

Joseph McMasters
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(318) 345-8200

DECLARATION OF PRACTICES AND PROCEDURES

Qualifications: I am currently a Master level student at New Orleans Baptist Theological Seminary and am in my final semester working towards obtaining my degree in Marriage and Family Therapy. Because I am a student Intern, I will be working under Dr. Kathy Eichelberger LPC License (#4310) whom is a licensed professional counselor by the LPC Board of Examiners which is located at 8631 Summa Avenue, Baton Rouge, LA 70908 (phone 225-765-2515).

Area of Focus: During my internship I have had the privilege of working with individuals and couples in an outpatient setting. During these sessions I have worked with a wide verity of therapeutic issues such as sbstance abuse, sexual addiction, anxiety, depression. I have also had the opportunity to facilitate groups focusing on sexual addiction.

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.

Therapeutic process: Begins by working with the client to build a solid understanding of the issues being expressed, and then addressing them by building a treatment plan with the client, on how he/she would like to see change in these areas of their life. The approach taken to create the changes desired by the client could come from a variety of areas of study such as a solution-focused or cognitive behavioral approach. If the client has experienced trauma in their past, I prefer to use EMDR (Eye Movement Desensitization and Reprocessing) as the model for change if the client is willing. My goal as a therapist is to approach working with the client in a holistic approach which includes spirituality. While I will not make a presentation of my personal beliefs to the client, I consider myself a follower of Jesus Christ.

Confidentiality: All of our sessions will be confidential to persons outside the therapy setting. However, it might be beneficial to invite family members and/or other significant persons to attend. This would always be at the approval of the client. 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 therapy or releasing of any records, without your/their written 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 \$40 for a 50 minute session, but is adjustable based on client's income. Payment for services is due at the time of visit. Payments can be made on-line at Granberrycounseling.org, payments can be text (please see Granberry website for directions), or checks made payable 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 tele-counseling. The tele-counseling platform I use is HIPAA compliant.

Code of conduct: As a student intern, I am required by law to adhere to the Code of Conduct for practice

that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request.

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
Joseph McMasters. _____ Date: _____

For Minors only:

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

(Name of minor child)

(Relationship to minor child)