

Maria Scott, LPC
Information and Consent Form

Purpose of Counseling

The purpose of counseling is to form a supportive and encouraging environment in which you and your family will gain insights to feelings, thoughts, and behaviors. Occasionally, the counselor may take the role of teacher and provide you with some suggestions with which you may increase your knowledge. Since counseling is a process in which client and counselor work together, I will be learning from you as well. You will be learning and expanding on processes you already possess but may not be aware of. I am open to any concerns that you have in many different areas of life. If at any time you feel that you may benefit from another counselor, you will be provided with a list of qualified counselors. In order for each session to be most effective we would ask that you participate as much as emotionally possible and practice honesty.

Goals of Therapy

- To provide you with a safe, secure environment in which to explore your thoughts and feelings.
- To gain insight and understanding of any issues that may arise.
- To develop positive practices, habits, and life patterns.
- To improve communication, decision making, and conflict resolution.

Counseling Process

Together, we will be exploring your thoughts and feelings, developing positive behaviors, and setting goals. The primary theory used by this counselor is Adlerian Therapy and secondary theories include Cognitive Behavioral Therapy and Play Therapy. Central to the Adlerian approach is to see the personality as a whole. Cognitive behavioral therapy challenges negative thoughts, patterns, and behaviors while Play therapy utilizes a child's innate ability to use symbols and play in place of words to communicate their feelings and needs. Your thoughts, interests, and concerns are my top priority. I will try my best to provide you with the tools to better cope with past, present, and future concerns. Often times, concerns come with painful feelings. I will create the safest environment possible in order to assist in the expression of feelings. If you need to take a moment, feel free to do so. You are welcome to end a counseling session at any time. You can always feel free to leave counseling at any time without fear of judgement from our staff or school.

Sessions

School counseling does not provide traditional 1 hour individual counseling sessions. Each student's session length will be determined by the counselor on an as needed basis. Weekly visits with students will be available to students by parent, guardian, or teacher request.

Group sessions will be conducted on an as needed basis throughout the school year. Groups may include but will not be limited to; grief groups, friendship groups, bully groups, girl groups, relationship groups, etc. Sessions will take place on NCS Orchard or Flamingo campus.

Professional Standards

Counselors are required to adhere to the professional code of ethics adopted by the Idaho Counselor Licensing Board.

Confidentiality

A client’s sessions, progress notes, and other counseling information are confidential with the exception of;

- Clear and present danger to self or others
- Reasonable suspicions of sexual or physical abuse
- A court order requesting release of records
- Per request *parent or guardian must sign a release of information form in this case*

Parents and legal guardians have the right to access any information regarding the therapy process. Consulting with the counselor before obtaining any information is recommended. Information given prior to consulting with the counselor may hinder the therapeutic relationship built between student and counselor. The counselor may contact parents or guardians regarding their student’s progress as well as with any concerns that need to be addressed.

At times, your counselor may consult with other professionals in the field in order to provide you with a continuum of service. These professionals are bound to the same statues of confidentiality. Maria Scott, LPC is currently working towards her clinical license and is currently under supervision.

By signing this form I am consenting that I have read and understand the information provided. This form provides consent for the treatment of a minor beyond 3 sessions outlined in the NCS handbook. Treatment may include but is not limited to; individual counseling sessions, group counseling sessions, and testing. I have been given a chance to ask any questions about the counseling process and was given sufficient answers to these questions.

Parent or Guardian Signature _____ Date _____

Student Signature _____ Date _____

Counselor Signature _____ Date _____

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***If there is an emergency, please contact your local hospital, police department, or call 911.**