



EARLY CHILDHOOD  
*wellness place*

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### Information for Clients

Welcome to my practice. I appreciate you giving me the opportunity to be of help to you. My goal is for us to work together as a team and I hope this information will begin to answer any questions you may have about our work together. I am always happy to discuss any of these points further.

#### **About Psychotherapy**

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I believe you should feel comfortable with your therapist. So let me introduce myself and describe how I see therapy.

I completed a B.S. in Human Development and Family Studies at Colorado State University in 1998, and I completed a M.S. in Marriage and Family Therapy at Fuller Theological Seminary in 2001. At Fuller, I was trained both in clinical skills as well as the integration of my faith with my work as a therapist. I am happy to discuss any questions you have about this training, my beliefs, or how Christian values inform my treatment of children and families. I was licensed in Marriage and Family Therapy in 2003. I have practiced in a variety of settings including out-patient clinics, school based therapy, community mental health, emergency rooms, and a psychiatric hospital. I have worked with individuals, couples, families, and children. I specialize in early childhood (0-12) & trauma.

As a family therapist, I believe in working with a family as a whole. It is difficult to effect change in any one member alone. When we begin to work together, you can expect that I will want to work not only with one individual child, but also with parents, siblings and possibly even extended family members.

Depending on the presenting issues of you, your child, or your family, treatment modalities will likely include **non-directive play therapy, family play therapy, filial play therapy, skill building, parenting strategies, animal-assisted therapy, and consultation.** Following is a brief discussion of each of these modalities:

- **Non-directive individual play therapy** typically involves individual play sessions, which are both child-centered and child-directed. Children play on a daily basis in order to develop new skills, learn how to impact their environment, learn important social skills, and build relationships. Play therapy differs from everyday play in that it is conducted in a controlled environment (the play therapy room) with a therapist who is able to guide children in their play to work toward therapeutic goals. Adults will address therapy goals typically through some form of “talk therapy.”

Children are often unable to talk about their feelings and experiences in the same way; they are, however, experts in play. So in non-directive play therapy, children will “play” their experiences and feelings. For example, an adult may need to talk through a traumatic event several times before reaching a new understanding or new sense of mastery over that experience. In play therapy, a child may re-enact a traumatic event symbolically through play several times before they eventually become the “hero” of their own story.

- **Family play therapy** works much the same way as individual play therapy, except that one or more family members are included in the play.
- **Filial play therapy** is non-directive and child-centered, except that instead of the child interacting primarily with the therapist, the parent is trained to work with the child in session and at home. Because therapy typically only occurs on a weekly basis, it is often important for the parent to be able to provide special one-on-one “floor time” at home between sessions.
- **Skill building** is often included during play sessions to increase skills such as anger management, social skills, appropriate expression of feelings and others.
- **Parenting strategies** are almost always included in our treatment goals. Many parents seek therapy for children due to behavioral concerns. These behavioral concerns most often need to be addressed not only with therapeutic strategies, but also with new parenting strategies as well.
- **Animal-assisted therapy** is an important part of my work with children and families. You have most likely already met Miss Gadget, my animal-partner. Gadget and I are certified as a therapy team through Therapy Dogs International, an organization that trains and certifies therapy teams to visit in hospitals, nursing homes, schools, etc. There is research to indicate that petting animals can lower blood pressure, release chemicals in your brain that make you feel better, and have a calming effect. I have also learned from experience that the relationship children and families have with Gadget can by itself have a healing impact.
- **Consultation** is often an important part of treating young children. As needed, and with the proper release of information, I will consult with other professionals, teachers and child care providers in order to provide effective treatment.

I believe that healing ultimately occurs not because of any strategy or technique, but through the therapeutic relationship itself. As individuals and families have a new experience of being heard, understood and respected by a therapist, they learn to trust their own insight, and intuition, and have a greater respect for their own experiences.

I expect us to work together in determining the needs of your child and your family, and together we will set goals and work toward meeting those goals. Because children and families are all different and experience healing at different rates, it is difficult to determine a typical length of treatment. However, it is my experience that treatment can last anywhere from a few months to more than a year. We will continue to assess progress toward goals and ongoing relevance of these goals, and determine how long therapy needs to last. Typically when we determine that treatment is nearly complete, we will conduct 2-3 sessions to provide the child with a positive end to therapy. You have the right to seek a second opinion from another therapist or terminate therapy at any time.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as benefits with therapy. There is a risk that clients will, for a time, have uncomfortable feelings. In children, these uncomfortable feelings can lead to disruptive behaviors. Sometimes, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work for you.

While you consider these risks, you should know that many research studies have shown the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. Especially after the initial phases of treatment, children's behaviors tend to improve and other symptoms including nightmares, poor sleep or aggression tend to decrease. In therapy, people have a chance to talk (or play) things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly.

## **Consultations**

If you or your child could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me.

## **About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-information" form before I can talk about you or send my records about you to anyone else. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include:

1. I am required to report any suspected incident of child abuse or neglect to law enforcement;
2. I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened;
3. I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder;
4. I am required to report any suspected threat to national security to federal officials; and
5. I may be required by Court Order to disclose treatment information.
6. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. **By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary.**

A word about confidentiality and children: As I will often be working individually with your child in the therapy room, I request that we meet without your child each 4-6 weeks, or as needed so that we have time to discuss how your child is progressing in therapy, and how they are doing at home. I am always happy to answer questions you have about the play therapy process, and about your child's therapy.

**When parents are divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore, in compliance with C.R.S. §14-10-123.8, you authorize me to provide access to treatment information to such an individual by authorizing me to provide services to a child in your custody.** Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

There are two situations in which I will talk about part of your case with another therapist. When I am away from the office, I may have a fellow therapist "cover" for me. This therapist will be available in emergencies. Second, I regularly consult other therapists to ensure high-quality treatment. These persons are also required to keep your information private. Your name or identifying information will never be given to them, and they will be told only as much as they need to understand your situation.

It is my office policy to keep your case records in a safe place. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release.

### **About Our Appointments**

We will usually meet for 45-minute sessions once a week and may decrease frequency at need. An appointment is a commitment to our work. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. However, I also ask that if your child too sick to go to school that you keep him or her home in order to prevent the spread of illness to myself or other clients. I understand that emergencies occasionally prevent you from attending therapy sessions or providing 24-hour notice. **However there will be a fee charged to your account for missed appointments.** This will be billed directly to you, even if your insurance company is covering the cost of your treatment. *Please note that as Ivan schedules most of my appointments, he is part-time and if you are needing to cancel or reschedule an appointment you must also call me directly to avoid a late cancellation fee.*

### **If You Need to Contact Me**

I cannot promise that I will be available at all times. Please leave a message on my confidential voice mail, and I will return your call as soon as I can. Generally, I will return messages daily Monday-Thursday, with the exception of holidays. If you or your child is experiencing a mental health emergency, please leave information on my voice mail including the nature of the emergency, any safety plan you have initiated and how to contact you. Please use your best judgment in keeping yourself and your child safe. If necessary, call 911 or go to the nearest emergency room.

### **Disclosure Regarding Divorce and Custody Litigation**

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. Any statement I might make could be seen as biased in your favor because we have a therapy relationship; and, any testimony might affect our therapy, and I must put this relationship first. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation to make recommendations to the court concerning parental responsibilities or parenting time in the best interest of the family's children.

### **Regulation of Psychotherapists**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1340, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a Masters degree in their profession and have two years of post-Masters supervision. A Licensed Psychologist must hold a Doctorate degree in

psychology and have one year of post-Doctoral supervision. A Licensed Social Worker must hold a Masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a Bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a Masters degree and meet the CAC III requirements. A Registered Psychotherapist is listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the State and is not required to satisfy any standardized educational or testing requirement to obtain a registration from the State.

### **Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Association of Marriage and Family Therapists (AAMFT) and by those of my state license. *Colorado law § 12.43.214 (1) (d) requires that I inform you that in a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the state grievance board.* If there are any other concerns or complaints about the services provided, please inform the Mental Health Grievance Board.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

### **Our Agreement**

I have read the preceding information and it has been presented to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement.

\_\_\_\_\_ I have received a copy of the NOTICE OF PRIVACY RIGHTS.

\_\_\_\_\_  
Signature of client (or parent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

