



# LOUISIANA

## Licensed Professional Counselors Board of Examiners

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### State of Louisiana Licensed Professional Counselors Board of Examiners Marriage and Family Therapy Advisory Committee

### Guidelines for Developing a Statement of Practice for Licensed Marriage and Family Therapists and Marriage and Family Therapy Interns

#### **Introduction**

A LMFT/MFT Intern's Statement of Practice is a formal description of the services provided by that practitioner and allows the clients of LMFTs/MFT Interns to give informed consent for the services they are about to undertake. Statements of Practice set the framework for the therapeutic relationship and are therefore an important part of the therapy experience.

Louisiana law and the corresponding rules that govern the use of the title of LMFT/MFT Intern require all persons who meet the requirements for the use of these titles to submit a copy of their Statement of Practice to the Board when applying for licensure or registering as an intern. The rules also stipulate specific information, which must be included in the Statement of Practice. You are encouraged to consult the Board website ([www.lpcboard.org](http://www.lpcboard.org)) to review the rules regarding the information required in a Statements of Practice. This information may be found in section 4720 of the rules.

Each Statement of Practice is a unique document, reflecting the LMFT/MFT Intern whose practice it describes. The following document is meant to be used as a guideline for the development of an individual's statement. It may also be used as a checklist for those developing their individualized statement. Those who are also licensed/registered in other allied mental health professions may integrate similar informed consent statements provided the all required information for LMFTs/MFT Interns is present.

You will find sample Statements of Practice for LMFTs/MFT Interns posted on the Board website. You are free to develop your own Statement of Practice using any format you prefer, provided you include all of the required information. You may use the samples as a rough guide in the construction of your own Statement.

Additional information may be obtained by contacting the Board by:

1. Phone: (225) 765-2515
2. Fax: (225) 765-2514
3. Email: [lpcboard@eatel.net](mailto:lpcboard@eatel.net)
4. Website: [www.lpcboard.org](http://www.lpcboard.org)
- 5.

**\*Please Note: Official inquiries to the Board must be made in writing and submitted via E-mail or regular mail.**

### **Required Information to be Included in a Statement of Practice**

1. Identifying Information
  - This section must include the LMFT's/MFT Intern's name, mailing address, and telephone number.
  - If your Statement is printed on office letterhead with this information already present, an additional section in the body of your Statement is not required.
  
2. Qualifications
  - This section must include your earned degrees and the name(s) of the institutions granting your degrees.
  - You must include your LMFT license number, noting the grantor of your license as the Louisiana LPC Board of Examiners and providing the address and phone number of the Board.
  - MFT Interns must identify themselves as such and provide the name of the LMFT Board Approved Supervisor, including contact information for the supervisor. MFT Interns must also include a brief explanation of how supervision affects the therapy provided.
  - You must include information on any additional licenses you hold, including a license number and contact information for the grantor of the license.
  
3. Clients Served
  - This section must include a description of the populations served in your practice. Examples may include males/females, age ranges of clients, special populations served by your organization, etc.
  - You may also include a statement regarding the modality of the therapy provided (i.e. individual, couple, family, group) and any other services that may be provided.
  
4. Specialty Areas
  - This section must include a listing of areas in which your practice specializes (e.g. parenting, family of origin issues, marriage therapy, specific diagnoses, etc.)
  - You may list any national certifications you hold.
  
5. What Clients Can Expect From Therapy
  - This section must include a description of the theoretical orientation employed in the therapy process and types of typical techniques/strategies that may be used.
  - You must include a brief description of your philosophical view of the therapy process, including clients' input in treatment planning.
  - You must provide a brief description of your general goals and objectives for clients.

6. Therapist's Expectations For Client
- This section must include a statement that clients are expected to inform you of any other ongoing mental health treatment as it may impact the therapy process.
  - You must include a statement that clients are expected to inform you of their general physical health, including any medical treatments they are receiving and/or medications they are taking.
  - You must include a statement that clients must make their own decisions regarding such things as the decision to marry, divorce, separate, reconcile, and how to set up custody and visitation. The therapy process may include help in understanding the consequences of various decisions but your code of ethics does not allow you to advise a specific decision.
7. Code of Ethics
- You must include a statement that you are required by state law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapists and that a copy of that code is available upon request.
  - You may include in this section any provisions in the code of ethics that you specifically want your clients to be aware of.
  - You may also include in this section any other codes of ethics that you are bound to follow with a statement that those codes are also available upon request.
8. Privileged Communication
- You must provide a description of the rules governing privileged communication for Licensed Marriage and Family Therapists including the following information:
  - Instances where confidentiality may be waived, including but not limited to danger to self or others, suspected child abuse/neglect, elderly abuse/neglect, disabled adult abuse/neglect;
  - When providing couple, family, or group treatment LMFTs cannot disclose any information outside of the treatment context without a written authorization from each individual competent to execute such a waiver;
  - LMFTs may not reveal any individual's confidences to others in the client unit without prior written permission from that individual;
  - If audio/video tapes are made, include information as to their use and who will be reviewing the tapes;
  - Information regarding the protection of privileged information provided to supervisors in the context of supervision.
  - \*\*\*For further information on this subject, please consult the rules regarding privileged communication which may be found on the Board website.
9. Emergency Situations
- This section must describe your policies/procedures for dealing with emergency situations, including after-hour emergencies. Specific information must be provided to clients as to how to obtain emergency care. A specific phone number must be provided.

- A general statement instructing clients to go to the emergency room is not sufficient.
10. Office Procedures Regarding Hours of Operation, Fees and Insurance
- This section must provide a description of your policy on scheduling appointments, breaking appointments, phone calls, etc.
  - You must provide a statement of your fees and billing policies.
  - You may include a statement regarding your policy on insurance payments.
11. Risks and Benefits of Therapy
- You must adequately inform clients of the potential risks of therapy. Some examples of potential risks are:
  - In the course of therapy, clients may come to realize they have additional issues that they were not aware of before the therapy began.
  - Making changes through the therapy process may produce other unforeseen changes in a person's life;
  - Individual issues may surface for each partner as clients work on a relationship;
  - Making changes in communication and/or ways of interacting with others may produce adverse responses from others;
  - Couple or family conflicts may intensify as feelings are expressed;
  - Individuals in couple or family therapy may find that partners or family members are not willing to change.
12. Additional Information (not required)
- You may add any additional information about your practice, not listed above that you believe is important for clients to know before giving informed consent.
13. Signature of Consent
- The Statement of Practice must conclude with a statement indicating that the client(s) have read and understand the Statement of Practice and give informed consent to the above stated conditions for services provided.
  - Include spaces for client(s) signature, date, and your signature.
  - If you treat children, a statement may be added for parents/guardians to provide consent for the treatment of a minor.
  - MFT Interns must provide space for the signature of their supervisor.
  - Provide clients with a copy of the signed Statement of Practice