

Therapist Disclosure Statement
Lorna Shepardson LMHC
Therapy~N~Motion

Therapeutic Approach

I believe in the wisdom of people to access their own innate ability to heal themselves and to come to their own clarity of self understanding. As a therapist, my goal is to join with you on your journey of self-discovery, empowerment and healing. My place in this relationship is to offer individual, family and group counseling from a client-centered, client-led perspective. I offer techniques from a variety of models rejecting a “one size fits all” approach. These include but are not limited to solution focused, cognitive-behavioral, family systems, and lifespan integration, equine assisted therapy, with an emphasis on mindfulness and the systemic approach.

Education

- Masters Degree, Applied Behavioral Science, Bastyr University/Leadership Institute of Seattle, Kenmore, WA
- Bachelors of Arts Degree Counseling, education and Art , The Evergreen State College Olympia WA

Risks and Benefits of Therapy

Clients typically experience positive results from the changes they make in their lives as a result of therapy. However it is not unusual for clients and/or their families to experience stress, anxiety and frustration or other changes as they begin to use new skills and change occurs. Generally this is a temporary stage. Typically clients report positive results from therapy including improved relationships, increased self-awareness, emotional release, improved coping skills and developing solutions to presenting problems.

Confidentiality

Information shared in the therapeutic session is confidential and protected by law and will be maintained, except in the following unusual circumstances, which I am bound by state law to report:

1. Statement of intent to harm others.
2. Evidence of Child Abuse.
3. Court-ordered presentation of treatment,

* Client confidences cannot be disclosed without a written authorization or waiver. As a professional requirement in the State of Washington I participate in continuing education and modalities of Best Practice.

Client Rights and Responsibilities

If at any time you have questions or concerns regarding the course of therapy or any therapeutic approaches used. I encourage you to discuss them with me. Further I will assist you in a referral to an alternate provider given a need that arises that I determine is out of my scope of practice.

I _____ have read this disclosure statement and understand what has been outlined in it. I have consented to therapy with the above named therapist.

Client Signature

Date_____

Parent/Guardian Signature

Date_____

Therapist Signature

Date_____