

# **Delia Vicidomini**

Graduate Student at Appalachian State University, Clinical Mental Health Counseling Program

Seeking Professional Employment

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## **Professional Disclosure Statement**

### **Qualifications/Education Background**

I'm currently a graduate student at Appalachian State University, pursuing a Master's degree in Clinical Mental Health Counseling, with a specific concentration in Marriage and Family Counseling. I anticipate graduating in December 2020. I am a current member of the Alpha Sigma Upsilon chapter of Chi Sigma Iota (CSI), the professional counseling honor society, as well as a member of the North Carolina Counseling Association (NCCA)(ID#92181). My practicum course occurred in the Fall 2019 semester and Internship in Spring 2020 & Summer 2020 semesters at Daymark Recovery Services in Watauga County, primarily working with children in the School-Based Therapy program, as well as co-leading adult DBT groups. I have a total of 700 clinical hours as an intern.

### **Restricted Licensure**

I'm pursuing licensure as a Licensed Clinical Mental Health Counselor Associate (LCMHCA) in North Carolina.

As a counselor in training pursuing licensure, I am under supervision. My supervisor is Dr. Christina Rosen, Ed.D., LCMHCS (#S7345), LCAS (#1388), NCC (#248197), ICADC (#8935), CCS (#20060), CSAC (#2247). For contact information, provided is the following: work address at Appalachian State University- Reich College of Education, 151 College Avenue, Office 336D, Boone, NC, 28608, professional email- rosenm@appstate.edu, and mobile -828-262-7858.

### **Counseling Background**

Throughout my clinical experience as an intern, my clientele primarily are children, adolescents and adults. As mentioned before, I started off with School-Based Therapy, providing services to children and young adolescents during the school day. My main therapeutic approach is Cognitive Behavioral Therapy (CBT) which focuses on identifying and challenging inaccurate, cognitive distortions and negative beliefs. With the use of CBT, I strive to find new skills related to mindfulness, temper/behavior regulation and positive coping mechanisms for my clients. I also utilize some techniques of Gestalt Therapy in order to bring awareness of my client's body language in sessions when appropriate.

It is important to understand when receiving services that in order to see change and positive growth, it is crucial that I as your counselor, and we are to work together towards your personal treatment goals. It is not my role as your counselor to provide advice, or to “fix” you, but solely to guide you through your own process and exploration. My role is to listen, empathize, and challenge you when needed, and most importantly providing a safe, nonjudgmental space for you each session.

There will be times where I may ask you to participate in role plays, and opportunities for homework assignments, these would be completed outside of our sessions to better enhance your experience throughout therapy together. Please keep in mind even though that I will be facilitating sessions, I will be under supervision through my listed supervisor at all times.

### **Technology**

During sessions, I kindly ask all my clients to turn off all cell phones and electronics in order to allow clients to remain fully present throughout our session. If there is a known emergency, and you are expecting a call, please notify me. As per my professional Code of Ethics, to avoid multiple relationships I do not have social media contact with my clients. If for any reason you need to contact me, please call me at 336-575-6660, and I will get back to you as soon as possible. Texting is not preferred form of communication due to the lack of confidentiality. However, I will accept texts if you need to cancel or reschedule your appointment. In case of an emergency, please call 911, go to the ER, or use any of the other numbers listed under “Therapist Cancellations and Client Emergencies.” Do Not text me.

In terms of Telehealth services, if you are unable to attend sessions in person due to personal circumstances, I am able to provide services through Telehealth. I have attended a 2 hour training to provide telehealth services, during my spring and summer semesters for internships whilst under supervision. If we use Telemental Health the following will need to be followed. The client will need to be in a provide secure room, with their computer being cable connected or VPN secure encryptions and their computer needs to be free of virus, cookies, malware and other potential threats, that could lead to someone hacking your computer. Please note with these safeguards there is no guarantee that our session are not hacked. It is your responsibility to ensure that you have ran the last updates for your computer, latest malware and antiviral software prior to our session.

### **Multiple Relationships**

The counseling process, by nature, is intimate and personal. Given these qualities, it is important to highlight that our counselor/client therapeutic relationship is strictly professional. If we were to see each other outside of the counseling setting (e.g. grocery shopping, at a restaurant, etc.), I will not acknowledge you in public unless you acknowledge me first. If you choose to acknowledge me, we will not discuss any counseling related information.

## **Session Fees and Length of Services**

I currently offer individual counseling sessions. After the initial assessment and treatment plan which typically last about 90 minutes, the following sessions will typically last around 45-60 minutes. As the client, if you feel that you are not receiving the adequate amount of therapy, and it is not working for you- you may terminate at any point throughout the sessions. However, in order for the therapy to be successful for you, it is important that you are involved in the therapeutic process as much as possible. If you wish to terminate, I will provide you information of other options of local counselors and/or refer you to another for services.

I am currently unable to file insurance, Medicaid, Medicare for clients, and I am not a provider for an insurance panel at the moment. Fees may be paid via cash or check, and payment is due at the beginning of each session at the front desk. Initial sessions (assessment and treatment plan) are \$120, and following sessions are \$85. I do not use a sliding scale for fees.

## **Benefits and Risks of Counseling**

It is important to note that the counseling process is not always a “quick fix” to issues or circumstances with which you may be struggling, and change does not happen quickly. The counseling process requires dedicated time, perseverance, and active engagement on your part to meet your goals concerning your well-being. Keep in mind that, as we go through our sessions together, changes in your behaviors/thoughts/feelings may affect your relationships and/or circumstances in different ways.

Some positive outcomes of the counseling process may include a higher degree of self-insight, awareness and understanding of others, or an acquisition of specific skills or tools for addressing your feelings, circumstances, and target goals. During a counseling session, you may experience a wide range of emotions, which may include; anger, guilt, resentment, anxiety, frustration, “stuck-ness,” overwhelm, fear, relief, happiness, or gratitude. Although some of these emotions may induce discomfort, this discomfort can be instrumental in catalyzing the start of personal growth and discovery. I will strive to provide a safe, welcoming, and nonjudgmental space for you to experience and process these feelings.

## **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 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.

## **Confidentiality Terms**

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: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. Please note a subpoena is not a court order.

If you are a minor, your parent/guardian does have access to your records and documentation.

## **Missed Appointments/Cancellations**

Please contact me via phone at 336-575-6660, preferably 24 hours in advance, to change a scheduled appointment, cancel an appointment, or to notify me that you will not be attending group counseling or individual counseling. I ask that all clients arrive on time for all of their sessions so that we are able utilize our time together as efficiently and effectively as possible. If clients arrive to their appointment 20 minutes late, or more, I will consider the appointment officially cancelled and will require it to be rescheduled for another time.

## **Therapist Cancellations and Client Emergencies**

In the event that I may have to cancel or reschedule our appointment, I will contact you through my business phone as soon as possible. If there is inclement weather or other emergencies, it may be required to reschedule our appointment. If you are experiencing an emergency or crisis and cannot reach me, please call Watauga County Daymark Recovery Services Emergency Contact Line (828-492-2785), Watauga County Daymark Recovery Services After Hours Crisis Line (828-264-4357), Watauga OASIS Crisis Hotline for Violence/Domestic Abuse (828-2626-5035), or 911 for immediate help. **As a note**, if you are not a client at Daymark Recovery Services, you are still able to call the Crisis line for assistance.

## **Complaints/Disputes**

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/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors  
P.O. Box 77819

Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

By signing below, you acknowledge you have read the informed consent and have had the opportunity to ask any questions you may have about this document. You will be given a copy of this informed consent to keep for your own records, in order to refer back to it and ask any future questions you may have. Please refer back to it and if any questions come up in the course of therapy, feel free to speak to me or my supervisors.

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Client Print Name Date

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Client Signature Date

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Parent/Legal Guardian Print Name *(For Minors under 18 years old)* Date

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Parent/Legal Guardian Signature *(For Minors under 18 years old)* Date

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Counselor Signature Date