

PROFESSIONAL DISCLOSURE STATEMENT

Cynthia (Thea) Stanford, LMFT

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Welcome to my practice. Vermont State law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. If you have any questions about the materials contained in this statement or about any aspect of your work with me, please don't hesitate to ask.

Education

- M.Ed., Counseling, Family and Human Services/ Couples and Family Therapy, University of Oregon, Eugene, Oregon, 2010-2012.
- B.A., Neuroscience, Middlebury College, Middlebury, Vermont, 2002-2006.

Training

- Weekly trainings related to adolescent safety, risk management, and therapeutic support in a residential setting, True North Wilderness Program, Waitsfield, VT, December 2007-November 2008
- Wilderness Therapy Seminar, Open Sky Wilderness Therapy, Durango, CO, March 2009
- Weekly trainings on meditation, yoga, and mindfulness, and therapeutic support in a therapeutic setting, Open Sky Wilderness Therapy, Durango, CO, 2009-2010
- Grief and Loss in Children, Courageous Kids, Eugene, OR, 2012
- Eye Movement Desensitization and Reprocessing (EMDR), Levels 1 and 2, EMDRIA, Burlington, VT, 2017

Experience in the Practice of Psychotherapy

- Individual, Family, and Couples Outpatient Counselor
The Center for Family Therapy, Eugene, OR June 2011-June 2012
Part-time graduate program practicum, supervised 4 hours per week by a LMFT
- Individual, Family, and Couples Outpatient Counselor
Looking Glass Counseling Program, Eugene, OR, June 2011-2012
Part-time graduate program practicum, supervised 1 hour per week by a LMFT
- Family Quest Facilitator: Multi-day family therapy experiences in a wilderness setting
Open Sky Wilderness Therapy, Durango, CO, July 2012-November 2012
Full-time, supervised 1 hour per week by an LMFT
- Clinical Case Manager
Northeastern Family Institute, South Burlington, VT, January 2013-June 2013.
Full-time, supervised 1 hour per week by a LCSW
- Adolescent Girl's Therapist
True North Wilderness Program, Waitsfield, VT, June 2013-July 2016
Full-time, supervised weekly by a Licensed Masters Degree Psychologist
- Individual Therapist
University of Vermont, Counseling and Psychiatry Services, October 2016-May 2017
Part-time, supervised weekly by a Licensed Masters Degree Psychologist
- Individual, Family, and Couples Outpatient Psychotherapist
Private Practice, September 2016-present

Publication

- Stanford, T., Foti, D., Fernandez, C. (2015). Emotional Expression, Systemic Shifts, and Psycho-Education in Approaching Complicated Grief: A Case Study of One Adolescent's Experience in Wilderness Therapy. Journal of Therapeutic Schools & Programs. 8(1), 55-61.

Professional Credential and Affiliation

- Licensed Marriage and Family Therapist, Vermont License# 100.0092654
- American Association for Marriage and Family Therapy Member

Scope of Practice

Because of my training and clinical experience, my therapeutic orientation integrates Systemic, Emotionally-Focused, Cognitive Behavioral, and Attachment theories. My areas of specialization include anxiety and depression, parent-child relational problems, adoption and attachment, bereavement, emotional regulation, couples and family counseling, and adolescent and young adult issues. In addition to interventions from the theories described above, I often use mindfulness techniques as a way to support clients in reaching their goals.

Client's Disclosure Confirmation

My practice is also governed by the Rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online at <http://vtprofessionals.org/>

My signature acknowledges that I have been given the professional qualifications and experience of Cynthia (Thea) Stanford, LMFT, a listing of actions that constitute unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation. This information was given to me no later than my third office visit.

Client's or Parent/Guardian Signature _____ Date _____

Client's or Parent/Guardian Signature _____ Date _____

Practitioner's Signature _____ Date _____