

Lorraine T. Giardino, Ed.D.

Disclosure Statement

I appreciate that the decision to be involved in therapy is an important one and one to which you have given thought. Therapy is a cooperative process; therefore it is important that you feel comfortable with my credentials and method of treatment. I would welcome the opportunity to speak with you and can be reached on my cell phone (336)207-1226 or at the office (336) 288-0588. Appointments are to be made with me directly.

Education and Credentials

I received my Master's in Psychology with a Mental Health Counseling Specialization in 1982 and my Doctorate in Education with an emphasis in Youth and Family Studies in 1990, both from Nova Southeastern University in Fort Lauderdale, Florida. In addition, I hold certification as a Nationally Certified Counselor and Certified Clinical Mental Health Counselor (3329) and Licensed Professional Counselor (# 6954). I was licensed in Florida as a Mental Health Counselor since 1984 but retired my practice to move to Greensboro in 2006.

Experience a Theoretical Perspective

My education and experience has prepared me for working with children, women's issues and families. Through various post graduate continuing education programs, I have continued to educate myself in the special needs of those exhibiting: Mood Disorder, Anxiety, Conduct Disorder, Familial Problems, Attention Deficit/Hyperactivity, Learning Difficulties, Childhood Trauma, Reactive Attachment Disorder, and Behavioral Disorders. My counseling approach is eclectic and may include Cognitive /Behavioral techniques, Family Systems work, /Realty Therapy, homework and bibliotherapy. During the course of treatment you may be administered various screening inventories to assist us in the identification of areas of concern. Your therapy is based upon the needs you express, identification of relevant issues and always driven by the treatment plan which we will jointly formulate.

Course of Treatment

Treatment will follow a set path of Screening, Diagnosis, Treatment Planning, and Progress Evaluation. During the initial session, I will conduct an intake interview and mental status examination which will help to clarify your needs.

Fee

Sessions are usually fifty minutes in duration except for the first one which is approximately one and a half hours. The fee for the first session is one hundred and fifty dollars (\$150.00); subsequent sessions are one hundred and ten (\$110.00), unless prior arrangements have been made with me. I will assist you in filing insurance claims, but it is your responsibility to call your insurance company to check your benefits. Co-payment is expected at the time of service and can be in the form of cash, check or credit card.

Once again, I welcome the opportunity to speak to you and discuss any questions you may have as to fees, credentials or therapeutic perspective. My cell phone number is (336)207-1226 and office number is (336)288-0588. All appointment should be made directly with me.

Name: _____

DOB: _____

Address: _____

Phone: _____
