

Statement of Practices and Procedures

Rikia Ancar, M.A., LMFT
Counseling For Growth, LLC
2924 Brakley Dr Suite B2
Baton Rouge, LA 70816
225-205-7508, 225-366-8672

Qualifications:

I earned a Masters of Arts degree in Marriage and Family Therapy from Adler University (Chicago Campus) in 2017. I am a Licensed Marriage and Family Therapist (LMFT) registered with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave N, Baton Rouge, LA 70816 (225-295-8444).

Clients Served:

I provide therapy for individuals, couples, and families. Individual clients range in age and diagnoses. Couples and families are seeking treatment to repair communication, relationships, and functioning. The clients pay the practice, Counseling For Growth, LLC., by cash, check, or credit card.

Areas of Focus:

I focus on intimacy, repairing trust, infidelity, communication, and other relational consequences of individual pathology that couples and families face. With individuals, I am able to assist clients with reducing impairments related to anxiety, depression, trauma, and addiction.

What to Expect from Therapy:

I work from a systemic perspective, which means that I view client's immediate family relationships and larger social context as being important resources in solving life's problems. Goals for therapy are established through collaboration. The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through the collaborative process.

I work from a Contextual perspective, which means that I assist individuals, couples, and families in resolving transgenerational wounds and repairing relationships. I believe that repairing relationships will enable clients to work on other issues such as managing mental illness and addictions. Techniques that I often employ are instruction and modeling of communication skills, family role-playing, skill building, and psychotherapy.

Individual, couples, and family sessions are 50 minutes. The frequency of sessions is determined by the severity of the presenting issues but will usually be once per week. The length of treatment is determined by the severity of the presenting problems and collaboration between myself and the clients.

What I Expect from Clients:

Clients must make their own decisions regarding custody, preservation of the relationship, parenting styles, etc. I aid clients in meeting their treatment goals while healing from past and present emotional difficulties. I abide by my code of ethics which prohibits direct decision making from therapists.

Code of Ethics:

I am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists (LMFTs). A copy of this code is available upon request. Should you wish to file a disciplinary complaint regarding my practice as a LMFT, you may contact the Louisiana LPC Board of Examiners. My practice is also bound by the American Association of Marriage and Family Therapist ethics code.

Privileged Communication:

I am required to abide by the professional practice standards for Licensed Marriage and Family Therapists as stated in Louisiana law and the AAMFT ethics code. I do not disclose client confidences and information to any third party, without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the proper authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled adult abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Also note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent.

When working with couples and/or families, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for mandated exceptions noted above) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individuals during couple or family therapy could impede or even prevent a positive outcome to therapy. If an impasse results from such confidentiality, referral to another therapist might result.

After-Hours/Emergency Situations:

In an emergency situation when an immediate response is necessary, I advise all clients to call 911 to receive emergency help which will offer immediate assistance 24 hours a day.

Fees and Offices Procedures:

Appointments: Appointments are available from Monday, Wednesday, and Friday at 5 pm and 6pm. Tuesday and Thursday from 5pm-7pm. As well as select Saturdays. Appointments canceled with less than 24 hours notice will be charged the full fee. Three consecutive missed appointments (no call, no show) will result in the client(s) being denied a future appointment and

referred to 3 providers for continued care. Clients must create a client portal through TherapyAppointments and use it to schedule appointments. Clients may reach out via phone or email to reschedule or cancel appointments.

Fees: The fee for 50 minute sessions is \$75 due to the practice at the time of the appointment.

Potential Risks of Therapy:

A. Changes in relationship patterns may result from participation in therapy. Such changes may produce unpredicted and/or possibly adverse responses from other people in the client's social system.

B. A result of therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the therapeutic relationship.

Telemental Health Services:

Client participation in telemental health is at the discretion of Rikia Ancar, LMFT. Any client whose symptomatology is severe may not be allowed to utilize telemental health. This is decided on a case by case basis.

Session requirements: Clients must register for and log into their TherapyAppointments Portal for their appointments. Clients must have a quiet, private space to meet for an uninterrupted 50 minutes. Clients may not have others in the session who are not clients. Clients must have reliable internet connection as sessions will only be done via video conferencing.

Fees: The fee for sessions is \$75 per 50 minutes. Clients may mail checks made out to Counseling for Growth, LLC to 2924 Brakley Dr. Suite B2 Baton Rouge, LA 70816. Clients may also pay with a card on file.

Appointments: Clients may request telemental health appointments and specify them as such. Those appointments are limited to 50 minutes. The cancellation of those appointments must be within 24 hours to not incur a charge to the card on file. 3 late cancellations or 3 no-shows will result in a client being removed from the schedule and referred to 3 providers in their area. Availability of the LMFT is subject to change. However, it currently mimics face-to-face times which are Monday, Wednesday, and Friday at 5 and 6 pm; Tuesday and Thursday 5-7pm, and select Saturdays.

Safety Plan: Each client and the LMFT will have a copy of local emergency services to utilize in the event of loss of connection/technological failure. Clients will receive an email from the LMFT in the event that connection is lost and is unable to be regained within the 50 minute time slot.

I have read the Statement of Practices and Procedures of Rikia Ancar, M.A., LMFT and my signature below indicates my full informed consent to services provided by Rikia Ancar, M.A., LMFT.

Client Signature _____ Date _____

Client Signature _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Rikia Ancar, M.A., LMFT
(Name of parent or legal guardian)

to conduct therapy with my _____,
(Relationship) (Name of minor)

Signature of parent or legal guardian Date

Rikia Ancar, M.A., LMFT _____ Date _____