

Disclosure and Consent (Garret Patterson)

The following disclosure of information and procedures is given so that you can be informed about who I am and how I work, thereby consenting to treatment.

Education/Experience/Training/Associations:

I am a Marriage and Family Therapy Candidate currently studying at Seattle Pacific University and am expected to graduate in 2023. I am currently a clinical intern, under supervision by a Larch Supervisor.

I received my bachelor's degree in psychology also from Seattle Pacific University in 2020. Before that, I had known since I was in high school that I wanted to become a therapist, taking every opportunity to read and study all things related to the field. In school, so far, I have loved taking classes around how people develop over their lifespans, as well as studying the impact of parent-child connections both when people are young and old. In addition to this I have worked with kids and teens extensively at different jobs like being a camp counselor and working at a science museum.

Therapeutic Orientation: When I work with clients, it is my foremost goal to understand not only the problem of a person, but also the surrounding context that problem exists in. In order to do that I try to learn about the “ins and outs” of one's life so that we can create solutions that are uniquely tailored to each and every person. In order to do this, I believe that therapy needs to occur both inside the therapy room, by being present and tapping into our experiences, and outside of it by actively trying to change and address the patterns of behavior one might find themselves in. I believe this because of my interest in both experiential family therapy and solution focused therapy. My goal is to blend the two models together so that clients can have the most support before, during, and after a session ends with me. With this being said I am always open to exploring other ways to practice that might engage with a client more.

I have read and understand all the information provided in this disclosure statement. I hereby give my consent for treatment.



Client Name

Signature

Date



Parent/Guardian Name (if under 13)

Signature

Date