



# Office Policies & Consent to Treatment

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Welcome! We are honored that you have chosen Child, Youth & Family (CYF) Mental Wellness to assist you in meeting your needs at this time in your life. We appreciate the courage it takes to reach out for professional help when you or your family are experiencing personal challenges. This is an opportunity to acquaint you with information relevant to our services, confidentiality, and other office policies.

## About Our Services

Child, Youth & Family (CYF) Mental Wellness is a program within Behavioral Health in the Tulalip Tribes' Tulalip Health System. Our program provides quality mental health services for the Tulalip community. We provide mental health assessments, counseling, and referrals for children and adolescents. Our highly qualified and skilled clinicians are trained in accordance with the professional standards of psychology, mental health counseling, and marriage and family counseling. Each provider is certified or licensed in their discipline by the State of Washington. We have several clinicians, with a variety of approaches and backgrounds, at different locations.

We help with a wide range of child and teen problems. We see children and adolescents aged 3 through age 17. We value the involvement of parents or guardians, siblings, relatives, and other significant others when clinically appropriate. The younger the child, the more likely it is that will be working primarily with the adults. There are some children and teens who may need more private time with their clinician to build rapport or work on specific issues. The clinician may use games and play techniques as a way to connect and provide therapeutic interventions. At times it will be helpful for your clinician, with your permission, to talk with school or daycare personnel—to get a better understanding, or to provide helpful assistance. We do not mediate custody disputes, evaluate parental fitness, or provide independent custody evaluations. We do not get involved in legal disputes between parents for a variety of reasons. If legal services are required, we will be happy to refer you to practitioners who are experts in these fields.

### Assessment

To get a complete picture, we talk to you about symptoms, challenges, strengths and goals. We recommend that parents or primary caregivers take part in the assessment. Usually, an assessment takes two or more visits. Before the first visit, parents/guardians and youth may fill out background information and questionnaires about the youth's behavior, as requested by your assigned clinician.

### Individual Service Planning

Your clinician will collaborate with you in creating an Individual Service Plan (ISP), or treatment plan. The ISP is designed to identify your goals for mental health services, and includes steps all involved individuals (youth, parent/guardian, clinician, etc.) can make to meet those goals. It may include a variety of psychotherapy approaches such as crisis intervention, homework, group therapy, family sessions, individual therapy, and more.

### Ending Services

If at any point during your services, your clinician assesses that they are not effective in helping you reach your therapeutic goals, and if you are available and/or it is possible and appropriate to do, they will discuss the process of ending services with you. In such a case, if appropriate and/or necessary, they would give you a couple of referrals that may be of help to you. If your clinician has not heard from you in 30 days, your clinician will assume that you are not interested in continuing services and will end your episode of care. To receive services in the future, you may contact CYF reception to re-request services. Your child would then be connected to the next available clinician.

### Other Associated Services

CYF works collaboratively with other divisions to offer therapeutic services at the Children's Advocacy Center (CAC) and Betty J. Taylor Early Learning Academy (BJTELA). We will provide you with further information about the programs offered at those locations when applicable.

## Telebehavioral Health

Child, Youth & Family Mental Wellness has the ability to provide telebehavioral health services. For more information about setting up telebehavioral health see the *Telebehavioral Information* document on the Tulalip Health System website ([www.tulaliphealthsystem.com](http://www.tulaliphealthsystem.com)).

### **Nature of Telebehavioral Health**

Telebehavioral health is the provision of behavioral health services with the clinician and recipient of services being in separate locations and the services being delivered over electronic media. Services delivered via telebehavioral health rely on a number of electronic, often internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (mHealth) apps, and others.

Telebehavioral health allows your clinician to diagnose, consult, treat and educate using interactive audio, video or data communication regarding your behavioral health services. The telebehavioral health appointment will be similar to a therapy appointment in the office, except interactive video technology will allow you to communicate with a clinician at a distance. Tulalip Tribes' Behavioral Health cannot provide telebehavioral health services to you if you are outside of Washington state.

### **Technology**

You will need to have a broadband internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. In case of technology failure, you may contact *Tulalip Tribes' BH* by phone to coordinate alternative methods of treatment.

### **Your Telebehavioral Health Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your clinician during the session. If you are unsure of how to do this, please ask your clinician for assistance.

### **Healthcare Records and Confidentiality**

All existing laws regarding your access to healthcare information and copies of your healthcare records apply to telebehavioral health services. As a general practice, Tulalip Tribes' BH DOES NOT record telebehavioral health sessions without prior permission. Please do not record video or audio sessions without your clinician's consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care.

Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telebehavioral health. All existing confidentiality protections under federal and Washington state law apply to information disclosed during telebehavioral health services. Tulalip Tribes' BH platform is HIPAA compliant to protect your privacy and confidentiality.

### **Our Communication Plan**

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and behavioral health crises.

Scheduling is conducted through Tulalip Tribes' BH and is based on your clinician's normal clinic hours. Telebehavioral health appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. Crisis or behavioral health emergencies should be directed to the 24-hour Snohomish County Care Crisis Line at 1-800-584-3578 or by dialing 911.

### **Our Safety and Emergency Plan**

As a recipient of telebehavioral health-based services, you will need to participate in ensuring your safety during behavioral health crises, medical emergencies, and sessions that you have with your clinician. Your clinician will require you to designate an emergency contact. You will need to provide permission for your clinician to communicate with this person about your care during emergencies.

Your clinician will also develop with you a plan for what to do during behavioral health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your clinician in the creation of these plans and that you follow them when you need to.

### **Risks and Consequences**

There are risks unique and specific to telebehavioral health, including but not limited to, the following:

1. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct client to clinician contact.
2. There is a possibility that therapy sessions could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.
3. There are potential risks and benefits associated with any form of behavioral health services, and that despite your efforts and efforts of your clinician, your condition may not improve, or may have the potential to get worse. While behavioral health treatment of all kinds has been found to be effective in treating a wide range of behavioral health disorders and personal and relational issues, there is no guarantee that all treatment of all clients will be effective. While you may benefit from telebehavioral health, results cannot be guaranteed or assured.

### **You have the right to:**

1. Discuss any of this information with your clinician and to have any questions you may have regarding your telebehavioral health services answered to your satisfaction.
2. Withhold or withdraw your consent to telebehavioral health at any time without affecting your right of future care or services.

## **Appointments**

### **Appointments**

Assessment Sessions: The initial appointment is 55 minutes to 90 minutes in length.

Therapy Sessions: The length of subsequent therapy sessions is roughly 50 minutes, but we may also see you for shorter or longer sessions when clinically indicated.

### **Cancelled Appointments**

Please call your clinic location's reception desk or contact your assigned clinician if you need to cancel your appointment. Please understand that your appointment is held exclusively for you. If for some reason you are unable to keep your appointment, please give as much notice as possible; we prefer 24 hours' notice for cancellations.

## **Clinic Locations**

**The Child, Youth & Family (CYF) Mental Wellness program offers services at the following locations:**

- **Child, Youth & Family Mental Wellness Bldg.**  
ADDRESS: 4033 76th Pl. NW Tulalip WA 98271 | PHONE: (360) 716-4224 | FAX: (360) 716-0751
- **Children's Advocacy Center (CAC)**  
ADDRESS: 2321 Marine Dr Tulalip, WA 98271 | PHONE: (360) 716-5437 | FAX: (360) 716-0852
- **Karen I. Fryberg Tulalip Health Clinic – Behav. Health**  
ADDRESS: 7520 Totem Beach Rd Tulalip, WA 98271 | PHONE: (360) 716-4511 | FAX: (425) 259-8626
- **Betty J. Taylor Early Learning Academy (BJTELA)**  
ADDRESS: 7607 Totem Beach Rd Tulalip, WA 98271 | PHONE: (360) 716-4250 | FAX: (360) 716-0811

## **Rights and Responsibilities of Clients in Therapy**

This is a statement of your rights and responsibilities pertaining to the therapeutic relationship with your clinician. The Washington Administrative Code (WAC) 246-809-710 and RCW 18.225.100 requires clinicians to provide written

disclosure of the following information to clients before therapy begins. You have the right to refuse treatment, and the responsibility to choose the clinician and therapeutic approach which best suits your needs. Additional client rights are outlined on the following page.

### **Individual Rights – Clinical**

You have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D0680 upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and
10. Submit a report to the department when you feel the agency has violated a WAC requirement regulating “behavior health agencies.”

*Washington Administrative Code (WAC) [246-341-0600](#)*

### **Your Responsibilities**

You are responsible for:

1. Providing necessary information to facilitate effective treatment services;
2. Playing an active role in your treatment, including working with your clinician to outline your treatment goals and assess your progress, and achieve your goals;
3. Regular attendance and engagement in your services is key;
4. Be aware that not following service recommendations may compromise your health and safety including leading to serious medical and/or psychological consequences;
5. Notify your clinician if your condition worsens or if you are having difficulty keeping yourself safe;
6. In a crisis situation, if you are unable to reach your clinician during regular working hours or if the program is closed, assistance is available by calling:
  - 24-hour Snohomish County Care Crisis Line at 1-800-584-3578.
  - 911 or going to the nearest Emergency Department

## **Feedback & Grievances**

Feedback helps ensure that we are meeting your needs appropriately. If you have any questions about any information that you have received or how CYF operates, do not hesitate to ask your clinician or the clinical supervisor.

### **Concerns Regarding Clinicians**

If you have a concern with your clinician, you are encouraged to contact them to discuss the situation. When the clinician is aware of an issue, often something can be changed or worked out. If you believe that it is not possible to resolve an issue or a complaint with your clinician, you are encouraged to contact the clinical supervisor to discuss the matter further. If it is not possible to resolve an issue or a complaint in a way that you find satisfactory, a formal complaint related to professional or ethical issues can be made with the Washington State Department of Health at the address below. You may also obtain a list of acts of unprofessional conduct by contacting the Department of Health.

## Health Systems Quality Assurance (HSQA) Complaint Intake

ADDRESS: PO Box 47857 Olympia, WA 98504-7857 | PHONE: (360) 236-4700

EMAIL: HSQAComplaintIntake@doh.wa.gov | WEBSITE: <https://fortress.wa.gov/doh/providercredentialsearch/>

If you do not wish to receive services from your assigned clinician, our program will either refer you to another clinician (if available) or refer you elsewhere for services. You may for any reason obtain referrals to other professionals.

### **Other Concerns Regarding Program Operations**

If you are having issues with the behavioral health services you are receiving through Child Youth & Family Mental Wellness, you have the right to file a grievance. Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect your individual rights. You may file a grievance directly with the CYF clinical supervisor by calling (360) 716-4224.

## **Clinical Records and Confidentiality**

### **Protected Health Information & Confidentiality**

State and federal regulations including the Health Insurance Portability and Accountability Act (HIPAA) and professional standards require CYF to keep records of the treatment and services provided. These records, and other information that CYF learns about you through the course of your treatment, is considered “protected health information” or PHI. Extensive measures are taken to ensure the privacy and security of your PHI pursuant to the state and federal regulations. The *Notice of Privacy Practices* document is universally followed by all Tulalip Health System programs that manage protected health information. To access a copy of the Notice of Privacy Practices, please see the reception desk or the Tulalip Health System website ([www.tulaliphealthsystem.com](http://www.tulaliphealthsystem.com)).

### **Youth Ages 12 and Younger**

We do not need the child's permission to talk with their parent/guardian about their sessions. However, please understand that sometimes children may need to express their thoughts and feelings without about having everything available to their parent/guardian.

### **Teens Age 13 years and Older**

As teens grow, so does their need for privacy and independence. We are committed to providing teens the best care. To do this, we may be talking with them in private. Teens may not tell us important information about their health and safety if we do not give them an opportunity to speak privately and keep their information private when needed. We strive to involve the parent/guardian in the teen's care. We encourage teens to talk with their parents/guardians about serious issues and will offer to help start the conversation when needed. We also talk with teens privately to comply with the laws that protect minors. Disclosures about being suicidal, or any similar life-threatening information, will not be kept private.

### **Limits to Confidentiality**

Issues discussed in the course of therapy are strictly confidential including the fact that you or your family member is seeing a clinician. We will not disclose any information to others unless you tell us to do so, or unless compelled to do so by law. Information about your mental health services may be released to other persons under the following circumstances only:

#### Pertaining to All Clients

1. When abuse or neglect of a child or a vulnerable/dependent adult must be reported by law.
2. When you are a danger to yourself or someone else, or are gravely disabled.
3. When your clinician deems it necessary or appropriate to disclose information to another physician or health provider, unless you specifically request them not to.
4. If you waive your right to confidentiality by bringing charges against your clinician.
5. If there is a subpoena or court order for records from the secretary of health. The subpoena may only be for records related to a complaint or report under RCW 18.130.050.
6. When your insurance company requests your record in order to process your insurance claim.

7. When your family member or significant other attends a therapy session with you we make every effort to maintain privacy, but their communication is not privileged or protected by law and can be released without their permission.
8. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
9. We may resist releasing info to others or to you if we believe that the release would cause imminent harm.

#### Additional Limits Pertaining to Clients Under the Age of 13

1. When a release of information is signed by a parent/legal guardian.
2. Information shared to a parent/legal guardian.

#### Additional Limits Pertaining to Clients 13 and Older 1.

When a release of information is signed by you.

2. When your clinician deems it in accordance with good professional practice to disclose information to a parent or legal guardian, unless you specifically request the clinician not to do so (if you consented to services [adolescent-initiated treatment]).
3. When your clinician deems it in accordance with good professional practice to disclose information to a family member including: information related to your diagnosis and recommendations for treatment; treatment progress; recommended medications, their benefits and risks, side effects, and dosage; crisis prevention and safety planning; referrals for other services in the community that may help the adolescent and family; and training or coaching for the parents that could benefit the adolescent and family (if a parent consented to services [family-initiated treatment]).

### **Electronic Health Record**

The Tulalip Health System's Health Information Exchange (HIE) is an electronic system where healthcare providers share your information. Information about your visits will be stored securely in an Electronic Health Record (EHR) shared by other programs and providers in the Tulalip Health System (including Behavioral Health, Medical, Dental, and Community Health) to best coordinate your treatment through one health record. The Tulalip Health System policy prohibits all employees from accessing records except as needed for their job functions. Your information may be accessed by Tulalip Health System staff outside of the program only as needed for purposes of coordinating care, receiving consultation, or other reasons related to treatment, payment, or healthcare operations. If you have particular concerns about who can access your health record, you can discuss these concerns with your clinician or the clinical supervisor. You may also ask to examine and copy your record by making a written request. You may ask us to correct your record, if needed.

### **Audio or Video Recording**

Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by your clinician.

## **Contacting your Clinician**

Your communication with your clinician is part of the clinical records. Please note that clinicians do not use social media sites and may be unable to use any form of texting. Adding clients as friends on these social media sites and/or communicating via such sites can compromise your privacy and confidentiality. Email is inherently unsecure unless it is fully encrypted. Below are secure, confidential ways to contact your clinician.

### **Phones & Faxes**

The phone and fax numbers for the CYF clinic locations can found in the *Clinic Locations* section of this document. The direct phone numbers for the clinicians are listed in the *Clinicians' Education, Training & Therapeutic Approaches* section. Clinicians may not be immediately available by phone. Confidential voicemail is available and clinicians make every effort to return calls as soon as possible.

## MyChart

The Tulalip Health System offers MyChart, a secure encrypted communications tool. Confidential patient information should ordinarily be exchanged through MyChart or other secure communication devices. For children under 13, the parent/guardian may sign up for proxy MyChart by contacting the Tulalip Health System or the CYF reception desk.

## Zoom

Telebehavioral health sessions may be offered through Zoom. CYF's Zoom licenses are both HIPAA and 42 CFR Part 2 compliant. For more information about communication via Zoom see the *Telebehavioral Information* document on the Tulalip Health System website ([www.tulaliphealthsystem.com](http://www.tulaliphealthsystem.com)).

## Emergencies Between Sessions

If you believe that your child presents a danger to themselves or others, take your child to the closest Emergency Department (ED). If you are unable to safely transport your child in your own vehicle, call 911 to have them taken to the ED. You can also use your crisis line numbers (see below) to help problem solve for you and your family. If your situation is not of an emergent state, but it is pressing, you may also contact the CYF reception desk by calling (360) 716-4224 and asking to speak with the clinical supervisor or by calling your clinician directly. Some calls may be returned between sessions or when the clinician's daily caseload has been attended. Please do not use emails or faxes to communicate urgent matters.

### Crisis Services:

- ☐ **Snohomish County Care Crisis Line (24-hour)** | PHONE: 1-800-584-3578 or chat at [www.iamhurting.org](http://www.iamhurting.org)
- **National Suicide Prevention Lifeline** | PHONE: 1-800-273-TALK (8255) or text "HOME" to 741741
- **The Trevor Project (LGBTQ)** | PHONE: 1-866-488-7386 or text "START" to 678678 ☐ **Teen Link** | PHONE: 1-866-833-6546

## Financial Agreement

Each youth's health insurance company is billed for services rendered. You will need to apply for health insurance coverage for the client if the client is not currently covered. Please contact Tulalip Health System's Alternative Resources at 360-716-4511 if you need assistance in applying. You are not eligible for any fee or service prior to signing this disclosure statement. Please inform Tulalip Health System Behavioral Health of any changes in the financial information given. Financial assistance may be available for qualifying clients.

*Continued on following page.*

## MINDY GRABER, MS, LMHC

LICENSE #: LH60805758 | PHONE: (360) 716-4058

**Credentials & Specialty** • Licensed Mental Health Counselor (LMHC) • Play Therapy • Trauma Therapy

### Education & Training

- Master of Science (MS), Counseling: Play Therapy | Southern Methodist University, 2013
- Bachelor of Arts (BA) | Oklahoma Baptist University, 2010
- Additionally I have received professional training regarding specific populations as well as therapeutic modalities.

### Experience

- 7 years of experience in child and adolescent therapy
- I have many years of experience with children and their families through my past employment, internship, and volunteer opportunities. I have worked with individuals from varying socioeconomic levels and ethnic backgrounds, as well as those with complicated and intense histories. Specifically my graduate level internship and previous counseling positions were with a non-profit organization where I saw individuals, families, and led groups regarding domestic violence and trauma/abuse, and saw children in foster care.

### Therapeutic Approach

My own philosophy of counseling begins with a willingness to enter into an individual's experience alongside them. I entered this field because I feel that I have a genuine listening heart that desires to see people live as whole, healthy individuals. I believe that counseling is a pathway for growth and healing. It is a place for the client to explore his or her own thoughts and feelings in a safe environment. By building a healthy therapeutic relationship, the therapist can guide the client in discovering more about themselves and their patterns of behavior. It also provides a setting that encourages the client in forming new, healthy patterns of behavior. Together, the client and the therapist can then set goals in order to achieve the desired outcome. Overall, my philosophy as a therapist is to treat each person as a unique individual, worthy of unconditional acceptance, regardless of his or her personal circumstances or struggles. It is my hope to come alongside, challenge, and encourage my clients to find healing emotionally, mentally, physically, and spiritually. I have additional trainings in Trauma-Focused Cognitive Behavioral Therapy, Play Therapy, and others. These interventions and others are incorporated into my counseling approach.

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## MONA L. LAFLORE, MA, LMHC, CMHS

LICENSE #: LH 60031141 | PHONE: (360) 716-4088

### Credentials & Specialty

- Licensed Mental Health Counselor (LMHC) • Child Mental Health Specialist (CMHS) • Native American Mental Health Specialist

### Education & Training

- Master of Arts (MA), Counseling & Guidance | University of Missouri, Kansas City, 2000
- Bachelor of Arts (BA) in Psychology | University of Missouri, Kansas City, 1998
- Associate of Applied Science (AAS), Arts and Sciences | Olympic College, 1996
- I completed training in mental health counseling at the University of Missouri – Kansas City in 2000. I also completed the necessary experience and training requirements for licensure as a mental health counselor in 2008.

### Experience

- 19+ years of clinical experience working with children, youth, adults, couples, and families
- Trained to use multiple techniques in evidence-based approaches
- Participation in RNT (Reflective Network Therapy) utilized in classroom settings with toddlers
- I have worked with children, adolescents, adults, families, and couples in a variety of settings such as academic, outpatient health agencies, homes, and over the phone.

### Therapeutic Approach

My graduate training is in Counseling & Guidance with emphasis in Mental Health. I am also trained in Cognitive Behavioral Therapy which is a therapy that helps the client examine how their thoughts, emotions, and behaviors combined into sometimes self-defeating patterns and learn new skills to replace old ways of coping with issues. I have additional training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Training (PCIT), Motivational Interviewing, Reflective Network Therapy (RNT), and Play Therapy. I use interventions from a wide variety of evidence-based approaches. Please feel free to ask any questions about my approach to counseling.



**ROBERT E. RING, MA, LMHC, CMHS**

LICENSE #: LH00009727 | PHONE: (360) 716-4092

**Credentials & Specialty**

- Licensed Mental Health Counselor (LMHC) • Child Mental Health Specialist (CMHS)

**Education & Training**

- Master of Arts (MA), Psychology | Phillips Graduate, 2001
- Bachelor of Arts (BA), Psychology | Naropa University, 1996

**Experience**

- 15 years of experience working with youth and adults in a variety of social service settings

**Therapeutic Approach**

I use a mixture of Cognitive/Behavioral Therapy, Dialectical Behavior Therapy, and Person Centered Therapy in order to help clients develop awareness of and a willingness to work with maladaptive thought patterns, develop short and long term coping mechanisms, and increase self and situational acceptance.

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**SARAH WRIGHT, MA, LMHC.**

LICENSE: # LH 61099210 | PHONE: (360) 716-4314

**Credentials & Specialty**

- Licensed Mental Health Counselor • National Certified Counselor
- Trained in Eye Movement Desensitization and Reprocessing

**Education & Training**

- Master of Arts (MA), Counseling | City University of Seattle, 2018
- Bachelor of Arts (BA), Sociology | Western Washington University, 2015

**Experience**

- 5+ years of clinical experience working mainly with adults, youth, and occasionally couples
- Settings: Community mental health and Inpatient behavioral health
  - Experience with issues such as: depression, anxiety, suicidality, trauma, relationship conflict, facilitating groups, and crisis interventions.

**Therapeutic Approach**

My goal in counseling is to create a space that allows you to feel safe. Finding feelings of safety is key to starting our healing process. When we put energy into our hopes we allow ourselves to be more open to opportunities of empowerment versus putting energy into doubt or fear. To create this safe space, I work with a non-judgmental and accepting mindset to allow for open communication. Through active participation in counseling we work together to address your needs and concerns.

My theoretical approach to counseling is flexible since the needs of each individual is unique and needs can change over time. I use modules of Eye Movement Desensitization and Reprocessing (EMDR), Solution-Focused, Trauma-Informed Cognitive Behavioral (TF-CBT), Client Centered and Dialectical Behavioral Therapy (DBT). I focus on providing and practicing coping skills, so when life presents with challenging or tragic moments, you are in a position to focus on your inner strengths. There are times when we are working against ourselves and need someone to challenge us to break out of that cycle. I am here to listen to you and offer support.

## ANNA EKBLAD, MA, LMHCA.

LICENSE: # MC 61408169 | PHONE: (360) 716-4094

### Credentials & Specialty

- License Mental Health Counselor (LMHCA)
- Trauma informed therapist
- Trained in psychoanalytic, psychoanalytic theories
- Narrative therapy
- Focus on early attachments (attachment theory)
- Eclectic (drawing from multiple therapeutic approaches)

### Education & Training

- Master of Arts (MA), Counseling Psychology | The Seattle School of Theology and Psychology, 2023
- Bachelor of Arts (BA), Psychology | Trinity Western University, (BA), Creative Writing, Seattle University, 2018

### Experience

- 2 years of clinical experience counseling children, youth and adults
- 2 years of work experience in daycare, preschool
- 1 year of experience working as a youth worker/mentor
- Experience with issues such as: anxiety, depression, attention deficit (ADHD), shame, trauma, suicidality, crisis interventions, relationship conflict, attachment issues, life transitions, relationship conflict, neurodivergence, autism spectrum, highly sensitive persons, self-esteem, emotional disturbance.

### Therapeutic Approach

My goal in counseling is to be a listening ear and to support you in making sense of your thoughts and feelings. I want you to go away from your sessions feeling heard and more confident to tackle life's challenges. I will help you to gain new skills and tools to manage your thoughts, feelings and behaviors so that you can be in the driver's seat of your life and reach your goals.

My theoretical approach to counseling is tailored to each client. I use an eclectic approach which means that I draw from many different resources, depending on the issues that you are working on. I believe that talking about your childhood, early experiences, formative relationships and how you feel about your life now are important parts of understanding yourself better and making sense of your life. I want to hear your story and how you feel about it. How has your story shaped who you are today?

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## SHELLAH IMPERIO, PH.D.

LICENSE: #PY60084605 | PHONE: (360) 716-4073

### Credentials & Specialty

- Licensed Clinical Psychologist
- Psychological Evaluations with Children,
- Psycho-Educational Evaluations
- Child Mental Health Specialist (CMHS)
- Adolescents, and adults
- Crisis Management

### Education & Training

- Doctor of Philosophy (PhD), Counseling Psychology | Washington State University, 2006
- Bachelor of Arts (BA), Psychology | California State University Long Beach, 2000
- I completed training in Counseling Psychology from an accredited program at Washington State University. I also completed the necessary experience and training requirements for licensure as a psychologist in 2009. In addition, I have training in conducting psychological and psycho-educational evaluations to children, adolescents, and adults.

### Experience

- 17 years of experience in providing mental health services
- Since February 2001, I have worked for mental health agencies providing outpatient and inpatient treatment to children, adolescents, adult individuals, and families.

### Therapeutic Approach

I view therapy as a collaborative process that outlines problems and barriers, discovers strengths, enhances relationships, and strengthens motivation for learning and growth. My approach is to work with individuals, families and other systems necessary to make the appropriate changes in my client's lives. I incorporate a variety of therapeutic approaches and methods, including Family Systems, Cognitive/Behavioral, Parent Child Interaction Therapy, and Motivational Interviewing. If you have questions about any of these methods, please ask.

My graduate training in Counseling Psychology provided me with opportunities to learn different treatment modalities. I am also trained in Cognitive Behavioral Therapy, which teaches skills that help the client examine how their thoughts, emotions, and behaviors combine into sometimes self-defeating patterns and learn new skills to replace old ways of coping with issues. I have additional training in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Motivational Interviewing, Parent-Child Interaction Therapy (PCIT), and play therapy. I use interventions from a wide variety of counseling approaches. Please feel free to ask any questions about my approach to counseling.



# Informed Consent for Services

CLIENT NAME (YOUTH) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Legal Involvement & Related Documents		
Do any of the following apply to the youth? If yes, you are asked to please provide a copy of the document.	YES	NO
Letters of Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Plan	<input type="checkbox"/>	<input type="checkbox"/>
Powers of Attorney for Child	<input type="checkbox"/>	<input type="checkbox"/>
Other legal documentation granting legal custody and/or decision-making, or pertaining to the youth (Protection Order, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is the youth:	YES	NO
Under department of corrections (DOC) supervision?	<input type="checkbox"/>	<input type="checkbox"/>
Under civil or criminal court ordered mental health or substance use disorder treatment?	<input type="checkbox"/>	<input type="checkbox"/>
On a Less Restrictive Alternative or Conditional Release court order?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the above questions, is there a court order exempting the youth from reporting requirements? If so, a copy of the court order must be included in the record – please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>

Family-Initiated Treatment
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This consent is for family-initiated treatment and is signed by the family member of an adolescent.

Our Safety and Emergency Plan
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You will need to provide permission for your clinician to communicate with this person about your care during emergencies.

Name of Emergency Contact	Relationship to Client	Phone Number for Emergency Contact
_____	_____	(____) _____

Authorization for Services
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**I have read the information provided above, received a copy, and understand the office policies including the following:**

- Telebehavioral Health
- Rights and Responsibilities of Clients in Therapy
- Feedback & Grievances
- Clinical Records & Confidentiality
- Contacting Your Clinician & Emergencies Between Sessions
- Financial Agreement
- Clinicians’ Education, Training & Therapeutic Approaches

**I am consenting to mental health services at *Tulalip Tribes’ Child, Youth & Family Mental Wellness*, and I agree to participate in therapy.**

Minor Signature		
Signature of Client (if 13 yrs of age or older)	Printed Name	Date
_____	_____	_____

Parent/Legal Guardian Signature		
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	Date
_____	_____	_____
Relationship to Client	Phone Number for Legal Guardian	
_____	(____) _____	

**Clinician Signature**

Signature of Clinician

Printed Name of Clinician

Date

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# Kinship Caregiver's Declaration of Responsibility for a Minor's Health Care

## THIS SECTION FOR KINSHIP CAREGIVERS ONLY

CLIENT NAME (YOUTH) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### Kinship Caregivers

In an effort to reduce barriers to mental health care for children, *Child, Youth & Family Mental Wellness* will accept the attestation of an adult caregiver that they are the responsible adult relative providing informed consent to mental health services on behalf of the child. This consent will be accepted so long as we do not have actual notice that this claim is untrue.

*Child, Youth & Family Mental Wellness* will NOT accept the consent of the person named in this declaration if consent was or is refused by any of the following:

- The appointed guardian or legal custodian of the minor;
- A person authorized by the court to consent to medical care for a child in out-of-home placement (i.e. beda?chelh/ICW, DCFS);  The minor's parents;
- The individual, if any, to whom the minor's parent has given a signed authorization to make health care decisions for the minor;  A minor who is capable of giving their own consent (i.e. age 13 - 17).

Use of this declaration is authorized by RCW 7.70.065

### Caregiver's Information

Name	Relationship to Client (grandparent, aunt, etc.)	Date of Birth	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____

### General Notices

1. This Declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor. It also does not affect the rights of the minor to consent to his/her own medical care where authorized by law.
2. A person who relies on this Declaration has no obligation to make further investigation or inquiry beyond what is said on the Declaration form if the provider does not have actual notice of the falsity of the statements made in the Declaration.
3. A health care provider may, but is not required to, request additional documentation of a person's claimed status as being a relative responsible for the health care of the minor patient.
4. **This Declaration is ONLY valid for six months from the date below. If necessary, a caregiver may sign a new declaration after its expiration.**

### Caregiver's Declaration

**I declare under penalty of perjury under the laws of the State of Washington that the following is true and correct:**

- I am 18 years of age or older and I am a relative responsible for the health care of the minor named above;  I have exhibited special care and concern for the client;
- I have maintained such regular contact with the client as to be familiar with the client's activities, health, personal values, and morals;
- I am willing and able to become involved in the client's health care;
- I am not a physician to the client or an employee of the physician; the owner, administrator, or employee of a health care facility, nursing home, or long-term care facility where the client resides or receives care; or a person who receives compensation to provide care to the client; and
- I am not aware of a person in a higher priority class under RCW 7.70.065 willing and able to provide informed consent to health care on behalf of the client.

**Caregiver Signature**

Signature of Caregiver

Printed Name of Caregiver

Date

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