

CRESCENT COUNSELING & CASEWORK SERVICES INC.

708 S. Rosemont Road Suite 203

Virginia Beach, Virginia 23452

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PROFESSIONAL DISCLOSURE STATEMENT

Introduction

Hello, my name is Stacey Kiger and I am a Licensed Professional Counselor (LPC). I received my Masters of Arts in Forensic Psychology from Argosy University and I received my Masters of Education in Mental Health Counseling from Old Dominion University which is a CACREP accredited program. I also completed a 4,000 hour residency in counseling. I have worked in a variety of mental health settings to include outpatient centers, intensive in-home, and therapeutic day treatment, providing individual, family, couples, and group therapy to children, adolescents, and adults.

Credentials and Experience

Licensed Professional Counselor #0701006357

Virginia Board of Counseling

Areas of Experience

- Individuals:
 - Mood Disorders (depression, anxiety, bipolar disorder, etc.)
 - Borderline Personality Disorder
 - Co-Occurring Disorders
 - Impulse Control
 - Anger Management
 - Behavior Management
 - Substance Abuse
- Family
- Couples
- Groups
 - Co-Occurring Disorders
 - Traditional Substance Abuse
 - Wellness
 - Anger Management
- **Theoretical Orientation**-My clinical orientation is primarily two evidenced-based theories: Cognitive Behavioral Therapy (CBT) and Reality Therapy (RT). CBT helps the client to process the connections between thoughts, feelings and behaviors. It is the belief of CBT that you cannot change your behavior without first recognizing the thoughts behind that behavior and changing those thoughts/beliefs to then elicit change in the unwanted or unhelpful behavior. RT focuses on the “here and the now” and what changes that you can make based on your current circumstances. RT is not focused on what impact others may have on your life, but simply what you are in control of. However, it is also my belief that not all clients benefit solely from these two orientations and I strive to modify sessions to pull from theories that best serve the needs of the client.

- **Ethical Guidelines**-The practices of this office adheres to the professional standards of the American Counseling and Association and The National Association of Social Workers in addition to the Virginia Department of Behavioral Health and Disability Service’s licensing regulations.

Client Signature:_____

Date:

Parent/Guardian/Authorized Representative Signature:_____
(If applicable)

Date:

Therapist Signature:_____

Date: