

Declaration of Practices and Procedures

Michael J Bourque, PLPC
Nicholls State University Counseling Center
P.O. Box 2067, Thibodaux, LA 70301
(985) 448-4080

Qualifications: I earned a Master of Science degree in Clinical Mental Health Counseling from the University of North Texas at Dallas in the spring of 2022. As a PLPC, my direct supervisor is Adrienne Naquin-Bolton LPC-S. Adrienne is a Licensed Professional Counselor LPC-S (#4385) and is licensed with the Louisiana LPC Board Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, Phone Number (225)-295-8444.

Counseling Relationship: I see the counseling relationship as a professional collaboration with a purpose set on providing a safe and trusting environment for encouraging personal growth through openness and honesty. The overall objective is to find successful resolutions to the problems that are deemed most important to the client. Using teamwork, we will explore and define present problematic situations, develop future goals for an improved quality of life, and work towards attaining these goals.

Areas of Focus: My education and training has prepared me to work with adolescents and adults. My focus is on the general treatment of clinical mental health concerns for clients of all genders and ages. My primary focus is working in the college setting addressing concerns such as depression, anxiety, stress, and many other issues that are challenging for the students, faculty, and staff of the university. If for any reason you do not feel that I am properly qualified to treat you, we can discuss this, and I will attempt to refer you to a professional who is better qualified.

Code of Conduct: As PLPC, I will be required to follow the Code of Conduct for practice as a counselor with a provisional license which has been approved by the Louisiana LPC Board of Examiners. As a member of the American Counseling Association (ACA) and Louisiana Counseling Association (LCA), I am required to also abide by their Codes of Conduct as well. Full copies of each Code of Conduct are available if requested. If you decide to file a disciplinary complaint concerning my practice as an PLPC, you may do so by contacting the Louisiana LPC Board of Examiners.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my Supervisor, which will only be shared to serve in the best interest of the client and 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 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.

Fees and Office Procedures: The NSU Counseling Center services are free for all NSU students, faculty, and staff. If you are unable to keep a scheduled appointment, please be sure to attempt to notify the University Counseling Center in advance. The Counseling Center reserves the right to charge a \$5 fee to the account of any client who is a No Show (more than 15 minutes later and has not called or emailed before the scheduled time to cancel). It is the University Counseling Center's policy that clients who fail to keep two appointments without calling in advance will be terminated for the remainder of the semester in which the missed appointments occurred.

Services Offered and Clients Served: My approach to psychotherapy is integrative and blends research supported treatments including Gestalt, Person Centered, Cognitive Behavioral, and mindfulness-based therapy. I strive to help individuals overcome blockages to self-awareness and develop new

ways of thinking, feeling, and behaving. I am focused on supporting and encouraging my clients and myself towards a sense of wholeness. I work with clients independently or in a group setting.

Colleague Consultation: In order to provide the best practices, I will consult with my supervisor and other mental health professionals to help maintain quality of care, confirm I am maintaining appropriate boundaries and ethics, and facilitating my continued growth as a professional. When consulting on your case, no identifying information will be provided, and I will ensure client confidentiality is protected.

Privileged Communication: 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 an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandates disclosures as conceivable.

Emergency Situations: I can be reached at (985) 448-4080 during office hours. My office hours are Monday-Friday from 8:00 AM – 4:30 PM. If an emergency occurs after hours, you may contact University Police at 985-448-4911 to be put in contact with the counselor on call. You may also seek help through hospital emergency facilities or by calling 911.

If an emergency occurs that prevents me from attending our sessions, you will be contacted and informed of the situation.

Client Responsibilities: As a client, you are to be considered my partner throughout the counseling process. Your honesty and determination are needed for success. If at any time you have any concerns or suggestions about treatment feel welcomed to discuss these with me. If you ever feel as though counseling would improve with a different mental health professional, I will help you through the referral process. If you are receiving services from someone else, I would like for you to inform me and allow me to collaborate with them.

Physical Health: Physical health is very important. It can play a huge factor in mental health. If you have not had a physical done in the past year, I would recommend that you do so.

Potential Counseling Risk: You should be aware that the counseling process can have potential risk. If any new feelings or concerns come up, please share them with me so we can address them. Some risks clients should be aware of include:

1. As a result of discussions in counseling, the client may become aware of additional concerns or problems;
2. Additionally, it is not uncommon as the client initiates the process of change that relationships in the client's life may be affected. Changes in relationship patterns may result from individual or family counseling and may produce unpredicted and/or adverse responses from other people in the client's social system;
3. Making changes through therapy may bring about unforeseen changes in the client's life;
4. Conflicts and problems may intensify as feelings are expressed.

Social Media: I do not communicate with or contact any clients through any social media platform. I will not accept any friend/follow requests from clients, even after the therapeutic relationship has been terminated. The therapeutic relationship is a professional one and this policy is established to prevent the blurring of boundaries.

Teletherapy: The University Counseling Center utilizes Doxy.me as our telehealth platform. It is secure and HIPAA compliant allowing for secure teletherapy sessions. Prior to clients engaging in teletherapy sessions, they will be emailed a Teletherapy Consent Form to review and sign. The University Counseling Center does not conduct teletherapy with clients outside of the state of Louisiana. If you must leave the state, please notify me so we can reschedule. If you plan to be out of state for an extended period of time, we can work together to find resources available in your area.

Declaration of Practices and Procedures

I have read the Declaration of Practices and Procedures of Michael Bourque and my signature indicates my full informed consent to services provided by Michael Bourque. I am aware that Michael Bourque will share information with Adrienne Naquin-Bolton LPC-S for the sole purpose of supervision and information shared within supervision may not be used for any other purposes.

Client Signature Date

Michael J Bourque, PLPC Date

Adrienne Naquin-Bolton, LPC-S Date

Consent for Treatment of Children and Adolescents

This document serves as your legal consent to counseling services to your minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist.

I am the: Natural Parent: [] Legal Guardian: [] Managing Conservator of []

(Name of minor child)

I am legally responsible for the child named above and grant permission to Michael Bourque PLPC to conduct therapy with this child.

Client Signature Date

Michael Bourque, PLPC Date

Adrienne Naquin-Bolton, LPC-S Date