

Statement of Practice

Therapy is conducted in unique ways according to the background, qualifications, and convictions of the therapist. This form is intended to provide potential clients with my unique perspective on the therapy process. I hope this will assist you in making an informed and confident decision concerning therapy. After you have read this, you may still have some unanswered questions. Please do not hesitate to contact me for clarification on any of the following issues or other concerns.

Qualifications: I obtained a Bachelor of Science in Psychology at Belmont University, Master of Arts in Marriage and Family Counseling at New Orleans Baptist Theological Seminary, and Doctor of Philosophy in Psychology and Counseling at New Orleans Baptist Theological Seminary. Serving as the psychometrician for Methodist Behavioral Resources in New Orleans, Louisiana taught me to utilize various assessments to enhance the effectiveness of therapy with clients of all ages. I gained extensive individual, couple, and family therapy experience in New Orleans serving as a clinical therapist for Family Service of Greater New Orleans and Counseling Services of New Orleans. I relocated to Nashville, Tennessee in 2005 due to hurricane Katrina and have a private practice. I am a National Certified Counselor (NCC) and a Clinical Member of the American Association of Marriage and Family Therapy (AAMFT). In the state of Tennessee, I hold license number 2216 as a Licensed Professional Counselor, Mental Health Service Provider with the Board of Professional Counselors and Marital and Family Therapist, 222 French Landing, Suite 300, Nashville, TN 37243 (615.532.3202).

Areas of Expertise: I have a general practice and have worked with individuals, couples, and families with a wide range of therapeutic issues. Some of these include Depression, Anxiety, Grief, Marital Discord, Eating Disorders, Abuse, Family Conflict, Sexual Issues, Adult Children of Dysfunctional Families, and various addictive behaviors. I am a Certified PREPARE/ENRICH Counselor.

Services Offered and Clients Served: Various treatment formats are utilized in my work including individual, couple, and family therapy. I also facilitate group therapy. I see clients of all ages and backgrounds. My therapeutic orientation is determined by the presenting problem. While I am systemic in nature, I often employ solution-focused brief therapy, cognitive-behavioral therapy, narrative therapy, and intergenerational therapy. At the core of my work as a therapist is my belief that the body, mind, and spirit are integral to healthy human functioning; therefore, therapeutic procedures will reflect a holistic approach to healing. Although I am a Christ follower in my own spiritual quest, there will be no invasive presentation of my faith in the course of therapy.

What to Expect from Therapy and What I Expect from Clients: Individual, marriage, or family therapy is a learning process aimed at achieving a better understanding of oneself and one's relationships. Therapy also can lead to healthier functioning so that relationships are more meaningful and fulfilling and life more satisfying. Therapy requires much sacrifice, yet has the potential to produce invaluable rewards. I hope to facilitate an atmosphere of acceptance, warmth, and mutual respect so that the therapy setting is a safe haven to explore the person you are, your story, and your relationships. Although it may be a painful process at times, success is dependent on client honesty. Please be aware that it may be necessary in the case of individual therapy to attempt to involve the entire family or significant other.

The therapeutic process moves through several phases. Initially, time in therapy will be spent exploring the nature of the problem(s) that prompted you to seek therapy. Getting to know you, understanding how you view yourself, hearing your unique story, and examining the quality of your relationships will be my priorities in this first phase. I will listen attentively and facilitate communication with you and others involved. My hope early in therapy is to instill trust in the client/therapist relationship.

Once this foundation of trust has been established and sufficient background developed, we will proceed in creating specific goals and objectives for therapy. Collaboratively we will develop a treatment plan according to your desired goals. The treatment plan will demand strong commitment and effort to experience the desired life change. Clients will be expected to apply various skills and techniques outside of the therapy sessions. Periodic evaluations of progress will take place to determine the effectiveness of the treatment plan. When prescribing medication is applicable to treatment, clients will be referred to a local psychiatrist.

Treatment efforts will conclude when the desired goals have been achieved, the client chooses to leave, or it becomes apparent that the client should continue therapy with another therapist due to a therapeutic impasse or need for increased specialization. While client or counselor may initiate termination or referral, it is imperative that client and counselor communicate openly about the client's progress. If termination is desired, I would like you to meet with me one time prior to making your final decision. Termination can be a constructive process, which deserves appropriate attention. Prior to the onset of therapy, clients must obtain permission from any other therapist currently engaged or terminate with the therapist unless an alternative type of therapy is being pursued, such as a client engaged in individual therapy decides to simultaneously pursue couples therapy.

Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile, and how to establish custody and visitation. My job is to assist you in considering all the possibilities and repercussions of your decisions; however, my Code of Ethics does not allow me to advise you to make a specific decision. Also be aware that if you have come to therapy to resolve marital issues, you will agree to refrain from subpoenaing me for testimony should court proceedings develop. Such an event would produce a conflict of interest for me as the counselor of a couple.

Potential Therapy Risks: In the course of therapy, there is the potential that personal discoveries will result in emotional discomforts such as anxiety, sadness, anger, or the emergence of unpleasant memories. Although this is a natural reaction, these discoveries may also lead to difficult changes in interpersonal relationships. While I cannot foresee all potential risks, I will do my best to inform you of the risks that I anticipate throughout our work together. Please do not hesitate to discuss with me your concerns related to counseling risks.

Emergency Situations: If an emergency situation should arise, you may seek help through the 24-hour crisis line 615.244.7444, call 911, or go to the nearest emergency room.

Code of Conduct: Every client possesses the right to present questions regarding my qualifications or services at any point in the course of treatment. I encourage you to exercise that right. I am required to adhere to a Code of Ethics for National Certified Counselors, for the American Association of Marriage and Family Therapy, and for the American Counseling Association.

Confidentiality: Clients are granted the security that all information revealed during the course of therapy will be kept confidential. However, individual disclosure will not be kept confidential among family members involved in the counseling process if open disclosure within the counseling setting is deemed necessary by the therapist. Outsiders will not have access to client records without prior permission from you. Exceptions to confidentiality regulated by state law include: consent for written release of information by the client, client's intent to harm oneself or others, the suspicious of abuse of a minor, elderly person (65 or older), or dependent adult, or by judicial order. In the event of a legally mandated disclosure, I will make reasonable attempts to consult with the client. If you choose to use third party insurers or third party payer, you must sign a release of information form provided by the therapist.

Physical Health: Please be aware that every client will be encouraged to complete a physical examination if they have not had one within twelve months of beginning therapy. As a routine part of the initial session, you will be asked the name of your physician. Also, be prepared to provide a complete list of all current medications.

Fees, Office Procedures, Policies for Insurance Reimbursements: Fees represent my time on your behalf, including record keeping and session preparation. I operate off of a fee for service arrangement which means fees are due at the time of treatment. The rate of treatment is \$105 for a 45-50 minute session accepted in the form of cash, check, or money order. Checks should be made payable to Shera Thiele. Fees for testing, written treatment summaries, court appearances, consultations, or other special services will be outlined upon request. Consult with your insurance company in advance regarding your behavioral health coverage. I do not file insurance from my office. However, clients can file for insurance reimbursement by obtaining a receipt for their payment and submitting an insurance claim form available through your insurance company. Unless an alternative agreement has been made between therapist and client, accounts in arrears beyond two sessions will result in the cessation of treatment until the outstanding balance is made current.

My services are available by appointment only. Because the appointment is reserved for you, it is necessary to charge 50% of the usual fee for appointments that are not cancelled 24 hours in advance. Less than 24-hour notice generally means that another client cannot use the appointment time. Clients may contact me at 504.491.0799 for scheduling appointments. Phone calls pertaining to treatment issues are billed at \$2 per minute and will be billed in 15-minute blocks.

Professional Services Contract:

_____ (name of client) commissions Shera H. Thiele, PhD, LPC-MHSP for psychotherapy, couples therapy, and/or family therapy. The named client understands that Shera H. Thiele offers no guarantee of cure or duration of treatment. The client agrees to pay fees in full at the time of treatment and understands that failure to do so may result in the suspension of therapy until the balance is paid. We, the undersigned client and counselor, fully understand the terms of service outlined in this document and agree to honor them with full knowledge of all that they may entail.

Client's Signature

Date

Client's Signature

Date

Shera H. Thiele, PhD, LPC-MHSP

Date