



## Trauma Informed Therapies, PLLC A Refuge: Trauma Informed Therapies

### **SPOKANE COUNSELOR DISCLOSURE STATEMENT**

*The State of Washington requires us to disclose the following information to you about Trauma Informed Therapies (TIT):*

<b>Clinician Name</b>	<b>Credential</b>	<b>DOH#</b>
Mary Ann Baker	MA, LMHCA	MC60858864
Heather Hart	MSW, LMHC	LH 61046631
Tierra Leonard	MA, LMHC	LH60886956
Amanda Manning	MA, LMHC	LH60702786
Jacqui Nelson	MA, LMHC	LH60945013
Calla Powrie	MS, LMHC, CMHS	LH60501097
Christine Russo	MSW, LICSW	LW60888074
Amanda Salisbury	MSW, LICSW	LW00009539
Cathy Wines	MA, LMFT	LF60846087

### **Trauma Informed Therapies**

222 W. Mission Ave, Suite 122

Spokane, WA 99201

509-842-0067

DSHS License Number: LW00009539 Washington

### **CLINICIAN'S EDUCATION, TRAINING, AND EXPERIENCE:**

Trauma Informed Therapies (TIT) provides compassionate and professional outpatient care for children, adolescents, adults, couples, families, and groups who may be facing complications of living such as anxiety, depression, PTSD, and a variety of other challenges. TIT provides validating and client-centered care in a safe and peaceful setting to a wide variety of clients. The credentials of each counselor at TIT are monitored and regularly inspected by the Department of Health to verify that counselors continue to meet all professional requirements. Our clinicians are trained in evidenced-based modalities to specifically address trauma, including Eye Movement Desensitization and Reprocessing (EMDR), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Processing Therapy and more.

**CLINICIAN'S REGISTRATION, CERTIFICATION, OR LICENSE NUMBER:** Listed Above.

### **METHODS OR TECHNIQUES AND TYPE OF COUNSELING USED BY OUR CLINICIANS:**

Trauma Informed Therapies (TIT) provides comprehensive, personalized treatment for attending to trauma disorders and a variety of other emotional challenges. We combine our evidence-based treatment techniques with client-centered interventions in order to customize the therapeutic experience for each client. We've found that effective trauma treatment requires clinicians to remain a safe, compassionate, professional source of support for each client. We are committed to providing an environment of unconditional compassion for all clients.

At Trauma Informed Therapies, we offer outstanding care provided by clinicians with unique specializations to span a large range of client needs. Each clinician at TIT is trauma-informed in their approach and as a team we offer clinical specialization in the treatment of grief, depression, anxiety, attachment issues, eating disorders, sexual and physical abuse, war-related trauma, adjustment disorders, relationship challenges, parenting concerns, self-esteem issues, and a variety of other concerns.

The clinical staff at TIT provides a wide range of interventions for attending to client needs including Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Mindfulness Based Cognitive Therapy (MBCT), Psychodynamic Therapy, Interpersonal Psychotherapy, Solution-Focused Therapy, Play Therapy, Eye Movement Desensitization and Reprocessing (EMDR), and more.

**FEE INFORMATION/BILLING PRACTICES:** *Please refer to the Financial Responsibility Agreement and Attendance Policy Acknowledgement.*

**CONFIDENTIALITY:** *Please refer to the Informed Consent for Therapeutic Services.*

**COMPLAINTS/GRIEVANCES:** *Please refer to the Grievances Policy and Procedures posted at the front desk of TIT.*

**SIGNATURES:**

***My signature indicates that I have provided the client listed below with a copy of TIT's Counselor Disclosure Statement. I have reviewed the education, training, experience, methods, and/or techniques and type of counseling used by TIT clinicians with the client listed below.***

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Name (printed w/ credential) \_\_\_\_\_

***My signature indicates that I have been provided with a copy of TIT's Counselor Disclosure Statement and that I have read and understand the information. I have also received a copy of the Addendum to the Counselor Disclosure Statement in my welcome packet.***

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (printed) \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (printed)\* \_\_\_\_\_

*\*Required if client is a minor and under the state-mandated age of consent. Age of consent is 13 years old in the state of Washington, clients 12 years old and younger must have Parent/Guardian consent.*

*For questions on your state's minor consent laws, please see the TIT Front Desk staff.*