



**Christian Perspective**  
**COUNSELING**

## **Declaration of Practices and Procedures**

**This document provides information regarding receiving treatment by a therapist intern in cooperation with the John Brown University Graduate Counseling Department. Please read this document carefully and ask any questions you may have as it is designed to inform you about your therapist intern and to ensure that you understand your professional relationship with them.**

### **Qualifications**

Students in this program have completed core courses in counseling prior to beginning their clinical experience at the internship site. A few examples include: courses in ethics, theories of counseling, counseling techniques, group work, and other courses relevant to the student's specialization in clinical mental health counseling. The internship courses are a developmental sequence in which students apply their knowledge under intensive supervision both on-site at CPC, and with their faculty supervisor. For more information about this arrangement or to address concerns about your intern, please use the following contact information:

**John Brown University Graduate Counseling Department Faculty Supervisor**  
8114 Cantrell Rd #250  
Little Rock, AR 72227  
T: (501) 771-9000

### **Code of Ethics**

As an intern, your therapist will be adhering to not only standards of conduct set by their academic institution and CPC clinic procedures, but will also be adhering to the ethical guidelines relevant to the licensure they are seeking. For Licensed Professional Counselors (LPC), this is the American Counseling Association's Ethical Principles of Counselors and 2014 Code of Conduct; copies of which can be found at <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>. For Licensed Psychological Examiners (LPE), this is the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, which have been adopted by the Arkansas Psychology Board; copies of which can be made available upon request.

### **Counseling Relationship**

Your counseling services will be based on a relationship characterized by trust and respect. The counselor and client will work together to both identify goals for counseling and to move toward meeting those goals. The counseling sessions may include an exploration of thoughts, feelings, personal history, communication styles, attitudes and beliefs about self and others, and personal development needs. The intern will receive supervision from two sources: a CPC staff therapist and a John Brown University Graduate Counseling Department faculty member.

## **Telephone and Electronic Communication**

It is understood that it will be necessary at times to communicate outside of our scheduled time. Such communication should occur only for the purposes of scheduling/rescheduling our next meeting or in the event of an emergency (see the section on Emergency Situations below). The majority of the time, matters that don't pertain to either of these purposes are therapeutic in nature and best dealt with in the course of a scheduled therapy appointment.

## **Client Responsibilities**

Clients have the right to receive counseling in which the individual's dignity, worth, and uniqueness are respected. Your intern will provide you with quality informed services that are offered under close supervision. Additionally, however, the success of the counseling relationship depends on your willingness to be open and involved in the process. Your intern may ask to record some or all of your counseling sessions. The recording of sessions is something that will be further discussed with you and you have the right to allow or to refuse this process to take place. All recordings, if made, will be destroyed at the end of the semester in which services are provided. If you agree to this process, which will both serve the student's training needs and enrich your personal counseling experience via the added perspective of supervisory review, your intern will ask for your written permission. Finally, clients have the right to receive services that are confidential, with exceptions detailed in a later section.

## **Potential Counseling Risks**

As a result of the therapy process, you may realize that you have additional issues that may not have surfaced prior to beginning therapy. However, if this occurs, please feel free to share these new concerns with me. There is also a possible risk in couple or family counseling that conflicts may intensify as previously unexpressed feelings are revealed and processed.

## **Involvement in Litigation**

Please be aware that your intern will not participate in any ongoing or emergent litigation of any sort (i.e., criminal charges, civil suits, custody hearings, etc.). Please be certain to notify your intern at the earliest possible moment if this is a concern in your case, as a change of therapist may be warranted in such cases. The only exception to this is in the event of therapy being court-ordered, in which case it will be necessary for your intern to communicate with the courts regarding your disposition and progress in treatment. Your intern will ask you to complete a release to share such information with the relevant parties (i.e. attorney, probation officer, judge, etc.).

## **Emergency Situations**

In life-threatening emergencies (such as the presence of homicidal or suicidal thoughts, abuse situations, or medical emergencies), call 911 or go to the nearest hospital emergency room. You may also choose to contact the following resources for assistance and/or referral to the appropriate level of care:

**Arkansas Crisis Center**  
Crisis hotline and online chat  
1-888-CRISIS2 (274-7472)  
[www.arcrisis.org](http://www.arcrisis.org)

**Conway Behavioral Health Hospital**  
Assessment and inpatient treatment  
1-501-858-3048  
2255 Sturgis Road  
Conway, Arkansas 72034.

## **Confidentiality**

Confidentiality will conform to state guidelines and the relevant ethical code. All interns, their supervisors, and group supervision members will not disclose information except under the following conditions:

- The client or their guardian gives written consent to release information to a designated individual or agency.
- The client makes specific violent threats to harm themselves or to harm an identifiable victim.
- The intern and/or their supervisors are named as defendants in a civil, criminal, or disciplinary action arising from the counseling sessions.
- The intern receives an authentic subpoena backed by judicial authority that requires the disclosure of information.
- The intern has reasonable cause to believe that a child or adult with a disability has suffered abuse or neglect.
- The intern *will* discuss the content of counseling sessions in individual and group supervision under the direction of a qualified supervisor who is held to the same professional standards of confidentiality and its limits.



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**Acknowledgment of Declaration of Practices and Procedures**

I have read, or have had read to me, and understand the above information and have discussed with the intern the various aspects of the agreement for their psychological services. I have read the Statement of Philosophy for CPC and hereby give consent by my signature, to the provision of psychological services based on that philosophy of practice. I also consent to the release of information to pertinent parties for the purpose of coordinating services including, but not limited to, my primary care physician, psychiatrist, and other mental health care providers.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern

\_\_\_\_\_  
Date

If the client is a minor, parental authorization is needed:

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
(guardian's name) (intern's name)

to provide therapy services to my \_\_\_\_\_,  
(relationship) (minor client's name)

\_\_\_\_\_  
Signature of Minor Clients's Guardian

\_\_\_\_\_  
Date