

Jessica Diller, MSW, LCSW
Professional Disclosure Statement

Qualifications

I received my Master of Social Work degree from Winthrop University in May, 2009. I received my Bachelors degree in Sociology from The University of South Carolina in May, 2007. I began working with children and adults in a therapeutic setting during my internship in my masters program in 2008. I was then hired by the organization I interned with in 2009. Since that time I have worked with children and adults both individually and in group settings. I am trained in Trauma Focused Cognitive Behavioral Therapy and have completed the Graduate Certificate in Play Therapy at UNCC. I am a Licensed Clinical Social Worker in the state of North Carolina (license #C007764), and member of the Association for Play Therapy.

Experience

I have worked with children, adolescents, teens, young adults and adults since 2009. The majority of my work has been with children, teens and young adults affected by a life threatening illness as well as those whose parent or caregiver is experiencing a life threatening or chronic illness. My work has been both individually as well as facilitating psychoeducational support groups. In collaboration with my work with children and teens, I also work with caregivers to provide parenting support. My areas of focus are those experiencing a crisis or major life change, trauma, grief and bereavement. I have experience completing psychosocial and diagnostic assessments for both children and adults.

Nature of Counseling

My therapeutic framework is based on an empowerment and strengths based perspective. My work with clients is person centered and specific to each individual's needs and what they see as their personal goals. I provide insight and strategies to meet the goals we have identified together. As each person's needs and goals change our work together will reflect those needs. I believe that with support and encouragement each person is able to utilize their own strengths to meet their goals.

In my work with your child, I will mainly use a child-centered approach. This approach involves allowing your child the freedom to guide his or her time with me. By providing this type of atmosphere, this allows me to attempt to fully enter your child's world on their terms and the ability to gain a better grasp of his/her needs. Unlike adults who naturally communicate through verbalization, children's natural means of communication is through play. Play is the most natural thing for a child; they do not have to be taught how to play. Play is the language children speak and the toys are their words. Through the use of specially selected toys, a child can show more effectively than with words how he/she feels about themselves, and the significant people and events in his/her life. By manipulating toys, children can turn what may be unmanageable situations in reality to manageable ones. This creates opportunities for children to learn coping skills, to organize their experiences and make sense of the world around them. Play therapy promotes the child to take more responsibility for their decisions and encourages independence and self-acceptance. I hope to build a trusting relationship with your child and provide him/her with a play environment that allows them to feel safe to express these thoughts and feelings openly. In older children, I will use more activity-based therapies, which will allow them to express thoughts and feelings more openly through expressive activities.

In order to maintain a safe and protected therapeutic environment for your child, I ask that you do not probe with your child after their therapy session other than asking general questions, i.e. how did it go? Do you think you are going to like spending time with Jessica? I also am very cautious about discussing issues regarding your child in front of your child, as this might impact your child negatively. If you have any questions or concerns about their session or their behavior after their session, please feel free to email me (Jessica.pathwaystogrowth@gmail.com) or call me to discuss these concerns.

I will plan on having family meetings and consultations and during this time to provide information regarding your child's progress in therapy. I feel it is very important that we work together to better help your child. You will also have the opportunity to discuss any concerns or questions you may have related to your child. Again, I try to maintain your child's confidentiality and focus on general observations and suggestions. Maintaining your child's trust with me is of primary importance for the healing process. In addition, my philosophy as a therapist includes working with the parents to change

things in a way that may benefit your child. It is important that you remain open to these changes as when a child enters therapy, it often involves the parents as well. When working with your child, I do require that parents participate in family therapy and make an active effort to provide an environment that would allow for therapeutic change. I will provide insight and recommendations on how to provide this type of environment. I have found that it is important for you to take these recommendations and implement them to truly see any everlasting change.

I also feel it is important for you to know that it is not uncommon to feel as though the behaviors or symptoms in your child may get worse before they get better. Many times it is as if you are “pulling off a band aid.” In effect, true healing occurs after maladaptive thoughts and feelings are brought to the surface first so then they can begin to be worked through. If you have continuing concerns regarding your child’s treatment, please do not hesitate to discuss this with me as this is a cooperative therapeutic relationship. In addition, you may notice your child talking more about his/her feelings—this is a very positive movement for therapy with both children and adults. Children begin to gain self-awareness through the process and start to verbalize feelings versus “acting them out.”

Children whose parents are involved in divorce/custody proceedings must agree to allow my work with your child to remain therapeutic and not to involve me, or the treatment I do with your child in legal proceedings. My role is to provide a safe place for your child to express thoughts and feelings about these types of life events. By subjecting the treatment process to legal proceedings, this safe place and your child’s trust in me could potentially be compromised.

Should you choose to violate this agreement, you understand that a \$1,000 retainer is required and any time I am required to spend related to any legal proceedings, including attorneys fees, phone calls, letter writing, report writing, testifying, and travel time will be billed at a rate of \$500/hour to be paid by the party/parties who request the information/involvement.

Referrals

If at any time for any reason you are dissatisfied with my services, please let me know. Should you and/or I believe that a referral is needed, I will provide you with some possible referral sources. A verbal exploration of alternatives to counseling will also be made available upon your request. If you have a complaint which you believe needs to be registered with my governing board you can send them a written complaint stating your grievance with your name, address, phone number and signature and mail it to: North Carolina Social Work Certification and Licensure Board at: P.O. Box 1043 Asheboro, North Carolina 27204.

Fees and Billing Practice

Sessions fees are outlined below:

\$135.00	Initial session (60-75 minutes)
\$110.00	Individual Therapy (45-50 minutes)
\$125.00	Family Therapy (50-60 minutes)
\$100.00	Consultation or Report writing (per hour)
\$100.00	Case Management (per hour)
\$100.00	Phone Calls per hour (any call over 10 min.)
\$ 30.00	Emails requiring 15 min. or more (billed in 15 min increments)

Payment of services is expected at the time of each session and a receipt will be provided. If we have made arrangements to file insurance directly you are responsible for any co-pays due and ultimately responsible for payment in full if your insurance company does not pay within 90 days for any reason. It is your responsibility to file with your insurance unless other arrangements have been made with me. If payment for services is not made at that time and it is not a matter of special arrangement agreed upon by you and me, such payment must be made within 10 working days of the session in question AND before a new appointment can be made. If payment is not made within this time period, I have the option of informing you in writing, that future services might be jeopardized and even discontinued. In this instance, I will provide you with names of other practitioners if requested.

If you fail to cancel scheduled therapy appointments at least 24 hours in advance, an automatic charge of the full session fee will be made for the missed appointment and added to your fee during the next scheduled session. Please understand, that insurance companies may not reimburse for charges resulting from missed appointments. If you fail to attend two consecutively scheduled sessions without notifying me, I will assume that you wish to terminate services and I will notify you in writing, that services have been terminated. Two consecutively cancelled sessions without prior notice may result in loss of an established appointment time. You may terminate services at any time by notifying me.

If a check is returned due to insufficient funds, there will be a \$50.00 charge to cover bank fees. Payment of the session fee and \$50 charge must then be made at or before your next scheduled appointment.

Phone Calls

I am happy to speak with you by phone if a pre-arranged time is scheduled to do so. It is often easier to reach me and communicate with my by e-mail (my e-mail address is jessica.pathwaystogrowth.com). However, should you prefer to speak with me by phone for any reason any phone calls lasting over 10 minutes will be billed at my normal hourly rate. This fee is not covered by insurance and will be due at your subsequent therapy session or billed and due within 14 days.

Records and Confidentiality

If your insurance company is paying in part or full for your session, they sometimes have the right to gain information regarding your counseling sessions. This varies with different insurance companies. If there is any question about this it is suggested you contact your insurance company so that you know what access they are allowed to have as part of your policy agreement. Additionally, in order to file through insurance it is required that I give you a diagnosis. It is important that you understand that not all diagnoses are covered under any given insurance plan and that when a diagnosis is given it becomes part of your records with the insurance company.

Your counseling sessions, and the discussions therein, remain confidential unless I obtain a signed release from you for me to discuss your case with another professional. Case records are confidential and will not be released without written permission from you.

However, in certain circumstances it is required that confidential information is disclosed without your consent which include, but are not limited to the following: 1) If you are evaluated to be a danger to yourself or others; 2) If you are a minor, elderly or disabled and the counselor believes you are the victim of abuse or if you divulge information about such abuse; 3) if a court order or other legal proceedings or statute require disclosure; 4) Your insurance company requires information in order to pay claims; 5) As stated above, at your request.

By signing below I acknowledge that I have had the opportunity to ask any questions I may have on limits of confidentiality. I have also discussed the goals of therapy with Emily and understand that therapy is a joint effort between the counselor, caregivers and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as my interactions with family, friends, and other associates.

By signing below, you are indicating that you have read and understand the information contained in this statement, that you have been given a copy of this form for your records, and that any questions you have about this statement have been answered to your satisfaction.

Client Name (Printed)

Client /Legal Guardian Signature

Date

Legal Guardian (2nd Parent)

Date

Counselor's Signature

Date