REGIS UNIVERSITY
College for Professional Studies

Graduate Counseling Program
Practicum/Internship Site Information

MAC
Approved Practicum Only Site ___X____
Approved Internship Only Site ___X____
Approved Practicum & Internship Site _____ (both required)

MFT
Are You Interested In Being An MFT Site? Yes_X__ No__ (Please refer to Definition of Clinical Experience)
Approved MFT Internship ___X____ (Regis approved MFT supervisor)
Approved MFT Certificate _____ (LMFT or AAMFT Approved Supervisor req.)

Name of Site: The Women's Crisis & Family Outreach Center
Address: PO Box 367, Castle Rock CO 80104
Application/Interview Timeline (subject to change): ongoing __ other: Start February 2013 and after that ongoing

Director: Cindy Smrcka, LCSW
Intern Coordinator: (same)
Phone: 303-688-1094
Email: csmrcka@twcfoc.org

Site Supervisor(s): Tamara Milner, LPC; Rebecca Gale, LCSW; Becky Hershey LCSW; Anne Hellstrom, LPC; Stephanie Fitzsimmons, LPC; Ellen Sloan, LPC; Cindy Smrcka, LCSW

Description of Placement and Population Served:
Serve adult and child victims of domestic violence at out-client and 24-hour emergency shelter settings. We offer training in group and individual therapy with the following special interventions: EMDR, filial therapy, child-centered play therapy, art therapy, mindfulness/yoga therapy, family therapy, process groups, psycho-educational groups, crisis intervention, equine assisted psychotherapy

Placement Requirements:
Practicum/Internship Placement Hours: __X___ days __X___ evenings _____ weekends
Placement begins: ____ Spring _____ Summer __X__ Fall (Semesters)
Length of Practicum: _X__ 1semester ___ other:_____
Length of Internship: _X__ 2 semesters ___ 3 semesters (1 full year) ___ other:_____
Stipend reimbursement to student _____yes ___X___no
Mileage reimbursement ____yes ___X___no Amount per mile:_____
Licensed on-site clinical supervisor(s): _____LMFT __X___LPC ___X__LCSW
_____Clinical Psychologist _____Psychiatrist
One hour on-site clinical supervision provided per week: __X___yes _____no
Group supervision provided per week: __X__yes _____no

Placement Experiences:
___X__ Child Play Therapy
___X__ Adolescent Therapy
___X__ Individual Psychotherapy
___X__Crisis Intervention
_____Psychological Testing
___X___Psychodiagnostic Intake

_____ Couples Therapy
__X___ Family Therapy
__X___ Group Therapy
_____ Alcohol/Drug Program
___X__ Case Management
___X___ Case Conferences
_____ Special Services
___X___ In-Service/Staff Development

Additional Placement Information: