



Aleya Littleton, MA, Adventure Therapist | [www.wwlcounseling.com](http://www.wwlcounseling.com) | (708) 740-0136

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## DISCLOSURE STATEMENT

### Full Name

- Aleya J. Littleton
- (708) 740-0136
- 913 Arapahoe St, Golden CO 80401

### Agency Affiliations and Titles

- Wild and Wonderful Life Counseling, Therapist.
- Equinox Counseling Services, MA Counseling Psychology Intern
- Noeticus Counseling Center and Training Institute, MA Counseling Psychology Intern

### Educational Degrees

- Master of Arts in Counseling Psychology (Adventure-Based Psychotherapy), December 2013; Prescott College, Prescott AZ
- Bachelor of Science in Secondary Education (Concentration in Earth and Space Science), May 2006; Pennsylvania State University, State College PA

### Professional Licenses, Certifications, Registrations, and Trainings

- Clinical Staff Orientation and Training (44.0 Contact Hours), January – February 2013, Noeticus Counseling Center and Training Institute, Denver CO
- Adventure-Based Psychotherapy Facilitation Skills Training (30.0 Contact Hours), August 2013, Prescott College, Prescott AZ
- Transactional Analysis Certificate – Level I Training (300.0 Contact Hours), December 2012 Southwest Trainings, Phoenix AZ
- Introduction to Hakomi Therapy Workshop (24.0 Contact Hours), September 2012 Hakomi Training Center, Boulder CO
- Single Pitch Mountain Climbing Instructor Certification, May 2012 American Mountain Guide Association, Boulder, CO
- General Science Teaching Certificate – Level I, June 2006 Florida State Department of Education, Tallahassee FL
- Earth and Space Science Teaching Certificate – Level I, May 2006 Pennsylvania State Department of Education, Harrisburg PA



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### Professional Memberships and Affiliations

- American Counseling Association; Member (2013 – Present)
- Association for Experiential Education; Member (2012 – Present)
- American Group Psychotherapy Association; Member (2014 – Present)
- American Alpine Club, Member (2012 - Present)
- American Mountain Guides Association, (2012 - Present)
- USA Transactional Analysis Association (2013 - Present)

### Regulatory Agency

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Boards of Registered Psychotherapists, Licensed Professional Counselor Examiners, Licensed Marriage and Family Therapist Examiners, Social Work Examiners, & Psychologist Examiners can be reached at:

State of Colorado Department of Regulatory Agencies; Division of Professions and Occupations  
Mental Health Licensing Section  
• 1560 Broadway, Suite #1350 • Denver CO 80202 303.894.7800 Phone • 303.894.7693 Fax •  
<http://www.colorado.gov>

### As to the regulatory requirements applicable to mental health professionals:

- I am practicing as a Registered Psychotherapist.
- A Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirement to obtain a registration from the state.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours, and 1000 hours of supervised experience. A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, complete additional required training hours, and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
- A Licensed Social Worker must hold a masters degree in social work.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a



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Licensed

- A Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. I am working toward this license.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Client Rights and Important Information

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy with me (if known), and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship such as ours, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in Section 12-43-218 of the Colorado Revised Statutes (CRS) and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. Mental health professionals are also required to report situations where there is imminent danger to you, someone else by you, or a grave disability you might experience. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101 et seq.) is available at: [www.dora.colorado.gov/professions/registeredpsychotherapists](http://www.dora.colorado.gov/professions/registeredpsychotherapists)

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Responsible Party's Relationship to Client: \_\_\_\_\_

Aleya Littleton, Therapist: \_\_\_\_\_ Date: \_\_\_\_\_