Mental Health Counselor

Job Type: Full or Part Time
Salary: $25.00 to $35.00 /hour
Reports to: Clinical Director

Duties and responsibilities of the position.

- To provide therapeutic services to clients enrolled in Olalla Center programs. These services include but are not limited to intake, assessment/evaluation, treatment planning, group therapy, individual therapy, and family therapy.
- To be knowledgeable of, and work in accordance with, Olalla Center personnel policies & procedures.
- To document progress notes, case management, meetings, and any other documentation required.
- To implement treatment plans for clients.
- To inform parents of children’s improvement, problems, injuries, or dangerous acts within 24 hours of any significant event.
- To attend training sessions as directed by your supervisor and follow any new procedures as a result of said training.
- To keep confidential all matters as may affect the client’s treatment or the company’s ability to do business.
- To perform other duties as assigned by the Program Director or the Executive Director.

Mental Health Therapist Education - Must meet one of the following:

- Graduate degree in psychology, graduate degree in social work, graduate degree in recreational, art or music therapy, or graduate degree in a behavioral science field.
Must be one of the following, or the process started within 30 days.

- QMHP certified through MHACBO
- Licensed Clinical Social Worker– or Clinical Social Worker Associate
- Licensed Professional Counselor– or LPC–Intern
- Other licensed professional therapist through the State of Oregon

- Supervision with your supervisor at least every month.
- Treatment staffing once a week to review any issues, problems, or clarify expectations
- Specific individual supervision available on request

Olalla Center is proud to be an equal opportunity workplace and is an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or Veteran status.

Signature: ___________________________ Date: ________