

# **Angēla Essick Dykes, MA, LPC**

616-225-1060

## **PROFESSIONAL DISCLOSURE STATEMENT**

I welcome you as a new client and I look forward to working with you! The purpose of this form is to let you know about my approach to counseling, what you can expect from counseling, and my background. This form will also give you an opportunity to give consent for counseling.

I obtained a Master of Arts: Counseling from Central Michigan University in 1996. Concurrently, I earned a Graduate Certification in Holistic Health from Western Michigan University in 1996. I hold licensure in Michigan as a Profession Licensed Counselor (1997 – present).

I began counseling in a women's shelter in 1992, providing supportive services to residents and non-residents, both female and male. Soon after earning an MA in Counseling I started a private practice in 1997, serving self-referred, church-referred, and agency & court-referred residents from across the state of Michigan. I offer services for a range of ages and issues, including: children through adult, addictions (alcohol, drugs, eating, pornography, etc), anxiety, anger management, career, abuses, communication, relationship issues, depression, divorce recovery, domestic &/or sexual abuse, domestic abuse perpetration, grief, betrayal, parenting, play therapy,

pastors/families, post-traumatic stress, spiritual issues, crisis intervention & referral, etc. If you have questions about how any of these matters (and perhaps some not listed above: the “etc” part) have affected your life, please talk with me so together we can help you make sense of your world and develop a plan for you to successfully engage in your living.

My approach to counseling is to aid with increasing self-awareness through theoretical orientations that are client-centered, Biblically focused, and reality-based. I have developed a model of personal accountability that I weave into all components of increasing awareness of the effect one’s personal choices affect onto others’ lives. Cognitive-Behavioral theoretical approaches are woven into certain aspects of my counseling techniques, when indicated.

Overall, in my view, the relationship of feelings and thoughts (beliefs) to behavior is crucial to understanding the issues that affect being successful in life. I use a variety of strategies that may help people make sense of their world. These strategies will be utilized during and between our sessions. Counseling offers you a chance to express ideas and concerns to better understand your situation and to learn new ways to solve problems.

However, there are risks. At times, you may experience feelings that are uncomfortable and difficult to face. I always compare this process to taking cough medicine: it may not taste great, but it will likely be good for you in the end. While positive growth and resolution of personal

issues may occur, no promises can be made about specific outcomes. You, the client, are entirely responsible for accomplishing your outcome goals. Furthermore, counseling may open up levels of awareness that may cause pain and anxiety. You have the right to refuse to participate in certain therapeutic interventions. I will do my best to provide an accurate and fair assessment (i.e., diagnosis) that will help guide our treatment planning (i.e., goal setting), both of which will become part of your file. We will also discuss this assessment/diagnosis and your resulting treatment plan/goals throughout the counseling process.

A counseling session typically lasts 45-50 minutes. Group sessions may last longer (1 1/2 - 2 hours) depending on the number of participants and topic. For matters of convenience and confidentiality, I do not bill insurance; all payments are a cash-only basis. Feel free to discuss this further with me, if necessary.

My business cell phone number is: 616-225-1060. If I am not available to answer the phone you may leave a message and I will get back to you as soon as possible. I do not provide crisis mental health services. Please contact your local community mental health agency or in the event of an emergency, please do not hesitate to call 911 or go to the closest emergency room.

Since I may reside in the same geographic area as you, it is imperative that we do not discuss your issues outside the counseling room setting. This is an ethical boundary upon

which I will insist for the protection of your confidentiality. I guarantee your confidentiality unless you sign a Release-Of-Information for specific person(s) and specific purpose(s).

Everything you discuss with me will be kept confidential by me, except matters pertaining to: (1) suicide and/or harm to another person, (2) physical/sexual abuse or neglect of minors, persons with disabilities, and the elderly, (3) activity resulting in a court order, and (4) anything else required by law. For other matters, legally and/or ethically, I am willing to share information with any other professional or agency that you wish after you sign my Release-Of-Information form. Ethically, guiding my behavior is the ACA Code of Ethics, published by the American Counseling Association in Alexandria, VA, and legally, I adhere to the U.S.A. and State of Michigan statutes.

Suggestions for change or improvement of service, complaints, or grievances you may have may be expressed first with me. If necessary, you may then contact the State of Michigan Department of Community Health (by signed & dated letter). That address is listed below:

State of Michigan

Department of Community Health

Board of Counseling

P.O. Box 30670

Lansing, Michigan 48909-8170

I hope that you find this counseling experience to be successful, and in some way, enjoyable. I thank you very much for taking the time to read this. Please sign & date the Informed Consent on the following page.

Respectfully,

**Angēla Essick Dykes, MA, LPC**

**MI Permanent I.D. No: 6401006572**

## **INFORMED CONSENT**

**You do not have to sign this; you have a right to refuse counseling.**

If you choose to engage in counseling, a copy of this page will be offered to you at your initial session to sign & date in my presence.

I, \_\_\_\_\_, fully understand what I have just read (Professional Disclosure Statement, including Limits of Confidentiality) and offer my consent for counseling free from any pressure to do so. Here is my signature and the date of that signature (expires one year from date of last session attended):

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature if client is under age of 18 years Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Counselor Signature Date