

## **PROFESSIONAL DISCLOSURE STATEMENT**



### **Name of Licensee**

Ms. Sashay A. Goodletty

### **Education**

Master of Science (MS) in Counseling  
Barry University Miami, FL

### **Credentials**

Licensed Mental Health Counselor (LMHC)  
Qualified Supervisor (QS)  
License Number: MH 17071  
License Expiration Date: March 31, 2025

### **Certifications**

1. Trauma-Focused Cognitive Behavioral Therapist (TF-CBT)
  - Expiration Date: October 08, 2026
2. Certified Telehealth Practitioner (CTP)
  - Expiration Date: June 30, 2024

### **Philosophy & Approach**

Scripture, prayer, and spiritual guidance are the backbone of The Counseling Room LLC. In addition to these, evidenced-based interventions are paramount in my counseling approach. As such, they are appropriately and uniquely applied with each client. In this sense, God and science comfortably abide in the same space.

While I use a blend of different therapeutic approaches, I lean heavily on the Cognitive Behavioral Therapy (CBT) approach of counseling. CBT rests on the premise that thoughts significantly affect emotions and actions. Therefore, clients are taught how to become aware of their thinking patterns and, when necessary, confront and challenge thinking patterns to create positive life transformations.

As a licensee of the *Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling*, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, that is, educational classes on subject matters relevant to my profession.

**As a client of a Florida licensee, you have the following rights:**

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

You may contact the *Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling* by mail at 4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32314-6330; by telephone at (850) 245-4292; or by website at <https://floridasmentalhealthprofessions.gov>. For additional information about this licensee, consult the Board's website.