LCMHC Professional Disclosure Statement

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**Qualifications**

I am a current Licensed Clinical Mental Health Counselor in North Carolina (#14346). December 2012, I completed a CACREP 60 credit hour Masters Health from Argosy University, Sarasota with GPA 3.91. January 2016, I was awarded licensure as Mental Health Counselor by the Commonwealth of Massachusetts (LMHC 9529). Requirements for Massachusetts required NCMHCE passing exam; 2 full years of full-time hours equivalent to 2,000hr/yr; plus1 hr of supervision for every 16 hours direct time with clients with all but 50 hrs being supervised by LMHC.

Including post graduate experience, I have been providing mental health counseling for more than 5 years. As a lay counselor I have over 20 years experience working with families and the desire to help families and family members was the drive to pursue higher education and licensure.

**Counseling Background**

At risk youth with legal and substance abuse issues have been a predominant focus, with most struggling with anxiety disorders, emergent bipolar, PTSD, and/or depression. Additionally, I have worked with adults with chronic and persistent mental illness, addiction issues, and persons who have committed sexual offenses. The treatment modalities used include motivational interviewing, Solution Focus Therapy, Trauma Focused-CBT, play therapy, AC, CBT and sand tray world play. The bulk of my work has been with family systems and helping families on their journey to become well. Often a child’s behavior is indicative of situations within the home. I have seen great improvement while doing intensive in-home therapy. As a clinician working with children and families, my philosophy is to work alongside versus coming in as an authority. Treating families with respect, kindness, and positive regard even when they are in the midst of a crisis is valuable. When individuals and families are in crisis, praise or the attitude of let me catch you doing something good is lacking. SFT helps to look at positive and makes changes within the system. All families are good, as clinicians we help them become great.

Sexual trauma has been a large focus of individual work with clients. Using TF-CBT, I have witnessed client become “whole again” which is a common description of client who have been through this modality of treatment. The process is customized to the individual with some assignments needing to be completed between sessions. Therapy works for people who are willing to invest in themselves.

**Session Fees and Length of Service** <In paragraph form, describe the elements below.>

Sessions will be 45 minutes. Cash or credit card will be accepted at rate of $85 per session. A missed appointment with less than 24 hrs notice will be charged $50.

**Use of Diagnosis**

My preference is to be conservative in diagnosing. Some diagnoses are not reimbursed by insurance companies. A diagnosis becomes part of your permanent insurance record and we will discuss the diagnosis before submission to insurance. I caution clients to become their diagnosis or label themselves with a certain diagnosis.

**Confidentiality**

According to the code of ethics from the ACA, our communication regardless modality including but not limited to phone calls, in person sessions, emails, video sessions, and/or text becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

**Complaints**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors   
P.O. Box 77819

Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

**Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_