



Firm Foundations Family Counseling, LLC
2905 Evangeline Street
Monroe, LA 71201
Phone: (318)654-7010
Fax: (318)654-7538

QUALIFICATIONS

Education —I have a M.A. in Marriage and Family Therapy from the University of Louisiana at Monroe and a B.B.A. in Management from the University of Louisiana at Monroe.

Legal Qualifications —I hold License # _____ as a Provisionally Licensed Marriage and Family Therapist (PLMFT) and License # _____ as a Provisionally Licensed Professional Counselor (PLPC) registered with the State of Louisiana Licensed Professional Counselors Board of Examiners and Marriage and Family Therapy Advisory Committee (11410 Lake Sherwood Ave North, Ste A, Baton Rouge, LA 70809 (225-295-8444)).

As a PLMFT and PLPC, I am authorized to provide therapeutic services to the public under the supervision of my clinical supervisor in accordance with Title 37, Chapter 13, 1101-1123 of the Louisiana Revised Statutes and under the auspices of the Licensed Professional Counselors Board of Examiners.

I am contracting with the staff at Firm Foundations Family Counseling, LLC and with my AAMFT Board-Approved Supervisor, Dr. Emily Jones, to provide me with the clinical supervision necessary to complete my post-graduate licensing requirements. Copies of Dr. Jones' Supervisory Statement of Practice is available upon request. Her office is located in Monroe, LA.

Dr. Emily Jones, Ph.D., LMFT-S, AAMFT Approved Supervisor
Clinical Supervisor
622 Riverside Drive
Monroe, LA 71201

Office: (318) 398-0945

Email: ejones@standforhope.org

COUNSELING RELATIONSHIP

I see counseling as a process in which you and I come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

SERVICES OFFERED AND CLIENTS SERVED

I provide therapy for individuals, couples and families. I work with clients of all ages, and with many different presenting issues.

CODE OF CONDUCT



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I am required to adhere to the Louisiana Code of Ethics for Provisionally Licensed Marriage and Family Therapists as well as the Louisiana Code of Ethics for Provisionally Licensed Professional Counselors. I am also required to observe the code of ethics developed by my professional association, the AAMFT (American Association for Marriage and Family Therapists). A copy of this code will be provided to you upon request. If you wish to file a disciplinary complaint regarding my practice as a PLMFT/PLPC, you may contact the Louisiana LPC Board of Examiners and the Louisiana Marriage and Family Therapy Advisory Committee.

CONFIDENTIALITY

Mental health professionals are required to abide by the professional practice standards for his/her licensing body and all Louisiana law. Material revealed in counseling will remain strictly confidential except for material shared with my Board-Approved Supervisor and under the following circumstances, in accordance with State law:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm him/herself or someone else.
3. There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult
4. A court order is received directing the disclosure of information.

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission.

PRIVILEGED COMMUNICATION

It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

AREAS OF EXPERTISE & THERAPEUTIC APPROACH

I specialize in marriage and family therapy and focus my work on problems of childhood, parenthood, marital difficulties and adult difficulties that may relate to disturbances in family relationships while also building on clients' strengths and resources. I am a member of the American Association for Marriage and Family Therapists (AAMFT). As a systemically trained therapist, I work from a systemic client-centered perspective, meaning that I place my focus for therapy on the reported needs of the client(s). This perspective is grounded in Systems Theory. This view sees all problems as interconnected or interdependent with the client's system (circle) of relationships and focuses on "how" something is affecting a system instead of "why". During therapy, you and I will work together to establish therapeutic goals. The overall objective of therapy is the successful resolution of the problem identified by you and me. I utilize brief therapy models in my practice of



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therapy, which includes Solution-Focused, MRI and collaborative language models. Some techniques I use in therapy include positive reframing, circular questioning and modeling communication skills. I also use Eye Movement Desensitization and Reprocessing (EMDR) therapy and the required techniques in my practice.

RESPONSIBILITIES OF THE CLIENT

You are the expert of your life. This means that although collaboration to identify goals, solutions and new and different perspectives does occur between the therapist and client during sessions, ethical codes dictate that clients must make their own decisions about such things as deciding to marry, separate, divorce, reconcile or setting up child custody.

Typically, appointments are scheduled at weekly intervals and last between 50 and 60 minutes in duration. Therapy differs between each case, but termination usually occurs between 5 – 10 sessions. The first session is typically for gathering information. This includes discussing any current or previous medical or psychological information that may be relevant in the therapeutic process. If you are currently receiving services from another mental health professional, I will expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our care regarding medications that you may be taking. If it develops that another mental health provider would better serve you, I will help you with the referral process.

EMERGENCY SITUATIONS —In the event of an emergency during business hours, call the office at (318) 654-7010 for assistance and guidance over the phone. If the therapist is in a session or it is after hours, you may leave a message on the voice mail and your call will be returned as soon as possible. In an emergency, when an immediate response is necessary, please call 911 or go to your nearest emergency room.

FEES AND PROCEDURES

Appointments — Appointments are made at the end of each session or by call the office number. You may also reschedule or cancel appointments over the phone with the receptionist. You are required to give at least 24 hours notice to cancel an appointment. Clients will be charged a late/cancellation/no show fee of \$50.00 that will be paid directly to Firm Foundations Family Counseling, LLC for appointments that are canceled without 24 hours notice. Appointments are available Monday -Thursday 9:00am – 6:00pm and Friday 9:00am – 1:00pm.

Fees —The fee for services is \$120.00 per session and is paid directly to Firm Foundations Family Counseling, LLC. Fees are paid at the front desk before the start of each session. Insurance companies are not accepted. As a PLPC, I may not accept payment for services directly.

PHYSICAL HEALTH



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Physical health is a key factor in one’s emotional well-being. If you have not had a physical examination in the last year, it is recommended that you do so.

POTENTIAL COUNSELING RISK

The client should be aware that counseling poses potential risks. While working together additional problems may surface of which you were not initially aware. If this occurs, feel free to share this with me. You may also have the feeling of some issues getting worse before they get better. Press through, and be honest about those feelings as well, and this should pass quickly.

I have read the Declaration of Practices and Procedures Alyssa Tamburo, M.A., PLMFT, PLPC and my signature below indicates my full informed consent to services provided by Alyssa Tamburo, M.A., PLMFT, PLPC. I am aware that Ms. Tamburo may share information with Dr. Emily Jones, Ph.D., LMFT-S, LPC-S AAMFT Approved Supervisor, and other PLMFTs and PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Alyssa Tamburo, M.A., PLMFT, PLPC may be audio or videotaped for the purpose of supervision.

 Client Signature Date

 Client Signature Date

 Alyssa D Tamburo, M.A., PLMFT, PLPC Date

Parent/Guardian Consent for Treatment of a Minor: I, _____, give my permission for Alyssa Tamburo, M.A., PLMFT, PLPC to conduct therapy with my _____, _____ . (Relationship) (Name of minor)

 Signature of Parent of Legal Guardian Date