

**Angela M. Johnston, M.S. LMFT**  
Licensed Marriage and Family Therapist  
(Credential #: LF60747375)

**Disclosure and Informed Consent**

This document is intended to inform you of policies and of your rights as a client, as well as to provide you with some information about my background and treatment approach. If you have any questions, concerns or need further clarification about this information, please let me know and I will be glad to discuss them with you.

**Philosophy and Approach**

Psychotherapy is a unique opportunity to engage with life's challenges for the sake of learning, growing, and reaching greater health. Therapy sessions provide a safe place to explore aspects of yourself as well as the relationships you have with people around you. I believe that each individual is interconnected with others and that change happens both inside people themselves and in their relationships with others.

I work with clients from a systemic perspective, focusing on both the internal experience of each individual as well as the dynamics of their relationships. I believe that change occurs in peoples' lives when they are able to experience problems differently in the context of their interactions with others. My work as a therapist is also influenced by my Christian faith and my belief that there is a greater story we are each a part of and that within that story there is hope, forgiveness, love, and healing to be found. I use various research-based methods including Emotion-Focused Therapy (EFT), Gottman Method couples therapy, Narrative Therapy, and aspects of mindfulness and cognitive-behavioral therapy. I believe each client is unique, and I strive to integrate different techniques into therapy accordingly. Regardless of methods used, I believe the trusting relationship built between therapist and client is one of the most powerful sources of change and healing. I approach sessions with openness, curiosity, respect, and hope, striving to understand the intricacies of each clients' present circumstances while working along with them towards greater healing and restoration.

**Risks and Benefits**

The process of change can be difficult, and you might find that current relationships could become strained because of your growth or that you might experience feelings like anxiety, guilt, anger, or frustration along the way. These are common risks that are involved in the work of therapy. The goals of therapy are different for each individual, couple, and family, but in all cases the benefits of counseling can include gaining insight, developing coping skills, strengthening relationships, and creating new meaning for life circumstances.

**Education and Training:**

I earned a Master of Science degree in Marriage and Family Therapy from Seattle Pacific University in 2012 and I am a Licensed Marriage and Family Therapist in the state of Washington. I have a professional background in mental health, couples therapy, child welfare, and educational support and have been working with children and families from many different cultural and ethnic backgrounds for over fifteen years. I also lived in Latin America and Africa for several years and am fluent in Spanish.

My education included human development, couples and family counseling, attachment and infant mental health, and group interventions. I have also completed training in areas including Emotionally Focused Therapy, Gottman Method couples' therapy, narrative therapy, Cognitive Behavioral Therapy, Prepare-Enrich and SYMBIS couples' assessments, premarital therapy, and sexual addiction and infidelity dynamics.

To maintain my license, I am also required to participate in regular continuing education that is specifically relevant to my work as a therapist.

**Confidentiality**

I will keep all information that is discussed during our therapy sessions private or confidential as long as doing so is legal and ethical. I will share no information that identifies you personally unless I have explicit permission from each person involved in that therapy session.

I believe that this confidentiality allows therapy to be a safe environment where you can freely share, explore, communicate, and grow. When I am working with a couple or family, there may be some times when I see individuals from the family on their own, and I will use my best judgment as a therapist when deciding if and how to weave this individual work into family sessions. Since I believe open, honest communication is important for growth and change, I cannot guarantee that the contents of individual sessions will not be shared to some degree with other members of the family who are also involved in therapy. However, when counseling someone under the age of 18, I am legally unable to share with the family any information regarding the use of drugs and alcohol, sexually transmitted diseases, or matters relating to pregnancy unless the child or youth provides me with written permission to do so.

In unusual circumstances I might be legally required to release information to authorities for the sake of your safety and the safety of others. Some examples of when this might happen are if:

- you report you are likely to seriously harm yourself or another person
- I'm given information about a minor or dependent adult being abused or neglected
- a court order requires me to share information with a judge or lawyer

I often work with other professionals who have valuable ideas and insight to offer. I may at times confer with them to assist me in providing you with the best therapeutic services I can. When I do so, however, I do not give them any data that personally identifies you when we discuss your issues and/or our process of therapy. These other professionals also have the same confidentiality obligations as I do.

### **Participation**

Therapy is a joint effort involving both the therapist and the client(s). Your active investment during therapy largely determines its effectiveness, since I can be of little service to you unless you yourself work towards the change you desire. However, your participation in therapy is completely voluntary. You may choose to not take part in specific activities during therapy, and you may decide to end therapy at any time. You may also request a referral to a different therapist or to other resources.

For our time together to be beneficial to you, it is very important that you attend scheduled sessions and communicate honestly and openly with me. We will work together to schedule regular sessions during times that work well for both of us.

### **Emergencies**

If you need to contact me outside of sessions, please use the phone number provided at the start of our work together. In the case of an emergency please call the local emergency number or go to the emergency room of the hospital nearest you.

### **Signatures**

Please sign below to indicate your understanding and acceptance of the information and general conditions provided in this document. I will also sign below in declaration that the information I have provided you with is accurate and that I will uphold these conditions in my role as your therapist. If there are any exceptions or additions to these conditions they will be explained on attached pages.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_