

Statement of Practice

1.) Christian J. Dean, Ph.D., LMFT, LPC, NCC
Counseling For Growth, L.L.C.
2924 Brakley Dr. Suite B2
Baton Rouge, LA 70816
(225) 205-7508
(504) 231-1883

2.) **Qualifications**—I have a Doctor of Philosophy (Ph.D.) Degree in Counseling from the University of New Orleans. The counseling program that I graduated from was accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). I am licensed as a Marriage and Family Therapist (LMFT #691) and as a Professional Counselor (LPC #2772) with the LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809.

3.) **Clients Served**—I provide therapy for individuals, couples, and families. I work with children and adults.

4.) **Specialty Areas**— I specialize in the practice of marriage and family therapy and am experienced in the working with problems of childhood and parenthood, marital difficulties, and life difficulties of adulthood that may relate to disturbances in family relationships. I am trained to provide child-centered play as an intervention as well as Filial Therapy (parents as the change agent with their children through child centered play). I have experience providing substance abuse recovery counseling as well as conducting substance abuse assessments for adults, adolescents, and Spanish speaking individuals. Additionally, I provide counseling and family therapy services for children and adolescents who have struggled with not only family rules and regulations but with the legal system by being arrested, truant, or on probation. I am a Clinical Member of the American Association for Marriage and Family Therapy and am certified as a National Certified Counselor.

5 & 6.) **What to Expect from Therapy and What I Expect from Clients**—I work from an ecosystemic perspective, which means that I accept a client's immediate family relationships and larger social context as being important resources in solving life's problems. Goals for therapy are always established through collaboration with the client. The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through that collaborative process. I work from a theoretical integrative perspective where I may incorporate and integrate several orientations and thoughts of family therapy and counseling. I may assist couples and families in organizing their relationships so that resources can be brought to bear on the problems being presented. I may challenge couples and families to consider revising their communication styles. Techniques that I often employ are instruction and modeling of communication skills, family role-playing and family sculpting, and between-session interactive assignments. This "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. Additionally, clients are encouraged to understand that family therapy can occur with just one individual and does not necessarily require the whole family present, although preferred.

Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, 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.

Appointments are usually scheduled one time a week for approximately one hour, with the first session devoted to gathering necessary information. The entire therapy process may take on the average of eight to ten sessions or more.

7.) **Code of Ethics**—I am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists, and the Louisiana Code of Ethics for Licensed Professional Counselors. Additionally, I belong to several professional organizations and am required to comply with the codes of ethics for them as well. Copies of any of these codes are available upon request.

8.) **Privileged Communications**—I am required to abide by the professional practice standards for licensed marriage and family therapists, licensed professional counselors and Louisiana law. I do not disclose client confidences and information to any third party without a client's written consent or waiver except when mandated or

Christian J. Dean, Ph.D. Statement of Practice 2
Updated June 2017

permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect (which can include any reported viewing of child pornography), elder abuse/neglect, or disabled 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. Additionally, as a professional, I may consult with other professionals if I find myself to have some struggles with where to go with your case or if there is an ethical predicament that arises. Please understand that your personal information will not be shared during consultations and that I will only talk about the struggle or ethical predicament without any identifying information. You have a right to inform me if you would not like such processes to take place with your particular case, otherwise, your signature at the bottom of this form indicates consent for such consultation (if needed) regarding your case.

Certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. Also note that if you use third party insurers, such as health insurance policies, HMO or PPO plans, or EAP programs, you are authorizing the release of your medical information for claims to be submitted and processed.

When working with couples, families, or groups, 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 the mandated exceptions already noted) 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 individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

9.) After Hours and Emergencies

After office hours, you may leave a message on my answering machine (225-205-7508) and I will return your call as soon as possible. In an emergency or crisis situation, you are encouraged to call 911 or the crisis hotline (1-800-437-0303) or to go to the nearest emergency room.

10.) Fees, Office Procedures, Policies for Insurance Reimbursement

Appointments—Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available on Mondays and Wednesdays. Appointments may be scheduled, rescheduled, or cancelled with me but a minimum of a twenty-four (24) hour notice is required. Failure to give notice for any appointment not cancelled twenty-four (24) hours in advance may result in a charge for the time reserved for you.

Fees—The fee is \$130 for the first session. Follow up sessions will vary in fees depending on the length of the session in accordance with the CPT codes. Most sessions are 45 minutes long while some can last up to 60 minutes. The fee schedule you receive contains additional information for all services provided at Counseling for Growth, L.L.C. Payment for services rendered is due at the close of each session. Exceptions may include initial consultations.

Insurance—Consult with your insurance company in advance regarding the extent of your mental health coverage. Please let me know if I am listed as a provider under your insurance company so that we may discuss the filing and payments associated with the insurance company. Most often, I will file for reimbursement from your insurance company after receiving your consent and a copy of your insurance card. You will be required to pay any copays and/or deductibles required by your insurance company. I ask that you authorize payment of medical benefits directly to: Counseling for Growth, L.L.C. If you decide to file your own claims with your insurance company (if I am not a network provider), you will be required to pay the full fee for the service. The statement (receipt) you receive will contain all the information you need to file a claim for reimbursement of your fee. However, if you fail to attend a session and did not cancel within twenty-four (24) hours you will be charged the full amount of the cost of the session, which your insurance company may not pay for. You may also have to pay the full fee for the service if you have an unmet deductible with your insurance company, or your insurance denies payment based on lack of

Christian J. Dean, Ph.D. Statement of Practice 3
Updated June 2017

medical necessity, or the insurance company does not recognize me as a provider. Please be advised that a Diagnostic and Statistical Manual of Mental Disorders (5th edition) (DSM-5) diagnosis is required for reimbursement by insurance companies. You will be required to pay out of pocket if you or the identified client does not meet criteria for any diagnosis. Please be advised that I do not provide reduced fee services.

Additionally, there can be limits to the amount of sessions or treatment time provided by your managed care company. Such instances may result with the managed care company refusing to cover any more services beyond a certain number of sessions and/or time limit. If this occurs, you have the right to appeal the decision as I will do the same if medically and clinically necessary; however, if the managed care company continues to refuse additional treatment sessions or time, then you have the option to: 1) pay the full out of pocket fee for services; 2) seek reduced fee services elsewhere (referrals can be provided if needed); or 3) focus on the termination of counseling.

Delinquent payments— If you fail to cancel a session within twenty-four (24) hours prior to the session and do not return to counseling in order to continue treatment and to make-up payments, you will receive a bill sent to the address you provide. The envelopes will not have any identifying information regarding the counseling practice nor my name in order to maintain confidentiality. Additionally, you may be referred to a collection agency in order to collect delinquent payments.

Texting and E-mail Policy— Some clients may have a preference for texting; however, Counseling for Growth, LLC and Christian J. Dean, Ph.D. have a no text policy due to difficulties with receiving texts and other ethical and legal concerns associated with texts. The canceling of appointments need to be done via phone as well as any communications initiated by the client. Phone calls allow me to determine your identity and to be able to freely discuss with you your appointments and/or concerns.

Incapacitation or Death— If I pass away, my spouse (Kelly Dean) will become the custodian of all of my clinical files. She will be able to pass them onto, with a release and documented permission, to you and/or the clinician you wish to see in the event of my passing or incapacitation. Dr. Sola Kippers has agreed to take on any of my clients if I become incapacitated or die.

11.) Potential Benefits and Risks of Therapy

1. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.
2. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client's social system.
3. A result of family 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 counseling relationship.

12.) I, _____, as a parent or guardian with legal authority to provide
Signature of Parent or Guardian

consent for medical and behavioral health treatment, give permissions for Christian J. Dean, Ph.D. with Counseling for Growth, L.L.C to conduct therapy, counseling, treatment, and appraisal of behavioral health via the use of appraisal instruments with _____ my _____.
(Name of minor) (Relationship)

Christian J. Dean, Ph.D. Statement of Practice 4

Updated June 2017

13.) I have read and understand the above information, I have been provided with a copy of the fee schedule, a copy of the notice of privacy practice, and a copy of the client's rights.

Client Signature Date

Client Signature Date

Christian J. Dean, Ph.D., LMFT, LPC, NCC Date