

# Douglas Waldruff PhD LPC LMFT

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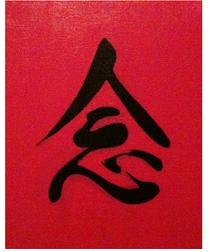
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## Professional Disclosure Statement

### Qualifications:

I received my undergraduate degree in Psychology in 1972, my Masters in 1982 and Doctorate in 1988 in Child Development and Family Studies from the University of North Carolina at Greensboro. I believe in the ability of each person to achieve health, wellness and wholeness. My therapy and coaching are based upon the philosophy that all of us have within us everything we need to be whole and successful. I graduated Magna Cum Laude from UNCG and was elected to Phi Beta Kappa in undergraduate school and Omicron Nu honorary academic society in graduate school. I was licensed as a Marriage & Family Therapist in 1986 License # 426, and was licensed as a Professional Counselor in 1995 license # 2236. I have over 29 years of counseling experience.

### Background:

I have had extensive professional training. I have worked in community mental health, university and private practice settings. I have worked with clients with virtually every psychiatric diagnosis.. I have seen clients ranging in age from 4 to 76 and include individual, couple and family counseling in my practice to deal with the stresses of modern life. My goal is to provide individualized solutions for each and every one of my clients. I emphasize personal growth and empowerment and respect each person's spiritual journey as unique and sacred. I also respect those that have no spiritual beliefs. I utilize the most progressive and productive therapeutic techniques available, to maximize growth and accelerate healing in a safe and supportive environment. I help people deal with all of life's normal developmental concerns like work and work related issues, intimate relationships, having children, parenting issues and growing older.

I also help people deal with complex issues arising from child sexual, emotional and physical abuse and the consequences of that abuse, as people move throughout life. I work with partners of narcissistic individuals and help them develop strategies to enable them to protect and heal themselves and their children if children are involved. I have over 29 years of experience and training in treating depression, adult ADHD, DID (Dissociative Identity Disorder), PTSD (post-traumatic stress disorder), and other anxiety based disorders. I have also worked with addictive disorders and issues of sexuality.

I use EMDR (Eye Movement Desensitization and Reprocessing), and energy psychology, including TAT (Thought Field Therapy), Reiki, guided imagery and Ericksonian hypnotherapy to facilitate rapid recovery from trauma and to enhance performance. I assist executives, athletes, and other creative and artistic individuals to overcome blockages that impede their ability to perform at their maximum capacity using mindfulness, self-awareness, stress reduction,

and healthy living practices. I also utilize CBT (Cognitive Behavior Therapy) and structural and strategic family therapy in my practice.

My theoretical orientation is eclectic in that I have integrated a number of theoretical frameworks into my method of counseling. I embrace a systemic approach to therapy in that I see that we are all embedded in a web of systems, internal and external that influence us and shape our behavior. I believe that we are a product of biology and our environment and in their interaction. I see problems in the context of society, family and internal to the individual. I embrace a cognitive behavioral and behavior modification approach where appropriate and often see problems in the context of a psychodynamic framework.

**Sessions Fees and Length of Service:** Also see and sign the **Patient Financial Responsibility Form**

**Sessions are 45 minutes in length unless otherwise agreed upon. Any time over the specified session length will be billed on a prorated basis of 15 minute increments. Some sessions which employ EMDR may require a 90-120 minute session. These sessions are often not covered in their entirety by insurance if at all, and will be charged as stated above. Dr. Waldruff is not “in-network” with any insurance companies but will work with you to provide whatever materials you might need to file your PPO insurance. Dr. Waldruff accepts cash, checks, and most major debit and credit cards.**

**Session fees are as follows:**

Initial Assessment and Intake: \$160.00

Ongoing Therapy Sessions: 45 minutes: \$130.00

**Use of diagnosis:**

Some health care companies will reimburse clients for counseling sessions and some will not. In addition, most will require a diagnosis of a mental health condition and indicate that you have some kind of “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:** See attached form- **Limits of Confidentiality** for clarification and signature

**Complaints:**

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Although clients are encouraged to discuss any concerns that they might have with me in order to come to resolution of any problem first, you may also file a complaint against me with either or both of the organizations 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/CodeOfEthics/TP/Home/CT2.aspx>) and the AAMFT Code of Ethics ([http://www.aamft.org/imis15/content/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](http://www.aamft.org/imis15/content/Legal_Ethics/Code_of_Ethics.aspx)).

North Carolina Board of Licensed Professional Counselors

PO Box 77819

Greensboro, NC 27417

Phone: 884 622-3572 or 336 217-6007

Fax: 336 217-9450

Email: [ncblpc@mgt4u.com](mailto:ncblpc@mgt4u.com)

North Carolina Marriage and Family Therapy Licensing Board

PO Box 5549

Cary, NC 27512

Phone: 919 469-8081

Fax: 919 336-5156

Email: [ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com)

**Acceptance of Terms:**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_ Date \_\_\_\_\_

Counselor: \_\_\_\_\_ Date \_\_\_\_\_

