

**Lewis R. Eaton, M.Div., LMFT-S, LPC-S**  
**Granberry Counseling Center**  
**First Baptist Church of Covington 16333 LA-1085, Covington, LA, 70433**  
**(225) 223-1497**

**DECLARATION OF PRACTICES AND PROCEDURES**

I am pleased to have the opportunity to serve you. The following information has been prepared to reveal my qualifications and my approach to the therapeutic process in order for you to make an informed decision regarding my service.

**Qualifications:** I received my Master of Divinity in Psychology and Counseling degree from New Orleans Baptist Theological Seminary in 1997. I hold license #81 as a Licensed Marriage and Family Therapist and licensed as a LPC #2636 with the LPC Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge., LA 70809 (Phone 225/765-2515). I am also a board certified supervisor for candidates working on licensure qualifications as PLPC's and PLMFT's in the state of Louisiana.

**Specialty Areas:** I have worked with individuals, couples, and families in outpatient clinical settings dealing with a wide range of therapeutic issues. I specialize in the practice of marriage and family therapy and am a certified EFT therapist (Emotion Focused Therapy) the most effective, evidenced based model used for marital and family difficulties. I am a certified PREPARE/ENRICH Counselor and member of the American Association of Christian Counselors (AACC). My training and experience have prepared me to assist people with issues such as grief, anxiety, marital/family discords, problems of behavior/personality, and spiritual issues. Since 2006, I have assisted individuals to overcome the trauma of early childhood sexual abuse.

**The Counseling Relationship:** An influential factor in the potential for individual, couple, and family change in the therapeutic process is the quality of relationship between the counselor and the counselee. Professional integrity, respect, warmth, and acceptance will be an important part of that relationship. Therapy is a learning process that seeks for the persons involved to better understand themselves and others as well as the interactions that occur between the participants and significant others. Another goal of the learning process is to achieve enhanced functioning as an individual, couple, or family so that healthy interactions are established and greater satisfaction attained.

The first step of the therapeutic process involves getting to know you while identifying, exploring, and clarifying the presenting problem. Open and honest communication is important as an environment of trust is built. I will listen attentively as you openly share all the dimensions of the problem and its impact upon you and significant others. The second step builds upon the previous background information. Together, we will discuss specific goals and objectives leading to a treatment plan that will serve as a map to help you attain your desired goal. Between session assignments are common. Treatment will conclude upon achieving the desired goal, the client chooses to leave due to therapeutic impasse, or mutual acknowledgment that the client may need a referral to another specialist. Termination is most often a mutual decision based upon the welfare of the counselee.

My therapeutic approach is eclectic and dependent upon the presenting problem. My approach emphasizes a family system approach, recognizing the importance of all family members in relation to each other affected by their own and others thoughts, feelings, behaviors, and beliefs. I may utilize any of the following therapies based upon the unique needs of the client: cognitive-behavioral, structural/strategic, solution-focused brief, EMDR, intergenerational and/or insight oriented. My approach to mental health is holistic in nature. I recognize the essential aspects of the physical, mental, emotional, and an individual's spiritual relationship with God. Although I make no systematic presentation of my religious beliefs, I believe that a person's spirituality is a vital component and the central organizing principle in accomplishing lasting mental health and strong relationships.

**Client Responsibilities:** Clients must make their own decisions regarding whether they should marry, separate, divorce, reconcile, and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision. Your commitment to the counseling process indicates that you agree to make a good faith effort at personal growth and engage in the counseling process as an important priority at this time in your life. Completion of any between session assignments will be a reflection of your desire for growth and change. Clients coming from other therapists must first terminate with that therapist. If you seek therapy in conjunction with another ongoing professional mental health relationship, you must first consult and gain permission from the first therapist before I can begin work with you. Due to the inherent conflict of interest on the part of the therapist who is working with a couple, counselees agree to refrain from subpoenaing this therapist for testimony in the event that court proceedings develop in the future. Finally, if a client is unable to honor his/her appointment, please give a twenty-four hour notification.

**Potential Counseling Risks.** Psychotherapy is a process of change. This change should be beneficial to you and your family; however, there are some risks. Some counselees will experience intense and unwanted feelings such as anger, guilt, anxiety, and/or emergence of traumatic memories and thoughts. Please feel free to share your concerns with me.

**Physical Health:** At times medical complications can impair mental and/or emotional health. Therefore, I strongly recommend a complete physical examination if you have not had one within the past year in order to rule out any extraneous medical problems. Also, please provide a list of any medications you are currently taking.

**Fee:** The fee for a 50-minute session is \$75 but is adjustable based upon client's income. Payment is due at the time of service and should be made to LBCH (Louisiana Baptist Children's Home). Cash, personal check, credit or debit cards are accepted forms of payment. All fees shall be due and paid at the time of treatment. Payments in arrears over two sessions will result in the cessation of therapy until the balance is made current.

**Privileged communication:** I am required to abide by the professional practice standards for licensed marriage and family therapists and Louisiana law. I do not disclose client confidences and information to any third party without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear imminent threat of serious physical harm.

Certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. Also, note that if you use third parties insurers, such as health insurance policies, HMS or PPO plans, or EAP programs, you must sign a release of information and all information will be disclosed.

When working with couples, families or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

**Code of Ethics:** Louisiana state law requires that I adhere to The Louisiana Code of Ethics for Licensed Marriage and Family Therapist and a code of conduct for Licensed Professional Counselors determined by the Louisiana Licensing Board. A copy of this code is available on request.

**Emergency Situations:** I do not provide 24-hour services. However, in the event of a personal crisis and I cannot be reached immediately by phone, you can call 911 or go immediately to a local hospital emergency room.

**Service Agreement:**

\_\_\_\_\_ (Name(s) of), hereinafter referred to as the Client, has this day retained Lewis R. Eaton of the Granberry Counseling Centers. It is expressly understood that Lewis R. Eaton has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Lewis R. Eaton shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors. The Client agrees that all fees shall be due and paid at the time of treatment and the payments in arrears over two sessions will result in the cessation of therapy until the balance is made current. We, the undersigned therapist and client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of the consequence.

Client's Signature(s): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parental Authorization:**

I, \_\_\_\_\_, give permission for Lewis R. Eaton to conduct counseling with my \_\_\_\_\_  
*Signature of Parent or Guardian* *Relationship*

\_\_\_\_\_  
*Name of minor child*