

CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.

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DISCLOSURE STATEMENT

Jesseca Manson, MA, NCC, LPCC
Licensed Professional Counselor Candidate
National Certified Counselor
LPCC – 0015012
NCC

I graduated with a Master of Arts in Clinical Counseling from the University of Northern Colorado in May of 2015. I am currently earning my PhD in Counselor Education and Supervision at the University of Northern Colorado. I am a Licensed Professional Counselor Candidate, and am currently earning the 2,000 clock hours to become a Licensed Professional Counselor. I am also in the process of accruing hours for my Registered Play Therapist with the Association for Play Therapy.

My Approach

As a counselor, I ascribe to the belief that empathic and attuned relationships are paramount to the connection and healing we seek in counseling services. As a trauma and attachment counselor, I believe in combining these values with a trauma-informed approach to best serve clients. It is important for you to know that I am continuously adapting my skills to accommodate your needs and will utilize a multidisciplinary approach to treatment, drawing on a variety of interventions which I hope will best suit you.

During the first several sessions, I will focus on developing the therapeutic relationship and understanding your specific needs. On average, most clients seek services for an average of eight weeks (at one hour per week); however, every case is unique and may take more or less sessions to find resolution. Together, we will evaluate progress and the benefit of continuing sessions.

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under CRS 12.43.214 (1)(c). Questions or complaints may be addressed to:
Department of Regulatory Agencies
Colorado Mental Health Section
Denver, CO 80202
(303) 894-7766

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.

x _____
Signature of Client or Legal Representative

x _____
Date

Counselor's Signature

Date
