

Declaration of Practice and Procedures

Justin Wahl Adame SAC-IT/LPC-IT

Nett-Working Family Counseling

2801 Calumet DR SHEBOYGAN, WI 53083

(920) 451-6908

Qualifications:

I earned my Masters Degree in Clinical Mental Health at Lakeland University in May of 2025. I currently hold my training license for Substance Abuse Counseling and Licensed Professional Therapist issued through the state of Wisconsin. The department of safety and professional services in Wisconsin has approved Christine Nett LCSW, CSAC, ICS to be my LPC Board Approved supervisor in order to obtain my supervised hours needed to become a fully licensed LPC/SAC in the state of Wisconsin.

Areas of Focus:

I focus on many mental health concerns and have treated, but are not limited to: Depression, Anxiety, Anger, Autism, Substance Use, Trauma, Sexual Behaviors, Personality Disorders, and more.

Office Procedures:

Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled with the receptionist from 8:00 AM to 5:00 PM Monday through Thursday. Failure to give proper notice for any appointment not cancelled within 24 hours in advance may result in a charge for the time reserved for you. Two or more failures to give notice will result in discontinued treatment.

Services Offered:

My main approach in therapy is person centered and cognitive-behavioral therapy as I view every person as unique and different. I like to pair these approaches with a solution-focused therapy and reality therapy. I also have clients explore art therapy as it sheds light on topics we struggle to verbalize at times. I focus on tailoring each treatment to the clients specific needs while being direct in terminology to ensure clients begin to take hold of problems/struggles at hand. I also have experience in ABA therapy for children with Autism. I have experience treating a broad amount of diagnoses ranging from co-occurring disorders, substance abuse, and mental health disorders.

I HAVE READ THE DECLARATION OF PRACTICES AND PROCEDURES OF Justin Wahl Adame SAC-IT/LPC-IT AND MY SIGNATURE BELOW DICTATES MY FULL INFORMED CONSENT TO THE SERVICES PROVIDED BY Justin Wahl Adame SAC-IT/LPC-IT . I AM AWARE THAT HE MAY SHARE INFORMATION WITH CHRISTINE NETT, LCSW, CSAC, ICS FOR THE SOLE PURPOSE OF SUPERVISION TOWARD LICENSURE AND INFORMATION SHARED IN SUPERVISION MAY NOT BE USED FOR ANY OTHER PURPOSES.

Client/ Signature _____ Date _____

Justin Wahl Adame SAC-IT/LPC-IT _____ Date _____

Christine Nett LCSW, CSAC, ICS _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I (Parent/Guardian), _____, give my permission for Justin Wahl Adame LPC-IT, SAC-IT to conduct therapy with my (relationship) _____, (name of minor) _____.

Signature of Parent or Legal Guardian _____ Date _____