



## HALEY OSBORN'S THERAPIST DISCLOSURE STATEMENT

**Formal Education and Training:** I received my Masters in Marriage and Family therapy from Gonzaga University. In addition, I have a Bachelor of Science in Economics from the University of Oregon. I am a licensed Mental Health Counselor Associate in the State of Washington #61674666. Yearly, I participate in continuing education in specialized areas to be able to provide quality treatment for my clients and as a condition of my licensure in the state of Washington.

**Philosophy and Approach:** My counseling philosophy is grounded in the belief that humans are inherently good, creative, and striving toward balance in mind, body, and spirit. I see people as deeply interconnected, shaped by family, culture, environment, and relationships, and motivated by a need for belonging, authenticity, and meaning. While suffering is part of the universal human condition, I believe growth and healing emerge when individuals embrace authenticity, responsibility, and self-reflection. In practice, I view counseling as a collaborative partnership where clients take the lead in their own journey. I serve as a supportive companion—curious, empathetic, and culturally humble—helping clients uncover patterns, strengthen self-awareness, and rewrite their stories in empowering ways. My approach is integrative and tailored to each client. I weave attachment work with techniques from a variety of theoretical models, including Emotionally Focused Therapy (EFT), Acceptance and Commitment Therapy, Experiential Therapy, Trauma Informed therapy, Play and Art Therapy, Cognitive Behavioral Therapy, and Reality/Choice Therapy. This flexibility allows me to adapt to the client's unique needs, whether they benefit from directive structure, open exploration, or a balanced combination. Ultimately, my philosophy centers on respect for the client's pace and agency. Growth is not imposed but cultivated, and the counseling relationship offers both safety and challenge; a space where clients can embrace their humanity, discover their strengths, and move toward lasting change.

**Participation:** The therapy experience is created both by the therapist and the client. Both participants are encouraged to be honest, open, and curious. Please feel free to ask questions about any aspect of the counseling process and be honest about your thoughts and feelings. This is an important component to change. Therapy can be difficult and uncomfortable at times—it may arouse intense emotions, recall unpleasant events, and/or alter close relationships. This is a natural part of the therapeutic process and I encourage you to discuss these things as they arise. At any time, should you wish to discontinue therapy, you have the freedom to stop. You may also refuse to do a particular activity or request a referral to another therapist. Most



important is your experience as a client. Together we will work to ensure a positive therapeutic experience.

**Consultations:** I regularly consult with other experienced professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained. I am required by law to disclose information pertaining to the suspected child or elder abuse, suspected danger to you or others, intent to harm self or others, and necessary legal disputes or court proceedings.

**Supervision:** As a licensed mental health associate, I work under a qualified supervisor and participate in regular supervision meetings as a requirement before achieving independent licensure in the state of Washington. My supervisor, Cody Brown, LMHC, LPC, LCPC (Washington State, Oregon, and Idaho; LH61136224, C4652, 561), signs off on all my clinical documentation, which includes intake notes, treatment plans, and progress notes.

**Scheduling Appointments:** Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session. I will attempt to keep the same appointment time available to you unless frequent cancellations have been made. If it is necessary to change or cancel your appointment, please let me know as soon as possible. I will charge you a full session fee for appointments that are canceled less than 24 hours in advance. I will let you know at least 2 weeks in advance if I will be unavailable for a session, excepting emergencies.

**Termination:** The length of treatment is an individual process that is determined by the therapeutic process. I believe the terminating process to be as significant as the rest of treatment, in which we will work together to make this transition as smooth as possible. When your treatment comes to a stopping point, please know that you may return at any point in the future.