

Declaration of Practice and Procedures

Wendy J. Leger, Ph.D., LCSW-BACS
Granberry Counseling Centers
10560 Airline Highway, Baton Rouge, LA 70816
Cell: 225-590-3233 Fax: 225-296-3946

Welcome to the Counseling Ministry of Granberry Counseling Centers. The purpose of this document is to provide you with information about my qualifications and approach to counseling. It covers the key areas involved in making an informed decision to seek counseling.

Qualifications: I earned a Ph.D. in Psychology and Counseling from New Orleans Baptist Theological Seminary and a Master of Science in Social Work (M.S.S.W.) from the University of TX at Arlington. I am a Licensed Clinical Social Worker (#4075) and a Board Approved Clinical Supervisor. Social Workers are licensed through the Louisiana State Board of Social Work Examiners, 18550 Highland Road, Suite B, Baton Rouge, LA 70809, (225) 756-3472.

Areas of Expertise: I work with individuals, adolescents, children (6 years and older), couples, and families dealing with a wide range of therapeutic issues. Some of these include: parent/child issues, family conflict, domestic violence, sexual abuse, addictions, substance abuse, personal growth, stress, grief/adjustment issues, social adjustment, depression, anxiety, phobias, trauma resolution, anger management, infidelity, and divorce adjustment.

I integrate the best practices of counseling theory and biblical wisdom to help clients seek peace, joy, freedom, and a greater love for God, others, and themselves. I help individuals heal the wounds of childhood trauma, emotional struggles, life transition, and difficulties with work and personal relationships. Counseling services are based on a keen understanding of the human person—the unique physical, emotional, behavioral and spiritual development of each person is considered and treated with great care.

Professional Memberships: American Association of Christian Counselors

Counseling Relationship: The relationship between the counselor and the client is one of respect, professionalism, openness, and safety. Counseling is a collaborative process between counselor and client(s) who work together on mutually agreed upon goals. The time-frame for treatment and counseling goals will be established together between client(s) and counselor.

What to Expect from Counseling: The goal of counseling is for the client to make the change necessary so that his/her presenting issue no longer exists or is no longer a problem. The overall objective for counseling is always the successful resolution of the issues that are deemed the most important through the collaborative process. “Homework” is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience.

Client Responsibilities: The counselor facilitates the change that the client has chosen; however, responsibility for change ultimately rests with the client. *As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments.* Clients must make their own decisions regarding such issues as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Also, if you currently have another counselor, you must first terminate with that counselor before I can offer you my services. 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 to you. If it develops that you would be better served by another mental health professional, I will help you with the referral process.

Physical Health: It is suggested that you have a complete physical examination if you have not had one within the past year. Please list any medication you are presently taking in the attached intake form.

Potential Benefits and Risks of Counseling: The counseling process may be immensely advantageous for some clients, while there are instances in which individuals experience feelings of sadness, fear, anger, anxiety, or guilt. Any time a person makes major life decisions, it is natural to experience disturbing thoughts and feelings. In fact, these thoughts and feelings are a crucial part of counseling, and therefore, act as a risk for some clients.

Other risks involved in the process include: remembering traumatic experiences, confronting distressing thoughts and/or beliefs, changing an individual's ability or desire to manage effectively and compatibly with other relationships, and possibly confronting those people. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, feel free to share these new concerns with me.

Fees: The Granberry Counseling Centers' standard fee for a 50-60 minute session is \$75.00. This fee may be adjusted based on income with provided documentation of need. Clients are charged for each session and are expected to pay at the time of service.

No fee will be charged if you need to cancel and give at least 24 hours advance notice. Clients who fail to give a 24-hour notice of their need to cancel or reschedule an appointment will be charged a no-show fee except in the case of an emergency. All fees are to be made payable to LBCH (Louisiana Baptist Children's Home).

Emergency Situations: I do not provide 24-hour emergency services. However, in most cases, I am available by phone (225-590-3233). When I am not available, please leave a message and I will return your call as soon as possible. If you are unable to reach me and you have an emergency call 911, the Crisis Line at 225-924-3900, or go to the nearest Emergency Room.

Confidentiality: All of our sessions will be confidential to persons outside of the counseling setting. Confidentiality will be encouraged in marital, family and group counseling sessions, but I do not guarantee confidentiality among participants of the counseling.

In addition, information may be released, in accordance with the state law, only when (1) you sign a written release of information indicating informed consent to such release; (2) you express serious intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elder person (60 years or older), or dependent adult; or (4) a court order is received directing the disclosure of information. It is my policy to assert either (a) privileged communication in the event of # 4 or (b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of # 2 or # 3. Although I cannot guarantee it, I will endeavor to inform clients of all mandated disclosures.

In addition, if by chance we see each other in a public place, I will respect your privacy by not acknowledging that I know you. You then have the choice to completely ignore me, smile quickly, or greet me with a hello. Again, to ensure confidentiality, I will not introduce you to anyone that is with me. Please be aware that I take your personal matters seriously, and I am not ignoring you to be rude.

Furthermore, I will not accept connection, follow, or friend requests from current or former clients on any social media sites, such as Facebook, LinkedIn, Twitter, etc., as I believe that it may compromise your confidentiality along with our respective privacy and may blur the boundaries of our therapeutic relationship.

Code of Ethics/Conduct: I am dedicated to advancing the welfare of individuals and families. I am guided in this pursuit by a code of ethics published by the National Association of Social Workers Code of Ethics for Licensed Clinical Social Workers and required by law to adhere to the code of my profession. Copies of this code are available upon request.

Please Ask Questions: You may have questions about me, my qualifications, or anything not addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time.

Counseling Contract: I have read and understand the above information.

I, _____, hereinafter referred to as the Client, has this day retained Wendy J. Leger, Ph.D. LCSW-BACS of Granberry Counseling Centers to provide counseling and/or family counseling. It is expressly understood that Wendy J. Leger, Ph.D. LCSW-BACS, has not issued, and will not issue, any guarantee of cure or treatment effects, or number of sessions necessary. It is further understood that Wendy J. Leger, Ph.D. LCSW-BACS, shall be obligated to maintain a reasonable standard of care.

Wendy J. Leger, Ph.D. LCSW-BACS, nor Granberry Counseling Centers, shall be held to any special or elevated standard care. We, the undersigned Counselor 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(s): _____ Date: ____/____/____
_____ Date: ____/____/____

Counselor Signature: _____ Date: ____/____/____

Parental Authorization for Minors: As a parent, I understand that I have the right to information concerning my minor child in counseling, except where otherwise stated by law. I also understand that Wendy J. Leger, Ph.D., LCSW-BACS believes in providing a minor child with a private environment to facilitate counseling.

I, _____, therefore, give permission for Wendy J. Leger, Ph.D. LCSW-BACS, to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with me and to conduct counseling with my (relationship) _____, (name of minor)
_____.

Parent/Guardian Signature _____ Date: ____/____/____