borderline Personality Disorder
Chronic Pain and Mental Health Issues	Sexual Trauma
Anger Management	Emotional Trauma
Co-occurring Disorders	Childhood Trauma



Professional Disclosure

My signature below indicates that I, _____, have received a copy of the **Professional Disclosure Statement** and that I understand the contents of this form. My signature also indicates that my clinician has explained and/or summarized the information in this form and has allowed an opportunity for me to ask questions regarding this information.

Client Signature

Date

Guardian Signature (if applicable)

Date

Clinician Signature

Date