

Granberry Counseling Center

Declaration of Practice and Procedures

280 Taylor Ave. Winnsboro, LA 71295

Maranda Young, PLPC, PLMFT

(318) 307-0417 | maranda@lbch.org

Qualifications of Your Counselor

I earned my graduate degree in Marriage and Family Counseling from New Orleans Baptist Theological Seminary. I received my Bachelor of General Studies with a minor in Psychology from the University of Louisiana at Monroe. I am working as a Provisional Licensed Counselor and a Provisional Licensed Marriage and Family Therapist under the supervision of Mrs. Lauren Fix, Ph.D. She is a Licensed Marriage and Family Therapist (#1182), and a Licensed Professional Counselor (#5026) with the LPC Board of Examiners, 11410 Lake Sherwood Ave. North, Suite A, Baton Rouge, LA 70816, (225) 765-2515. She is an Approved Supervisor for both LPC and LMFT.

Areas of Focus

I am studying Marriage and Family Counseling and especially enjoy working with couples or adult and adolescent individuals. I have worked with both youth and adults in a variety of ministry settings. I have experience working with couples in premarital and marital work and individuals with anxiety, depression, childhood abuse, domestic abuse, and general life skills.

Counseling Relationship and Expectation of the Client

My goal for the counseling relationship is for it to be a learning process that provides the client(s) with the needed tools to better understand themselves, others, and their relationship with God in an effort to enhance the client(s) interactions and ultimately gain a greater satisfaction for life. The counseling relationship involves you and me exploring the nature of the problem that moved you to come to counseling. I will need you to share with me openly and honestly so I can get to know you, see how you perceive yourself, and gain a better understanding of the quality of relationships you share with others.

My responsibility will be to actively listen to you as you share your story, assist you as you develop future goals for an improved life, and provide an environment of trust so you can realize these goals. Because I am a professional counselor, I have to abide by certain ethical codes regarding dual relationships. Please let me know if you have any concerns about interactions outside of the counseling room, such as attending church together. I choose not to be “friends” with my clients on Facebook or any other form of social media.

Fees: The fee for services is \$75.00 per session, on a sliding scale as necessary. Payment is due at the time of service. Checks should be made out to LBCH. Clients will be charged for appointments that are broken or canceled without 24-hour notice. Payment is not accepted from insurance companies. Appointments can be made by phone at 318-307-0417 and by email at maranda@lbch.org

Types of Services

I work from a Christian world-view, but respect the religious beliefs of all persons. The theoretical base out of which I practice is typically Brief Solution-focused or Cognitive-Behavioral therapy. The nature of the issue presented by the client has a great deal to do with the theoretical approach to treatment planning. I offer counseling services to individuals, couples, families and adolescents, as well group counseling. I am certified in the Prepare/Enrich program for couples and also Level 1 trained in Gottman Couples Therapy. I have also received training in the Eye Movement Desensitization and Reprocessing (EMDR) therapy. I conduct sessions in person and through telemental health.

Professional Code of Ethics

All mental health professionals are required by state law to adhere to the code of ethics adopted by the LA Professional Counselor Board of Examiners. A copy of the Code of Conduct is available to you upon request.

Confidentiality

Following are the limits to confidentiality:

1. If you threaten grave bodily harm or death to another person, I am required to inform the intended victim and appropriate law enforcement agencies.
2. If you report to me your knowledge of past or continuing physical or sexual abuse of a minor child by an adult, I am required to inform the appropriate child welfare or law enforcement agency. The elderly and dependent adults are covered under this type of disclosure as well.
3. Your safety always takes precedence over confidentiality. In the event that you become unable to care for yourself or there is good reason to suspect suicidal behavior, I am able to waive the right of confidentiality in order to help insure your safety.
4. In Louisiana, couples are given confidentiality as individuals. However, to maintain effective treatment, the counselor will work with the individual to come to a position of safety to share the information with their spouse.
5. PLPC and PLMFT counselors are under individual supervision. No identifying information is revealed in the context of supervision. It is possible that I may request to record a session with a client for review with my supervisor, but the client will always have the option to deny my request. Videos are erased after review and are not a part of the permanent client record.
6. Counseling records may be released if subpoenaed by a court of law.

Emergency

In an emergency situation when an immediate response is necessary, you may go to your nearest hospital emergency room or you can call 911.

Physical Health of Clients

Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. As a routine part of the initial session, you will be asked the name of your physician, and to list any medications that you are now taking. Please keep me informed of any future changes in medication.

Potential Risks of Counseling

Clients should be aware that counseling may carry certain risks:

1. The client may become aware that additional problems may surface of which they were not initially aware.
2. Studies suggest that marital counseling involving only one party may lead to the dissolution of the marriage.
3. Changes in relationship patterns that may result from family counseling may produce unpredicted and/or possibly adverse responses from other people in the client's social system.

I have read and understand the above information, and my signature below indicates my full informed consent to services provided by Maranda Young.

Client signature _____ Date _____

PLPC/PLMFT signature _____ Date _____

Parental Authorization:

I, _____, give permission for Maranda Young to conduct counseling with my (relationship) _____, (name of minor) _____.

Signature of Parent or Legal Guardian _____ Date _____