REGIS UNIVERSITY
College for Professional Studies

**Graduate Counseling Program**
Practicum/Internship Site Information

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

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

Name of Site: Third Way Center
Address: P O Box 62305; Denver, CO 80206
**Application/Interview Timeline** (subject to change): ongoing __ other:

Director: Renee Johnson, LCSW, Clinical Director
Intern Coordinator: same
Phone: 303-898-5782
Email: rjohnson@thirdwaycenter.org

Site Supervisor(s): assigned by the clinical director

Description of Placement and Population Served:

Residential treatment homes for adolescents age 14-21 who have severe mental health issues. Highly trained clinical staff with focus on diagnosis and treatment. Value given to learning to live in community and dealing with issues as they arise. Traditional counseling sessions are also provided. Ample opportunities for group work, individual, and systemic therapy. One location has a "mother's component" which includes programming for good parenting. Residents are referred to Third Way primarily through the Department of Social Services and the Department of Corrections. Five locations in Denver: Lowry, York, Pontiac, Bannock, and Lincoln.

**Placement Requirements:**
Practicum/Internship Placement Hours: __x___ days __x___ evenings __x___ weekends
Placement begins: __x__ Spring __x___ 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 ___X___Psychiatrist
One hour on-site clinical supervision provided per week: ___X__yes _____no
Group supervision provided per week: ____yes _____no
Weekly staffing: ___X___yes _____no

**Placement Experiences:**
__X___ Child Play Therapy
__X___ Adolescent Therapy
__X___Crisis Intervention
__X___Psychological Testing

__X___ Individual Psychotherapy
__X___ Couples Therapy
__X___ Family Therapy
__X___ Group Therapy
__X___ Alcohol/Drug Program

__X___Psychodiagnostic Intake
__X___ Case Management
__X___ Case Conferences
_____ Special Services
__X___ In-Service/Staff Development