

# Informed Consent for Psychotherapy and/or art therapy

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## INFORMED CONSENT FOR PSYCHOTHERAPY AND/OR ART THERAPY

### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

### The Therapeutic Process:

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends on our collaboration and your participation in this process, which may, at times, result in discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. I cannot promise a specific outcome to the therapy process. I can promise to support you and do my very best to understand you and your concerns, collaborate in developing ways to alleviate distress and improve situations, as well as to help you clarify what it is that you want and need for yourself. I strive to approach all therapy relationships with respect and collaboration in the development of therapeutic goals and processes and view each individual as the expert of their experience. I encourage each person to speak up if any elements of the therapeutic process feel uncomfortable or if our work is not fitting with a persons goals or needs.

### Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or any identifying information.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**About the therapist**

I (Cara Weeks Neuburger) hold the following professional credentials: Registered Art Therapist (ATR) with the Art Therapy Credentials Board ([www.ATCB.org](http://www.ATCB.org)), Licensed Clinical Professional Counselor (LCPC) with the state of Kansas, and Licensed Professional Counselor (LPC) with the state of Missouri. I am committed to providing the best professional care possible and will collaborate with you to create a psychotherapy treatment plan that best fits your needs and mental health goals. If I believe I am unable to meet your needs or do not have the necessary training to adequately address your needs I will aid in finding referrals for alternate sources of care.

I strive to create a safe place for individuals to feel comfortable speaking openly about themselves and their lives. I have an open door policy where individuals are free to discuss topics relative to themselves, their identity, their cultures, or their personal stories. I will always strive to respect a person's wisdom, experiences, and preferences while also maintaining awareness of how my own life experiences influence my understanding.

I am trained in a number of therapeutic approaches. Below are a few areas of training that inform my practices:

- Dialectical Behavioral Therapy (DBT)
- Trauma informed care, Trauma recovery
- Person-centered care
- Strengths based treatment
- Creative arts therapies

**About the art therapy process**

Art therapy is the use of creative arts processes to improve and enhance the physical, mental and emotional wellbeing of individuals. Art therapies are differentiated from other creative arts professions because the focus of the creative activity is not simply on the artistic product. The primary focus of the creative activity is to help a person reach a therapeutic goal. Art therapy is conducted by professionals trained in fields such as art therapy or other creative arts therapies. Typically a master's degree and professional registration. Some common goals of expressive therapies include: managing symptoms, increasing hope, managing emotions, increasing positive self-image, gaining insight into challenges, self-expression, and reducing anxiety.

Art therapy is generally an enjoyable and enriching process. However, there are a few risk factors to be aware of:

**Art Materials** -some art materials may stain clothing or have strong odors. You are advised to wear clothing that you will not mind getting stained. Additionally, you should inform me of any allergies or respiratory problems that could be aggravated by dust or chemicals.

**Physical exertion** - Some art processes require repetitive motions or physical exertion. Many times accommodations can be made to support the use of the materials. Let me know of any injuries or conditions that could impact your participation.

**Emotional expression** - Creative expression can provide powerful outlets for expressing or evoking emotions or memories. Art therapists have training to help guide this process in ways that feel safe and comfortable. Please inform me if the creative process triggers thoughts or feelings that are distressing or overwhelming.

**Handling of artwork or other creative products:**

The creative projects you produce during your art therapy appointments are your property. You may take them home at any time. You may store works in progress at the Sunflower Art Therapy office during the time you are participating in services but will be responsible for taking your creative products with you at the end of your services. Artwork or other products of the therapy sessions will not be shared publicly without your signed consent. Artwork left behind will be retained in storage for 6 months after you end participation. Audio, video, or image files created electronically during the art therapy process will be treated with privacy and the same

respect as hand created products. Electronic files of artwork are your property. Files may be stored on password protected technology during the course of treatment and will be deleted after 6 months of ending the service.

During the course of the therapeutic process I may request permission to photograph your creative expressions to include in your clinical file. Photographs of artwork will be protected with the same privacy practices as all other health information.

**Crisis situations**

I will do my best to return phone calls, emails, or patient portal messages in a timely fashion. However, I do not have availability to provided 24/7 coverage of messaging systems. In the case of emergency, such as being at risk of danger or having thoughts/taking actions of harming yourself or others, you should call 911, go to the closest emergency room, and/or contact the 24-hr crisis hotline (**National Suicide Prevention Lifeline Center for Kansas: 800-273-8255 or 785-841-2345, National Crisis Text Line: text "home" to 741741, Kansas Crisis Hotline for domestic violence or sexual assault: 1-888-END-ABUSE (1-888-363-2287)**).

Please notify me of any crisis situation or hospitalization. I will coordinate with you and your support team to provide a plan of care that will help stabilize the crisis and provide the support needed.

BY CLICKING ON THE CHECKBOX BELOW (or signing consent acknowledgment form if viewing a print version) I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.