

ABOUT THE THERAPIST AND SERVICES

QUALIFICATIONS:

James earned a Master of Arts Degree in Community Counseling from the University of Mary Hardin Baylor in 2007. James has been licensed as a Professional Counselor #63247 with the Texas Board of Examiners for Professional Counselors since 2009 and has been a professional working in the field of mental health since 1998.

COUNSELING APPROACH:

James is an eclectic counselor with training in many therapeutic approaches from several schools of thought. His preferred style is a **Person-Center** approach also known as **Rogerian Psychotherapy**. This approach seeks to facilitate a client/s self-actualizing tendency, “an inbuilt proclivity toward growth and fulfillment”, via acceptance (unconditional positive regard), therapist congruence (genuineness), and (empathic understanding), placing the emphasis of the counseling relationship on the relationship between “you” the client/s and “me” the therapist. Think of the therapeutic relationship as a training ground for life

PROFESSIONAL EXPERIENCE:

James has experience is with several types of treatment. The items listed below are in no way an exhaustive list of issues that James has treated, and they do represent a large percentage of his therapeutic experience.

1. Trauma
2. Relationship/partner issues
3. Adults in addiction
4. Mood Disorders
5. Adolescents with behavioral issues
6. Active duty military service personnel with a primary diagnosis of PTSD due to combat stress
7. Group process (Trauma groups, groups focusing on females overcoming domestic violence, and adult addiction recovery groups)

VALUES:

As previously mentioned, James is an eclectic therapist being trained in multiple clinical approaches. A person-centered approach (also known as Rogerian, or Humanistic therapy) is the best fit for his personality and it aligns with his Christian belief system. Person-Centered therapy relies on (being Genuine, giving Unconditional Positive Regard, &

being Empathetic). This mental/emotional posture creates a safe therapeutic space to explore issues and problem solve for identified outcomes.

James identifies 1Peter 2:17 as foundational for finding congruence between his therapeutic style and his beliefs. James acknowledges that his beliefs do impact his views regarding existential themes specifically-

1. **Purpose**
2. **Meaning, Value**
3. **Life, Death**
4. **Forgiveness**
5. **Marital Covenant**

James: works with people from every walk of life and is respectful of his client's ability to choose their belief system. Christian perspectives are offered as a part of the therapeutic relationship upon client request. Many of James' responses are impacted by his beliefs. James does not have formal seminary training.

POPULATIONS SERVED: James will work with clients aged 13 years old through the end of life. James works with clients from all walks of life **without regard for their gender, sexual orientation, religious practices, ethnicity, or economic backgrounds.**

SERVICES OFFERED

James primarily offers individual, marriage/couples, and when appropriate group counseling.

1. **Individual:** James approaches individual counseling from a "Person-Centered" standpoint. This means he emphasizes the therapeutic relationship and rapport. Building trust is essential so clients can work towards their goals in a safe place.
2. **Marriage/Couples:** When doing couples counseling, I emphasize communication and often employ psychodrama techniques in role-playing to teach active listening and speaking techniques in session.
3. **Family & Adolescent Session:** See additional information below.

FEES FOR SERVICES:

Fees for service range from \$150.00 for the initial session lasting from 55 to 75 – minutes, and \$125.00 per 55-minute therapeutic session.

1. Session payment, co-pays, and deductibles are processed through the client's electronic medical record via credit, debit, or I card on file.
2. **Note: Cash payments are not accepted.** Payments are due at the beginning of the session. Clients have full access to their financial records through the client billing portal and may download a superbill from this portal.

3.

****INFORMATION FOR THE CLIENTS****

CLIENT EXPECTATIONS

You, the client, are a full partner in the counseling process. Your effort is essential to success. As we work together, if you have suggestions or concerns about counseling, I request that you share these with me so we can address these concerns together.

1. **Cancellation:** There is a standard cancellation policy that requires a **24-hour notice** for a cancellation. **NOTE: Clients may change their appointments without contacting the office through the client's portal if the change occurs at least 24hrs before their scheduled appointment.**
 - a. **Short Cancellation-** Same-day cancellations will result in the client being charged the full session fee to the credit card on file.
 - b. **No Show No Call-** When clients are absent (**NO SHOW**) from scheduled sessions without notice (**NO CALL**) the full session fee is charged to the card on file.
 - c. **Cancellation x 3-** Three consecutive cancellations or rescheduling events may be viewed as grounds for terminating or actively reducing the frequency of meetings without client consultation. Client/s may lose appointment times and dates that were previously reserved for them.
 1. **Start Times:** Sessions are expected to begin and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session. I am also expected to be on time, and I will make an appropriate remedy if I am late, such as by making up the time, prorating the fee, etc.
 2. **Frequency & Duration:** The frequency of sessions and the length of the psychotherapy are aspects of the work that you and I will decide together as we proceed. Generally, our psychotherapy will continue until you and I together decide that our work is complete. See: "Early Termination" for exceptions to this policy
 3. **Other Providers:** If you are currently receiving services from another mental health professional, I expect you to inform me and permit me to share information with the professional so that we may coordinate our services for you.

NOTE: Insurance companies are not be billed for "short cancellations" or "no show no call" appointments. Clients will be charged the full session fee to their credit card on file.

CAVEATS (ADDITIONAL INFORMATION) FOR TREATMENT:

1. **Scope:** Clients presenting issues must be addressable within James' therapeutic scope of practice. If in the initial session it is determined that the issues being presented are outside of my modality or training, I will do my best to provide clients with appropriate referrals.

2. **Early Termination:**
3. Cancellation x3 – See “CLIENT EXPECTATIONS #1-c”.
4. When it is deemed that the client needs a higher level of care.
5. If the client exhibits behavior that may be deemed by the therapist to be threatening, including veiled statements of harm.
6. **The Goal of Marital Counseling:** James works from a reconciliation & forgiveness perspective when it comes to relationships that are considered covenantal. This means the identified goal at the beginning of the couple’s work is reconciliation.

COMMUNICATION (PRIVILEGED)

The information revealed in counseling will remain strictly confidential except under the following circumstances, in accordance with State law:

1. **The client signs a written release of information indicating informed consent of such release.**
2. **The client expresses intent to harm him/herself or someone else.**
3. **There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult.**
4. **A court order is received directing the disclosure of information**

It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, (**except during emergency**), before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

1. Be aware that in marriage, couples, or family counseling the identified client is the bonded unit. (i.e.- The identified client is the “marriage, couple, or family” not the individuals singularly.
2. In marriage, couple, or family work release of information requires the signature of all adult participants in the therapeutic process. Therapy notes **WILL NOT** be released without all signatures.

MARRIAGE, COUPLES, ADOLESCENTS, & FAMILIES – ADDITIONAL INFORMATION

NOTE: THE BEST INTEREST OF THE COUPLE OR FAMILY MAY NOT ALIGN WITH THE BEST INTEREST OF THE INDIVIDUALS WITHIN THE COUPLE OR FAMILY.

1. **Marriage & Couples**
 1. Taking sides: James most often adheres to a policy of “Neutrality” when couples and families come to the session in conflict. This means that James (most of the time) does not operate as the “Tie Breaker” in times of conflict. An exception to this policy occurs when it becomes obvious that a conflict is in a long-term deadlock that is destructive to the

marriage or family. Side taking will not be an often occurrence and will typically only occur where there is an identifiable benefit.

2. **Keeping Secrets:** James adheres to a “Clinical Judgement” policy regarding secret-keeping. This means that James relies on his best clinical judgment pursuant to the specific dynamics of the fluid therapeutic relationship at the specific point in time the secret is divulged to determine his course of action or inaction. James is not required to keep individual secrets when in Couples/Marriage work, he may choose to keep secrets, to not keep secrets, to set a time limit to keep secrets, and may change his perspective and course of action as additional details come to light.
2. **Information Sharing for adolescent clients:** There is no standard information requirement. The therapist will share information with the parents when
 1. **Formal Request:** The parent makes a formal request for information (this can damage the therapeutic process if used without the minor child’s consent) – Overuse of this privilege **could result in early termination of services.**
 2. **Urgent:** If information is considered to be urgent by the Therapist. (Possible examples: impulsive, reckless, or dangerous behavior with a high likelihood of long-lasting/lifelong negative effects.)
 3. **Emergent:** The following information will always be shared: Life-threatening issues, Issues of significant harm, Issues that require increased levels of care.
3. **For Families**
 1. **Parents and Children:** James will make reasonable efforts to find a balance between conflicting goals within the family systems. Everyone engaging in family counseling will best be served by arriving with a “compromise friendly” mindset.
 2. **Extended family:** Extended family members are not typically involved in family therapy. However, some cultural experiences may make this a useful part of the therapeutic process. If extended family members enter the therapeutic process, they will be expected to complete an informed consent document.

EMERGENCY SITUATIONS: When I am unavailable, clients may leave an email through the client log in of the client scheduling portal. I will return clients’ emails as soon as possible, this email will only be checked during normal business hours M-F. In an emergency, the client/s need to call 911.

Additionally, if a client presents in imminent peril (harm to self or others) through any communication means (examples: text, email, voicemail) it is my policy to inform the local authorities and request a “health and well-fare” visit through the local Sheriff or Police department.

****SOCIAL MEDIA****

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1. ****Client social media review-****As we have become a society where tech-based interactions comprise a portion of our social interaction it may be useful for me to review your (or the identified clients – or both) social media presence/s. If you would like me to review your (or your child’s) social media interactions as a part of our therapeutic work, please print what you would like me to review and bring it with you to the session, you may also copy, paste and upload these documents via the client portal. I will not examine social media even if media accounts are public without a prior conversation and consent. There may be exceptions to this policy in some

2. **Social Media -Friending-** I do not accept “friend” requests or similar connections with active clients, or their family members or friends of clients, on social media. This is to protect your confidentiality and privacy. If you would like to “Like” my professional Facebook page or “Follow” me, you may do so at your own risk. Please note that this is **not a way to contact me, especially in an emergency.**

3. ****Social Media – Intrusion by Nature of the {Connection Bot}-****Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a “people you may know” or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or Truth and Kindness Counseling, please make use of the privacy controls available on your phone. Turning off a social media app’s ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

****4. Social Media – Review Sites-****You may find my practice on various review sites such as Yelp, Healthgrades, Google Business, Facebook, or other places that list businesses. Some of these sites have review options that allow users to rate their experience. According to Kolmes (2010), many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, review, etc. While you have the right to express yourself on any site you want to, due to confidentiality concerns, I cannot respond to any review on any of these sites whether it is positive or negative. Because of privacy concerns, it is also likely that I will never see these sites and I ask that you discuss your feelings and reviews of our work directly. This can be an important part of our therapeutic relationship. If you do have serious concerns regarding our time together, please feel free to contact your states’ licensing boards (their contact information can be found in the “Resource “section of this Website and in the Downloadable “Informed Consent & Declaration of Practices and Procedures”

****ADDITIONAL INFORMATION****

PHYSICAL HEALTH

Physical health can be an important factor in the emotional well-being of an individual. It is recommended that you have a physical exam in the last year which includes a hearing screening. Please advise me on any medications you are on currently including dosage and times you take the medication along with the prescribing physician's name and contact information. You may be asked to sign a release of information so I may coordinate care with your physician.

POTENTIAL RISK OF COUNSELING:

The client should be aware that counseling poses a potential risk. And the course of working together, additional problems may surface of which you're not currently aware. If this occurs, you should feel free to share these concerns with me.

CUSTODY AND CONTROL OF MEDICAL RECORDS:

The established plan for the custody and control of the client's mental health records in the event of the licensee's death or incapacity, or the termination of the licensee's counseling practice.

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2. In marriage, couple, or family work release of information requires the signature of all adult participants in the therapeutic process. Therapy notes **WILL NOT** be released without all signatures.

CODE OF CONDUCT:

As a Licensed Professional Counselor James is required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. You may review the counseling code of conduct on the **Texas State Board of Examiners of Professional Counselors** at the website below. <https://www.dshs.texas.gov/counselor/lpc_ethics.shtm>. Additionally, an individual who wishes to file a complaint against a Licensed Professional Counselor may write to:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

or call 1-800-942-5540 to request the appropriate form or obtain more information. *This number is for complaints only.*

THIS DOCUMENT IS INTENDED AS A PUBLIC DISCLOSURE OF INFORMED CONSENT, POLICIES, AND PROCEDURES FOR "TRUTH AND KINDNESS COUNSELING", PATRONS WHO CHOOSE TO BECOME CLIENTS WILL BE REQUIRED TO AFFIRM RECEIPT OF THIS INFORMATION UPON INITIAL APPOINTMENT. CONFIRMATION WILL BE COMPLETED THROUGH THE ELECTRONIC - CLIENT PORTAL. THIS CONSENT IS A PART OF THE MEDICAL RECORD.