Practicum /Internship
Clinical Manual

Master of Arts in Counseling
# TABLE OF CONTENTS

## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Manual/ Clinical Faculty &amp; Staff</td>
<td>4</td>
</tr>
<tr>
<td>HIPAA Privacy and Security Reminder</td>
<td>5</td>
</tr>
<tr>
<td>Mandatory Reporting: Child &amp; Elder Abuse</td>
<td>7</td>
</tr>
<tr>
<td>Clinical Course Overviews</td>
<td>11</td>
</tr>
<tr>
<td>Required Clinical Hours for Graduation (Overview)</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Site Requirements</td>
<td>13</td>
</tr>
<tr>
<td>Process for Securing a Site</td>
<td>15</td>
</tr>
<tr>
<td>Questions to Ask When Interviewing a Site</td>
<td>16</td>
</tr>
<tr>
<td>Process for Approval of a New Site</td>
<td>17</td>
</tr>
<tr>
<td>Legalities and Licensing</td>
<td>18</td>
</tr>
<tr>
<td>Recommended Websites</td>
<td>19</td>
</tr>
</tbody>
</table>

## PRACTICUM

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum Requirements</td>
<td>21</td>
</tr>
<tr>
<td>Practicum Counseling Lab Hours &amp; Info</td>
<td>22</td>
</tr>
<tr>
<td>Definition of Services Provided</td>
<td>22</td>
</tr>
<tr>
<td>Procedures and Paperwork</td>
<td>23</td>
</tr>
<tr>
<td>Etiquette and Rules for the Counseling Lab</td>
<td>24</td>
</tr>
<tr>
<td>Videotape Policy</td>
<td>25</td>
</tr>
<tr>
<td>Paperwork and Security</td>
<td>26</td>
</tr>
<tr>
<td>Appendix A: Practicum Application and Requirements</td>
<td>27</td>
</tr>
<tr>
<td>Practicum Application</td>
<td>29</td>
</tr>
<tr>
<td>Workers’ Comp Information</td>
<td>34</td>
</tr>
<tr>
<td>HIPAA Privacy &amp; Security Policy &amp; Practices</td>
<td>35</td>
</tr>
<tr>
<td>Appendix B: Guidelines for Dealing with a Crisis</td>
<td>36</td>
</tr>
<tr>
<td>Appendix C: Introduction to First Session</td>
<td>41</td>
</tr>
<tr>
<td>Appendix D: Child and Elder Abuse Reporting</td>
<td>42</td>
</tr>
<tr>
<td>Appendix E: Supervision of Children</td>
<td>46</td>
</tr>
<tr>
<td>Appendix F: Playroom Guidelines</td>
<td>47</td>
</tr>
<tr>
<td>Appendix G: Practicum Clinical Log &amp; Evaluations</td>
<td>48</td>
</tr>
<tr>
<td>Appendix H: Practicum Lab Forms</td>
<td>54</td>
</tr>
<tr>
<td>Appendix I: Counselor Preparation Comprehensive Exam (CPCE)</td>
<td>82</td>
</tr>
<tr>
<td>National Counselor Exam (NCE)</td>
<td>83</td>
</tr>
<tr>
<td>Appendix J: HIPAA Policies and Procedures/Accessing Server</td>
<td>84</td>
</tr>
</tbody>
</table>

## INTERNSHIP

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship Requirements</td>
<td>98</td>
</tr>
<tr>
<td>Appendix A: Internship Application</td>
<td>100</td>
</tr>
<tr>
<td>Appendix B: Internship Description and Goals</td>
<td>106</td>
</tr>
<tr>
<td>Appendix C: Supervisory Contract, Disclosure, Expectations</td>
<td>107</td>
</tr>
<tr>
<td>Appendix D: Site Supervisor Evaluation of Regis Program</td>
<td>109</td>
</tr>
<tr>
<td>Appendix E: Internship Documentation of Hours</td>
<td>111</td>
</tr>
<tr>
<td>Appendix F: Clinical Site Evaluation by Student</td>
<td>115</td>
</tr>
<tr>
<td>Appendix G: Capstone Project</td>
<td>116</td>
</tr>
<tr>
<td>Appendix H: Request for Incomplete Form</td>
<td>124</td>
</tr>
<tr>
<td>Appendix I: Clinical Placement Summary Sheet</td>
<td>125</td>
</tr>
<tr>
<td>Appendix J: Clinical File Checklist</td>
<td>126</td>
</tr>
</tbody>
</table>
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.**  

STAFF

Administration

Sarah Mikkelsen – MFT Program/Clinical Assistant (Denver Metro)  
shorn@regis.edu or 303-964-6421

Patti Diffee, M.A. - Clinical Administrative Coordinator - Colorado Springs  
diffe886@regis.edu or 719-264-7025

Faculty

Lindsay Edwards, PhD, LMFT – MFT Internship Coordinator - Denver and Northern Colorado  
sberes@regis.edu

John Arman, PhD, LPC – MAC Internship Coordinator – Denver and Northern Colorado

Jody Huntington, Ph.D., LPC, LMFT, NCC - Clinical Co-Coordinator - Colorado Springs  
jhunting@regis.edu

James Ungvarsky, PsyD, MPA, LMFT - Clinical Co-Coordinator - Colorado Springs  
jungvars@regis.edu

JoLynne Reynolds, PhD, LPC, RPT-S, NCC - Practicum Coordinator – Denver and Northern Colorado  
jlreynol@regis.edu

The above mentioned faculty are licensed clinicians. All Ranked and Affiliate faculty who teach Practicum and Internship hold doctoral degrees and licenses in good standing.
The goals for maintaining rigorous adherence to HIPAA compliance requirements within all Regis University-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of PHI and ePHI as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information, and
- Protect against unauthorized access, use or disclosure of such information.

During the first week of Practicum, students will be training how to comply with the policies and procedures for maintaining HIPAA compliance and utilizing the HIPAA electronic footprint and counseling clinics.

Reminders

Protected health information is any information that allows you associate a person's identity with their health care information. This applies to all forms of media including: paper documents, electronic files and data, course notes, research papers, video and sound recordings, photos, charts, etc. As it pertains to Regis University-sponsored programs, project and activities, the following are reminders of common privacy and security practices for protected health information that must be followed:

- Any personal documents and notes in any form that contains individually identifiable health information on patients you come into contact with as a result of Regis University-sponsored training must be properly protected and its confidentiality must be maintained.
- Regis University students who are training at partner health provider organizations are prohibited from removing documents that contain individually identifiable health information without a written and signed authorization from the health care provider’s Health Information Management (HIM) Department or authorized representative and the proper patient authorization.
  
  Special note on minors—in most cases, minors cannot legally consent or authorize the release of their protected health information.

- Regis University students participating in Regis University-sponsored health care training and research activities must only use de-identified information or limited data sets in any presentations or publications outside of the health care provider organization.  (See Appendix A on ‘How to de-identify individual health information’.)
- For Regis University students participating in Regis University-sponsored health care training and research activities, the following activities involving individually identifiable health information are explicitly prohibited:
  - Sending such information through unsecure email,
  - Posting such information on any social networking site—regardless of the user account used by the Regis University student, faculty or staff to post the information, and
  - Disclosing such information during classroom discussions and/or presentation.

Policy compliance and sanctions

It is the responsibility of each student to review all aspects of the course syllabus including the Regis University HIPAA Privacy & Security Reminders. In doing so, the student acknowledges that he or she agrees to adhere to these practices. Furthermore, the student agrees not to divulge the contents or to provide access of any examination or assignment to another student in this or ensuing semesters.

All violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Regis University HIPAA Privacy & Security Committee.
HIPAA Privacy & Security Reminder

For review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Sanctions may include notification of the student’s advisor with a note in the student’s advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the Regis University HIPAA Privacy & Security Committee.

**Reporting requirements**

In the event that any Regis University staff, faculty or student becomes aware of the unauthorized use or disclosure of PHI or ePHI that is under the control and protection of Regis University, the incident must be reported within 5 days of discovery to:

Sheila Carlon, HSA Division Director  
Regis University  
3333 Regis Blvd.  
Denver, CO  80221  
303 458 4108  
PrivacyOfficer@Regis.edu

With a copy to:  
Susan Layton,  
Associate Vice President  
Regis University  
3333 Regis Blvd.  
Denver, CO 80221  
slayton@regis.edu

- *See appendix J for complete HIPAA policies and procedures document.*
CHILD ABUSE REPORTING
(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)
Title 19 of the Colorado Revised Statutes (C.R.S.) covers issues relating to the abuse and neglect of children. C.R.S. §19-1-103 Definitions defines the terms “abuse” and “child abuse or neglect” as used in Title 19. Instances of abuse include physical abuse like skin bruising, bleeding, malnutrition, burns, or fractures, and emotional abuse. Abuse also includes “any case where a child is subject to unlawful sexual behavior” C.R.S. §19-1-103(II). Click the statute linked above to see the complete definition of these terms. Article 3 of Title 19 covers dependency and neglect of a child. The statutes in Article 3 include C.R.S. §19-3-102 Neglected or dependent child which lists instances where a child is considered neglected or dependent, and C.R.S. §19-3-304 Persons required to report child abuse or neglect which lists persons required to report possible child abuse or neglect. Instances of neglect under C.R.S. §19-3-102 include when a parent/guardian abandons a child, where a child’s environment is injurious to his or her welfare, when a parent/guardian refuses to provide food, shelter, education, or medical treatment, or where a parent/guardian has subjected the child to continual abuse. Persons required by law to report possible abuse under C.R.S. §19-3-304 include doctors, school personnel, social workers, mental health workers, and clergy members. Click the above links to access these statutes or browse all of the statutes in Article 3 of Title 19 by clicking here. (Direct quotation retrieved from the University of Denver Sturm College of Law website: http://www.law.du.edu/index.php/the-colorado-law-project/report-abuse-and-neglect, on March 24, 2014).

In general terms, child abuse can be 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. In fact, all mental health professionals are considered “mandated reporters” in the state of Colorado. The following website helps clarify what is meant by mandated reporters and what you are required by Law to do in the event that you are made aware of child abuse http://www.colorado.gov/cs/Satellite/CDHS-Main/CBON/1251651932321

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 the reporting agency will determine whether to proceed with an investigation. See Abuse hotline, website, and/or dial 911 to be transferred to the proper reporting agency. Child Abuse Reporting Form ss8572 (http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) can be used as a resource to document specifics about the child and report.

All reports of child abuse made via telephone and must be followed by a written report of the call should the intake worker indicate (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, if the intake worker indicates such an action should be taken AND provides the appropriate mailing address or fax number clinic director). The written report is used for documentation purposes only. See form ss 8572 website for template: (http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) 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).

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.

NOTE that ALL Practicum students should consult with their faculty supervisors immediately in the event that a report needs to be completed. 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. Documentation about the communication with intake workers, process followed, and consultation with clinical supervisor is also required to be included in the clients’ clinical file.

**UPDATE REGARDING ELDER ABUSE REPORTING**

(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

In 2013, the Colorado Legislature adopted a new statute, which requires the reporting of abuse and exploitation of elders, 70 years of age or older. The effective date for this statute, C.R.S. 18-6.5-108, is July 1, 2014. Therefore, the mandated reports must be made after that date.

The mandated reporters of elder abuse include physicians, medical doctors, registered nurses, psychologists, mental health professionals, and hospital personnel, as well as long-term care facility personnel engaged in the admission, care, or treatment of patients. Other professionals who must report elder abuse pursuant to this new statute include dentists, law enforcement personnel, court-appointed guardians and conservators, pharmacists, Community-Centered Board staff, personnel of banks, savings and loan associations, and other financial institutions, caretakers at care facilities and caretakers who provide home healthcare.

The types of abuse or exploitation of elders, 70 years of age or older, which must be reported, pursuant to the definitions contained in Section 18-6.5-102 are as follows:

1. Abuse means the “non-accidental infliction of bodily injury, serious bodily injury, or death; confinement or restraint that is unreasonable under generally accepted caretaking standards; sexual conduct or contact; and caretaker neglect.”

2. Exploitation for purposes of this statute means an act or omission committed by a person who “uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive and at-risk elder of the use, benefit, or possession of his or her money, assets or property”; or who, in the absence of legal authority, “employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk elder”; or who “forces, compels, coerces, or entices an at-risk elder to perform services for the profit or advantage of the person or another person against the will of the at-risk elder”; or “misuses the property of an at-risk elder in a manner that adversely affects the at-risk elder’s ability to receive healthcare or healthcare benefits or to pay bills for basic needs or obligations.”

3. Caretaker neglect means “neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for an at-risk adult or an at-risk elder or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, and artificial nutrition and hydration, in accordance with any valid medical directive or order or as described in a palliative plan of care shall not be deemed caretaker neglect.

**Reporting Procedures for Elder Abuse**

In compliance with C.R.S. 18-6.5-108, a person “who observes the abuse or exploitation of an at-risk elder . . . or who has reasonable cause to believe that an at-risk elder has been abused or exploited or is at imminent risk of abuse or exploitation shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.” Thus, pursuant to this new law, those required to report elder abuse or
exploitation are those professionals who have witnessed it or who have “reasonable cause to believe” that an elder 70 years of age or older has been abused or exploited or is at risk of imminent abuse or exploitation. The standard is not to report suspected abuse or neglect.

A best practice would be to disclose to the elder that a report will be made, and to obtain written acknowledgement, if possible, from the elder that a report is going to be made. A professional making the report should document carefully all of the information obtained regarding the abuse or exploitation reported, the identities of witnesses to the abuse or exploitation, and all information concerning the reporting process, including the name of the law enforcement official to whom the report was made.

Failure to report abuse or exploitation of a senior who is 70 years of age or older will be a criminal offense, classified as a misdemeanor.

No Mandatory Duty Exists to Report Abuse of At-Risk Adults

In enacting C.R.S. 18-6.5-108, which requires designated individuals to make mandated reports of abuse, exploitation, and caretaker neglect of elders 70 years of age or older, the legislature revised statutes regarding at-risk adults. However, pursuant to the provisions of C.R.S. 26-3.1-102, mental health care professionals and other healthcare providers are not mandated to report abuse of at-risk adults. At-risk adults are still defined as those with physical or mental disabilities including adults who are developmentally disabled, mentally ill, or who have physical disabilities.

Statutory Standard for Determining Whether an Individual is “Dangerous to Self or Others”

In 2013, the Colorado Legislature changed the standard for 72-hour holds and for hospitalization of clients. The term “imminent danger” is no longer used, due to the fact that it was found to be too confusing. The new definition, which replaces it, uses the term “danger to self or others”. C.R.S. 27-65-102(4.5) defines a person who is a “danger to self or others” as follows:

a. With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats or by attempts at suicide or serious bodily harm to himself or herself; or
b. With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in a reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question.

Definition of “Gravely Disabled”

In 2013, the Colorado Legislature also changed the definition of the term “gravely disabled”. The definition of this term, contained in C.R.S. 27-65-102(9) means “a condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in substantial bodily harm. A person of any age may be ‘gravely disabled’, but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.” As set forth in Section 27-65-105, a 72-hour hold may be sought for a person who is gravely disabled under this definition.

Welfare Checks by Law Enforcement

A generally accepted practice nationwide, when therapists are concerned about the safety of clients who may be suicidal or threatening harm to themselves, is to contact a law enforcement agency in order to request a welfare check. In order to avoid an accusation that requesting a welfare check by a therapist constitutes a breach of
confidentiality or a HIPAA violation, a Client Disclosure Statement needs to inform the client that the therapist’s policy is to request a welfare check through law enforcement in the event that the therapist becomes concerned about the client’s safety or welfare. The Disclosure Statement is designed to obtain the client’s consent to the therapist’s practice of obtaining a welfare check, as needed, from law enforcement. When the client signs the Disclosure Statement, providing informed consent for a welfare check to be conducted, the therapist need not worry about a potential breach of confidentiality. This would enable the therapist to explain to law enforcement, while requesting the welfare check, the specific concern of the therapist.
CLINICAL COURSE OVERVIEW

MAC Course Overview for Practicum
You will be registered by the Clinical/Lab Assistant (303-458-4334 or 719-264-7025) for two classes (MCPY 692 and MCPY 693- Syllabus) which include:

- Clinical lab work & group supervision at either the Regis Center for Counseling and Family Therapy - Interlocken or The Regis Center for Counseling and Family Therapy - Colorado Springs. 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 Thornton 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, Northwest Denver 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 interns’ supervisors at each active site once during Internship A and to maintain contact by phone or email during Internship B. Each supervision section is made up of 6 to 10 interns and one faculty supervisor.

Campus Map Links:

NORTHWEST DENVER LOWELL      INTERLOCKEN      COLORADO SPRINGS

Link to Clinical Sites below

(please note that you will need to sign in, using your Regis.net account information first)

https://in2.regis.edu/sites/DCFT/studentportal/Clinical%20Site%20Information/Forms/AllItems.aspx

MAC Clinical Hour Requirement Overview

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

<table>
<thead>
<tr>
<th>Clinical Course</th>
<th>Direct</th>
<th>Indirect</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum</td>
<td>40 (min.)</td>
<td>60 (min.)</td>
<td>100 (min.)</td>
</tr>
<tr>
<td></td>
<td>(20 individual at lab + 20 group at clinical site)</td>
<td>160 (max.)</td>
<td>200 (max.)</td>
</tr>
<tr>
<td>Internship A</td>
<td>120 (min.)</td>
<td>varies</td>
<td>300 (min)</td>
</tr>
<tr>
<td>Internship B</td>
<td>120 (min.)</td>
<td>varies</td>
<td>300 (min)</td>
</tr>
<tr>
<td>Internship C (if needed)</td>
<td>Hours needed</td>
<td>Hours needed</td>
<td>Hours needed</td>
</tr>
<tr>
<td>Personal Psychotherapy Hours</td>
<td>50 (max.)</td>
<td>50 (max.)</td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td>280 (min.)</td>
<td>varies</td>
<td>800 (min.)</td>
</tr>
</tbody>
</table>

Regis University, Rueckert-Hartman College for Health Professions
Master of Arts in Counseling (MAC)
**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 or otherwise serves the Regis mission;
- meet Regis’ Division of Counseling and Family Therapy 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;
- in general, avoid dual relationships (e.g. current or previous employer, supervisor, therapist, family member, or close friend); however, when multiple roles exist the supervision contract must specify roles (e.g. current or previous employer), potential complications, and methods to address such concerns.
- provide a licensed counselor/therapist site supervisor (with a minimum of two years of 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.

**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
- 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 Administrative Coordinator will register you for your Practicum courses (MCPY 692/693), which total 6 credit hours.

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.

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 Administrative Coordinator 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, LSW, PhD, LMFT, Licensed Psychologist or Psychiatrist) with at least 2 years of 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 your Practicum or Internship supervisor and the program Clinical Coordinator.
Process for Getting Approval for a New Clinical Site

1) Contact the Clinical Administrative Coordinator or the 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 place where you are currently employed or other dual relationships exist, or if it is a private practice that does not meet program requirements.

2) Make an appointment with the clinical site’s Internship 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” (See page 13-14 above) 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 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 Coordinator will arrange for a site visit evaluation usually by themselves or their faculty designee.

5) The Clinical Coordinator or designated faculty site evaluator will write up a Site Evaluation Report and seek input and approval from the Faculty Clinical Committee.

6) If the clinical site is approved, then an Affiliation Agreement (legal contract) is initiated and expedited by the program Clinical Administrative Assistant.

7) When the Affiliation Agreement has been approved and signed by both Regis legal counsel and the agency’s legal representative, and all required documentation is accounted for, the approval process is complete.
LEGALITIES, EXAMS, AND LICENSING

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. 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 ACA 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 and NCE Exam

Completing a Master’s 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 Internship A, B, or C and up to one semester after you graduate. The exam is offered through Regis in October and April. Registration deadlines are firm and fall several months in advance of the exam. Look for email announcements and check with your Practicum or Internship Instructor for deadlines and information.

Contact the Clinical Administrative Assistant for application information.

For details on licensure post graduate requirements, check the Department of Regulatory Agency’s (DORA) Licensed Professional Counselor (LPC). DORA Licensure/ Applicant Services

While you are in Internship, you are highly encouraged to begin the process of registering as an unlicensed therapist in order to become eligible to begin acquiring post-graduate hours toward state licensure immediately upon graduation. 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/resources/aca-code-of-ethics.pdf

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 State Mental Health Statues

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

Regis University, Division of Counseling and Family Therapy

https://in2.regis.edu/sites/DCFT/studentportal/Clinical%20Site%20Information/Forms/AllItems.aspx
(you will need to sign in, using your Regis.net account information)

Division of Counseling and Family Therapy Student Manual
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 the CPCE (Counseling Preparation ****Exam). As indicated above, all practicum students are required to register and complete this exam before they are eligible for MCPY 698/699 Internship. Details about this exam are also outlined in syllabi for MCPY 692 and 693.
- 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 (up to 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 babysitting 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 INFORMATION

The counseling labs, located at the ILB and Colorado Springs campuses have been established for the Division of Counseling and Family Therapy 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 Regis University 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.

Regis Center for Counseling and Family Services
(ILB Campus): 303-964-5786
(CS campus): 719-264-7027

HOURS

Clinical hours at the Regis Center for Counseling and Family Therapy (RCCFT) vary, depending on the hours clinical practice are conducted. Practicum hours vary depending on the semester. Hours are subject to change according to university scheduling, client needs, and supervisory availability. Check Web Advisor for details. Appointments with clients during Practicum must be scheduled during regular office hours. Appointments are scheduled according to the university calendar.

NOTE: RCCFT does 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 3-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 3-9) 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 are kept in a HIPAA approved electronic footprint and server maintained by Regis IT department and facilities. Password protected Clinical Computer labs have been established at both ILB and Colorado Springs campuses and include computers wherein student counselors enter and maintain clinical records and all other confidential client information. HIPAA Footprint policies and procedures are outlined in syllabi for MCPY 692 and 693 and are reviewed during the HIPAA compliance training session conducted at the beginning of practicum and required of all faculty and students involved in the counseling clinics.

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 Clinical Administration staff who will store it in a locked cabinet in the main department office.

Phone Intake Form. Information from phone intakes is recorded electronically by the Clinical Administrative Coordinator. These files are distributed to practicum faculty whose students will begin electronic files on the HIPAA footprint for each client.

Log. Available in the Practicum Clinical Forms database on the HIPAA Footprint 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 electronic file according to the instructions outlined in the HIPAA footprint policies and procedures guidelines located in syllabi for MCPY 692 and 693.

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. This form is REQUIRED for students enrolled in the Division of Counseling and Marriage and Family Therapy program and who are seeking counseling as one of their program requirements. A copy of this form is included in the clients’ file and one is provided to the client on that last day of therapy.

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.

Secure Clinical Computer Labs: There are locked clinical computer labs designed for the use of students enrolled in Practicum and who see clients in the counseling labs. All confidential client information will be entered into and maintained in the HIPAA secure electronic footprint on the specific computers located in the Clinical Computer labs ONLY. Each student will have their own password protected account and will be trained on the policies and procedures of using the electronic server and equipment in the computer lab. After necessary information is uploaded to the clients’ electronic file, all other information is erased and paper documents are shredded in the clinical computer lab. Other guidelines related to HIPAA Footprint policies and procedures are outlined in syllabi for MCPY 692 and 693.

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. RCCFT uses 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 RCCFT, 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.

**AUDIO/VISUAL (AV) RECORDING POLICY**

**Storage and Observation of Client Files and AV Recordings**

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 audio/visual recordings.

Trainees are responsible for scheduling time in the Clinical Computer Lab to observe their recorded client sessions. Client AV files (and all of their contents) must remain on the HIPAA secure footprint and ONLY be accessed in secure Counseling Clinic Lab areas. Client files and AV counseling sessions can ONLY be accessed from secure computers located in the Clinical Computer Labs located on the Thornton and Colorado Springs campuses. A secure HIPAA server is located on the main campus and maintained by the Regis IT department. If you have questions about this please consult the HIPAA Footprint Policy and Procedures Manual and/or consult the Practicum coordinator or the Practicum instructor. Please NOTE that removal of any documents or materials that pertain to clients can compromise client confidentiality and will compromise your responsibilities.

Note: Secure Counseling Lab areas include: the supervision room, the counseling rooms, your Practicum classroom, the Clinical Computer Lab, and your Practicum instructor’s office. Know that access to secure electronic information is only available in the Clinical Computer Labs.

**Viewing your audio/visual session:** Arrange for a time to utilize the HIPAA secure computers in the Clinical Computer Lab and/or faculty supervisors’ offices to observe your recordings. Be certain to use headphones permitting private listening.

Students are allowed to access the Clinical Computer Labs on days and times other than their designated Practicum slot as long as the computer lab isn’t already in use by a Practicum class. 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) are Monday through Thursday 9-5.
Password Protected and Secured Areas
Combination locks have been installed in all secure areas of the counseling clinic. Only faculty will have access to the combinations, which will only be shared with students currently enrolled in Practicum. To ensure security, combinations will be changed frequently.

Practicum: Paperwork, Client Files, and Security

All initial intake paperwork, clinical case notes, and subsequent paperwork will be treated in a confidential manner and under HIPAA regulations. Accordingly, ALL client files will be maintained electronically on our HIPAA secure footprint. Paper documents will be scanned into the system and uploaded directly to client files. Practicum students will be given access codes to their HIPAA footprint portal wherein they will be able to access ONLY their clients’ files. Note that other documents and consent forms must be completed as the case demands and such documents will also be created electronically and/or directly scanned into the client file. Other consent forms and documents may include, but are not limited to:

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 immediately after use and all remaining AV recordings are purged from the system on a monthly basis
5. Follow all other guidelines outlined in the HIPAA Footprint policies and procedures document included as an addendum to the Practicum syllabus (See Appendix J at the end of this section).
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 Clinical Administrative Coordinator by the designated deadlines
- 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
- Avoid any potential dual relationships at the clinical site without prior approval from the Clinical Coordinator (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

In order to qualify for registration in MCPY 692/693 the following conditions must also exist:

- Placement has been confirmed by the clinical site
- The clinical site offers supervision with a licensed clinician (LPC, LSW, LMFT, Licensed Psychologist or Psychiatrist) who has had at least two years’ experience working in areas s/he will be supervising
- A clinical professional will be onsite whenever the student is working with clients during the Internship semester(s)
- Regis has a current legal contract with the clinical site

While in placement students must do the following:

- Attend all required Regis Group Supervision sessions and 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) taken together to begin counseling clients under direct, live supervision. There are three parts to Practicum: counseling clients in the counseling lab, co-facilitating group(s) at an approved community counseling agency, and participating in individual, triadic, and group supervision.

For most students, Practicum begins sometime during the second year of course work in the program. Be aware that some clinical sites have specific application deadlines, start dates, and/or orientation seminars separate from/in addition to those below. Submit Part I of the Practicum Application packet to the Clinical Administrative Coordinator by the following deadlines in order to receive priority registration:

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

If Part I of the packet is not submitted by the deadline above, registration will be granted on a space available basis only without exception. If the clinical site placement and schedule are known, Part II of the Practicum Application packet may be submitted at the same time as Part I. Otherwise, submit Part II no later than two weeks later (July 15, November 15, or March 15).

Notification of acceptance to Practicum and section placement will be provided as soon as possible after the Part II deadline. 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 register 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 co-facilitate group(s) under the supervision of a licensed clinician. Approved clinical sites can be viewed on the web: HERE

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.

Students will also 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 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 6 hour block of time each week at the counseling lab for 16 weeks. Usual days for Practicum are Mondays, Tuesdays, and Thursdays. 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 or a different site.
Application Deadlines for Part I:

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

Students who submit Part I of the application complete and by the deadline and who meet all criteria for enrolling in Practicum will receive priority registration. Students submitting Part I of the application after the above deadlines will be registered on a space available basis only. There are no exceptions to this policy! Please note that students who submit a complete practicum application by the published deadline will be contacted by the Compliance Office and requested to submit to a background check.

Submit Part I application packet to:

**Thornton applicants**
Sarah Mikkelsen, MFT Program/Clinical Assistant Thornton, CO 80229 or Email all application materials in pdf format to: shorn@regis.edu

**Colorado Springs applicants**
Patti Diffie, M.A., Clinical Administrative Coordinator, Colorado Springs Campus 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffie886@regis.edu

CAMPUS: □ Thornton □ Colorado Springs

DEGREE: MAC

CERTIFICATE: □ Depth Psychotherapy □ Child & Adolescent □ Marriage & Family □ Military Families □ Addictions

Student Name: ___________________________________________ ID#________________________ (required)
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: □ Yes □ No
*If not employed, skip this section.

<table>
<thead>
<tr>
<th>Pre-req Courses Completed</th>
<th>Year/Semester</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality and Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Growth &amp; Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Orientation / Ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Issues &amp; Social Justice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Techniques I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theories of Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Techniques II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups: Process &amp; Counseling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List other courses relevant to your preparation for Practicum: ____________________________________________
___________________________________________________________________________________

To complete your application also include the following:

1. A signed disclosure form for Workman’s Comp Coverage (page 34)

Check List

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

Incomplete Applications will not be accepted!

_____ Completed Part I of the application form
_____ Signed copy of the Workman's Comp Disclosure Form
_____ Signed copy of HIPAA Privacy & Security Policy & Practices
_____ Clinical Orientation Certificate
_____ "I have read the clinical manual and understand what I have read"

__________________________________________  ________________________________
Student’s Signature                         Date

**All items must be initialed and a signature provided PRIOR to application submission
Application Deadlines for Part II:

- Fall Semester: July 15
- Spring Semester: November 15
- Summer Semester: March 15

Notification of acceptance to Practicum and section placement will be provided as soon as applications submitted by the Part II deadline have been processed. Allow at least 2 weeks for processing. The faculty 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 Part II application packet to:

**Thornton applicants**
Sarah Mikkelsen, MFT Program/Clinical Assistant
Thornton, CO 80229
Email all application materials in pdf format to: shorn@regis.edu

**Colorado Springs applicants**
Patti Diffee, M.A., Clinical Administrative Coordinator
Colorado Springs Campus 7450 Campus Drive, Suite 100
Colorado Springs, CO 80920
Email all application materials in pdf format to diffe886@regis.edu

Student Name: ___________________________ ID#________________ (required)

Proposed Practicum Site:

Agency Name:______________________________________________________________
Agency Address:____________________________________________________________
Contact Person______________________________________Phone______________________
Email Address:______________________________________________________________

On-site Supervisor:______________________________________Phone______________________
Email Address:______________________________________________________________

Degree/licensure:____________________________________________________________

Proposed Practicum Schedule at Agency (if known):______________________________
Types of Clients You Will Work With*

___________________________________________________________________________________
___________________________________________________________________________________

*If children and/or 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.

Practicum lab client/section preferences:

☐ I want to work with children
☐ I want to work with adolescents
☐ I want to work with couples
☐ I have a theoretical preference for my faculty supervisor(s), which is: ______________________

Thornton students: Indicate your Preferred Days and Times for Practicum Supervision:

(Please refer to Web Advisor for available course offerings.)

1. _________________________________
2. _________________________________

You MUST give availability for more than one section of Practicum. If you are not able to give availability for more than one section, you MUST submit documentation from your place of employment, community site, etc. stating why you are not able to attend other sections. Documentation must be printed on official letterhead or submitted directly to the Clinical Administrative Coordinator via e-mail message.

To complete your application include the following*:

1. Proof of (Active) Student Liability Insurance- Attached Copy of “Certificate of Insurance” from HPSO www.hpsocom select student coverage for Licensed Professional Counselors (Student liability insurance is a free benefit of student membership in ACA.)

2. 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, as well as your plans for securing an Internship site that will provide a minimum of 600 hours.

3. A letter of acceptance from the site.

4. Verification of site supervisor’s license. You may find a current copy at the DORA website by clicking here or going to https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx

* A copy of the site supervisor’s resume may also be required once the application is reviewed.
Check List

By initialing each item, you agree it is completed and attached in your application.
(Incomplete Applications will not be accepted)

_____ Completed Part II of the application form
_____ Copy of "Certificate of Insurance" EXP DATE: ___/___/_____
_____ Cover letter
_____ Letter of acceptance from site
_____ Site supervisor's license verification (resume may also be requested by Regis University Staff after 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**
WORKMANS COMPENSATION 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, immediately contact your direct supervisors and the Regis Department of Human Resources: 303-458-4161. The following WCI information is also found on the Regis web page: Insite> Human Resources> Employee Benefits> Workers' Compensation. Click on links for forms and current provider lists.

Read the following information and return signed/dated copy with Practicum Application:

WORKERS' COMPENSATION INSURANCE

Regis University provides workers' compensation insurance at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Employees who sustain work-related injuries or illnesses should inform their supervisors immediately.

Contact for questions or to report an injury/illness:
Human Resources
303-458-4161
hrinfo@regis.edu

Very Important - If there is a medical emergency, please dial 911 immediately. The first priority is to get the injured employee medical assistance.

Injuries/illnesses should be reported to the Human Resources Department as soon as possible - no matter how insignificant you feel they may be.

HOW TO REPORT AN INJURY OR ILLNESS

Step One:
• Notify your direct supervisor and the Department of Human Resources IMMEDIATELY.
• Human Resources can help you with selecting a provider, completing the necessary forms and providing authorization to a selected provider.
• If the Human Resources Department is closed, please proceed to the next steps and notify Human Resources when the office opens.

Step Two:
• Complete a First Report of Injury form [Click Here] and submit to the Human Resources Department within 48 hours of the injury.

Step Three:
• If medical attention is needed, select a designated medical provider from the list provided [Click Here].
• Once a provider has been chosen, complete the Designated Medical Provider form [Click Here] and return it to the Human Resources Department.
• Please note that you must only visit a provider that is included on the designed list (unless there is an emergency). Failure to do so may result in your visit not being covered by workers’ compensation insurance.

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
Acknowledgment of Regis University HIPAA Privacy & Security Policy & Practices

By signing this form, I acknowledge that I have read and understand my responsibilities for following and abiding to the Regis University privacy and security policies and practices for Protected Health Information (PHI) and Individually Identifiable Health Information. Furthermore, I agree not to divulge the contents of or to provide access to any student documents in my possession that contain PHI or IIHI to another student during the current or ensuing semesters.

In the event I become aware of the unauthorized use or disclosure of PHI or ePHI that is under the control and protection of Regis University, I will report the incident within 5 days of discovery to:

Sheila Carlon, HSA Division Director
Regis University
3333 Regis Blvd.
Denver, CO 80221
303 458 4108
PrivacyOfficer@Regis.edu

I understand that all reported violations are reviewed by the Regis University HIPAA Privacy & Security Committee to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. I understand these sanctions may include notification of the student’s advisor with a note in the student’s advising file, reductions in the grade for the course up to and including failure, termination from the program or other remedial actions as directed by the Regis University HIPAA Privacy & Security Committee.

Signature: __________________________
Printed Name: __________________________
Date: __________________________
APPENDIX B
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).

b) 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 DANGEROUS 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.

Statutory Standard for Determining Whether an Individual is “Dangerous to Self or Others”

Remember that in 2013, the Colorado Legislature changed the standard for 72-hour holds and for hospitalization of clients. The term “imminent danger” is no longer used, due to the fact that it was found to be too confusing. The new definition, which replaces it, uses the term “danger to self or others”. C.R.S. 27-65-102(4.5) defines a person who is a “danger to self or others” as follows: a. With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats or by attempts at suicide or serious bodily harm to himself or herself; orb. With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in a reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question. Consult your supervisor.

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 inappropriate 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 C

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 D
CHILD ABUSE REPORTING

(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

Title 19 of the Colorado Revised Statutes (C.R.S.) covers issues relating to the abuse and neglect of children. C.R.S. §19-1-103 Definitions defines the terms “abuse” and “child abuse or neglect” as used in Title 19. Instances of abuse include physical abuse like skin bruising, bleeding, malnutrition, burns, or fractures, and emotional abuse. Abuse also includes “any case where a child is subject to unlawful sexual behavior” C.R.S. §19-1-103(II). Click the statute linked above to see the complete definition of these terms. Article 3 of Title 19 covers dependency and neglect of a child. The statutes in Article 3 include C.R.S. §19-3-102 Neglected or dependent child which lists instances where a child is considered neglected or dependent, and C.R.S. §19-3-304 Persons required to report child abuse or neglect which lists persons required to report possible child abuse or neglect. Instances of neglect under C.R.S. §19-3-102 include when a parent/guardian abandons a child, where a child’s environment is injurious to his or her welfare, when a parent/guardian refuses to provide food, shelter, education, or medical treatment, or where a parent/guardian has subjected the child to continual abuse. Persons required by law to report possible abuse under C.R.S. §19-3-304 include doctors, school personnel, social workers, mental health workers, and clergy members. Click the above links to access these statutes or browse all of the statutes in Article 3 of Title 19 by clicking here. (Direct quotation retrieved from the University of Denver Sturm College of Law website: http://www.law.du.edu/index.php/the-colorado-law-project/report-abuse-and-neglect, on March 24, 2014).

In general terms, child abuse can be 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. In fact, all mental health professionals are considered “mandated reporters” in the state of Colorado. The following website helps clarify what is meant by mandated reporters and what you are required by Law to do in the event that you are made aware of child abuse http://www.colorado.gov/cs/Satellite/CDHS-Main/CBON/1251651932321

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 the reporting agency will determine whether to proceed with an investigation. See Abuse hotline, website, and/or dial 911 to be transferred to the proper reporting agency. Child Abuse Reporting Form ss 8572 (http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) can be used as a resource to document specifics about the child and report.

All reports of child abuse made via telephone and must be followed by a written report of the call should the intake worker indicate (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, if the intake worker indicates such an action should be taken AND provides the appropriate mailing address or fax number clinic director). The written report is used for documentation purposes only. Therefore, it is See form ss 8572 website for template: http://ag.ca.gov/childabuse/pdf/ss_8572.pdf. 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).
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.

NOTE that ALL Practicum students should consult with their faculty supervisors immediately in the event that a report needs to be completed. 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. Documentation about the communication with intake workers, process followed, and consultation with clinical supervisor is also required to be included in the clients’ clinical file.

UPDATE REGARDING ELDER ABUSE REPORTING

(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

In 2013, the Colorado Legislature adopted a new statute, which requires the reporting of abuse and exploitation of elders, 70 years of age or older. The effective date for this statute, C.R.S. 18-6.5-108, is July 1, 2014. Therefore, the mandated reports must be made after that date.

The mandated reporters of elder abuse include physicians, medical doctors, registered nurses, psychologists, mental health professionals, and hospital personnel, as well as long-term care facility personnel engaged in the admission, care, or treatment of patients. Other professionals who must report elder abuse pursuant to this new statute include dentists, law enforcement personnel, court-appointed guardians and conservators, pharmacists, Community-Centered Board staff, personnel of banks, savings and loan associations, and other financial institutions, caretakers at care facilities and caretakers who provide home healthcare.

The types of abuse or exploitation of elders, 70 years of age or older, which must be reported, pursuant to the definitions contained in Section 18-6.5-102 are as follows:

1. Abuse means the “non-accidental infliction of bodily injury, serious bodily injury, or death; confinement or restraint that is unreasonable under generally accepted caretaking standards; sexual conduct or contact; and caretaker neglect.”

2. Exploitation for purposes of this statute means an act or omission committed by a person who “uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive and at-risk elder of the use, benefit, or possession of his or her money, assets or property”; or who, in the absence of legal authority, “employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk elder”; or who “forces, compels, coerces, or entices an at-risk elder to perform services for the profit or advantage of the person or another person against the will of the at-risk elder”; or “misuses the property of an at-risk elder in a manner that adversely affects the at-risk elder’s ability to receive healthcare or healthcare benefits or to pay bills for basic needs or obligations.”

3. Caretaker neglect means “neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for an at-risk adult or an at-risk elder or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, and artificial nutrition and hydration, in accordance with any valid medical directive or order or as described in a palliative plan of care shall not be deemed caretaker neglect.

**Reporting Procedures for Elder Abuse**

In compliance with C.R.S. 18-6.5-108, a person “who observes the abuse or exploitation of an at-risk elder . . . or who has reasonable cause to believe that an at-risk elder has been abused or exploited or is at imminent risk of
abuse or exploitation shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.” Thus, pursuant to this new law, those required to report elder abuse or exploitation are those professionals who have witnessed it or who have “reasonable cause to believe” that an elder 70 years of age or older has been abused or exploited or is at risk of imminent abuse or exploitation. The standard is not to report suspected abuse or neglect.

A best practice would be to disclose to the elder that a report will be made, and to obtain written acknowledgement, if possible, from the elder that a report is going to be made. A professional making the report should document carefully all of the information obtained regarding the abuse or exploitation reported, the identities of witnesses to the abuse or exploitation, and all information concerning the reporting process, including the name of the law enforcement official to whom the report was made.

Failure to report abuse or exploitation of a senior who is 70 years of age or older will be a criminal offense, classified as a misdemeanor.

**No Mandatory Duty Exists to Report Abuse of At-Risk Adults**

In enacting C.R.S. 18-6.5-108, which requires designated individuals to make mandated reports of abuse, exploitation, and caretaker neglect of elders 70 years of age or older, the legislature revised statutes regarding at-risk adults. However, pursuant to the provisions of C.R.S. 26-3.1-102, mental health care professionals and other healthcare providers are not mandated to report abuse of at-risk adults. At-risk adults are still defined as those with physical or mental disabilities including adults who are developmentally disabled, mentally ill, or who have physical disabilities.

--------------------------

**Statutory Standard for Determining Whether an Individual is “Dangerous to Self or Others”**

In 2013, the Colorado Legislature changed the standard for 72-hour holds and for hospitalization of clients. The term “imminent danger” is no longer used, due to the fact that it was found to be too confusing. The new definition, which replaces it, uses the term “danger to self or others”. C.R.S. 27-65-102(4.5) defines a person who is a “danger to self or others” as follows:

a. With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats or by attempts at suicide or serious bodily harm to himself or herself; or

b. With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in a reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question.

**Definition of “Gravely Disabled”**

In 2013, the Colorado Legislature also changed the definition of the term “gravely disabled”. The definition of this term, contained in C.R.S. 27-65-102(9) means “a condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in substantial bodily harm. A person of any age may be ‘gravely disabled’, but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.” As set forth in Section 27-65-105, a 72-hour hold may be sought for a person who is gravely disabled under this definition.

--------------------------
Welfare Checks by Law Enforcement

A generally accepted practice nationwide, when therapists are concerned about the safety of clients who may be suicidal or threatening harm to themselves, is to contact a law enforcement agency in order to request a welfare check. In order to avoid an accusation that requesting a welfare check by a therapist constitutes a breach of confidentiality or a HIPAA violation, a Client Disclosure Statement needs to inform the client that the therapist’s policy is to request a welfare check through law enforcement in the event that the therapist becomes concerned about the client’s safety or welfare. The Disclosure Statement is designed to obtain the client’s consent to the therapist’s practice of obtaining a welfare check, as needed, from law enforcement. When the client signs the Disclosure Statement, providing informed consent for a welfare check to be conducted, the therapist need not worry about a potential breach of confidentiality. This would enable the therapist to explain to law enforcement, while requesting the welfare check, the specific concern of the therapist.
APPENDIX E
SUPERVISION OF CHILDREN

To insure the safety of children who are seen at The Regis Center for Counseling and Family Therapy and to make sure that others who work near The Regis Center for Counseling and Family Therapy 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 F

Playroom 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 G

Documentation of Clinical Experience Hours: Practicum

Semester Dates: From__________ To ____________

Student Name:___________________________________________________________________

Site Name:___________________________________________________________________

Site Supervisor:_________________________________________________________________

<table>
<thead>
<tr>
<th>Week of Year ______</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual Therapy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Group Therapy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Play Therapy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Family Therapy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal: Direct Service Hours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Consultation/Referral</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Clinical Supervision</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Group Supervision</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Triadic Supervision</strong></td>
<td></td>
</tr>
<tr>
<td><strong>In-Service/Training</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Observation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other (Specify)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Psychotherapy Hours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Hours Per Week</strong></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: _____________

Site Supervisor Signature: ___________________________ Date: _____________

Faculty Group Supervisor Signature: ___________________________ Date: _____________

Faculty Triadic Supervisor Signature: ___________________________ Date: _____________

Therapist Signature: ___________________________ Date: _____________
Student Counseling Skills Evaluation
By Clinical Supervisor

Name of Student: ________________________________________________________________
Date: __________________
Site: _____________________________________________________________________________

Course (Circle One): Practicum MCPY692/693  Internship: MCPY 698A  MCPY 698B  MCPY 698C
Supervisor (Circle One): Faculty/Group Supervisor  Triadic Supervisor  Site/Agency Supervisor
Supervisor Name: ________________________________________________________________
Supervisor’s License:___________

Directions: Evaluations are completed by site supervisors 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. For the FINAL evaluation, FACULTY will please use this rubric and enter your ratings into TASKSTREAM.

Rating Scale:

1-2: 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.

3: Competence demonstrated is at expectation for this course and level of clinical development.

4-5: Competence demonstrated is above expectations for this course and level of clinical development.

-N- Insufficient data to rate at this time.

Benchmark Assignment: The FINAL Evaluation is the benchmark assignment for this course & will provide the basis for your course grade. An evaluation of “1” on any item is the Final Evaluation at the end of the course will constitute a grade of “No Pass” for the course.

<table>
<thead>
<tr>
<th>MIDTERM Rating</th>
<th>Core Competency Skills CACREP Standard (II.G.5.b; II.G.5.c)</th>
<th>FINAL Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Establishes relationships in such a manner that a working alliance and safe environment can be created.</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Opening sessions – Greets client warmly and offers appropriate structure/boundaries.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Understanding content – understanding the primary elements of the client’s story.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Understanding context – understanding the uniqueness of the story elements and their underlying meanings.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Non-verbal attending - voice, body posture, proximity &amp; content congruent</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Congruence – demonstrates genuineness; external behavior consistent with internal affect.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Reflecting feelings – acknowledges and responds to feelings in a therapeutic manner, without over-identifying with the client. Conveys warm or caring stance.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Clarification – helps the client be more specific and concrete.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Use of Questions/Probes – generally open-ended; not use excessively; questions deepen exploration or provide appropriate challenge.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Paraphrasing – Accurately acknowledges the essence of the client’s statement.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Summarizing- themes are identified and communicated</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Self-disclosure –used intentionally; sparingly; and maintains focus on the client.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Immediacy/giving feedback about what is heard or observed; timing is sensitive and appropriate. Observations (i.e., feedback), if given, are specific.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Playing a Hunch – interpretations are offered intentionally, tentatively, respectfully, and encourage client to engage in more or deeper exploration or reflection.</td>
<td></td>
</tr>
</tbody>
</table>
### MIDTERM

14. Noting a Theme or Connection, or Reframing – Observations about themes, patterns, encourage client to engage in more or deeper exploration or reflection.

15. Confrontation or Noting a Discrepancy – observations about discrepancies are offered tentatively, respectfully, are fairly specific, and offer opportunity for client to respond.

16. Allowing Silence – Some use of silence is observed during the session; use of silence is intentional and it is accompanied by non-verbal behavior indicating openness.

17. Timing – Overall, responses are at the optimal moment.

18. Intentionality – Responses that acknowledge, explore or challenge are done with clear intention. Messages are consistent (not mixed).

19. Ending sessions--appropriate time-frame or time limits are maintained; ending of session is not abrupt; client is given time to prepare for the ending or transition out of the session.

20. Demonstrates awareness of power differences in the therapeutic relationship and manages these differences effectively.

21. Collaborates with the client to establish clear therapeutic goals.

### CLINICAL MENTAL HEALTH COMPETENCIES

<table>
<thead>
<tr>
<th>MIDTERM</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. <strong>Foundations: Knowledge (CMHC.A5, A8)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Understands a variety of models and theories related to counseling, including methods, models and principles of clinical supervision (CMHC Standard A.5)</td>
<td></td>
</tr>
<tr>
<td>2. Understands the management of MH services and programs, including areas of administration, finance, and accountability (CMHC Standard.A.8)</td>
<td></td>
</tr>
<tr>
<td>B. <strong>Foundations: Skills and Practice (CMHC.B.1, B2)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Demonstrates ability to apply and adhere to ethical and legal standards including managing dual relationships and utilizing appropriate conflict resolution skills in the mental health setting (CMHC.B.1)</td>
<td></td>
</tr>
<tr>
<td>2. Applies knowledge of public MH policy, financing, and regulatory processes to processes to improve service delivery opportunities in CMH counseling (CHHC.B.2)</td>
<td></td>
</tr>
<tr>
<td>3. Conducts self in a professional manner and relates to peers, professors, and others in a manner consistent with stated professional standards.</td>
<td></td>
</tr>
<tr>
<td>C. <strong>Counseling, Prevention, Intervention: Knowledge</strong> (CMHC. C5, C7, C8)</td>
<td></td>
</tr>
<tr>
<td>1. Understands the range of MH service delivery – such as inpatient, outpatient, partial treatment and aftercare --and the CMH counseling services network relative to the clinical placement (CMHC.C.5)</td>
<td></td>
</tr>
<tr>
<td>2. Knows the principles, models, and documentation formats of bio-psychosocial case conceptualization and treatment planning (CMHC.C.7)</td>
<td></td>
</tr>
<tr>
<td>3. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders (CMHC.C.8)</td>
<td></td>
</tr>
<tr>
<td>D. <strong>Counseling, Prevention, Intervention: Skills and Practice</strong> (CMHC. D1 – D9)</td>
<td></td>
</tr>
<tr>
<td>1. Uses principles and practices of diagnosis, treatment, referral and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling (CMHC.D.1)</td>
<td></td>
</tr>
<tr>
<td>2. Applies multicultural competencies involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling, including managing power differences (CMHC. D.2 and D.5)</td>
<td></td>
</tr>
<tr>
<td>3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities (CMHC. D.3)</td>
<td></td>
</tr>
<tr>
<td>4. Applies effective strategies to promote client understanding of and access to a variety of community resources (CMHC.D.4)</td>
<td></td>
</tr>
<tr>
<td>5. Understands risk management and is able to use procedures for assessing and managing suicide risk (CMHC.D.6)</td>
<td></td>
</tr>
<tr>
<td>MIDTERM</td>
<td>FINAL</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>6. Applies current record-keeping standards related to CMH counseling. Reports, case, &amp; process notes are succinct, professional, and completed on time (CMHC.7)</td>
<td></td>
</tr>
<tr>
<td>7. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders (CMHC.D.8)</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrates ability to recognize own limitations and to seek supervision or refer clients when appropriate. Demonstrates an awareness of his/her own belief systems, values, needs and limitations; and the effect of these on his/her work. (CMHC.D.9)</td>
<td></td>
</tr>
<tr>
<td><strong>E. Diversity and Advocacy: Knowledge</strong> (CACREP Standard II. G.5.e; CMHC. E.1-4)</td>
<td></td>
</tr>
<tr>
<td>1. Understands the effects of cultural, individual, and role differences of clients, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. (CMHC.E.2; II.G.5.e)</td>
<td></td>
</tr>
<tr>
<td>2. Respects the fundamental rights dignity and worth of all people and understands how living in a multicultural society effects clients who are seeking CMH counseling (CMHC.E.1)</td>
<td></td>
</tr>
<tr>
<td><strong>F. Diversity and Advocacy: Skills and Practice</strong> (CMHC.F2, F3)</td>
<td></td>
</tr>
<tr>
<td>1. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients (CMHC.F.2)</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations (CMHC.F.3)</td>
<td></td>
</tr>
<tr>
<td><strong>G. Assessment: Knowledge</strong> (CMHC.G.3)</td>
<td></td>
</tr>
<tr>
<td>The student has a basic understanding of psychopharmacological medications and a sense of when to refer for medication evaluations (CMHC.G.3)</td>
<td></td>
</tr>
<tr>
<td><strong>H. Assessment: Skills and Practices</strong> (CMHC.H.1-4)</td>
<td></td>
</tr>
<tr>
<td>1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols and able to modify to fit client needs (CMHC.H.1)</td>
<td></td>
</tr>
<tr>
<td>2. The student demonstrates skill in conducting an intake interview, a mental status evaluation, a bio-psychosocial history, a mental health history, and a psychological assessment for treatment planning &amp; case load management (CMHC.H.2)</td>
<td></td>
</tr>
<tr>
<td>3. The student screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. (CMHC.H.3)</td>
<td></td>
</tr>
<tr>
<td>4. The student applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. (CMHC.H.4)</td>
<td></td>
</tr>
<tr>
<td><strong>I. Research and Evaluation: Knowledge, Skills, and Practice</strong></td>
<td></td>
</tr>
<tr>
<td>The student understands how to both critically evaluate and apply relevant research findings to inform the practice of clinical mental health counseling. (CMHC. I.1. &amp; J.1)</td>
<td></td>
</tr>
<tr>
<td><strong>J. Diagnosis: Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>1. The student knows the principles of the diagnostic process, including differential diagnosis, and use of current diagnostic tools, including current DSM (CMHC.K.1)</td>
<td></td>
</tr>
<tr>
<td>2. The student understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care (CMHC.K.2)</td>
<td></td>
</tr>
<tr>
<td>3. The student understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations (CMHC.K.4)</td>
<td></td>
</tr>
<tr>
<td><strong>K. Diagnosis: Skills and Practices</strong></td>
<td></td>
</tr>
<tr>
<td>1. The student demonstrates appropriate use of diagnostic tools, including current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments (CMHC. L.1)</td>
<td></td>
</tr>
<tr>
<td>2. Student is able to accurately conceptualize a client’s diagnosis and discuss a differential diagnosis with collaborating professionals (CMHC.L.2)</td>
<td></td>
</tr>
<tr>
<td><strong>L. Consultation Skills</strong> - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs and makes appropriate referrals when necessary.</td>
<td></td>
</tr>
</tbody>
</table>
M. **Clinical Supervision**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Actively seeks supervision, demonstrates openness to giving and receiving feedback from both faculty and peers.</td>
</tr>
<tr>
<td>2.</td>
<td>Integrates feedback to improve clinical skills and ongoing professional development.</td>
</tr>
</tbody>
</table>

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:_____________

Supervisor: ____________________________________________________________ Date:____________
Please print

Student _________________________ Degree: MAC Date ___________

Clinical Site Supervisor ________________________________________________

Site Name_____________________________________________________________

Site Address ___________________________________________________________

Regis Faculty Practicum Group Supervisor _________________________________

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 H: PRACTICUM LAB FORMS

Regis Center for Counseling and Family Therapy

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

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 ____________________________
**Regis Center for Counseling and Family Therapy**

**Client Information Form**

Name ________________________ Date ____ / ____ / ______

Home Address__________________ City, State Zip__________________

Phone number__________________ Email _________________________

DOB________________________ Referring Person or Agency________________________

Are you a graduate student in the Division of Counseling and Family Therapy? __No __Yes
If yes, please check the following:

___ Fulfiling MCPY 505 Requirement

<table>
<thead>
<tr>
<th>Relationship Status:</th>
<th>Ethnic Origin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Single</td>
<td>____ White/Euro-American</td>
</tr>
<tr>
<td>____ Married/Living with Partner</td>
<td>____ Asian/Asian-American</td>
</tr>
<tr>
<td>____ Domestic/Civil Union</td>
<td>____ Black/African-American</td>
</tr>
<tr>
<td>____ Separated</td>
<td>____ Hispanic/Mexican</td>
</tr>
<tr>
<td>____ Divorced</td>
<td>American/ Latino(a)</td>
</tr>
<tr>
<td>____ Widowed</td>
<td>____ Native American/Indian</td>
</tr>
<tr>
<td>____ Single Parent</td>
<td>____ International</td>
</tr>
<tr>
<td></td>
<td>____ Biracial</td>
</tr>
<tr>
<td></td>
<td>____ Other: Specify: ________</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
  - Other

Hospitalization
- Depression
- Eating disorders
- Suicide

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
- 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
   _____ Other ______________________________________

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

_____ 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
   _____ Job loss
   _____ Relationship ending
   _____ 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. __________________________________________
Regis Center for Counseling and Family Therapy

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (i.e., mother, father, son, etc.)</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Education</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significant health related issues and medication

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Health Issue</th>
<th>Duration</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regis University
Rueckert-Hartman College for Health Professions
Clinician Psychosocial Summary

Client: ___________________________  Date of Intake: ________________
Therapist: ________________________  Supervisor: _________________

Client’s 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 RCCFT Counseling Lab
_____ Referral made to outside agency: ____________________________________________________
________________________________________________

______________________________  ________________________
Therapist-in-Training                Date

______________________________  ________________________
Practicum Instructor                Date
Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

PROFESSIONAL DISCLOSURE AND
CLIENT RIGHTS STATEMENT

Regis Center for Counseling and Family Therapy
500 E. 84th Avenue, Suite B-12 Thornton, CO 80229
303-964-5786

Regis Center for Counseling and Family Therapy
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 the 16-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
4) 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. Should you need immediate assistance, please call 911 or proceed to the nearest Emergency Room.

Please also review the following:

In 2013, the Colorado Legislature also changed the definition of the term “gravely disabled”. The definition of this term, contained in C.R.S. 27-65-102(9) means “a condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in substantial bodily harm. A person of any age may be ‘gravely disabled’, but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.” As set forth in Section 27-65-105, a 72-hour hold may be sought for a person who is gravely disabled under this definition.

FEE AND PAYMENT POLICY: No fees will be collected for counseling services through The Regis Center for Counseling and Family Therapy.

CANCELLATION POLICY: If you need to cancel an appointment, please call RCCFT at (303) 964-5786 or RCCFT-Colorado Springs 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
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
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

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 Regis Center for Counseling and Family Therapy (if receiving counseling through Regis University, Thornton or 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. RCCFT 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, RCCFT 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, RCCFT 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.** RCCFT 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.** RCCFT 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 RCCFT Counseling Services personnel.** Crimes that are observed by RCCFT Counseling Services, staff that are directed toward staff, or occur on RCCFT 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 payers, 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, RCCFT Counseling Services, staff will disclose information necessary to avoid serious harm or death.

**B. Client Release of Information or Authorization.** RCCFT 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 RCCFT 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 RCCFT Counseling Services staff for the appropriate request form.

**B. Amendment of Your Record.** You have the right to request that RCCFT Counseling Services or your healthcare professionals amend your protected health information. RCCFT 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 RCCFT Counseling Services for the appropriate form.
C. **Accounting and Disclosures.** You have the right to receive an accounting of certain disclosures RCCFT Counseling Services has made regarding your protected health information. However, that accounting does not 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, ask RCCFT 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. RCCFT 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 RCCFT 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 RCCFT Counseling Services by alternative means or at alternative locations. For example, if you do not want RCCFT 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 RCCFT 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. RCCFT Counseling Services.** Is required by state and federal law to maintain the privacy of protected health information. In addition, RCCFT Counseling Services is required by law to provide clients with notice of its 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. RCCFT Counseling Services** is required to abide by the terms of this notice, or any amended notice that may follow. RCCFT 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 RCCFT Counseling Services has violated your rights, you have the right to complain to RCCFT 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 RCCFT 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 RCCFT 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 RCCFT 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
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Regis University
500 E. 84th Avenue, Suite B-12
Thornton, CO 80229

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)
Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

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

I/We _______________________________________________ have received a copy of RCCFT 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 Center for Counseling and Family Therapy
Release of Information
Authorization for Disclosure of Protected Health Information (D-PHI) & Request for Confidential Communication

I, ____________________________, hereby authorize ________________________________ to release the following information:

☐ RCCFT Counseling Services - ILB
500 E. 84th Avenue, Suite B-12
Thornton, CO 80021

☐ RCCFT Counseling Center – Col Springs
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:
☐ Treatment (Internal & External)
☐ Operations (Administrative)
☐ Payment (Reimbursement)
☐ Other (Indicates HIPAA Authorization, use only when necessary)

Specify:

☐ 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 RCCFT COUNSELING SERVICES 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 confidentiality 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

______________________
CLIENT(S) SIGNATURE
Date ____________________________

Parent, Guardian or Authorized Representative ____________________________
Relationship ____________________________
Date ____________________________

Clinician Signature ____________________________
Date ____________________________

Consent revoked:

______________________
Client(s) Signature
Date ____________________________
THIS FACSIMILE CONTAINS INDIVIDUALLY IDENTIFIABLE PATIENT HEALTH INFORMATION. THE USE AND DISCLOSURE OF INFORMATION CONTAINED IN THIS FAX IS RESTRICTED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND IS PROTECTED UNDER THE PRIVACY ACT OF 1974. IT IS INTENDED FOR THE USE OF THE ADDRESSEE(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, Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
RCCFT Counseling Services
Thornton Campus
Telephone #: 303-964-5786
Fax #: 303-635-1363
RCCFT Counseling Services
Colorado Springs Campus
Telephone #: 719.264.7027
Fax #: 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: ___________________________
Regis University  
Rueckert-Hartman College for Health Professions  
Division of Counseling and Family Therapy  

Regis Center for Counseling and Family Therapy  

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 5 Diagnosis  

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>GOALS/DIRECTIONS</th>
<th>PLANNED INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Counselor Signature  Date  Supervisor Signature  Date
Regis University  
Rueckert-Hartman College for Health Professions  
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

For each client’s file, staple on inside left 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).

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# CLIENT CASE NOTES

Client’s Name(s): ____________________________   Page #: _____

Counselor’s Name: ____________________________   Supervisor’s Name: ____________________________

<table>
<thead>
<tr>
<th>Date:</th>
<th>Length:</th>
<th>Type: Individual</th>
<th>Payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**“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: ______
Regis Center for Counseling and Family Therapy

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 __________________________________________________________________

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:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>RELATIONSHIP:</th>
<th>PHONE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date  ____________________________  Client’s Signature

Date  ____________________________  Counselor’s Signature
CONFIDENTIAL
Suspected Child Abuse Reporting Form
Regis University, Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

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

UPDATE REGARDING ELDER ABUSE REPORTING
(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

In 2013, the Colorado Legislature adopted a new statute, which requires the reporting of abuse and exploitation of elders, 70 years of age or older. The effective date for this statute, C.R.S. 18-6.5-108, is July 1, 2014. Therefore, the mandated reports must be made after that date.

The mandated reporters of elder abuse include physicians, medical doctors, registered nurses, psychologists, mental health professionals, and hospital personnel, as well as long-term care facility personnel engaged in the admission, care, or treatment of patients. Other professionals who must report elder abuse pursuant to this new statute include dentists, law enforcement personnel, court-appointed guardians and conservators, pharmacists, Community-Centered Board staff, personnel of banks, savings and loan associations, and other financial institutions, caretakers at care facilities and caretakers who provide home healthcare.

The types of abuse or exploitation of elders, 70 years of age or older, which must be reported, pursuant to the definitions contained in Section 18-6.5-102 are as follows:

1. Abuse means the “non-accidental infliction of bodily injury, serious bodily injury, or death; confinement or restraint that is unreasonable under generally accepted caretaking standards; sexual conduct or contact; and caretaker neglect.”

2. Exploitation for purposes of this statute means an act or omission committed by a person who “uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive and at-risk elder of the use, benefit, or possession of his or her money, assets or property”; or who, in the absence of legal authority, “employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk elder”; or who “forces, compels, coerces, or entices an at-risk elder to perform services for the profit or advantage of the person or another person against the will of the at-risk elder”; or “misuses the property of an at-risk elder in a manner that adversely affects the at-risk elder’s ability to receive healthcare or healthcare benefits or to pay bills for basic needs or obligations.”

3. Caretaker neglect means “neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for an at-risk adult or an at-risk elder or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, and artificial nutrition and hydration, in accordance with any valid medical directive or order or as described in a palliative plan of care shall not be deemed caretaker neglect.

Reporting Procedures for Elder Abuse

In compliance with C.R.S. 18-6.5-108, a person “who observes the abuse or exploitation of an at-risk elder . . . or who has reasonable cause to believe that an at-risk elder has been abused or exploited or is at imminent risk of abuse or exploitation shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.” Thus, pursuant to this new law, those required to report elder abuse or exploitation are those professionals who have witnessed it or who have “reasonable cause to believe” that an elder 70 years of age or older has been abused or exploited or is at risk of imminent abuse or exploitation. The standard is not to report suspected abuse or neglect.

A best practice would be to disclose to the elder that a report will be made, and to obtain written acknowledgement, if possible, from the elder that a report is going to be made. A professional making the report should document carefully all of the information obtained regarding the abuse or exploitation reported, the identities of witnesses to the abuse or exploitation, and all information concerning the reporting process, including the name of the law enforcement official to whom the report was made.
Failure to report abuse or exploitation of a senior who is 70 years of age or older will be a criminal offense, classified as a misdemeanor.

**No Mandatory Duty Exists to Report Abuse of At-Risk Adults**

In enacting C.R.S. 18-6.5-108, which requires designated individuals to make mandated reports of abuse, exploitation, and caretaker neglect of elders 70 years of age or older, the legislature revised statutes regarding at-risk adults. However, pursuant to the provisions of C.R.S. 26-3.1-102, mental health care professionals and other healthcare providers are not mandated to report abuse of at-risk adults. At-risk adults are still defined as those with physical or mental disabilities including adults who are developmentally disabled, mentally ill, or who have physical disabilities.

-----------------------------

**Statutory Standard for Determining Whether an Individual is “Dangerous to Self or Others”**

In 2013, the Colorado Legislature changed the standard for 72-hour holds and for hospitalization of clients. The term “imminent danger” is no longer used, due to the fact that it was found to be too confusing. The new definition, which replaces it, uses the term “danger to self or others”. C.R.S. 27-65-102(4.5) defines a person who is a “danger to self or others” as follows:

a. With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats or by attempts at suicide or serious bodily harm to himself or herself; or

b. With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in a reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question.

**Definition of “Gravely Disabled”**

In 2013, the Colorado Legislature also changed the definition of the term “gravely disabled”. The definition of this term, contained in C.R.S. 27-65-102(9) means “a condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in substantial bodily harm. A person of any age may be ‘gravely disabled’, but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.” As set forth in Section 27-65-105, a 72-hour hold may be sought for a person who is gravely disabled under this definition.

-----------------------------

**Welfare Checks by Law Enforcement**

A generally accepted practice nationwide, when therapists are concerned about the safety of clients who may be suicidal or threatening harm to themselves, is to contact a law enforcement agency in order to request a welfare check. In order to avoid an accusation that requesting a welfare check by a therapist constitutes a breach of confidentiality or a HIPAA violation, a Client Disclosure Statement needs to inform the client that the therapist’s policy is to request a welfare check through law enforcement in the event that the therapist becomes concerned about the client’s safety or welfare. The Disclosure Statement is designed to obtain the client’s consent to the therapist’s practice of obtaining a welfare check, as needed, from law enforcement. When the client signs the Disclosure Statement, providing informed consent for a welfare check to be conducted, the therapist need not worry about a potential breach of confidentiality. This would enable the therapist to explain to law enforcement, while requesting the welfare check, the specific concern of the therapist.
TERMINATION SUMMARY RECORD
Regis University, Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Regis Center for Counseling and Family Therapy

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Purpose</th>
<th>Outcome (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Test Administration:

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Administered by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Address of Report Recipient</th>
<th>Substance of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ___________
Supervision/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: ________________
Appendix I

Counselor Preparation Comprehensive Examination (CPCE) Requirement

The Division of Counseling and Family Therapy, MA Counseling program has implemented the Counselor Preparation Comprehensive Examination (CPCE) as a requirement for MA Counseling Students.

➢ Any MA Counseling (MAC) student attending practicum from Spring 2014 onward will be required to take the examination. The present implementation of the exam is a pilot study only with no other requirements other than completion. Future exams may require a minimum passing rate prior to graduation. Students must complete the exam prior to finishing Internship A or they will receive an incomplete in Internship A until the exam has been taken.

➢ Students attending Internship A or B, may also take the exam voluntarily as an inexpensive means to practice for the National Counselor Exam for licensure (NCE).

The CPCE serves multiple beneficial purposes:

❖ Student and alumni have consistently requested greater support and help for preparing for the National Counselor Exam (NCE), required for LPC licensure in most states, including Colorado. The CPCE replicates the NCE by assessing the eight core curriculum areas. Taking the CPCE offers students the opportunity to take the exam as practice and preparation for the NCE.

❖ CPCE results offer students direct feedback on their strengths and deficits in the core areas. Taking the CPCE increases the likelihood of passing the NCE with further study and preparation.

❖ CACREP accreditation requires that the Division of Counseling and Family Therapy evaluate the eight core curriculum areas provided in the MAC program. The CPCE will serve as an assessment tool to meet our accreditation requirements and will provide evidence of student success in the program. Results will serve to improve and further develop MAC Curriculum quality and delivery.

Completing the CPCE and Exam Score Requirements:

Two separate testing dates will be provided each semester, specific details will be provided to all students enrolled in MCPY 692/693 as well as those enrolled in Internship A who have not yet taken the exam.

Fees and Registration:

1. Choose a testing time.
2. Reserve your testing time with Clinical Administrative Assistant by the deadlines.
3. When registering submit a cashier’s check or money order payable to CCE.
4. Attend the testing time at the Regis Testing Center:
   Regis University Testing Center
   Clark Hall Ste 241
   3333 Regis Blvd.
   Denver, CO 80221-1099
5. Additional information regarding registration will be provided.
CPCE Exam Application

Name: _______________________________   Student ID#____________________

Your phone: __________________________   Email: __________________________

Your current class (circle one): Practicum   Internship A

1st Choice Date of Exam: ________________________________

2nd Choice Date of Exam: ________________________________

[ ] (Check here): CPCE Exam fee of $50.00 is included, money order payable to CCE.

Signature: ____________________________________________   Date: _______________

By signing I am committing to the exam date(s) above and to complete the exam as required for the MA Counseling program. If I fail to take the exam at the assigned time, I will be required to make up the exam on future date.
Preparing for the CPCE Exam:

You are encouraged to prepare for the exam. Below are a number of resources to support this process. You will be evaluated in the eight core program areas each covered in the MAC program:

1. Human Growth and Development
2. Social and Cultural Diversity
3. Helping Relationships
4. Group Work
5. Career Development
6. Assessment (Note, all CPCE will include DSM-V in April 2014).
7. Research and Program Evaluation
8. Professional Orientation and Ethical Practice.

Test Study Guides:

There is no official study guide for the CPCE. Since the CPCE and the National Counselor Examination for Licensure and Certification (NCE) are based on the same eight knowledge areas, any study materials developed for the NCE should be useful for the CPCE.

- Academic Review provides preparation materials for the NCE. The CPCE is drawn from the same type of questions. Link: www.academicreview.com
- Practice Quiz Link: http://www.practicequiz.com/CPCE-Exam-Prep
- Encyclopedia of Counseling Link:
  http://www.amazon.com/Encyclopedia-Counseling-Examination-Preparation-Comprehensive/dp/0415958628/ref=pd_bbs_sr_1?ie=UTF8&s=books&qid=1240518234&sr=8-1
- See also Howard Rosenthal’s Encyclopedia of Counseling DVD’s. www.howardrosenthal.com
- See also: http://tandf.msgfocus.com/q/17ELpHh0AfYzvyWfyc78I/wv
- Please see the documents: CPCE, Textbook List, 2010

National Counselor Exam (NCE)

The NCE exam is managed by the National Board of Certified Counselors (NBCC) based out of Greensboro, NC. The Regis testing center administers the exam twice a year once in October as well as in April. The RHCHP Division of Counseling provides a list to NBCC of students eligible to sit for the exam based on enrollments in Practicum and Internship. NBCC takes that list and sends out an email invitation to students to the online application. In taking the exam and passing it one becomes a nationally certified counselor (NCC) which is a great credential and makes you more attractive to clients and potential employers.
Appendix J

HIPAA Policies and Procedures

Students and faculty are REQUIRED to complete necessary training on how to comply with the policies and procedures for maintaining HIPAA compliance. This document outlines HIPAA compliance policies and procedures specific to the Center for Counseling and Family Therapy and Regis University. In addition, this document includes detailed instructions to access the Regis University HIPAA Server or Footprint. Additional information and training experiences regarding HIPAA policies and procedures are available and may be provided on an as needed basis to update students and faculty on HIPAA policies and procedures practiced in the Center for Counseling and Family Therapy and Regis University.

Goals of HIPAA Compliance

The goals for maintaining rigorous adherence to HIPAA compliance requirements within all Regis University-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of PHI and ePHI as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information, and
- Protect against unauthorized access, use or disclosure of such information.

Important Information about HIPAA – Protecting confidential information

Protected health information is any information that allows you associate a person's identity with their health care information. This applies to all forms of media including: paper documents, electronic files and data, course notes, research papers, video and sound recordings, photos, charts, etc. As it pertains to Regis University-sponsored programs, projects and activities, the following are reminders of common privacy and security practices for protected health information that must be followed:

- Any personal documents and notes in any form that contains individually identifiable health information on patients you come into contact with as a result of Regis University-sponsored training must be properly protected and its confidentiality must be maintained.

- Regis University students who are training at partner health provider organizations are prohibited from removing documents that contain individually identifiable health information without a written and signed authorization from the health care provider’s Health Information Management (HIM) Department or authorized representative and the proper patient authorization. Special note on minors—in most cases, minors cannot legally consent or authorize the release of their protected health information. Accordingly, a guardian must provide consent.

- Regis University students participating in Regis University-sponsored health care training and research activities must only use de-identified information or limited data sets in any presentations or publications outside of the health care provider organization. (See Appendix I on ‘How to de-identify individual health information’.)

- For Regis University students participating in Regis University-sponsored health care training and research activities, the following activities involving individually identifiable health information are explicitly prohibited:
  
  - **Sending such information through unsecure email,**
  - **Posting such information on any social networking site regardless of the user account used by the Regis University student, faculty or staff to post the information,** and
  - **Disclosing such information during classroom discussions and/or presentation.**
• Students will follow the policies and procedures regarding how to de-identify clients’ individual health care information (See appendix I).

• Students will follow the policies and procedures regarding recording and maintaining client confidential information and accessing the HIPAA Footprint (See Appendix II) in the Center for Counseling and Family Therapy.

• Students will follow the Video Recording Policies and procedures regarding HIPAA compliance while recording counseling sessions in the Center for Counseling and Family Therapy (See Appendix III).

• Students will acknowledge that they have reviewed the policies outlined in this document and provide verification of their willingness to abide by the HIPAA policies and procedures at Regis University (See Appendix IV).

**Policy compliance and sanctions**

• It is the responsibility of each student to review all aspects of the course syllabus including the Regis University HIPAA Privacy & Security Reminders. In doing so, the student acknowledges that he or she agrees to adhere to these practices.

• All violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Regis University HIPAA Privacy & Security Committee for review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

• Sanctions may include notification of the student’s advisor with a note in the student’s advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the Regis University HIPAA Privacy & Security Committee.

• **Reporting requirements**
  In the event that any Regis University staff, faculty or student becomes aware of the unauthorized use or disclosure of PHI or ePHI that is under the control and protection of Regis University, the incident must be reported within 5 days of discovery to:

  Sheila Carlon, HSA Division Director  
  Regis University  
  3333 Regis Blvd.  
  Denver, CO 80221  
  303 458 4108  
  PrivacyOfficer@Regis.edu

  With a copy to:  
  Susan Layton,  
  Associate Vice President  
  Regis University  
  3333 Regis Blvd.  
  Denver, CO 80221  
  slayton@regis.edu
How to de-identify individual health information

Health information must be stripped of all of the following elements that identifies individual clients, his or her relatives, employers, or other household members:

- Names and numbers directly associated with client (Ex: Social Security & Telephone numbers);

- All specific geographic location information such as subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;

- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

- Fax numbers;

- Electronic mail addresses;

- Medical record numbers;

- Health plan beneficiary numbers;

- Account numbers;

- Certificate/license numbers;

- Vehicle identifiers and serial numbers, including license plate numbers;

- Device identifiers and serial numbers;

- Web Universal Resource Locators (URLs);

- Internet Protocol (IP) address numbers;

- Biometric identifiers, including finger and voice prints;

- Full face photographic images and any comparable images; and

- Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the research data).
Accessing the HIPAA Server & Clinical Documents

Client Files and Paperwork

The following policies and procedures pertain to how faculty and students will maintain clinical paperwork and client files when enrolled in Practicum and providing mental health services at the Center for Counseling and Family Therapy in Thornton and Colorado Springs.

- All initial intake paperwork, clinical case notes, and subsequent paperwork will be treated in a confidential manner and under the HIPAA regulations. Accordingly, ALL client files will be maintained electronically on our HIPAA secure footprint.

- Initial intake documents will be completed by hand during the initial session and given to faculty once completed and ready to be scanned into the server. These documents will then be immediately scanned into the HIPAA server designated for the student counselor assigned to the given client. Students and faculty will then have access to these documents electronically on the HIPAA server.

  - ALL client files are to be labeled with the client’s last name and first initial (Ex: Doe, J).

- ALL other documentations including, but not limited to: (a) Contact Log, (b) Case Notes, (c) Comprehensive and other Treatment Plans, (d) Releases of Information (D-Phi), (e) Verification of Therapy Hours, and (f) Termination Summary MUST be created, signed, and stored in the HIPAA server designated for each client.

- Other clinical items such as photos of artwork, sand tray, or play scenes are also to be scanned into the respective clients’ file and stored on the HIPAA server.

- If documents do not require a clients’ signature, they are expected to be created electronically and stored directly to the clients’ file. Students are asked to ONLY print those documents that are to be given to clients and/or those requiring a clients’ signature.

Accessing and Operating the HIPAA Footprint/Server

Effective Summer 2014, ALL client files and clinical documents created for and related to the Regis University Center for Counseling and Family Therapy. Clinical files will be maintained and stored on the Regis University secure online HIPAA server. Practicum faculty and students will be given access to the HIPAA server while enrolled in Practicum and/or other clinical courses wherein students provide mental health counseling services at the Centers for Counseling and Family Therapy. Faculty and students will use computers located in the HIPAA secure Clinical Computer Labs and/or those designated as secure by faculty and clinical administration.

Steps to Access the HIPAA Secure Server

- **Step ONE** – Access the Internet Explorer or Google Chrome icon on the desktop of the computer in the HIPAA secure Clinical Computer Lab to access the Citrix Receiver Software Login page.

- **Step TWO** – LOG IN to Citrix Access Gateway (Screenshot follows). Faculty and students will use their Regis Login and Password (already assigned) and Click OK. This may take a few minutes during the initial login.
• **Step THREE** - Once you have gained access to the Citrix Gateway, you will see the following Citrix Receiver screen:
• **IF you get this screen** - Select CANCEL and a then YES when the popup window appears to EXIT setup.

• **Step FOUR** – After you have Accessed the **Regis HIP** Icon, the following screen will appear. Now access the **Start Menu** (lower left corner of HIPAA Desktop),
• **Step FIVE** – Go to my COMPUTER tab and Access the e-Phi or “R” Drive:

![Computer Access Image]

• **Step SIX** – Select the Counseling Practicum Folder. 
**NOTE** that most of you will not have all of these other options as they are for administrative purposes ONLY.

![Folder Selection Image]

• **Step SEVEN** - Select either the MAC or MFT folder, depending on your program of study. 
**Note** that the Client Archive folder will not appear in your window as that is for administrative purposes ONLY.
• Step EIGHT – CONGRATULATIONS - YOU made it into the HIPAA server. You should now have access to your client files – located under your name and the Source Documents folder – which includes all documents utilized in the Center for Counseling and Family Therapy.

• Select YOUR NAME (Students Name) to gain access to client files assigned to this student.
At the beginning of Practicum Class, each student’s folder includes 3 “client files” and a “sample client file” to demonstrate how student counselors and family therapists can organize each client’s file. Note that all client files should be labeled with the client’s last name, followed by client’s first initial (for example: Doe, J.). ALL corresponding clinical documents related to clients will follow this same method of identification.

- LOGGING OUT – FINAL STEP - When finished working with clinical files, student counselors and family therapists and faculty must LOGOFF by accessing the Start menu in the lower left corner of the HIPAA Desktop can go to LOGOFF. NOTE that this will log the user off of the HIPAA server ONLY, not the computer itself.
*Please NOTE that Regis University possesses a limited number of licenses for the Citrix Receiver Software meaning that there are a limited number of users who may access the system simultaneously. Therefore, PLEASE be mindful of the time users are on the HIPAA server AND make CERTAIN to LOGOFF once users are finished.

For questions or concerns related to the HIPAA Footprint/Server, you can contact: Regis University ITS (303-964-4050) or Chuck Steigerwalt at csteiger@regis.edu or (303-458-4295)

Other Facts about Client Documents and Clients’ Files

- During the **First Practicum Class**, student counselors and family therapists will **create 3 paper files** including ALL initial paperwork to be completed with clients upon intake (*See Initial Paperwork Checklist and Example Folders provided during Practicum Orientation*). This will assist students once they are assigned clients and are preparing for their initial intake sessions.

- During **Initial Intake Sessions** - Students counselors and family therapists complete all paperwork, get clients’ signatures (giving clients copies of appropriate documents), and then give to faculty supervisors for their review and eventual approval. ALL initial intake documents will then be scanned and uploaded to the HIPAA secure server **as soon as possible**.

- Once initial paperwork is completed by student counselors and family therapists and approved by faculty supervisors, ALL documents will be scanned and uploaded to the clients’ file on the HIPAA server. **NOTE - These documents MUST be shredded immediately after being uploaded to the HIPAA server to ensure client confidentiality and comply with HIPAA policies and procedures.**

- Student counselors and family therapists will complete **ALL subsequent clinical paperwork** by using clinical documents provided in the **Source Documents** folder on the HIPAA server. Case notes, treatment plans, and other clinical documents that don’t require clients’ signatures will be completed by students and saved in the clients’ folders.
Faculty supervisors will review all clinical documents, provide feedback, and eventually sign completed clinical documents that will then be saved as PDF files to prevent alterations and comply with HIPAA.

ALL other documents/artifacts (art work, journal entries, pictures of sandtrays, etc…) MUST be scanned and uploaded to clients’ files in the HIPAA server, if wanting to be retained in clients’ files.

DO NOT save documents directly to computers or flashdrives. Clinical documents can only be saved directly to the HIPAA secure server.

Students and faculty are NOT allowed to cut and paste client information and/or clinical files to other documents and or sources. AND Students are NOT allowed to save personal documents to the server.

Documents can ONLY be printed from the HIPAA secure computer lab or appointed printer and must be disseminated to clients immediately or destroyed by shredding.

Students’ access to the HIPAA server and clinical files will be terminated immediately at the end of the Practicum class and/or if any student or faculty violate the policies and procedures related to accessing and utilizing the HIPAA server as laid out in this document. While student counselors and therapists have access to the HIPAA secure, they will be REQUIRED to change their Regis Login Password approximately every 90 days! Once students are NO longer enrolled in Practicum and/or seeing clients at the Center for Counseling and Family Therapy, their access will be terminated and they will NO LONGER be required to change passwords every 90 days.

VIDEO RECORDING POLICY & PROCEDURES
Labeling DVD’s & HIPAA compliance

The following policies and procedures are for the Summer 2014 term and will apply to student counselors and marriage and family therapy students who are enrolled in Practicum and/or any other class in which confidential videos will be recorded.

- All client records MUST be kept in HIPAA approved clinical computer lab or other facilities located in pass code protected locations at both the counseling centers at ILB (Thornton) and CS (Colorado Springs) campuses.

- Labeling DVDs: DVDs should be coded and labeled as follows and then stored in the locked file cabinet drawer designated for each Practicum unless in immediate use.
  DVD’s should be labeled with:
  1. Day of the week for the Practicum section;
  2. Student Counselors’ or Family Therapists’ initials; and
  3. Session number
   For example, student Juan Valdez seeing his first client would label his tape JV #1 (Monday, student initials, client #). He would then make sure that his DVD is locked in the appropriate file drawer and destroyed as soon as no longer needed.

  Storage and Observation of Client Files and Videotapes

The MAC and MFT Programs require 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 Video**
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 practicum sections 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.
Verification of HIPAA Policy and Procedures Training and Willingness to Abide

I, ______________________________________ have read the HIPAA policies and procedures outlined in this document and I agree to abide by such policies and procedures.

By signing this document, I also acknowledge that I have received training specific to the HIPAA footprint/server and the overall policies and procedures utilized at the Centers for Counseling and Family Therapy at Regis University.

________________________________________  _____________________________
Student’s Signature:                        Date:

________________________________________  _____________________________
Faculty Supervisor’s Name:                   Date:

________________________________________  _____________________________
Faculty Supervisor’s Signature Date:

This signature sheet is to be collected immediately following the HIPAA Footprint/Server Training/Clinical Orientation by Faculty Supervisors and given to Clinical Administration staff so that it can be scanned and uploaded to the HIPAA server. In addition, a copy of this will be provided to ITS and Regis University staff responsible for HIPAA
INTERNSHIP
INTERNSHIP REQUIREMENTS

Course Overview for Internship/MCPY 698

You will be registered by the Clinical Administrative Coordinator for one Internship class per semester (MCPY 698A or 698B) which includes:

- Approximately 15-20 hours per week at an approved clinical Internship site
- A minimum of one hour per week of face to face clinical supervision with one’s primary onsite supervisor who maintains active licensure
- Regis Group Supervision- This class meets for 3 hours every other week during week-day hours with a Regis faculty supervisor and 6-10 Regis student interns

Occasionally a student will need to request registration for Internship C. The student must inform their faculty internship supervisor of the need, and a contract will be designed to meet remaining requirements.

https://in2.regis.edu/sites/DCFT/studentportal/Clinical%20Site%20Information/Forms/AllItems.aspx
(you will need to sign in to your Regis.net account)

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
- 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), 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 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
- If children or adolescents are the primary population at the clinical site, successfully complete any pre-requisite courses for working with children or adolescents
- Submit an Internship Application to the Clinical Administrative Coordinator by the designated deadline(s)
- 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 without prior approval from the Clinical Coordinator (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

You do not self-register for MCPY 698 Internship Supervision, you are registered by the Clinical Administrative Coordinator. In addition, to qualify for registration the following conditions must also exist:

- Placement has been confirmed by the clinical site
- The clinical site offers supervision with a licensed clinician (LPC, LSW, LMFT, Licensed Psychologist or Psychiatrist) who has had at least two years’ experience working in areas s/he will be supervising
- A clinical professional will be onsite whenever the student is working with clients during the Internship semester(s)
- Regis has a current legal contract with the clinical site

While in placement students 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 Syllabus for MCPY 698)
- Register for an additional semester (MCPY 698C) if requirements have not been met in two Internship semesters of placement
- Keep the Regis Faculty Supervisor, Clinical Administrative Coordinator, and Internship Coordinator 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 and submit a written request for an Incomplete to your Faculty Internship Supervisor
- Register with the Department of Regulatory Agencies (DORA) during Internship
Master of Arts in Counseling
Internship Application – Part I

Application Deadlines for Part I:

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

Students who submit Part I of the application complete and by the deadline will receive priority registration. Students submitting Part I of the application after the above deadlines will be registered on a space available basis only. There are no exceptions to this policy!

Submit Part I application packet to:

Thornton applicants
Sarah Mikkelsen, MFT Program/Clinical Assistant Thornton, CO 80229 or Email all application materials in pdf format to: shorn@regis.edu

Colorado Springs applicants
Patti Diffee, M.A., Clinical Administrative Coordinator, Colorado Springs Campus 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffe886@regis.edu

CAMPUS: ☐ Thornton ☐ Colorado Springs
DEGREE: MAC
CERTIFICATE: ☐ Transformative ☐ Child & Adolescent ☐ Marriage & Family ☐ Military Families

Student Name: ________________________________ ID#________________ (required)
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: ☐ Yes ☐ No

*If not employed, skip this section.
Pre-requisite Courses Completed

<table>
<thead>
<tr>
<th>Course</th>
<th>Year/Semester</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum 692</td>
<td>_____________</td>
<td>_____</td>
</tr>
<tr>
<td>Practicum 693</td>
<td>_____________</td>
<td>_____</td>
</tr>
</tbody>
</table>

To complete your application include the following:

1. Practicum instructor’s signature
2. Proof of current Student Liability Insurance - attach a 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)

Check List

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

- [ ] Completed and signed application form
- [ ] Copy of Proof of Student Liability Insurance Exp: ___/___/______

_______________________________  ____________________
Student Signature               Date

_______________________________  ____________________
Practicum Faculty Instructor Signature*   Date

*Student is responsible for receiving appropriate signature from Primary Practicum Instructor before submission of application.
Application Deadlines for Part II:

- Fall Semester: July 15
- Spring Semester: November 15
- Summer Semester: March 15

Approval for Internship will follow Practicum Faculty Evaluations. Notification of acceptance to Internship and section placement will be provided as soon as applications submitted by the Part II deadline have been processed. Allow at least 2 weeks for processing. The faculty 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 prerequisites are established as part of a remediation process, or they have been terminated from the program.

Submit Part II application packet to:

**Denver applicants**
Sarah Mikkelsen, MFT Program/Clinical Assistant Thornton, CO 80229 or Email all application materials in pdf format to shorn@regis.edu

**Colorado Springs applicants**
Patti Diffie, Clinical Administrative Coordinator, Colorado Springs Campus, 7450 Campus Drive, Suite 100, Colorado Springs, CO 80920 or Email all application materials in pdf format to diffe886@regis.edu

Student Name: ________________________________ ID# ________________ (required)

Additional items are required depending on your situation:

1) If you are staying at the **same site** with the **same site supervisor** as Practicum:
   a) Submit a letter of acceptance verifying you have been offered an internship placement
   b) Skip to the “Course Requirements for Working with Children or Adolescents” section below.

2) If you are staying at the **same site** as Practicum but **changing the site supervisor**:
   a) Submit a letter of acceptance verifying you have been offered an internship placement
   b) Submit verification of the new site supervisor’s license available through DORA at [https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx](https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx). (You may also be required to submit a copy of the new site supervisor’s resume once this application is reviewed.)
   c) Skip to the “Course Requirements for Working with Children or Adolescents” section below.

3) If your **internship site is different than your practicum site**:
   a) Submit a cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 600 hours.
   b) Submit a letter of acceptance verifying you have been offered an internship placement.
   c) Submit verification of the site supervisor’s license available through DORA at [https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx](https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx). (You may also be required to submit a copy of the new site supervisor’s resume once this application is reviewed.)
   d) Continue filling out this application with the “Proposed Internship Site” section below.
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:

___________________________________________________________________________________
___________________________________________________________________________________

Course Requirements for Working with Children or Adolescents:
New requirements for placement at 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:
   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)

__________________________________________________________________________________

Thornton students: Indicate your Preferred Days and Times for Internship Supervision:

(Please refer to Web Advisor for available course offerings.)

1. __________________________
2. __________________________
3. __________________________

You MUST give availability for three sections of Internship. If you are not able to give availability for three sections, you MUST submit documentation from your place of employment, Internship site, etc. stating why you are not able to attend other sections. Documentation must be printed on company letterhead or submitted directly to the Clinical Administrative Coordinator via e-mail message.
Check List

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

_____ Completed Part II of the application form
_____ Letter of acceptance from site
_____ Site supervisor’s license verification*
_____ Cover letter**

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

_________________________________________  ________________________________
Student Signature                          Date
Appendix B

Semester Internship Description, Goals, & Supervision Contract

(CACREP Standard 3, Criteria E)

(Complete with help of site supervisor and bring to the second class meeting) Page 1 of 3

CHECK ONE: MCPY 698A______ MCPY 698B______ MCPY 698C: ______

Semester_________ Year_________

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
_____ Couples Therapy
_____ Individual Counseling/Therapy
_____ Psychodiagnostic Intake
_____ 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) __________________________________________

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 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.
Supervisory Contract
(to be completed and signed by you and your site supervisor)

I, ______________________________, agree to be the designated onsite clinical supervisor for Regis University intern ______________ during his or her placement with our agency. The designated hour for our supervision is ______________ and must occur once a week on a regular basis. I will notify the student’s Regis supervisor of any changes in this arrangement.

Site Supervisor: ______________________________ Date: ____________
Student: ______________________________ Date: ____________

Supervisor’s Disclosure Statement
(to be completed by your site supervisor)

I am a licensed clinician __________________________________________
License Type License Number State

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

My clinical background includes:
Providing psychotherapy to individuals since _______ Year
Providing psychotherapy to families since _______ Year
Providing psychotherapy to children since _______ Year
Certified __________ supervisor since _______ Year (Name type)

I received my master’s degree in __________________ from ______________
Degree Title University Name

and my doctoral degree in __________________ from ______________
Degree Title or N/A (Not applicable) University Name
Discuss the Nature of and Expectations for Supervision with your Onsite Supervisor:
(CACREP Standard 3, Criteria C3 and Criteria E)

Supervision will be provided in the following formats:

- Individual Supervision one hour/week (required)
- Triadic Supervision (1 supervisor with 2 interns at once; meets Regis requirement, if chosen)
- Group Supervision (not required by Regis, but welcomed and appreciated)
- Live observation behind one-way mirror (not required by Regis, but welcomed and appreciated)

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 with the student and with the student’s Regis supervisor.

2. Interns must engage fully in the supervisory relationship. This includes being prepared to discuss how/if the work with a client affects them personally and their response to it. Supervision is not personal therapy for the intern, but personal issues related to counseling will be discussed and if therapy for the intern seems prudent, the supervisor will make that recommendation.

3. The intern will be expected to come prepared (e.g., case conceptualization, questions or concerns) to discuss relevant issues with the onsite supervisor.

4. The intern must follow agency protocol for record keeping and documentation. The supervisor is expected to assist the intern in learning how to establish effective therapeutic conversations, do meaningful case conceptualization, assessment, diagnosis, and treatment planning and delivery as well as to engage in discussion that supports the intern’s development of their final case presentation at Regis. Ordinarily this Capstone occurs at the end of the intern’s second semester of Internship.

5. Interns must be evaluated by their on-site supervisor both at mid-term and at the end of each semester. Evaluation forms are provided to the supervisor by the intern.

6. The intern is expected to notify the supervisor regarding any irregular or concerning behaviors of which the intern becomes aware (For example, suicidal or homicidal behavior or suspected child abuse, legal and ethical issue, dual relationships). The supervisor is readily available by cell phone at______________.

7. Regis asks supervisors to avoid placing students in training in a position of testifying in court. Exceptions to this (e.g. unavoidable subpoena) must be discussed with the intern’s Internship faculty supervisor.

8. No fees will be charged for supervision.

9. Supervisors are to regularly attend the annual supervision seminar held during the Regis Internship Fair.  
(CACREP Standard 3, Criteria D)

Discuss any of the items listed above in supervision at any time. After reading the entire document, sign in the space provided to indicate that you have read, agree to, and will abide by the specifications of this relationship.

_________________________________  ____________  ____________________________  
Intern Signature                  Date                                      

_________________________________  ____________  ____________________________  
Supervisor Signature              Date                                      

Appendix D

TO: Employer or Internship Site Supervisor of Regis Graduate or Intern –
In an ongoing effort to improve our MAC and MAMFT degree programs it is important to obtain feedback from stakeholders involved in the training of our students. Your candid responses to the survey below and narrative comments will help us in this effort. Your responses do not reflect directly on any Regis graduates or interns that you may currently employ and/or supervise, but rather on your overall impressions of the Regis University Counseling and Family Therapy programs.

_____ I am a clinical site supervisor
_____ I am an employer of Regis Graduates from the MAC and MAMFT programs
_____ I am both a clinical site supervisor and an employer of graduates from Regis University
_____ MAC and/or MAMFT programs

SA = STRONGLY AGREE   A = AGREE   D = DISAGREE   SD = STRONGLY DISAGREE   NA = NOT APPLICABLE

<table>
<thead>
<tr>
<th></th>
<th>Regis University graduates and/or interns assigned to your supervision demonstrate:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>competence in applying theory to practice</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>b.</td>
<td>the ability to design and implement developmentally appropriate therapeutic interventions</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>c.</td>
<td>the knowledge of and adherence to ethical and professional standards</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>d.</td>
<td>understanding of the social/emotional concerns of the clients with whom they work</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>e.</td>
<td>cooperation with other professionals</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>f.</td>
<td>knowledge of the social and cultural factors that influence clients’ lives</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>g.</td>
<td>strong motivation and commitment to lifelong learning and self-development</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>h.</td>
<td>openness to constructive supervisory feedback and demonstrate efforts toward self-improvement</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>i.</td>
<td>curiosity when faced with interdisciplinary differences</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>j.</td>
<td>a respect and appreciation of multi-cultural diversity and the worth of all individuals</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>k.</td>
<td>Individual counseling skills</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>l.</td>
<td>Group counseling skills</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>m.</td>
<td>Multicultural counseling skills</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>n.</td>
<td>Crisis intervention/trauma counseling skills</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>o.</td>
<td>Family/couples/systemic counseling skills</td>
<td>SA A D SD NA</td>
</tr>
<tr>
<td>p.</td>
<td>Assessment/appraisal/testing skills</td>
<td>SA A D SD NA</td>
</tr>
</tbody>
</table>
q. Abnormal psychology/diagnosis skills
r. Addiction counseling skills
s. Program evaluation/research skills
t. Consultation skills
u. Ethical/legal decision-making skills
v. Self-care skills

2. As an employer/supervisor, you enjoy a cooperative relationship with the Regis University MAC/MAMFT Program faculty

3. Based on your experience, you believe that Regis University is producing competent and committed new MAC/MFT professionals.

4. Regis University MAC/MAMFT Program faculty have requested feedback from you on ways that they can improve their counseling or marriage and family therapy program during site visits, phone consultations, or during the Internship Fair.

5. Regis University has provided you with opportunities for training in clinical supervision, such as at the Internship Fair or supervision classes offered at Regis.

6. As an employer of Regis graduates from the Division of Counseling and Family Therapy, rate your satisfaction with graduates in the following areas:

   HS - Highly Satisfied
   S - Satisfied
   NS - Not Satisfied
   NA - Not Applicable

   a. Responsiveness to supervision, feedback and/or suggestion
   b. Professional demeanor
   c. Relationships with other employees/co-workers
   d. General work attitude and enthusiasm
   e. Dependability/conscientiousness/responsibility
   f. Professional development
   g. Client advocacy
   h. Leadership skills

How could Regis University be more helpful to you in your work as a supervisor?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Narrative comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Appendix E

Documentation of Internship Clinical Experience Hours

Students must use a standardized Xcel sheet for documentation of hours; please check with your Internship faculty supervisor to obtain the correct form. Use a separate page for each site and each semester of Internship.

Appendix F: Internship Student Evaluations

(Student Counseling Skills Evaluation

By Clinical Supervisor)

(CACREP Standard G, Criteria 6)

Name of Student: ____________________________________________________________
Date:___________________

Site: ___________________________________________________________________________________________________

Course (Circle One): Practicum MCPY692/693 Internship: MCPY 698A MCPY 698B MCPY 698C

Supervisor (Circle One): Faculty/Group Supervisor Triadic Supervisor Site/Agency Supervisor

Supervisor Name: ____________________________________________________________ Supervisor’s License:___________

Directions: Evaluations are completed by site supervisors 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. For the FINAL evaluation, FACULTY will please use this rubric and enter your ratings into TASKSTREAM.

Rating Scale:

1-2: 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.

3: Competence demonstrated is at expectation for this course and level of clinical development.

4-5: Competence demonstrated is above expectations for this course and level of clinical development.

-N- Insufficient data to rate at this time.

Benchmark Assignment: The FINAL Evaluation is the benchmark assignment for this course & will provide the basis for your course grade. An evaluation of “1” on any item is the Final Evaluation at the end of the course will constitute a grade of “No Pass” for the course.

<table>
<thead>
<tr>
<th>MIDTERM Rating</th>
<th>Core Competency Skills CACREP Standard (II.G.5.b; II.G.5.c)</th>
<th>FINAL Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Establishes relationships in such a manner that a working alliance and safe environment can be created.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Opening sessions – Greets client warmly and offers appropriate structure/boundaries.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Understanding content – understanding the primary elements of the client’s story.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Understanding context – understanding the uniqueness of the story elements and their underlying meanings.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Non-verbal attending - voice, body posture, proximity &amp; content congruent</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Congruence – demonstrates genuineness; external behavior consistent with internal affect.</td>
<td></td>
</tr>
</tbody>
</table>
15. Reflecting feelings – acknowledges and responds to feelings in a therapeutic manner, without over-identifying with the client. Conveys warm or caring stance.

16. Clarification – helps the client be more specific and concrete.

17. Use of Questions/Probes – generally open-ended; not use excessively; questions deepen exploration or provide appropriate challenge.

18. Paraphrasing – accurately acknowledges the essence of the client’s statement.

10. Summarizing - themes are identified and communicated

11. Self-disclosure – used intentionally; sparingly; and maintains focus on the client.

12. Immediacy/giving feedback about what is heard or observed; – timing is sensitive and appropriate. Observations (i.e., feedback), if given, are specific.

13. Playing a Hunch – interpretations are offered intentionally, tentatively, respectfully, and encourage client to engage in more or deeper exploration or reflection.

14. Noting a Theme or Connection, or reframing – observations about themes, patterns, encourage client to engage in more or deeper exploration or reflection.

15. Confrontation or noting a discrepancy – observations about discrepancies are offered tentatively, respectfully, and offer opportunity for client to respond.

16. Allowing Silence – some use of silence is observed during the session; use of silence is intentional and it is accompanied by non-verbal behavior indicating openness.

17. Timing – overall, responses are at the optimal moment.

18. Intentionality – Responses that acknowledge, explore or challenge are done with clear intention. Messages are consistent (not mixed).

19. Ending sessions – appropriate time-frame or time limits are maintained; ending of session is not abrupt; client is given time to prepare for the ending or transition out of the session.

20. Demonstrates awareness of power differences in the therapeutic relationship and manages these differences effectively.

21. Collaborates with the client to establish clear therapeutic goals.

### CLINICAL MENTAL HEALTH COMPETENCIES

<table>
<thead>
<tr>
<th>MIDTERM</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N. Foundations: Knowledge (CMHC.A5, A8)</strong></td>
<td><strong>Foundations: Knowledge (CMHC.A5, A8)</strong></td>
</tr>
<tr>
<td>1. Understands a variety of models and theories related to counseling, including methods, models and principles of clinical supervision (CMHC Standard A.5)</td>
<td>1. Understands a variety of models and theories related to counseling, including methods, models and principles of clinical supervision (CMHC Standard A.5)</td>
</tr>
<tr>
<td>2. Understands the management of MH services and programs, including areas of administration, finance, and accountability (CMHC Standard.A.8)</td>
<td>2. Understands the management of MH services and programs, including areas of administration, finance, and accountability (CMHC Standard.A.8)</td>
</tr>
</tbody>
</table>

| 1. Demonstrates ability to apply and adhere to ethical and legal standards including managing dual relationships and utilizing appropriate conflict resolution skills in the mental health setting (CMHC.B.1) | 1. Demonstrates ability to apply and adhere to ethical and legal standards including managing dual relationships and utilizing appropriate conflict resolution skills in the mental health setting (CMHC.B.1) |
| 2. Applies knowledge of public MH policy, financing, and regulatory processes to processes to improve service delivery opportunities in CMH counseling (CHHC.B.2) | 2. Applies knowledge of public MH policy, financing, and regulatory processes to processes to improve service delivery opportunities in CMH counseling (CHHC.B.2) |
| 3. Conducts self in a professional manner and relates to peers, professors, and others in a manner consistent with stated professional standards. | 3. Conducts self in a professional manner and relates to peers, professors, and others in a manner consistent with stated professional standards. |

| **P. Counseling, Prevention, Intervention: Knowledge** (CMHC. C5, C7, C8) | **Counseling, Prevention, Intervention: Knowledge** (CMHC. C5, C7, C8) |
| 1. Understands the range of MH service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the CMH counseling services network relative to the clinical placement (CMHC.C.5) | 1. Understands the range of MH service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the CMH counseling services network relative to the clinical placement (CMHC.C.5) |
| 2. Knows the principles, models, and documentation formats of bio-psychosocial case conceptualization and treatment planning (CMHC.C.7) | 2. Knows the principles, models, and documentation formats of bio-psychosocial case conceptualization and treatment planning (CMHC.C.7) |
| 3. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders (CMHC.C.8) | 3. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders (CMHC.C.8) |

<p>| <strong>Q. Counseling, Prevention, Intervention: Skills and Practice</strong> (CMHC. D1 – D9) | <strong>Counseling, Prevention, Intervention: Skills and Practice</strong> (CMHC. D1 – D9) |
| 1. Uses principles and practices of diagnosis, treatment, referral and prevention of | 1. Uses principles and practices of diagnosis, treatment, referral and prevention of |</p>
<table>
<thead>
<tr>
<th>MIDTERM</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Applies multicultural competencies involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling, including managing power differences (CMHC.D.2 and D.5)</td>
<td></td>
</tr>
<tr>
<td>3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities (CMHC. D.3)</td>
<td></td>
</tr>
<tr>
<td>4. Applies effective strategies to promote client understanding of and access to a variety of community resources (CMHC.D.4)</td>
<td></td>
</tr>
<tr>
<td>5. Understands risk management and is able to use procedures for assessing and managing suicide risk (CMHC.D.6)</td>
<td></td>
</tr>
<tr>
<td>6. Applies current record-keeping standards related to CMH counseling. Reports, case, &amp; process notes are succinct, professional, and completed on time (CMHC.7)</td>
<td></td>
</tr>
<tr>
<td>7. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders (CMHC.D.8)</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrates ability to recognize own limitations and to seek supervision or refer clients when appropriate. Demonstrates an awareness of his/her own belief systems, values, needs and limitations; and the effect of these on his/her work. (CMHC.D.9)</td>
<td></td>
</tr>
</tbody>
</table>

**R. Diversity and Advocacy: Knowledge (CACREP Standard II. G.5.e; CMHC. E.1-4)**

3. Understands the effects of cultural, individual, and role differences of clients, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. (CMHC.E.2; II.G.5.e)

4. Respects the fundamental rights dignity and worth of all people and understands how living in a multicultural society affects clients who are seeking CMH counseling (CMHC.E.1)

**S. Diversity and Advocacy: Skills and Practice (CMHC.F2, F3)**

1. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients (CMHC.F.2)

2. Demonstrates ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations (CMHC.F.3)

**T. Assessment: Knowledge (CMHC.G.3)**

The student has a basic understanding of psychopharmacological medications and a sense of when to refer for medication evaluations (CMHC.G.3)

**U. Assessment: Skills and Practices (CMHC H. 1-4)**

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols and able to modify to fit client needs (CMHC.H.1)

2. The student demonstrates skill in conducting an intake interview, a mental status evaluation, a bio-psychosocial history, a mental health history, and a psychological assessment for treatment planning & case load management (CMHC.H.2)

3. The student screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. (CMHC.H.3)

4. The student applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. (CMHC.H.4)

**V. Research and Evaluation: Knowledge, Skills, and Practice**

The student understands how to both critically evaluate and apply relevant research findings to inform the practice of clinical mental health counseling. (CMHC. I.1. & J.1)

**W. Diagnosis: Knowledge**

1. The student knows the principles of the diagnostic process, including differential diagnosis, and use of current diagnostic tools, including current DSM (CMHC.K.1)
2. The student understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care (CMHC.K.2)

MIDTERM

3. The student understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations (CMHC.K.4)

FINAL

X. **Diagnosis: Skills and Practices**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The student demonstrates appropriate use of diagnostic tools, including current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments (CMHC. L.1)</td>
</tr>
<tr>
<td>2.</td>
<td>Student is able to accurately conceptualize a client’s diagnosis and discuss a differential diagnosis with collaborating professionals (CMHC.L.2)</td>
</tr>
</tbody>
</table>

Y. **Consultation Skills** - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs and makes appropriate referrals when necessary.

Z. **Clinical Supervision**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Actively seeks supervision, demonstrates openness to giving and receiving feedback from both faculty and peers.</td>
</tr>
<tr>
<td>4.</td>
<td>Integrates feedback to improve clinical skills and ongoing professional development.</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Student:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F

Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Master of Arts in Counseling

CLINICAL SITE EVALUATION BY STUDENT

Please print

Student _____________________________ Date _____________

Clinical Supervisor ___________________________ License________________

Site Name__________________________________________________________

Site Address ____________________ City__________________ Zip_________

Regis Faculty Group Supervisor ________________________________

Supervised placement (circle one): MCPY 693  MCPY 698A  698B  698C   Other ______

from ____/____/____ to ____/____/____.

Please rate your overall clinical experience at the Supervised Practicum/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.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Check any item below which applies to you:

☐ I do NOT want this information to be placed in the clinical placement binder to be available to future students.

☐ I am comfortable with future students calling/emailing me directly to gain information about this site. My contact information is ________________________________.

Student Signature: _____________________________ Date: _______________

Turn this sheet in to your Faculty Supervisor
Appendix G

Regis University, Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Master of Arts in Counseling Capstone Project

Your capstone project is a synthesis of everything you have learned in this program. Your faculty evaluators want 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. A one or two-page handout that enhances your presentation is acceptable.

Do tell the story of the evolution of your relationship with your client and your client’s relationship to the problem. Tell the client’s story but make sure you speak about your psychological perceptions and what you did that was intended to be therapeutic. You can give examples of specific interventions from an early session, a middle session, and a final session to illustrate the therapeutic process. In general, describe and explain what you did and why.

Reflect on what you did. Did your interventions have the effects you intended? Is there something different you wish you had done? How and why did the therapy end? Talk about what impacted you as well as what challenged you. Be very careful to protect the client’s confidentiality by using pseudonyms throughout, but also by not revealing biographical or geographical detail that would identify this client to someone else.

Capstone Oral Presentation

A suggested time frame for presentation sections:

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background and Assessment</td>
<td>10 min</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>5 min</td>
</tr>
<tr>
<td>Theoretical approach and psychotherapy process</td>
<td>30 min</td>
</tr>
<tr>
<td>Questions and group discussion</td>
<td>10 min</td>
</tr>
</tbody>
</table>

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. References (no specific number) to clinical literature that support your presentation and clinical perspective are expected. Include a reference page in APA style at the end of your paper. Suggested length: 15-20 pages.

I. Title Page
   a. (title) Capstone Presentation
   b. Master of Arts in Counseling
   c. Your name
   d. Date of presentation

II. Assessment
   a. Identifying Information (protect 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 client came to the 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. Bio-psycho-social-spiritual issues  
iv. Precipitating event

d. Select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. (CMHC.H.1, partial)

e. Present Situation  
i. Marital/family status  
ii. Legal status  
iii. Employment/educational status  
iv. Existing support systems and resources  
v. Ethnic/cultural issues

f. Mental Status  
   Only include anything out of the ordinary

g. Legal and Ethical Issues  
i. Based on your experience of this case, what is or 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. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM to describe the symptoms and clinical presentation of clients with mental and emotional impairments. (CMHC.K.4).
   i. Articulate your diagnostic impressions based on your assessment of this client’s cultural context, history, symptoms, presentation, and themes.
   ii. Show that you understand the relevance and potential biases of commonly used diagnostic tools with multicultural populations. (CMHC.K.4)
   iii. Describe your process of diagnosis. What diagnoses did you consider but then rule out as not correct for this client at this time?
   iv. Demonstrate that you are familiar with the DSM 5 approach to diagnosis.

b. Present the value of diagnosis in this case in terms of treatment
   i. How does this DSM5 diagnosis inform your treatment of this client?
   ii. Do you find the DSM5 diagnosis helpful? If you do not, why not?
   iii. Do cultural/socioeconomic considerations with this client relate to this diagnosis? If so, how? (Use the “Respectful” Multicultural Counseling Model) to help you with this.

IV. Treatment

a. Describe the agency or site context in which you are working. Who are the identified clients and how do they come to the agency? How does the agency approach assessment, treatment, and termination? Are any particular models of treatment used or required?

b. Student’s Theoretical Orientation
   i. Explain how you think about problems and how you think problems are best resolved. Refer to scholarly literature to support your approach or theory.
   ii. If you use more than one theoretical orientation, be sure to explain which you use, if one is primary to your clinical orientation, and how you integrate them. Be cautious about pulling techniques “out of a hat” and calling each a theoretical approach to therapy
   iii. Show how your theoretical approach and treatment interventions are connected with your assessment and diagnosis.
c. Goals
   i. Connect the goals to the client’s background, diagnosis, and your theoretical orientation in order to present a well-integrated case.
   ii. How were goals determined? How did you include the client in goal setting?

d. Describe beginning, middle, and end phases of treatment and the therapeutic relationship. Include one or two examples of interventions you did in each phase of the therapy.

e. Ways to include interventions in our case presentation include the following:
   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 intervened to address any actual or potential legal and ethical issues

f. Referrals made/ Other professionals consulted

g. 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. (Look for areas that either annoyed or excited you more than expected)
   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?

h. Reflection (Incorporating the Regis Mission)
   Show your understanding of the concepts below, use the terms, but integrate them into one statement about the impact working with this client had on you. Speak from the heart, rather than simply defining the terms below one by one.
   i. CuraPersonalis – 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?
Regis University  
Rueckert-Hartman College for Health Professions  
Division of Counseling and Family Therapy  
Master of Arts in Counseling  
(CACREP Standard G, Criteria 6)  
Capstone Project Faculty Evaluator Form

Student’s Name _______________________________ Date ___________________
Faculty Evaluator _____________________ Internship Site _______________________________
Regis Faculty Group Supervisor ______________________

N = Not Applicable  1 = deficient  2 = below average  3 = average  4 = exceptional

<table>
<thead>
<tr>
<th>A. Conceptualization of the Client’s Problems/Concerns</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relevant background presented</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Client’s cultural and/or environmental issues and context described</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Client’s perspective and understanding of the problem accounted for</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Client’s strengths, resources, community addressed.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Ability to translate client’s concerns into a case formulation</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Ability to apply a theoretical approach that effectively addresses client’s concerns</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Background, assessment, diagnosis, and treatment are interconnected</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Evaluator Comments:

<table>
<thead>
<tr>
<th>B. Clarity of oral presentation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Well articulated; Easy to follow</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Facility with psychological language</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Ability to bring client to life</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Adherence to time guidelines</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Evaluator Comments:

<table>
<thead>
<tr>
<th>C. Formulation of Appropriate Goals</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Goals described</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Goals formulated in conversation with client</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Client’s concerns addressed by goals</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Goals formulated in relation to background, assessment, and diagnosis</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Goals consistent with theoretical orientation</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Evaluator Comments:

<table>
<thead>
<tr>
<th>D. Conceptualization of Therapeutic Process in Theoretical Framework</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Theoretical Framework described and understood</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>2.</td>
<td>Agency culture, context, and preferred treatment described</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Process (beginning, middle, end, prognosis, referrals) of treatment described</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Appropriate interventions based on stage in therapy and theoretical framework</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Success and failures described and explained</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Therapist flexibility with regard to treatment and techniques</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Evaluator Comments:

**E. Description of Therapist/Client Relationship**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Awareness of self in therapeutic relationship</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Ability to identify, own, and utilize transference and counter-transference</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Awareness of client’s perception of therapist</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Relationship handled appropriately</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Evaluator Comments:

**F. Ability to Articulate Diagnostic Impression**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diagnosis described and differentiated</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Role of diagnosis in treatment understood and reflected upon</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Cultural and/or environmental issues in diagnosis considered</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Diagnosis related to chosen theoretical formulation</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Evaluator Comments:

**G. Knowledge of Current Laws and Ethics**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>All pertinent legal/ethical standards adhered to and applied</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Appropriate referrals made</td>
<td>(Only score if applicable to case)</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Appropriate professionals consulted</td>
<td>(Only score if applicable to case)</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Confidentiality maintained</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Evaluator Comments:

**H. Clinical Mental Health Counseling Competencies**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates knowledge of principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
4. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling
5. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients
6. Demonstrates ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations
7. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.
8. Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients
9. Is able to conceptualize an accurate diagnosis of disorders presented by a client and discuss assessment and diagnosis with collaborating professionals.

Evaluator Comments:

I. Reflection: Incorporating the Regis Mission
1. Curapersonalis
2. Unity of mind and heart
3. Finding the sacred in all things
4. Magis
5. Men and women for others
6. Role of advocacy in the counseling profession understood

Evaluator Comments:

J. Written Paper
1. Content well integrated
2. Good organization, writing style, and mechanics
3. Capstone guidelines for written presentation followed
4. Good use of references and APA style reference page
5. Confidentiality maintained

Capstone Oral Presentation (circle one): PASS FAIL
Other Comments on Oral Presentation:________________________________________
________________________________________________________________________
________________________________________
Capstone Written Paper (circle one): PASS REVISE FAIL
Paper Graded by______________________________
(sign and date front page of Capstone paper after grading it)
Capstone Student Evaluator Form

<table>
<thead>
<tr>
<th>A. Conceptualization of the Client’s Problems/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Clarity of oral presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Formulation of Appropriate Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Conceptualization of Therapeutic Process in Theoretical Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Description of Therapist/Client Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
F. Ability to Articulate Diagnostic Impression

G. Knowledge of Current Laws and Ethics

H. Clinical Mental Health Counseling Competencies

I. Reflection: Incorporating the Regis Mission

OTHER COMMENTS:
Appendix H

Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Master of Arts in Counseling

REQUEST FOR AN INCOMPLETE IN MCPY 698 SUPERVISED INTERNSHIP
(to be completed in conversation with your Faculty Internship Group Supervisor)

Name _____________________________________________ Student ID_______________

Faculty Internship Supervisor:__________________________

I am formally requesting an Incomplete for Internship MCPY 698: (circle one) A   B   C

This document goes in your Clinical File.
Note that Internship C requires a special contract that meets the approval of your Internship Supervisor which you will work out together.

Reason(s) for not completing this course within the designated semester:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_________________________________________ _____________________________
Student Signature Date

_______________________________________ _____________________________
Faculty Group Supervisor Signature Date
## CLINICAL PLACEMENT SUMMARY SHEET

Student: ___________________________________  Student ID: ___________________________

Date Admitted into the Program__________  First Semester/Year of Clinical Placement__________

<table>
<thead>
<tr>
<th>Semester Year</th>
<th>Clinical Site</th>
<th>Clinical Site Supervisor/ Phone Number</th>
<th>Faculty Supervisor</th>
<th>Direct Service Hours</th>
<th>Indirect Service Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum</td>
<td></td>
<td>Sup:</td>
<td>Lead:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ph:</td>
<td>Triadic:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship A</td>
<td></td>
<td>Sup:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ph:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship B</td>
<td></td>
<td>Sup:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ph:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship C</td>
<td></td>
<td>Sup:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ph:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hours Completed:** Direct Hours _________ + Indirect Hours _____________ = _____________

**Personal Psychotherapy hours completed** (up to 50) ______

Student Signature________________________________________ Date____________________

Faculty Supervisor Signature______________________________ Date____________________

**Student’s Post-Graduation Contact Information:**

Name__________________________Phone/Cell____________________

Address__________________________________________________________

City __________________ Zip_______________ Email___________________
APPENDIX J

Internship Check List for Student Clinical File Folder
All documentation must be complete, including signatures and dates, in order to graduate.

Staple this sheet to the inside cover of Student Clinical File folder.
Place folder documents in the order listed below with Summary Sheet on top.

Summary Sheet and Therapy Hours

_____ Summary Sheet of Clinical Hours (clean, accurate copy placed at front of folder with all signatures/dates)

_____ All documentation for personal therapy hours should be documented in a letter with letterhead, signed by the student’s licensed mental health professional or unlicensed psychotherapist practicing under supervision of a licensed mental health professional.

Internship C: (if applicable, include all required documentation according to Internship C contract)

Internship B: (bundle all Internship B papers)

_____ Apply for graduation (required, see Regis web page for application information)
_____ Apply for DORA (Colorado Dept. of Regulatory Agencies) Registry --highly recommended.
_____ Apply for National Counselor Exam/NCE offered on Regis campus
_____ Internship B Description, Goals, and Supervisor Contract (3 pages, due at second class meeting)
_____ Documentation of Hours Excel Sheet (template provided by instructor, all required signatures/dates)
_____ Site Supervisor Evaluation (mid-term and final, signed and dated)
_____ Site Supervisor Evaluation of Regis Division of Counseling and Family Therapy Program (attach to final evaluation)
_____ Regis Internship Faculty Group Supervisor Evaluation (mid-term if needed and final, signed/dated)
_____ Student’s Evaluation of the Site (to be turned in to Internship instructor at last class meeting of the semester)

_____ Capstone Evaluator Sheet #1 (signed and dated with PASS or NO PASS indicated)
_____ Capstone Evaluator Sheet #2 (signed and dated with PASS or NO PASS indicated)
_____ Capstone Graded Paper (Pass/ No Pass written on cover page, signed/dated by Capstone Evaluator)
_____ Pass or No Pass letter has been sent to student (Copy not necessary for this file.)

Internship A (bundle all Internship A papers)

_____ Internship Application and Verification of CPCE Exam
_____ Internship A Description, Goals, and Supervisor Contract (3 pages, due at second class meeting)
_____ Documentation of Hours Excel Sheet (template provided by instructor, all required signatures/dates)
_____ Assignment #4: Paper on Interview with Placement Site
_____ Site Supervisor Evaluation (mid-term and final, signed and dated)
_____ Regis Internship Faculty Group Supervisor Evaluation (mid-term if needed and final, signed/dated)
_____ Student’s Evaluation of Site (to be turned in to Internship instructor at last class meeting of the semester)

Practicum (bundle all Practicum papers)

_____ Practicum Application sheets
_____ Documentation of Hours (all required signatures and dates)
_____ Regis Lead Faculty Evaluation (signed and dated)
_____ Regis Triadic Faculty Evaluation (mid-term if needed and final, signed and dated)
_____ Site Supervisor Evaluation (signed and dated)