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COUNSELING SERVICES FOR MINORS

When working with child or adolescent clients, parents and guardians should be aware of unique ground rules and expectations that differ from and append to the previously mentioned general rules of privacy. The first primary factor to keep in mind is that my client in this relationship is the minor, not their parents, guardians, or other family members. All requirements, expectations, and limitations follow from this principle.

Generally, mental health treatment for minors must be authorized by the minor's legal guardian. There are some exceptions to this, as dictated by State law. You may be required to provide legal documentation of custody or guardianship. If you have joint custody, both you and the minor's fellow guardian will have a right to know the minor is receiving treatment with me. If the minor is involved with another mental health counselor, I may ask to collaborate with, obtain records from, or potentially discontinue services with me or the other counselor to ensure best practice and treatment for the client.

Expectations and Limitations in counseling minors

In the event of custody disputes, keep in mind that my therapeutic alliance and obligation is with the minor and my role is limited to my scope of practice. If there is a disagreement between guardians over treatment, I will do my best to understand parental/guardian concerns and collaboratively resolve treatment disagreements to the best interest of the minor. If you have an appointed guardian ad litem or other Court-appointed worker seeking my feedback on your child's therapy with me, I will require a release of information or copy of the Court Order before speaking with them. When the release is in place, I may offer only necessary information to the appointed representative and not recommendations. I ethically cannot make recommendations on custody, visitation, or parenting.

Confidentiality in counseling minors

General conditions of confidentiality apply to minor clients (see INFORMED CONSENT and CONFIDENTIALITY sections). If a minor discloses to me or I have reason to believe they have intent to cause serious bodily harm or death to themselves or another, I must do my due diligence to inform guardians and/or other appropriate parties in an attempt to prevent this harm or death. If they are behaving in ways that may be dangerous to themselves or others, I will use my clinical judgment to evaluate the appropriateness of maintaining confidentiality. If a minor discloses experiences of abuse or neglect, or if it appears in session that they are being abused or neglected, I may be required to report my observations and/or the client's disclosure to an appropriate child protective agency.

It is expected that session content is kept between client (the minor) and counselor. Children and adolescents deserve a private space to discuss and express personal thoughts, feelings, and experiences without fear of this information being conveyed to their guardians when session is over, unless necessary. I may share general information with you such as themes or progress, but I will not disclose details without client consent. This may include but is not limited to things



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you may disapprove of and yet do not pose a threat to your child's or other's safety. I will discuss matters with you if I feel your child is in danger. In situations where I determine I need to break confidentiality, I will do my best to ensure the client is able to understand and be part of any necessary disclosures to dissuade a felt sense of disempowerment. Some examples of what I may disclose and what I may keep confidential include but are not limited to:

Substance use.

If my minor client discloses they have tried alcohol or marijuana, I will keep this confidential.

If my minor client tells me they are driving while intoxicated, I will disclose this information to you.

If my minor client appears to be struggling with addiction, I will disclose this information to you.

Sexuality and gender.

If my minor client discloses they identify with a gender or sexuality that their family may disapprove of or does not yet know about, I will keep this confidential.

If my minor client discloses they are engaging in voluntary and safer sex with a peer, I will keep this confidential.

If my minor client tells me they are engaging in unsafe sexual behaviors, experiencing unwanted sexual contact, or afraid for their sexual safety, I will disclose this information to you.

Clients and guardians may ask hypothetical questions if they are unsure or concerned about information I may need to disclose or keep confidential.

*I have read and understand the expectations, limitations, and confidentiality policies described here. I certify that I am a legal guardian of the client entering counseling. I understand the limitations of service and agree that neither I nor my child's other guardian will seek my child's counselor's records, testimony, letter of opinion, or verbal opinion to contribute in legal custody or visitation proceedings. I agree to and respect the privacy of my child's counseling session content and therefore will not request access to my child's treatment records or ask for details of their sessions. I understand I will receive general and periodic updates about my child's progress.

Guardian name, typed

Guardian signature & date

Client name, typed

Client signature (if 14 years of age or older) & date