



# Nine Lives Counseling Service

## **Professional Disclosure Statement – Explanation of Services**

### **Nine Lives Counseling Service**

Welcome, and thank you for choosing to enter a counseling relationship with me. Below you will find important information about counseling services provided via telebehavioral health, and policies around its use. This includes information about myself and my practice as a counselor; risks and benefits of utilizing telebehavioral health counseling; what happens if there are issues in service delivery; when and how I can be contacted; what to do in case of an after-hours emergency; and other considerations for utilizing this service. I will also provide information about how your Protected Health Information (PHI) is safeguarded. Finally, this document will outline termination of services, and contact information for who to contact in case of concerns.

## **My Education and Training:**

Aiden Rohwer-Nutter, M.Ed., CAGS

- Certificate of Advanced Graduate Study in Counseling, Harvard Graduate School of Education 2017
- Master of Education in Prevention Science & Practice, Harvard Graduate School of Education, 2014
- Bachelor of Science in Psychology, University of Wisconsin- Madison, 2011
- Idaho Pupil Services K-12, #32110
- Massachusetts School Counselor K-12, #497106
- Nationally Registered EMT-B, #E3391631
- Applied Suicide Intervention Skills (ASIST) Trainer, #45005

**Areas of Competence:**

Before moving to the Netherlands and starting Nine Lives Counseling Service, I was the Manager of Triage Counseling at the GuideLink Access Center in Iowa City, Iowa, United States. My specialties included crisis intervention, suicide risk screenings, homicide risk screenings, psychosis aid and management, grief and loss counseling, and psychological first aid. I worked closely with clients experiencing acute mental health crises, including people with diagnoses comprising of Major Depressive Disorder, Bipolar Disorders I & II, Schizophrenia, Schizoaffective Disorder, Borderline Personality Disorder, and/or substance abuse disorders. Many of the clients I worked with have a history of significant trauma and/or traumatic brain injuries. Particular populations I work with frequently include: unhoused individuals and families, survivors of sexual assault, survivors of domestic abuse, victims of crime, adults abused/neglected as children, LGBTQIA+ individuals, and veterans. As the manager, I oversaw a team of triage counselors who provided 24-hour services to clients who entered our facility, and we provided immediate crisis de-escalation, safety planning, screening for services, and referrals to local resources and programming.

My other past experiences have included managing a mobile crisis team that covered 10 counties in southeastern Iowa; working as a mental health counselor in an inpatient psychiatric unit; and as a school counselor in a K-12 rural school district. I have extensive experience working with adults, adolescents, and children.

I am currently working on my Doctor of Philosophy (Ph.D.) degree in Counselor Education and Supervision at the Chicago School of Professional Psychology. I engage in supervision there with faculty and peers in my program. Additionally, I meet monthly with a group of social workers, mental health counselors, and other social services workers in my area

to discuss issues of supervision, ethics, and client services. During these meetings, client confidentiality is always first in my mind; so while I do seek out consultation with peers, I do so in a way that protects your privacy!

### **Counseling Models and Modalities I use:**

I primarily structure my counseling using humanistic counseling theory. In Humanistic Counseling, it is believed that clients can live a healthy life and overcome adversity, but that there are breakdowns when people are not able to problem solve on their own or lack the appropriate resources to address those problems (Association for Humanistic Psychology, 2019). I pair that with concepts from Cognitive Behavioral Therapy, which aims to change unhealthy patterns of thoughts and behaviors (American Psychological Association, 2017). Finally, I utilize Strength-Based, Solution-Focus Therapy, which looks at times when clients have been able to work through similar problems, and find ways to adapt them to current concerns (Stoerkel, 2022).

Overall, I believe that just as there are no two clients alike, there is no one approach to every client. I will pull from many different therapy techniques and adapt my approach to find what works best for each person. Some favorites of mine are Dialectical Behavioral Therapy (DBT), mindfulness, play therapy, narrative therapy, supportive listening and empathy, visualization exercises, and developing positive self-talk.

## **Counselor Contact Information**

Aiden Rohwer-Nutter

[ninelivescounseling@gmail.com](mailto:ninelivescounseling@gmail.com)

<https://www.ninelivescounseling.com/>

## **Telebehavioral Health Services:**

Telebehavioral health, or telemental health, refers to counseling and psychological services offered through virtual, videoconferencing, or other telecommunication. Research has found telebehavioral health can be effective for clients across different populations and for a variety of presenting issues (National Institute of Mental Health, 2022; Hilty et al., 2013).

Telebehavioral health is found to be convenient for clients by reducing travel time and expenses; it allows those in areas without readily available providers to access mental health services; and it allows more privacy because clients can access services in their homes rather than through a traditional physical location.

However, there are some considerations clients should keep in mind before deciding to engage in telebehavioral health. Firstly, clients need to have access to appropriate technology to contact and make appointments. This could include costs to upgrade home technology equipment and secure internet services to support telebehavioral health platforms. While accessing services from home is convenient, it may bring up issues of privacy if the client has others living in the home who might overhear the session. Finally, remote services can feel less personable than in person, face-to-face meetings, so the client and counselor need to work together to build a relationship that functions well in a virtual setting.

## **Appointments and Counselor Availability**

During the initial session, we will determine a schedule of appointments, which typically last 55 minutes. Clients are seen weekly or biweekly as needed and agreed upon. I do request 24-hours' notice of cancellation, and we can reschedule your appointment if I have other available appointment times that week. It is important to contact me early if you expect you may miss a session. You may terminate treatment at any time and for any reason simply by emailing me, or telling me in session.

Occasionally there are technical or connection issues that arise that cannot be alleviated during the appointment time. Both clients and the counselor are responsible for being in a location that typically provides adequate internet access and technology appropriate for telebehavioral health service delivery. However, in those situations outside of the person's control- such as sudden computer failure, internet and power outages, or weather emergencies- it is possible to cancel and reschedule the appointment outside of the typical cancellation policy. Overall, it is important to get in touch with me as soon as possible if you believe there will be a barrier to attending a session. I will notify you of any changes to schedule as soon as possible, and clients will not be charged for sessions cancelled due to the counselor being unavailable.

Generally, my working hours are 9:00 am CET to 3:00 pm CET, on Mondays, Wednesdays, Thursdays, and Fridays. I will see clients at different hours as needed and if I have availability to do so. Keep in mind that during working hours I may be working with other clients, so I will respond to calls and emails when I am not in sessions. Please allow for two (2) business days for me to respond to calls or emails outside of our normally scheduled sessions.



## **Termination of Services and/or Referral to Additional Services**

Successful counseling relies heavily on the rapport and trust developed between the counselor and client. A client has the right to terminate treatment at any time and for any reason, and will notify the counselor by phone or email. If the client would like, referrals can be made to other counseling services upon request. The counselor may terminate services with the client if: the client has missed three (3) or more sessions without notification; the clients needs are outside of the scope or knowledge of the counselor; there is adequate evidence that client goals are not being met, either due to poor fit with the counselor or needing a non-telebehavioral health approach; there is significant threat of harm to the counselor from the client; or if the client violates the privacy and social media standards explained below.

## **Confidentiality**

All communication between the client and counselor is protected, and topics discussed during a counseling session cannot be disclosed without written permission. Permission to disclose what is shared in a counseling session can be revoked at any time and for any reason.

The exceptions to confidentiality are when; there is an imminent risk of suicide and the client is unwilling/unable to safety plan with the counselor; when there is significant risk of bodily harm to the client from self or others; when there is a risk of bodily harm to others by the client; and/or when the client discloses abuse or neglect towards a child or a dependent adult. In these situations, it may be necessary to contact law enforcement, emergency medical services, a local department of human services or child protective service, and/or the client's emergency contact. Counseling records can also be subpoenaed by a court of law.

## **Confidentiality of electronic communications**

Privacy and confidentiality of electronic communications will be held to the same standards as above, including emails, texts and faxes. However, it is important that clients are aware that some electronic communications can be accessed by unauthorized persons and privacy can be compromised. The counselor will utilize secure electronic systems, but clients should be aware that security vulnerabilities on their end may lead to others having access to their protected health information. For that reason, it may be worth considering how to limit communication via these means between sessions.

## **Social media and other electronic communications**

Counseling sessions will only take place via a secure videoconferencing platform. Clients can email or call the counselor between sessions as outlined above for administrative topics only. Topics typically discussed during the counseling session will need to be reserved for the next session. It is important to save these for the prescheduled counseling session, so that I can give you my full attention in a private and secure location.

Note that I may not be able to read my emails or listen to voicemails immediately, as I will be with other clients or not working at all hours. In case of a mental health crisis or emergency, please refer to the section on emergency procedures below.

I will not engage with a client on any social media platforms, including but not limited to: Facebook, Instagram, Tiktok, Pinterest, or Snapchat. I value clients having privacy outside of the counseling relationship, so I will never reach out to clients on these platforms. Additionally, I ask clients to respect this boundary and not try to contact me through these means. At the first violation, I will discuss it with you and reiterate the need for separation between our personal lives and our professional relationship. After that initial discussion, any clients who continue to try to contact me through social media platforms will be terminated and referred to other services for counseling.

**Crisis and emergency procedures:**

A crisis situation arises when a client is experiencing extreme emotional distress, is contemplating harm to themselves or others, has a distorted sense of reality to the point they are unable to care for themselves, is unable to function in their day to day lives, or is otherwise unable to overcome their emotional response on their own. This can include situations like: imminent risk of suicide, self-harm behaviors that result in serious physical injury, threatening harm to others, alcohol or substance use that risks serious bodily harm, or any situation that risks the life and/or safety of the client or those around them. In these situations, clients and/or those with them should call for emergency services or seek immediate medical attention at a local emergency room.

As part of the treatment plan I make with clients, we will develop a list of local resources if the client feels they are starting to go into crisis. This can include things like: call/chat/text crisis lines, peer support “warm” lines, mobile crisis units, mental health access centers, urgent care centers, and emergency rooms. Clients will be able to utilize these resources after hours and between appointments. It is important that I know when these situations occur, so when the immediate crisis has passed, please reach out to leave a voicemail with me so we can discuss the event during our next session.

## References

- American Psychological Association. (2017). *What is Cognitive Behavioral Therapy?* Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder.  
<https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>
- Association for Humanistic Psychology. (2019). *Historical Review of Humanistic Psychology*. What is Humanistic Psychology. <https://ahpweb.org/what-is-humanistic-psychology/>
- Hilty, D.M., Ferrer, D.C., Burke Parish, M., Johnston, B., Callahan, E.J., & Yellowlees, P.M. (2013). The Effectiveness of Telemental Health: A 2013 Review. *Telemedicine and e-Health, 19*(6), 444-454.
- National Institute of Mental Health. (2022). *What is Telemental Health?* Mental Health Information. <https://www.nimh.nih.gov/health/publications/what-is-telemental-health>
- Stoerkel, E. (2022). What is a Strength-Based Approach? Positive Psychology.com.  
<https://positivepsychology.com/strengths-based-interventions/>