

Declaration of Practices and Procedures

Kayley Armstrong, M.S., PLPC, PLMFT
Granberry Counseling Center
7200 Desiard Street Monroe, LA 71203
Phone 318-953-6939

Qualifications:

I earned a Masters of Science degree in Marriage and Family Counseling/Therapy from Harding University in 2022. I am a Provisional Licensed Professional Counselor (PLPC) #PLC9521 and Provisional Licensed Marriage and Family Therapist (PLMFT) #PLM1497 and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225) 295-8444. The Louisiana LPC Board of Examiners has approved Kathy Eichelberger, D.Min, LPC-S (#4310) as my LPC Board-Approved Supervisor and Emily Jones, Ph.D., LMFT-S, LPC-S (#5327, #1207) as my LMFT Board Approved Supervisor.

Dr. Eichelberger is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

Dr. Jones is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) and is approved to supervise PLPCs and PLMFTs obtaining supervised experience hours needed to be fully licensed in the State of Louisiana.

Counseling Relationship/Therapeutic Process:

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. I see counseling as a process in which you, the client, and I, the Counselor, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life, and work in a systematic fashion toward realizing those goals. Goals for therapy are always established through collaboration with the client(s).

Areas of Focus: I provide therapy for individuals, couples, and families. I work with children, teenagers, and adults. I focus on clients with marriage and family issues. I work with problems of childhood and parenthood, marital difficulties, trauma and life difficulties that may relate to disturbances in family relationships. I have experience in substance abuse counseling, treating clients with co-occurring mental health disorders, working with clients with antisocial personality disorder, and experience helping children and adults with exceptionalities or special needs.

Confidentiality:

Material revealed in counseling will remain strictly confidential except for material shared with my LPC Board-Approved Supervisor and under the following circumstances, in accordance with state law: 1. The client signs a written release of information indicating informed consent of such release. 2. The client expresses intent to harm themselves or someone else. 3. There is reasonable suspicion of abuse or neglect against a minor child, elderly person (60 or older), or dependent adult. 4. A court order is received directing the disclosure of information. In the event of marriage, couple, or family counseling, material obtained from an adult client individually may be shared with the client's spouse/partner or other family members only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian. As a PLPC, I may be required to audio or videotape our sessions. These will only be shared with my LPC Board-Approved Supervisor or other PLPCs and may only be used for the purpose of supervision towards licensure. In order to be an ethically responsible PLPC, it is important for me to consult with other professionals from time to time. As such, it is my practice to meet with a "peer consultation" group. This practice is encouraged by my Code of Conduct. No identifying information is given during peer consultations.

Privileged Communication:

I am required to abide by the professional practice standards for Provisional Licensed Marriage and Family Therapists as stated in Louisiana law. 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. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the proper authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled adult abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Also note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent.

When working with couples, families, and/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. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for mandated exceptions noted above) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individuals during couple or family therapy could impede or even prevent a positive outcome to therapy. If an impasse results from such confidentiality, referral to another therapist might result.

My supervisors will monitor my work with clients. I review my cases with Dr. Jones and Dr. Eichelberger. Part of my supervision will be group supervision where other provisionally licensed individuals will be present. Your signature at the end of this form includes permission

for audio and/or videotaping of sessions and the sharing of information from my notes. My supervisors, the other licensees, and I will maintain confidentiality of the shared information as described in this section.

Code of Conduct:

As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

I am also required by law to adhere to the Louisiana Code of Ethics for Provisional Licensed Marriage and Family Therapists (PLMFTs) and Licensed Marriage and Family Therapists (LMFTs). A copy of this code is available upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLMFT, you may contact the Louisiana LPC Board of Examiners.

Client Responsibilities:

You are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I ask you to share these with me so that we can make the necessary adjustments. If I determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I ask you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

Clients must make their own decisions regarding such things as marriage, separation, divorce, reconciliation, 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.

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 if court proceedings develop at a later date.

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. Checks made payable to LBCH (Louisiana Baptist Children's Home). Cash, personal checks, credit or debit cards are accepted forms of payment. The fee for court appearances is \$900/day.

Potential Counseling Risks:

The client should be aware that counseling poses potential risks. While working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these new concerns with me.

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. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client's social system. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the therapeutic relationship. 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.

Mode of Therapy:

I am currently only seeing clients in person.

After-Hours/Emergency Situations:

When I or the receptionist (318-345-8200) is unavailable to answer calls after normal office hours, you may leave a message at 318-953-6939, and I will return your call as soon as possible. In an emergency situation, when an immediate response is necessary you may seek help through hospital emergency facilities or by calling 9-1-1. The suicide prevention hotline number is 988. Glenwood Regional Medical Center can be reached at (318) 329-4525 for any mental health or psychiatric emergencies.

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.

Professional Services Contract

I have read the Statement of Practices and Procedures of Kayley Armstrong, M.S., PLPC, PLMFT and my signature below indicates my full informed consent to services provided by Kayley Armstrong, M.S., PLPC, PLMFT. I am aware that Mrs. Armstrong may share information with Kathy Eichelberger, D.Min, LPC-S or Emily Jones, Ph.D., LMFT-S, LPC-S and other PLPCs/PLMFTs for the sole purpose of supervision toward LPC/LMFT licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Kayley Armstrong, M.S., PLPC, PLMFT may be audio or videotaped for the purpose of supervision.

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 Signature

Date

Kayley Armstrong, M.S., PLPC, PLMFT

Date

Parent/Guardian Consent for Treatment of a Minor: I, _____,

give my permission for Kayley Armstrong, M.S., PLPC, PLMFT to conduct therapy with my

_____, _____ . (Relationship, Name of minor)

Signature of parent or legal guardian

Date