



## TAYLOR YAWS' THERAPIST DISCLOSURE STATEMENT

**Formal Education and Training:** I received my Master's in Marriage and Family therapy from Whitworth University. In addition, I have a Bachelor of Science in Applied Developmental Psychology with a minor in communications from Eastern Washington University. I am a licensed Marriage and Family Therapist associate in the State of Washington (MG61434219). Yearly, I participate in continuing education in specialized areas to be able to provide quality treatment for my clients and as a condition of my licensure in the state of Washington.

**Philosophy and Approach:** My approach to counseling is rooted in relational psychotherapy and I conduct therapy through a systemic lens. I believe that healing involves awareness, acceptance, compassion, security, and compassion towards the self and others. Additionally, attachment plays a significant role in individuals how individuals connect throughout their various systems. I integrate attachment work with techniques from various theoretical models, including but not limited to Emotionally Focused Therapy (EFT), Acceptance and Commitment Therapy, Experiential Therapy, Narrative Therapy, Bowenian Therapy, Structural Therapy, Solution-Focused Therapy, Cognitive Behavioral Therapy, and the Gottman Method. As such, I believe the counseling process to be one of forming a mutual and collaborative alliance with you to explore the nature of your hurts and struggles. Although we will spend much time dealing with the specific issues that brought you into counseling, we will also look at the nature of your relationships with the significant people in your life. I believe that relationships are at the core of who we are as humans and that we desire and pursue intimacy because we were created for relationship. Unfortunately, in life, it is often these significant relationships that are the source of our greatest joys as well as our deepest hurts. In working together, we will explore the relational patterns and dynamics that have influenced the complexity and intensity of your struggles. It is my desire to help you become aware of the patterns in your thoughts, behaviors, and relationships in order that this new awareness might inform your current and future way of being. As we deal with the relational root of the problems, we will also be

addressing the constellation of symptomologies you are experiencing. There is hope for change through the counseling process and I kindly invite you to allow me to journey with you toward healing.

**Participation:** The therapy experience is created both by the therapist and the client. Both participants are encouraged to be honest, open, and curious. Please feel free to ask questions about any aspect of the counseling process and be honest about your thoughts and feelings. This is an important component to change. Therapy can be difficult and uncomfortable at times—it may arouse intense emotions, recall unpleasant events, and/or alter close relationships. This is a natural part of the therapeutic process and I encourage you to discuss these things as they arise. At any time, should you wish to discontinue therapy, you have the freedom to stop. You may also refuse to do a particular activity or request a referral to another therapist. Most important is your experience as a client. Together we will work to ensure a positive therapeutic experience.

**Supervision:** As a licensed mental health associate, I work under a qualified supervisor and participate in regular supervision meetings as a requirement before achieving independent licensure in the state of Washington. My supervisor, Cody Brown, LMHC, LPC, LCPC (Washington State, Oregon, and Idaho; LH61136224, C4652, 561), signs off on all my clinical documentation, which includes intake notes, treatment plans, and progress notes.

**Consultations:** I regularly consult with other experienced professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained. I am required by law to disclose information pertaining to the suspected child or elder abuse, suspected danger to you or others, intent to harm self or others, and necessary legal disputes or court proceedings.

**Scheduling Appointments:** Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session. I will attempt to keep the same appointment time available to you unless frequent cancellations have been made. If it is necessary to change or cancel your appointment, please let me know as soon as possible. I will charge you a full session fee

for appointments that are canceled less than 24 hours in advance. I will let you know at least 2 weeks in advance if I will be unavailable for a session, excepting emergencies.

**Termination:** The length of treatment is an individual process that is determined by the therapeutic process. I believe the terminating process to be as significant as the rest of treatment, in which we will work together to make this transition as smooth as possible. When your treatment comes to a stopping point, please know that you may return at any point in the future.