

Professional Disclosure Statement: Marla Christensen MA MFT NCC Wellspring Individual, Couples, and Family Therapy 18650 SW Boones Ferry Road, Suite 3, Tualatin, Oregon 97062 1505 NE 6th Dr., Lincoln City, Oregon 97637 503.850.4455

Welcome to Wellspring Marriage and Family Therapy. The following information is designed to inform you of my background, philosophy, as well as to inform you of your rights as a client.

Philosophy and Approach: I offer professional psychological services to individuals, couples and families. I believe that relationship therapy is a joint effort between the individual members of a family system. My philosophy views individuals, families, and couples, from a systemic perspective. Each individual progresses and develops through a variety of systems, such as, family, cultural, religious, ethnic, and societal influences. My approach integrates the individual, family members, and couple relationships, within a therapeutic and holistic environment; allowing a safe place for clients to confidentially explore his or her thoughts and emotions. My role as the therapist is to assist each client in assessing and identifying styles of communication, goals, past successes, internal strengths, and external resources, through his or her mind, body, and spiritual connections. My theoretical focus is through the lens of attachment – that is, how the bonds we create are effective, or ineffective, in our current lives (John Bowlby). In addition to attachment bonds that we experience, I also work within the contextual theory of Intersubjectivity and Neuropsychology to support my clients collaboratively to better understand life's stressors and patterns of interaction that may or may not be promoting his or her well-being. Associated with these positions, my approach is also connected with Dr. Sue Johnson's Emotionally Focused Therapy, and Integrated Behavioral Couple therapy (Neil Jacobson and Andrew Christensen). Emotionally Focused Therapy allows the therapeutic relationship to identify vital information that client emotions can provide as an attempt to develop strong, safe relationships. Integrated couple therapy works to assist the couple in acceptance and change within the couple relationship through research based exercises. I work in the posture of assisting my clients to build on his or her strengths in relationships, and to help each client to identify ineffective patterns, which may obstruct his or her quest for achieving life goals. In this construct I help individuals, couples, and families, to find a healthy balance in their relationships.

I am the recipient of the "Best of Tualatin, Mental Health Service" award for both 2017 and 2018, awarded by the Tualatin Chamber of Commerce.

Formal Education I hold a BS degree in Liberal Studies with a psychology focus from Oregon State University. I hold a MA in Marriage and Family Counseling from George Fox University. I also earned the National Certified Counselors Certificate. In addition to the earned degrees and certifications, my experience includes one year of internship with the Veteran Affairs Mental Health Clinic counseling families, and couples and four years in private practice. In addition, I have completed the Military STAR Behavioral Health Providers training, and am a registered STAR provider for Star Behavioral Health Program Center for Deployment Psychology, Uniformed Services University of the Health Sciences.

Fee range: My fee range is \$115-\$145. I have a 24-hour cancellation policy. I ask my clients to pay me at the end of each session; cash, check, debit, or credit card. I offer a monthly Superbill which my clients can submit to their Insurance companies for payment reimbursement. I also accept HSA and FSA cards for payment. If you do not show up for your scheduled therapy appointment, and you have not notified me at least 24 hours in advance, you will be required to pay the full cost of the session.

Professional Standing: I am an intern member of the American Association of Marriage & Family Therapy (AAMFT), American Counseling Association (ACA), Oregon Counseling Association (ORCA) Oregon Licensed Professional Counselors and Therapists (OBLPCT), National Board for Certified Counselors (NBCC) and STAR Behavioral Health Providers (STAR). OBLPCT Registration number R-3849.

Continuing Education: is required at a rate of 40 credits every two years as a professional counselor and marriage and family therapist. This education pertains to the field of counseling and may include such areas as assessment and interventions, attachment theory, professional ethics, couples counseling as well as various other therapeutic models.

As a Professional Counselor: I will abide by all the Code of Ethics associated with AAMFT, ACA, ORCA, OBLPCT, and NBCC. I will continue supervision through the remainder of my internship as a therapist until my licensure, which I will explain upon request.

Confidentiality: All work provided in this office is protected by state and federal confidentiality laws as well as professional ethics guidelines. Information shared in session is confidential and can only be released with your written consent or as required by law.

Limits of Confidentiality: I am required by law to disclose information you may share pertaining to suspected child abuse, dependent adult and elder abuse, abuse of the developmentally disabled or chronically mentally ill, inability to care for one's basics needs for food, clothing, or shelter, and threatened harm to oneself or others. I participate in meetings with my supervisor. Your file may be discussed within these meetings for professional and educational purposes. Any information shared is governed by the same confidentiality laws and codes as previously mentioned. Courts and attorneys may subpoena counseling records. If subpoenaed to testify in court, I may have to give personal information without your permission. You may want to discuss further limits of confidentiality with me.

As a client of an Oregon Intern you have the following rights:

As a client of an Oregon licensee or registered intern, you have the following rights as established by the Oregon State Board of Licensed Professional Counselors and Therapists (0AR833-60-001).

- To expect that a licensee has met the minimum qualifications of training and experience required by state law
- To examine public records maintained by the Board and to have the board confirm credentials of licensee
- To obtain a copy of the Code of Ethics
- To report complaints to the board
- To be informed of the cost of professional services before receiving them
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
- 1. Reporting suspected child abuse
- 2. Reporting imminent danger to client or others
- 3. Reporting information required to court proceeding or by the client's insurance company, or other relevant agencies

- 4. Providing information for license case consultation or supervisions and
- 5. Defending claims brought by the clients against licensee
- To be free from being the object of discrimination on the basis of age, race, religion, culture, sexual orientation, gender, disability, marital status, socioeconomic status, or other unlawful category while receiving services.
- Complaint Procedures: In the event that you are dissatisfied with any aspect of your counseling experience with me, please discuss it with me immediately. If you believe that you have been treated unfairly, or unethically, by me or any other counselor, and have not been able to resolve the problem directly with me, you may contact the Oregon Board of Licensed Professional Counselors at the following address and phone number: Oregon Board of Licensed Professional Counselors at 3218 Pringle Rd SE, #250 Salem, OR 97302-6312 Telephone: 503-378-5499.

Length of Session/Cancellations: Services will be rendered in a professional manner consistent with acceptable ethical standards. Sessions are 50 minutes in duration and will be scheduled at mutually agreed upon times. If you need to cancel your appointment, please do so promptly to allow that appointment time to be available to other clients.

There will not be a charge for cancellations made at least 24 hours prior to the scheduled appointment. If you do not show up for your scheduled therapy appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the session.

Emergencies: In the event of an emergency you may contact the Clackamas County Crisis Hotline at (503) 655-8585, Metro Crisis Hotline at (503) 988-4888, Lincoln County Hotline at 1-866-266-0288, local emergency at 911, or report to one of the major hospital emergency rooms facilities.

Your signature below indicates that you have read the entire document in full, agree and that you have received a copy of the document for your files.

Client's Signature	Date
Client's Signature	Date
Therapists Signature	