



C. Blair Skinner, M.S.
Licensed Marriage and Family Therapist

700 Burbank Street; Broomfield, CO 80020
(720) 980-4034

Information for Clients

Welcome to my practice. I appreciate you giving me the opportunity to be of help to you. This brochure answers some questions clients often ask; it is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of our goals.

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 the therapist you choose. 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 became a Licensed Marriage and Family Therapist 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 (0-6) & 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 Winnicott (“Winnie”), my animal-partner. Winnie and I are certified as a therapy team through Delta Society, 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 Winnie 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.

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. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know.
2. If you are suing, being sued, or if you are charged with a crime, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child or other person who is unable to protect himself or herself has been or will be abused or neglected, I am legally required to report this to the authorities.

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.

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 consult other therapists to help me in giving 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 destroy clients' records 7 years after the end of our therapy. Until then, I will 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.

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 except on Sundays, Mondays and 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.

Other Points

If you become involved in a divorce or custody dispute, I want you to understand that I will not provide evaluations or expert testimony in court. You should hire a different provider for these purposes. This is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy, and I must put this relationship first.

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 at 1560 Broadway, Suite 1340, Denver, CO 80202. The telephone number is (303) 894-7766.

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.