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LPC Professional Disclosure Statement

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My Qualifications

In May 2013, I earned both a Masters of Arts degree in Counseling through a CACREP accredited program and a Masters of Divinity at Wake Forest University. I am a Licensed Professional Counselor in North Carolina (#10271). I am also a National Certified Counselor (NCC #321727) with the National Board for Certified Counselors. I have five years of counseling experience. Prior to my tenure at CareNet, I completed one and a half academic years of fieldwork as an intern in clinical mental health settings and two years as a clinician for an Assertive Community Treatment Team in Western North Carolina.

Counseling Background

I have the educational background and professional experience to serve the following client populations: adolescents, adults, families, and couples. I am competent with spiritually integrated counseling, pastoral psychotherapy, trauma-informed care, and treatment for mood disorders, anxiety disorders, addictions, and severe mental illnesses. My way of being with clients is Rogerian. My way of understanding clients is critically post-modern. And, my way of intervening with clients is multimodal and informed by techniques from motivational interviewing, narrative therapy, and mindfulness-based cognitive-behavioral therapy. Essentially, this means that my primary concern is the holistic well-being of the individual client, and that I will work collaboratively with them to empower change and promote healing in a manner that respects the multiple dimensions of meaning in their lives.

Methods used to accomplish goals that foster growth could include building discrepancy around change, externalizing problems through stories, identifying promising exceptions to one's chief concerns, and recognizing patterns of negative thoughts while building skills of acceptance and awareness with those thoughts.

Ultimately, I am committed to providing services that offer a suitable match between the person, the situation, and a guiding theory. It is important to emphasize the fact that the unique nature of counseling entails risks when exploring ideal gains and, often, confronting painful losses. While it is my responsibility to work with the client to shape an environment that can maximize the promise of therapeutic change, the effectiveness of such work will be limited, albeit nonexistent, if the client is unwilling to make personal commitments to growth inside and outside of our scheduled time together.

Session Fees and Length of Service

A counseling session lasts for 30, 45, 60, or 90 minutes. Sessions are to be scheduled prior to the date of the desired appointment. I can bill certain insurance companies and Medicaid. I also use a sliding scale for payment structure in the event that it is needed. If applicable, you will be responsible for the co-payment or session fee on the day of your appointment.

Use of Diagnosis

If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis. This diagnosis will be used to help provide better care for the client. I do not believe that assignment of a diagnosis is an insurmountable obstacle nor does it signal the end of the counselor-client relationship. Instead this new information will be used in ways to supplement our therapeutic work together. Please note that any diagnosis will become a permanent part of the client's record.

Confidentiality

The counseling relationship is unique by nature and requires the maintenance of certain boundaries that would, in normal circumstances, be perceived as unnecessarily inflexible. It is important to remember that the counseling relationship, though intimate, is a professional – not social – relationship. I will work to maintain professional boundaries that preserve the integrity of this relationship. Likewise, I will respect your confidentiality inside and outside of the counseling session. In an effort to maintain strict confidentiality, I will refrain from acknowledging you in public unless you initiate the interaction.

All of our communication 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 that are in accordance with the state law: 1) you express intention to hurt yourself or someone else, 2) there is indication of child or elder abuse/neglect, 3) a court order is received which requires disclosure of information, 4) you are a minor for whom confidentiality is limited to the extent exercised by your parent or legal guardian, 5) I am working with other professionals where disclosure of information is required in order to provide you with optimal care.

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/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors

PO Box 77189

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@ncblpc.org

Acceptance of Terms

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

Client: _____ Date: _____

Counselor: _____ Date: _____