SCOPE OF PRACTICE
STATEMENT OF PROFESSIONAL INTENT

Licensed Associate Counselor (LAC)  Licensed Professional Counselor (LPC)  
Licensed Associate Marriage/Family Therapist (LAMFT)  Licensed Marriage and Family Therapist (LMFT)  

Name ________________________________

Nature of My Counseling/Psychotherapy Practice (And/Or) Marriage & Family Therapy Practice (check all that apply)

Private Practice ______  Agency ______  School ______  Hospital ______  Church ______

Supervision ______  LACs ______  LAMFT’s ______

Specialty License(s) ______________________________________________________________________

Other __________________________________________________________________________________

Disorders, Issues, Presenting Problems I Accept

Disorders listed in the Diagnostic and Statistical Manual (DSM) ______  Crises ______  Grief ______

Behavioral Issues ______  Career concerns ______  Relational Issues ______

Family (LAMFT/LMFT only) ______  Marital/Premarital (LAMFT/LMFT only) ______

Other __________________________________________________________________________________

Theoretical Approaches I Use:

Cognitive-Behavioral ______  Behavioral ______  Narrative/Constructivist ______  Reality ______  Existential ______  Gestalt ______

Structural ______  Experiential ______  Brief Solution-Focused ______  Strategic ______  Transgenerational ______  Adlerian ______

Person-Centered ______  Integrative ______

Other __________________________________________________________________________________

Methods And Techniques I Use (Complete page two, sign and attach)

Population(s) I Serve

Children ______  Adolescents ______  Adults ______

Assessment Instruments I Administer and Purpose For Use

Projective Techniques are not permitted under this license. [Act 993 of 1979, Sec. 3 (a) 2]

Psychoeducational Testing ______  Objective Personality Testing ______  Diagnostic Interviewing ______  Career Exploration ______

The following require special training and documented supervision: Wechsler ______  MMPI ______  MCMI ______  Stanford/Binet ______

Other: __________________________________________________________________________________

I Have Read, Understood, And Agree To Abide By:

☐ Yes ☐ No: American Counseling Association’s Code of Ethics

☐ Yes ☐ No: Arkansas Code Annotated 17-27-101 ET. Seq., the law that governs the practice of Psychotherapy in Arkansas.

☐ Yes ☐ No: Rules of the Arkansas Board of Examiners in Counseling.

I understand that my Statement of Intent is my scope of practice and reflects the training documented in my Board file. I will revise my Statement of Intent when I document additional training and/or changes in my scope of practice.

SIGNATURE ________________________________  DATE ________________________________

[LEGIBLE SIGNATURE REQUIRED]

APPROVED ________________________________  DATE ________________________________

LICENSE NUMBER ___________________________  VALID ________________________________

AR Board of Examiners in Counseling, 101 E. Capitol, Suite 202, Little Rock, AR 72201
Revised April 11, 2014
- Homework therapy Relaxation techniques Muscle relaxation deep breathing Cognitive imagery Guided imagery
- Systematic desensitization Problem-solving skills training Self-monitoring Cognitive restructuring
- Role playing social problem-solving situations Self-reinforcement Self-instruction Modeling Positive incentives
- Behavioral rehearsal Monitoring negative thoughts Restructuring negative or maladaptive thoughts Mindfulness

Person-Centered: Active listening Reflection of feelings Clarification Empathy Unconditional Positive Regard
- Congruence

Adlerian: Gathering life history (genogram, family constellation, early recollections) Therapeutic contracts Homework assignments
- Paradoxical intention Suggestions Confrontation Interpretation Providing encouragement Paraphrasing
- "Aha" experience catching oneself acting "as if"

Gestalt: Reliving/re-experiencing unfinished business Confrontation Staying with feelings Role playing Empty chair
- Creative expression (art, poetry, writing, movement) Psychodrama Putting feelings or thoughts into action
- Body awareness (breathing awareness) Guided imagery focusing on the here and now

Behavior: Reinforcement techniques Relaxation methods Modeling Assertion/social skills training
- Self-management programs Behavioral rehearsal Coaching Contracts Homework assignments

Reality: Evaluation of present behavior Willingness to change Development of specific plan to change
- Awareness of how life would be different Commitment to follow through with plan

Existential: Identification of responsibility avoidance confronting irresponsibility owning of feelings, statements and actions
- Attacking "wish" avoidance Attacking affect avoidance Unblocking decision-making

Transgenerational/Bewenian/Contextual: Boundary making Family sculpting Genogram Family reconstruction
- Therapeutic contract going home assignments Differentiation assignments Family ledger

Structural: Enactments Unbalancing Tracking Assess family structure Assess family rules/roles reframing
- Draw-A-Person Kinetic Family Drawings Family play

Strategic: Assess hierarchy/power Circular questioning Miracle question Scaling questions Exception questions
- "As-if" assignments Homework assignments "Go slow" messages

Experiential: Positive connotations Paradoxical interventions Rituals Ordeal assignments prescribing the symptom
- Behavioral parent training Restraining techniques identifying self-defeating patterns Invariant prescription
- 2nd order changes Family Sculpting Family drawings Hypnosis/trance Here-and-now techniques
- There-and-then techniques

Narrative: Questioning (opening space, meaning, future) Deconstruction Coconstruction Restorying Externalizing
- Mapping influence of problem Find Exceptions to Problem Therapist's letter-writing internalized Other Interview
- Preferred view of self/from others

Integrative Family Therapy: Language of parts Internal conversations Micro/Macro lenses Solution focus

Other: __________________________________________________________

_________________________ SIGNATURE ___________________________
_________________________ DATE ___________________________

[LEGIBLE SIGNATURE REQUIRED]

Print Name: ____________________________________________________

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