GRADUATE COUNSELING DIVISION
MA Counseling

Practicum /Internship Clinical Manual

Master of Arts in Counseling

Last edited 8/12

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GENERAL INFORMATION

PURPOSE OF CLINICAL MANUAL

The purpose of this manual includes the following:

- To help the student plan for and navigate the Practicum and/or Internship portion of the MAC program
- To describe the requirements and components of Practicum and Internship
- To establish policies and procedures for Practicum and Internship, including the clinical training lab and placement in the community
- To provide all the forms that are needed in Practicum and Internship
- To facilitate links with important web site information

It is expected that all faculty and students engaged in Practicum and Internships will be familiar with the information contained within this manual. **All faculty and trainees must adhere to the American Counseling Association Ethical Standards and Code of Conduct.**
http://www.counseling.org/Content/NavigationMenu/RESOURCES/ETHICS/ACA_Code_of_Ethics.pdf

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The above mentioned faculty are all Licensed Clinicians. All regular and affiliate faculty who teach Practicum and Internship hold doctoral degrees and hold licenses in good standing.

CLINICAL COURSE OVERVIEW

MAC Course Overview for Practicum

You will be registered by the Clinical/Lab Assistant (303.458.4334) for two classes (MCPY 692 and MCPY 693- Syllabus) which include:

- Clinical lab work & group supervision at either the Interlocken Campus Counseling Lab or the Colorado Springs Campus Counseling Center - This class meets 6 hours each week to include both the clinical lab work AND supervision.
- Triadic Supervision- You will meet with a faculty supervisor and one to two other peers for 1.5 hours every other week (outside of clinical lab hours).
- External Clinical Site group co-facilitation: You are required to complete a minimum of 20 direct hours co-facilitating a group at an approved clinical site within the 16-week Practicum semester.

Location of Practicum courses:

Practicum courses include three components and locations:

- 6 hours one day a week at either the Interlocken/Broomfield or the Colorado Springs counseling lab (see maps below)
- Triadic supervision 8 times per semester; location to be determined by the instructor
- Co-facilitation of a therapy group at an approved site in the community

MAC Course Overview for Internship

You will be registered by the Clinical/Lab Assistant for one class (MCPY 698 A,B, or C) which includes:

- Approximately 15-20 hours per week at an approved clinical Internship site
- Regis Group Supervision- This class meets for 3 hours every other week during weekday hours with a Regis faculty and 6-10 Regis student interns

Location of Internship courses:

Internship supervision groups meet at the Interlocken, Lowell, or Colorado Springs campus. Students are assigned to their Internship groups by the Clinical Administrative Assistant according to the location of their clinical placement sites.

Geographic Faculty Liaisons

In order to insure optimal communication between Regis and our clinical sites, Internship faculty group supervisors also serve in the role of liaison to the clinical sites. Faculty group supervisors are required to visit each active site once during Internship A and as needed during Internship B. Each supervision group is made up of students in placements within a general geographical area (e.g. students interning in Boulder are assigned to the same supervision group).

Campus Map Links:

LOWELL **INTERLOCKEN** **COLORADO SPRINGS**

LINK to Approved Clinical Sites

MAC Clinical Hour Requirement Overview

(min. = minimum hours required & max. =maximum hours allowed to count)

Clinical Course	Direct	Indirect	TOTAL
Practicum	40 (min.) (20 individual at lab + 20 group at clinical site)	60-160	100 (min.) – 200 (max.)
Internship A	120 (min.)	180 (min.)	300
Internship B	120 (min.)	180 (min.)	300
* **Personal Psychotherapy Hours**	N/A	20 (min.) – 50 (max.)	20 – 50 (max.)
TOTAL:	**280 (min.)**	**520 (min.)**	**800 (min.)**

***Personal Psychotherapy Hours – Only therapy hours completed during Practicum or Internship may be counted toward the total 800 clinical hours.**

Master of Arts in Counseling (MAC)
CLINICAL SITE REQUIREMENTS
DENVER METRO AREA AND NORTHERN COLORADO

MAC General Site Requirements

A Community Practicum Site and/or Community Internship Site must meet the following requirements:

- have a current legal co-signed contract with Regis University before assigning an intern to duties at the clinical site
- be an agency which serves underserved or marginalized populations
- meet Regis' Graduate Counseling Program standards for clinical training (**see more details below**)
- provide a variety of populations and clinical training modalities
- have no legal or ethical investigations or violations in process
- engage in a face to face interview process with prospective interns
- allow no dual relationship with interns (e.g. current or previous employer, supervisor, therapist, family member, or close friend)
- provide a licensed counselor/therapist site supervisor (with a minimum of two years experience in the area in which she or he is supervising) who is able to dedicate one hour per week for supervision either individually or with two students at once and assure that a qualified clinician will always be on the premises when a student is doing clinical work for the agency
- charge no money for the required supervision
- report any changes in the agency or the supervision to the Regis Clinical Coordinator
- allow the Regis faculty supervisor to meet periodically with the site supervisor either in person or by phone
- send a site supervisor, coordinator, or representative to attend the annual Regis Supervision and Internship Fair if possible

MAC Practicum Requirements

There is a group counseling component to Practicum which takes place in the community. Community Practicum Sites will provide the opportunity for the student to accrue a minimum of 20 group client contact hours with a group consisting of 4-8 members. In addition to facilitating or co-facilitating a group, the student will meet (as needed) with a licensed site supervisor. The supervisor will oversee the student's involvement in the planning, facilitation, de-briefing, evaluation, and record keeping for the group, as well as the group's process.

If the community Practicum Site chooses, the student may also take part in orientations, trainings, and other supervision at the site. This option might be particularly desirable for sites who wish to have Practicum students continue with them to complete Internship.

In summary, the commitment from the Community Practicum Site is different from the commitment made to Regis counseling students in the past. A clinical site can now choose to train only Practicum (group counseling component of first semester) students, only Internship (2nd and 3rd semester full placement) students, or both Practicum and Internship students.

In summary, Community Practicum Sites agree to:

- Provide the opportunity for a Practicum student to facilitate or co-facilitate a group of 4-8 clients under the supervision of a licensed clinician.
- Involve the student in all aspects of that group work
- Provide a minimum of 20 group client contact hours within the student's Practicum semester

MAC Internship Requirements

A minimum of 600 hours is required in the Internship clinical placement (over a period of two semesters, which is 32 weeks).

Direct Service

A minimum 240 direct contact hours is required in Internship. The student is expected to complete 120 hours in each semester. The following activities are considered direct service:

- Individual counseling
- Group counseling - facilitation or co-leadership
- Child/Adolescent/Couples/Family counseling or co-leadership
- Psychodiagnostic intake and assessment
- Crisis counseling
- Treatment team facilitation of clinical sessions

Non-direct Activities

Non-direct activities are counted to complete the 600 hour requirement. They include the following:

- Orientation
- Training/In-service
- Agency Staff meetings
- On-site individual supervision
- On-site group supervision, if it is offered
- Regis group supervision
- Regis individual/triadic supervision during Practicum only
- Case consultation and referral
- Administrative paperwork and documentation
- Clinical observation
- Program evaluation
- Personal psychotherapy hours (up to 50 hours may be counted)
- Up to 20 hours of Capstone preparation during Internship B
- Up to 20 hours preparing for the NCE exam if taken at Regis

Inappropriate Activities

In a Regis clinical placement, it is inappropriate for Regis counseling students to engage in any of the following activities:

- Case management only/milieu management
- Child care or baby-sitting of clients' children
- General filing and clerical activities
- Receptionist or secretarial roles for extended periods of time
- Providing services to clients after agency hours with no supervisor on site

Licensed Site Supervisors and Weekly Supervision

Sites are expected to employ or have contractual agreements with licensed professionals (Licensed Professional Counselors, Licensed Psychologists, Licensed Marriage and Family Therapists, and/or Licensed Clinical Social Workers), who will act as supervisors with our students**. Students are required to have a minimum of one hour per week of face to face clinical supervision with their primary supervisor who maintains active licensure status.**

Appropriate Disclosure Forms and Releases

Clinical sites are expected to provide the appropriate disclosure forms and releases for the student's use with their clients. The form should disclose the student's intern status and also request permission to audiotape or videotape for training purposes. A generic example of such a form is provided in the Appendix of this manual.

American Counseling Association (ACA) Code of Ethics
Our counseling students are being trained under the ACA Code of Ethics and are expected to follow this code of ethics throughout their clinical training. LINK TO ACA CODE OF ETHICS.

Process of Securing An Appropriate Clinical Site

(Begin this process at least TWO (2) semesters before you plan to start Practicum)

1. Reflect upon your own professional counseling goals and the clinical population(s) you're most interested in learning about.

2. Check out the list of approved clinical sites on the Clinical webpage – click here. You will find a listing according to degree program. If you click on the name of the site, a data sheet will open which gives details such as location, contact person, populations served, and hours available.

3. Once you have narrowed your selection, contact the Clinical/Intern Coordinator at that site(s), and arrange for an interview(s).

4. Review "Questions to Ask When Interviewing a Clinical Site" before your interview. (See following page)

5. You must submit your PRACTICUM APPLICATION by the deadline indicated (See Practicum, Appendix A of this manual). Students who submit applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment.

6. If your application is approved, the Clinical/Lab Assistant will register you for your Practicum courses (MCPY 692/ 693).

7. Three semesters of clinical placement are required (Practicum, Internship A and B). These are taken in consecutive order. In certain circumstances, students may need to register for Internship C to complete their hours.

8. Students may continue Internship at the same clinical placement where they completed their Practicum group co-facilitation requirement. Circumstances may require them to choose a different placement for Internship (A + B).

9. Students must complete an INTERNSHIP APPLICATION by the deadline indicated (see Internship, Appendix A, of this manual).

10. If your application is approved, the Clinical/Lab Assistant will register you for your Internship supervision course (MCPY 698 A/B/C).

Questions to Ask When Interviewing a Clinical Site

***Be knowledgeable of all the requirements of Practicum and Internship as described in the current Clinical Manual before your interview.**

Note to Students: You may not do your Practicum or Internship in the same organization in which you are employed. You are cautioned to avoid other kinds of dual relationships as well.

Does the site provide both Practicum and Internship clinical placements? Do they require Practicum plus Internship, or will they allow Practicum or Internship only?

What are the clinical site's expectations of a student in either Practicum or Internship?

Does the site have the resources to offer you the required number of client hours per week for counseling/psychotherapy? (Case management or filing/administrative tasks may be part of a clinical placement, but ample opportunity for counseling/psychotherapy should be included)

What types of counseling? -- Individual, group, family, children, couples?
(Some variety is recommended; however, remember that certain course pre-requisites are required to work with children and families)

Can the site provide a supervisor who is licensed (LPC, MSW, PhD, LMFT, psychiatrist) with at least 2 years experience in the area in which they will be supervising you?

Can the site offer one designated hour per week of individual face to face supervision with a licensed supervisor?

Will the licensed supervisor be on site while you are seeing clients? Were an emergency situation to arise, how could you reach your supervisor?

You may not receive a salary type payment for being an intern. The site may not charge you for supervision.

Will the site require you to attend staffing, consultations, group supervision, and in-service sessions as part of your clinical placement.

Is the site's requirement for hours compatible with your schedule?

Note to the student: The site must be on our approved list of clinical placements (see our web page).
It is possible to have a new site approved, if the request is made at least two semesters in advance of when you plan to begin your practicum. Call the Clinical or Practicum Coordinator to make such a request. Be prepared to research the clinical site you are proposing. (See following page for a detailed description of the Process for Getting Approval for a New Clinical Site).

You will remain at the same clinical site throughout your Internship unless there are some unusual circumstances. Switching sites or group supervision groups depends upon approval of the Regis faculty Internship supervisor and the program Clinical Coordinator.

Process for Getting Approval for a New Clinical Site

1) Contact the Clinical Assistant, Denver Clinical/Internship Coordinator, Denver Practicum Coordinator, or the Colorado Springs Clinical Coordinator to discuss your request and to verify that this site is eligible for consideration. A site will not be eligible if it has been recently evaluated and not approved, if it is a private practice place where you currently are employed, or if other dual relationships exist.

2) Make an appointment with the clinical site's Clinical/Intern Coordinator for an interview with them. Read the Clinical Manual and use the "Questions to Ask When Interviewing a Site" sheet to help you prepare for the interview. Present the "Clinical Site Requirements" to them at this time, if they have not already received them. The agency must meet these requirements in order to be considered for approval.

3) If you feel the site meets your needs and Regis' program requirements, call or email the Denver Practicum Coordinator, the Denver Clinical/Internship Coordinator, or the Colorado Springs Clinical Coordinator (see page 4 for contact information) to request a conversation about a possible site evaluation.

4) If the clinical site appears to be a good candidate for our program, the previously mentioned Clinical faculty will arrange for a site visit evaluation usually by themselves or their faculty designee.

5) The Clinical faculty or designated faculty site evaluator will write up a Site Evaluation Report and seek input and approval from program faculty and staff

6) The Clinical Committee either approves or denies the site proposal.

7) If the clinical site is approved, then an Affiliation Agreement (legal contract) is sent to the appropriate party.

8) The appropriate party at the clinical site signs the contract and returns it to the Clinical Assistant.

9) The Clinical Assistant sends it to Regis University's legal party for approval and signature.

10) The approval process is complete. The student who initiated the process is informed that the site is now officially approved, and the site's information is posted on our web site listing of approved clinical sites.

LEGALITIES AND LICENSING

Student Liability Insurance Student Liability Insurance

You will be covered with student liability insurance through Regis University beginning with Practicum and continuing throughout your completion of Internship. If your placement site requests it, a copy for proof of this coverage may be obtained by sending the name and address of your clinical site to the Clinical/Lab Assistant, including the name of the person who needs to receive the document. Students are also required to purchase their own liability insurance. MFT students often use CPH and Associates and MAC students often use HPSO or ACA as their providers of liability/malpractice insurance, but other companies may be available as well. Students can contact their respective professional organizations (ACA and AAMFT) for additional information on obtaining malpractice insurance.

Workers' Compensation Coverage

You are also provided Worker's Compensation Coverage through Regis University while at an approved clinical site during Practicum and Internship. Please see Practicum Appendix B.

Licensure

Completing a Masters Degree in counseling is a major step toward state licensure. The degree itself does not guarantee licensure (though graduation from a CACREP-accredited program such as ours will expedite the application process). Licensure is granted by the state, not by Regis University. Students are responsible for the knowledge about and pursuit of all steps toward licensure.

Regis University is now a testing site for the National Counselor Exam (NCE). You may take the exam during the clinical portion of the program and up to one semester after you graduate. Registration deadlines are firm and fall several months in advance of the exam. Check with your Practicum or Internship Instructor for deadlines and information.

For details on licensure post graduate requirements, check the Department of Regulatory Agency's (DORA) Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT): DORA Licensure/ Applicant Services

While you are in Internship, you are highly encouraged to register as an unlicensed therapist for eligibility in acquiring post-graduate hours toward state licensure. For requirements in this process, please refer to the DORA website above.

RECOMMENDED WEBSITES

Colorado Department of Regulatory Agencies (DORA)

Verification of site supervisor license

Licensee/Applicant Information

Ethical Principles and Codes of Conduct

AMERICAN COUNSELING ASSOCIATION
http://www.counseling.org/Content/NavigationMenu/RESOURCES/ETHICS/ACA_Code_of_Ethics.pdf

AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
http://www.aamft.org/resources/lrm_plan/ethics/ethicscode2001.asp

Mental Health Statues

Colorado State Grievance Board Rule 14 (Record Retention) may be viewed in its entirety through www.dora.state.co.us/Mental-Health Effective 3/2005

COLORADO MENTAL HEALTH STATUTE Revised July 1, 2004 EMERGENCY PROCEDURE
www.dora.state.co.us/Mental-Health/statute.pdf

TITLE 19: COLORADO CHILDREN'S CODE PART 3-- CHILD ABUSE OR NEGLECT
http://dept.fvtc.edu/ojjdp/co.pdf

Regis University Graduate Counseling

Approved Clinical Sites

Graduate Counseling Student Manual

PRACTICUM

MAC PRACTICUM REQUIREMENTS

CLINICAL REQUIREMENTS

Students will complete the following during the Practicum semester:

- Complete a minimum of 100 hours with a goal and maximum of 200 hours to be counted towards the 800 total clinical hours in Practicum and Internship required for graduation. Any hours over the 200 DO NOT roll over to Internship, but may be counted toward the total hours required.
- Complete a minimum of 20 hours of individual counseling at the ILB or Colorado Springs Lab.
- Complete a minimum of 20 hours of co-facilitation of a therapy group at an approved clinical site.
- Attend Practicum courses MCPY 692 and 693 (Clinical lab hours, Group supervision and Triadic Supervision).
- Complete all course requirements as outlined in course syllabi for MCPY 692 and 693.
- Keep Regis faculty supervisor informed of any issues or changes at clinical site, especially any issues affecting program requirements.

Direct Service

A minimum of 40 direct contact hours is required in Practicum: 20 direct client individual counseling hours in the Regis training lab and 20 direct client group hours at an approved site.

Indirect Service

The student is expected to complete the balance of required hours through indirect service. See below for a description of activities that qualify as indirect service.

- Orientation
- Training/In-service
- Individual and group supervision at Regis
- On-site individual group supervision, if it is offered
- Triadic supervision
- Case consultation and referral
- Administrative paperwork and documentation
- Clinical observation
- Program evaluation
- Personal psychotherapy hours (20-50 may be counted)

Inappropriate Activities

During the Practicum semester, while at the group co-facilitation placement, it is inappropriate for Regis counseling students to provide any individual therapy to clients. All individual counseling hours will take place in the Regis counseling lab. In addition, it is inappropriate for Regis students to engage in any of the following activities at their group co-facilitation site in the community:

- Child care or baby sitting of clients' children
- General filing and clerical activities
- Receptionist or secretarial roles
- Providing services to clients after agency hours with no supervisor on site

PRACTICUM COUNSELING LAB

The counseling labs, located at the ILB and Colorado Springs campuses have been established for the Graduate Counseling Division to provide meaningful professional training for master's and post-master's certificate students in the delivery of traditional and innovative therapeutic services.

Both counseling labs are open to CPS faculty, staff, students and their families as well as members of the community at large. Each provides mental health services to individuals, couples, families, and children/adolescents with a wide variety of mild to moderate mental health issues. Clients complete a phone screen to determine if services are appropriate for their mental health needs. Referrals are given if needed.

CPS Counseling Services (ILB Campus): 303.964.5786
CORE Counseling Services (CS campus): 719-264-7027

HOURS

Clinical hours at CPS and CORE Counseling Services vary, depending on the hours clinical practica are conducted. Typically this is from 12:00 pm – 8:00 p.m. on Monday through Wednesday. These hours are subject to change according to university scheduling, client needs, and supervisory availability. Appointments must be scheduled during regular office hours. Appointments are scheduled according to the university calendar.

NOTE: CPS and CORE Counseling Services do not have emergency or crisis services, 24-hour services, and is not open on weekends. It is also closed on posted university holidays, for two weeks during Christmas and New Years, and for one- two weeks between the semesters.

DEFINITION OF SERVICES PROVIDED

Individual Counseling (ages 4-adult)
Individual counseling assists people in exploring a variety of relationship and personal challenges. Clients may discuss topics such as low self esteem, depression, anxiety, stress, sexual identity, wellness and lifestyle improvement, abuse issues, grief, and family of origin concerns.

Couples and Family Counseling
Couples and families seek counseling to work on relationship issues. Common themes may include healthy communication, setting boundaries, establishing family rules and expectations, parenting, and grief issues.

Group Counseling
Group therapy offers multiple perspectives, greater opportunities for feedback and support and a setting to practice new behaviors and skills. Sharing ideas and developing coping strategies can be beneficial for people with similar concerns. Some groups that are offered consist of an open-ended format with the primary purpose being personal growth. Other groups have specific themes such as: parenting, depression, social skills for children, building self-esteem, and coping with anxiety.

Play Therapy ***requires specific coursework- please refer to Practicum & internship Applications
Young children (typically ages 4-9) may benefit from play therapy. Play therapy is an effective treatment for younger children who communicate their hopes, fears, and struggles through the medium of play. When children face changes or challenges in their life it may be difficult for them to express their feelings with words. Through play therapy children may learn how to express their thoughts and feelings in constructive ways, to control their behavior, to make decisions and to accept responsibility for their choices.

PROCEDURES and PAPERWORK

All client records and tapes are kept in the appropriate filing cabinet in the observation area. Empty file folders and forms are available in the lab. The filing cabinets are to remain locked unless you are retrieving or returning a file or tape.
Labeling DVDs: DVDs should be coded by Practicum section and are to be stored in the file cabinet drawer designated for each Practicum unless in immediate use. For example, student Juan Valdez seeing his first client would label his tape JV #1 (student initials, client #). He would keep his tape in the appropriate file drawer.
Labeling Files: Same as above. When the file is put into the long term cabinet (typically at the end of the semester) the office staff will remove your label and add client's real name. If a couple/family have different last names, they will be filed under one name and but the other name(s) will be noted on the file (e.g. 'O'Hara, S./Butler, R.' will be filed under 'O'). If the family is seen for therapy and one of the members is also in individual therapy, you will have two separate files.

Pre-Session

A HIPAA confidentiality statement must be signed by all staff (students, faculty, and office) who have any contact with clients, their files or associated confidential material. This form should be given to Practicum staff who will store it in a locked cabinet in the main department office.

Phone Intake Form. Information from phone intakes is recorded by the Lab Assistant. These are distributed to faculty whose students will begin files on each client.

Log. Available in the Practicum office for the recording of all calls and messages received during the semester.

Standard Paperwork& Organization (**copies in the appendices)**
Typically your client file is closed at the end of the semester; please organize your file this way:

Client Contact Form. This form provides a record of appointments for clients. The date of each appointment should be listed. The outcome of each session (session kept, missed, cancelled) is noted. Staple this form to the inside left side of the file.

Organize file as follows: Paper clip together the following 'Intake Information': Phone intake, Client Intake (information form). Place face up on the right side of the file folder.

Paper clip the 'Informed Consent and 'other reports' together: client rights statement, forms, disclosures (D-PHI), and other paperwork including letters from outside agencies, child abuse reports, etc. Place these behind the Intake Information material.

Paperclip Case Notes together. File in reverse chronological (or 'stratagraphic') order, genograms, drawings, etc. that are part of the client case records. Place behind the Informed Consent forms

Remove other non-relevant documents from your folder such as the feedback from others, rough draft notes, doodles, etc. Be sure to shred any material containing confidential information.

The Termination Summary is placed top of all other paperwork when the file is ready to close. You must complete the Termination summary at the end of your Practicum semester. Be sure to check all relevant items, then print you name, sign and date the form. The faculty member must review the file in its entirety, print their name, sign and date it.

Forms

Clients Rights Statement Completed by the client(s) at the first session. A signed copy of the form is retained for the files and another copy is given to the client(s).

HIPAA (Health Insurance Privacy and Portability Act) Form. Signed by the client(s) at the first session. The signed copy is retained in the file and the accompanying information sheet is given to the client.

Intake Forms. Completed by the client(s) at the first session. There are different forms for: Individuals, Couple/Family, Child/Play Therapy and the accompanying Consent to Treat a Minor Form

Case Notes. The standard case note is in SOAP format and should be used by all students enrolled in Practicum. Case notes must be completed after each session and filed within 24 hours. One set of notes is sufficient for each family or couple. If individual files are made for each member of a group there must be a note on each client, but that note may not contain identifying information on any other group member as that violates confidentiality. Practicum faculty must review and sign all case notes.

Termination Summary. At the conclusion of services, the termination summary must be completed for your client(s). The summary is to be signed by the Practicum instructor.

D-PHI. Disclosure of Protected Health Information. If it becomes necessary to request information or to provide information to a third party, this form must be completed and signed by the client. It is important that the client understands the implications and limitations of signing this release of information form.

Child Abuse Reporting Form. Should your client provide information about a child being abused, it is your responsibility to report to the Department of Social Services within 24 hours. A completed form describing the incident and your report should be placed in the client's file.

Life Pledge. The life pledge is to be filled out by the client and therapist together, when there are concerns about the safety of the client or the client is in danger of engaging in self-harming behavior. This form consists of an agreement between the client and therapist that the client will contact individuals/agencies to be noted on the form before engaging in any self-harming behavior.

Verification of Counseling Services
Fax Cover Sheet

Counseling Lab Facilities:
Counseling Rooms
Rooms must be reserved in advance for all sessions. The rooms must be scheduled at least a week in advance.

Videotapes/DVDs must not leave the Counseling Lab area. Removing tapes or files is grounds for failing Practicum and dismissal from the program! Erase documents after printing them from your computer or university computers! Do not store confidential material on the hard drive. If stored on a disc, be sure to keep the disc in the clients file and destroy at the end of the term.

Waiting Area.

Clients are provided a waiting area outside the supervision room where they will be met by the trainee. **Do not ever** discuss client information in this room, or outside of supervision or the supervision room. If a client initiates discussion of private information in the waiting room, please guide them to a counseling room! Clients may not know rules of confidentiality, but you do, so please educate your clients and provide good modeling for others by respecting these limits.

A telephone is available for you to make brief contact with client(s), and if needed, for the client to use for local calls. Do not use this phone for personal business. Do not conduct sessions on this phone. If you need to use a

phone for lengthy conversations with clients or business related to clients, contact a faculty member, preferably your Practicum instructor, to arrange for a more confidential setting in which to call.

Children should not be left unattended in the waiting room (see policy in appendix).

Etiquette & Rules for the Counseling Lab

1. Make sure you contact your client immediately after getting the referral even if you cannot schedule the actual appointment for some time. Remember that clients often call because they are in distress and they are waiting to hear from you.
2. Make sure the counseling room is tidy before and after your session. Turn off the lights, close the door and change the sign so that it is clear the room is 'open'. In the event a room has been left in disarray, find out who used the room by checking the calendar. Notify that person or their instructor so that this behavior will not be repeated.
3. The rooms must be cleaned after **each and every** play therapy or sand tray session.
4. Make sure there is tissue in the room and that the clock works and has the correct time.
5. Make sure there is paper/markers/crayons, etc. in the rooms.
6. Be sure your client knows your name and the number to call if they need to cancel a session. Do not give a personal telephone number.
7. Dress in a professional manner.
8. Counseling rooms will be assigned by faculty member.
9. CPS and CORE Counseling Services use a 45- minute client session. Be conscientious in observing this time limit because in all likelihood, another therapist will have scheduled the room for the next hour.
10. Be conscientious about the cleanliness of the waiting room. Pick up books and magazines. Throw away garbage. This is a public space and we all play a role in managing its professional appearance.
11. The observation area must be kept clean and orderly. Turn off the video equipment, replace headphones on shelves, replace all chairs and stools, place all books, coats, and backpacks against the wall for safety reasons. Do not consume food in the supervision room. Do not spill drinks.
12. If you find that equipment needs repair, notify faculty as soon as possible.
13. Clients should be seen only during regularly scheduled Counseling Lab hours.
14. Clients may not be seen outside of CPS or CORE Counseling Services, with the exception of community group facilitation.
15. Every client case must be conducted under supervision.
16. If you are seeing clients, in any capacity, you must be enrolled in Practicum or Internship.

VIDEO POLICY
Storage and Observation of Client Files and Videotapes

The MAC Program requires that a uniform policy be established based on the pertinent ethical codes, the standards of practice at other training programs and the professional literature to protect the interests of this program and the clients we serve.

The ACA's *Code of Ethics and Standards of Practice* (2005) mandates, "Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium." Although the ethical guidelines of the American Counseling Association (ACA) do not explicitly address the care and security of videotapes of client sessions, confidentiality of materials used to record sessions is addressed. In accordance with these standards of practice, the faculty supervisors of the Counseling Lab are required to guarantee the confidentiality of session videotapes.

Trainees are responsible for scheduling time on clinic grounds to observe their taped client sessions. Client dvds and/or files (and all of their contents) must remain in secure MACP Counseling Lab areas. Do not take them out of the building, ever! If you have questions about this, consult the Practicum coordinator or the Practicum instructor.

Removal of such materials can compromise client confidentiality and will compromise your responsibilities. The dvds are either in the file cabinet, or your classroom, when appropriate. Review only your dvds. An obvious exception is when you view a tape with a Practicum peer or course supervisor.

Note: Secure Counseling Lab areas include: the supervision room, the counseling rooms, your Practicum classroom, and your Practicum instructor's office. However you or your supervisor must be in possession the file. For example, do not leave it sitting on a file cabinet. It DOES NOT include public areas such as the waiting room, the resource room, or the main office. You may not leave protected health information in any public area. If you have any doubt seek consultation as noted above.

Acquiring your dvd/file: Your Practicum instructor will unlock the supervision room or file cabinet for you. Observe your tape in a secure area and when you are finished, ask your instructor to unlock the file cabinet for you so you can return your tape/file to the cabinet. ALWAYS lock the cabinet. DO NOT LEAVE THE FILE CABINET OPEN!

Viewing your tape: Arrange for a time and place to observe your dvd. The supervision room TV monitors have at least two headphone outlets permitting private listening. To use: request to use the space ahead of time. You may use the technology to observe your tapes as long as:
a) A session is NOT scheduled in the room, b) You use headphones, and c) You are very quiet when other practica or classes are in progress. These areas are available on a first come, first use basis.
Note: Sometimes there are evening courses. Please check with the professor to see if it is okay for you to watch your videotapes. Usually faculty are busy observing sessions and cannot get the file cabinet key for you, so be mindful of this and try to get the cabinet opened before 5 pm. If you decide not to use the space on the date/time you scheduled, please erase the entry so another student can use the room. Typical hours during the semester (not holidays) Monday through Thursday 9-5.

Keys and Locked Areas
Combination locks have been installed on the Supervision Room door. Only faculty will have access to the combinations. To ensure security, combinations will be changed periodically.
The keys to the filing cabinets may be obtained from your Practicum instructor.

Practicum: Paperwork and Security

.
All paperwork is treated in a confidential manner. All consent forms must be completed as the case demands.

1). Client records containing Protected Health Information are retained as if they were real clients.
2). Paperwork includes the standard HIPPA, informed consent, case notes, and intake information. Appropriate information may be released with a D-PHI form.
3). Case notes and informed consent on each client are kept for 7 years.
4). Video/DVD recordings will be destroyed at the end of Practicum semester.

Appendix A
Practicum Application and Requirements

In order to be admitted to clinical placement, a student must do the following:

- **If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.**
- Be completely familiar with the Clinical Requirements as described in this manual.
- Successfully complete all pre-requisite courses (see course section on Practicum Application) with a grade of B- or higher.
- Submit a Practicum Application to the Counseling Lab/Clinical Assistant by the designated deadline
- Acquire passing scores on any given Student Performance Evaluations (SPE). Any zero score in Clinical Techniques will require some type of remediation.
- Secure placement at an MAC approved clinical site (MAC students only)
- Avoid any potential dual relationships at the clinical site (e.g., working for employers, family members, friends, interning at the same site where you work)
- Not expect money for interning nor be charged by the agency for supervision

An MAC student may not qualify for registration in MCPY 692/693 when the following conditions exist:

- Placement has not yet been confirmed by the clinical site
- The clinical site cannot offer supervision with a licensed clinician (LPC, LCSW, LMFT, Licensed Psychologist), who has had at least two years' experience working in areas s/he will be supervising
- Students are not assured that a clinical professional will be onsite whenever the student is working with clients during the Practicum semester
- Regis does not have a current legal contract with the clinical site

While in placement a student must do the following:

- Attend all required Regis Group Supervision sessions successfully complete the requirements of each semester's work (see Syllabi for MCPY 692/693).
- Keep the Regis Group Supervisor informed of any issues or changes at the clinical site, especially any issues affecting program requirements.
- Discuss any potential "Incomplete" with the Group Supervisor.

Practicum Application Information

Practicum consists of two courses (MCPY 692 and MCPY 693) that students take to begin counseling clients under direct, live supervision. There are three parts to Practicum: counseling individual clients in the counseling lab, facilitating or co-facilitating group(s) at an approved community counseling agency (MAC only), and participating in individual, triadic, and group supervision.

For most students, Practicum will begin sometime during their second year of course work in the program. Certain placement sites may have specific application deadlines, start dates, and/or orientation seminars. In addition, students must apply for Practicum by submitting the Practicum Application packet to the Clinical/Lab Assistant by the following deadlines:

- **Fall Semester: July 1**
- **Spring Semester: November 1**
- **Summer Semester: March 1**

Notification of acceptance to Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the Application Deadline date for processing your application. Be aware that you cannot self-register for Practicum. Since this is an application process and we are creating courses with a specific number of students in each class, we will be registering students after the application process is complete.

Before MAC students can begin Practicum, they must secure a Practicum position at an approved community Practicum site. This site must agree to provide the student with the opportunity to facilitate or co-facilitate group(s) under the supervision of a licensed clinician. Approved clinical sites can be viewed on the web:
http://regis.edu/regis.asp?sctn=cpedcn&p1=ap&p2=lpc&p3=pis

During Practicum, students accrue 100-200 hours of placement experience. A minimum of 40 hours is direct client contact. Students will counsel individual clients in the Practicum lab for a minimum of 20 hours. Students will co-facilitate group(s) in an approved community agency for a minimum of 20 hours. This will provide the student with the minimum of 40 direct client contact hours.

In addition, students will accrue a minimum of 60 hours of indirect work during Practicum. This includes individual, triadic, and group supervision at Regis and at the approved placement site. It also includes observations of student colleagues' sessions at the counseling lab. In addition, planning time for the group or any trainings or orientations at the approved placement site can be counted as indirect service. Students may also count their personal psychotherapy as indirect hours.

Students must complete all requirements for Practicum that are outlined in the Practicum syllabus and the Practicum/ Internship Manual. Students are also evaluated by their supervisors and a grade of pass or no pass will be assigned by faculty supervisors for Practicum (MCPY 692 and MCPY 693).

Students will be assigned a specific 5 hour block of time each week at the counseling lab for 16 weeks. Usual days for Practicum are Monday, Tuesday, and Wednesday. 100% attendance in Practicum is required as students must fulfill minimum client contact hours to pass. If you have questions about any of the procedures or requirements for Practicum, contact the Clinical Assistant or the Practicum Coordinator for your program.

During the Practicum semester, students must also arrange an Internship. Students apply for Internship positions from approved community Internship sites. This may be the same site in which the student completed Practicum placement, but not necessarily.

REGIS UNIVERSITY
College for Professional Studies
Graduate Counseling Division

Master of Arts in Counseling
Practicum Application

Indicate your Preferred Days and Times for Practicum Supervision*

Please refer to Web Advisor for available course offerings
*Denver/Broomfield Only

1.

2.

3.

Application Deadlines (please check):

- ☐ Fall Semester: July 1
- ☐ Spring Semester: November 1
- ☐ Summer Semester: March 1

Students who submit completed applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment. Students submitting Practicum applications after the published deadline will be placed on a space available basis but are not guaranteed approval for Practicum course assignment.

Notification of acceptance to a Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the application deadline for processing your application. The assigned group supervisor of each section will provide specific information and guidelines to students registered in their sections. Students whose applications are not accepted may ordinarily reapply for the following semester, unless other pre-requisites are established as part of a remediation process, or they have been terminated from the program.

Submit completed applications packet to:

Denver applicants
Erik Petersen, Clinical Administrative Coordinator, Interlocken Campus, 11001 W. 120th Ave., Suite 150, Broomfield, CO 80021 or Email all application materials in pdf format to peter206@regis.edu.

Colorado Springs applicants
Patti Diffee, Clinical/ Lab Assistant, CORE Counseling Lab, 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffe886@regis,edu

CAMPUS: ☐ Denver ☐ Colorado Springs

DEGREE: MAC

CERTIFICATE: ☐ Transformative ☐ Child & Adolescent ☐ Marriage & Family ☐ Military Families ☐ None

Student's Name (*as you want it to appear in the lab*)_____**ID#**_____
Mailing Address: _____
City:_____State_____Zip_____
Phone: H (___)_____W (___)_____ Cell (___) _____
Regis Email Address:_____

Current Employer Name: _____
Employer Address: _____
Position Held: _____ Supervisor Name: _____
Do you plan to continue employment: _____

Requirements for placement at specific Practicum & Internship sites
where children and adolescents are the primary population.

One of the following courses must be taken prior to or concurrently with Practicum:

a. MCPY 668 - Play in Family Therapy – offered spring & fall (first 4 weekends)
b. MCPY 678 – Introduction to Play Therapy- offered spring (last 4 weekends)
c. MCPY 677 - Counseling Children & Adolescents- offered summer (first 4 weekends)

- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Pre-Req Courses Completed	**Year/Semester**	**Grade**
Introduction to Community Counseling	_____	_____
Human Growth & Development	_____	_____
Abnormal Psychology	_____	_____
Professional Orientation / Ethics	_____	_____
Cultural Issues & Social Justice	_____	_____
Counseling Techniques I *	_____	_____
Theories of Counseling	_____	_____
Counseling Technique II	_____	_____
Groups: Process & Counseling	_____	_____

*Application cannot be approved without a satisfactory Student Performance Evaluation from Counseling Techniques I

List other courses relevant to your preparation for Practicum: _____
_____

Proposed Practicum Site:

Agency Name: _____
Agency Address: _____
Contact Person _____Phone_____
Email Address:_____
Types of Clients You Will Work With:
_____
_____
_____

On-site Supervisor: _____Phone_____

Email Address:_____

Degree/licensure: _____

Proposed Practicum Schedule at Agency (if known):_____
_____

Please Indicate a supervisor theoretical orientation preference if so desired:

To complete your application include the following:

1) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 20 hours of group co-facilitation during Practicum and your plans for securing an Internship site that will provide a minimum of 600 hours.
2) A letter of acceptance from the site
3) A copy of your Student Performance Evaluation (SPE) for MCPY 635 (if you do not have this, contact Erik Petersen to check if it may be found in your digital student file)
4) A signed disclosure form for Workman's Comp Coverage (Practicum Appendix B in Clinical Manual)
5) Proof of (Active) Student Liability Insurance- Attached Copy of "Certificate of Insurance" from HPSO www.hpso.com select student coverage for Licensed Professional Counselors (Student liability insurance is a free benefit of student membership in ACA.)
6) A copy of your site supervisor's resume if requested by Regis University staff upon review of your application.
7) Verification of site supervisor's license if requested by Regis University staff upon reviewing of your application. This may be found at: https://www.doradls.state.co.us/alison.php

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Check List

By initialing each item, you agree it is completed and attached in your application.

(No piecemeal application materials will be accepted)

_____ Completed application form
_____ Cover letter
_____ Letter of acceptance from site
_____ Copy of MCPY 635 SPE
_____ Signed Workman's Comp Disclosure Form (Appendix B)
_____ Copy of "Certificate of Insurance" EXP DATE: ____/____/_____
_____ Site supervisor's resume & license verification (if requested by Regis University Staff upon reviewing application)
_____ "I have read the clinical manual and understand what I have read".

_____ _____
Student's Signature Date

****All items must be initialed and signature provided PRIOR to application submission**

.

APPENDIX B

REGIS UNIVERSITY
College for Professional Studies

DISCLOSURE FORM

(REQUIRED WITH PRACTICUM APPLICATION)

As a Practicum or Internship student you are covered by Regis University employee Worker's Comp while at your clinical site placement. In the event of an injury at your clinical site, the First Report of Injury form must be completed and submitted to Regis Human Resources within 24 hours of the injury (Regis HR Fax: 303-964-5498). Immediately contact your site supervisor or one of the Regis University representatives listed below.

Rebecca Porter, Benefits Cord: 303-964-5201 or Michelle Boot, Benefits Cord.: 303-458-1869

In the case a second medical opinion is desired within 90 days of injury, a student may request a form to process this request from the Regis University Representatives listed above.

The following pages contain information regarding the Worker's Comp benefit:

- What to do in the event of an injury
- Link to First Report of Injury Form and Instructions (complete & submit to Regis HR within 24 hours of injury)
- Designated Provider Form (complete & submit to Regis HR upon injury)
- Two options for Worker's Comp Health Care Provider (see below)

The two providers for the DENVER area include:

1. Health One- www.healthoneclinics.com
2. Concentra- www.concentra.com

The two providers for the COLORADO SPRINGS area include:

1. Health One- www.healthoneclinics.com
2. Concentra- www.concentra.com

The two providers for the FT COLLINS/ LONGMONT area include:

1. Work Well Occupation Medicine- www.workwelloccmed.com
2. Concentra- www.concentra.com

RETURN SIGNED COPY WITH PRACTICUM APPLICATION

I, _____ (print name), have received, read, and understand the information provided to me regarding my Worker's Comp benefits with Regis University.

_____ _____

Student Signature Date

COLORADO EMPLOYEES ONLY

Designated Workers' Compensation Health Care Providers

Pursuant to Workers' Compensation Law – HB 1176, Rule 8 (8-43-404(5)(a)(I)(A) effective 1/1/08, the following is in compliance with the above Rule regarding treatment of work related injuries.

In the event you incur an injury while on the job:

● Immediately contact your supervisor or one of the authorized Regis representatives listed below:

Michelle Boot, Benefits Coord. (303) 458-1869

If the authorized representatives are not readily available at the time of your call, ask the HR Front Desk Staff (303) 458-4161 to contact and notify the authorized representative(s) of your call. Treatment at the chosen designated facility is authorized by the designated representative(s).

- You must complete and provide to the Department of Human Resources a First Report of Injury Form within 24 hours of the injury (available on Insite or in HR. (Link requires Regis user ID)).
- In an emergency situation contact 911. You may be taken to any physician or medical facility that is able to provide the necessary care. When emergency care is no longer required you must receive follow up care at one of the designated authorized medical providers from the attached list.
- You have the right to make a one-time change between the listed designated medical providers by giving notice within 90 days of the injury, but before you reach maximum medical improvement (MMI). You are required to request the change in writing by completing the Division of Workers' Compensation form Notice of One-Time Change of Physician & Authorization for Release of Medical Information (available on Insite and in HR). Upon completion this form must be submitted to the following parties:

● the current treating physician
● the designated provider you are requesting to see
● a Regis authorized representative (listed above)
● Liberty Mutual Insurance

The workers' compensation insurance carrier for Regis University is:

Liberty Mutual Insurance Group
10770 East Briarwood, Suite 200
PO Box 3539
Englewood, CO 80112-3539
(303) 708-8260

September 2011

Designated Workers' Compensation Medical Providers- Colorado Only

Below is the list of Regis University's designated medical providers to be used for workers' compensation medical and therapy services. Please select a provider by checking the box of the providers designated for your campus location. **Should you receive after hours, urgent or emergency department care first, you must select one of the providers designated for your campus location for whatever follow-up care is necessary.**

Preferred Initial Provider – Check the Box

- ☐ Concentra Medical Centers* (see attached Designated Health Care Provider Disclosure form) – **ALL CAMPUS LOCATIONS**
- ☐ HealthONE Clinic Services, LLC* (see attached Designated Health Care Provider Disclosure form) – **DENVER METRO CAMPUSES**
- ☐ WorkWell Occupational Medicine* (see attached Designated Health Care Provider Disclosure form) **– LONGMONT/FORT COLLINS CAMPUSES**
- ☐ Memorial Health System Occupational Health Network* (see attached Designated Health Care Provider Disclosure form) **– COLORADO SPRINGS CAMPUS**

* All clinics accept walk-in patients

Your authorized representative for Regis University is:

Michelle Boot, Benefits Coordinators
3333 Regis Boulevard, Mail Code K-4
Denver, Colorado 80221-1099
Tel: 303-964-5201; Fax: 303-964-5498

After you have selected your provider and completed this form, immediately fax or hand-deliver a copy of this form to your authorized representative.

Regis University maintains workers' compensation insurance through Liberty Mutual, PO Box 3539, Englewood, CO 80155-3539, (303) 708-8260.

I have selected the provider checked above for medical and/or therapy treatment relating to a work-related injury that occurred on _____(date).

_____	_____	_____
Employee Name (print)	*Employee Signature*	*Date*

APPENDIX C
GUIDELINES FOR DEALING WITH A CRISIS

Emergency Management/Crisis Situations

Crisis Management

The following is a suggested five-step approach to handling crises. People are unique, of course, and no "approach" can be expected to be completely satisfactory in every situation. It does, however, provide a framework to begin to understand how to interact with persons in crisis.

Step 1. Present yourself as a person who cares. Stay calm. Essentially, you are saying to the person, "Tell me what is going on for you." Contrary to what conventional wisdom says, it is people who influence the sequence of reactions to crisis, and not the crisis, which influences the reactions of the people.

Step 2. Invite the person to talk. You might ask a question such as, "How can I be of help?" It is better for the person to volunteer information than to ask a series of probing questions. If the person does not volunteer, you might ask some information gathering questions (What happened? Have you talked to anyone about it? Do you want to talk now?) as a way to get started.
Avoid telling the person what they need. For example, avoid: "You just need to calm down."

Step 3. Get help. Involve other people, such as supervisors or faculty. Don't rely on yourself alone.

Step 4. Action for the client. Perhaps ask: "What can you do that will help reduce your crisis and provide a little light at the end of the tunnel?" People in crisis may have "tunnel vision" and are unaware of the people and resources that can help them. Your calm approach and involving other people can lessen the "threat" and open up potential resources.

Step 5. Follow-up. Keep checking in with the person from time-to-time. Continue to check in for about three months, if possible.

Suicide Assessment and Treatment:

Responding to a potentially suicidal person

The counselor's initial task is to determine the lethality of the suicidal ideation. It is the therapist's responsibility to investigate thoroughly all aspects of the following indicators. Contrary to some individual's beliefs, a caring person who inquires as to whether or not they are suicidal does not drive people to suicide. Consultation is essential when assessing a suicidal client.

1) Important questions to ask a potential suicidal person
   a) Have your problems been getting you down so much lately that you've been thinking about suicide?
   b) How would you kill yourself?
      (S) – How **specific** is the plan?
      (A) – Is the method **available** to the person?
      (L) – Is the proposed method **lethal**?
   c) Do you have the means available?
   d) Have you ever-attempted suicide before?
      (C) – **Chronology**: How long ago was it? The more recent, the greater the risk.
      (A) – **Awareness** of Lethality: Did the person believe the method was lethal?
      (R) – **Rescue**: Did the person assist in the rescue or attempt in a place where they would likely be discovered?
      (L) – **Lethality**: How lethal was the method?
   e) Has anyone in your family ever attempted or completed suicide?

f) What are the odds that you will kill yourself?
g) What has been keeping you alive so far?
h) What do you think the future holds in store for you?

2) Intervention with a suicidal person
   a) Establish a relationship with the person
      i) Reinforce the person for making contact
      ii) Be accepting and non-judgmental
      iii) Try to sound calm, confident, and concerned
      iv) If it is a telephone call, try to get as much information as possible;
      v) Name, location, age, is someone close by (who, how to contact), drug or alcohol
   b) Assess the degree of risk
      i) Use the SAL system
      ii) If it is an emergency:
      iii) Act decisively and with determination.
      iv) Try to remove the weapon or method but not physically.
      v) Do not leave the person alone.
      vi) If a telephone call – obtain help of paramedics and police.
   c) If it is not an emergency:
      i) Try to identify the major problem.
      ii) Assess available resources. Ask about friends, neighbors, and relatives who might be helpful.
      iii) Ask about previous successful coping skills.
      iv) Find out what has been keeping the person living so far.
      v) Mobilize the person's resources – Surround the person with a wall of caring people (minister if religious, neighbors, friends, family, and physician).

3) Do's of suicide intervention
   a) Try to be positive and emphasize the most desirable alternatives.
   b) Try to be calm and understanding.
   c) Use constructive statements to help separate confused feelings and define problems.
   d) Mention the person's family, friends, minister, and neighbors as sources of strength and help. If any of these are rejected, back off quickly and move on to others.
   e) Emphasize the temporary nature of the person's problems. Explain how the crisis will pass in time.

4) Don'ts of suicide intervention
   a) Don't sound shocked by anything the person tells you.
   b) Don't stress the shock and embarrassment that the suicide will be to the family before being certain that this is not exactly what the person hopes to accomplish.

Managing the Suicidal Client

Each suicidal person is unique and must be evaluated within the context they present. The following is a general outline that may be helpful in managing the suicidal client.

1) It is important to deal with all presenting problems but it is critical to address the major concern of suicide first. Often putting the other problems on hold until after the crisis is appropriate.
2) During the initial crisis counselors must be active and take responsibility because the client may not be in a position to make decisions on their own. Counselors may have to assume the authoritarian role in the relationship until the client is able to resume self-responsibility.
3) Controlling impulses – The least restrictive, effective alternative must be employed with the client to control impulses. In some cases that may mean a personal contract whereas in other situations a referral for assessment of medication and/or hospitalization is appropriate. Utilization of other community resources, such as police and designated mental health professionals must be considered.
4) Health professional must be consulted.

5) Plan of action is dependent on circumstances and may include the following interventions:
   a) Mild Risk interventions based on coping with self-harming impulses
      i) Ask for a no-harm contract (see Life Pledge form)
      ii) Anxiety reduction
      iii) Alternative ways of coping through crisis
      iv) Mobilizing social support
         (1) Ask for the number of a family member or friend that you can call to support them.
      v) Learning new life skills including problem-solving, decision-making skills.
      vi) Learning new situational skills
         (1) Intervening in negative thought and feeling process.
      vii) Develop a Crisis Response Plan
      viii) On-going suicidal assessment and follow-up particularly after there seems to be an apparent period of improvement. It is common for clients who respond to treatment, particularly psychotropic medications, to gain enough strength to carry out a decision to commit suicide whereas before they had insufficient energy to do so.
   b) Moderate Risk interventions: Includes all of 5a above and additionally consider;
      i) Evaluate for possible short-term hospitalization.
      ii) Increase frequency of outpatient visits.
      iii) Increase availability of resources (e.g., phone contacts; emergency response plan, Identify Support group).
      iv) Contacting significant others to develop a network
      v) Remove lethal means.
      vi) Emphatically instruct not to commit suicide.
      vii) Emphasize that suicide is not a good solution; emphasize hope.
      viii) Clarify conditions under which client should pursue additional interventions (e.g., emergence of intent).
   c) Severe-Extreme Risk intervention: These clients need swift and directive intervention. A direct but supportive manner of action is needed to ensure their safety. Such actions may involve contacting the police to transport client to hospital for evaluation. Client should be informed of the manner of action.

Common Failures in Suicide Assessment:

1. Failure to document**. Document the following**:
   a. Conducted thorough suicide assessment (report specific findings).
   b. Obtained relevant historical information.
   c. Obtained previous treatment records (or have sent for them).
   d. Directly evaluated suicidal thoughts and impulses.
   e. Consulted with supervisor.
   f. Discussed limits of confidentiality.
   g. Implemented appropriate suicide interventions.
   h. Provided appropriate resources to the client (e.g., phone numbers)
   i. Contacted authorities (e.g., police, hospital) and family members.
2. Failure to evaluate for suicide risk at intake and subsequently throughout treatment when risk indicators are present.
3. Inadequate history-taking or failure to secure previous records.
4. Failure to evaluate the adequacy of current interventions.
5. Failure to clearly specify treatment plan including criteria for hospitalization.
6. Failure to safeguard the outpatient environment.

DEALING WITH DANEROUS OR AGGRESSIVE BEHAVIOR

General Principles

1. Safety first: Protect yourself and others
2. Enlist the help of supervisors and peers if possible
3. Maintain calm but firm tone of voice and body language

4. Resist provocation to anger (but be aware of your own emotions). Remember that aggression begets aggression.
5. Set limits on dangerous behavior in a non-threatening manner
6. Attempt to de-escalate the situation by "talking down" the individual
7. Don't argue with delusions!
8. Time is your ally in most circumstances
9. Make only calm, deliberate motions
10. The stressed person's ability to reason abstractly disintegrates, and he/she will respond more to isolated stimuli and less to context of the situation.
11. Assaultive patients are looking for controls and reassurances that they will receive help and will not have to do anything they will be ashamed of or embarrassed about later.
12. Never challenge the individual's self-esteem. Rather, support his/her ability to remain calm, cooperative and in control.
13. Pay attention to your gut! Temper your emotional reaction with rational thinking
14. Interventions which decrease the perceived threat and diminish feelings of impotence have the greatest chance for success.
15. Never try to set limits on feeling, only on actions. You have to help the client differentiate between feelings and actions.
16. Avoid win-lose, right-wrong situation. Calmly repeat limits and present reality. Be firm, but understanding. Do not shout, argue, or become emotionally involved.
17. Do not corner the individual physically or psychologically. Withdraw from power struggles. Use logical and natural consequences, rather than reward and punishment. Offer choices, enlist cooperation. If at all possible, allow someone to "save face."
18. Provide truthful reassurance and do not make promises you can't keep.

Concerns about a client who may have been abusing substances prior to session

If you suspect that your client has been abusing substances prior to coming to the session, you will ask:

1. How did you get to the Center today?
2. How much did you use/drink today?
3. What did you use/drink today?

It is <u>inappropriate</u> to conduct therapy or a psychological assessment with a client who is under the influence of alcohol or drugs. In this situation, you must inform your client that you cannot have a regular session, and that you will meet at another time, when he or she is sober. You must determine:

1. Is there a friend or relative available to give your client a safe ride home?
2. Will the client be safe after he or she has gone home?
3. If the client does not have a ride, the faculty supervisor or trainee will call a taxi to take him/her home. If the client responds negatively and refuses to wait for the ride, the trainee will inform the client that the police will be called to assist. Then the supervisor will call the Police and inform them that the client is under the influence and intending to drive home.
4. If the client is willing to wait for a ride, the trainee will wait with the client in a counseling room and must assure that the client has safe transportation home.
5. Make your supervisor aware of the situation.
6. Document everything carefully!

FIRE EMERGENCIES (EMERGENCY ACTION PLAN)

Fire: *If you discover or suspect a fire, warn other occupants by knocking on doors and shouting "fire" as you leave the building. Try to rescue others ONLY if you can do so safely. Move away from the buildings and out of the way of the fire department. Don't go back into the buildings until the fire department says it is safe to do so. Dial 911 and give as much information as possible to the operator.*

You may attempt to put out the fire if you have been trained in and are comfortable with using a fire extinguisher. Otherwise, immediately evacuate. Hazardous equipment or processes should be shut down before leaving unless doing so presents a greater hazard. Remember to close all doors.

Evacuate via the nearest exit. After you have left the building, go to a pre-designated assembly point (discuss with faculty supervisor) and remain there. At the assembly point, supervisors account for personnel and report any that are unaccounted for to the Police and/or the fire department.

During any emergency, clients, students and visitors who may not be familiar with this plan must be informed of the requirement to evacuate. Special attention should also be given to persons with disabilities, especially those who are clients, visitors or unfamiliar with the building.

APPENDIX D

Introduction to Session with "Clients"

[You will be meeting the client in the waiting area. Introduce yourself to him/her and offer to shake their hand. You will walk the client to the counseling room.]

1. Thank you again for coming in.
2. I am a counselor-in-training in the masters in counseling program at Regis and this is a class in which we begin to work with clients.
3. There are a few things I need to go over with you before we get started.
    a. Because I am a counselor-in-training, feedback is important to me and the best way for me to get that feedback so I can be a better counselor is to be video-taped.

       Therefore, we're being videotaped. In another room, my supervisor and up to 4 of my classmates will be watching this session so that they can give me feedback on my counseling skills.

    b. We may be interrupted during the session so that I might go into the feedback room for several minutes to receive feedback.
    c. Whoever brought you in will not be viewing our session nor will they be in my feedback session.
    d. After the semester is over, the tapes will be destroyed. The disclosure form and case notes from this session will be placed on file in secure locked files in the MAC program for a period of seven years, after which they will be destroyed.
4. [Confidentiality]
    a. [Code of Ethics] As counselors, my supervisor, my classmates, and I are bound by a code of ethics and therefore everything in this session will be confidential.
    b. [Exceptions] The exceptions to that are if I should become aware that you are in danger of killing yourself or if someone else is in danger of being hurt. In those situations, I am ethically bound to talk with my supervisor so that whoever is in danger may be protected.
5. Let's begin by looking over this information you provided on your Information Form.

Additional Instructions:

- Do not go over 45 minutes – watch for the "doorknob syndrome"
- Walk the client back to the waiting area – DO NOT continue to discuss counseling issues after leaving the counseling room. Also, DO NOT stand around the waiting area or outside of the building chatting.

APPENDIX E
CHILD ABUSE REPORTING

Child abuse is defined as an act or omission that threatens the health or welfare of a child in one of the following ways:

- ***Physical Abuse*** **-** Any non-accidental injury to a child by a parent or caretaker that results in bruises, cuts, burns, bone breaks, or death.
- ***Sexual Abuse*** **-** Any sexual activity between an adult and a child, including sexual assault, pornographic images, exploitation, or prostitution.
- ***Emotional Abuse*** **-** Language or treatment used by a caretaker to make a child feel threatened, unwanted or unloved.
- ***Physical Neglect*** **-** Failure to provide adequate food, clothing, shelter, medical care, or supervision for a child.

Counselors-in-training are mandated reporters of suspected child abuse and/or neglect. The following procedures should be followed when there is suspicion that a child being seen in therapy is being/has been abused, or that a parent/caretaker being seen in therapy is abusing/has abused a child.

If there is suspicion of abuse, but the child in question is not in immediate danger (i.e., if you believe the child will be safe if they are to go home with his or her parents/caretakers), a report of the suspicion must be made via telephone by the next business day after learning of the possible abuse. A case worker will document your call, and Social Services will determine whether to proceed with an investigation.

All reports of child abuse made via telephone must be followed by a written report of the call (Please see the clinic manual for suspected child abuse form). The person placing the call must fill out and send to Social Services a form documenting the report (see child abuse reporting form in the clinic manual or request from the clinic director). The written report is used for documentation purposes only. Therefore, it is important that new information NOT be included in this form. Any new information that is learned subsequent to the initial report must be communicated via a telephone call to the Dept. of Social Services (DSS).

If a Practicum student is unsure of whether information received in a therapy session warrants a child abuse report, he or she may call the Intake Supervisor at DSS to discuss the situation.

In rare cases, a report of abuse is so grave that a student may believe that it is unsafe for a child to go home with parents/caregivers. In such cases, students should call law enforcement and report their concerns. Law enforcement officials will respond and determine whether to place the child in protective custody. If that occurs, the child will immediately be removed from the parent/caretaker and be placed in the custody of Social Services pending an investigation of the report.

APPENDIX F
SUPERVISION OF CHILDREN

To insure the safety of children who are seen at the Counseling Lab and to make sure that others who work near the Counseling Lab will not be disrupted, we ask that you follow these guidelines when bringing your child to the Counseling Lab:

1. Children must be accompanied by an adult at all times except during the child's meetings with counselors.
2. Parents are responsible for waiting with their children in the waiting room until the child's counselor arrives. Children must not be dropped off or picked up outside the building.
3. Children must sit or play quietly while in the waiting room.
4. It is recommended that parents remain in the waiting area until the child's session is over. However, if you must leave for any reason, please inform the child's counselor and return before the session is over. The Counseling Lab staff cannot be responsible for supervising unattended children.

We thank you for your efforts at following the guidelines, as this will create an environment where all children and adults are comfortable. If you have any questions about these guidelines, please speak with a supervisor.

APPENDIX G
Guidelines for Everyone Using the Toys and/or Sandtrays

The therapy rooms are purposefully designed and toys are intentionally selected. Please do not remove toys from one room to use in another room. If a toy is in the collection for one room and you would like to use it in another, please let your instructor or supervisor know; if possible we will purchase the item. If you need to furnish a room because multiple sessions are scheduled, use the portable play therapy kit. Consistency from session to session is an important aspect of play therapy. When you use the "traveling toys" be sure to return everything to so they will remain available.

The therapy rooms should be cleaned and toys put in their proper places after each session. The toys are children's words--they should not need to search in order to find them more than once! The playroom should present an image of order and consistency.

If something needs to be cleaned (e.g., if a child puts something in his or her mouth) please properly sanitize the item and return it to its proper place.

The sand tray figures should only be used in the sandtray area, and only sandtray figures should be used in the sand tray. Other toys should not be used in the sand trays.

When a sand tray is used, please return all figures to their appropriate places before leaving the area. Sand tray items should be placed in their appropriate categories (e.g., domestic animals and family figures).

Under no circumstances should a client enter the room and find toys in the sand tray. This is like leaving a client's file on the table for another client to view.

When something is broken, notify your supervisor or instructor.

The therapy rooms should not be used as a place for children to play while waiting for their parents. If you need to provide a place for children to wait while you confer with their parents, use another room with toys made available for that purpose.

APPENDIX H

Documentation of Clinical Experience Hours: Practicum

Semester Dates: From_____ To _____
Student Name:_____
Site Name_____
Site Supervisor: _____

Week Of **Year** _____																	**Total Hours**
Individual Therapy																	
Group Therapy																	
Subtotal: **Direct Service Hours**																	
Documentation																	
Consultation/ Referral																	
Individual Clinical Supervision																	
Group Supervision																	
Triadic Supervision																	
In-Service/Training																	
Observation																	
Other (specify)																	
Personal Psychotherapy Hours																	
Total Hours Per Week																	

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Faculty Group Supervisor Signature:_____ Date: _____

Faculty Triadic Supervisor Signature_____ Date:_____

Therapist Signature: _____ Date: _____

Student Counseling Skills Evaluation
Faculty Group Supervisor

Name of Student: _____**Date:**_____

Site: _____

Course (Circle One): Practicum: MCPY 693 Internship: MCPY 698A MCPY 698B MCPY 698C

Group Supervisor: _____ **Supervisor's License:** _____

Directions: Evaluations are completed at the mid-term (8 weeks) and at the end of each semester. The student evaluation form can be completed collaboratively with the student and reviewed after completion. Final evaluations should be completed the second to the last week of the semester. The student then submits this form along with the Documentation of Clinical Hours sheet to their Regis faculty group supervisor. Given the site supervisor's evaluation and feedback, the faculty group supervisor confers the course grade and forwards this form along with other paperwork to the Clinical Coordinator. Evaluation scores should be based on current level of progress and competence in the Internship. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

-0- Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.

-1- Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.

-2- Competence is at least at the minimal level necessary for functioning with moderate supervision required.

-3- Competence is above average; trainee can function independently with periodic supervision.

-4- Competence is well developed and trainee can function independently with little or no supervision required.

-N- Insufficient data to rate at this time.

MIDTERM	Communication Skills and Abilities	FINAL
N 0 1 2 3 4	**1.** The student demonstrates the ability to establish relationships in such a manner that a working alliance and safe environment can be created.	**N 0 1 2 3 4**
	2. The student demonstrates therapeutic communication skills including:	
N 0 1 2 3 4	a. Initiating sessions – creating appropriate structure, maintaining timeframe of sessions	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Understanding content – understanding the primary elements of the client's story.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. Understanding context – understanding the uniqueness of the story elements and their underlying meanings.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Non-verbal attending (voice, body posture, proximity & content congruent)	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Conveying accurate empathy & warmth – understanding the client without over-identifying and communicating this experience to the client.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Congruence – genuineness; external behavior consistent with internal affect.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. Reflecting feelings – identifying and responding to feelings in a therapeutic manner.	**N 0 1 2 3 4**
N 0 1 2 3 4	h. Clarification – helps the client deconstruct content and generalizations.	**N 0 1 2 3 4**
N 0 1 2 3 4	i. Use of Probes/Questions – probes and questions have therapeutic intentions that draw client into further understanding, deeper exploration or self-discovery.	**N 0 1 2 3 4**
N 0 1 2 3 4	j. Paraphrasing and summarizing – themes are identified and communicated.	**N 0 1 2 3 4**
N 0 1 2 3 4	k. Appropriate self-disclosure – skillfully and carefully – considered with intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	l. Immediacy – communicating by staying in the here and now.	**N 0 1 2 3 4**
N 0 1 2 3 4	m. Confrontation – challenges are appropriate and respectful.	**N 0 1 2 3 4**
N 0 1 2 3 4	n. Timing – responding or intervening at the optimal moment.	**N 0 1 2 3 4**
N 0 1 2 3 4	o. Intentionality – responding with a clear understanding of therapist's motive and intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	p. Ending sessions smoothly.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3.** The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences effectively.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4.** The student collaborates with the client to establish clear therapeutic goals.	**N 0 1 2 3 4**

N 0 1 2 3 4	**5. <u>Intervention Skills</u>** - showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**6. <u>Consultation Skills</u>** - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs and makes appropriate referrals when necessary.	**N 0 1 2 3 4**
N 0 1 2 3 4	**7. <u>Knowledge Base</u>** - demonstrated good understanding of theories and research in psychology, development, counseling, assessment, and psychopathology	**N 0 1 2 3 4**
N 0 1 2 3 4	**8. <u>Case Conceptualization Skills</u>** - conceptualizes clients concerns from within a coherent and empirically supported theoretical/ treatment model.	**N 0 1 2 3 4**
N 0 1 2 3 4	**9. <u>Assessment Skills</u>** - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and peers as well as integrate intake reports.	**N 0 1 2 3 4**
N 0 1 2 3 4	**10. <u>Diagnostic Skills</u>** - incorporated multiple sources of data; showed sensitivity to client concerns; demonstrated knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**11. <u>Crisis Management</u>** - recognized and handled crises skillfully.	**N 0 1 2 3 4**

MIDTERM	**PROFESSIONAL PRESENTATION AND BEHAVIOR**	**FINAL**
N 0 1 2 3 4	**1. <u>Professional Behavior</u>** - showed readiness and ability to assume responsibilities; initiated opportunities to gain and share skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student conducts self in a professional manner so as to promote confidence in the counseling profession.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student relates to peers, professors, and others in a manner consistent with stated professional standards.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Self Presentation - presented self in a professional manner through appearance/dress, composure, organization, confidence, and desire to help.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Management of Personal Issues in a Professional Manner - manages personal stress, psychological concerns, and emotional reactions so they do not adversely affect case conceptualization, interactions with clients and their families, or relationships with supervisors and other professionals.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Report and Case Notes--completed reports, case, & process notes on time and included relevant information, written in a professional style (clear, succinct, and devoid of unnecessary jargon) and can be used and interpreted by others.	**N 0 1 2 3 4**
N 0 1 2 3 4	**2. <u>Ethical Knowledge and Practice</u>** - demonstrated understanding of and conformed to ethical principles in professional work and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student demonstrates analysis and resolution of ethical dilemmas.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Student demonstrates application of legal requirements relevant to counseling training and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student avoids improper and potentially harmful dual relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3. <u>Maturity and Competence</u>** - The student recognizes the boundaries of his/her competence and limitations of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student takes responsibility for compensating for his/her deficiencies.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student takes responsibility for assuring other's welfare when encountering the boundaries of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student provides only those services and applies only those techniques for which he/she is qualified by education, training and experience.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. The student demonstrates basic cognitive, affective, sensory and motor capacities to respond to others therapeutically.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. The student demonstrates appropriate self-control (such as impulse control or appropriate expression of self) in interpersonal relationships with peers, faculty, and others.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. The student exhibits appropriate levels of self-assurance, confidence and trust in own ability.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. The student follows professionally recognized conflict resolution processes; seeking to informally address the issue first with the individual (s) with whom the conflict exists.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4. <u>Knowledge and Practice of Diversity Issues</u>** – student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student respects the fundamental rights dignity and worth of all people.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student demonstrates an awareness of his/her own belief systems, values, needs	**N 0 1 2 3 4**

	and limitations; and the effect of these on his/her work.	

MIDTERM	USE OF SUPERVISION	FINAL
N 0 1 2 3 4	**Supervisory Involvement** - actively sought supervision, discussed concerns and ideas; came prepared and on time ready to participate actively.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. Demonstrated openness to feedback, and non-defensive approach to supervision.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Shows an ability to integrate feedback given and uses suggestions to improve clinical skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. Feedback to others- Provides clear feedback and is able to work cooperatively with peers.	**N 0 1 2 3 4**

Summary of student's strengths and professional skills:

Summary of issues that need improvement or deficiencies that need attention:

Comments and recommendations:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the Internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the Internship.

Student: _____ *Date:*_____

*Site Supervisor:*_____ *Date:*_____

Student Counseling Skills Evaluation
Practicum: Clinical Site Supervisor

Name of Student: _____**Date:** _____

Site: _____**Course**: MCPY _____

Supervisor: _____ **Supervisor's License:** _____

Directions: Evaluations are completed at the mid-term (8 weeks) and at the end of each semester. The student evaluation form can be completed collaboratively with the student and reviewed after completion. Final evaluations should be completed the second to the last week of the semester. The student then submits this form along with the Documentation of Clinical Hours sheet to their Regis faculty group supervisor. Given the site supervisor's evaluation and feedback, the faculty group supervisor confers the course grade and forwards this form along with other paperwork to the Clinical Coordinator. Evaluation scores should be based on current level of progress and competence in the Internship. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

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Summary of student's strengths and professional skills:

Summary of issues that need improvement or deficiencies that need attention:

Comments and recommendations:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the Internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the Internship.

Student: _____ *Date:*_____

*Site Supervisor:*_____ *Date:*_____

Student Counseling Skills Evaluation
Triadic Supervisor

Name of Student: _____**Date:** _____

Site: _____**Course**: MCPY 692

Triadic Supervisor: _____ **Supervisor's License:** _____

Directions: Evaluations are completed at the mid-term (8 weeks) and at the end of each semester. The student evaluation form can be completed collaboratively with the student and reviewed after completion. Final evaluations should be completed the second to the last week of the semester. The student then submits this form along with the Documentation of Clinical Hours sheet to their Regis faculty group supervisor. Given the site supervisor's evaluation and feedback, the faculty group supervisor confers the course grade and forwards this form along with other paperwork to the Clinical Coordinator. Evaluation scores should be based on current level of progress and competence in the Internship. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

-0- Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.

-1- Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.

-2- Competence is at least at the minimal level necessary for functioning with moderate supervision required.

-3- Competence is above average; trainee can function independently with periodic supervision.

-4- Competence is well developed and trainee can function independently with little or no supervision required.

-N- Insufficient data to rate at this time.

MIDTERM	Communication Skills and Abilities	FINAL
N 0 1 2 3 4	**1.** The student demonstrates the ability to establish relationships in such a manner that a working alliance and safe environment can be created.	**N 0 1 2 3 4**
	2. The student demonstrates therapeutic communication skills including:	
N 0 1 2 3 4	a. Initiating sessions – creating appropriate structure, maintaining timeframe of sessions	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Understanding content – understanding the primary elements of the client's story.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. Understanding context – understanding the uniqueness of the story elements and their underlying meanings.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Non-verbal attending (voice, body posture, proximity & content congruent)	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Conveying accurate empathy & warmth – understanding the client without over-identifying and communicating this experience to the client.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Congruence – genuineness; external behavior consistent with internal affect.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. Reflecting feelings – identifying and responding to feelings in a therapeutic manner.	**N 0 1 2 3 4**
N 0 1 2 3 4	h. Clarification – helps the client deconstruct content and generalizations.	**N 0 1 2 3 4**
N 0 1 2 3 4	i. Use of Probes/Questions – probes and questions have therapeutic intentions that draw client into further understanding, deeper exploration or self-discovery.	**N 0 1 2 3 4**
N 0 1 2 3 4	j. Paraphrasing and summarizing – themes are identified and communicated.	**N 0 1 2 3 4**
N 0 1 2 3 4	k. Appropriate self-disclosure – skillfully and carefully – considered with intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	l. Immediacy – communicating by staying in the here and now.	**N 0 1 2 3 4**
N 0 1 2 3 4	m. Confrontation – challenges are appropriate and respectful.	**N 0 1 2 3 4**
N 0 1 2 3 4	n. Timing – responding or intervening at the optimal moment.	**N 0 1 2 3 4**
N 0 1 2 3 4	o. Intentionality – responding with a clear understanding of therapist's motive and intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	p. Ending sessions smoothly.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3.** The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences effectively.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4.** The student collaborates with the client to establish clear therapeutic goals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**5. Intervention Skills** - showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	**N 0 1 2 3 4**

N 0 1 2 3 4	**6. <u>Consultation Skills</u>** - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs and makes appropriate referrals when necessary.	**N 0 1 2 3 4**
N 0 1 2 3 4	**7. <u>Knowledge Base</u>** - demonstrated good understanding of theories and research in psychology, development, counseling, assessment, and psychopathology	**N 0 1 2 3 4**
N 0 1 2 3 4	**8. <u>Case Conceptualization Skills</u>** - conceptualizes clients concerns from within a coherent and empirically supported theoretical/ treatment model.	**N 0 1 2 3 4**
N 0 1 2 3 4	**9. <u>Assessment Skills</u>** - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and peers as well as integrate intake reports.	**N 0 1 2 3 4**
N 0 1 2 3 4	**10. <u>Diagnostic Skills</u>** - incorporated multiple sources of data; showed sensitivity to client concerns; demonstrated knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**11. <u>Crisis Management</u>** - recognized and handled crises skillfully.	**N 0 1 2 3 4**

MIDTERM	**PROFESSIONAL PRESENTATION AND BEHAVIOR**	**FINAL**
N 0 1 2 3 4	**1. <u>Professional Behavior</u>** - showed readiness and ability to assume responsibilities; initiated opportunities to gain and share skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student conducts self in a professional manner so as to promote confidence in the counseling profession.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student relates to peers, professors, and others in a manner consistent with stated professional standards.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Self Presentation - presented self in a professional manner through appearance/dress, composure, organization, confidence, and desire to help.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Management of Personal Issues in a Professional Manner - manages personal stress, psychological concerns, and emotional reactions so they do not adversely affect case conceptualization, interactions with clients and their families, or relationships with supervisors and other professionals.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Report and Case Notes--completed reports, case, & process notes on time and included relevant information, written in a professional style (clear, succinct, and devoid of unnecessary jargon) and can be used and interpreted by others.	**N 0 1 2 3 4**
N 0 1 2 3 4	**2. <u>Ethical Knowledge and Practice</u>** - demonstrated understanding of and conformed to ethical principles in professional work and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student demonstrates analysis and resolution of ethical dilemmas.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Student demonstrates application of legal requirements relevant to counseling training and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student avoids improper and potentially harmful dual relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3. <u>Maturity and Competence</u>** - The student recognizes the boundaries of his/her competence and limitations of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student takes responsibility for compensating for his/her deficiencies.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student takes responsibility for assuring other's welfare when encountering the boundaries of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student provides only those services and applies only those techniques for which he/she is qualified by education, training and experience.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. The student demonstrates basic cognitive, affective, sensory and motor capacities to respond to others therapeutically.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. The student demonstrates appropriate self-control (such as impulse control or appropriate expression of self) in interpersonal relationships with peers, faculty, and others.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. The student exhibits appropriate levels of self-assurance, confidence and trust in own ability.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. The student follows professionally recognized conflict resolution processes; seeking to informally address the issue first with the individual (s) with whom the conflict exists.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4. <u>Knowledge and Practice of Diversity Issues</u>** – student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student respects the fundamental rights dignity and worth of all people.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student demonstrates an awareness of his/her own belief systems, values, needs and limitations; and the effect of these on his/her work.	**N 0 1 2 3 4**

MIDTERM	USE OF SUPERVISION	FINAL
N 0 1 2 3 4	**Supervisory Involvement** - actively sought supervision, discussed concerns and ideas; came prepared and on time ready to participate actively.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Demonstrated openness to feedback, and non-defensive approach to supervision.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Shows an ability to integrate feedback given and uses suggestions to improve clinical skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Feedback to others- Provides clear feedback and is able to work cooperatively with peers.	**N 0 1 2 3 4**

Summary of student's strengths and professional skills:

Summary of issues that need improvement or deficiencies that need attention:

Comments and recommendations:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the Internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the Internship.

Student: _____ *Date:*_____

*Triadic Supervisor:*_____ *Date:*_____

REGIS UNIVERSITY
Graduate Counseling Division
CLINICAL PRACTICUM SITE EVALUATION BY STUDENT

Please print

Student _____ Degree: MAC MAMFT Date _____

Clinical Site Supervisor _____

Site Name_____

Site Address _____

Regis Faculty Practicum Instructor _____

Supervised Practicum placement from ____/____/____ to ____/____/____.
(mo/day/yr)

Please rate your overall clinical experience at the Supervised Practicum site.
Excellent Good Fair Poor

Would you recommend this placement to other students?

Please rate the clinical supervision received at the placement.
Excellent Good Fair Poor

Please rate the working conditions and atmosphere at the placement.
Excellent Good Fair Poor

Please comment on particular areas of strength or weakness regarding this placement site and clinical experience.

_____
_____
_____
_____

Check any item below which applies to you:

❑ I would like for this information to be placed in the clinical placement binder to be available to future students.

❑ I am comfortable with future students calling me directly to gain information about this site. My phone number/ email is _____.

Student Signature: _____ Date: _____

Appendix I

REGIS UNIVERSITY

Requesting:
□ Individual
□ Couples □ Play Therapy
□ Family □ Child/Adolescent

CPS Counseling Services
CORE Counseling Center

Session Assignment:
Practicum: _____
Instructor: _____

Date of First Session_____

Phone Intake Form

Client(s) Name(s)_____Age(s) _____
_____

Parent Name(s) (if client a minor, if divorce, custody arrangements?) _____

Address _____ City/State/Zip _____
_____

What is the best way to reach you? When? Cell, work, or home phone? (get relevant numbers):

Telephone: Home_____ Cell _____ Work _____

Best Time to Reach: _____

Referred by: _____

Are you currently receiving counseling services with another agency/individual? _____

What concerns do you hope to address with your counselor? _____

_____

_____

_____

_____

If there is a choice, would you prefer: a male or female therapist or no preference? _____

What time of day/day is most convenient for you? _____

Intake Worker: Are there concerns about suicidal ideation, custody, or severe psychopathology? _____

Intake Worker _____

Date of Intake _____

CPS Counseling Services
CORE Counseling Center

Client Information Form

Name _____ Date ____/_____/_____

Home Address_____ City, State Zip_____

Phone number_____ Email _____

DOB_____ Referring Person or Agency_____

Are you a Regis Graduate Counseling student? __No __Yes If yes, please check the following:

___ Fulfilling MCPY 505 Requirement ___ Completing Personal Psychotherapy Requirement

---

Relationship Status:
_____ Single
_____ Married/Living with Partner
_____ Domestic/Civil Union
_____ Separated
_____ Divorced
_____ Widowed
_____ Single Parent

Ethnic Origin:
_____ White/Euro-American
_____ Asian/Asian-American
_____ Black/African-American
_____ Hispanic/Mexican American/Latino(a)
_____ Native American/Indian
_____ International
_____ Biracial
_____ Other: Specify: _____

Previous Counseling:
Name of Agency or Private Therapist:_____

Dates and reasons for therapy in the past_____
_____

Please list any medications you are currently taking:
_____
_____
_____

Please list any medical issues for which you are currently being treated:
_____
_____

Please provide information about your family:

	Name	Age	Occupation
Parent(s)			
Sibling(s)			
Partner/Spouse			
Children			
Other			

_____ My parents are divorced/separated.
_____ I cannot talk to my family about my personal concerns and problems.
_____ My relationship with my family is satisfactory.
_____ My family is not emotionally close.
_____ My family has a history of:

_____ Counseling
_____ Alcohol or drug addiction
_____ Abuse
_____ Poor communication
_____ Hospitalization
_____ Depression
_____ Eating disorders
_____ Suicide
_____ Other _____

The following are common concerns of individuals coming to counseling. Please check all that apply to you. This will help us serve you better. Answer as honestly as possible. You may discuss your answers in detail with your counselor.

Currently I live: _____ Alone _____ With roommate _____ With spouse/partner _____ With child(ren)

_____ I am not happy with my living arrangements
_____ I am satisfied with these arrangements

_____ I do not have close friends I can talk to about personal issues.

Do you currently drink alcohol? Please describe how often and how much you drink:

_____
_____
_____

Please list non-prescribed drugs you are currently taking as well as the quantity and frequency of use:

_____
_____
_____

The following have resulted from my use of alcohol/drugs:

_____ Traffic ticket/violation
_____ Ruined a relationship
_____ Black outs
_____ Fight with a friend
_____ Academic problems
_____ Disciplinary action
_____ Other _____
_____ I have been in trouble with the legal system.

Are you concerned about your drug/alcohol use?_____
Are your friends or family concerned about your drug/alcohol use?_____

Please check all that apply:

_____ My social/dating life is not satisfactory.
_____ There are sexual concerns I'd like to discuss.
_____ I have had an unwanted sexual experience.

_____ I am dissatisfied with my personal appearance.
_____ I have tried to control my weight with:
- _____ Vomiting
- _____ Not eating
- _____ Diuretics
- _____ Laxatives
- _____ Excessive exercise
- _____ Diet pills
- _____ Other _____

_____ I have had problems recently with the following:
- _____ Sleeping
- _____ Headaches
- _____ Anxiety
- _____ Concentration
- _____ Anger
- _____ Appetite
- _____ Weight loss/gain
- _____ Mood shifts
- _____ Depression

_____ I do not handle stress well.
_____ I have difficulty expressing my emotions
_____ I often get extremely angry.
_____ At times I have acted in a violent manner
_____ I am having academic or work problems
_____ I have suffered a recent loss
- _____ Death
- _____ Relationship ending
- _____ Job loss
- _____Dramatic change in your health

Have you ever felt like or tried harming yourself (past or present)? Please explain:
_____
_____
_____

Have you ever felt like or tried harming others (past or present)? Please explain:
_____
_____
_____

What would you like to accomplish in counseling?

1. _____

_____

2. _____

_____

3. _____

_____

CPS Counseling Services
CORE Counseling Center

Couples and Family Therapy
Client Intake Information

Date: _____

Family Name(s):_____

Address 1: _____

Address 2: _____

Home Phone:_____ Work Phone:_____

Reasons for seeking Family Counseling at this time:_____

_____

_____

Family Members

Name	Relationship (i.e., mother, father, son, etc.)	Age	Date of Birth	Education	Employment

Significant health related issues and medication

Family Member	Health Issue	Duration	Medication

Regis University
CPS Counseling Lab at Interlocken
CORE Counseling Center at Colorado Springs

Clinician Psychosocial Summary

Client:_____ **Date of Intake:_____**
Therapist:_____ **Supervisor: _____**

Clients age:_____ Gender:_____ Marital Status:_____ Ethnicity:_____

Presenting Problem (description of current complaint, details about symptoms, history of problem):

Psychiatric History (previous counseling, treated for what complaint, any past or present psychiatric medications, psychiatric hospitalizations):

Medical History (any current or past medical diagnosis, medications, or current medical concerns):

Family of Origin History (description of family of origin and current relationship with siblings, parents, extended family; history of mental illness, addiction, or abuse):

Social History: Immediate family and social relationships (description of history of social and intimate relationships, marriage or partnerships, children, and social support system):

Educational and Work History (history of experience in school and work):

History of Drug/Alcohol Problem (current and past):

Lethality Issues
History of self-harm: current or past suicidal ideation and behavior:

History of harm toward others: current or past ideation or acts of harming others:

Referral for Services:
_____ Continue treatment at CPS Counseling Lab/CORE Counseling Center

_____ Referral made to outside agency: _____
_____
_____
_____

_____ _____
Therapist-in-Training Date

_____ _____
Practicum Instructor Date

**PROFESSIONAL DISCLOSURE AND
CLIENT RIGHTS STATEMENT**

CPS Counseling Services
11001 W. 120th Ave, Suite 150, Broomfield, CO 80021
303-964-5786

CORE Counseling Services
7450 Campus Drive, Suite 100, Colorado Springs, CO 80920
719-264-7027

I am a master's level counselor-in-training enrolled in Practicum. Among requirements for this course is a series of **45 minute** counseling sessions, which I will record for use during individual and group supervision. Our sessions may be viewed as it occurs (via one-way mirror or video feed) by my supervisor and other counselors-in-training enrolled in practicum with me. After our sessions, I will review the recordings with my supervisor and course colleagues, and the recordings will be destroyed by the end of the semester. I may also prepare a verbatim transcript that will provide another opportunity for me to improve my counseling skills. [***For MFT: During our session, I may take a break or receive a call from the "team" behind the mirror***].

You are entitled, to receive information from myself (or my supervisor) about the methods of therapy, and the techniques used. Our therapy will take place at the same time weekly during the16-week semester. Near the end of the semester, we will discuss termination, referral(s), and/or continuing at the LAB next semester with a different therapist. You can seek a second opinion from another therapist or terminate therapy at any time.

My supervisor and fellow counselors-in-training will regard everything you say or reveal during sessions in a professional manner. However, because of the nature of this experience, the limits of confidentiality typically assured for clients will be broadened to include my supervisors and fellow counselors-in-training. We would be unprofessional if any of us discussed the interaction with any person outside of our class group. Additionally, in a professional relationship (such as ours) sexual contact between client and therapist is never appropriate and is illegal in the state of Colorado. It should be reported to the Department of Regulatory Agencies (see contact information below).

Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and cannot be disclosed without your written consent. There are certain legal exceptions to confidentiality that may include, but is not limited to, a court order or subpoena. I am required to:
1) Report any suspected incident of child abuse or neglect to law enforcement;
2) Report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened;
3) Evaluate and seek immediate treatment for a client who is imminently dangerous to self or to others, or who becomes gravely disabled, as a result of a mental disorder or a medical condition
e) Only authorized persons will have access to your records. If you return to the clinic for future counseling, your records may be reviewed by the new trainee and her or his supervisor. At the completion of your counseling, these records will be summarized and filed in the School for seven years, after which they will be destroyed.
Please also review the following:
The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A 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, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

EMERGENCIES: The Counseling Lab operates as a training facility. No emergency services are available at the Counseling Lab.

FEE AND PAYMENT POLICY: No fees will be collected for counseling services through the Counseling Lab.

CANCELLATION POLICY: **If you need to cancel an appointment, please call CPS Counseling at (303) 964-5786 or CORE Counseling at (719) 264-7027 at least 24 hours in advance and ask to leave a message for your particular counselor.**

I have read the preceding information and understand my rights as a client and acknowledge that I have received a copy of this Disclosure Statement.

_____
Client (*print name*)

_____ _____
Client Signature (Parent or Legal Guardian) Date

_____ _____
Counselor-in-Training (*print name*) Degrees/Licenses

_____ _____
Counselor-in-Training Signature Date

_____ _____
Faculty Supervisor (*print name*) Degrees/Licenses

_____ _____
Faculty Supervisor Signature Date

Graduate Counseling Program
CPS Counseling Services
CORE Counseling Services

Consent to Treatment for Minor Child

Print legal name of minor child here: _____

I, _____, as parent or guardian of my minor child, hereby affirm that I have been assigned parental responsibilities to consent for health care by the state of Colorado for my minor child and I hereby give consent for my child to receive counseling by a graduate student in training at Regis University.

I understand that only the therapist, supervisor(s) and other students in his/her class will know the information learned during the course of therapy. (Please read Patient Rights Form for exceptions.) Furthermore, I understand Regis University is under no obligation to release any information related to my child's therapy to other persons or agencies.

I understand that the student conducting this therapy will be doing so under the supervision of his/her professor, and that to facilitate this supervision, therapy sessions with my child and collateral sessions with me will be videotaped.

I understand that when parents or unmarried or divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore in compliance with C.R.S § 14-10-123.8, you authorize the graduate student in training to provide access to treatment information to such an individual by authorizing me to provide services to a child in your custody.

I was informed during the initial intake and I understand that Regis University student counselors and supervisors DO NOT agree to testify in court. If you are involved in a divorce or custody litigation, you need to understand that the role of the graduate student counselor in training is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call the student counselor assigned to you and your family as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans. (Adapted from Lane, 2009).

_____ _____
Parent or Guardian Signature Date

_____ _____
Witness Date

REGIS UNIVERSITY
NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
This notice is effective on April 14, 2003

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (PROTECTED HEALTH INFORMATION) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. During the process of providing services to you, the **CPS Counseling Services** (if receiving counseling through Regis University, Broomfield) or, **CORE Counseling Services** (if receiving counseling services through Regis University, Colorado Springs), will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this Notice.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION.

A. General Uses and Disclosures Not Requiring the Clients Consent. **CPS Counseling Services or, CORE Counseling Services** will use and disclose protected health information in the following ways:

- **Treatment**. Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, **CPS Counseling Services or CORE Counseling Services** therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals or their staff concerning services needed or provided to you,
- **Payment**. Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, **CPS Counseling Services or CORE Counseling Services** and other health care professionals will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment of health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
- **Health Care Operations**. Health Care Operations means activities undertaken by health insurance companies, businesses that administer health plans, and companies that review bills for health care services in order to process claims for health care benefits. These functions include management and administrative activities. For example, such companies may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning and accreditation, certification, licensing, and credentialing activities.
- **Contacting the Client**. **CPS Counseling Services or, CORE Counseling Services** may contact you to remind you of appointment and tell you about treatments or other services that might be of benefit to you.

- **Required by Law. CPS Counseling Services or, CORE Counseling Services** will disclose protected health information when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is legal duty to warn of a threat that a client has made of imminent physical violence, healthcare professionals are required to notify the potential victim of such a threat and report it to

law enforcement; (d) when a client is imminently dangerous to herself/himself for others, or is gravely disabled, healthcare professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (e) when required to report a threat to the national security of the United States.

- **Health Oversight Activities**. Your confidential, protected health information may be disclosed to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.
- **Crimes on the Premises or Observed by CPS Counseling Services or CORE Counseling Services** personnel. Crimes that are observed by **CPS Counseling Services or CORE Counseling Services**, staff that are directed toward staff, or occur on **CPS Counseling Services or CORE Counseling Services** premises will be reported to law enforcement.
- **Business Associates.** Confidential healthcare information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
- **Research**. Protected health information concerning you may be used with your permission for research purposes if the relevant provisions of the Federal HIPPA privacy regulations are followed.
- **Involuntary Clients**. Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payors, and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.
- **Family Members**. Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonable inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However if the client objects, protected health information will not be disclosed.
- **Emergencies**. In life-threatening emergencies, **CPS Counseling Services or CORE Counseling Services**, staff will disclose information necessary to avoid serious harm or death.

B. Client Release of Information or Authorization. CPS Counseling Services or CORE Counseling Services, and other healthcare professionals may not use or disclose protected health information in any way without a signed release of information or authorization. When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent that **CPS Counseling Services or CORE Counseling Services** has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information. You have the right to receive a summary of confidential health information concerning you with regard to mental health services needed or provided to you. There are some limitations to this right, which will be provided to you at the time of your request, if such limitation applies. To make this request, ask **. CPS Counseling Services or CORE Counseling Services** staff for the appropriate request form.

B. Amendment of Your Record. You have the right to request that **CPS Counseling Services or CORE Counseling Services** or your healthcare professionals amend your protected health information. **CPS Counseling Services or CORE Counseling Services** is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask **CPS Counseling Services or CORE Counseling Services** for the appropriate form.

C. Accounting and Disclosures. You have the right to receive an accounting of certain disclosures **CPS Counseling Services or CORE Counseling Services** has made regarding your protected health information. However, that accounting does ot include disclosures that were made for the purposes of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, as **CPS Counseling Services or CORE Counseling Services** staff for the appropriate request form.

D. Additional Restrictions. You have the right to request additional resources restrictions on the use or disclosure of your health information. **CPS Counseling Services or CORE Counseling Services** do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask **CPS Counseling Services or CORE Counseling Services** staff for the appropriate request form.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from **CPS Counseling Services or CORE Counseling Services** by alternative means or at alternative locations. For example, if you do not want **CPS Counseling Services or CORE Counseling Services** to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of requests, which will be provided to you at the time of the request process. To make a request, ask **CPS Counseling Services or CORE Counseling Services** staff for the appropriate request form.

F. Copy of This Notice. You have a right to obtain another copy of this notice upon request.

III. ADDITIONAL INFORMATION

A. Privacy Laws. CPS Counseling Services or CORE Counseling Services. Is required by state and federal law to maintain the privacy of protected health information. In addition, **CPS Counseling Services or CORE Counseling Services** is required by law to provide clients with notice of tis legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.

B. Terms of the Notice and Changes to the Notice. CPS Counseling Services or CORE Counseling Services is required to abide by the terms of this notice, or any amended notice that may follow. **CPS Counseling Services or CORE Counseling Services** reserves the right to change the terms of its notice and to make the new notice provision effective for all protected health information that maintains. When the notice is revised, the revised notice will be posted in service delivery sites and will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe **CPS Counseling Services or CORE Counseling Services** has violated your rights, you have the right to complain to **CPS Counseling Services or CORE Counseling Services** owners concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515 HHH Bldg. Washington, D.C. 20201. It is the policy of **CPS Counseling Services or CORE Counseling Services** that there will be no retaliation for your filing such complaints.

D. Additional Information. If you desire additional information about your privacy rights at **CPS Counseling Services or CORE Counseling Services** please ask us any questions that you may have.

IV. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

A. The confidentiality of alcohol and drug abuse patient records maintained by **CPS Counseling Services or CORE Counseling Services** is protected by federal law and regulations. Generally the program

may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation

B. Violation of the Federal Law and Regulations by a Program is a Crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

C. Federal law and Regulations to not protect any information about a crime committed by a patient either at the program or against any person who words for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a client to commit imminent physical violence against another person to the potential victim who has been threatened and law enforcement.

D. Federal law regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Practicum Coordinator
Graduate Counseling Division
College for Professional Studies
Regis University
11001 W. 120th Ave, Suite 150
Broomfield, CO 80021

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)

Client Acknowledgment of Receipt of Privacy Practices
(You may refuse to sign this acknowledgment)

I/We _____ have received a copy of **CPS Counseling**
(First) (Last)

Services or CORE Counseling Services Notice of Privacy Practices with an effective date of April 14, 2003. I understand these disclosures. I have received a copy of this Disclosure Statement and Notice of Privacy Rights.

Name of patient(s) or parent/guardian of minor child:

_____ _____
(First) (Last)

Address of client(s): _____
(Street Address)

_____
(City) (State) (Zip Code)

Signature of Client(s) or Personal Representative:
_____

_____
Print Name of Client(s) or Personal Representative Authority

_____
Description of Personal Representative's authority and attach document evidencing authority, such as a Power of Attorney

Name of Witness (please print) :
_____ _____
(First) (Last)

Signature of Witness: _____

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Client/Individual refused to sign (Date of refusal) _____/ _____ / _____
- Communication barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other
  _____

An attempt was made by _____ Date: ____ /_____ / ____

REGIS UNIVERSITY

CPS Counseling Services
CORE Counseling Center

Authorization For Disclosure of Protected Health Information (D-PHI) & Request for Confidential Communication

I, _____ _____ hereby authorize
Name of Client(s) DOB

☐ CPS Counseling Services	11001 W. 120th Ave Suite 150	Broomfield, CO	80021
☐ CORE Counseling Center	7450 Campus Drive, Suite 100	Colorado Springs, CO	80920

AND _____ _____ _____ _____
Agency Name Address City Zip

_____
Contact Person

To Release the Following Information: (Check all that apply)

☐ Summary of Progress ☐ Evaluation/Assessment ☐ Attendance / Participation/ Progress
☐ Termination Summary ☐ Service Plans ☐ Other:

For the Purpose of:

☐ Treatment (Internal & External) ☐ Operations (Administrative) ☐ Payment (Reimbursement)
☐ Other (Indicates HIPAA Authorization, use only when necessary)
Specify:

Periods of Treatment: ☐ All Treatment Episodes ☐ Current Treatment Episode
☐ Specific Treatment Episode: Begin Date: _____ End Date:_____

If the purpose of this disclosure is marked as "Other" whether or not Treatment, Payment or Operations are checked, then this is a HIPAA Compliant Authorization and CPS COUNSELING SERVICES or CORE COUNSELING CENTER must provide me a copy.

I understand that my records or those of the individual listed above are protected under state and federal Mental Health confidentially regulations including 42CFR Part 2. Information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release form may be sent to the agencies and persons identified above. Copies of this form may be used in lieu of the original.

I understand there is potential for information disclosed as a result of this release/authorization to be re-disclosed by the recipient and therefore no longer protected by the HIPAA Privacy regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken based upon it. This consent expires and cannot be used past the indicated date or event.

Expiration Date: _____
Not more than one year

X _____ _____
CLIENT(S) SIGNATURE Date

_____ _____ _____
Parent, Guardian or Authorized Representative Relationship Date

Clinician Signature: Date

Consent revoked: _____ _____
Client(s) Signature Date

FAX COVER SHEET

******CONFIDENTIAL FACSIMILE++++**

THIS FACSIMILE CONTAINS INDIVIDUALLY IDENTIFIABLE PATIENT HEALTH INFORMATION. THE USE AND DISCLOSURE OF INFORMATION CONTAINED IN THIS FAX IS RESTRICTED BY THE HEATLH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND IS PROTECTED UNDER THE PRIVACY ACT OF 1974. IT IS INTENDED FOR THE USE OF THE ADDRESSE(S) IDENTIFIED BELOW. THIS FAXED MATERIAL MUST BE DESTROYED APPROPRIATELY WHEN ITS USE IS NO LONGER REQUIRED, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT(S) OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE ATTACHED INFORMATION TO THE INTENDED RECIPIENT(S), PLEASE NOTE THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. ANYONE WHO RECEIVES THIS COMMUNICATION IN ERROR SHOULD NOTIFY REGIS UNIVERSITY IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS ON THIS COVER SHEET VIA U.S. MAIL.

Name of Practice

Regis University
Graduate Counseling Division

CPS Counseling Services	CORE Counseling Center
Telephone #: 303-964-5786	719.264.7027
FAX #: 303-635-1363	719.264.7095

TO:	**FROM:**
Recipient: _____	Sender: _____
Fax Number: _____	Sender's Signature: _____
Telephone Number: _____	Sender's Phone Number: _____
No. of Pages (Including Cover) _____	Patient's Name: _____
Date of Transmission: _____	

Individual Practicum Client Treatment Plan

Counselor: _____ Faculty Supervisor: _____

Treatment Plan Date: _____

Client Information:

Last Name: _____ D. O. B. _____

First Name: _____ Gender: _____

If Minor, Parent(s) Name: _____

Initial Session Date: _____

DSM-IV Multi-Axial Diagnosis

Axis I (Primary) _____ _____
Axis I (Secondary) _____ _____
Axis II _____ _____
Axis III _____ _____
Axis IV _____ _____
Axis V (GAF Current) _____ _____

SYMPTOMS	GOALS/DIRECTIONS	PLANNED INTERVENTIONS

_____ _____

Counselor Signature Date Supervisor Signature Date

For each client's file, staple <u>on inside left</u> flap of folder

CLIENT CONTACT FORM

CLIENT: _____ COUNSELOR: _____

SEMESTER/YEAR: _____/_____ SUPERVISING FACULTY: _____

PHONE #: _____

Note all clinical contacts, and services (e.g., phone contacts, sessions, consultations, tests).

Date	Type of Contact	Contact

CLIENT CASE NOTES

Client's Name(s):_____ Page #:_____

Counselor's Name:_____ Supervisor's Name:_____

Date:	**Length**:	**Type**: Individual	**Payment**:
"SOAP" Notes:			
S: **Summary** • What was said & done from the client's perspective. • Themes • Reported symptoms			
O: **Observations** • Speech • Affect • Behaviors • Observed symptoms			
A: **Assessment** • Of the client • Major concerns • Changes since the last session • Interventions used			
P: **Plan** • To achieve treatment goals • Future directions • Homework • Date of next session			
Counselor's Signature:		Date:	
Supervisor's Signature:		Date:	

Graduate Counseling Division
CPS Counseling Services
CORE Counseling Services

Group Progress Notes

Name of Group:_____ **Client Name**_____

Significant Client Themes: _____

_____

_____

_____

Emotions Expressed by Client: Sadness_____ Regret_____ Anger_____ Shame_

Happiness_____ Satisfaction _____ Fear_____ Loneliness_____ Rage_____

Confusion_____ Isolation_____ Other(s)_____

As Evidenced By (specific statements or actions):_____

_____

_____

_____

Outcomes of Tasks or Techniques: _____

_____

_____

_____

Additional Information:_____

_____

_____

_____ _____

_____ _____

Graduate Clinicians **Supervisors and Faculty**

Verification of Counseling Services

The hours that students accrue as a client at CORE or CPS Counseling Services can be used to meet the 20 hour personal psychotherapy requirement of the Graduate Counseling Division. Please use this form to track your client hours. At the end of each semester, turn this form into your counselor for all needed signatures and keep a copy for your own records. If you are participating as a client as a requirement for MCPY 505 you will be required to turn in a copy of this sheet to your instructor. If you are not participating as part of a class, then you still need to use this form to account completed hours. This form can also be used to document hours completed with a licensed therapist outside CORE or CPS Counseling Services.
You may submit all documentation for the personal psychotherapy requirement to your faculty instructor once in Practicum or Internship.

This is to verify that _____ has received the following services at the Regis University CORE or CPS Counseling Services or through a licensed private practitioner: (check all that apply):

☐ Individual Counseling ☐ Group Counseling ☐ Couples or Family Counseling

Documentation of Client Experience Hours

Student's Name:_____

Dates: From_____ To _____

Course number and title (if part of a course requirement): _____
Course Instructor's Name_____

Session Dates **Year** _____																	**Total Hours**

Student Signature: _____ Date: _____
Practicum Counselor Signature: _____ Date:_____
Faculty Group Supervisor Signature: _____ Date:_____
Or

Licensed Therapist Signature: _____ DORA#_____ Date: _____

You may submit all documentation for the personal psychotherapy requirement to your faculty instructor once in Practicum or Internship.

<u>Keep a copy of this sheet for you own records.</u>

LIFE PLEDGE

I, _____agree not to kill, harm, or injure myself or anyone else in any manner and under any circumstances. Furthermore should I become depressed or feel hopeless, or feel worried about my ability to care for myself at any time of day or night I will speak with the following people (including crisis phone lines (24 hour crisis line: 1-800-273-8255) or will admit myself to a hospital where I will be safely cared for).

People with whom I can talk to and will contact are:

NAME:	RELATIONSHIP:	PHONE #:

_____ _____

Date Client's Signature

_____ _____

Date Counselor's Signature

CONFIDENTIAL
Suspected Child Abuse Reporting Form
Regis University
Graduate Counseling Program
CPS and CORE Counseling Services

Call to Social Services: _____ _____ _____ _____
Date Time Person Taking the Report Agency

Call to Law Enforcement: _____ _____ _____ _____
Date Time Person Taking the Report Agency

Name of Child: _____Date of Birth_____ Sex_____

Address: _____ Grade: _____

Parent(s)/Guardian:
_____

Parent(s) Address: _____Home Phone:_____

Parent(s) Place of Employment: _____Work Phone: _____

Sibling(s) & Birthdates:_____
_____

Did reported abuse occur at a child care center: Yes No
If not, where did the reported abuse take place? _____

REFERRAL CONCERN:

Dislocation/Sprains	Lack of Supervision	Educational Neglect
Twisting/Shaking	Abandonment	Physical Neglect
Malnutrition	Burns/Scalds	Sexual Abuse
Exposure to Elements	Medical Neglect	Cuts/Bruises/Welts
Emotional Maltreatment	Other	

1. Describe visible injuries:_____
_____
2. Describe the child's account of how the incident occurred: _____
_____
3. Note any previous suspected abuse reports that you have made on the child or siblings:_____
_____
4. Note any other information the child may have disclosed:_____
_____
5. Note any special needs (e.g. interpreter):_____
_____
6. Note actions taken by the reporting source (if known):_____
_____

PERSONS MAKING THE REPORT:

Graduate Clinician: _____ _____Date: _____
Please Print Name Signature

Faculty Supervisor: _____ Date: _____
Please Print Name Signature

TERMINATION SUMMARY RECORD
Regis University
Graduate Counseling Program
CPS and CORE Counseling Services

Names(s): _____ Date: _____

Parent or Guardian (if minor client):_____ Date of Birth: _____ Age: _____

Address: _____ Telephone: (_____)_____

City/State/Zip: _____ Gender: _____

Reason(s) for Service: _____

Referral Source (if applicable): _____

Total # of Sessions: _____ Date of First Session: _____ Date of Last Session: _____

List of all sessions by date:_____

Types of Services: Individual Counseling Family/Couples Counseling Group Counseling

Play Therapy Other _____

Summary of Major Themes of Treatment: _____

Status of Client at the Close of Treatment:_____

Reason for Termination: _____

Referrals and Consultation:

Date	Name	Purpose	Outcome (if known)

Test Administration:

Date	Test	Administered by

Written Reports (e.g. assessment/testing, intervention plan, consultation, child abuse reporting):

Date	Name and Address of Report Recipient	Substance of Report

Checklist of Enclosures: Mandatory Disclosure Statement Written Reports Release(s) of Information
HIPAA Case Notes Additional Supporting Data (please specify) _____

*Confidential Client Records are maintained for a period of seven (7) years commencing on the date of termination of psychotherapy services per American Counseling Association's Ethical Standards. After seven (7) years, records are destroyed.

Graduate Clinician: _____ _____ Date: _____
Please Print Name Signature

Faculty Supervisor: _____ _____ Date: _____
Please Print Name Signature

Practicum Case File Organization

Staple client contact form on inside left side. Be sure it is complete.

Organize file as follows: Paper clip together the following 'Intake Information': Phone intake, 3-page client information form (or any other intake as is appropriate for your particular child, family, couple or group Practicum). Place face up on the right side of the file folder.

Paper clip the 'Informed Consent and other reports' together: client rights statement, HIPAA forms, disclosures (D-PHI), and other paperwork including letters from outside agencies, child abuse reports, etc. Place these behind the Intake Information material.

Paperclip the Case Notes together. File in reverse chronological (or 'stratagraphic') order, genograms, drawings, etc. that would be part of the client case records. Place behind the Informed Consent forms

Remove other non-relevant documents from your folder such as the feedback from others, your rough draft notes, sketches, doodles, etc. Be sure to shred any material containing confidential information.

The Termination Summary will go on top of all other paperwork when the file is ready to close. You must complete the Termination summary even if you plan to transfer the client another Practicum in the department. Please be sure to check all relevant items. Please be sure that the student prints, then signs, and dates the form. The faculty member (not the graduate assistant) must review the file in its entirety, print their name, sign and date the Termination Summary.

Please ask the Practicum Coordinator if you have any questions.

Thank you.

Learning Contract: Practicum

Community Agency Group Experience

MCPY 692/693

Together with your site supervisor, please complete this Learning Contract. Hand in this documentation to your Practicum Instructor within two weeks of the beginning of placement. Note: you must complete a minimum of 20 hours of group client contact during Practicum

Student Name: _____

Student Address: _____

Student Telephone: _____ Student ID #:_____

Goals and Outcomes:
Please include areas of training that will be the focus of this Practicum. These will be determined with the site supervisor.
(Examples: I will co-facilitate the Parenting Group for ten weeks; I will complete case notes for all Parenting Groups.)
1.

2.

3.

4.

5.

6.

Clinical hours to be completed this semester: _____ Semester:_____ Year:_____
Beginning Date: _____ Completion Date: _____
Month/Day/Year Month/Day/Year
Site Name: _____
Site Supervisor:_____ Degree: _____
License and Number:_____
Site Address:_____
Site Telephone: _____ Site Fax:_____

Signatures:
Student: _____Date: _____
Site Supervisor: _____ Date: _____
Faculty Group Supervisor: _____Date: _____

INTERNSHIP

INTERNSHIP DESCRIPTION

Course Overview for Internship

You will be registered by the Clinical/Lab Assistant for one class

(MCPY 698A, B, or C) which includes:

- Approximately 15-20 hours per week at an approved clinical Internship site
- Regis Group Supervision- This class meets for 3 hours every other week during week-day hours with a Regis faculty and 6-10 Regis student interns

LINK to Approved Clinical Sites

Regis University Graduate Counseling Division
MAC Internship Requirements

A total of 600 hours is required in the clinical placement (two semesters, which is 32 weeks of clinical placement).

Direct Service

A minimum 240 direct contact hours is required in Internship. The student is expected to complete 120 hours in each semester. The following activities are considered direct service:

- Individual counseling
- Group counseling - facilitation or co-leadership
- Child/Adolescent/Couples/Family counseling or co-leadership
- Psychodiagnostic intake and assessment
- Crisis counseling
- Treatment team facilitation of clinical sessions

Non-direct Activities

Non-direct activities are counted to complete the 600 hour requirement. They include the following:

- Orientation
- Training/In-service
- Agency Staff meetings
- On-site individual supervision
- On-site group supervision, if it is offered
- Regis group supervision
- Regis individual/triadic supervision during Practicum only
- Case consultation and referral
- Administrative paperwork and documentation
- Clinical observation
- Program evaluation
- Personal psychotherapy hours (up to 50 may be counted)
- Up to 20 hours on Capstone preparation
- Up to 20 hours study for NCE exam if taken at the Regis campus

Inappropriate Activities

In a Regis clinical placement, it is inappropriate for Regis counseling students to engage in any of the following activities:

- Child care or babysitting of clients' children
- General filing and clerical activities as a primary task
- Receptionist or secretarial roles as a primary task
- Providing services to clients after agency hours with no supervisor on site

Licensed Site Supervisors and Weekly Supervision

Sites are expected to employ or have contractual agreements with licensed professionals (Licensed Professional Counselors, Licensed Psychologists. Licensed Marriage and Family Therapists and/or Licensed Clinical Social Workers), who will act as supervisors with our students. Students are required to have a minimum of one hour per week of face to face clinical supervision with their primary supervisor who maintains active licensure status. Supervisors may supervise no more than two students at once (triadic supervision) when necessary.

Appropriate Disclosure Forms and Releases

Clinical sites are expected to provide the appropriate disclosure forms and releases for the student's use with their clients. The form should disclose the student's intern status and also request permission to audiotape or videotape for training purposes.

American Counseling Association (ACA) Code of Ethics

Our students are being trained under the ACA Code of Ethics and are expected to follow this code of ethics throughout their clinical training.

Appendix A
Internship Application and Requirements

In order to be admitted to clinical placement, a student must do the following:

- **If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.**
- Be completely familiar with the Clinical Requirements as described in this manual.
- Successfully complete all pre-requisite courses with a grade of B- or higher.
- Submit an Internship Application to the Clinical Assistant by the designated deadline
- Acquire passing scores on any given Student Performance Evaluations (SPE). Any zero score will require some type of remediation.
- Secure Internship placement at a Regis approved clinical site
- Avoid any potential dual relationships at the clinical site (e.g., working for employers, family members, friends, interning at the same site where you work)
- Not expect money for interning nor be charged by the agency for supervision

Students are registered for MCPY 698 Internship Supervision by the program's Clinical Assistant and will not qualify for registration when the following conditions exist:

- Placement has not yet been confirmed by the clinical site
- The clinical site cannot offer supervision with a licensed clinician (LPC, LCSW, LMFT, Licensed Psychologist), who has had at least two years' experience working in areas s/he will be supervising
- Students are not assured that a clinical professional will be onsite whenever the student is working with clients during the Internship semester(s)
- Regis does not have a current legal contract with the clinical site

While in placement a student must do the following:

- Complete a minimum of 600 clinical hours spread out over a minimum of two Internship semesters.
- Attend all required Regis Group Supervision sessions throughout a minimum of two Internship semesters and successfully complete the requirements of each semester's work (see Syllabi for MCPY 698 online).
- Register for an additional semester (MCPY 698C) if requirements have not been met in two Internship semesters of placement.
- Keep the Regis Clinical Assistant and Clinical Faculty informed of any issues or changes at the clinical site, especially any issues related to program requirements.
- Discuss any potential "Incomplete" or interruptions in clinical placement with the Faculty Internship Group Supervisor.

REGIS UNIVERSITY
College for Professional Studies
Graduate Counseling Division

Master of Arts in Counseling
Internship Application

Indicate your Preferred Days and Times for Internship Supervision*

Please refer to Web Advisor for available course offerings
*Denver/Broomfield Only

1.

2.

3.

Application Deadlines (please check)**:**

___**Fall Semester:** **July 1**
___**Spring Semester:** **November 1**
___**Summer Semester:** **March 1**

Early submissions will be processed immediately. Approval for Internship will follow Practicum Faculty Evaluations. Unlike Practicum, Internship group supervision placements are based on clinical site location.

Submit completed applications packet to:

Denver applicants
Erik Petersen, Clinical Administrative Coordinator, Interlocken Campus, 11001 W. 120th Ave., Suite 150, Broomfield, CO 80021 or Email all application materials in pdf format to peter206@regis.edu.

Colorado Springs applicants
Patti Diffee, Clinical/ Lab Assistant, CORE Counseling Lab, 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffe886@regis,edu

CAMPUS: ☐ Denver ☐ Colorado Springs

DEGREE: MAC

CERTIFICATE: ☐ Transformative ☐ Child & Adolescent ☐ Marriage & Family ☐ Military Families ☐ None

Student's Name: _____ **ID#(req'd)**_____
Mailing Address: _____
City:_____State_____Zip_____
Phone: H (___)_____W (___)_____ Cell (___) _____
Regis Email Address:_____

Current Employer Name: _____
Employer Address: _____
Position Held: _____ Supervisor Name: _____
Do you plan to continue employment: _____

Pre-requisite Courses Completed	**Year/Semester**	**Grade** (if completed)
Groups: Process & Counseling	_____	_____
Counseling Techniques I	_____	_____
Counseling Techniques II	_____	_____
Practicum 692	_____	_____
Practicum 693	_____	_____

Proposed Internship Site:

Agency Name: _____Program:_____
Agency Address:_____
Contact Person: _____Phone_____
Email Address:_____
On-site Supervisor: _____Phone_____
Email Address:_____

Degree/licensure: _____ Expires: (See DORA)_____

Types of Clients You Will Work With:
_____
_____

New requirements for placement at specific Practicum & Internship sites **where children and adolescents are the primary population** effective January 1, 2010.

One of the following courses must be taken prior to or concurrently with Practicum:

d. MCPY 668 - Play in Family Therapy,
e. MCPY 678 – Introduction to Play Therapy
f. MCPY 677 - Counseling Children & Adolescents

- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Proposed Internship Site Schedule (include days/ times if known):_____
_____

Please note any employment related day/time conflicts that must be avoided when being scheduled for an internship supervision group:_____

Beginning Date: (must start at beginning of a semester)_____

Student Liability Insurance Expiration Date: ___/___/_____

If staying with same site and supervisor following Practicum (complete item 1 only):
1) Submit completed and signed application

If staying with same site following Practicum, but changing supervisors include items 1(above) and 2-3:

2) A copy of your site supervisor's resume
3) Verification of site supervisor's license (available online at https://www.doradls.state.co.us/alison.php)

If changing to a new site following Practicum the following is also required (items 1-6):

4) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 600 hours.

5) A letter of acceptance from the new site
6) A brochure from the clinical site or a printed copy of their web site's home page

Check List

By initialing each item, you agree it is completed and attached in your application.

_____ Completed application form
_____ Copy of Proof of Student Liability Insurance Exp: ___/___/_____

_____ *Site supervisor's resume
_____ *Site supervisor's license verification

_____ **Letter of acceptance from site
_____ **Cover letter
_____ **Brochure from the clinical site or home page with web address

* Required ONLY if changing to a new supervisor, but staying at same site as Practicum
* *Required ONLY if changing to a new site, different from Practicum

_____ _____
Student Signature Date

_____ _____
Practicum Faculty Instructor Signature* Date

*Student is responsible for receiving appropriate signature from Primary Practicum Instructor before submission of application.

Appendix B

Graduate Counseling Division

MAC Semester Internship Description and Goals (Page 1)

(Copy Course Description/Goals page and Learning Contract page back to back)

PLEASE CHECK ONE:
Internship A: MCPY 698A___ Internship B: MCPY 698B____ Internship C: MCPY 698C___

Semester_____ Year_____

Together with your site supervisor, complete the Course Description and Learning Contract. Hand this document in to your Faculty Group Supervisor at your second class meeting.

Student: _____
Address: _____Zip: _____
Phone: _____Email: _____
Site Supervisor: _____License:_____
Supervisor Phone: _____Email:_____
Site Name: _____
Site Address: _____

The following are categories of clinical experiences for the Internship. With your site supervisor, please indicate the training objectives you will pursue this semester.

_____ Child Therapy _____ Adolescent Therapy

_____ Couples Therapy _____ Family Therapy

_____ Individual Counseling/Therapy _____ Group Counseling/Therapy

_____ Psychodiagnostic Intake _____ Emergency/Crisis Intervention

_____ Psychological Test Administration and Interpretation

_____ Documentation (Treatment plans, clinical reports, case summaries)

_____ Consultation/Referral (case conferences, referral to other agencies)

_____ Individual Clinical Supervision (one hour per week required)

_____ Group Clinical Supervision

_____ Video/audio taping of client sessions (releases required)

_____ In-service, staff training, staff development meetings

_____ Program evaluation and administration

_____ Other (please specify) _____

Graduate Counseling Division

MAC Semester Internship Description and Goals (Page 2)

(Copy Course Description/Goals page and Learning Contract page back to back)

Goals and Outcomes:

Please include areas of training that will be the focus of this Internship. These will be determined with the site supervisor. (Examples: I will complete of two intake interviews with new clients, I will score and interpret one adolescent test battery, I will write and present three clinical cases to facility staff)

1.

2.

3.

4.

5.

6.

Onsite Supervision Contract:

I, _____, agree to be the designated onsite clinical supervisor for
(supervisor's name, license)

Regis University intern _____ during his or her placement with our agency. The
(student's name)

designated hour for our supervision is _____ and must occur once a week on a
(day of week, time of day)

regular basis. I will notify the student's Regis faculty supervisor of any changes in this arrangement.

Date signed: _____

Please print onsite supervisor's name: _____

Other signatures required:

Student: _____Date: _____

Regis Faculty Group Supervisor: _____Date: _____

Appendix C

Supervisory Disclosure Statement

The purpose of this disclosure statement is to provide you, the supervisee, specific information regarding the nature, expectations, and evaluation process of this relationship.

I am a licensed clinician _____
License Type License Number State

and I adhere to the Code of Ethics published by: ACA AAMFT NASW APA
(circle all that apply)

My clinical background includes: Providing psychotherapy to individuals since _____
Year

Providing psychotherapy to families since _____
Year

Counselor education/supervision since _____
Year

I received my master's degree in _____ from _____
Degree Title University Name

and my doctoral degree in _____from _____
Degree Title University Name

Expectations:

Supervision will be provided in the following formats:

_____ Individual Supervision one hour/week (required)
_____Group Supervision
_____ Triadic Supervision
_____ Live Observation behind one-way mirror

1. Supervision is a confidential relationship. What is said in supervision will remain in supervision unless the information jeopardizes the client or the intern, is unethical or illegal, or warrants consultation by this supervisor with another clinician. However, it is understood and agreed upon that site supervisors and Regis Internship faculty engage in a collaborative supervision model. This model requires that when issues or concerns that are related to the student's performance at the Internship site arise, they are shared in a timely and sensitive manner.

2. The intern will be expected to come prepared (e.g., tapes reviewed, questions or concerns) to discuss relevant issues.

3. The intern must bring progress notes to this supervisor for review and signature according to the policies of the clinical placement site.

4. Interns must engage fully in the supervisory relationship. This includes being prepared to discuss how/if the client behavior affects them as a person and their response to it. Supervision is not personal therapy for the intern, but personal issues will be discussed and if therapy for the intern

seems prudent, the supervisor will make that recommendation.

5. The intern is expected to notify the supervisor regarding any irregular or concerning behaviors of which the intern becomes aware. For example, potential dual relationships with clients, suicidal or homicidal behavior or suspected child abuse. Supervisor's cell phone number _____

6. Interns will be evaluated each semester; students will provide the supervisor with a copy of the Student Counseling Skills Evaluation at the beginning of each semester. Supervisors may be called on to provide additional student performance narrative in writing where more descriptive feedback is needed.

7. No fees will be charged for supervision.

Please feel free to discuss any of the items listed here in supervision at any time. Please read the entire document and sign in the space provided to indicate that you have read, agree to, and will abide by the specifications of this relationship.

_____	_____	_____
Intern Name (Print)	Intern Signature	Date
_____	_____	_____
Supervisor Name (Print)	Supervisor Signature	Date

Appendix D

CLIENT RELEASE FORM
for audiotaping or videotaping

_____
(agency)

I, _____, have been informed that my counselor is a Practicum or Internship student of the Graduate Counseling Division of Regis University, College for Professional Studies, Colorado.

I further agree to allow one or more of my counseling sessions to be audiotaped, videotaped, and/or viewed by Practicum/intern students for training purposes only.

I understand that I will be counseled by a graduate student who has completed advanced coursework in counseling/therapy and is being supervised by a faculty member and a site supervisor.

This agreement will terminate when I and/or my counselor deem appropriate. See details below:

_____

_____

Client's signature _____

Age _____ Date _____

Parent or guardian's signature if needed:
Signed_____Date_____

Counselor's signature _____Date_____

Appendix E

Students may choose to use an Xcel sheet for documentation of hours; please check with your Internship faculty.

Documentation of Clinical Experience Hours

(Use a separate form for each site and semester of Internship.)

PLEASE CHECK ONE: **Internship A: MCPY 698A___ Internship B: MCPY 698B____ Internship C: MCPY 698C___**

Semester Dates: From_____ To _____

Student Name: _____

Site Name: _____Site Supervisor: _____

Week Of **Year _____**																	**Total Hours**
Child Therapy																	
Adolescent Therapy																	
Couples Therapy																	
Family Therapy																	
Individual Therapy																	
Group Therapy																	
Psychodiagnostic Intake																	
Emergency/Crisis Intervention																	
Psychological Test Administration																	
Subtotal: (min 120 per sem) Direct Service Hours																	
Documentation																	
Consultation/ Referral																	
Onsite Clinical Supervision																	
Group Supervision																	
In-Service/Training																	
Program Evaluation																	
Other (specify)																	
Personal Psychotherapy Hours																	
Total Hours Per Week																	

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Faculty Group Supervisor Signature:_____ Date: _____

Therapist Signature: _____ Date: _____

Appendix F

Student Counseling Skills Evaluation
Internship Faculty Group Supervisor

Name of Student: _____**Date:**_____

Site: _____

Course (Circle One): Practicum: MCPY 693 Internship: MCPY 698A MCPY 698B MCPY 698C

Group Supervisor: _____ **Supervisor's License:** _____

Directions: Evaluations are completed at the mid-term (8 weeks) and at the end of each semester. The student evaluation form can be completed collaboratively with the student and reviewed after completion. Final evaluations should be completed the second to the last week of the semester. The student then submits this form along with the Documentation of Clinical Hours sheet to their Regis faculty group supervisor. Given the site supervisor's evaluation and feedback, the faculty group supervisor confers the course grade and forwards this form along with other paperwork to the Clinical Coordinator. Evaluation scores should be based on current level of progress and competence in the Internship. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

-0- Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.

-1- Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.

-2- Competence is at least at the minimal level necessary for functioning with moderate supervision required.

-3- Competence is above average; trainee can function independently with periodic supervision.

-4- Competence is well developed and trainee can function independently with little or no supervision required.

-N- Insufficient data to rate at this time.

MIDTERM	Communication Skills and Abilities	FINAL
N 0 1 2 3 4	**1.** The student demonstrates the ability to establish relationships in such a manner that a working alliance and safe environment can be created.	**N 0 1 2 3 4**
	2. The student demonstrates therapeutic communication skills including:	
N 0 1 2 3 4	a. Initiating sessions – creating appropriate structure, maintaining timeframe of sessions	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Understanding content – understanding the primary elements of the client's story.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. Understanding context – understanding the uniqueness of the story elements and their underlying meanings.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Non-verbal attending (voice, body posture, proximity & content congruent)	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Conveying accurate empathy & warmth – understanding the client without over-identifying and communicating this experience to the client.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Congruence – genuineness; external behavior consistent with internal affect.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. Reflecting feelings – identifying and responding to feelings in a therapeutic manner.	**N 0 1 2 3 4**
N 0 1 2 3 4	h. Clarification – helps the client deconstruct content and generalizations.	**N 0 1 2 3 4**
N 0 1 2 3 4	i. Use of Probes/Questions – probes and questions have therapeutic intentions that draw client into further understanding, deeper exploration or self-discovery.	**N 0 1 2 3 4**
N 0 1 2 3 4	j. Paraphrasing and summarizing – themes are identified and communicated.	**N 0 1 2 3 4**
N 0 1 2 3 4	k. Appropriate self-disclosure – skillfully and carefully – considered with intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	l. Immediacy – communicating by staying in the here and now.	**N 0 1 2 3 4**
N 0 1 2 3 4	m. Confrontation – challenges are appropriate and respectful.	**N 0 1 2 3 4**
N 0 1 2 3 4	n. Timing – responding or intervening at the optimal moment.	**N 0 1 2 3 4**
N 0 1 2 3 4	o. Intentionality – responding with a clear understanding of therapist's motive and intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	p. Ending sessions smoothly.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3.** The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences effectively.	**N 0 1 2 3 4**

N 0 1 2 3 4	**4.** The student collaborates with the client to establish clear therapeutic goals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**5. <u>Intervention Skills</u> -** showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**6. <u>Consultation Skills</u> -** worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs and makes appropriate referrals when necessary.	**N 0 1 2 3 4**
N 0 1 2 3 4	**7. <u>Knowledge Base</u> -** demonstrated good understanding of theories and research in psychology, development, counseling, assessment, and psychopathology	**N 0 1 2 3 4**
N 0 1 2 3 4	**8. <u>Case Conceptualization Skills</u> -** conceptualizes clients concerns from within a coherent and empirically supported theoretical/ treatment model.	**N 0 1 2 3 4**
N 0 1 2 3 4	**9. <u>Assessment Skills</u> -** demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and peers as well as integrate intake reports.	**N 0 1 2 3 4**
N 0 1 2 3 4	**10. <u>Diagnostic Skills</u> -** incorporated multiple sources of data; showed sensitivity to client concerns; demonstrated knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**11. <u>Crisis Management</u> -** recognized and handled crises skillfully.	**N 0 1 2 3 4**

MIDTERM	**PROFESSIONAL PRESENTATION AND BEHAVIOR**	**FINAL**
N 0 1 2 3 4	**1. <u>Professional Behavior</u> -** showed readiness and ability to assume responsibilities; initiated opportunities to gain and share skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student conducts self in a professional manner so as to promote confidence in the counseling profession.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student relates to peers, professors, and others in a manner consistent with stated professional standards.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Self Presentation - presented self in a professional manner through appearance/dress, composure, organization, confidence, and desire to help.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Management of Personal Issues in a Professional Manner **-** manages personal stress, psychological concerns, and emotional reactions so they do not adversely affect case conceptualization, interactions with clients and their families, or relationships with supervisors and other professionals.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Report and Case Notes--completed reports, case, & process notes on time and included relevant information, written in a professional style (clear, succinct, and devoid of unnecessary jargon) and can be used and interpreted by others.	**N 0 1 2 3 4**
N 0 1 2 3 4	**2. <u>Ethical Knowledge and Practice</u> -** demonstrated understanding of and conformed to ethical principles in professional work and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student demonstrates analysis and resolution of ethical dilemmas.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Student demonstrates application of legal requirements relevant to counseling training and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student avoids improper and potentially harmful dual relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3. <u>Maturity and Competence</u> -** The student recognizes the boundaries of his/her competence and limitations of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student takes responsibility for compensating for his/her deficiencies.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student takes responsibility for assuring other's welfare when encountering the boundaries of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student provides only those services and applies only those techniques for which he/she is qualified by education, training and experience.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. The student demonstrates basic cognitive, affective, sensory and motor capacities to respond to others therapeutically.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. The student demonstrates appropriate self-control (such as impulse control or appropriate expression of self) in interpersonal relationships with peers, faculty, and others.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. The student exhibits appropriate levels of self-assurance, confidence and trust in own ability.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. The student follows professionally recognized conflict resolution processes; seeking to informally address the issue first with the individual (s) with whom the conflict exists.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4. <u>Knowledge and Practice of Diversity Issues</u>** – student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.	**N 0 1 2 3 4**

N 0 1 2 3 4	a. The student respects the fundamental rights dignity and worth of all people.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student demonstrates an awareness of his/her own belief systems, values, needs and limitations; and the effect of these on his/her work.	**N 0 1 2 3 4**

MIDTERM	**USE OF SUPERVISION**	**FINAL**
N 0 1 2 3 4	**Supervisory Involvement** - actively sought supervision, discussed concerns and ideas; came prepared and on time ready to participate actively.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. Demonstrated openness to feedback, and non-defensive approach to supervision.	**N 0 1 2 3 4**
N 0 1 2 3 4	h. Shows an ability to integrate feedback given and uses suggestions to improve clinical skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	i. Feedback to others- Provides clear feedback and is able to work cooperatively with peers.	**N 0 1 2 3 4**

Summary of student's strengths and professional skills:

Summary of issues that need improvement or deficiencies that need attention:

Comments and recommendations:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the Internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the Internship.

Student: _____ *Date:*_____

*Faculty Group Supervisor:*_____ *Date:*_____

Student Counseling Skills Evaluation
Internship Clinical Site Supervisor

Name of Student: _____**Date:** _____

Site: _____**Course**: MCPY_____

Supervisor: _____**Supervisor's License:** _____

Directions: Evaluations are completed at the mid-term (8 weeks) and at the end of each semester. The student evaluation form can be completed collaboratively with the student and reviewed after completion. Final evaluations should be completed the second to the last week of the semester. The student then submits this form along with the Documentation of Clinical Hours sheet to their Regis faculty group supervisor. Given the site supervisor's evaluation and feedback, the faculty group supervisor confers the course grade and forwards this form along with other paperwork to the Clinical Coordinator. Evaluation scores should be based on current level of progress and competence in the Internship. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

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N 0 1 2 3 4	b. Understanding content – understanding the primary elements of the client's story.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. Understanding context – understanding the uniqueness of the story elements and their underlying meanings.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Non-verbal attending (voice, body posture, proximity & content congruent)	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Conveying accurate empathy & warmth – understanding the client without over-identifying and communicating this experience to the client.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Congruence – genuineness; external behavior consistent with internal affect.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. Reflecting feelings – identifying and responding to feelings in a therapeutic manner.	**N 0 1 2 3 4**
N 0 1 2 3 4	h. Clarification – helps the client deconstruct content and generalizations.	**N 0 1 2 3 4**
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N 0 1 2 3 4	j. Paraphrasing and summarizing – themes are identified and communicated.	**N 0 1 2 3 4**
N 0 1 2 3 4	k. Appropriate self-disclosure – skillfully and carefully – considered with intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	l. Immediacy – communicating by staying in the here and now.	**N 0 1 2 3 4**
N 0 1 2 3 4	m. Confrontation – challenges are appropriate and respectful.	**N 0 1 2 3 4**
N 0 1 2 3 4	n. Timing – responding or intervening at the optimal moment.	**N 0 1 2 3 4**
N 0 1 2 3 4	o. Intentionality – responding with a clear understanding of therapist's motive and intention.	**N 0 1 2 3 4**
N 0 1 2 3 4	p. Ending sessions smoothly.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3.** The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences effectively.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4.** The student collaborates with the client to establish clear therapeutic goals.	**N 0 1 2 3 4**
N 0 1 2 3 4	**5. Intervention Skills** - showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	**N 0 1 2 3 4**

N 0 1 2 3 4	**6. <u>Consultation Skills</u>** - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs and makes appropriate referrals when necessary.	**N 0 1 2 3 4**
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N 0 1 2 3 4	**8. <u>Case Conceptualization Skills</u>** - conceptualizes clients concerns from within a coherent and empirically supported theoretical/ treatment model.	**N 0 1 2 3 4**
N 0 1 2 3 4	**9. <u>Assessment Skills</u>** - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and peers as well as integrate intake reports.	**N 0 1 2 3 4**
N 0 1 2 3 4	**10. <u>Diagnostic Skills</u>** - incorporated multiple sources of data; showed sensitivity to client concerns; demonstrated knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals.	**N 0 1 2 3 4**
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MIDTERM	**PROFESSIONAL PRESENTATION AND BEHAVIOR**	**FINAL**
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N 0 1 2 3 4	b. The student relates to peers, professors, and others in a manner consistent with stated professional standards.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. Self Presentation - presented self in a professional manner through appearance/dress, composure, organization, confidence, and desire to help.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. Management of Personal Issues in a Professional Manner - manages personal stress, psychological concerns, and emotional reactions so they do not adversely affect case conceptualization, interactions with clients and their families, or relationships with supervisors and other professionals.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. Report and Case Notes--completed reports, case, & process notes on time and included relevant information, written in a professional style (clear, succinct, and devoid of unnecessary jargon) and can be used and interpreted by others.	**N 0 1 2 3 4**
N 0 1 2 3 4	**2. <u>Ethical Knowledge and Practice</u>** - demonstrated understanding of and conformed to ethical principles in professional work and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student demonstrates analysis and resolution of ethical dilemmas.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. Student demonstrates application of legal requirements relevant to counseling training and practice.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student avoids improper and potentially harmful dual relationships.	**N 0 1 2 3 4**
N 0 1 2 3 4	**3. <u>Maturity and Competence</u>** - The student recognizes the boundaries of his/her competence and limitations of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student takes responsibility for compensating for his/her deficiencies.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student takes responsibility for assuring other's welfare when encountering the boundaries of his/her expertise.	**N 0 1 2 3 4**
N 0 1 2 3 4	c. The student provides only those services and applies only those techniques for which he/she is qualified by education, training and experience.	**N 0 1 2 3 4**
N 0 1 2 3 4	d. The student demonstrates basic cognitive, affective, sensory and motor capacities to respond to others therapeutically.	**N 0 1 2 3 4**
N 0 1 2 3 4	e. The student demonstrates appropriate self-control (such as impulse control or appropriate expression of self) in interpersonal relationships with peers, faculty, and others.	**N 0 1 2 3 4**
N 0 1 2 3 4	f. The student exhibits appropriate levels of self-assurance, confidence and trust in own ability.	**N 0 1 2 3 4**
N 0 1 2 3 4	g. The student follows professionally recognized conflict resolution processes; seeking to informally address the issue first with the individual (s) with whom the conflict exists.	**N 0 1 2 3 4**
N 0 1 2 3 4	**4. <u>Knowledge and Practice of Diversity Issues</u>** – student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.	**N 0 1 2 3 4**
N 0 1 2 3 4	a. The student respects the fundamental rights dignity and worth of all people.	**N 0 1 2 3 4**
N 0 1 2 3 4	b. The student demonstrates an awareness of his/her own belief systems, values, needs and limitations; and the effect of these on his/her work.	**N 0 1 2 3 4**

MIDTERM	USE OF SUPERVISION	FINAL
N 0 1 2 3 4	**Supervisory Involvement** - actively sought supervision, discussed concerns and ideas; came prepared and on time ready to participate actively.	**N 0 1 2 3 4**
N 0 1 2 3 4	j. Demonstrated openness to feedback, and non-defensive approach to supervision.	**N 0 1 2 3 4**
N 0 1 2 3 4	k. Shows an ability to integrate feedback given and uses suggestions to improve clinical skills.	**N 0 1 2 3 4**
N 0 1 2 3 4	l. Feedback to others- Provides clear feedback and is able to work cooperatively with peers.	**N 0 1 2 3 4**

Summary of student's strengths and professional skills:

Summary of issues that need improvement or deficiencies that need attention:

Comments and recommendations:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the Internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the Internship.

Student: _____ *Date:*_____

*Site Supervisor:*_____ *Date:*_____

Appendix G

REGIS UNIVERSITY
Graduate MAC Program

CLINICAL INTERNSHIP SITE EVALUATION BY STUDENT

Please print

Student _____ Date _____

Clinical Site Supervisor _____

Site Name_____

Site Address _____

Regis Faculty Internship Instructor _____

Supervised Internship placement from ____/____/____ to ____/____/____.
(mo/day/yr)

Please rate your overall clinical experience at the Supervised Internship site.
Excellent Good Fair Poor

Would you recommend this placement to other students?

Please rate the clinical supervision received at the placement.
Excellent Good Fair Poor

Please rate the working conditions and atmosphere at the placement.
Excellent Good Fair Poor

Please comment on particular areas of strength or weakness regarding this placement site and clinical experience.

_____
_____
_____
_____

Please check:

❑ I am comfortable with future students contacting me directly to gain information about this site. My phone number/ email is _____.

Student Signature: _____ Date: _____

Appendix H

REGIS UNIVERSITY
Graduate Counseling Division

CLINICAL PLACEMENT SUMMARY SHEET

Student_____ Student ID_____

Date Admitted into the Program_____ First Semester/Year of Clinical Placement_____

	Semester/Year	**Clinical Site**	**Clinical Site Supervisor/ Phone Number**	**Direct Service Hours**	**Indirect Service Hours**
Practicum					
Internship A					
Internship B					
Internship C					
Subtotal of Hours					

Hours Completed: Direct Hours _____ + Indirect Hours _____ =

☐ Completed 20 Personal Psychotherapy Hours per degree requirement

Student Signature_____Date_____

Group Supervisor Signature_____ Date_____

Student's Post-Graduation Contact Information:

Name:_____

Address:_____

_____

Phone: _____

Preferred Email:_____

Appendix I
Capstone Presentation
Graduate Counseling Division

Your capstone project is a synthesis of everything you have learned in this program, from Introduction to Community Counseling through Internship B. Your audience wants to understand how you work in general and how you worked with this client specifically. During your presentation, bring your client to life by describing the drama of the client's predicament, the tenacity of the problem, and how your interventions, strategies and imagination addressed the complexity of the problem.

Please do not read your paper to the group. Please do not prepare a power point presentation. Do not dwell on technical points that do not add to the case in your presentation; you can cover all the technical points in your written paper.

Do tell the story of the evolution of your relationship with your client and your client's relationship to the problem. You can share specific interventions from an early session, a middle session, and a final session to illustrate the therapeutic process. Explain what you did and why. For example: Did your interventions have the effects you intended? Is there something different you wish you had done? How and why did the therapy end? Cover the pieces from the written outline only if they add to your case presentation.

Capstone Oral Presentation

A suggested time frame for presentation sections:

Background and Assessment	– 10 minutes
Diagnosis	-- 5 minutes
Theoretical approach and psychotherapy process	– 30 minutes
Questions and group discussion	– 10 minutes

Capstone Written Paper:

The following is a guideline for the written report. Be thorough but concise. Write this for an audience of professional peers and clinical supervisors. Not all the sub-headings may be relevant to a particular case; emphasize the significant material. Suggested length: 15-20 pages.

I. Title Page
   a. Clinical Case Presentation
   b. Your name
   c. Date of presentation
   d. MAC

II. Assessment
   a. Identifying Information (maintaining confidentiality) Briefly describe your client so we have a picture of how they appear and initially present.
   b. Referral Information
      i. Presenting problem
      ii. How came to agency
      iii. Consultation with other professionals

c. Background Information, highlighting themes and recurring problems/issues
   i. Family history
   ii. Significant individual or family developmental information
   iii. Biopsychosocialspiritual issues
   iv. Precipitating event
d. Present Situation
   i. Marital/family status
   ii. Legal status
   iii. Employment/educational status
   iv. Existing support systems and resources
   v. Ethnic/cultural issues
e. Mental Status
   Only include anything out of the ordinary
f. Legal and Ethical Issues
   i. Based on your experience of this case, what could be a potential legal or ethical dilemma related to your work with this client?
   ii. Discuss how you would utilize an ethical decision-making model to handle this situation.

III. Diagnosis
a. Articulate your diagnostic impressions based on client's symptoms and themes
b. Provide a DSM IV Multiaxial Diagnosis for individual clients
   i. Make sure you include a differential diagnosis for Axis I and II
   ii. Axis III (If you covered this under present situation, do not need to repeat)
   iii. Axis IV: These would be good to summarize, even if you covered above
   iv. Axis V: give highest and lowest during treatment, and level at end of treatment
   v. Be sure to describe symptom severity and level of functioning that went into your decision
c. Present the value of diagnosis in this case in terms of treatment
   i. How does this DSM diagnosis inform your treatment of this client?
   ii. Do you find the DSM diagnosis helpful? If you do not, why?
   iii. Do cultural/socioeconomic considerations with this client relate to this diagnosis? If so, how?

IV. Treatment
a. Theoretical Orientation
   i. Explain how you think about problems and how you think problem are best resolved. Use existing literature
   ii. If you use a mix of orientation, be sure to explain which you use and why
   iii. How does your theoretical orientation impact the type of assessment you used or would rather use?
b. Goals
   i. Be sure to link these to client's background, diagnosis, and your theoretical orientation
   ii. How were they determined? How did you include the client in goal-setting?
c. Describe beginning, middle, and end phases of treatment and the therapeutic relationship.
d. Interventions
   i. Describe actions you took to foster change, understanding, client advocacy or resolution
   ii. Describe specific techniques you used at each phase of therapy
   iii. Show how your interventions reflect your theoretical orientation

iv. How did your orientation and interventions fit the client and the client's cultural issues?
v. Show how you addressed any actual or potential legal and ethical issues

e. Referrals made/ Other professionals consulted

f. Resolution
   i. State the outcome of the case
   ii. Why did you terminate with this client?
   iii. Describe limitations: yours, the client's, the approach, the setting
   iv. What is the prognosis for the client
   v. Elaborate on transference/ counter-transference experiences for you and the client
   vi. How has this therapeutic process with this client affected you?
   vii. What was the most significant understanding you achieved in working with this client?

g. Reflection (Incorporating the Regis Mission)
   Show your understanding of the concepts below, but integrate them into one statement about how the impact working with this client had on you. Speak from the heart, rather than try to "define" the terms below.

   i. ***Cura Personalis*** *–In what way did your experience reflect your concern for your client's personal development, and how did you respond in terms of promoting human dignity?*

   ii. **Unity of Mind and Heart** – *As you reflect on your experience with this client, how did you integrate your knowledge with compassion for this individual?*

   iii. ***Finding the Sacred in All Things*** – Reflecting on the work you did with your client, how did this experience fit into the notion of developing your own spiritual awareness and how you "ought to live"?

   iv. ***Magis*** *–What is your understanding of working towards the "greater good" and how did your work with your client help them "meet the challenges of their present circumstances"?*

   v. ***Men and Women for Others*** – In what way did your work impact marginalized individuals, families, or groups?

Master of Arts in Counseling Capstone Project

Student Name _____Date: _____Faculty Evaluator_____
Faculty Supervisor_____ Internship Site: _____

0=deficient; 1=average; 2=exceptional

A. Conceptualization of the Client's Problems/Concerns			
1. Relevant background presented	0	1	2
2. Ability to translate client's concerns into a case formulation	0	1	2
3. Client's concerns situated in theoretical orientation (i.e. How does therapist understand origin of and solutions to concerns)	0	1	2
4. How interventions fit the client & the client's cultural and/or environmental issues	0	1	2
5. Client's strengths, resources, community addressed.	0	1	2
6. Client's understanding of problem accounted for.	0	1	2
B. Clarity of oral presentation			
1. Well articulated; Easy to follow	0	1	2
2. Facility with psychological language	0	1	2
3. Ability to bring client to life	0	1	2
4. Adherence to time guidelines	0	1	2
C. Formulation of Appropriate Goals			
1. Goals described	0	1	2
2. Goals formulated in relation to theoretical orientation	0	1	2
3. How are client's concerns addressed by goals?	0	1	2
D. Conceptualization of Therapeutic Process in Theoretical Framework			
1. Theoretical Framework described/ understood	0	1	2
2. Process described	0	1	2
3. Appropriate interventions based on stage in therapy and theoretical framework	0	1	2
4. Success and failures described and explained	0	1	2
5. Therapist flexibility with regard to techniques	0	1	2
E. Description of Therapist/Client Relationship			
1. Awareness of self in therapeutic relationship	0	1	2
2. Awareness of client's perception of therapist	0	1	2
3. Relationship handled appropriately	0	1	2
F. Ability to Articulate Diagnostic Impression			
1. Situate diagnosis within theoretical formulation	0	1	2
2. Understanding of role of diagnosis in treatment	0	1	2
3. Diagnosis described and differentiated	0	1	2
4. Understanding of cultural and/or environmental considerations in diagnosis	0	1	2
G. Knowledge of Current Laws and Ethics			
1. All legal issues pertinent to case addressed (Only score if applicable to case)	0	1	2
2. Appropriate referrals made (Only score if applicable to case)	0	1	2
3. Appropriate professionals consulted (Only score if applicable to case)	0	1	2
4. Confidentiality maintained	0	1	2
H. Reflection			
1. Awareness of how the case impacted sense of ethical responsibility.	0	1	2
2. Awareness of how one might become a stronger advocate in society as a result of working with this client and others	0	1	2
3. Reflection on sense of self as a lifelong learner	0	1	2
I. Written Paper			
1. Mechanics	0	1	2
2. Capstone guidelines for written presentation followed	0	1	2
3. Confidentiality maintained	0	1	2
Totals			

Examiner Comments

A. Conceptualization of the Client's Problems/Concerns

_____

_____

_____

B. Clarity of oral presentation

_____

_____

_____

C. Formulation of Appropriate Goals

_____

_____

_____

D. Conceptualization of Therapeutic Process in Theoretical Framework

_____

_____

_____

E. Description of Therapist/Client Relationship

_____

_____

_____

F. Ability to Articulate Diagnostic Impression

_____

_____

_____

G. Knowledge of Current Laws and Ethics

_____

_____

_____

H. Reflections on:

Ethical Responsibility_____

_____

Advocacy in Society_____

_____

Self as Life-Long Learner_____

_____

I. Written Paper

_____

_____

_____

Appendix J

REGIS UNIVERSITY

Verification of Counseling Services

The hours that students accrue as a client at CORE or CPS Counseling Services can be used to meet the 20 hour personal psychotherapy requirement of the Graduate Counseling Division. Please use this form to track your client hours. At the end of each semester, turn this form into your counselor for all needed signatures and keep a copy for your own records. If you are participating as a client as a requirement for MCPY 505 you will be required to turn in a copy of this sheet to your instructor. If you are not participating as part of a class, then you still need to use this form to account completed hours. This form can also be used to document hours completed with a licensed therapist outside CORE or CPS Counseling Services.
You may submit all documentation for the personal psychotherapy requirement to your faculty instructor once in Practicum or Internship.

This is to verify that _____ has received the following services at the Regis University CORE or CPS Counseling Services or through a licensed private practitioner: (check all that apply):

☐ Individual Counseling ☐ Group Counseling ☐ Couples or Family Counseling

Documentation of Client Experience Hours

Student's Name:_____

Dates: From_____ To _____

Course number and title (if part of a course requirement): _____
Course Instructor's Name_____

Session Dates **Year** _____																	**Total Hours**

Student Signature: _____ Date: _____
Practicum Counselor Signature: _____ Date:_____
Faculty Group Supervisor Signature: _____ Date:_____
Or

Licensed Therapist Signature: _____ DORA#_____ Date: _____

You may submit all documentation for the personal psychotherapy requirement to your faculty instructor once in Practicum or Internship.

<u>Keep a copy of this sheet for you own records.</u>

MAMFT Post Master's Certificate Application

REGIS UNIVERSITY
College for Professional Studies

Marriage and Family Therapy Post Master's Certificate
Practicum Application

Application Deadlines (please check)**:**

___Fall Semester: July 1
___Spring Semester: November 1
___Summer Semester: March 1

Students who submit completed applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment. Students submitting Practicum applications after the published deadline will be placed on a space available basis but are not guaranteed approval for Practicum course assignment.

Notification of acceptance to a Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the Application Deadline date for processing your application. The assigned group supervisor of each section will provide specific information and guidelines to students registered in their sections. Students whose applications are not accepted may ordinarily reapply for the following semester, unless other pre-requisites are established as part of a remediation process, or they have been terminated from the program.

Submit completed application packets to:

Denver applicants
Erik Petersen, Clinical Administrative Coordinator, Interlocken Campus, 11001 W. 120th Ave., Suite 150, Broomfield, CO 80021 or Email all application materials in pdf format to peter206@regis.edu.

Colorado Springs applicants
Patti Diffee, Clinical/ Lab Assistant, CORE Counseling Lab, 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffe886@regis,edu

CAMPUS: ☐ Denver ☐ Colorado Springs

Student's Name: _____ **ID#** (req'd)_____
Mailing Address: _____
City:_____ State_____ Zip_____
Phone: H (___)_____ W (___)_____ Cell (___) _____
Regis Email Address:_____

Current Employer Name: _____
Employer Address: _____
Position Held: _____ Supervisor Name: _____
Do you plan to continue employment: _____

If you plan to work with children or adolescents during internship, one of the following courses must be taken prior to or concurrently with Practicum:

g. MCPY 668 - Play in Family Therapy – offered spring & fall (first 4 weekends)
h. MCPY 678 – Introduction to Play Therapy- offered spring (last 4 weekends)
i. MCPY 677 - Counseling Children & Adolescents- offered summer (first 4 weekends)

- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Courses Completed	**Year/Semester**	**Grade**
Theories of Family Therapy	_____	_____
Gender Development & Sexuality	_____	_____
Couples Therapy	_____	_____
Family Origins & Lifecycles	_____	_____

List other courses relevant to your preparation for Practicum: _____
_____

To complete your application include the following:

1) A cover letter
2) A signed disclosure form for Workman's Comp Coverage (Practicum Appendix B in Clinical Manual)
3) Proof of (Active) Student Liability Insurance- Attached Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)

Check List

By initialing each item, you agree it is completed and attached in your application.

_____ Completed application form
_____ Cover letter
_____ Signed Workman's Comp Disclosure Form (Appendix B)
_____ Copy of "Certificate of Insurance" EXP DATE: ____/____/_____
_____ "I have read the clinical manual and understand what I have read".

_____ _____
Student's Signature Date

****All items must be initialed and signature provided PRIOR to application submission**

REGIS UNIVERSITY
College for Professional Studies
Graduate Counseling Division

Marriage and Family Therapy Post-Master's Certificate
Internship Application

Application Deadlines (please check):

___**Fall Semester:** **July 1**
___**Spring Semester:** **November 1**
___**Summer Semester:** **March 1**

Early submissions will be processed immediately. Approval for Internship will follow Practicum Faculty Evaluations. Unlike Practicum, Internship group supervision placements are based on clinical site location.

Submit completed application packets to:

Denver applicants
Erik Petersen, Clinical Administrative Coordinator, Interlocken Campus, 11001 W. 120th Ave., Suite 150, Broomfield, CO 80021 or Email all application materials in pdf format to peter206@regis.edu.

Colorado Springs applicants
Patti Diffee, Clinical/ Lab Assistant, CORE Counseling Lab, 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffe886@regis,edu

CAMPUS: ☐ Denver ☐ Colorado Springs

Student's Name: _____**ID#(req'd)**_____
Mailing Address: _____
City:_____State_____Zip_____
Phone: H (___)_____W (___)_____ Cell (___) _____
Regis Email Address:_____

Current Employer Name: _____
Employer Address: _____
Position Held: _____ Supervisor Name: _____
Do you plan to continue employment: _____

Pre-requisite Courses Completed	**Year/Semester**	**Grade** (if completed)
Practicum MFT690	_____	_____

Proposed Internship Site:_____

Agency Name: _____Program:_____
Agency Address:_____
Contact Person: _____Phone_____
On-site Supervisor: _____Phone_____
Degree/licensure ** : _____Expires: (See DORA)_____

** Your site supervisor will need to complete the Supervisor Qualification Form, and you must submit it with your application

Types of Clients You Will Work With:
_____

If you work at an Internship site **where children and adolescents are the primary population** you must take one of the following courses prior to Internship:

a. MCPY 668 - Play in Family Therapy,
b. MCPY 678 – Introduction to Play Therapy
c. MCPY 677 - Counseling Children & Adolescents

- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Proposed Internship Site Schedule (include days/ times if known):_____
_____

Please note any employment related day/time conflicts that must be avoided when being scheduled for an internship supervision group:_____

Beginning Date: (must start at beginning of a semester)
_____

Student Liability Insurance Expiration Date: ___/___/_____

Include the following with your Internship Application:

1) Proof of (Active) Student Liability Insurance- Attached Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
2) A copy of your site supervisor's resume
3) Verification of site supervisor's license (available online at https://www.doradls.state.co.us/alison.php)
4) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 300 hours (120 direct client contact with a minimum of 60 being with couples/families/ or other relational hours).
5) A letter of acceptance from the site
6) A brochure from the clinical site or a printed copy of their web site's home page
7) Site Supervisor Qualification Form

Check List

By initialing each item, you agree it is completed and attached in your application.

_____ Completed application form
_____ Copy of Proof of Student Liability Insurance Exp: ___/___/_____
_____ Letter of acceptance from site
_____ Site supervisor's license verification
_____ Site supervisor's resume
_____ Site Supervisor Qualification Form
_____ Brochure from the clinical site or a printed copy of their web site's home page
_____ Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

_____ _____
Student Signature Date

_____ _____
Practicum Faculty Supervisor Signature Date

5/2012