

# Declaration of Practices and Procedures

**Jenn Schaefer, MA, LPC, CCLS, RWWP, CTRP, CAS**

Licensed Professional Counselor

Certified Child Life Specialist

**Red Oaks Coping, LLC**

**705 Bonin Rd.**

**Lafayette, LA 70508**

**832.620.1548**

**IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below:**

Qualifications: I earned a Master of Arts degree in Adlerian Counseling and Psychotherapy from Adler Graduate School in 2013. I am currently a Licensed Professional Counselor (License #9414) with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave North, Ste A, Baton Rouge, LA 70816. I am also a Certified Child Life Specialist (#19226) with the Association of Child Life Professionals, 7600 Leesburg Pike, Ste 100 West, Falls Church, VA, 22043, a Registered Wonders & Worries Provider with Wonders & Worries, 9101 Burnet Road, Ste 205, Austin, TX, a Certified Trauma & Resilience Practitioner with Starr Commonwealth, 13725 Starr Commonwealth Rd, Albion, MI, 49224, and a Certified Autism Specialist (CAS165230) with International Board of Credentialing and Continuing Education Standards IBCCES, 4651 Salisbury Rd, Ste 340, Jacksonville, FL, 32256.

Counseling Relationship: I see the counseling relationship as one of trust and partnership. I believe you (the client) and me (the counselor) work together to identify the presenting problem or situations, define goals for an improved quality of life, and achieve these goals through education, cognitive behavioral approaches, and play.

Areas of Expertise: I specialize in working with children as young as 2 years of age up to 18 (if still in high school) years old who are struggling with anxiety, serious illness, death or loss, medical trauma, school behaviors, divorce or family transitions, or big emotions. I also provide counseling for children and adolescents with an Autism Spectrum (ASD) diagnosis. I offer family sessions and sessions with the client and their siblings.

Fees and Office Procedures: The fee for the initial intake session is \$100. All follow-up sessions are \$75. Sessions are 50-55 minutes in length. Payment for services is due at the close of each session unless prior arrangements have been made. Please ask me any questions regarding payment or office matters. Mrs. Schaefer only accepts self-pay clients at this time. Payment forms include cash, check, PayPal, Zelle, or Venmo. **Checks can be made out to Jenn Schaefer.** I will send you a monthly statement if there is an outstanding balance. Payment of any outstanding client balance is due within two weeks.

Sessions are approximately 50 minutes, unless otherwise arranged with Mrs. Schaefer. Your session time is for you and is taken seriously. Except for emergencies, **cancellations must be made within 24 hours of the appointment to avoid charge.**

Appointments are typically set at the close of each counseling session but can also be scheduled by contacting Jenn Schaefer at 832-620-1548. I have afternoon, evening and some weekend appointments available. Daytime appointments can be scheduled if needed.

Services Offered and Clients Served: I approach counseling from a strengths-based, trauma-focused perspective. During our time together we emphasize positive relationships, identify protective factors, and work towards changing feelings and behaviors even when we cannot change what is happening around us. I also utilize elements from a cognitive behavioral and play therapy approach. I believe that play is truly the work of the child. It is during pure and uninterrupted play where a child learns the skills needed to regulate their emotions, succeed in social situations, and develop true resilience. I provide services to children and adolescents in a variety of formats including individual, sibling, group and family sessions. When minors (individuals 18 years and younger) are involved, parent(s) or guardian(s) will be asked to participate in the counseling process with the child(ren) as needed and at my discretion. Some presenting issues may also require the participation of other family members or relations.

Code of Conduct: As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request.

Privileged Communication: Material revealed in counseling will remain strictly confidential except 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 requesting the disclosure of information.

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. 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. Any material obtained from a minor client may be shared with the client's parent or guardian.

After Hours and Emergencies: My contact number is 832-620-1548. If you need to contact a crisis hotline, please call 232-HELP/211. However, clients with emergency medical or mental health situations needing an immediate response are directed to call 911 or to present to the local emergency room – Lafayette General Emergency Room (337-289-7991) or Our Lady of Lourdes Women's and Children's Emergency Room (337-521-9100).

Client Responsibilities: “Homework” is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most out of the therapeutic experience.

If you are currently receiving services from another mental health professional, I expect you to inform me of this prior to the start of services and grant me permission to share information with this professional so that we can coordinate our services to you. If it develops that another provider would better serve you, I will assist you with the referral process.

Duty to Warn: If my therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

NAME: \_\_\_\_\_, PHONE: \_\_\_\_\_

Physical Health: Physical health may be an important factor in the emotional well-being of an individual. If the client has not had a physical examination in the last year, it is recommended that they do so. Also, you were asked in the application packet to provide a list of the medication(s) that the client is currently taking.

Incapacity or Death: I understand that, in the event of the death or incapacitation of the undersigned therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

Potential Counseling Risk: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these concerns with me. Counseling is beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for counseling.

Audiotaping or Videotaping during counseling sessions is strictly prohibited without the written consent of Jenn L. Schaefer.

I have read the Declaration of Practice and Procedures of Jenn Schaefer, LPC, CCLS and my signature below indicates my full informed consent to services provided by Jenn Schaefer, LPC, CCLS.

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give me permission for Jenn Schaefer,  
(Name of parent or legal guardian)

LPC, CCLS to conduct counseling with my \_\_\_\_\_,  
(Relationship)

\_\_\_\_\_  
(Name of minor)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date