

LIFE- Leading Individuals, Fostering Empowerment

Christy M. Cundiff, LPC
(540) 562-3900 ext. 20019
ccundiff@rcps.us

Background & Training: LIFE Counselors providing counseling services have earned a graduate degree (Masters or Doctorate) from an accredited university and are licensed to practice in the state of Virginia. Our counselors only practice within their scope of training and experience. In the course of our training and previous employment, we have had experience in treating a wide variety of individuals including children, adolescents and adults in individual, couples, family, and group counseling.

Philosophy: The role of the LIFE counselor will be to lead individuals and foster empowerment with our students. Counselors will demonstrate the ability to establish productive relationships with students, parents, staff, and community members. Counselors will provide individual and group counseling to students, Counselors will also provide education on approved mental health, trauma, and substance topics to our students, staff, and parents. Our LIFE counselors will focus on prevention and intervention to promote academic, personal growth, and well-being.

We ask that you be as honest and as open as possible in discussing your concerns. If you are unclear about anything regarding your therapy, please ask questions. Counseling can be very helpful for some individuals but it is not without some risks. These risks may include the experience of intense and unwanted feelings, such as sadness, anger, fear, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the therapy process. Other risks might include: recalling unpleasant life events, facing unpleasant thoughts and beliefs or possible alteration of an individual's relationships. We will make every effort to minimize potential risks and hazards which are not helpful to the therapeutic process. Often in therapy, major life decisions are made, including: decisions involving families or friends, changes in relationships, or changes in your jobs or careers. These decisions are a legitimate outcome of therapy as a result of an individual's calling into question some of their beliefs and values, recognizing their strengths, increasing their self-acceptance, alleviating symptoms and problems or learning more helpful coping skills.

We use research-based "best practices therapy methods" including, but not limited to, Cognitive-Behavioral Therapy (CBT), Solution- Focused Brief Therapy, Person Centered Therapy, Strategic or System based approaches, assessments, education, prevention, Family Therapy, and crisis intervention.

Confidentiality: I understand the confidentiality of the work I do together with my therapist is upheld at all times. However, there are certain exceptions to this rule: (1) if my counselor suspects child or elder abuse has occurred, the law requires it be reported to the authorities; (2) if my counselor believes I am a clear and imminent danger to myself or another person, the counselor must notify appropriate authorities to prevent that occurrence. (3) Please be aware that confidentiality may not be able to be obtained through an online platform.

Messages: Messages are checked frequently during the day, and he/she will attempt to call you back as soon as possible. Usually, we can get back with you within 24 hours. If you need to speak with him/her directly during regular office hours, please leave your name and phone number on his/her voice mail. On evenings, weekends, and holidays, the messages will be received and acted upon during the next working day.

Complaints: If at any time you are dissatisfied with our services, please let your Life Counselor know or contact Karen Garlow, MS, LPSC or Dr. Shawn Hughes, PhD, LPC at (540)562-3900. If he/she is not able to resolve your concerns you may report your complaints to the Virginia Department of Health Professions at 1-800-533-1560. Your therapist is required to follow a Code of Ethics. If you would like to see a copy of the Code it can be found on-line at the website for the American Counseling Association at www.counseling.org.

LIFE- Leading Individuals, Fostering Empowerment

Counseling Records: Counseling records are maintained on each student for a period of seven years. Records are stored in a secure central location within the LIFE Counselor's Office.

Consultation: In keeping with generally accepted standards of practice, we may confidentially consult with other mental health professionals regarding the management of treatment. The purpose of the consultation is to assure quality care. Every effort is made to protect the identity of the clients.

Communication: If your student is receiving special education services or receiving accommodations through a 504 plan the Life Counselor may communicate with the special education coordinator and case manager to coordinate care. The LIFE counselor may communicate with the school counselor to coordinate care as well.

Emergencies: The LIFE Program is not set up to provide crisis intervention services outside of school hours. In case of an emergency and it is outside of school hours, you may go to your local Emergency Room, call Respond at (540) 776-1100 (age 18 or older) or call CONNECT at (540) 981-8181 to reach a crisis counselor.

Permission to Treat a Minor Child: Please note that we require written permission before we can treat any client under the age of 18.

We hope this brief introduction answers some of your questions. Please feel free to ask any additional questions you may have. Again, we welcome you to our work together and trust that it will be mutually beneficial.

Permission for counseling is hereby authorized to _____, to render counseling individually or in group, in person or through an approved online platform through RCPS, to _____ whose relationship to me is (circle one) child or other _____.

Online platforms will only be used until schools have returned to normal full-time status for students.

Signature of Client, Parent or Guardian Date

Signature of Witness or Counselor Date

I have received a copy of this Consent Form.

Signature of Client, Parent or Guardian Date

LIFE- Leading Individuals, Fostering Empowerment