**Declaration of Practices and Procedures**

Tralana Eugene, MA., LPC, LMFT, NCC

Matt Morris & Associates

433 Metairie Rd. Suite 401

Metairie , LA 70123

504-920-8422

**Qualifications**: I earned a Masters of Arts degree in Marriage and Family Therapy and School Counseling from The University of Holy Cross in 2013. I hold license # 1250 as a Licensed Marriage and Family Therapist (LMFT) and license # 5834 as a Licensed Professional Counselor granted by the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North Suite A., Baton Rouge, LA 70816, (225)765-2515. In addition to being licensed as a LPC and LMFT in Louisiana, I hold a national certification as a National Certified Counselor (NCC#331590). I am also a member of several regional and national professional counseling organizations.

**Clients Served:** I provide therapy for individuals, couples, and families. I work with children and adults. I also conduct group therapy.

**Areas of Focus:** I work with problems of childhood and parenthood, marital difficulties, and life difficulties that may relate to disturbances in family relationships. I work individuals, couples, and families who deal with issues such as Marital Problems, Family Hositility, Communication Problems, Sex and Intimacy, Stress, Family Dysfunction, Parent-Child Relationships, Depression, Anxiety, Grief, various Trauma related issues, and School Counseling related issues. I am also a Yoga instructor for children grades K-5.

I attend professional workshops, conferences, and continuing education sessions in order to stay current with the most contemporary research and techniques. Based on Structural Family Theory, I attempt to involve the entire family in the therapeutic process where appropiate and possible. It should be notied that I am not a medical doctor and cannot prescribe medication. If medical treatment is necessary, the client will be encoraged to have a complete physical examination if they have not had one within the past year.

**The Counseling Relationship:** 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.

There are several steps in the therapeutic process. First, time will be spent exploring the nature of the problem(s) that have brought you to therapy. I will need to get to know you, how you view yourself, and the quality of the relationships that you have with others. Obviously, we will need to communicate openly and honestly. My responsibility at this point in the therapeutic process is to listen attentively, assist you to communicate with me and others who may be involved, and to provide an environment of trust so that each person present can interact freely and speak what is on their mind.

Second, when we have examined and developed sufficient background to proceed, we will begin to decide upon specific goals and objectives. We will then develop a treatment plan that will outline how these goals will be achieved. This plan will undoubtedly require strong effort on your part. Feelings of discomfort inherent in change will be experienced. Periodic assessment of progress to determine the effectiveness of the treatment plan will take place by reflecting upon any improvements in the problem situation from when therapy began. Treatment efforts will conclude when the sought-after goals have been sufficiently achieved, the client chooses to leave, or if it becomes evident that the client should continue treatment with another therapist due to a therapeutic impasse or need of increased specialization. If I must miss a session(s) due to illness or vacation, I will provide an on-call therapist and/or an emergency hospital number to ensure continued client care for possible emergencies.

I work from an ecosystemic perspective, which means that I view client’s immediate family relationships and larger social context as being important resources in solving life’s problems. Goals for therapy are always established through collaboration with the cleint(s). The overall objective for therapy is always the successful resoultion of the problems that are deemed most important through the collaborative process. I approach counseling from a structural perspective, which takes a systemic view. My role is to educate and assist by helping individuals, couples, and family members become more aware of the structure, boundaries, patterns, rules, and destructive familial processes in order to develop solutions.

**Client Responsibilities:** Clients must make their own decisions regarding such things as marriage, separation, divorce, reconciliation, and how to set up custody and visitation. That is, I will help you think through possibilities and consequences of decisions, but my code of Ethics does not allow me to advise you to make a specific decision. You, the client(s), are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. 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. Client gain is most important in professional counseling. Suspension, termination, or referral may be initiated by either the client or the counselor. This decision shall be discussed between counselor and client if behavior reveals that: the needs of the client would be best served by seeing another specialist, disinterest or lack of commitment to counseling, or for any unresolved conflict or impasse between counselor and client. Additionally, if you are currently receiving services from another mental health professional, please consider allowing me to exchange information with this professional, so that we can coordinate our service to you.

**Code of Ethics:** I am required by law to adhere to the Louisiana Code of Ethics for Licensed Marriage and Family Therapist. A copy of this code is available upon request. I also follow codes that adhere to the Code of Conduct for practice that has been adopted by my licensing Board, the Louisiana LPC Board of Examiners.

**Confidentiality**: I am required to abide by the professional practice standards for Licensed Marriage and Family Therapist as stated in Louisiana law. I do not disclose client confidences 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 proper authorities suspected cases of child abuse/neglect, elder (60 or older) abuse/neglect, or disabled adult 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. Also note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent. Although I cannot guarantee it, we will endeavor to notify clients of all mandated disclosures.

When working with couples, families, and/or groups, I cannot disclose any information outside of the treatment contexts 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 authorization 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 noted above) 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 for individuals during couple or family therapy could impede or even prevent a positive outcome to therapy. If an impasse results from such confidentiality, referral to another therapist might result.

**After-Hours/ Emergency Situations**: When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. You may seek help by calling River Oaks Hospital [504-734-1740], which offers professional services 24 hours a day. You may also seek help through hospital emergency facilities or by calling 911.

**Fees, Office Procedures, and Length of Therapy:** The fee for counseling services is $140 per 50-minute session, or $200 per 90-minute session. Payment for services is due at the close of each session. Payment is not accepted from insurance companies. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Appointments are usually scheduled one time a week for approximately one hour, with the initial session devoted to gathering necessary information. The entire therapy process may take on average 10 to 12 sessions.

It is difficult to predict how many sessions will be required for therapy to be maximally effective. I will be better able to discuss the probable number of sessions after we have explored and gained insight into your situation. Be aware that length of therapy is often based on your commitment to therapy.

**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, modifications of an individual’s ability to desire to deal effectively and harmoniously with others in the 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.

**Professional Services Contract**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Name(s) of),** hereinafter referred to as the **Client**, has this day retained **Matt Morris, LLC**, to provide psychotherapy and/or family therapy.

It is expressly understood that Matt Morris, LLC, has not issued, and will not issue any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Matt Morris, LLC, shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors. However, Matt Morris, LLC, will not be held to any special or elevated standard of care.

The Client agrees that all fees shall be due at the time of treatment and that payments in arrears over two sessions will result in the suspension of therapy until the balance is made current. It is further understood that Matt Morris, LLC, has the right to carry the outstanding balance with interest until completely satisfied by the Client. 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, understanding, and knowledge of the consequence.

**Client(s) Signature(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minors: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(parent or guardian)** give permission

for **Tralana Eugene, MA, LPC, LMFT, NCC** to conduct counseling with my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(relationship), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of minor) **Date**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Counselor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ Tralana Eugene, MA, LPC, LMFT, NCC