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Professional Disclosure Statement

The following document has been created to inform you of the counseling process and my counseling style. Please take your time reading it and make sure you understand each section before signing. If you have any questions, please discuss them with me.

Qualifications

I completed a Master's Degree in Clinical Mental Health Counseling from Appalachian State University in December 2018. Additionally, I earned a Graduate Certificate in Expressive Arts Therapy. I completed my Practicum in Counseling at the Lees-McRae College in the Fall 2017, and I completed my Internship there during Spring and Fall of 2018 (600 hours). I completed a total of 12 months (700 hours) of Clinical experience as a student intern.

The North Carolina Board of Licensed Professional Counselors issued me the license of Licensed Professional Counselor Associate Id #A14647, the National Board for Certified Counselors granted me the certificate of National Certified Counselor, Id #1011718. I am member of the American Counseling Associate (Member #6460853).

Restricted Licensure

As a Licensed Professional Counselor Associate (LPCA), my counseling services are under the supervision of Dr. Christina Rosen, Ed.D., LPCS (#S7345), LPC (#7345), LCAS (#1138), CCS (#20060), ICADC (#8935), NCC (#248197), Associate Professor at Appalachian State University, who may hear recordings of our sessions to provide me with feedback and ensure that quality care is being provided. (Audio or recordings of our sessions will take place with your express consent, given by signing a separate waiver in our initial session. You may also choose to not be recorded without any consequence.) Her address, email, and phone number are as follows: Reich College of Education, 151 College Avenue, Office 336D, Boone, NC, 28608, rosenm@appstate.edu, and 828-262-7858.

Counseling Background and Process

My past clientele includes young adults who I have worked with in both individual and group therapy sessions. The concerns I helped to address in this population include anxiety, depression, grief, self-esteem, trauma, relationship issues, and stress-management. My approach to therapy is

founded on Existential and Person-Centered theories. I believe in the potential of all people to grow and create a meaningful life for themselves. I often use Cognitive Behavioral Therapy (CBT), which entails recognizing, examining, challenging, and changing inaccurate, unrealistic, and negative thoughts and beliefs. Additionally, mindfulness may be used to promote greater awareness and acceptance of thoughts and emotions. For clients who are interested I can also offer expressive arts therapy, which can include writing, visual art, music, and dreamwork.

I view the therapeutic relationship as a team effort in which the client and therapist need to be equally committed to the process. Together we will come up with goals and design homework to encourage your progress outside of sessions. My role is to assist you in reaching your therapeutic goals while providing a safe, nonjudgmental space for your self-exploration.

Length of Therapy and Termination

Sessions will be 50 minutes long. The duration of counseling depends on the time it takes to achieve the goals that you set. At the beginning of therapy, I will help you explore what therapeutic goals you wish to set and take time to discuss the timeframe of treatment. When you wish to terminate treatment, I will help you through the transition by discussing a termination plan and providing you with information on other resources in the community.

Fee for Services

A sliding scale fee within the range of \$55-\$110 based on your household income level will be established with the office manager before your first session. The agreed upon fee is _____. You will be charged \$25.00 for missed appointments unless you cancel with at least 24-hour notice. Cash, personal checks, or credit cards are acceptable methods of payment and a receipt will be provided for all fees paid. All fees are expected at the time of service. A fee of \$35.00 will be charged for bounced checks.

Missed Appointments or Cancellations:

Please contact the front office at 828-333-4170 at least 24 hours in advance to change a scheduled appointment. I request that all clients arrive on time for all of their sessions to ensure a productive hour. Please let the office know if you will be running late to a scheduled appointment.

Effects of Counseling

Going to counseling takes courage, and it will challenge you at times. The counseling process may bring you to new levels of awareness that could initially cause more pain and anxiety. Change is often difficult, and you may experience this as disruption or discomfort in your life. While this challenge can ultimately help you to grow and reach your goals, you have the right to refuse to participate in certain therapeutic techniques.

Given the nature of counseling, it is difficult to predict your therapeutic outcome or to provide an estimate of the time it will take for you to reach your personal goals. However,

clients who are open to the process of change, are consistent in attendance, and are willing to do therapeutic homework outside of sessions tend to benefit the most from counseling and experience the most positive change.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition is made and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records and may have ramifications in terms of costs of insurance and long-term insurability.

Confidentiality

I take client confidentiality very seriously. Confidentiality is a key factor in creating an environment where you feel safe enough to share information that will benefit your treatment. While completing the required supervision for an LPCA, with your permission I will be sharing recordings of our sessions with my supervisor as part of my educational experience. Your information will only be revealed to other parties in the following instances: you reveal intent to kill yourself or others, you reveal abuse of a child, elderly, or disabled person, or I receive a court order to disclose your counseling records. A subpoena is not a court order. In the case of a subpoena, I will consult other professionals and review my options. If you are under 18 years of age, your parent or legal guardian will need to give their permission for your counseling. In this case your parent or legal guardian can also have access to your clinical record until you turn 18. I will not respond to friend requests on Facebook or any other social media as this violates confidentiality and is therefore unethical.

You have the right to review your own records if you choose to do so. Please inform me if you would like to access them. Your records are confidential documents in which I record information from our sessions as well as from any phone conversations. The purpose of the records are to document the goals of your therapy and keep track of your progress. If you are under 18 your parents or legal guardians also have access to them. I can never release your information to outside parties without your written consent.

Technology

I respectfully ask that while you are in a counseling session with me that you turn off all electronic devices so that you may be as fully present as possible. DO NOT email me for emergency situations or for communicating personal information concerning counseling sessions. In case of an emergency, please call 911 or go to the ER.

Complaints:

If you have any concerns about my counseling, I encourage you to discuss these 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 Professional Counselors
PO Box 77819

Greensboro, NC 27417
Phone: **844-622-3572 or 336-217-6007**
Fax: 336-217-9450
E-mail: LPCinfo@ncblpc.org

Signing below indicates that you have read this document in its entirety and that you are voluntarily willing to participate in my counseling services. I will provide you a copy of the signed form and keep one for my own records.

Client Print Name Date

Client Signature Date

Parent/Legal Guardian Print Name Date

Parent/Legal Guardian Signature Date

Counselor Signature Date