

Disclosure Statement for Judith C Cantor MSW

Judith C Cantor MSW

Washington State License Independent Clinical in Social Worker

License Number: 02074 LW00006144

Washington State License in Marriage and Family Therapy

License Number: 020705 LF00001388

Education and Credentials

I received my B.A. degree from Beloit College in Beloit, Wisconsin in June of 1974. I did some graduate work at the University of Oregon in Special Education and completed an M.S.W. (Master in Social Work) at the University of Washington in 1978. I have had extensive training and consultation in the following areas: Systemic Family Therapy, Family of Origin Therapy, Therapist Use of Self in Therapy, Co-dependency Issues, Transference and Countertransference Issues, Mindfulness Based Psychotherapy, Cognitive Behavioral Therapy, Psychodynamic Based Psychotherapy, Object Relations Psychotherapy, Attachment Based Psychotherapy and Parent Training And Education. I am currently a Clinical Member of the American Association of Marriage and Family therapy.

Concerning The Counselor Credentialing Act.

The Counselor Credentialing Act (RCE Ch. 18.190 requires that you be informed of the following matters:

1. Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, do not necessarily imply the effectiveness of any treatment.
2. The purpose of the Counselor Credentialing Act is (a) to provide protection for the public health and safety; and (b) to empower the citizens of the State of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct.
3. Counseling clients as individuals have the right to choose counselors who best suit their needs and purposes.
4. The Uniform Disciplinary Act (RCW 18.130) applies to licensed counselors. The Uniform Disciplinary Act of Section 18130.180 defines acts of unprofessional conduct for which a licensed counselor can be disciplined. Those acts of unprofessional acts are listed in a brochure published by the Department of Health.
5. Counseling clients can report allegations of unprofessional conduct as follows:

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Counselors Licensing
P.O. Box 47869
Olympia, Washington 98504-7869
1-360-753-1761

Work Experience and History

Since completion of my master's degree, I have had extensive and varied clinical experience. I worked for six years as a marriage and family therapist at Children's Hospital in Seattle (1979-1985). I provided treatment for families experiencing a wide range of child and family problems - including families who had suffered traumatic experiences such as physical or sexual abuse, alcohol/drug addiction, neglect, chronic medical/developmental problems and loss (divorce, death of a parent).

From 1979 to 1983 I worked as a marriage and family therapist for Good Samaritan Mental Health Center in Puyallup, Washington. From 1986 -1989 I worked as a marriage and family therapist at Luther Child Center in Lynnwood, Washington.

In addition to my clinical experience, I have been an adjunct instructor at Antioch University in the graduate program in psychology. I have also been a Clinical Instructor for the School of Social Work at University of Washington as well as a faculty member in post-graduate training program in marriage and family therapy at Presbyterian Counseling Services.

Since 1987, I have been in private practice working with individuals, couples and children.

Therapeutic Approach

My approach includes several therapeutic models. My overall framework is a family systems approach. This approach views problems as occurring as a result of the role individuals may have played in their family of origin and the resulting patterns of behavior that they have carried forward into their current lives. In the application of this framework, I may encourage the client(s) to look more closely at his/her past or present life context and examine his/her role in that context as well as how this role may continue to effect his/her feelings, decisions and behavior in the present. The expected result of this process is to improve the client's ability to make freer choices in relationship to these contexts as well as promote their own healthy development and accomplishment of their life goals.

I use a number of different techniques within this framework. I may ask questions that help the individual further experience and/or identify these patterns. I may give feedback on the patterns I am noticing, I may make observations about the relationship between the client and myself which seem relevant to this process. I may recommend readings, provide information and give the client assignment to carry out between sessions. When

appropriate, I may ask clients to bring in other family members (children, parents, spouses) as part of the therapy process.

The second framework that I may use is called cognitive behavioral therapy. This model involves looking at the clients' self talk and how this may impact their mood, self esteem and behavior. This model views problems as stemming from negative self talk and that improvement will occur when the client is able to alter their self-talk.

The techniques involved in this model include tracking self-talk, making observation of the impact of self-talk and working to alter these negative patterns to more positive patterns. This model typically involves homework assignment between sessions and a consistent effort from the client to alter these patterns.

A third model is called Mindfulness Based Psychotherapy. This model involves increasing a client's ability to be more present in their lives - whether that is emotions, physical feelings, thoughts or sense awareness. Being able to engage with our moment to moment experience can have many benefits - some examples are more ability to cope with difficult situations and/or emotions, communicate more effectively with others, being able to manage chronic difficulties (chronic pain, difficult work situations) more effectively and more fully process old experiences and difficulties.

The techniques involved in this model include learning about, practicing and applying types of meditation to many life situations. This may be done in our sessions through such things as discussion, exercises, guided meditation as well as readings and exercises to be done at home.

The fourth framework that I use stems from "object relations therapy". This therapy emphasizes the impact of an individual's early life experiences and their impact on their current life and overall development. In the application of this treatment, I may encourage a person to articulate and experience feelings and/or memories which have been out of their awareness or unsafe to experience in their past or present life circumstances. This may be done by examining dreams, the client's images, visualization exercises, examining the relationship between myself and the client, enactment of an interaction between him/herself and a significant other and by providing a safe secure environment. The latter includes the availability of a consistent appointment time with a consistent starting and ending times. It is also my belief that this includes a feeling of trust for the therapist which sometimes needs to build over a period of time. Consequently, although I do not ask for a specific time commitment from clients when they enter therapy, I do see some of the more in-depth changes and work as occurring over a longer period of time (6 months or more). This is particularly true in the use of this latter model.

At the beginning of treatment, I help clients identify their goals and review them periodically in order to insure their continued relevance. During the negotiation and review of treatment goals, I will give my thoughts regarding the long or short term nature of the goals and how I would recommend working toward them. I tend to be more non-

directive toward the beginning of treatment and give more observations and offer more direction as I get to know the client and his/her goals better. I use humor as well as my own personal experience when this is relevant to a particular client's work.

Confidential Communications.

In general, RCW Section 18.19 prohibits me from disclosing information received from clients who consult with me in a professional capacity when that information was necessary to enable me to render professional services. There are exceptions. The exceptions are;

1. With written consent of the client.
2. If the client is disabled and after the client has died, with the consent of the client's legal representative or of the beneficiary of an insurance policy on the client's life, health or physical condition.
3. I am not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.
4. If the client is a minor and the confidential information acquired by me indicates that the minor client was the victim or subject of a crime, I may testify fully upon any examination, trial or other proceeding in which the commission of the crime is the subject of the inquiry.
5. If the client waives the privilege by bringing charges against me.
6. In response to a subpoena from a court of law.
7. In response to a subpoena from the Secretary of the Department of Health related to a complaint under the Uniform Disciplinary Act;
8. When I have reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect, I am required by RCW Chapter 26.44 to report the circumstances to the Washington State Department of Social and Health Service or to an appropriate law enforcement agency.
9. If I have reason to believe that the client is a danger to him/herself or others. In the latter, case, I may have a duty to warn an intended victim.

I may at times ask the client to sign a release of information to give me permission to speak with other professionals who have had contact with the client. The signing of such a release is strictly voluntary and is only requested when I think such contact would be helpful in my work with the client. I also at times may consult with a colleague(s) regarding clinical issues about my work with a client. No names or identifying information will be used in the latter case.

Disclosure of Confidential Communication to Representative of Health Care Plans.

Some health care plans require that the counselor disclose confidential communications from the client to a representative of the plan for any or all of the following purposes: To bill for services rendered; to determine whether there is

coverage; to obtain advance approval of the treatment plan; to monitor progress; to control the cost of treatment; to verify that treatment was provided; to verify the amount of charges for treatment; and to obtain statistical information useful to the plan. This could include an audit of my files by a representative from the health care plan. In order to utilize any mental health benefits you have under your health care plan, you will need to sign a consent so that I may release any necessary information

Fees and Office Policies

1. My fee is currently \$140.00 per hour.
2. Payment is expected at the time of each session.
3. If you are hoping to have these service covered by medical insurance, I will complete any paper work necessary for this process. If I do not have a contract with your plan, I do require that you pay my fee and get reimbursed from you insurance company. This will be different if I do have a contract with your plan. We will discuss this at the time of our first appointment.
4. The client is responsible for any co-pays, deductibles, co-insurance and/or any non-covered services that I provide. I will make every effort to inform you of any services that are not covered prior to providing them but it is your responsibility to make sure you know what your policy does and does not cover.
5. Cancellation of sessions less than 24 hours prior to the schedule time is charged to the client at my full rate. Insurance does not cover this and will be billed directly to you.
6. I do expect timely payment of all balances. If an account is 30 days overdue, I may use the services of a collections agency to assist with payment.

Client's Receipt of Disclosure Information and Consent to the Disclosure of Confidential Communications to Representatives of HealthCare Plans.

Judith C Cantor provided to me a copy of the foregoing disclosure statement. I have read and I understand the information provided.

I consent to the verbal and written disclosure of confidential communications from me by Judith C Cantor to representatives of health care plans to the extent required by health care plans as a condition of payment or otherwise covering any part of the fees charged by her for providing counseling therapy to me.

Signature of Client

Date: _____

Judith C Cantor

Date: _____