

**Joan M. Forest LICSW
Clarity Counseling
791 SE Fidalgo Ave, Suite #101
Oak Harbor, WA, 98277
Disclosure Statement**

Qualifications

I hold a Master's degree in Social Work from Salem State College, and a Bachelor's degree in Human Services from Western Washington University. I have been licensed since 2007 by the Washington State Department of Health as a Licensed Independent Clinical Social Worker, license # LW00009560. I am a member of the National Association of Social Workers (NASW), the National Social Work Honor Society, Alpha Delta Mu, and the International Association for the Study of Attachment (IASA).

Experience/Clinical Framework

I have worked for the South Whidbey School District Family Resource Center, the Massachusetts Department of Social Services, the Department of Veterans Affairs, and the Department of Defense, U.S. Navy.

My experience includes providing psychotherapy to individuals, couples, children, families and groups, including active duty military and veterans.

I have training and experience in psychodynamic psychotherapy as well as in cognitive, behavioral, solution focused, and somatic and mindfulness- based treatments. My work is informed by my study of the Dynamic Maturational Model of Attachment. I am trained in and fully equipped to provide child-centered expressive play therapy and sandtray therapy.

Scope of Practice

Each client has unique circumstances and goals and I adapt my treatment to best fit the particular needs of the individual, couple or family. I am experienced in helping clients coping with difficult life transitions, depression, anxiety, PTSD, marital problems and parenting issues. I work with children who are having difficulties at home and at school, including those identified as having oppositional behaviors, ADHD and autism spectrum issues.

All information is held in the strictest confidence, except for the legally mandated reporting of abuse, neglect or harm to self or others.

By signing below, the client or client's legal guardian expresses understanding of the above material and gives formal consent for treatment.

Client or legal guardian

Date

Name of Client (printed)

Clinician Signature and Date