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## DECLARATION OF PRACTICES AND PROCEDURES

Welcome to my office. I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making any informed decision concerning my services.

**Qualifications:** I earned a Master of Arts in Marriage and Family Counseling degree and a Doctor of Ministry degree in Pastoral Counseling from New Orleans Baptist Theological Seminary. I am licensed (#4310) as a licensed professional counselor by the LPC Board of Examiners which is located at 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816 (phone 225-295-8444).

**Areas of Expertise:** I have worked with individuals, couples, and families in outpatient clinical settings dealing with a wide range of therapeutic issues. Some of these include: family conflict, domestic violence, sexual abuse, sexual addictions, substance abuse, grief/adjustment issues, social adjustment, depression, anxiety, dissociative identity disorder, phobias, post-traumatic stress, extramarital affairs, and divorce. I have facilitated groups related to grief, sex abuse, self-esteem, and domestic violence. I have continued my education by attending seminars and conferences, so I may better my role as a therapist, and attain more knowledge about my profession. I am Certified EMDR therapist. Scientific research has established EMDR as effective for post-traumatic stress. EMDR therapy has also been reported by clinicians to successfully treat other conditions such as those listed above. Other credentials, memberships, and recognitions I have received, are as follows: Student of the Year Award from my graduating class from New Orleans Baptist Theological Seminary and member of American Association of Christian Counselors (AACC).

In order to continue my commitment to professional development I also participate in ongoing case supervision by supervisors accredited by the Licensed Professional Counselors Association. I continue to attend numerous workshops and conferences emphasizing a variety of individual and family issues. The majority of my experience has been working with families and couples. While I do see individuals alone, I attempt to involve the entire family where appropriate, and when possible. It should be understood, that I am not a medical doctor and cannot prescribe any form of medication. If medical treatment is indicated, the client will be encouraged to have a complete physical examination if they have not had one within the past year.

**The Counseling Relationship:** Individual, marriage, or family therapy, is a learning process that seeks for the persons involved to better understand themselves and others, as well as the interactions that occur among the participants and significant others. Additional goals include achieving enhanced functioning as an individual, couple, or family, so that healthy interactions are established, and greater satisfaction is attained.

There are several steps in the therapeutic process. First, time will be spent exploring the nature of the problem(s) that have brought you to therapy. I will need to get to know you, how you view yourself, and the quality of relationships that you have with others. It is a must, that we discuss issues openly and honestly. My responsibility at this point in the therapeutic process, is to listen attentively

and emphatically, assist you in communication with me and others who may be involved, and to provide an environment of trust and security, so that each person can feel the freedom to interact and speak without any hesitations.

Second, when we have examined and developed sufficient background to proceed, we will begin to decide upon specific goals and objectives. Together we will develop a treatment plan, that will outline how these goals will be achieved. This plan will require a strong effort from everyone involved. Feelings of frustration and discomfort inherent in change, will be experienced. There will be ongoing assessment of progress, to determine the effectiveness of the treatment plan. This will be done through reflection on any improvements in the problem situation from when therapy began, by all who are involved in the therapeutic process. Treatment efforts will conclude, when sought-after goals have been sufficiently achieved, the client chooses to leave, or if it becomes evident that the client should continue therapy with another therapist due to a therapeutic impasse or need of increased specialization. If I must miss a session(s) due to illness or vacation, I will provide advance notice of vacations and provide contact information of another therapist and/or emergency hospital number to ensure continued client care for possible emergencies. I will also provide constant available contact with all my clients in extreme emergency situations through cell phone, and e-mail. If a client receives no response from one of the these, they should call the emergency number provided (1-800-SUICIDE).

My therapeutic orientation depends on the type of problem and situation being addressed. While I am systemic in nature, my approach may draw from any of the following therapies based on the unique need of the client(s): solution-focused, cognitive-behavioral, systemic, Bowenian, Client-centered, Adlerian, reality, and rational-emotive. Techniques may involve, at times, visualizations and/or material drawn from spiritual disciplines. In addition, the holistic nature of my views concerning mental health recognizes a person's spirituality as the central organizing principal around which lasting mental health and strong relationships may be achieved. While I make no systematic presentation on the subject, I am decidedly Christian in my orientation.

Confidentiality: All of our sessions will be confidential to persons outside the therapy setting. However, therapy may involve the participation of family members and/or other significant persons. I do not guarantee confidentiality among participants in the therapy, although I would use my professional discretion in disclosing communications related to me. My professional code of conduct prevents me from revealing what is said during sessions with anyone other than participants in the therapy or releasing of any records, without your/their permission. Information may be released, in accordance with the state law, only when (1) the client signs a written release of information indicating informed consent to such release: (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elder person (sixty years or older), or dependent adult; or (4) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of #2 or #3. Although I cannot guarantee it, we will endeavor to apprise clients of all mandated disclosures. I do not disclose client confidences and information to any third party except for materials shared during supervision without a client's written consent or waiver except when mandated or permitted by law.

Client Responsibilities: It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in their life. Client gain, is the most important aspect in professional counseling. Suspension, termination, or referral, may be initiated by either the counselor or client. This decision will be discussed between the counselor and client for a pattern of behavior that reveals that; the needs of the client would best be served by seeing another

specialist, disinterest or lack of commitment to counseling, or for any unresolved conflict of impasse between the counselor and client. Clients who come seeking counseling in conjunction with another ongoing professional mental health relationship must first be granted permission by the first therapist for the second to work with the same client. Clients who may wish to terminate the counseling relationship agree to first meet with this therapist before making a final decision. Termination itself can be a constructive, useful process which therefore deserves appropriate attention. Clients coming from another therapist must first terminate with that therapist. Due to inherent conflict of interest on the part of the therapist who is working with a couple, an individual coming for help in resolving relationship problems with a spouse also agrees to restrain from subpoenaing this therapist for testimony in the event that court proceedings develop at a later date.

**Potential Counseling Risks:** Psychotherapy may be tremendously beneficial for some individuals while, at the same time, there are some risks. The risks may include the experience of intense and unwanted feelings, including; sadness, fear, anger, guilt, or anxiety. Please remember that these feelings may be natural and normal and are an important part of the therapy process. Other risks of therapy might include: the emergence of hidden traumatic memories, confronting disturbing thoughts and/or beliefs, modification of an individual's ability to desire to deal effectively and harmoniously with others in relationship. Often, as a result of therapy, major life decisions are made including: choices to reconcile or separate from other family members, changes in employment settings, etc. As your therapist, I will be happy and available to discuss any of your concerns, problems, or possible negative side effects of our work together.

**Fees and Length of Therapy:** Information concerning fees, payment requirements, missed appointments and insurance payments is included on my fee schedule. It is difficult to predict how many sessions will be required for therapy to be maximally effective. I will better be able to discuss the probable number of sessions after we have explored and gained insight into your particular situation.

The fee for services is \$90 for a 50-minute session but is adjustable based on client's income. Payment for services is due at the time of visit and should be made to LBCH (Louisiana Baptist Children's Home). Cash, personal checks, credit or debit cards are accepted forms of payment.

**Mode of Therapy:** I see clients both in person and through telemental health. The telemental health platform I use is HIPAA compliant.

**Please Ask Questions.** You may have questions about me, my qualifications, or anything not addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time. Please exercise this right. I am required by state law to adhere to a Code of Conduct for Licensed Professional Counselors, which is determined by the Louisiana Licensing Board. A copy of this Code is available on request. Should you wish to file a disciplinary complaint regarding my practice as an LPC/LMFT, you may contact the Louisiana LPC Board of Examiners. Their address and phone number is listed below:

Louisiana Licensed Professional Counselors Board of Examiners  
11410 Lake Sherwood Ave. North  
Baton Rouge, LA 70816  
Phone: (225) 295-8444 Fax (225) 765-2514.

Professional Services Contract.

\_\_\_\_\_ (Name(s) of), hereinafter referred to as the Client, has this day retained Kathy S. Eichelberger of the Granberry Counseling Centers.

It is expressly understood that Kathy S. Eichelberger 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 Kathy S. Eichelberger 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  
Kathy Eichelberger, LPC-S \_\_\_\_\_ Date: \_\_\_\_\_

For Minors only:

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian) (Counselor)  
conduct counseling with:

\_\_\_\_\_  
(Name of minor child)

\_\_\_\_\_  
(Relationship to minor child)