

# Vritti Integrative Psychotherapy

## **Fremont**

3417 Evanston Ave N  
Suite 304  
Seattle Wa 98103

## **West Seattle**

2600 SW Barton St  
Suite A24  
Seattle Wa 98126

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## **Adult Participation Agreement**

The client has chosen to use therapy to resolve their concerns. The client has agreed to engage Adriene Taulbee, a Marriage and Family Therapist Associate, to assist them with therapy. Because of my beliefs around problem formation and therapy, I encourage all my clients to have those who are important and/or part of the “problem” attends all sessions with the client. If this is not something that is able to be done, please be aware that I will ask pertinent questions regarding people who are involved in relationships with the client, both past and present.

### **The client and any other people who attend session(s) with the client agree to do the following:**

- 1- To provide a full and candid exchange of information between the client, parent(s) and the therapist necessary to make a proper assessment of the family and client dynamics and concerns.
- 2- Be respectful during counseling sessions to improve the flow of information.

### **The therapist agrees to do the following:**

- 1- The therapist will act as a neutral mental health professional and will not align with any client and/or family member.
- 2- The therapist will work to incorporate client specific circumstances into treatment in order to respect the client’s culture and preferences.

### **The therapist’s duties may involve the following:**

- Assist the client to achieve outcomes that reflect their goals and interests and address the best interests of their relationships
- Improving the clients’ negotiation and problem-solving skills

- Increasing effective communication among family members
- Assisting the clients in recognizing their relational strengths to enhance their present and future relationship

**Testimony**

The client, any person who attends session(s) with the client and the therapist agree that if the counseling terminates, the therapist not be called as a witness by the client in any future litigation between the client and anyone the client is associated with, unless the client and the therapist agree otherwise in writing.

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

Client: \_\_\_\_\_

Person(s) Attending Session with Client: \_\_\_\_\_