STATEMENT OF INTENT

Name				
Licensed Associate Counselor ((LAC)		Lic	ensed Professional Counselor (LPC)
Licensed Associate Marriage & Family Therapist (LAMFT)				ensed Marriage & Family Therapist (LMFT)
Board Approved Supervisor Sta				ard Approved Supervisor Status (LAMFT
Setting of My Practice:				
Private Practice	Agency	School	Hospital	Church
Population(s) Serve:				
Children	Adolescents	Adult	5	
Disorders, Issues, Presenting F	Problems I Accept:			
Disorders listed in the Diagnos	tic and Statistical Man	ual (DSM)	Crisis	Grief
Behavioral Issues	Career Concerns	Relati	onal Issues	Marital/Premarital (LAMFT/LMFT only)
Other:				
Assessment Instruments I adn	ninister and Purpose f	or Use:		
	Objective Persor	nality Testing	Diagnostic Intervi	ewing Career Exploration
Other Special training and documentation are required	for administering other assessmen	ts. Projective Techniques are no	ot permitted under this license.	[Act 593 of 1979, Sec. 3 (e)2].
Types of Services I provide:				
Individual Group	Relation	ial Famil	y (LAMFT/LMFT onl	y)
*Telemedicine				
*Requires documented training Rules Section XII	•			
Systematic desensitiz social problem-solving situati rehearsal Monitoring <u>Person-Centered:</u> Act RegardCongruence	ation Problem-s ions Self-reinforc negative thoughts ive listeningR	olving skills training_ ement Self-inst Restructuring ne eflection of feelings_	Self-monitorin ruction Mode egative or maladapt Clarificatior	ion Deep breathingCognitive imagery g Cognitive restructuringRole playing ling Positive incentivesBehavioral ive thoughtsMindfulnessEmpathyUnconditional PositiveTherapeutic contractsHomework
Paraphrasing"Al	na" experienceca	atching oneself	acting "as if"	ationProviding encouragement
	on (art, poetry, writing	, movement)	Psychodrama	ng with feelingsRole playingEmpty Putting feelings or thoughts into action ere and now
				gAssertion/social skills training ontractsHomework assignments
Reality:Evaluation of p Awareness of how life wo				elopment of specific plan to change plan
Existential:Identificati Attacking "wish" avoidan				ryowning of feelings, statements and actions n-making

Transgenerational/Bowenian/Contextual:Boundary ma	
reconstructionTherapeutic contractGoing home assign	mentsDifferentiation assignmentsFamily ledger
Structural:EnactmentsUnbalancingTracking_ ReframingDraw-A-PersonKinetic Family Drawir	
	њ5, оппу рау
<pre>itrategic/Solution Focused: Assess hierarchy/powerCin Exception questions"As-if" assignmentsHome</pre>	rcular questioning Miracle question Scaling questions
	workassignments Go slow messages
xperiential:Positive connotationsParadoxical inte	rventionsRitualsOrdeal assignmentsprescribing
	niquesidentifying self-defeating patternsInvariant
	_Family drawingsHypnosis/tranceHere-and-now techniques
There-and-then techniques	
Jarrative:Questioning (opening space, meaning, future)	Deconstruction Co-construction Re-storving
	Exceptions to ProblemTherapist's letter-writingInternalized
Other InterviewPreferred view of self/from others	
ntegrative Family Therapy:Language of partsInt	ernal conversationsMicro/Macro lensesSolution focus
Dther:	
Additional Training and Certifications (supported by documentati	on):
Have Read, Understood, and Agree to Abide By (initial each item)	:
American Counseling Association Code of Ethics and/or An	nerican Association for Marriage and Family Therapy Code of Ethics.
Arkansas Code Annotated 17-27-101 ET. Seq., the law that g	governs the practice of psychotherapy in Arkansas.
Rules of the Arkansas Board of Examiners in Counseling.	
understand that my Statement of Intent is my scope of practice and Statement of Intent when I document additional training and/or ch	d reflects the training documented in my Board file. I will revise my anges in my scope of practice.
PRINTED NAME	
IGNATURE	DATE
For Board Staff Only	
APPROVED	DATE
ICENSE NUMBER	VALID
AR Board of Examiners in Counselir	ng, 101 E. Capitol, Suite 202, Little Rock, AR 72201
Revised C	Dctober 26, 2020