

Welcome

It is an honor to have the opportunity to serve you. I do not take this privilege lightly & commit to treating you with honor & respect. This document is designed to answer some FAQs about my practice & the counseling process.

Philosophy of the Therapeutic Process: It is my aim to come alongside you on your journey to wholeness; I believe that change & healing come in the context of community, that is, of relationships. Within the context of the therapeutic relationship, you are afforded the space to be seen & heard, accepted without judgment, and to wrestle with doubt & explore whatever it is that brings you here today.

While I use a variety of methods & therapeutic interventions, I primarily work from a form of narrative theoretical orientation; however, I do not hold a social constructionist belief. I do find value in using CBT interventions, Gestalt interventions, REBT interventions, & person-centered interventions. I am, personally, a believer in Christ. Should you wish to integrate faith or spirituality into therapy, I am happy to do so. However, if this is not your desire, I commit to refrain from imposing my personal belief system on your treatment. To do so would be unethical.

Please understand that you have the right to inquire about additional treatments, their risks, and benefits. If you may benefit from treatments I am unable to provide, I have an ethical obligation to assist you in seeking those treatments. Also, know that should you wish to seek the opinion of another mental health professional, I am happy to assist you in your search.

Psychotherapy is a collaborative effort, meaning that your active involvement in pursuing change is paramount for a successful outcome. Periodically, we will discuss the progress made towards stated objectives in therapy, and will work together to develop or amend a treatment plan. Therapy is hard work, and the road to health & wholeness can be a difficult journey; but, in my opinion, one well worth each step. Although there are risks involved, I believe that hard questions are worth asking and difficult things are worth the effort of reflection & contemplation. Risks associated with therapy may include experiencing uncomfortable levels of negative emotions (for example, sadness, guilt, anxiety, anger, frustration, confusion, loneliness, doubt, unpleasant memories, etc.). However, psychotherapy can be of significant benefit, bringing the client to a place of peace, health, & wholeness. This idea highlights one of the concepts behind the name, *Restore Counseling*. Restoration is a process of tearing apart in order to rebuild or repair. The process can, at times, begin to look like more of a mess than when it began;

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2

however, once the restoration process is complete, the outcome can far surpass the former condition. This is my hope for you as we embark on this journey together.

Sessions: Sessions are typically 40-50 minutes in length. It is important for efficient, productive work in sessions that we be respectful of appointment times. Please arrive on time for your session, & understand that if circumstances cause you to be late, the session time may not be extended. I make it my practice to avoid accepting call while in session with a client. However, there may be urgent circumstances that require me to answer during our session. I typically take notes during sessions, & you may feel free to take notes as well if it will be beneficial to you. Periodically, I may ask you to complete a “homework” assignment as a component to therapy. These can be integral catalysts for change and growth. Your willingness to participate outside of therapy sessions will make our time together more productive and will assist you in reaching your therapeutic goals.

Please refer to the Financial Agreement for session fees, missed appointment fees, and methods of payment. It is my practice to collect payment at the beginning of the session so that our entire focus may be dedicated to the work at hand. Also, unless a child is the primary client, I ask that children not accompany adults to counseling sessions. If you require further clarification on this policy, feel free to inquire.

Insurance: While I do not accept insurance, you may apply for reimbursement of session fees with your insurance company. If you require assistance with this, I am happy to provide it.

Communicating with your Counselor: My mailing address is listed in the header on this document. Please understand that I cannot always be reached by phone immediately. I will respond to messages as soon as I am able during normal business hours. In the event of an emergency, if you are unable to reach me, please go to your nearest emergency room or call 911. Mobile Crisis (24-hr mental health service) may be reached at 843.414.2350. You may also receive free, confidential assistance by dialing 211.

Emergency Contact: On the “Client Contact Information” document, you are asked to list a person to be contacted in the event of an emergency. Please understand that if there is an emergency, or if I become concerned about your personal safety or the possibility of your harming someone else, I am legally & ethically obligated to contact this named person.

Treatment Progress & Termination: In order for therapy to be effective, it is imperative that we maintain the ability to communicate openly and freely about the progress of therapy. If you feel dissatisfaction with any aspect of therapy, please discuss this with me as soon as possible so that we may work together to develop a solution. Termination of therapy is inevitable and is not to be taken lightly. Together, we will work to make termination a valuable aspect of the therapeutic journey. Should

there be an instance when you would like to take a “sabbatical” from therapy, we will work together to discuss risks and benefits of such a decision.

Expert Testimony: In the event that you are involved in a divorce or custody dispute, please understand that I do not provide expert testimony in court. My recommendation is that you seek a court-appointed child custody evaluator.

Casual/Social Contact: Because of the nature of the counselor/client professional relationship, it is inappropriate for us to become “friends.” It is best to avoid conflicting, dual relationships, and it is important that I maintain objectivity in the best interest of my clients. I will not see you socially, nor will I enter into any business or other relationship with you outside of the therapeutic alliance. If we, by chance, meet “on the street” or socially, I will minimize conversation so as not to risk breaching confidentiality in an open environment. I will not introduce you to anyone as “a client.” You are welcome to approach me if you wish, but I will not initiate contact with you out of respect for your privacy. Please do not consider this as any form of rudeness on my part. Also, as noted in the Professional Disclosure Statement, any form of sexual behavior between counselor and client is strictly prohibited and highly unethical.

Limitations: I am not licensed or trained to practice law, medicine, social work, or any other profession; therefore, I am unwilling and incapable of offering trustworthy advice from any other professional point of view.

Non-Discrimination: I will not discriminate in accepting or treating clients on the basis of age, gender, marital status, race, religious belief or creed, ancestry, national or ethnic origin, residential location, physical or mental disability or handicap, veteran status, sexual orientation, criminal record unrelated to present dangerousness. This is a personal commitment made in accordance with federal, state, and local laws/regulations. If you feel you have been discriminated against, please bring this to my attention immediately.

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Agreement: I, _____, have read and fully understand this document, having had my inquiries satisfied. I have received a copy of this form as well as the HIPAA (Notice of Privacy Practices) document, and have been oriented to the counseling process, expectations associated with therapy, and to my rights as a client of Restore Counseling, LLC. I further acknowledge that I seek and consent to treatment with Victoria Easom, M.A., LPCI and agree to the terms outlined in this document.

Client Signature

Date

Client Printed Name