J. Kimbrough Benson
136 Gable Crest Drive
Lafayette, LA
505 919- 9011

J. Kimbrough Benson Psychotherapy

Declaration of Practices and Procedures

2. <u>Qualifications:</u>

Bachelor of Arts in Elementary Education, 12/1978, University of Louisiana at Lafayette
Masters of Education in school Counseling, 8/1996, LSU, Baton rouge
Education Specialist in Agency/Community Counseling, 12/1997, LSU Baton rouge
I hold License #767, Marriage and Family Therapist, granted by the licensed professional Counselors Board of Examiners, 11410 Lake Sherwood Avenue North suite A, Baton rouge, LA 70816, 225-295-8444

3. <u>Clients served:</u>

I provide therapy for individuals, couples, and families. I work with adolescents and adults.

<u>4. Specialty Areas:</u>

Counseling for the purpose of enhancing personal and social development. Concerns addressed are stress management, anger control, relationships, marital concerns, parenting skills, grief/loss, and LGBT issues. I have 25 years of experience serving individuals and families.

<u>5&6. Client/Counselor Expectations:</u>

I employ a cognitive Behavioral approach emphasizing thought patterns of the individual, natural and logical consequences for behaviors and identifying patterns by which you live. The therapeutic process largely involves aiding the clients effective self analysis, how to observe their feelings, assessing actions and evaluating them objectively rather than moralistically or grandiosely. Also, client's work entails how to change, with consistent effort and practice achieving desired behaviors. Clients must make their own decisions regarding marriage, divorce, and evaluating them objectively. Also, client's work entails change, with consistent effort and practice to achieve desired behaviors. Clients must make their own decisions regarding

marriage, divorce, custody. My responsibility is to help you analyze the benefits or consequences of choices. We will cooperatively "think through" options, while my Code of Ethics and Code of Conduct prohibit me from advising you of your course of action.

Appointments are typically weekly, 55 minutes in length, but may be structured to suit needs.

7. Code:

I am required, by state law, to adhere to the Louisiana Code of Ethics. A copy is available upon request.

8. Privileged Communication:

I am required to abide by professional practice standards as an LMFT and Louisiana law. I do not disclose client confidences and information to any 3rd party without your written consent or waiver except when mandated by law. State law mandates I report to appropriate authorities suspected cases of child or elder abuse/neglect or that of a disabled person or danger to self or others. Certain types of litigation may lead to the court-ordered release of information without your consent. When working with couples, families, or groups, I cannot disclose information outside of the treatment context without written authorization from all competent individuals. While working with a family or couple, information shared by an individual, when family members are absent, must be held in confidence unless all individuals sign a waiver.

9. After hours and emergencies:

Please contact your nearest Emergency Room and contact my voicemail at 505 919-9011.

10. Fees and office procedures:

Appointments are typically set at the close of a session. Please cancel or reschedule at least 24 hours ahead of your session. My fee of 100$ is expected at the close of a session.

11. Potential benefits and risks of therapy:

Changes in relationship patterns resulting from therapy may produce unpredicted and/or possible adverse responses from others in the client's social system. These variables may not always be anticipated by the therapist of clients.

12. Physical health:

Emotional well-being is often gauged by one's physical health. A physical examination is recommended annually. As a component of the initial session, you will be asked the name of your Primary Care Physician and to list any medications you routinely take. If a medical problem is suspected, a medical referral may be suggested.

I have read and understood the above information.

Client's signature:_____

Client's signature:_____

Therapist's signature:_____

If the client is a minor, the parent or representative of the parent must stay on premise during the session. Please initial:

I,_____(parent's Signature) Give permission for my child(ren) to receive counseling.
Please print names of minors to receive counseling.
_____
_____
_____

PLEASE RETAIN A COPY FOR YOUR RECORDS