

MANDATORY DISCLOSURE STATEMENT & INFORMED CONSENT

Jay E. Valusek, MS, MEd, CPPC, NLC

Scientist, Writer, Speaker, Coach, Educator, Therapist & Suicidologist
BPS Health Strategies LLC/jay@bpshealth.org
Longmont, Colorado, USA
Updated 12.04.2024

THIS DOCUMENT outlines in rather tedious detail, I'm afraid, all the information that mental health professionals authorized by law to practice counseling or psychotherapy in the State of Colorado are required to provide you, under Colorado Revised Statutes (C.R.S.) 12-245-216. It includes (sorry) a painfully laborious listing of the minimum regulatory requirements for different types of mental health professionals; as well as a summary of my own education, experience, professional training, specialties, and therapeutic orientation; concluding (whew) with your rights as a client.

Please read this thrilling document carefully and ask me any questions you may have before signing.

PART 1: MENTAL HEALTH PROFESSIONALS AUTHORIZED TO PRACTICE IN COLORADO

A. LICENSED PROFESSIONALS

“Licensed” mental health professionals are required by the state to hold certain degrees, have a certain number of years of supervision or experience following graduation, and pass an examination of some type. In particular:

- *A Licensed Psychologist* must hold a doctorate degree in psychology, have one year of supervised experience following graduation, and pass an examination in psychology.
- *A Licensed Professional Counselor* must hold a master's or doctoral degree in professional counseling, have either one or two years of supervised experience following graduation, depending on degree, and pass an examination in professional counseling.
- *A Licensed Marriage and Family Therapist* must hold a master's or doctoral degree in marriage and family counseling, have one or two years of supervised experience following graduation, depending on degree, and pass an examination in marriage and family therapy.
- *A Licensed Clinical Social Worker* must hold a master's or doctoral degree from a graduate school of social work, have two years of supervised experience as a social worker, and pass an examination in social work.
- *A Licensed Social Worker* must hold a master's degree from a graduate school of social work, and pass an examination in social work, but is not required to meet any minimum number of years of experience or supervision following graduation.
- *A Licensed Addiction Counselor* must hold a clinical master's degree, meet the requirements for CAC III certification (see below), and pass a national examination, but is not required to meet any minimum number of years of experience or supervision following graduation.
- *Candidates for Licensing* in Psychology, Marriage and Family Therapy, or Professional Counseling must hold the necessary degree for licensing noted above and currently be in the process of completing their required supervision.

B. CERTIFIED PROFESSIONALS

“Certified” mental health professionals (all of whom happen to be addiction counselors) must meet various educational, training, testing and experience requirements. In particular:

- *A Certified Addiction Counselor III* must hold a bachelor’s degree in behavioral health, complete all CAC II requirements, obtain additional training hours, including 2000 hours of supervised experience, and pass a national examination.
- *A Certified Addiction Counselor II* must hold a high school diploma or equivalent, complete all CAC I requirements, obtain additional training hours, including 2000 hours of supervised experience, and pass a national examination.
- *A Certified Addiction Counselor I* must hold a high school diploma or equivalent, complete required training hours, including 1000 hours of supervised experience, but is not required to pass any examination.

C. UNLICENSED OR REGISTERED PROFESSIONALS

The State of Colorado also recognizes a third category of mental health professionals, a group which has often acquired a different suite of knowledge, skills, and expertise through some combination of education, professional training, self-directed learning, and experience. “Unlicensed” professionals are registered with the State and legally authorized to practice counseling and psychotherapy but, for historical reasons, do not need to meet any educational, training or supervision requirements.

Rest assured, however, that they must (1) pass an in-depth jurisprudence examination on Colorado Mental Health Law, (2) follow mandatory disclosure guidelines, including some version of this document, (3) maintain strict HIPAA privacy requirements for client records, and, (4) like all mental health professionals, they are prohibited from engaging in certain inappropriate activities outlined in the Colorado Revised Statutes. Finally, (5) they are subject to regulation and discipline by the State Board of Unlicensed Psychotherapists, 1560 Broadway, Suite 1350, Denver CO 80202. For more info, call 303-894-7800 or visit: <https://dpo.colorado.gov/UnlicensedPsychotherapy> .

Given the condition of society and the world, as well as media reports about *the ongoing shortage of mental health professionals* needed to support people in these tough times, it’s encouraging to me that Colorado continues to sanction the work of thousands of unlicensed therapists and counselors.

PART 2: ABOUT ME: A NON-LICENSED COUNSELOR (ID# NLC107288, exp. 8/31/2025)

Full disclosure, I’m a proud member of this unusual, third category of mental health professionals.

EDUCATION: In addition to meeting the minimal requirements of Part 1C above, I hold an M.Ed. from Colorado State University, where I specialized in adult education and training, conducted two psychoeducational research studies, and completed graduate courses in mental health counseling and positive psychology, educational theory and practice. I also have a master’s degree in earth science.

TRAINING: In addition, I have undergone hundreds of hours of professional training, experiential education, and self-directed learning in evidence-based psychological and therapeutic models and practices, including: Solution-Focused Brief Therapy (SFBT), Mindfulness-Based Cognitive Therapy

(MBCT), Mindfulness-Based Stress Reduction (MBSR), and Positive Psychology. I'm a Certified Positive Psychology Coach (CPPC). Finally, I have undergone brief training in the neuroscience of grief, principles of complicated grief, clinical work with the suicide bereaved, as well as alternative approaches to suicide intervention.

EXPERIENCE: I have 18 years of professional experience working with men and women suffering from physical, psychological, and social pain and/or distress, including 7 years in private practice since graduating with my M.Ed. and 3 years as a chronic pain self-management specialist on staff at the Integrative Medicine clinic of Longmont United Hospital, where I was awarded over \$68,000 in philanthropic funding to support both research and my clinical work with seniors and low-income patients. To date, I have worked with roughly 1,300 patients, professionals, clients, and students.

SPECIALTIES: In addition to interest, knowledge, and personal and professional experience in working with interpersonal relationships, stress, anxiety, depression, grief and loss, I have specialized knowledge in working with chronic pain and suicide bereavement—having lived with chronic pain myself for over 30 years and having lost my daughter to suicide.

MEMBERSHIPS: I am currently a member of four professional, non-profit organizations: the Solution-Focused Brief Therapy Association (SFBTA), where I served on the board, helped organize and presented at two annual conferences; the Open Path Psychotherapy Collective, where I offer reduced rates for lower-income clients; the Suicide Prevention Coalition of Colorado (SPCC), where I have given presentations to both mental health professionals and suicide loss survivors, and the American Association of Suicidology (AAS).

PART 3: MY COACHING, COUNSELING & CONSULTING ORIENTATION IN A NUTSHELL

My default approach to (nearly) any presenting problem is Solution-Focused Brief Therapy, which normally ranges from as few as 1 to perhaps 6 sessions (i.e. “brief”). With this orientation, overall, I am more focused on what's *right* with you, your mind, and your life than what's *wrong* with you. While I believe it may be important to understand what happened to you in the past, I am equally interested in what you *hope to change* by working with me at this point in your journey—in particular, what will make your life (more) worth living in the *future*. I'm keen not only to normalize and validate where you are now, but also to investigate what *small, simple steps* you might begin to take toward a somewhat better place, wherever that might be, with as little unnecessary pain and suffering as possible. I have no interest in “fixing” you. I believe you're already whole, however wounded. I'm here to support and empower you to discover *your own, often quite unique solutions* to the particular problem(s) that brought you to my doorstep.

PART 4: YOUR LEGAL RIGHTS AS A CLIENT

OUT OF STATE CLIENTS: If you reside within the state of Colorado, I can work with you, unambiguously, as a counselor or psychotherapist. If, however, you live out of state, legally I can only work with you as a personal coach, consultant, or educator (which, frankly, is my normal stance toward clients anyway). Please ask, if you're uncertain what this means.

SECOND OPINION: Although, professionally, I do not diagnose or treat “mental illness,” per se, and personally, I believe mental health professionals tend to over-diagnose and pathologize adaptive

coping mechanisms and normal stress reactions, my opinion and ideas certainly may be biased. You always retain the right to seek a second opinion from another coach, counselor or consultant.

MORE INFORMATION: You are entitled to ask for more information about my methods of coaching, counseling or consulting, evidence for models and theories I use, expected number of sessions, and fees.

SEXUAL INTIMACY: In any professional therapeutic relationship, of course, sexual intimacy, innuendo, or harassment of any kind is never appropriate, and, if you ever feel so threatened, you should immediately report it to the State Board of Unlicensed Psychotherapists noted above.

LIMITS OF CONFIDENTIALITY: Generally speaking, any information you provide during our sessions is strictly confidential. I cannot share or release it to any other party without your written consent. There are, however, certain legal exceptions including: (1) observed or suspected *child or elder abuse or neglect*, and (2) the *threat of imminent physical violence* against others. Under Colorado law, I have a legally mandated “duty to warn” and to report such exceptions to the proper authorities. On the other hand, I am under no such duty to warn in the case of suspected harm to *yourself*, imminent or otherwise. If I become concerned that you may be contemplating suicide, I will strive to engage you in an honest, open dialogue, listen compassionately and, only with your permission, reach out to family and/or friends to decide, together, how to proceed without making things worse. Rest assured that, under no circumstances, will I violate your agency, autonomy, or confidentiality by calling 911 or reporting suicidal thoughts, plans, or behaviors to the police.

RESCHEDULING OR CANCELLATION: You have the right to (1) reschedule or (2) cancel at any time *up to 24 hours* prior to a scheduled appointment, at no charge. However, if you cancel or reschedule *less than 24 hours* in advance, sorry, you may be billed for that session. Payment is due upon receipt.

TERMINATION: You may terminate your work with me at any time, without having to explain yourself. In turn, if I feel you would be better served by working with another professional or it seems as if you and I have accomplished all that we can together, I would invite you, if possible, to plan to have a final session with me for reflection, feedback, and a sense of closure.

PART 5: YOUR CONSENT & SIGNATURE*

I have read this enormous mass of information, understand my rights, and consent to work with you.

Today’s Date _____

Your Name (Print) _____

Your Signature _____

**If you and I decide to work together virtually (not in person), via phone or Zoom, I will request a simple statement of your consent to this document via email, which I will keep in your file.*