Professional Disclosure Statement

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Qualifications, Credentials, & Supervised Practice

I am a student currently enrolled in the Mental Health and Wellness Counseling masters program at Angelo State University in San Angelo, Texas. I am practicing under the supervision of Mrs. Rebecca Tubbs as part of a Counseling Practicum Course. I plan to apply for licensure through the state of Texas upon completion of my academic requirements in winter of 2025. I graduated with my M.Ed. in School Counseling from Lamar University in 2013 and am looking forward to earning my second masters degree in Mental Health and Wellness Counseling in December of 2025. I also hold a B.A. from The University of Texas at Arlington. I have worked as a school counselor for a total of 11 years between Arlington and Northwest independent school districts. My supervisor, Rebecca Tubbs, may be contacted at rebecca.tubbs@nisdtx.org or 817-821-6178. The professor of record for my Counseling Practicum Course, Anne Hardegree, may be contacted at ahardegree@angelo.edu .

Professional Services Provided

I provide academic, vocational, and personal counseling to support students in various aspects of their educational journey. My services include degree planning, course registration, major selection, and transfer guidance, ensuring a smooth transition for those seeking to continue their education. Additionally, I assist students with time management and other essential skills to enhance their academic success.

During the spring and fall semesters, I also offer personal counseling to support students' well-being. Appointments can be scheduled directly by students or through referrals from faculty, staff, or coaches. At the conclusion of the semester, I am available to provide referrals to external professionals for those who wish to continue their personal counseling journey.

Record Keeping Processes

In accordance with the American Counseling Association’s Code of Ethics, I will maintain secure and confidential records for each client to support their treatment. These records may include session notes, reports from other professionals, completed forms, and any materials you provide.

All records will be securely stored and kept strictly confidential between you, me, and my supervisor. You may request access to your records at any time.

Therapeutic Process & Theoretical Approaches

For therapy to be effective, it is essential that you take an active role in the process by sharing openly and honestly about your feelings, emotions, and experiences. Establishing trust in our therapeutic relationship is key, so I encourage you to ask questions if you are ever unsure about the purpose behind my inquiries or guidance. While therapy can sometimes feel uncomfortable, building trust allows us to navigate that discomfort together in a supportive and productive way.

I take an integrative approach to counseling, drawing heavily from strengths-based therapy in both academic/vocational and personal counseling. I also incorporate Cognitive Behavioral Therapy (CBT) techniques such as reframing negative thought patterns, thought-stopping strategies, and relaxation techniques to help manage stress and enhance self-awareness.

Additionally, I utilize Solution-Focused Therapy techniques, which emphasize identifying strengths, setting clear and achievable goals, and recognizing past successes as tools for future progress. Methods such as the Miracle Question, scaling techniques, and exception-seeking strategies help clients focus on solutions rather than problems, fostering a more goal-oriented and empowering therapeutic experience.

Confidentiality & Limitations

What is shared during a session is confidential, with the following exceptions per Chapter 681 of the Texas Administrative Code:

1. You are in danger of harming yourself.

2. You are in danger of harming someone else, including children or other vulnerable persons.

3. I am court ordered to disclose the information.

4. You report abuse of an elderly person or a minor child to me.

5. You request that I share the information with someone and I agree.

For minor patients, confidentiality also extends to parents. Unless one of the above exceptions apply, I will not share specifics of what is said during a counseling session. General information may be shared, such as goals, progress, and expectations.

Session Structure

There is no charge for services if you are a current student. Sessions will be 50 minutes each. If you need to cancel, please let me know 24 hours prior to your scheduled appointment. Since fees are not charged, no insurance is accepted.

Termination & Referrals

Counseling is a collaborative process, and it is important to find the right therapeutic fit. If I determine that our sessions are not leading to meaningful progress, I will assist you in finding a referral to another

professional who may better meet your needs. Additionally, I am available to provide referrals for continued counseling if you wish to transition to another provider after graduation or once the semester concludes.

Counseling services may conclude when the stated goals have been successfully achieved.

If you are thinking about ending counseling, I encourage you to schedule a final session with me. This will give us the opportunity to review your progress, develop a plan for your next steps, and discuss any referral options that may support your ongoing well-being.

Emergency Situations

I am available Monday through Thursday from 8 am to 4:30 pm, and on Fridays from 8 am to 12 pm, excluding holidays observed by the College and Northwest ISD. Additionally, if I am in a session or meeting, I may not be able to answer my phone right away. If you are in an emergency situation, please contact 911 or go to your nearest emergency room.

Communication Policies

Email is an appropriate method for scheduling appointments and general inquiries for both clients and parents of clients. However, please do not use email to discuss therapeutic content or to request emergency assistance.

Additionally, to maintain professional boundaries and respect your privacy, I do not engage in social interactions outside of our therapeutic relationship. This includes refraining from accepting friend or contact requests from current or former clients on social media platforms.

Client Rights

- You have the right to be treated by me in an ethical, competent, and respectful manner.
- You have the right to a personalized treatment plan, and the right to review and discuss that plan with me.
- You have the right to a referral when indicated by your treatment plan.
- You have the right to confidentiality, except in the cases described above under “Confidentiality and Limitations.”
- You have the right to terminate treatment if you wish.
- You have the right to ask questions regarding my treatment approach and your treatment plan.

Complaint Procedures

If you have concerns or complaints regarding my counseling services, I encourage you to first discuss them with me directly. Open communication is key to resolving misunderstandings and ensuring that your needs are met within the counseling process.

If, after discussing the concern, you feel that the issue remains unresolved, you may follow the formal complaint process:

School Administration: If the issue cannot be resolved directly, you may submit a formal complaint to the School Principal, Stacey Miles or Counseling Department Supervisor, Rebecca Tubbs.

Texas State Licensing Board: If your complaint pertains to ethical concerns or a potential violation of professional counseling standards, you may contact the Texas state licensing board or the American School Counselor Association (ASCA) for further guidance.

All complaints will be handled professionally, confidentially, and in accordance with school and district policies to ensure a fair resolution

Request for Consent

I acknowledge that I have read, or have had read to me, and understand the contents of this Professional Disclosure Statement. I consent to receive counseling services and confirm that I have received a copy of this document.

By signing below, I agree to adhere to these policies throughout the duration of our professional relationship.

Signature_____

Date _____