Address Father Concerns Report

Client: [redacted] **Date of Birth:** [redacted]
Therap [redacted] CC **Date of Report:** December 5, 2022

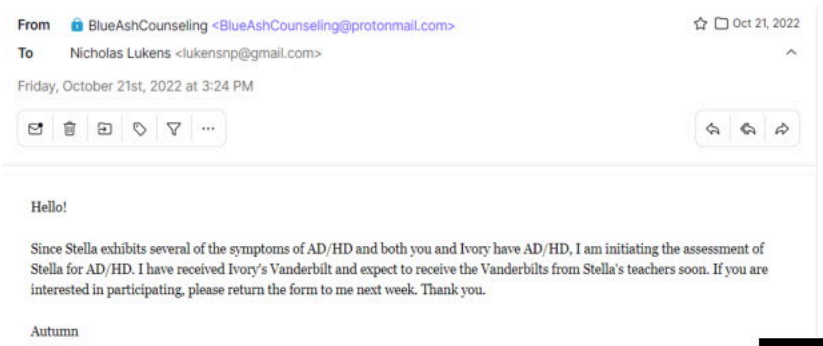
To maintain the therapeutic relationship between [redacted] and myself, it is imperative that no information discussed in this document be addressed with her.

[redacted] Dad: I would like to take this time to address some of my concerns. I have attempted, on several occasions, to reach out to you professionally to discuss your sessions with my daughter, [redacted] in play therapy. After making these attempts to discuss my daughter's therapy, I sensed that you have a biased attitude and unprofessional consideration for my role in [redacted] life.

Therapist: Thank you for reaching out about your concerns. In your email, there were a lot of statements that were false. In this report, I have spent a fair amount of time addressing each of your concerns to give you accurate information as well as to try and help you have a better understanding of these issues.

My first concern is that you seem to have a bias against me. You stated that you would not include my input from the Vanderbilt assessment evaluating whether [redacted] had any signs/symptoms which would indicate ADHD unless I submitted the form to you within the week. I received the Vanderbilt Assessment form from you on the evening of October 20, 2022 and responded with the completed assessment late evening on October 21, 2022.

Thank you for submitting the Vanderbilt - Parent to me to help in the evaluation of [redacted] regarding ADHD. To clarify, I sent the following email on October 21st, which was a Friday, and requested that you return the form to me "next week" providing seven days for you to fill it out. In addition, if you needed more time, all you had to do was email me back indicating that.



From BlueAshCounseling <BlueAshCounseling@protonmail.com> Oct 21, 2022
To Nicholas Lukens <lukensnp@gmail.com>
Friday, October 21st, 2022 at 3:24 PM

Hello!

Since Stella exhibits several of the symptoms of AD/HD and both you and Ivory have AD/HD, I am initiating the assessment of Stella for AD/HD. I have received Ivory's Vanderbilt and expect to receive the Vanderbilts from Stella's teachers soon. If you are interested in participating, please return the form to me next week. Thank you.

Autumn

This action follows your response to me earlier in [redacted] therapy where you received my SCARED assessment in a timely manner and, after receiving my SCARED assessment, stated you wouldn't give any consideration to my input because you had already made your diagnosis (I had to request for you to give me the opportunity to receive and complete the SCARED assessment for my daughter after receiving the results of the SCARED assessment that [redacted] mother, [redacted] filled out). This behavior is very unprofessional and shows bias towards me as [redacted] father.

As I stated in my report, "Diagnoses Explanation" (March 17, 2022), I would like for you to know that just as you do, I also believe that diagnosing a person with a mental health disorder, especially a child who is seven years old, is a serious matter. That is the reason I spent five months (August 27, 2021 – January 25, 2022) collecting information before making my decision as a licensed professional clinical counselor (LPCC) to diagnose [redacted] with Post-Traumatic Stress Disorder (PTSD) and Separation Anxiety Disorder.

[redacted] mom filled out the SCARED. The total score was 38 (a score 25 and higher may indicate presence of anxiety disorder) and the Separation Anxiety Disorder score was 14 (a score of 5 and higher may indicate Separation Anxiety Disorder). [redacted] mom responded with "Very True or Often True" for the following statements: My child gets scared if she sleeps away from home; My child follows me wherever I go; My child worries about sleeping alone; My child has nightmares about something bad happening to her parents; My child doesn't like to be away from her family; My child worries that something bad might happen to her parents.

You filled out the SCARED after the diagnosis and even though your responses are different from those responses of [redacted] mom, I still stand by my diagnosis of Separation Anxiety Disorder. The statements made by [redacted] during our 17 sessions of individual therapy were also used in this diagnostic process and were

the most powerful. She frequently reported feelings of anxiety and distress and stated the causes of those emotions.

You also showed bias against me as you had met with [redacted] and [redacted] together yet refused to meet with [redacted] and myself together. This left you unable to observe [redacted] interaction and relationship with me and to allow you to hear my side of "the story".

Regarding your relationship with [redacted] I have received information from both you and [redacted] allowing me to hear both sides of "the story." You have reported your thoughts and feelings during three sessions of therapy and several emails. [redacted] has stated her thoughts and feelings during 50 sessions of individual therapy and as I stated in my report, "Diagnoses Explanation" (March 17, 2022), During my sessions with [redacted] when we discuss you, there is a change in her emotions, thoughts, and behavior as evidenced by an anxious mood, her saying "don't tell my dad" in a panicky voice, crawling around on the floor like an animal, trying to change the subject, using a baby voice, and fidgeting more than usual.

In court you stated that you cannot trust what I say because I "misrepresented" you. I had relayed to [redacted] mother, exactly what you stated to [redacted] and me during our phone conversation. You stated, "it might be a good idea if neither of [us] went to soccer practice, especially if none of the other girl's parents were going".
I did not misrepresent you; you either knowingly lied, or [redacted] lied to you about what was relayed to her. If you would have taken the time to listen objectively to both parents, misunderstandings like this would not happen. Input from both parents is essential in treating [redacted] in play therapy.

Regarding that phone conversation that you, [redacted] ad, you only shared with [redacted] part of what I said. I also stated th[redacted] and her mom have a different relationship than you and [redacted] ha[redacted] prefer to have her mom present during practice, which is totall[redacted]es have separation anxiety and having her mom stay with her might make her more comfortable.

My second concern is the fact that you changed [redacted] diagnosis for your testimony in court (as [redacted] paid witness) to a much more severe diagnosis than [redacted] was previously assigned. [redacted] previous play therapist, had diagnosed [redacted] with Adjustment Disorder which you continued to refer to

as [redacted]agnosis until you received your certification, enabling you to then as [redacted] a diagnosis of PTSD and Separation Anxiety). [redacted] change in diagnosis occurred less than two months after you had received your certification to enable you to diagnose your clients. During this time, there were no changes in [redacted] life nor any major events that would impact her behavior or mental state.

Ability to diagnose clients: I became a Licensed Professional Counselor (LPC) on August 15, 2019 and was able to diagnose mental and emotional disorders under the supervision of an independently licensed mental health professional, which I did. I became a Licensed Professional Clinical Counselor (LPCC) on November 16, 2021 and was able to diagnose mental and emotional disorders without supervision.

Diagnoses: [redacted] previous therapist, [redacted] diagnosed [redacted] with adjustment disorder, mixed disturbance emotions and conduct on July 6, 2020. [redacted] saw Maria from July to December 2020.

When [redacted] resumed therapy and started seeing me in August 2021, I diagnosed her with adjustment disorder, anxiety on August 17, 2021. After doing my five-month evaluation, I diagnosed her with PTSD and separation anxiety on January 25, 2022.

I testified in court on May 17, 2022.

My third concern is you wanting to evaluate [redacted] for Attention Deficit/Hyperactivity Disorder (ADHD). I have not seen any signs or symptoms of ADHD in [redacted]vior nor have her teachers at [redacted] If [redacted] m[redacted] is seeing signs/symptoms of A[redacted]bviously having difficulty when living at her mother's house, indicating issues with [redacted] and [redacted]ionship.
If yo[redacted] therapist, are seeing signs/symptoms of ADHD as you have admitted you have (thus your reason for this unnecessary inquisition [the Vanderbilt Assessment]), then [redacted] is obviously uncomfortable around you and has an issue with your relationship with her. This also indicates that, as [redacted] therapist, you are not helping her; you are actually hurting her and making her life more difficult.

See my report, Diagnosis: Attention-Deficit/ Hyperactivity Disorder, Predominantly Inattentive (November 7, 2022).

My final concern, at this point in time, is the frequency which you are seeing [redacted] for therapy. Having a therapy session with [redacted] once a week is unnecessary and would never be approved by insurance.

Age, child's goals, and current needs help determine how often and how long a client sees a therapist. Clients are assessed at regular intervals to determine the type and frequency of services needed. Since younger children cannot retain information over long periods in the same way as older children, it may be necessary for younger clients to see their therapist more frequently. This way, repetition will help them remember their sessions better and be able to practice the strategies provided by the therapist. A week is also a perfect amount of time for kids to practice the strategies given to them by their therapist without forgetting what they talked about in their previous session.

Simply knowing that their therapist will be there to talk about their feelings at the same time every week can help a child feel confident about their therapy process. It also helps to build trust between the therapist and their client.

As I stated in my report, "Mental Health Summary Report" (May 9, 2[redacted] parents have both stated that they were interested in counseling for [redacted] t she would have a safe and neutral place to discuss her true feelings. [redacted] indicated on a regular basis that sessions with therapist provide that space for her.

For this reason, my health insurance, which covers all of [redacted] medical expenses, has denied coverage for weekly therapy. My insurance will only cover monthly therapy sessions which is the norm. To compensate for denial of coverage, you, [redacted] therapist, are accepting private pay from [redacted] mother, [redacted] for the excess therapy sessions my insurance won't cover.

Your insurance company, Anthem – [redacted] does not cover any of [redacted] sessions with me because I am not an in-network provider. I have also not received any payments for therapy sessions from [redacted] I do not get paid for my sessions with [redacted] she is one of my pro bono clients.

I would like for you to explain your reasoning behind the excess therapy sessions especially since you have admitted in a previous email and on the witness stand

that you have no more to offer [redacted] as her therapist and [redacted] requires Eye Movement Desensitization and Reprocessing (EMDR) therapy.

I have never indicated that I have "no more to offer [redacted] as her therapist."

As I stated in my report, "Monthly Report – September 2022" (September 30, 2022), In her ruling, Magistrate [redacted] stated that Parent shall pursue [redacted] beginning EMDR therapy and her existing therapy should also continue. Because of the nature of Eye Movement Desensitization and Reprocessing (EMDR), the EMDR-certified therapist would [redacted] only therapist, so she would no longer see her current therapist, [redacted] At this time, [redacted] is not ready for trauma therapy because she is not in "a more stable place as evidenced by a reduction in feelings of anxiety, fewer symptoms of PTSD, and usage of effective coping strategies on a regular basis" as recommended in therapist's Mental Health Summary Report (May 9, 2022).

I am willing to discuss with you your thoughts and any solutions or feedback you may have on this unfortunate situation. I would hope to be treated fairly.

If you have any further questions or concerns, please email them to me.

[redacted] LPCC