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Disclosure of Professional Services

The following pages are supplied to you, the Client, because it is important that you understand the dynamics of mental health counseling (also referred to as psychotherapy). We believe that a one-page disclosure statement is inadequate and you have a right to this information. At any of our sessions, you have the right and opportunity to ask any questions regarding this material.

The following briefly describes the *types of therapeutic services* we offer:

Individual Counseling: One to one—Counselor and client.

Everyone has periods of time in their life of difficulty, change & transition, when personal issues affect their work and relationships. Personal issues can include family, marital, career, financial, physical, abuse of alcohol/drugs, or a variety of mental issues or life issues as well as incongruent thoughts, difficult relationships, career issues, overwhelming emotions, fears, disturbing memories, bad habits, confusion, chemical dependencies, violence and anger issues, adjustment issues and depression.

Couples, Marriage, and/or Family Counseling: More than one client—Counselor and clients.

When doing relational counseling, all involved parties need to be present during counseling sessions. Counselors do *not* switch from individual counseling to relational counseling or visa versa. At times, people struggle in relationships: lack of or poor communications, sexual dysfunction, conflict resolution, relationship conflicts, and conflicts with children. Human difficulties often arise out of relationships and the relationship(s) need to be the focus in counseling.

Group Counseling: More than one client not related by family ties—Counselor and clients.

The benefit of participating in group therapy comes from what each member shares of her/his unique experiences. Groups come together around a common issue and following the model of mutual-aid and empowerment, group members gain deeper insight into their own unique circumstances as well as new skills for coping and problem-solving.

This next section briefly describes the *types of therapeutic techniques* often used:

Throughout the helping process as necessary, each Counselor informs the client of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and clearly indicates limitations that may affect the therapeutic relationship. Each Counselor takes reasonable steps to ensure that the client understands the implications of any diagnosis, the intended use of tests and reports, and the methods, techniques and interventions of treatment.

Each Counselor may utilize all therapeutic techniques at varying times depending on the client's needs. This approach is known as theoretical integration which synthesizes the best approaches for the moment. Each Counselor will shift from one technique to the other frequently within the course of therapy sessions again, depending on the client's needs. **At Collardey Counseling & Consulting, all counselors view people from a holistic perspective with strength, resilience, and never-ending human potential.** Because of this, we do not adhere to any single therapeutic technique although we are experienced in using multiple techniques. It is always you, the client, who guides problem-solving, healing, and personal growth. There is no single blue-print for any human challenge!

Psychoanalytic Therapy/Interventions:



Basic Philosophies: Human beings are influenced by early experiences. Unconscious motives and conflicts are central in understanding present behavior. Early development is of crucial importance, because later personality problems have their roots in repressed or unresolved childhood conflicts.

Techniques and Interventions: Key techniques are interpretation, dream analysis, free association, analysis of resistance and transference. All are designed to help the client gain access to their unconscious conflicts which then leads to insight and eventually assimilation of new material. Diagnosis and testing are often used.

Person-centered Therapy/Interventions:

Basic Philosophies: The view of humans is positive; humans have an inclination toward becoming fully functioning. They have a capacity for self-awareness and freedom of choice. Clients can experience feelings that were previously denied to awareness, and thus actualizing potential. **Techniques and Interventions:** It is useful for teaching, parent/child relations, crisis management and working with groups from diverse cultural backgrounds. Focuses on active listening, reflection of feelings, clarification, paraphrasing, providing encouragement, gentle confrontation and “being there” for the client.

Reality Therapy/Interventions:

Basic Philosophies: People are ultimately self-determining and in charge of their life. It looks at how clients attempt to control the world around them and teaches them ways to more effectively satisfy their needs. Geared to teaching people ways to control their life effectively. It is an active, directive and didactic therapy. **Techniques and Interventions:** Various techniques may be used to get clients to evaluate what they are presently doing to see if they are willing to change. If they want to change, they develop a specific plan for change and make a commitment to follow through.

Behavior Therapy/Interventions:

Basic Philosophies: Behavior is a product of learning. We are both the product and the producer of the environment. Behavior can be changed. **Techniques and Interventions:** A pragmatic approach based on validation of results. The main techniques are systematic desensitization, relaxation methods, reinforcement techniques, modeling, cognitive restructuring, assertion and social-skills training, self-management programs, behavior rehearsal and coaching.

Cognitive-behavior Therapy/Interventions:

Basic Philosophies: Individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances. Cognitions are the major determinants of how we feel and act. Therapy is a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective ways of coping with problems. Useful in helping a client modify their cognitions. **Techniques and Interventions:** Therapy uses a variety of cognitive, emotive and behavioral techniques. It is an active, directive, time-limited, present-centered, structured therapy. Some techniques include Socratic dialogue, debating irrational beliefs, homework assignments, gathering data on assumptions, keeping record activities, forming alternative interpretations, learning new coping skills, changing one’s thinking and speaking patterns, role playing, imagery and confronting faulty beliefs.

Family Systems Therapy/Interventions:

Basic Philosophies: The family is viewed as an active and systemic unit. They are connected in a living system; change in one part of the system will result in a change in other parts. The family provides the context for understanding how individuals function in relationship to one another. Treatment is focus on the family unit. An individual’s dysfunctional behavior grows out of the interactional unit of the family and out of larger systems as well. **Techniques and Interventions:** Useful for marital distress, communication problems among family members, power struggles, crisis situations in families and



enhancing the overall functioning of the family. Interventions may target behavior change, perceptual change or both. Techniques include using genograms, teaching, asking questions, family sculpting, joining the family, tracking sequences, issuing directives, anchoring, family mapping, reframing, restructuring, enactments and setting boundaries.

The following briefly describes the *course of treatment* agreed upon between the Counselor and the client:

Diagnosis and assessment are initially done to determine the most appropriate treatment plan. Initial assessments include interviews and behavioral observations; they can also include personality inventories and relevant psychological testing. Clients are assessed for readiness and motivation for counseling, client's responsibility for problems and solutions, client's problem-solving style, and ability to define the problem (presenting issues). Assessment and diagnosis are the beginning of the process, an estimate and are not wholly accurate. Errors can result due to unknown variables or undisclosed information.

Interviews can cover:

- **Biological factors:** genetic, potential predisposition's, biochemical agents;
- **Development factors:** physical development, psychosocial development, cognitive development and psychogenetic predisposition's;
- **Social-interactive factors:** culture, family or system, parent/child relationship, family attitudes, socioeconomic and community;
- **Psychological vulnerabilities:** person response to stress, arousal rate, intensity, temperaments and cognitions,
- **Socioenvironmental stresses:** status of current primary relationships, use of substance, socioeconomic status and changes.

Data Bases (information gathered and recorded to support treatment goals):

Cross-sectional items (a point in time) are presenting complaints, relevant history and mental status (consciousness, attentions span, orientation, memory, concentration and judgment).

Longitudinal items: (over a lifetime) include family constellation and history, psychosocial history, educational history, employment history, legal problems, drug and alcohol history and medical history.

If testing is a part of treatment:

- Counselor must administer test under the same conditions that were established in their standardization.
- Counselor does not permit unsupervised or inadequately supervised use of tests or assessments unless the test or assessments are designed, intended and validated for self-administering and/or scoring.
- Counselor recognizes the effect of age, color, race, culture, disability, ethnic group, religion, sexual orientation and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors.
- Counselor indicates any reservations that exist regarding the validity of a test in norms for the person being tested.

Treatment planning:

- It is a negotiation between Counselor and client.
- It is a decision for direction based on assessed and reported information.
- Distortions can exist due to defense mechanisms (ex: justification, rationalization, projection, transference) that are not consciously recognized by the client or lack of information presented to Counselor.



- Treatment is the specific application of intervention to assist client in change: behavioral, cognitive, affective, relational and/or spiritual change.
- Treatment plans are discussed with the client and are revised or amended as needed and as treatment proceeds over time.

Interventions/Alternatives:

If standard interventions are not effective, there are alternative such as: Medications (Medical Management), Hypnotherapy, Naturopathic Medicine, Bio-Feedback, Medical Evaluations, Group Therapies, 12-Step Groups, Specialized Counseling, In-Patient Treatment Programs.

Regarding mental status: If a client's thinking and perceptions are grossly impaired (lack of or lessening of consciousness, attention span, orientation, memory, concentration), their judgment is faulty and unsafe to themselves or others, or individual or family modality of counseling is inappropriate, then a setting that has a higher level of supervision and restrictiveness is needed (hospital, in patient care, day treatment programs, etc).

Referral will be made if deemed necessary by Counselor or client.

The following briefly describes the *counseling or therapeutic relationship*:

The Therapeutic Relationship is formed when assisting or attempting to assist an individual with emotional, behavioral, or mental issues. The therapist/counselor must be present, listen and respond. The client must be present, talk and be honest.

1. Everyone has periods of time in their life of difficulty, change and transition, when personal issues affect their work and relationships. Issues such as family, marital, career, financial, physical, abuse of alcohol/drugs, or a variety of mental issues
2. Counseling can help with incongruent thoughts, difficult relationships, career issues, over-whelming emotions, fears, disturbing memories, bad habits, confusion, chemical dependencies, violence and anger issues, adjustment issues and depression
3. Counseling/therapy is a multi-level process that requires you to have the ability, desire and willingness to see yourself objectively.
4. Drugs & alcohol use creates false realities and self-images, interfering with the underlying issues and the ability to gain deeper insights. Individuals actively using drugs or alcohol must go through assessment and be referred to a recovery program, or Chemical Dependency Counselor first.
5. Mental struggles can be physical, psychological, emotional, intellectual or cultural. There are no discrimination barriers to private pain.
6. Counseling provides options for change. You, as the client, are ultimately responsible for change or non-change.
7. Change can be the catalyst for growth and personal maximization.
8. You will benefit the most from counseling if you explore options and pursue solutions to your hopes and aspirations.
9. The input and active participation from you, the client, is essential in order to ensure your individuality and personal style.
10. It is of the utmost importance that you find the kind of help that will be most beneficial to you. You must seek a counselor that you feel comfortable with—professionally, religiously, and emotionally.
11. Counselors are not “value free”, this is a myth. As the client you can inquire at anytime as to the counselor's values regarding a specific issue. Ideally, the counselor's goal is to help the client explore options and choices; to help the client determine their own values.



12. Our job, together, is to work with the many variables in your life, as you present them in counseling, translating them into more productive habits and effective functioning to meet your life goals.
13. Counseling, at its best, is gaining understanding, then perceiving options and finding encouragement for making changes.
14. Counseling, as in the context of a therapeutic relationship, does not guarantee saved marriages, continued employment, social acceptance, or elimination of presenting symptoms. Nor, is it a guarantee that symptoms won't worsen.
15. Many clients remain "stuck" due to external influences beyond the therapeutic relationship or lack of commitment to explore options and try alternatives.
16. Again, you, as the client, are ultimately responsible for change or non-change.
17. And, you, as the client, may terminate counseling at any time you deem it to be non-beneficial.

What follows is a brief description of *Reasons for Terminating Therapy/Counseling*:

- **Client Variables:** These include unrealistic expectations, poor motivation, unconscious self-sabotage, destructive personality, organic factors and poor capacity for insight.
- **Counselor Variables:** These include needs or issues that are outside the area of the counselor's expertise.
- **Process Variables:** These emerge during the course of treatment/counseling and include incompatible personalities, mismatch of interpersonal styles, transference issues, limitations of treatment approach, pace too slow or too fast, and inadequate alliance between counselor and client.
- **Extraneous Variables:** These circumstances which are outside of the client or counselor's realm of control include an enmeshed family structure, sabotage by peers, lack of an adequate support system, money issues, crisis events unrelated to complaint, and lack of time.

Either the client or Counselor can issue termination of counseling at any time.

It is preferred that the client allow for one final termination session to evaluate the work with the Counselor.

- Counselor terminates therapeutic relationship with client.
- Client terminates the therapeutic relationship with Counselor.
- Counselor avoids entering into a counseling relationship if she/he recognizes an inability to be of professional assistance to the client. Counselor will immediately terminate a counseling relationship if this is the case.
- The changes you desire are the goal of therapy. Progress in this direction will be assessed by both client and Counselor in each session. It is of the utmost importance that you receive the help you need.
- Counselor will assist in making appropriate arrangements for the continuation of treatment (i.e., referrals) for clients, when necessary, following termination of the counseling relationship.

Billing and Appointment Information

- Our fee schedule and insurance information will be discussed at first session.
- The client agrees to pay according to agreed upon amounts, methods and times.
- **Appointments:** Client agrees to be prompt; sessions cannot be extended if client is late. Client will be charged for the full session.
- **Sessions:** Initial & Conjoint sessions are 1 hour and 30 minutes. Regular sessions are 60 minutes.
- **Cancellations and Re-Scheduling of appointments:** Both of these require a 24-hour notice by client to avoid being billed.



- **No Shows:** regular fee will be charged; two no shows will result in termination of counseling.

A word on *dual relationships*:

Each Counselor must strive to be neutral, objective and professional to meet the best interests of the client. To protect the best interests of clients:

- Counselor makes every effort to avoid dual relationships with clients.
- Dual relationships most likely impair the judgment of Counselors or increase the risk of harm and exploitation to the client.

What follows is a brief description of the *Responsibilities of any Counselor*:

- Each Counselor practices only within the boundaries of their competence, based on their education, training, supervised experience, state and national credentials and appropriate professional experience.
- Each Counselor practices in specialty areas only after appropriate education, training and supervised experience.
- Each Counselor continually monitors their effectiveness as professionals and takes steps for ongoing strengthening and improvement when necessary.
- Each Counselor takes reasonable steps to seek out appropriate supervision or to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.
- Each Counselor recognizes the need for continuing education.

What follows is a brief description of the *Responsibilities of the Client*:

- It is understood that the counseling received on the part of the client is voluntary.
- The client is responsible for selecting their mental health practitioner and thereby mode of counseling used.
- By signing the DISCLOSURE STATEMENT at the first session, the client is entering into a counseling/therapeutic contract with her/his Counselor. The Client agrees to be present, talk and be honest.

Confidentiality

Privilege vs. Confidentiality: Attorneys and members of the clergy have privileged communication by statute in the State of Colorado. If privilege exists, the courts will not allow that information be used as evidence unless it falls into exceptions or is waived. Confidentiality is a much broader term that depends on professional ethics and fiduciary responsibility. The holder of the privilege may waive the privilege. The client holds the privilege.

Confidential Communication: Information obtained in the therapeutic relationship will not be disclosed except 1) with written consent of the client; 2) in case of client's death, the client's personal representative may request the information; 3) the client communicates the contemplation or commission of a crime or harmful act; 4) if the client is a minor and the counselor suspects or knows that the client was the victim or subject of a crime; 5) if the client waives the confidentiality privilege by bringing charges against the counselor; and 6) in response to a subpoena.

More than One Person in the Room: There is no *forced* confidentiality between the parties in the room. (Ex: between partners or spouses, between members in group therapy).



Child Therapy: If age 14 or under the parents have the same status as the child. Either parent can sign a release of information. It is the parent's responsibility to produce court documents to the counselor if one parent does not have that privilege. If the child is over the age of 14, the child is the client.

Couples Counseling: Both parties are clients; however, either one can waive confidentiality.

Child Abuse & Neglect: Counselors are mandated (i.e., required) to report any suspicion or knowledge of physical, sexual or emotional child abuse for any one under the age of 18 to Child Protective Services (CPS) within 24 hours of suspicion or knowledge.

Client's Authorization of Disclosure: A Client may authorize a counselor to disclose their information and the counselor shall honor this request and provide a copy of the records unless the counselor denies the request. The request must be in writing, dated and signed by the client. The client should identify the nature of the information to be disclosed as well as the name, address of the person or organization information is to be disclosed. The counselor will retain the original signed authorization (Release of Information) for disclosure.

Client's Request—Denial by Counselor: A counselor may deny access to health care information by a client if the counselor reasonably concludes that 1) the knowledge of the information would be injurious to the client's health; 2) knowledge of the information could lead to the client's identification of an individual who provided information in confidence; 3) knowledge of the information could cause danger to the life or safety of an individual; 4) the information was compiled and is used solely for litigation, quality assurance, peer review or administrative purposes.

Disclosure without Client's Authorization: A counselor may disclose health care information about a client without their authorization to the extent a recipient needs to know the information, if the disclosure is 1) to a person who the counselor reasonably believes is providing care to the client; 2) to other persons who require health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial or actuarial services to the counselor or for assisting the counselor in the delivery of health care and the counselor reasonable believes that the person will not use or disclose the health care information for any other purpose and will take appropriate steps to protect the information (i.e. insurance companies); 3) to any other health care provider reasonably believed to have provided health care to the client to the extent necessary to provide health care to the client unless the client has instructed the counselor in writing not to make the disclosure; 4) to any person if the counselor reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the client or any other person.

Compelled Release: If the Counselor receives a subpoena, the Counselor will notify the client. If the request for information is against the client's wishes, the client may seek a court injunction. Courts give a 14-day notice unless the court ordered subpoena is in regards to drug and alcohol use.

Record Ownership: The Counselor owns the records, the client owns the information. Original records will never be released. All handwritten session notes are destroyed after each session/dictation. Copies of session reports will be typed, entered onto an electronic/digital database, and be password protected with only the Counselor's access. All copies of signed forms will be stored in locked filing cabinets. After seven years, only a summary record will be kept on an electronic/digital database with all other file/case documents destroyed.