



The Mending Therapist: A Business Operations Plan for a Counseling Venture

Lisa Peredia
Grand Canyon University
PCE-834 Special Topics in Counseling Education and Supervision
Dr. Torrenzo Moore
November 26, 2025

The Mending Therapist



- Trauma-informed counseling practice offering virtual and in-person services (Bohmer, 2016)
- Specializations: trauma healing, attachment wounds, faith integration (Benrimoh et al., 2021)
- Services: individual counseling, EMDR, somatic work, and small groups
- Mission: “To create a compassionate space where mind, body, and spirit can heal, grow, and mend.”

The Mending Therapist integrates trauma-informed and attachment-based care to support clients' emotional and spiritual healing journeys. Research shows that trauma-informed approaches enhance safety and therapeutic efficacy (Benrimoh et al., 2021). The practice offers EMDR, somatic interventions, and group services to meet diverse needs. In alignment with whole-person wellness principles, the mission centers on compassionate care and the integration of mind, body, and spirit, consistent with holistic clinical models (Bohmer, 2016).

Rationale: Market Need

- Forty-five percent of adults report symptoms of anxiety or depression (Centers for Disease Control and Prevention, 2023)
- Sharp increases in trauma-related symptoms among adults ages 20–40 (Lipson et al., 2019)
- National rise in mental health service utilization (Xiao et al., 2017)
- Gap: Limited trauma-informed, faith-integrated services in private practice settings



Mental health needs continue to rise across the United States, with nearly half of adults reporting anxiety or depressive symptoms (Centers for Disease Control and Prevention, 2023). Research demonstrates significant increases in distress among adults aged 20 to 40 (Lipson et al., 2019), which aligns with rising demand for counseling services (Xiao et al., 2017). Despite these needs, there remains a shortage of practices that integrate trauma-informed care with spiritually grounded approaches.

Target Population



- Adults ages 20 to 45
- Presenting concerns: trauma, anxiety, relational wounds, spiritual distress (Benrimoh et al., 2021)
- Ideal for individuals seeking trauma recovery and faith integration
- Sixty-one percent of adults report at least one ACE (Felitti et al., 1998)

The Mending Therapist focuses on adults who are navigating trauma histories, relational difficulties, or spiritual concerns. Trauma impacts a significant portion of the population, with sixty-one percent of adults reporting at least one adverse childhood experience (Felitti et al., 1998). Many individuals also seek counseling that honors their faith background and provides space for spiritually informed meaning-making, which research suggests can support healing and resilience (Benrimoh et al., 2021).

Model and Revenue Strategy

- Revenue: individual therapy, EMDR intensives, trauma groups, workshops (Beidas et al., 2016)
- Competitive pricing in California:
- Individual sessions: \$140 to \$160
- EMDR intensives: \$600 half-day | \$1,000 full-day
- Sliding scale available to increase access (American Counseling Association, 2014)
- Investment needed: \$30,000 for technology, space, and trauma equipment
- Compliance with BBS supervision and documentation requirements (California Board of Behavioral Sciences, 2023)



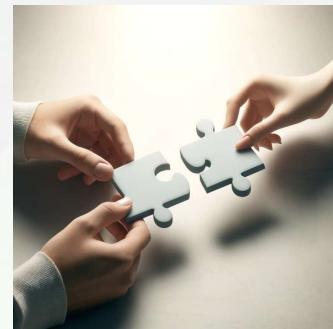
A diversified business model increases sustainability and aligns with evidence demonstrating that multiple revenue pathways strengthen organizational stability (Beidas et al., 2016). Pricing reflects competitive California rates, while a sliding scale ensures ethical accessibility (American Counseling Association, 2014). Funding will support secure telehealth platforms, trauma equipment, and a calming clinical space. Alignment with BBS regulatory standards ensures high-quality documentation and supervision practices (California Board of Behavioral Sciences, 2023).



Marketing efforts combine digital strategies with relational connections. Research shows that online visibility through SEO and targeted content effectively attracts clients seeking mental health support (Chen et al., 2020). Partnerships with churches and wellness practitioners expand the reach of trauma-informed care. Monthly workshops offer education grounded in holistic health principles that support community wellness and engagement (Kruk et al., 2018).

Partnerships and Collaborations

- University counseling programs for referrals and workshops (Xiao et al., 2017)
- Collaboration with pastors and ministry leaders for spiritually grounded referrals
- Integrated care with primary care and psychiatry providers
- Potential BBS-aligned practicum site (California Board of Behavioral Sciences, 2023)



Collaboration enhances continuity of care and strengthens community relationships. Partnerships with universities connect students to faith-integrated trauma services, while ministry referrals extend support to individuals seeking spiritually informed healing (Xiao et al., 2017). Integrated care with primary care and psychiatry strengthens clinical outcomes. Adhering to BBS requirements ensures that the practice could eventually serve as a training site for counselors in training (California Board of Behavioral Sciences, 2023).

Ethics and Advocacy Practices



This Photo by Unknown Author is licensed under CC BY-SA

- ACA: confidentiality, technology competence, cultural humility (American Counseling Association, 2014)
- Informed consent for EMDR, somatic work, and faith integration
- HIPAA-compliant telehealth platforms
- NBCC Advocacy Competencies: client empowerment and systems advocacy
- Trauma-sensitive, spiritually respectful care (Borders et al., 2014)

Ethical and advocacy practices guide every aspect of The Mending Therapist. The ACA Code of Ethics establishes confidentiality, cultural humility, and competency standards, especially when using digital platforms (American Counseling Association, 2014). Clients receive thorough informed consent before engaging in EMDR, somatic work, or spiritual processing. Trauma-informed and relational care foster trust and safety (Borders et al., 2014). Advocacy competencies empower clients and address barriers to care at both individual and systemic levels.

References

- American Counseling Association. (2014). ACA code of ethics. American Counseling Association. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Beidas, R. S., Stewart, R. E., Adams, D. R., Fernandez, T., Lustbader, S., Powell, B. J., Aarons, G. A., Hoagwood, K. E., Evans, A. C., & Mandell, D. S. (2016). A multi-stakeholder perspective on the implementation of evidence based practices in public behavioral health settings. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(6), 834–847. <https://doi.org/10.1007/s10488-015-0678-2>
- Benrimoh, D., Israel, S., Fratila, R., Hawken, E. R., & Desai, S. (2021). Artificial intelligence and the mental health crisis: An urgent call for policy and practice. *Journal of Psychiatry and Neuroscience*, 46(3), 168–175. <https://doi.org/10.1503/jpn.200189>
- Bohmer, R. M. J. (2016). The hard work of health care transformation. *The New England Journal of Medicine*, 375(8), 709–711. <https://doi.org/10.1056/NEJMmp1606458>
- Borders, L. D., Glosoff, H. L., Welfare, L. E., Hays, D. G., DeKruyf, L., Fernando, D. M., & Page, B. L. (2014). Best practices in clinical supervision: Evolution of a counseling specialty. *The Clinical Supervisor*, 33(1), 26–44. <https://doi.org/10.1080/07325223.2014.905225>
- California Board of Behavioral Sciences. (2023). Supervision updates and regulatory changes. <https://www.bbs.ca.gov>
- Centers for Disease Control and Prevention. (2023). Mental health: Household Pulse Survey. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
- Chen, Y., He, Y., Chen, W., & Wang, X. (2020). Artificial intelligence powered appointment scheduling and its impact on clinical operations. *Health Systems*, 9(3), 165–180. <https://doi.org/10.1057/s41306-019-00052-6>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., & Pate, M. (2018). High quality health systems in the Sustainable Development Goals era: Time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
- Lipsom, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by U. S. college students: 10 year population level trends (2007–2017). *Psychiatric Services*, 70(1), 60–63. <https://doi.org/10.1176/appi.ps.201800332>
- National Board for Certified Counselors. (n.d.). Advocacy Competencies. NBCC. https://www.nbcc.org/Assets/Advocacy/advocacy_competencies.pdf
- Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends of college counseling centers, 2007–2012. *Journal of Clinical Psychology*, 73(12), 1270–1285. <https://doi.org/10.1002/jclp.22467>