



Professional Counseling Services

Psychological Services for Children, Adolescents, Adults, Couples & Families

17732 Oak Park Ave.
Tinley Park, IL 60477

RISKS & BENEFITS OF TREATMENT **PATIENT ACKNOWLEDGMENT**

I. INTRODUCTION: A GENERAL DESCRIPTION OF TREATMENT

Participating in treatment may result in a number of benefits to you, including improving interpersonal relationships, and resolution of part or all of the concerns that led you to seek therapy. Therapy may also help facilitate positive growth and development. Working towards these benefits, however, requires effort on the part of the patient. Psychotherapy requires very active involvement, honesty, and openness in order to change thoughts, feelings and/or behavior. The therapist will ask for feedback from the patient as to views on therapy, progress, and other aspects of treatment. During treatment, remembering or talking about unpleasant events, feelings, or thoughts can result in considerable discomfort or strong feelings, and it is possible that experiences of anxiety, depression, insomnia, or other discomfort may temporarily increase. The therapist may challenge some of the patient's assumptions, or propose different ways of looking at situations which can cause uncomfortable feelings. Attempting to resolve issues that brought the patient to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it is slow and often frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

II. METHODOLOGIES UTILIZED

During the course of therapy, the therapist is likely to draw on various methodologies according depending on the problem and what is in the therapist's professional judgment, in the best interest of the patient. If the patient has any questions about any of the procedures used in the course of treatment, including risks, the therapist's expertise in employing them, or about the treatment plan, the patient should not hesitate to ask. Patients also have the right to ask about other treatment methodologies. If the therapist concludes that the patient could benefit from any treatments that the therapist does not provide, there is an ethical obligation to assist the patient in obtaining those treatments, should the therapist conclude that the suggested approach would be in the patient's best interests.

III. CONSULTATION WITH OTHER QUALIFIED PROFESSIONALS

Therapists consult regularly with other highly qualified professionals regarding their patients; however, patients' names or other identifying information are never mentioned and confidentiality is fully maintained.

IV. INITIAL ASSESSMENT; TERMINATION OF TREATMENT; REFERRAL TO OTHERS

After the first few meetings, the therapist will assess if he/she can be of benefit, as a competent clinician does not accept patients who, in his/her professional judgment, he/she cannot help. In such instances, the therapist refers the patient to other professionals. In addition, if at any point during treatment the therapist assesses that he/she is not effective in helping the patient, termination of treatment and referral to others is an ethical obligation that cannot be circumvented. Finally, all patients have the right to terminate treatment at any time, for any

reason. If this is the patient's choice, the therapist will offer to provide names of other qualified professionals.

V. NEGLECT AND ABUSE OF CHILDREN

The Abused and Neglected Children's Reporting Act in Illinois requires that "mandated reporters" must disclose any suspected instances of abuse or neglect of minors to the Illinois Department of Children and Family Services. We are mandated reporters, as are all mental health service providers. The only requirement is that the "provider" (that is us) have a good faith belief or conclusion that a neglect or abuse situation exists. If this is so in the mind of the therapist, the law **absolutely** requires that a phone call be made to DCFS, such that DCFS may investigate the situation. If such a report is made, it is the policy of **Professional Counseling Services** to first advise the patient that the report will be made. Subsequent to a "mandated" report, the patient, and possibly others, will be contacted by a follow up investigator from DCFS. If these investigators confirm the presence of abuse or neglect, a letter so indicating will be issued, and possible court hearings could result. If the DCFS investigators conclude that no abuse or neglect has occurred, a letter will be issued indicating that the claim is "unfounded." **The therapist has no choice but to make reports in these situations.** The patient should be aware that the statute provides for loss of license if a therapist fails to make a mandated report. The statute also provides the therapist with absolute immunity from any criminal or civil liability in the event that such a report is made, even **without the consent of the patient.**

VI. DUTY TO WARN OF PHYSICAL INJURY

Another Illinois statute, the DMHDD Confidentiality Act, mandates a therapist to "warn" any intended victim, as well as the responsible authorities, where a patient discloses in session that he or she intends to cause **physical harm to a specifically identifiable victim.** It is then the therapist's responsibility to take steps to notify the victim and/or local authorities and provide enough information with which the authorities and/or the victim might prevent the harm from occurring. Therefore, if a patient discloses an intent to harm a specific person, we must either contact that person and the authorities, or attempt to secure the hospitalization of the individual. These disclosures are also protected by an immunity clause in the statute.

VII. ACKNOWLEDGMENT OF PATIENT

I, the undersigned, am a patient of **Professional Counseling Services.** My therapist has shared the above policies with me, and has explained their implementation and significance. I have been given a copy of this document, and fully understand it. I have also been advised that **Professional Counseling Services** has offered no guarantees as to the success, or as to a specific outcome, of my treatment. Fully understanding the above information, it is my intention to proceed with Professional Counseling Services at this time.

Signed: _____ Print Name: _____

Date Signed: _____ Location: _____

Witness: _____ Age/Title: _____

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