

# Statement of Practice

**Amy Kitchens Butler, MA, LPC, LMFT**  
**Granberry Counseling Center**  
**7200 Desiard Street**  
**Monroe, LA 71203**

**Qualifications:** I am a graduate of Southwestern Baptist Theological Seminary with both a Master of Arts in Marriage and Family Counseling and a Master of Arts in Religious Education. I hold license #2839 as a Licensed Professional Counselor and license #740 as a Licensed Marriage and Family Therapist with the LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, telephone (225)765-2515.

**Specialty Areas:** I provide therapy for individuals, couples and families on an outpatient basis. I work with adults and children ages six and above. I am trained in critical incident stress management.

**Counseling Relationship:** I view counseling as a process in which you, the client, and I, the counselor, build a working relationship in which to explore and define present problem situations in order to discover the family dynamics contributing to those situations and to plan strategies for addressing those situations. I expect you, the client, to commit to work on your own personal growth in these relationships in order to strengthen yourself as a person, and so in turn to influence the family system in which you live.

**What to Expect from Therapy and What I Expect from Clients:** My work is from a family systems perspective, which means that I evaluate the functioning of the individual within his nuclear family and family of origin. This work focuses primarily on families, and includes work with individuals, couples and whole families. Issues frequently addressed are: interpersonal relationships, parenting skills, grief and loss, family development issues, stress, anger, and career and life change concerns. I expect clients to be fully engaged in the counseling process, including both work done in session and homework assigned during the week. This homework is necessary for the integration of the work of therapy into the life of the client.

Clients must make their own decisions regarding such things as deciding to marry, separate, divorce or 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.

Appointments are usually scheduled once a week for 50 minutes, with the first session devoted to gathering necessary information and family history. The entire therapy process may take an average of eight to ten sessions.

**Code of Ethics:** I am bound by the Code of Conduct as set forth by the Louisiana Licensed Professional Counselors Board of Examiners and the American Association of Christian Counselors. I also am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists and the American Association of Marriage and Family Therapists Code of Ethics. A copy of these codes is available upon request.

**Privileged Communication:** I am required by law to abide by the professional and practice standards for Licensed Practicing Counselors, Licensed Marriage and Family Therapists, and 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 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 and 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 party insurers, such as health insurance policies, HMO 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.

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 already noted), 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 in individual sessions during couple therapy could impede or even prevent a positive outcome in therapy. Clients will be encouraged to share information with their spouse themselves.

**After Hours and Emergencies:** You may reach me on my Granberry cell phone. When I am not available by phone, leave me a message on my voice mail and I will return your call as soon as possible.

**Fees and Office Procedures:** The standard fee at Granberry is \$75.00 per session and we currently provide four payment options: standard fee, sliding scale, insurance and financial assistance. We will be happy to bill your insurance company for you should you decide to use insurance. You may be charged for appointments not canceled within twenty-four hours of the scheduled appointment and will be charged for appointments you do not keep

**Client Responsibilities:** It is important for clients to take an active role in counseling, and to remember that counseling is a cooperative effort between the counselor and the client. The client is responsible for payment of services due at each office visit and for following office procedures for scheduling and keeping appointments. Clients need to inform the counselor if they are seeing another mental health professional.

**Physical Health:** It is always a good practice to rule out a medical basis for emotional difficulties. Clients who have not had a physical examination during the last year are encouraged to do so. As a routine part of the initial session, you will be asked to list any medical conditions you have or any prescription or non-prescription drugs you are now taking.

**Potential Benefits and Risks:** As a result of the counseling process, issues may surface of which the client has not been aware. These issues may be emotionally painful. Change is never easy. In the family system, when one member changes, this puts strain on the other members. There may be pressure within the system for the changes to disappear. Because of the nature of relationships, things may appear to worsen before they begin to improve.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I, (signature of parent or guardian) \_\_\_\_\_, give permission  
for Amy Butler to conduct counseling with my (relationship) \_\_\_\_\_, (name of minor)  
\_\_\_\_\_.