

Professional Disclosure Statement

Slade Thackeray

Registered Counseling Intern

Dallas, OR 97338

503-910-6822 · sparrowcounselingpnw@gmail.com

Philosophy and Approach to Counseling

Counseling is for healing and personal exploration. As a counselor, my job is to meet the client where they are and then work with them to determine obtainable goals for growth. My approach is based on person centered therapy techniques influenced by solution focused and cognitive behavioral principles. I work primarily with youth and young adults ages 14 to 30. I provide individual and group sessions.

Treatment focus includes

- Anxiety/Depression/
- Harassment/Bullying
- Family Dynamics
- Spirituality
- Self-Confidence and Efficacy
- Education and Career

Code of Ethics, Continuing Education, and Supervision

As an Intern, I will abide by the ACA's Code of Ethics. I am under the supervision of Nick Sotelo, Ph.D. If you have questions or concerns about my practice, please contact Nick at nick@nicksotelo.com.

Formal Education and Training

2023 Expt. Doctor of Education, Mind, Brain, and Teaching, Johns Hopkins University

- Research focus:
 - Career Decision Self-Efficacy and Self-Compassion in Young Adults

2017 Master of Arts, Clinical Mental Health Counseling, George Fox University

- Courses Included:
 - Human Growth & Development
 - Spirituality
 - Human Sexuality
 - Couple & Family Therapy
 - Psychopathology & Appraisal
 - Addictions
 - Cultural Foundations & Social Justice
 - Lifestyle & Career Development.

2014 Bachelor of Arts, English Writing, Western Oregon University

As a counseling client in the state of Oregon, you have the following rights:

1. To expect that a licensee has met the minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics;
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee;
7. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Benefits and Risks: Counseling often involves challenging inner and relational work. This work can cause emotional and relational distress at times. However, investing in this kind of work over time often yields great benefits to thinking, feeling, and relationships.

Video Recording may be requested from time to time for my educational growth and development as a therapist. This helps facilitate supervision to ensure that clients are receiving the highest quality of care. You will never be video recorded without your permission.

Insurance & Fee Schedule: If you are unable to pay the standard fee, please discuss your need with me and we will come to an agreeable fee. **Fees are due at the time of service.** Cancellations less than 24 hours are charged at cost of the session. I currently do not take insurance.

Service	Counseling Fee
Intake Session	\$150.00
Individuals	\$100.00 (50 minute session)
Individual Telehealth	\$80.00 (50 minute session)
Couples	\$175.00 (90 minute session)

Professional Affiliation: I am a member of the American Counseling Association.

Licensing Board

If you have concerns about the services you have received from me, you may contact the **Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd. SE #120, Salem, OR 97302-6312. Telephone (503) 378-5499**
Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

Emergencies: If you are experiencing a mental health emergency, please dial 911.

By my signature, I acknowledge that I have read and understand this therapist disclosure statement. I consent to therapy with Slade Thackeray, according to the terms described here. I have read the preceding information and understand my rights as a client.

Client Signature

Date

Therapist Signature

Date