Professional Disclosure Statement

Kathy Shoop, M.A. LLPC, FMTC
Meadowbrook Soul Care, L.L,C.
755 W Big Beaver Rd., Troy, MI 48084
(947)622-0663

Description of Education and Experience:

I hold a Master of Arts degree in Clinical Mental Health Counseling from Grand Rapids Theological Seminary at Cornerstone University in Grand Rapids, Michigan. I am licensed to practice as a Limited Licensed Professional Counselor (LLC), license #6451023189. I have completed over 2000 hours of supervised practice. 400 hours at Perspectives Counseling Center in Troy Michigan under the supervision of Dawn Ottenbreit, M. A., LLP, and my school's faculty. Over 1500 hours at Havenwyck Hospital, Auburn Hills, Michigan; and Hope Restored (group and private marriage intensive co-therapy) under the supervision of Sarah Young, MA, LPC, CST, MI LPC.

I am currently practicing at Hope Restored, Greenville, MI, and Meadowbrook Soul Care, L.L.C., Pontiac, Michigan, under the supervision of Amy Hayes, PhD, LPC, NCC, CCS, CAADC, MI LPC (license #6401009235, exp. 5/22/2027.)

Under the terms of my license, I am required to practice under supervision while I complete the remaining hours to qualify for the completion of my credentials as a licensed professional counselor (LPC) in the state of Michigan. A total of 3000 supervised hours are required. During my training, I have provided therapy for individuals of all ages, as well as premarital and partner-relational therapy and group therapy.

Description of Practice

The focus of therapy will be to help you identify the problem you are trying to solve and collaborate to solve it. I address the whole person: mental, emotional, physical, social, occupational, and spiritual. My theoretical framework is informed by cognitive and behavioral therapies that incorporate attachment theory, trauma processing, mindfulness, and

spiritual practices. I am certified in Focus Marital Therapy (FMTC), which incorporates these components, as well as Emotionally Focused Therapy, Internal Family Systems (IFS), and Dialectical Behavior therapy concepts within a framework of marital therapy. Within any theoretical framework, I welcome the exploration of theological themes that provide meaning to your practical and existential distress.

Confidentiality

Our sessions are completely confidential. The only exception is disclosure that you intend harm to yourself or someone else. The first course of action in this case would be to create a safety plan with explicit steps that you agree to take if you are in crisis. Higher levels of intervention obligate me to disclose information to a parent (for minors), anyone you give permission for release of information, law-enforcement, or another mental healthcare provider. In the event of a mental health emergency, please call 988 (suicide and crisis lifeline), 911, or go to the nearest emergency room.

Due to the level of trust you place in me as you explore personally intimate, emotional and psychological issues it is my duty to maintain professional boundaries to ensure the highest ethical standards and a safe therapeutic relationship. I adhere to the ethical standards of the American counseling association, (ACA.) A copy of these standards can be found at: (http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx)

Fee Information

Both in-person and remote sessions are one hour in length, scheduled in advance.

The fee for individual sessions is $100/hr. (Initial, individual intake assessment is $150.) The fee for partner/relational sessions is $150/hr.

Late cancellations (less than 24 hours before the appointment), or missed appointments, are charged at the same rate as the therapy session.

I am currently accepting direct pay only. If you require a “Superbill”, or a sliding scale, please contact me via email at: Kathy@meadowbrooksoulcare.com, or call (947)622-0663.

Filing a Complaint

You are encouraged to share any concerns directly with me. If you are unable to resolve a concern, or if you feel that I am in violation of the ACA code of ethics, you may file a complaint with:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Investigations and Inspections Division
P. O. Box 30670
Lansing, MI 48909
(517)241–0205

Professional Supervision

Professional supervision is a requirement of my ongoing clinical experience to ensure that the quality and skill of my practice are maintained and comply with the professional standards of my licensure. To that end, your case may be shared with my supervisor or peers in a confidential format that adheres to Protected Health Information and HIPAA.

Acknowledgement and Acceptance of Terms

I have read, and agree to these terms and will abide by these guidelines. I understand that I am free to ask questions or raise concerns at any point in the therapeutic process. I consent to treatment from Kathy Shoop, M.A., LLC, FMTC.

Client:_____ Date:_____

Counselor: _____ Date:_____