## **Declaration of Practices and Procedures**

Jessie James, MAAT-C, LPC JessieJamesArtTherapy@gmail.com Nola Art Therapy & Counseling, LLC 1000 Veterans Blvd Suite 310

Metairie, LA 70005

**Qualifications:** I earned my Masters in Art Therapy and Counseling from The School of Arts Institute of Chicago in 2017. I received my Bachelors degree in History and Literature from St. Stephens University in 2007 and studied psychology and fine arts at St.Paul College in 2012-2015. I had been working towards my LPC in Chicago, Illinois attending clinical supervision with Barbara Fish, PhD, ATR-BC, ATCS, LCPC (773-454-0224), while working at Methodist Hospital of Chicago IOP as an Art Therapist. After moving to New Orleans, LA in 2019 I became a PLPC (#7754) in the state of Louisiana. The Louisiana LPC Board of Examiners approved Dorothy Mcguire (773-419-9030), as my LPC Board-Approved Supervisor. In June 2021, I passed my National Counselors Examination (NCE) and in 2022 I obtained my LPC status. I am now partnering with Nola Art Therapy and open to serving the greater New Orleans population moving forward.

**Counseling Relationship:** I believe it is essential to develop rapport within the counseling relationship in order to create trust and a safe space for a Client to feel open to expressing, processing, discovering and recovering in the direction towards healing and personal growth. I see the Client as being responsible for their own choices, change and personal development and the Counselor responsible for providing a supportive environment, clinical techniques, and directives that come alongside and meet the Client where they are. My orientation in therapy is person centered; believing that each Client is an expert on their own life and I come into the relationship ready to listen and assist as they share their goals for our time together. I believe that expressive arts, body awareness, grounding techniques and role-play can all be helpful tools in orienting a Client towards solution-focused pathways.

The length of counseling varies from person-to-person and from situation-to-situation. As long as the Client is benefiting from counseling, I encourage them to continue. Counseling is voluntary and may stop at any time. If the Client feels that they are no longer benefiting from counseling or would like to stop our sessions, Client is welcome to discuss this with me and I will provide any referrals or references needed. Although counseling is an extremely personal experience, it is important to realize that our relationship is a professional one. That means that our time together will be limited to the scheduled sessions. **Areas of Focus:** My focus is to provide counseling services for individuals with developmental, emotional, and/or behavioral disorders and their families. My training has been focused on providing mental health support for the community. I utilize my education in therapy and specifically art therapy to incorporate expressive techniques that can connect people with themselves and those around them on a deep level. I have training in cognitive-behavioral therapy, harm-reduction and substance abuse therapy, group therapy, couples and family therapy, career counseling, tele-health, developmental therapy, solution-focused therapy, and trauma-informed therapy.

**Fee Scales:** I accept- insurance plans and self paying clients. All co-pays and service fees must be paid in full at the time of service. The payment can be made using cash, check, debit or credit cards (Visa, MasterCard, American Express, and Discover). The fee for counseling services will be discussed upon initial contact. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

**Types of Services Offered and Clients Served:** I take a holistic approach in therapy, focusing on the whole person, the connections between body and mind, cultural context, environment, political atmosphere, trauma history, and life experiences; these all play a role in who we are and must also be considered when working towards personal growth. I am open to individual, group and family therapy sessions to aide in over-all positive mental health support within communities. I often use art as a tool in therapy and can focus our time around your artistic practice of choice as a path towards healing in our sessions. I am comfortable working with children, adolescents, adults and creative communities with diverse cultures/ethnicities and body abilities.

**Code of Conduct:** As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available to you upon request and can be viewed on-line.

**Confidentiality and Privileged Communication:** Information revealed within counseling sessions will remain strictly confidential as I am required to adhere to the professional standards of Client confidentiality with the exceptions of: 1) With informed consent the Client chooses to sign a written release of information, 2) The Client expresses intent to harm themselves or someone else, 3) There is a reasonable suspicion of abuse and or neglect against a minor child, older adult (60+), or a dependent adult, or 4) A court order is received directing the disclosure of information. Any material shared within a session with an adult will be confidential besides the 4 exceptions listed above. Any material shared within a session with a minor will be confidential, unless necessary for parental or guardian involvement, in this case child will be informed of the material shared. When working with a team of professionals all

assigned to the same Client, only necessary and specifically relative information can be shared and only after written informed consent of the Client is received.

**Emergency Situations:** In the event the client requires emergency mental health care between counseling sessions, he or she is advised to call 911 or report to the emergency room of a local hospital. For individuals in crisis in Jefferson Parish, please call Jefferson Parish Human Services Authority at (504) 832-5123. For individuals in Orleans, Plaquemines, and St. Bernard Parishes, please call the Metropolitan Crisis Response Team at (504) 826-2675. Clients may also seek help at any time through Tulane Medical Center by calling (504) 988-5263 or the Children's Hospital by calling (504) 547-7644.

**Client Responsibilities:** Clients are expected to participate in the therapeutic relationship, help to build and meet their own goals, and notify me how I can best support them. Client will collaborate with me if there is a particular form of therapy or therapeutic directive that would be most fitting for them. If Client is seeing another mental health professional, Client will inform me and give permission to collaborate for the purpose of best care provided.

**Physical Health:** Since our mind and body are connected it is important that we maintain healthy bodies in order to support healthy mental and emotional growth. I recommend that Clients get a complete physical examination if they have not had one within the past year. Also, please list any medications that Client is taking currently.

**Potential Counseling Risk:** It is possible that as a result of mental health counseling, Client may become aware of new issues or areas of concern within their life currently or in the past. There are potential risks involved in diving into a therapeutic relationship. Please inform me if you are concerned, need extra support or would like to terminate and I will support you.

\*I have read the Declaration of Practices and Procedures of Jessie James, MAAT-C, LPC and my signature below indicates my full informed consent to services provided by Jessie James, MAAT-C, LPC

Client printed	Date
Client Signature	Date
Jessie James, MAAT-C, LPC	Date

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give my permission for Jessie James, MAAT-C, LPC to (Name of parent or legal guardian)

conduct therapy with my \_\_\_\_\_, \_\_\_\_, \_\_\_\_, (Name of minor)

Signature of Parent or Legal Guardian

Date

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