



## **Center for Mindful Development, PLLC**

*Psychological Services and Mindfulness Education*

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### *Policies and Agreement between Psychologist and Client*

~ Evaluation and Therapy ~

Welcome to the Center for Mindful Development! This document contains information regarding evaluation and therapy that is important as we work together toward your goals. **Please read it carefully and note any concerns or questions as you read it. Your signature at the end of this document will indicate that you understand and agree to these policies.**

#### **My professional background and approach**

I received my bachelor's degree in psychology and my Ed.S. (Educational Specialist's) degree in school psychology at the University of Kansas. I then completed an internship at the Children's Hospital in Greenville, South Carolina, where I focused on the psychological needs of children with chronic illness and developmental disabilities, as well as typically developing children, and their families. I earned my doctorate in school psychology at the University of South Carolina where I pursued the study of positive psychology. Engaged in research in subjective well-being, life satisfaction and hope in youth, I learned first hand how individual strengths and a focus on positive well-being (e.g., courage, hope, happiness, humor, etc.) can have healing and other beneficial effects. **Thus, I use a strengths-based, holistic approach in all my work.**

During my fellowship year at UNC, I was introduced to Dialectical Behavioral Therapy (DBT) and its use with individuals with developmental disabilities. DBT is grounded in mindfulness, which led to my further study and participation in the Mindfulness Based Stress Reduction (MBSR) course at UNC. Since then, I have been engaged in mindfulness practice. As a clinician, I often use mindfulness therapeutically but I also recognize that different clients require different approaches and that a match between therapist and client is critical to reach identified goals. I may also use behavioral or cognitive behavioral techniques as appropriate. **What is important to me is that you, as the client (or you and your family), feel safe, comfortable and at ease and that effective progress is being made toward your identified goals.**

#### **Services**

At the Center for Mindful Development, I specialize in developmental, psychological and educational evaluation of infants, children and adolescents and young adults. In particular, my expertise is in the determination of a developmental disability. I provide therapy to children and adolescents with and without developmental disabilities and their families.

For adults with developmental disabilities, I provide therapy (e.g., behavioral and cognitive behavioral) that may address issues such as emotion regulation, coping with a developmental disability, social relationships as well as realistic goal setting and attainment (e.g., at work, with peers or roommates, etc.). Of course, each client presents with his or her own needs and/or purposes for entering into therapy, which I respect.

I do not see clients when custody is being disputed, or for determination of custody, nor do I provide supervised parental visits. In addition, I do not see clients for diagnosis or

treatment of severe psychopathology or couples seeking counseling. However, I will gladly assist in appropriate referrals for such inquiries or if these issues arise.

### **What to know about evaluation**

Psychological and educational evaluations are individualized so that your child's needs – developmental, educational, social or emotional – can best be addressed.

For intelligence testing and other standardized testing, no preparation is necessary nor is it recommended. It is best to explain the evaluation to your child as a way to better understand how he or she learns. You may reassure your child that he or she did not do anything wrong, rather, he or she is doing a lot of great things and we want to learn more about those great things. In addition, we can learn more about what is challenging to him or her so we can better help. Your child may also be comforted knowing that although the appointment is with a doctor, it is not with a doctor who uses needles, etc.

Results of intelligence tests and other standardized testing are always interpreted in conjunction with other data that is collected.

### **What to know about therapy**

Therapy is voluntary and can have risks as well as benefits. Since therapy involves discussing areas of life that may not be easy or pleasant to think or talk about, clients may experience uncomfortable feelings such as sadness, guilt, loneliness or anger. Children and adolescents can experience these feelings as well but they may display them differently (e.g., acting out, not following directions as well as usual, decline in school performance, changes in friends, etc.). Most clients experience these feelings temporarily. Through therapy, most clients find symptom relief, new ways of adapting to change, different strategies for coping with difficulties (behavioral, emotional or social) and goal attainment. Throughout therapy, I engage in a collaborative process of revisiting your goals (or your child's or family's goals), ensuring any concerns are addressed quickly. While there are no guarantees of what you, your child or your family will experience through therapy, the process will be collaborative with the overall goal of improvement of quality of life and well-being.

### **Ending therapy**

If at any point you feel dissatisfaction with therapy, please feel free to raise these concerns as soon as they arise. You have the right to discontinue therapy at any time; however, I recommend we plan for and discuss the end of therapy. In addition, I am happy to refer clients to another mental health professional.

### **Professional fees**

**All payments are collected at the time of service.** I currently accept cash, check, debit and credit card. I am paneled with Blue Cross Blue Shield of North Carolina and work with a billing specialist to file claims for you. If you are not covered by Blue Cross Blue Shield of NC, **I encourage you to consult with your health insurance provider to discuss your policy in terms of what services (evaluation and/or therapy) are covered. It is best to do this prior to the beginning of an evaluation or therapy.** If you require forms to be completed in order to get reimbursed, I will complete the portions that I, as the provider, need to complete. However, it is your responsibility to negotiate with your insurance provider regarding coverage and reimbursement.

Initial phone consultations (for the purposes of learning about me and my practice) are free of charge. After the first session, phone consultations are free of charge up to 15 minutes. Phone calls lasting longer will be charged at a rate of \$140/hour and will be prorated.

***Typically evaluations occur over 3 to 4 sessions (e.g., 1 initial session, 1-2 testing sessions and 1 final interpretive session). For psychological and educational evaluations that include a comprehensive written report I also provide two hours total of follow up phone or face-to-face consultation over the course of one calendar year after the evaluation.***

- Evaluation of learning challenges (i.e., an evaluation that answers the question of why a child is not learning as expected and typically includes an assessment of intelligence, academic achievement, adaptive behavior and a screening of mental health issues): \$1,400.00
- Evaluation of learning, social and emotional challenges (typically called a comprehensive psychological evaluation, especially for evaluating for AD/HD diagnoses): \$1,600.00
- Early Kindergarten Entry Evaluation: \$450

I also am happy to itemize evaluations for specific requirements depending upon your needs (e.g., IQ test only, achievement test only, etc.). If that is done, I charge my hourly rate of \$140/hour. Often this may be the best option for families who have had previous testing done or who have very targeted questions.

***For therapy:***

Initial session: \$175 (includes initial session and time to develop the treatment plan following the session)

60-minute sessions: \$140/hour: Therapy sessions are typically held weekly or every other week for 50 minutes (I allow 10 minutes for writing case notes and transition). There is not a typical number of sessions, as this depends on each client (child or family) and his or her or their goals. We will periodically evaluate our progress and plan accordingly. Therapy is most effective if we are able to meet consistently.

**Cancellation and late policy**

If you cancel your appointment within 24 hours notice, you will not be charged. I also understand illnesses or emergencies sometimes occur less than 24 hours before your appointment, necessitating a cancellation. If this is the case, you will not be charged. For other cancellations, there is a \$50 fee. Please notify me as soon as you need to cancel.

**Electronic communication and social media**

I use email for scheduling or general information purposes. However, I try to limit communication via email due to it not being the most secure form of communication. If you prefer that I not use email for any reason, please let me know. At this time (September, 2016), the Center for Mindful Development, PLLC is developing accounts with social media outlets (e.g., Facebook and LinkedIn) in order to notify people in the community about upcoming events as well as current research on child development, parenting and mindfulness. At **no time** will client communication occur via such media outlets.

### **Emailing evaluation reports**

As it offers a convenience to many, clients frequently request evaluation reports to be emailed in a portable document format (“pdf”). Because email is not a secure form of communication, I prefer not to send reports in this manner; however, if clients request it and document their understanding of the risks, I will send reports via email. Clients will be asked to sign a separate form of agreement.

### **Emergency procedures**

I am often not immediately available by phone and I do *not* have 24-hour “on call” coverage. If you believe you will need a therapist with 24-hour coverage, I will gladly make a referral. If you are in crisis or have a family member who is in crisis, please go to your nearest Emergency Department or call 911.

### **Professional records**

The laws and standards of my profession require that I keep treatment records and evaluation results. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to give you a summary, or, if I deem it more appropriate, send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

### **Confidentiality**

In general, the law protects the privacy of all communication between a client and a psychologist and I can only release information about our work to others with your written permission. But there are a few exceptions. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment or evaluation. For example, if I believe that a child, elderly person or person with a disability is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

The above are very unusual and rarely occur in my practice. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. If information is to be shared with other professionals (other than the exceptions described above), I will need to authorize such communications with written Release of Information.

While this written summary of exception to confidentiality should prove helpful in informing you about potential problems, it is also important that we discuss any questions or concerns you may have when we meet. I am happy to discuss further any issues of confidentiality.

When we meet at our initial appointment, you will sign a consent form indicating that you have read this agreement and are consenting to evaluation or treatment for yourself, minor child or family. Please let me know if you have any questions or concerns. Thank you.

**Signature indicating that you have read this agreement and are consenting to evaluation or treatment for yourself, minor child or family**

I, \_\_\_\_\_, voluntarily request evaluation or  
*(parent or client name)*

treatment from Caroline Hexdall, Ph.D., Center for Mindful Development, PLLC for

\_\_\_\_\_. I have read the information in this document (or  
*(client name)*

had it read to me). I have had the opportunity to ask questions. I fully understand this document and agree to the terms.

\_\_\_\_\_  
Signature of client, parent or authorized representative

\_\_\_\_\_  
Date

Relationship to client:

- \_\_\_\_\_ Self, individual therapy
- \_\_\_\_\_ Self, part of a family in therapy
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Legal guardian

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable amount of time, and have informed him or her of the issues and points raised in this document. I believe this person understands the issues and I find no reason to believe this person is not fully competent to give informed consent to evaluation or treatment. I agree to evaluate or provide treatment to this client, as shown by my signature below.

\_\_\_\_\_  
Signature of psychologist

\_\_\_\_\_  
Date