



## **Whitni E. Buckles, Ph.D.**

Resident Counselor

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### **DISCLOSURE STATEMENT**

#### **I. EDUCATION & TRAINING**

I have 6 years of supervised counseling experience and 10 years of Industrial and Organizational and private sector business experience that I bring to FCA. I have extensive, professional training in evidence-based methods in Counseling Psychology and in Industrial and Organizational Psychology as well as supervised clinical experience counseling college students, adults, families, and children. I have practiced in a church counseling setting, Christian university counseling center, secular university counseling center, outpatient mental health clinic, and in a juvenile correctional setting. My education includes a Bachelor of Arts in Psychology, a Master of Arts in Counseling, and a Doctor of Philosophy in Psychology. My doctoral specialties are in Industrial and Organizational Psychology, Psychological Assessment, and Counseling. I use a multifaceted approach to working with clients to help them achieve the level of functioning that they desire in many aspects of life.

My professional memberships and affiliations include the following:

- American Psychological Association (APA)
- American Association of Christian Counselors (AACC)
- Christian Association for Psychological Studies (CAPS)
- Society of Consulting Psychology (SCP)
- Society for Industrial and Organizational Psychology (SIOP)

#### **II. THEORETICAL & TREATMENT MODEL**

My theoretical orientation in therapy includes both an existentialist philosophy as well as psychodynamic theories of attachment and object relations. My approach with clients also draws heavily upon solution-focused and cognitive behavioral interventions in session. Though I find there are a number of techniques that help clients in the counseling setting, I believe that the one basic tool in therapy that is pervasive in the entire context of counseling is the therapeutic relationship. By establishing this relationship with the client, the counselor is able to bring the here and now into the individual's awareness where therapeutic work can occur. This attempt to understand the subjective world of the client is my first goal, followed by an effort to form an authentic relationship that is conducive to client work. In this environment, an individual is able to discover his or her own sense of uniqueness, freedom, and responsibility and is able to explore the possibilities of these ideas with the help of the counselor. Each client, in my conceptualization, requires an individual framework of behavior, goals, and values from which to work, and I devote important therapeutic interaction to the enterprise of learning about the individual. Once I have a testable conceptualization of the client, I become engaged in actively helping the client change towards their desired goal by testing my hypothesis through various interventions that are individually tailored to the client and their unique situation. My adherence to the importance of the unique qualities of the individual, coupled with specific psychological interventions with measureable outcomes that are designed to target identifiable behaviors and beliefs produces a therapeutic interaction that is grounded in theory but is as flexible as the needs of the individual client.

### III. SCHEDULING SESSIONS

An initial session can be scheduled by calling the Family Counseling Associates Main Office at (317) 585-1060 or Toll Free (888) 701-1060. Additional sessions are generally scheduled on a regular, weekly or bi-weekly basis and are not limited to any particular number of sessions or course of time. However, it is your responsibility to confirm and/or reschedule your next session.

### IV. BILLING AND INSURANCE INFORMATION

The fee for counseling will be \$150 for the Initial Evaluation Session and \$135 per 50 minute follow-up treatment sessions and payments are to be made at each session via Cash, Personal Check, or with Authorized Major Credit Card. Our office is pleased to check into your Insurance Carrier for possible Healthcare Benefits, but it is your responsibility to assist, as needed, in the process and ultimately, Insurance is a contract between you and your Insurance Carrier. Sessions cancelled within less than 24 hours will also be charged a \$50 cancellation fee (Illnesses and Emergencies are exceptions). Fees may increase periodically and any change in fees will be communicated with two weeks prior notification.

### V. VOLUNTARY

It is your right to select a counselor or therapist of your choice and you may terminate counseling with me at any time. I recommend one final session upon termination to reflect on our experience together and address any future concerns.

### VI. CONFIDENTIALITY

You have the right to confidential psychological treatment, based on Indiana State laws. I also believe that the basis of our relationship together is trust, and that trust cannot be fully realized without a contract of confidentiality from me, as your therapist. Because of those two reasons, I will maintain your privacy with the utmost care taken to ensure I maintain the trust that you should be able to expect from any health care professional. You should be aware, however, that there are *legal exceptions to confidentiality*. In these situations, information about your case could be shared with others with your permission, and in some cases *without your permission*:

- 1) The Uniform Health Care Information Act may allow for disclosure of information to another health care provider who is serving you.
- 2) You may give written permission to release confidential information. If you wish to disclose to a third party, you must sign a Consent To Release Information form.
- 3) If you reveal that you are contemplating, planning, or have acted out a crime, I may be required to report this to the appropriate authorities.
- 4) If you are a minor, I may discuss with your parents or guardians some of the information from our counseling. If you are a minor and a victim of a crime, I may testify at an inquiry concerning the crime.
- 5) If you reveal that a child or adult has suffered abuse or neglect, I have an obligation to report this information to the appropriate authorities.
- 6) If information you have revealed to me is subpoenaed, disclosure may be required by law.

If possible, I will attempt to discuss any required breaches of confidentiality with you prior to doing so. Additionally, I adhere to the standards set forth in Family Counseling Associates' *Notice of Privacy Practices* (see ACKNOWLEDGEMENT OF PRIVACY PRACTICES).

### VII. SUPERVISION AND CONSULTATION

As a Resident Therapist, I am bound to receive Supervision from a Licensed Provider until my licensure requirements are complete. Because of this requirement by the State of Indiana, I may share details of your case with my Clinical Supervisor. This is a customary practice in our profession, and it works to ensure my work on your case adheres to the highest levels of ethics and standards of practice. My Clinical Supervisor is bound to the Privacy Laws, discussed in the section entitled "Confidentiality" for your case. In the event that it should be deemed necessary to consult with your Physician or a Psychiatrist regarding your case, I will request a written Release of Information from you for doing so.

### VIII. STATE REGULATIONS FOR PROFESSIONAL CONDUCT.

The State of Indiana Department of Health as well as the Indiana Professional Licensing Agency oversees and regulates the practice of mental health counselors in order to ensure the health and safety of the public. If you believe that I have acted unethically or unprofessionally in my work with you, I ask that you address the issue directly with me. Additionally, you may direct a complaint to the authorities of the state:

**Office of the Attorney General**  
Consumer Complaint Division  
402 West Washington Street, 5<sup>th</sup> floor  
Indianapolis, IN 46204  
(317) 232-6330/1-800-382-5516  
<http://www.indianaconsumer.com/filecomplaint.asp>

### IX. ADDITIONAL COMMUNICATION

If you need to communicate with me outside of your scheduled session time, you can call (317) 585-1060 and press “0” for the Receptionist. The office staff of Family Counseling Associates will be available to take your call, or you can leave a message for me on the confidential voicemail (Extension “3507”) and I will attempt to return your call with 24 hours. I will generally limit phone communication to session scheduling and emergencies, and reserve the right to charge a fee for the phone call proportionate to the regular session fee. I will limit communication via email for the purpose of transmitting electronic documents/information (i.e. intake form, inventories online, etc.)

### X. EMERGENCIES

If you are experiencing an Emergency and cannot reach me via the number listed above, you may call our Main Line (317) 585-1060 and press “1” to reach the Therapist On-Call. The Therapist will return your call within minutes and offer recommendations, however, in the event of a life-threatening Emergency, please call one of the following numbers:

- General Emergencies: 911
- Mental Health Association of Greater Indianapolis 24-hr Hotline: (317) 251-7575