



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers


First Name	LaTraka	Middle Initial	L	Last Name	Johnson
				License #	
Previous Name(s) (Maiden)		Buchanan			

Formal Education	Name of Institution:	Capella University
	Dates Attended:	04, 07, 2024 - Present
	Degree(s) awarded, if any:	Doctorate of Social Work
Formal Education	Name of Institution:	Our Lady of The Lake University
	Dates Attended:	08, 17, 2020 - 05, 06, 2022
	Degree(s) awarded, if any:	Master's of Social Work
Experience	Description of Practice:	Travel Social Worker
	Location: City/State/Zip	Brattleboro, VT 05301
	Duration:	06, 12, 2023 - Present
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
	How often?	Weekly
Experience	Description of Practice:	PEARLS Counselor
	Location: City/State/Zip	Fort Worth, TX 76110
	Duration:	08, 02, 2021 - 06, 04, 2023
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
	How often?	Weekly
Experience	Description of Practice:	Department of Children and Family Services
	Location: City/State/Zip	Fort Worth, TX 76120
	Duration:	02, 12, 2017 - 07, 01, 2021
	Status:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time

	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES	NO
	How often?	Monthly	

Scope of Practice	Therapeutic Orientation:	CBT, DBT, Family therapy, individual therapy
	Area of Specialization:	Behavioral health, trauma, PTSD
	Treatment Methods:	Treatment plan, Coping Strategies, Safety plan, discharge plan
	Special Qualifications:	

Client's Disclosure Confirmation

My signature acknowledges that I have been given the professional qualifications and experience of (Name, Name), a listing of actions that constitute unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation. This information was given to me no later than my third office visit.	
Client's Signature or Parent/Guardian	Date
	07-07-2025
Practitioner's Signature	Date