

Rebuilding Hope! Sexual Assault Center for Pierce County
Therapist Disclosure Statement

Nicole Halbert, Intern Therapist

Education/Training/Experience:

Enrolled in Masters in Counseling at University of Puget Sound. Completed 30 hour Basic Sexual Assault Awareness Training. Special training in Cognitive Processing Therapy (CPT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Specialized training and experience in crisis intervention.

Philosophy & Technique:

I believe that people are the experts of their own unique lived experience. The therapeutic relationship is a collaborative process between the client and the counselor, and should aim to empower the individual to utilize their own inner resources. My approach is client-centered and focused on supporting the individual through growth and healing.

Course of Treatment:

During our work together, I will support you in identifying your personal goals and needs. We will work together to identify what course of treatment will work best for you and to bring out your inherent strengths. It is my goal to provide support that is responsive to your individual needs and experience. I will maintain an open and supportive environment that welcomes collaboration and honest feedback.

In accordance with the Washington State Department of Health, "Counselors practicing counseling for a fee must be registered or Certified (Licensed) with the Department of Health for the protection of public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of treatment. The purpose of the Counseling Credentialing Act (chapter 18, 19 RCW) is (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct."

Supervision:

I will be supervised and receive consultation in my work with you by my agency supervisor, Stephanie Sacks, LMHC. I will be sharing information of our sessions with my supervisor to assist me in understanding your needs and to help me develop possible directions for our sessions. My supervisor and I will treat all information in the strictest confidence. If at any time you wish to contact my supervisor, you are encouraged to call Stephanie Sacks at (253) 597-6424 ext. 2 or email her at stephanie@hopesacpc.org. As part of my requirements as an intern therapist, I will also be receiving supervision at the University of Puget Sound from my professor, Amy L. Cummings-Garcia, PhD and will be participating in a student consultation group. No identifying information will be disclosed in any other supervision or consultation setting outside of Rebuilding Hope!.

By signing below, you are acknowledging the receipt of this disclosure statement and you agree to the process of supervision.

Client Name (please print)

Therapist Signature

Client Signature

Agency Supervisor Signature

Date