

Spring Life Counseling, LLC

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Phone: 225.603.3443

Declaration of Practices and Procedures

Qualifications: I earned a Masters of Arts in Marriage and Family Therapy in 2008 from New Orleans Baptists Theological Seminary. I hold a Bachelor of Arts in Speech Communication from McKendree College in 2004. I am licensed as a LPC # 4303 registered with the LPC Board of Examiners which is located at 8631 Summa Ave., Baton Rouge, LA 70809 (225.765.2515).

Counseling Relationship: Counseling is a joint process by which a counselor and client form a professional, time-limited relationship based on trust, in order to address particular issues the client may be experiencing. Counseling can involve discussing personal and sometimes painful material, setting goals for change, completing assignments outside of counseling sessions, and implementing strategies to cope with everyday issues. The counselor's job is to be an aid and confidant in this process in order to help guide the client to his or her desired outcome.

Individual, marriage, or family therapy is a learning process that seeks for the persons involved to better understand themselves and others as well as the interactions that occur among the participants and significant others. Additional goals include achieving enhanced functioning as an individual, couple, or family so that healthy interactions are established and greater relational satisfaction is attained.

Appointments for counseling are generally scheduled on a weekly basis for one 45-50 minute hour. The first session is allocated to gathering necessary background information on the persons involved and the presenting problem(s). The number of sessions may average between six and ten sessions. However, the actual number of sessions will be determined after exploring the presenting problem.

Areas of Expertise: My training and experience has prepared me to deal with a wide range of issues and mental health concerns including anxiety, depression, attachment issues, grief, spiritual concerns, marriage and family issues, and many other areas of need. My background in communication studies also lends itself to specific help in developing better communication strategies and habits in regards to self and others.

Fees and Length of Counseling: Fees are charged on a sliding scale based on the client's gross income. Fees are due at the time of service and should be made payable to Spring Life Counseling, LLC. All information regarding fees, payment requirements, insurance, telephone consultations and missed appointments is discussed in the SLC "Fee Sheet" form. Payment is not accepted from insurance companies. Clients will be charged for appointments that are broken or cancelled without a 24-hour notice.

Services Offered and Clients Served: My therapeutic orientation depends on the type of problem being addressed. While I am systemic in nature, my approach may draw from any of the following therapies based on the unique needs of the client: cognitive-behavioral, solution-focused brief, narrative, structural/strategic, intergenerational, and/or insight-oriented therapies. I am decidedly Christian in my orientation. I provide counseling for individuals, groups, couples, and families. I work with adolescents and adults.

Code of Conduct: As a Counselor, I am required by law to adhere to the Code of Conduct for Licensed Professional Counselors, which has been adopted by the Louisiana Licensing Board. A copy of these codes is available on request.

Privileged Communications: Materials revealed in counseling will remain strictly confidential except for under the following circumstances in accordance with state law:

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

When working with a family or couple, information shared by adult individuals in sessions when other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of counseling. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy. Any material obtained from a minor client may be shared with that client's parent or guardian.

Emergency Situations: Since Spring Life Counseling, LLC is an outpatient diagnostic and psychotherapy service, I do not provide 24-hour emergency services. However, in most cases you may leave messages for me at 225.603.3443. If you are unable to speak to me and you have an emergency, you and/or your family members are instructed to call 911, or go to the emergency room. Baton Rouge Crisis Intervention Center is available 24-hours a day via phone at 225.924.3900.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort is essential to success. If as we work together you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services for the best outcome. Clients who may wish to terminate the counseling relationship agree to first meet with this therapist before making the final decision.

Physical Health: Physical health can be an important factor in the emotional well-being of an individual. If you have not had a recent medical examination within the past 12 months, it is recommended that you do so. Also, please provide me with a list of the medications you are currently taking.

Potential Counseling Risks: Psychotherapy may be tremendously beneficial for some individuals while, at the same time, there are potential risks involved. Any time a person makes major life decisions, it is natural to experience disturbing thoughts and feelings. Other risks include remembering traumatic experiences, and confronting distressing thoughts and/or beliefs. In addition, major life changes may be made as a result of therapy. Such changes can lead to unwanted outcomes. When one member of a marriage or family experiences intense emotions or makes significant changes, all members are affected. This is why it is essential that all members of the counseling experience commit to the therapeutic process. Though I cannot foresee all potential risks, I will attempt to inform you of expected potential risks specific to our work. I cannot guarantee a positive outcome to our work. As your therapist, I will be happy and available to discuss any of your concerns, problems, or possible negative side effects of our work together.

Professional Services Contract:

_____ (Name(s) of), hereinafter referred to as the client, has this day retained Allison L. Schoonmaker, MA, LPC, of Spring Life Counseling, LLC to provide psychotherapy and/or family therapy. The agreed fee per 45 to 50-minute session is _____.

It is expressly understood that Allison L. Schoonmaker has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Allison L. Schoonmaker shall be obligated to maintain a reasonable standard of care of practicing Professional Counselors. Neither Allison L. Schoonmaker, nor Spring Life Counseling, LLC, shall be held to any special or elevated standard of care.

The client agrees that all fees shall be due and paid at the time of treatment, and that payment in arrears over two sessions will result in the cessation of therapy until the balance is made current.

We, the undersigned therapist and client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the client with competency and understanding and knowledge of the consequence

Client's Signature: _____ Date _____
_____ Date _____

(If Client is a minor):

I, _____ give permission for Allison L. Schoonmaker, MA, LPC, to conduct counseling with my (relationship) _____.

Name of Minor: _____

Counselor's Signature: _____ Date _____
Allison L. Schoonmaker, MA, LPC