

ROGER D. BUTNER, PHD, LMFT

DECLARATION OF PRACTICES AND PROCEDURES

Therapy may be conducted in a number of different ways, depending on the therapist and his or her orientation and training. I am pleased that you (or your parents) have chosen me for your counselor. This description has been prepared to inform you of my qualifications, how I view the therapeutic process, and what you can expect from me as your therapist. **PLEASE SIGN AND DATE THE LAST PAGE.** Feel free to ask me about anything – whether it is a professional type of question, or a nosey personal question. I don't mind. I am glad to take time anytime to answer your questions and help you feel comfortable with the counseling process.

1. **My Qualifications and Experience:** I received my Masters in Marriage and Family Therapy (MMFT) from Abilene Christian University, a highly respected program that is accredited by the American Association of Marriage and Family Therapy (AAMFT). I earned my Ph.D in Family Studies and Mass Communication from the University of Alabama. I chose to pursue this degree because of my passionate belief that the constant presence of entertainment, such as television, in our culture is making a drastic impact on family life. While this degree is not in the field of therapy, it has deepened my understanding of the process of family dynamics in relation to TV and other entertainment. I am always glad to discuss these issues with anyone who has an interest.

I have worked with many different individual and relational problems throughout my therapeutic training and practice. In addition to my regular practice of therapy, I have worked in a domestic violence intervention program as well as a training program to help parents properly care for their children while going through a divorce. While I am competent and capable of working with a wide range of problems, I am always willing to make appropriate referrals to professionals with more expertise in specific areas.

I am a Licensed Marriage and Family Therapist (LMFT), Louisiana State License #90, granted from the Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809, (225) 765-2515. I am also a clinical member of the American Association of Christian Counselors (AACC) and Louisiana Association of Christian Counselors (LAACC). I have been licensed and practicing as an MFT in Louisiana since 2002, and practiced as an MFT Associate in Alabama from 1998-2002.

2. **The Therapeutic Process:** The process of therapy focuses on changing behaviors, thoughts, feelings, or spiritual issues. Because all people live in relation to others, I treat problems within a relational life context. Therefore, I will attempt to involve people in your family, when appropriate, in order to get the fullest perspective on your problems and most sensible solutions.

In addition to treating the interpersonal nature of problems, I believe that holistic healing addresses the emotional, psychological, physical, and spiritual aspects of individual and family life. Furthermore, I am committed to a uniquely Christian integration of psychological and systemic therapy approaches. I am willing and eager to address your spiritual concerns in therapy *to the degree that you express the desire to do so*. While I may not openly discuss Christian values or beliefs with clients who do not raise this as an issue of concern, be assured that my style of therapeutic intervention should always be in harmony with my Christian faith.

Remember that the problems that brought you to therapy did not develop overnight. The process of successful change will take some time, and may come in stages rather than all at once. I typically

meet with clients once a week for about 50 minutes, although clients in a state of crisis sometimes see me more frequently until the crisis subsides. The length of treatment depends on several factors, such as the type of problems(s), the number of problems identified, how long the problems(s) has existed, and how open and committed you and your family are throughout the duration of therapy.

Throughout our conversations together, I will use a lot of questions, not only to help me understand your situation, but also to get you to think, experience, and do things differently. Depending on what I learn about you and your family, I may see you individually, I may see you with your family, I may see your parents without you, and I may use a combination of these types of sessions. Please speak up about your preference, and I will strongly take that into consideration! I may even decide that "your problems" are really best solved by working mostly with your parents, to help them learn to handle life in a better way for your sake and for theirs.

Bring Your Music or Other Interests: Just in case I forget to tell you in our first meeting, I want you to know you have a standing invitation from me to bring in some of your favorite music or other interests to share with me, any time we have a session together. This is a great way for me to get to know you and what is going on in your life, and I don't mind at all if your entertainment preferences are way different than mine. Just bring it in and share it and tell me why you like it.

Potential Counseling Risks: Remember that therapy can be an emotionally draining process, and healing sometimes comes more slowly than desired. Sometimes the therapeutic process may bring out issues that you did not recognize at the beginning of therapy. Also, there are risks associated with change. As one person changes, other significant relationships are impacted. However, if you will remain committed to growth, the benefits to you and your family should be well worth it.

3. Types of Services Offered and Clients Served: My style of therapy is a holistic integration of what I have found to be the best of professional theory, Biblical instruction and Christian teaching on spiritual formation, and my own personal experiences of healthy change and growth. I believe the therapeutic process is a collaborative effort in which you are the expert on your life, and I will assist you by providing helpful conversations and resources. I will do my best to help you find the tools and perspectives needed to provide you with a more fulfilling life. I work with individual adolescents, adults, couples, and families, and sometimes use several different formats with the same client family at different sessions.

4. Code of Ethics: I am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. A copy of this code is available on request. In addition, I follow the Codes of Ethics as set forth by the AACC. I do my best to not only meet the requirements of these ethical codes, but to exceed them wherever possible.

5. Privileged Communications: I abide by the practice standards for Licensed Marriage and Family Therapists and Louisiana law. I do not disclose client confidence 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 abuse/neglect of children, elderly, and the disabled, 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.

When working with families of adolescents, I am committed to respecting your privacy and boundaries. This means I will not share with your parents private details from an individual session you had with me, unless it something that poses a clear danger to you, such as abuse of alcohol or

drugs, unprotected sexual activity, risky driving, illegal activity, self-injury, etc. Your parents have a right to know about such situations, and about the overall progress of our counseling, but you also have the right to keep some things private. Respect is essential to healthy relationships, including the therapeutic relationship, and I am committed to showing you the full respect you deserve.

6. **Client Rights:** Please understand that, as my client, you have the following rights:

- To be treated with dignity and respect.
- To give input during therapy and to expect that your input will be carefully considered.
- To receive an explanation of benefits, effects, alternatives, and risks of prescribed treatment.
- To end therapy at any time without moral, legal, or financial obligations other than those already accrued.

7. **Client Responsibilities:** You (or your parents) are responsible for keeping appointments, paying your bill, and ultimately for change. You are to follow office protocol, and you must notify me of any other ongoing mental health relationship. If at any time you are uncomfortable or dissatisfied with any aspect of therapy, please let me know immediately so I may make the necessary adjustments to provide you with the best possible service.

8. **Physical Health:** If you have not had a physical in the last year, you are encouraged to do so. I am not a medical doctor and as such I refer all medical questions and opinions to the appropriately trained professional. With this in mind, you may be referred to the appropriate medical doctors for consultation and medical evaluation for reasons such as physicals or prescriptions for medications.

9. **Emergency Situations:** In case of emergency, call my office at (225)753-7773 and leave me a detailed message regarding your situation. After leaving me a message, please call the Crisis Intervention Center (“The Phone”) at 924-3900 and/or 911.

10. **Telephone/Email Consultations:** I am happy to offer brief feedback via email, Facebook, or telephone, as needed. However, if you need more extensive feedback outside of a face-to-face session, responses via email or telephone are available from me on a fee basis. Developing healthy life boundaries is often an important part of the therapeutic process, and I do my best to model this process for my clients with my own life.

I have read and understand the above information.

Client Signature	Date	Roger D. Butner, PhD, LMFT	Date
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I _____, give permission for Roger D. Butner, Ph.D., LMFT to
Parent Signature

conduct therapy with my _____,
(Relationship) (Name of Minor)

ROGER D. BUTNER, PHD, LMFT

**PLEASE FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS YOU CAN.
ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

Who decided you should come to counseling? _____

Today's Date: _____ Date of Birth _____

Name: _____ Preferred Name: _____

Address: _____ City, ST. _____ Zip _____

Your Phone #: (h) _____ (w) _____ (c) _____

Email Address: _____

Name of School: _____ Grade in School: _____

Person to contact in case of an emergency (name/phone): _____

<u>Sibling's Names</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to you</u> (biological/step/adopted/foster)	<u>Live in your home?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any major changes that have occurred in your life or your family life in the last few years?
(moves, changes in number of family members, marital status, situation or income)

List any major health concerns for which you have received treatment in the last 24 months:

Please list any medications you have been taking during this time: _____

If you use any "street" drugs or prescription drugs for recreational or self-medicating purposes, please share a brief explanation:

Please describe your typical pattern of drinking alcohol, and if it has changed in recent months:

What three words would you use to describe the climate of your home and family at this time?

How is this different, if any, from the way your family used to be? _____

If any of your family has been through counseling at some point, please share a brief description:

If any of your family has a history of alcohol or drug problems, please share a brief description:

If there is any history of physical or sexual abuse in your family, please share a brief explanation of the individuals involved:

If you have had thoughts of suicide, either recently or in your past, please share a brief explanation, including how you have fought to keep these thoughts from defeating you:

If you have ever been through any counseling, please share a brief of description of why you went, and how it has impacted your life:

What do you hope to gain from counseling at this time? _____

Please tell me briefly about your spiritual life, which may or may not include religious affiliation:

Many people seek counseling to improve their lives and relationships, but want to hold on to their established ideas and patterns of behavior, even though these are directly contributing to their problems. How willing are you to let go of old ideas and behaviors so you can learn new habits of mind and action to transform your life experience?

How willing are you to work on yourself – to improve your life and relationships?

How willing are you to stop working on others – to improve your life and relationships?

How would you describe your level of hope right now? _____

What else do you believe is important for me to know about you or your situation at this time?
