

# J. Glenn Dulken, MA, LCMHC

## Professional Disclosure Statement Information and Consent

Welcome. Please read this document carefully. It is designed to inform you of my background and professional credentials, our office policies, and to ensure that you understand our professional relationship.

### License, Certification, Education and Training

I am a Licensed Clinical Mental Health Counselor, certified by the state of State of North Carolina, LCMHC # 2743. I am also an Imago Relationship Therapist, certified by Imago Relationships International as an Advanced Clinician, a Somatic Experiencing Practitioner, certified by the Foundation for Human Enrichment, and an Internal Family Systems Therapist.

I have been a professional counselor since 1981 and in private practice since 1993. I was an Anglican Priest active in the parish ministry from 1980 to 1993. I hold a Master's degree from the University of South Carolina and a Bachelor's degree from Washington and Lee University.

My training in Imago Relationship Therapy was with Dr. Patricia Love and Sunny Shulkin. I have also completed the Imago Single's Training with Sunny Shulkin and Maya Coleman. I have trained in Jungian, Existential, and Archetypal Psychotherapy with Chris Saade and Henry Berne, in Psychodrama and Group Psychotherapy with Bedford Combs, and in Experiential Group Psychotherapy with Pam Noble. I have completed both levels of training in EMDR. I have trained in Clinical Hypnosis with ASCH. I have also trained in Psychomotor Therapy with Al Pessa, in psychotherapy, recovery, and relationship issues with Patrick Carnes, David Calof, Pia Melody, Gay and Kathlyn Hendricks, John Bradshaw, Robert Johnson, John Sanford, and Robert Moore, in Hakomi with Ron Kurtz, and in men's work with John Lee, Martin Prectel, Malidoma Some, Michael Meade and Robert Bly. I trained in Somatic Experiencing with Ariel Giarretto, Raja Selvam, and Diane Poole Heller. I have completed the third and final year of Internal Family Systems training with Richard Schwartz, and trained in Qigong with Robert Peng, and Roger Jahnke, and in Past Life Regression with Brian Weiss.

While I have had the privilege of training with many of the finest in our field, the best training I have received is from years of working on myself with my therapist, and in 12-step programs, and in working with my spouse in couple's therapy. I believe very strongly that therapists can only be helpful if they are also continuously working on themselves, and may be less than helpful, or even harmful, if they are not.

# Philosophy of Psychotherapy

I believe it is an intrinsic part of the human experience that we need each other to grow and mature as individuals. Seeking out a counselor does not mean we are sick or dysfunctional. Simply put, I believe we are by design interdependent, designed to need each other in order to see ourselves clearly, to grow, to evolve, to live our dreams. It is for this same reason that I have sought out counseling in my life. As a psychotherapist, I see my job as a facilitator to help you on your journey. I do not believe in creating dependencies on myself. A central part of my job is to help you empower yourself as an individual or couple, and eventually for my job to become obsolete.

In therapy it is your right to direct your work. I will be glad to provide guidance, but I have no agenda for you except the willingness to facilitate your progress on your journey. You will be given many choices, and I will always respect your right to say, "No, I don't agree with this direction you are suggesting", "I'm not comfortable working with that today", "I don't think this is the issue", etc. As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include uncomfortable levels of feelings such as sadness, fear, or anger, or changes in relationships with others. Some changes may lead to what seems to be worsening circumstances, or even losses (for example, counseling will not necessarily keep a marriage intact.) I will offer suggestions, guidance, and even personal experience, but ultimately, your decisions, and the application and results of your counseling are your sole responsibility.

## Services Offered

My services will be rendered in a professional manner consistent with accepted ethical standards. I offer counseling for individuals, couples, siblings, and families, and advanced psychotherapy in experiential groups, men's groups and couple's groups. I specialize in Imago Relationship Therapy for couples seeking healing, and/or enhancement, including communication, boundaries, parenting, sexuality, affairs, etc. I specialize in depth psychotherapy for individuals dealing with issues relating to codependency, trauma, abuse, recovery, family of origin, parenting, work place dynamics, personal growth and empowerment. I also specialize in Internal Family Systems, Somatic Experiencing, EMDR, and Clinical Hypnosis. Group therapy is a highly advanced and experiential format that will provide incredible support and challenge, making profound growth and change possible. Couple's groups are designed to equip couples with tools for successful, passionate, long-term relationships.

## Services Not Offered

Our office does not offer emergency services. After hours and weekends our offices are closed. I will always try to get back to you as soon as possible, but sometimes I may not be able to return phone calls or emails for 24 or even 48 hours. Also, I am neither trained nor skilled in forensics, therefore, because it is outside of my area of competence and expertise, I cannot help couples or individuals seeking redress in the court system.

## Confidentiality

All information shared by you in sessions is completely confidential. No information will be shared by me with anyone without a specific written release signed by you. The only exceptions, ethically and legally mandated, are: (1) harm, or threat of harm to yourself or another person, or indication that a child or elder person has been, or will be abused or neglected, and (2) as required by court order.

## Dual Relationships

Although our sessions may be very intimate psychologically, it is important to remember that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social occasions, or ask me to relate to you in any way other than in the professional context of our counseling sessions. This is for your benefit, so that your work may progress unimpeded from any extraneous complications. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role. Note: I will always be glad to greet you if we see each other in public, but I will let you make the first move.

## Fees

Our fee is based on the “standard therapy hour” of \$165. for 50 minutes. Longer sessions are prorated at this rate. The fee is the same for individuals or couples. It is your responsibility to arrive at the agreed upon time. Payment is expected at the time of each session unless other arrangements have been made prior to the session. Some fee reduction is available for those in extreme financial difficulty. Payment may be made by cash, check, debit or credit card. You may call or email me at any time to discuss appointment times, incidentals, or leave messages. However, telephone consultations requiring more than 5 minutes will be prorated and billed at the regular rate.

## Cancellations and Changes

If you are unable to keep an appointment, please let me know well in advance so that I may have the opportunity to offer the time to someone else. If you have not notified me at least **48 hours** in advance (two full business days, not including weekends), you will be responsible for paying for the session. For example: cancelling an appointment for Monday at 3 PM, you would need to notify me before Thursday at 3 PM the previous week. In cases of sickness or unavoidable situations, I will make every attempt to fill your appointment, but if I cannot you are responsible for full payment. In such situations you may decide to use the option of a phone consultation, or if I have an opening within 48 hours, you can transfer an appointment without charge. Changing the length of an appointment also requires 48 hours notice.

## Insurance

If requested, our office will gladly provide you with a statement to send to your insurance company. I am not on any insurance panels. Some health insurance companies recognize me as an out of network provider and will reimburse clients for my counseling services, and some will not. In any case, it is your responsibility to pay the fee as agreed upon at the time of service, and then to seek reimbursement from your carrier. Insurance companies will require a diagnosis before reimbursing you. This becomes part of your permanent insurance record. Our office does not provide any Medicaid or Medicare services, and does not participate in any Medicaid or Medicare plans, nor can you file claims for any of my services with them. Please inform me if your insurance is connected with Medicare so that we can make the proper adjustments.

## Complaint procedures

If you are dissatisfied with any aspect of our work, please inform me immediately. I will make every effort to understand and resolve this with you. Your honesty will make our work together more powerful and will allow me to correct mistakes I may have made. I am very human and make mistakes every day. If you and I, after concerted effort, cannot resolve this dissatisfaction, you may seek further assistance with the NCBLCMHC, PO Box 77819, Greensboro, NC 27417, or by phone 844 622 3572.

## Credit card authorization

Unless other mutually agreed upon arrangements have been made in advance, I authorize use of my credit card to pay in full: for checks returned for nonsufficient funds, for non-payment of fees for services provided, and for appointments that were not cancelled at least 48 hours (two full business days) in advance.

Name on card \_\_\_\_\_ security code on back \_\_\_\_\_  
 Visa or MasterCard # \_\_\_\_\_ expiration date \_\_\_\_\_

## Signature and Date

I agree that if I miss a scheduled appointment without proper notice, or delay payment beyond a mutually agreed upon time, I am legally liable for this amount and authorize you to charge the full fee to the credit card number I have given you. In signing this I also agree that I will not seek your participation in any legal matters. I have read and understand all of the above, and fully agree to these terms. (For clients using insurance: I have read and understand the Notice of Privacy Practices.)

Name(s) printed \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_