

Declaration of Practices and Procedures

Michele E. Caruso, Ph.D., LPC, NCC

The purpose of this document is to inform you about certain basic aspects of the counseling relationship we hope to establish. Please read it carefully and signify your understanding by signing below in the space provided.

ITEM 1: *Introduction*

I am Dr. Michele Caruso. My mailing address is P.O. Box 2067, Thibodaux, LA 70310. (Phone # (985) 448-4080).

ITEM 2: *Qualifications*

I earned a Master of Education in counseling degree at the University of New Orleans (M.Ed., 1992) and a Doctorate in Counseling from Mississippi State University (Ph.D., 1996). I am a Licensed Professional Counselor # 2484 in the State of Louisiana (Licensed Professional Counselor Board of Examiners, 8631 Summa Ave, Suite A, Baton Rouge, Louisiana 70809, Phone # (225) 765-2515). In addition, I am certified by the National Board for Certified Counselors. I am currently Director of the Nicholls State University Counseling Center and Dean of Student Services.

ITEM 3: *Counseling Relationship*

I will provide a safe place for you to work on your problems, explore your inner self, and develop more effective ways of living. Client goals include experiencing higher self-esteem and self-confidence, feeling better about themselves, and developing and maintaining better relationships with others.

Although our work may feel emotionally and psychologically intimate, it is essential for you to realize that our relationship is a professional rather than a personal one. This means that our time together will be limited to the sessions you have with me. This is to protect you, as I believe that you will best be served if our relationship focused on your concerns. Although I expect that you will get to know me as we work together, it is important to remember that you are experiencing me only in my professional role.

ITEM 4: *Areas of Expertise*

I see students, faculty, and staff of Nicholls State University. I have several years of experience working with college students of traditional and non-traditional ages. I work with clients of both sexes with all types of issues. I have extensive experience working with women's general issues and with violence against women. My approach may involve working with individuals, couples, and groups. If your issues are in an area I do not feel properly qualified to treat, I will discuss this with you and attempt to refer you to a professional better qualified to work with you.

ITEM 5: Fees

My counseling services are free to NSU students, faculty, and staff. If you are unable to keep a scheduled appointment, please notify me in advance. Clients who fail to keep two appointments without calling in advance to cancel will be terminated for the remainder of the semester in which these missed appointments occurred. The counseling sessions will be approximately 45 minutes each.

ITEM 6: Services Offered and Clients Served

I agree to work with clients who I believe have the capacity to work through their own problems with my assistance. I view the counseling relationship as a partnership, and I see my role as assisting people in understanding the patterns that exist in their lives; helping them recognize and use their strengths; facilitating individuals taking responsibility for their feelings, thoughts, and behaviors; and helping them make decisions about their lives and learning how to implement their decisions. This will often, but not always, involve discussing childhood issues with the focus being on how earlier events influence people in the present. This requires a commitment to gaining self-awareness. The process involved in this self-awareness often brings up feeling that may not be pleasant. Although this may not feel good, I consider this a normal and critical part of the process, and I believe that counseling sessions can offer a safe place for individuals to work through these feelings.

Although I will share my professional judgement with you, you are in control of what you explore in our sessions and you decide what goals you wish to pursue. Some clients need only a few counseling sessions to achieve their goals, while others may require months or even years of counseling. Much of this will depend on your specific life history, the patterns you are trying to change, and the specific goals you have for yourself. You have the right to end our counseling relationship at any point. I will be supportive of the decision. It is also important for you to know that there are alternatives to therapy with me. Other counselors use different approaches in their work, and I will be happy to refer you to someone else if you want.

ITEM 7: Code of Conduct

I adhere to the Louisiana State Code of Conduct for Licensed Professional Counselors. A copy of this is on file here and is available for you to read if you request it. If at any time you believe that I am acting unethically, or you are in any way dissatisfied with my services, please let me know. If we are not able to resolve your concerns, you may report your complaints to the Licensing Board at 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809.

ITEM 8: *Privileged Communication*

The counseling relationship and information and records resulting from it are considered confidential in accord with the ACA ethical standards. Your written authorization is required for me to release any information or record. The following exceptions are made to this policy: (1) if I believe there is clear and imminent danger to you or others; (2) if I suspect that a child or an elderly person (65 or older) or dependent adult is being abused or neglected; (3) if I am ordered by a court to disclose information; (4) if you direct me to disclose information to someone else.

I meet weekly with my colleagues to discuss any issues that can help me best serve my clients. This may involve talking about you and asking my colleagues for advice on how to best help you meet your goals.

ITEM 9: *Emergencies*

I can generally be reached at 448-4080 during the hours of 8:00-4:30 M-F. If I am not available leave a message with the secretary including both day and evening phone numbers where I can return your call. If your call is urgent please let the person answering the phone know that, and I will try to respond as quickly as possible. If an emergency occurs after hours, you can contact University Police at 4911. It is not recommended that you contact our office via e-mail because e-mail is not a secure medium and therefore may compromise confidentiality.

There may be an emergency that prevents me from attending our sessions. If this should occur, you will be contacted by me, my secretary, or one of my colleagues and you will be informed about the situation and what to do while I am unable to be in the office.

ITEM 10: *Client Responsibilities*

It is your responsibility as a client to notify me of any other ongoing professional mental health relationships so that I may contact and secure permission to work with you from that professional. Otherwise, it is my obligation to terminate this relationship. Finally, it is very important for the client to be honest with both the counselor and her/himself.

ITEM 11: *Medical and Drug Information*

Often, medical health has a powerful effect on your mental health. If you have not had a physical examination within the past year, I recommend that you have one performed. In addition, medications (both prescription and non-prescription) may have significant side effects on the counseling relationship. I expect to receive full disclosure from you in these matters and may ask permission to discuss them with your physician.

ITEM 12: *Risks*

The search for important improvements in your life does not always result in greater happiness (either immediately or ever). Sometimes, other more difficult problems surface, or counseling simply has little effect. You may also feel worse before you feel better.

Counseling may precipitate positive or negative events in a client's life, such as the reunion of a marriage or a divorce.

I have read Dr. Michele Caruso's Declaration of Practices and Procedures and understand them.

Client's Signature Date _____

Counselor's Signature Date _____