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GENERAL INFORMATION
PURPOSE OF CLINICAL MANUAL

The purpose of this manual includes the following:

- To help the student plan for and navigate the Practicum and/or Internship portion of the MAMFT program
- To describe the requirements and components of Practicum and Internship
- To communicate 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 Association for Marriage and Family Therapy Code of Ethics (http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx).

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The above mentioned faculty are all Licensed Clinicians. All regular and affiliate faculty who teach Practicum and Internship hold doctoral degrees, hold licenses in good standing, and are AAMFT Approved Supervisors or AAMFT Approved Supervisor Candidates.
HIPAA Privacy & Security Reminder

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
Appendix A: How to de-identify individual health information

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

- Names;
- Social Security numbers;
- 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;
- 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); AND
- Follow HIPAA Footprint policies and procedures as outlined in the guidelines provided in syllabi for MCPY 692 and 693.
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. 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.

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**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.

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**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.
MAMFT CLINICAL COURSE OVERVIEW

MAMFT Course Overview for Practicum

Students must apply to begin Practicum by the application deadlines (See Appendix A for application). Students will be registered by the Clinical Administrative Coordinator for two classes (MFT690 & MFT692) which include:

- Clinical lab work & group supervision at either the Regis Center for Counseling and Family Therapy – Interlocken or 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).

MAMFT Course Overview for Internship

Students will be registered by the Lab Assistant for one class (MFT 699A or MFT 699B)- which includes:

- Approximately 20-25 hours per week at an approved clinical Internship site – This time includes about 10 client contact hours each week, individual/triadic supervision with approved site supervisor, documentation, preparation, training, and inservice time.
- Regis Group Supervision- This class meets for 3 hours every other week during weekday hours with a Regis AAMFT Approved Supervisor faculty and 6- 8 Regis student interns

Geographic Faculty Liaisons

In order to insure optimal communication between Regis and our clinical sites, Internship faculty group supervisors also serve in the role of liaison to the clinical sites. Faculty group supervisors are required to visit each active site once per semester. Each supervision group is made up of students in placements within a general geographical area (e.g. students interning in Boulder are assigned to the same supervision group). This is the primary criteria for student assignments to Internship supervision groups.

Campus Map Links:

LOWELL  INTERLOCKEN  COLORADO SPRINGS

(Please note that you will need to sign in using your Regis.net account to access the information)

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

Below is an example of how you may complete your clinical and supervision hours in a timely fashion.

<table>
<thead>
<tr>
<th>Clinical Course</th>
<th>Direct Client Contact &amp; Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum</td>
<td>40 (direct contact and supervision)</td>
</tr>
<tr>
<td>Internship A</td>
<td>120 (8-10 client contact hours/week)</td>
</tr>
<tr>
<td>Internship B</td>
<td>120 (8-10 client contact hours/week)</td>
</tr>
<tr>
<td>Internship Supervision</td>
<td>Minimum of 48 hours of supervision per internship course</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>328</td>
</tr>
</tbody>
</table>

MAMFT Practicum Requirements

Regis MAMFT students complete a one-semester practicum on campus. They work with individuals, couples and families while being supervised by an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate behind a one-way mirror or video monitor. Upon completion of practicum, students have logged a minimum of 40 total direct client and supervision hours.

MAMFT General Internship Site Requirements

A 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 populations
- meet Regis’ Counseling Division standards for clinical training (see more details below)
- provide a variety of populations and clinical training modalities
- have no legal or ethical investigations or violations in process
- engage in a face to face interview process with prospective interns
- allow no dual relationship with interns (e.g. current or previous supervisor, therapist, family member, or close friend)
- provide a licensed clinical site supervisor (with a minimum of two years experience in the area in which she or he is supervising) and assure that a qualified clinician will always be on the premises when a student is doing clinical work for the agency (AAMFT Approved Supervisor preferred)
- 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
- send a site supervisor, coordinator, or representative to attend the annual Regis Supervision and Internship Fair if possible
MAMFT Internship Requirements

A minimum of 240 direct client contact (120 must be relational) is required in the clinical placement (two semesters, which is 32 weeks of clinical placement). Additionally, a minimum of 48 supervision hours with a 1 to 5 ratio of supervision to direct client contact hours is required.

Direct Service

The following activities are considered direct service:

- Individual adult therapy from a relational perspective
- Group counseling - facilitation or co-leadership
- Child Therapy
- Adolescent Therapy
- Couple/Family therapy or co-therapy
- Psychodiagnostic intake and assessment
- Crisis counseling
- Treatment team facilitation of clinical sessions

Supervision

- On-site individual supervision
- On-site group supervision, if it is offered
- Regis group supervision
- Regis individual/triadic supervision
- Team behind the mirror

Non-direct Activities

Non-direct activities are expected, but not counted towards the 320 hour requirement. They include the following:

- Orientation
- Training/In-service
- Agency Staff meetings
- Case consultation and referral
- Administrative paperwork and documentation
- Clinical observation
- Program evaluation
- Personal psychotherapy hours

Important Ratios

- 50% of direct service hours must be with couples or families (relational)
- Students must receive one hour of supervision for every five hours of direct client contact
- Group supervision must be in groups of fewer than ten interns
- 50% of supervision must be based on live or recorded material, not case report
**Inappropriate Activities**

In a Regis clinical placement, it is **inappropriate** for Regis MAMFT 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
- 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 Clinicians (LMFT, LCSW, LPC, or Licensed Psychologists) who (a) have training and experience working with couples and families, (b) have experience supervising clinicians who are working with couples and families, and (c) who are preferably AAMFT Approved Supervisors who will act as supervisors for our students. Students are required to have a minimum of one hour per week of face to face clinical supervision with their primary site 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 Association for Marriage and Family Therapy Code of Ethics**

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

[http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx](http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx)
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 – (you will need to sign in to your Regis.net account to access this information: https://in2.regis.edu/sites/DCFT/studentportal/Clinical%20Site%20Information/Forms/AllItems.aspx

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 (MFT690/692), 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 (MFT699 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.*

What are the clinical site’s expectations of a student in Internship?

Does the site have the resources to offer you the required number of client hours per week for counseling/psychotherapy? Remember 50% of your client contact should be relational. (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)

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? (AAMFT Approved Supervisor or AAMFT Supervisor Candidate preferred)

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

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.

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 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. MFT students often use CPH and Associates or AAMFT as their providers of liability/malpractice insurance, but other companies may be available as well. Students can contact AAMFT for additional information on obtaining malpractice insurance.

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

Licensure
Completing a Masters Degree in Marriage and Family Therapy is a major step toward state licensure. The degree itself does not guarantee licensure. Licensure is granted by the state, not by Regis University. Students are responsible for the knowledge about and pursuit of all steps toward licensure.

For details on licensure post graduate requirements, check the Department of Regulatory Agency’s (DORA) Licensed Marriage and Family Therapist (LMFT).

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

Colorado Department of Regulatory Agencies (DORA)

Verification of site supervisor license


Ethical Principles and Codes of Conduct

AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
http://www.aamft.org/iMIS15/AAMFT/
AMERICAN COUNSELING ASSOCIATION

Mental Health Statutes

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

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

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

Regis University Division of Counseling and Family Therapy

Approved Clinical Sites

Division of Counseling and Family Therapy Student Manual
PRACTICUM COUNSELING CENTER INFORMATION

The Counseling Centers, 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 Centers 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
(TH 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 MFT690 and 692 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 MFT690/692.

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 password protected 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 MFT690/692.

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 Center

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 MAMFT 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.

Confidentiality of materials used to record sessions is addressed. In accordance with ethical standards of practice, the faculty supervisors of the RCCFT 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 RCCFT 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.
Practicum Application and Requirements

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

- If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.

- Be completely familiar with the Clinical Requirements as described in this manual.

- Successfully complete all pre-requisite courses (see course section on Practicum Application) with a grade of B- or higher.

- Submit a Practicum Application to the Counseling Lab/Clinical Assistant by the designated deadline

- Any zero score in Counseling Techniques I (MFT635) will require some type of remediation.

While in placement a student must do the following:

- Attend all required Regis Group Supervision sessions and successfully complete the requirements of each semester’s work (see Syllabi for MFT690/692).

- Discuss any potential “Incomplete” with the Group Supervisor.

Practicum Application Information

Practicum consists of two courses (MFT 690/692) that students take to begin counseling clients under direct, live supervision. There are two parts to Practicum: providing individual, couple, and/or family therapy in the counseling lab at the Interlocken campus, and participating in individual, triadic, and group supervision.

For most students, Practicum will begin sometime during their second year of course work in the program. Students must apply for Practicum by submitting the Practicum Application packet to the Clinical Assistant by the following deadlines:

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

Notification of acceptance to Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2-3 weeks from the Application Deadline date for processing your application. Be aware that you can not self-register for Practicum. Since this is an application process and we are creating courses with a specific number of students in each class, we will be registering students after the application process is complete.

During Practicum, students accrue 40 hours of clinical experience. These hours include direct client contact with individuals, couples, and families plus live supervision by AAMFT Approved (or Candidate) Supervisors.
Students must complete all requirements for Practicum that are outlined in the Practicum syllabus and the Practicum/Internship Manual. Students are also evaluated by their supervisors and a grade of pass or no pass will be assigned by faculty supervisors for Practicum (MFT690/692).

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 Monday, Tuesday, and Wednesday. 100% attendance in Practicum is required as students must fulfill minimum client contact hours to pass. If you have questions about any of the procedures or requirements for Practicum, contact Sarah Mikkelsen, MFT Program/Clinical Administrative Coordinator, at 303-964-6421 for Thornton students, Patti Diffee, Clinical Administrative Coordinator 719-264-7025 for Colorado Springs students or Dr. JoLynne Reynolds, Practicum Coordinator, at 303-964-5386.

During the Practicum semester, students must also arrange an Internship. Students apply for Internship positions from approved community Internship sites. Certain placement sites may have specific application deadlines, start dates, and/or orientation seminars.
Application Deadlines (please check):

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

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

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

DEGREE: MAMFT

CERTIFICATE: ☐ Depth Psychotherapy ☐ Child & Adolescent ☐ Military Families ☐ Addictions ☐ None

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

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.

### Courses Completed

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<tr>
<th>Course</th>
<th>Year/Semester</th>
<th>Grade</th>
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<tr>
<td>Theories of Family Therapy</td>
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<td>Human Growth &amp; Development</td>
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<td>Assessment and Diagnosis</td>
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<td>Professional Orientation / Ethics</td>
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<td>Cultural Issues &amp; Social Justice</td>
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<td>Counseling Techniques I *</td>
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<td>Gender Development &amp; Sexuality</td>
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<td>Family Origins &amp; Lifecycles</td>
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<td>Techniques in Family/Couple Therapy</td>
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<td>Research Methods/Program Eval</td>
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*Application cannot be approved without a satisfactory Student Evaluation from Counseling Techniques I (Please attach)

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

To complete your application include the following:

1) Cover letter
2) Signed disclosure form for Workman’s Comp Coverage (Practicum Appendix B in Clinical Manual)
3) Signed HIPAA Privacy & Security Policy & Practices Form
4) Proof of (Active) Student Liability Insurance- Attached Copy of “Certificate of Insurance” from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)

### Check List

By initialing each item, you agree it is completed and attached in your application. Incomplete applications will not be accepted. Note: You will be registered for Practicum by the Clinical Administrative Coordinator. You will not self-register

____  Completed application form
____  Cover letter
____  Signed Workman’s Comp Disclosure Form (Appendix B)
____  Signed copy of HIPAA Privacy & Security Policy & Practices
____  Copy of “Certificate of Insurance” EXP DATE: ____/___/_____
____  “I have read the clinical manual and understand what I have read”.
____  Clinical Orientation Certificate (Orientations offered once each term)

___________________________________________  ______________________________
Student’s Signature                            Date
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

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.

ii) Develop a Crisis Response Plan

viii) On-going suicidal assessment and follow-up particularly after there seems to be an apparent period of improvement. It is common for clients who respond to treatment, particularly psychotropic medications, to gain enough strength to carry out a decision to commit suicide whereas before they had insufficient energy to do so.

b) Moderate Risk interventions: Includes all of 5a above and additionally consider;

i) Evaluate for possible short-term hospitalization.

ii) Increase frequency of outpatient visits.

iii) Increase availability of resources (e.g., phone contacts; emergency response plan, Identify Support group).

iv) Contacting significant others to develop a network

v) Remove lethal means.

vi) Emphatically instruct not to commit suicide.

vii) Emphasize that suicide is not a good solution; emphasize hope.

viii) Clarify conditions under which client should pursue additional interventions (e.g., emergence of intent).

c) Severe-Extreme Risk intervention: These clients need swift and directive intervention. A direct but supportive manner of action is needed to ensure their safety. Such actions may involve contacting the police to transport client to hospital for evaluation. Client should be informed of the manner of action.

Common Failures in Suicide Assessment:
1. Failure to document. Document the following:
   a. Conducted thorough suicide assessment (report specific findings).
   b. Obtained relevant historical information.
   c. Obtained previous treatment records (or have sent for them).
   d. Directly evaluated suicidal thoughts and impulses.
   e. Consulted with supervisor.
   f. Discussed limits of confidentiality.
   g. Implemented appropriate suicide interventions.
   h. Provided appropriate resources to the client (e.g., phone numbers)
   i. Contacted authorities (e.g., police, hospital) and family members.

2. Failure to evaluate for suicide risk at intake and subsequently throughout treatment when risk indicators are present.

3. Inadequate history-taking or failure to secure previous records.

4. Failure to evaluate the adequacy of current interventions.

5. Failure to clearly specify treatment plan including criteria for hospitalization.

6. Failure to safeguard the outpatient environment.

DEALING WITH 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 therapist-in-training in the masters in marriage and family therapy 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 therapist-in-training, feedback is important to me and the best way for me to get that feedback so I can be a better therapist 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 therapeutic 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. 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 for a period of seven years, after which they will be destroyed.
4. [Confidentiality]
   a. [Code of Ethics] As MFTs, 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.
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 1 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:
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.

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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.

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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
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.
# Sample Documentation of Clinical Experience Hours: MFT Practicum/Internship

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<td><strong>Subtotal Indirect Service Hours</strong></td>
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| **Total Direct Service Hours Per week** | 0 0 0 0 0 0 0 |
| **Total Relational Therapy Hours Per week** | 0 0 0 0 0 0 0 |
| **Total Supervision Hours Per Week** | 0 0 0 0 0 0 0 |
| **Total Indirect Hours Per Week:** | 0 0 0 0 0 0 0 |
| **Total Hours Accumulated:** | 0 0 0 0 0 0 0 |
| **Running Total Hours Accumulated:** | 0 0 0 0 0 0 0 |

Student Signature: ________________________________ Date: _____________
Site Supervisor Signature: _________________________ Date: _____________
Faculty Group Supervisor Signature: __________________ Date: _____________
Therapist Signature: ______________________________ Date: _____________
Marriage and Family Therapy Clinical Competency Evaluation

Check One: Individual/Triadic Supervisor _____ Faculty Group Supervisor _____ Site Supervisor _____

Check One: Practicum _____ Internship A _____ Internship B _____ Internship C _____

Student Therapist Name: ________________________________________________________________
Semester: __________________________________________________________________________
Person Completing Form: ___________________________________________ Date ___________________

| GENERAL CASE MANAGEMENT COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4, 1.3.5, 1.3.6, 1.3.8, 1.4.1, 1.5.2, 1.5.3, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 2.5.1, 3.1.4, 3.3.1, 3.3.8, 3.4.1, 3.4.2, 3.4.3, 3.5.1, 3.5.3, 3.5.4, 4.3.8, 4.4.5, 4.5.1, 4.5.2, 5.1.1, 5.1.2, 5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.4.1, 5.4.2, 5.4.3, 5.5.1; Educational Outcomes: SLO-3, FO-2, FO-3, FO-5, PO-1, PO-2, PO-3) |
| The abilities to fulfill practicum/agency responsibilities and coordinate a caseload |
| 5-Excellent 4 3-Satisfactory 2 1- Unsatisfactory |
| 1. Therapist completes all paperwork requirements satisfactorily (AAMFT Core Competencies: 1.3.1, 1.3.4, 1.3.5, 1.5.2, 3.5.3, 5.1.1, 5.1.2, 5.1.3, 5.3.3, 5.3.4, 5.5.1) | |
| Unacceptable Below Expected Above Advanced |
| 2. Therapist complies with clinical setting policies and procedure (AAMFT Core Competencies: 1.3.4, 1.5.3, 5.1.3, 5.3.2) |
| Unacceptable Below Expected Above Advanced |
| 3. Therapist is able to accurately diagnose using the DSM 5 (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 3.4.3) |
| Unacceptable Below Expected Above Advanced |
| 4. Therapist is able to view a diagnosis through a systematic perspective (AAMFT Core Competencies: 1.2.2, 1.3.1, 1.3.2, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.6, 2.3.7, 2.3.8, 2.3.9, 2.4.1, 2.4.2, 2.4.3) |
| Unacceptable Below Expected Above Advanced |
5. Therapist is using referral sources when appropriate (AAMFT Core Competencies: 1.2.3, 1.3.8, 1.4.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.5.1, 4.3.8, 4.4.5)

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6. Therapist is professional in interactions with clients, peers, and supervisors (AAMFT Core Competencies: 1.3.6, 1.3.8, 2.5.1, 3.4.5, 3.5.4, 4.5.1, 4.5.2, 5.4.2)

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7. Therapist is professional in appearance and presentation with clients (AAMFT Core Competencies: 3.4.5, 3.5.4, 5.4.2)

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**THERAPIST RELATIONAL COMPETENCIES** (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.2.1, 2.3.8, 2.3.9, 2.4.2, 3.2.1, 3.3.1, 3.3.7, 3.4.5, 4.3.2, 4.3.3, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.10, 4.4.2, 4.4.3, 4.4.6, 4.5.1, 4.5.2, 5.4.2, 5.5.3, 6.3.4; Educational Outcomes: SLO-2, SLO-3, FO-3, FO-5, PO-1, PO-2, PO-3, PO-5)

The ability to establish and maintain a therapeutic rapport.

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8. Therapist is able to build rapport with clients (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.2.1, 2.3.8, 2.3.9, 3.3.1, 3.4.5, 4.3.2, 4.5.1)

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9. Therapist conveys respect (understanding, acceptance, warmth, compassion, empathy) to clients (AAMFT Core Competencies: 3.2.1, 3.3.1, 4.3.2, 4.3.3, 4.5.1)

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10. Therapist uses self in establishing and maintaining the therapeutic relationship (AAMFT Core Competencies: 1.2.1, 1.3.6, 3.4.5, 4.4.6, 4.5.2)

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11. Therapist maintains clients’ engagement in sessions (AAMFT Core Competencies: 1.3.7, 1.3.9, 2.2.1, 3.3.7, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8)

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### 12. Therapist use of creativity (AAMFT Core Competencies: 4.3.3, 4.3.4, 4.3.6, 4.3.10)

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### 13. Therapist use of humor is appropriate (AAMFT Core Competencies: 1.3.6)

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### 14. Therapist level of self-confidence allows for effective therapy (AAMFT Core Competencies: 2.4.2, 4.3.7, 4.4.2, 4.4.3, 6.3.4)

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### 15. Therapist self-awareness allows him/her to recognize own values and personal therapies. The therapist manages them in a way that “does no harm” to clients (AAMFT Core Competencies: 3.4.5, 4.4.6, 5.4.2, 5.5.2, 5.5.3)

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### PERCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 2.4.2, 3.2.1, 4.2.1, 4.2.2, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1; Educational Outcomes: SLO-3)

**The ability to observe interaction**

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<th>5-Excellent</th>
<th>4-Satisfactory</th>
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<th>2</th>
<th>1-Unsatisfactory</th>
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### 16. Therapist observes the system and its interaction patterns (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 3.2.1)

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### 17. Therapist is able to distinguish between the content and the process (AAMFT Core Competencies: 1.2.1, 4.2.2)

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### 18. Therapist is able to see his/her role and influence in the system (AAMFT Core Competencies: 1.2.3, 2.2.4, 2.4.2, 4.2.1, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1)

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CONCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.1, 2.3.2, 2.3.5, 2.3.7, 2.3.9, 2.4.1, 2.4.3, 2.4.4, 3.1.1, 3.1.4, 3.3.1, 3.3.2, 3.3.9, 3.4.3, 4.1.1, 4.1.2, 4.2.1, 4.3.1, 4.3.2, 4.3.9, 4.4.1, 4.4.6, 4.5.3, 5.3.8, 6.1.1, 6.1.2, 6.3.2, 6.3.3; Educational Outcomes: SLO-1, SLO-3, FO-1, FO-4, PO-1, PO-2, PO-5)

The abilities to integrate observations with theory, resulting in appropriate intervention and treatment goals

5-excellent  
4-
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2-
1- Unsatisfactory

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19. Therapist is familiar with a variety of therapy models (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.3.5, 2.3.6, 2.3.7, 2.3.9, 2.4.1, 2.4.3, 2.4.4, 3.1.1, 3.1.4, 3.3.1, 3.3.2, 3.3.3, 3.3.4, 3.3.5, 3.3.9, 3.4.3, 4.1.1, 4.1.2, 4.2.1, 4.3.1, 4.3.2, 4.3.3, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.9, 4.4.1, 4.4.2, 4.4.3, 4.4.6, 4.5.3, 5.3.8, 6.1.1, 6.1.2, 6.3.2, 6.3.3; Educational Outcomes: SLO-1, SLO-3, FO-1, FO-4, PO-1, PO-2, PO-5)

20. Therapist conceptualizes the system as the unit of treatment, even if only parts of the system are present (AAMFT Core Competencies: 2.3.1, 2.3.9, 3.3.1, 4.3.9)

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21. Therapist bases hypotheses and goals upon theory (AAMFT Core Competencies: 2.3.2, 2.3.3, 4.2.1, 4.4.1, 5.3.8, 6.1.1, 6.3.2)

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22. Therapist is able to identify what theory he/she is using (AAMFT Core Competencies: 4.1.1, 4.4.1, 4.5.3)

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23. Therapist is able to develop and implement a case plan (AAMFT Core Competencies: 2.4.1, 2.4.4, 3.1.1, 3.3.1, 3.3.2, 3.3.9, 4.3.1)

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24. Therapist is able to assess external and internal stressors on the system (AAMFT Core Competencies: 2.3.5, 2.3.7, 3.4.3, 4.3.9)

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25. Therapist accounts for diversity (race, socio-economic status, culture, ethnicity, religion, sexual orientation, etc.) (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)
26. Therapist recognizes and takes into consideration gender issues and their affect on relationships and therapy (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

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**STRUCTURING COMPETENCIES** (AAMFT Core Competencies: 1.3.3, 2.3.3, 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2, 3.5.4, 4.3.11: Educational Outcomes: SLO-1, PO-2)

*The abilities to appropriately direct therapy*

| 5 - Excellent | 4 | 3 - Satisfactory | 2 | 1 - Unsatisfactory |

27. Therapist ability to pace the session appropriately, including starting on time and ending on time (AAMFT Core Competencies: 2.3.3, 3.3.3, 3.5.4)

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28. Therapist makes sure everyone in system has time to give input and is able to engage different perspectives and manage verbal interactions in the therapy room (AAMFT Core Competencies: 1.3.3, 3.3.4, 3.3.5)

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29. Therapist establishes and reviews therapy goals with clients (if appropriate to the model) (AAMFT Core Competencies: 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2)

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30. Therapist terminates effectively with clients (AAMFT Core Competencies: 4.3.11)

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**INTERVENTION COMPETENCIES** (AAMFT Core Competencies: 4.1.1, 4.4.1, 4.4.3, 4.4.4; Educational Outcomes: SLO-1, FO-1, FO-2, PO-1, PO-2)

*The ability to purposefully intervene to facilitate change*

| 5 - Excellent | 4 | 3 - Satisfactory | 2 | 1 - Unsatisfactory |

31. Therapist links interventions and theory (AAMFT Core Competencies: 4.1.1, 4.4.1)

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</table>

32. Therapist follows up on interventions and homework (AAMFT Core Competencies: 4.4.3, 4.4.4)
PROFESSIONAL DEVELOPMENT COMPETENCIES (AAMFT Core Competencies: 1.1.3, 1.1.4, 1.5.1, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 3.4.5, 3.5.2, 3.5.4, 4.3.12, 4.5.1, 4.5.2, 5.1.4, 5.3.1, 5.3.5, 5.3.6, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 5.5.2, 5.5.4, 6.1.3, 6.3.1, 6.4.1, 6.5.1; Educational Outcomes: SLO-1, SLO-2, FO-1, FO-2, FO-3, FO-4, FO-5, PO-1, PO-2, PO-3, PO-4, PO-5)

The ability to use resources to promote growth and present oneself as a marriage and family therapist

<table>
<thead>
<tr>
<th>Competency</th>
<th>Rating Options</th>
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OVERALL COMPETENCY

40. The therapist’s overall competence for this point in his/her graduate school development as a therapist

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Strengths:

Areas for further growth:

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: __________
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 __________________________
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:

___ Fulfilling MCPY 505 Requirement

Relationship Status:                         Ethnic Origin:
   _____ Single                     _____ White/Euro-American
   _____ Married/Living with Partner _____ Asian/Asian-American
   _____ Domestic/Civil Union        _____ Black/African-American
   _____ Separated                   _____ Hispanic/Mexican American/Latino(a)
   _____ Divorced                    _____ Native American/Indian
   _____ Widowed                     _____ International
   _____ Single Parent               _____ Biracial
   _____ Other: Specify: _____________________________

Previous Counseling:
Name of Agency or Private Therapist:______________________________________________________

Dates and reasons for therapy in the past____________________________________________________

Please list any medications you are currently taking:
____________________________________________________________________________________

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

Please provide information about your family:

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<thead>
<tr>
<th></th>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
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<tbody>
<tr>
<td>Parent(s)</td>
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<tr>
<td>Sibling(s)</td>
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</table>
_____ 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
   _____ Hospitalization
   _____ Alcohol or drug addiction
   _____ Depression
   _____ Abuse
   _____ Eating disorders
   _____ Poor communication
   _____ Suicide
   _____ Other ____________________________________

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

Currently I live:  _____ Alone  _____ With roommate  _____ With spouse/partner  _____ With child(ren)
_____ I am not happy with my living arrangements
_____ I am satisfied with these arrangements
_____ I do not have close friends I can talk to about personal issues.

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

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

The following have resulted from my use of alcohol/drugs:
_____ Traffic ticket/violation  _____ Fight with a friend
_____ Ruined a relationship  _____ Academic problems
_____ Black outs  _____ Disciplinary action
_____ Other ___________________________________
_____ I have been in trouble with the legal system.

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

Please check all that apply:
_____ My social/dating life is not satisfactory.
_____ There are sexual concerns I’d like to discuss.
_____ I have had an unwanted sexual experience.

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

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

_____ 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>
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Significant health related issues and medication

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<th>Family Member</th>
<th>Health Issue</th>
<th>Duration</th>
<th>Medication</th>
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Introduction

The mission of the Master of Arts in Marriage and Family Therapy (MAMFT) program is to prepare competent and effective professionals who practice systemic/relational therapy with individual, couples, or families with an emphasis on: (a) excellent clinical skills that are informed by diverse theoretical traditions; (b) personal growth opportunities to encourage person-of-the-therapist competence and to facilitate an awareness of their own approach to therapy; and (c) an awareness of the construction of power and knowledge, and how to work therapeutically with dominant and oppressed people, systems, and ideas.

We use a strengths based empowerment model of biopsychosocial assessment and treatment planning. This model presents client concerns in the context of their relationships and the larger systems within which clients live. We expect that MFTs are competent in their ability to collaborate with their clients and arrive at an accurate diagnosis that informs the treatment plan. MFTs will incorporate clients’ perceptions, concerns, and understandings. MFTs design interventions that align with the clients’ goals and objectives.

The psychosocial assessment and treatment planning interview is a process of fostering a foundational relationship. Clients must trust that you are genuinely interested in them and that you believe that they are the experts of their own life experience. MFTs often normalize, validate, and provide hope during the psychosocial assessment and treatment planning. The therapeutic relationship is present when you are writing the reports as well. Clients can have access to these documents, so write them in a way that affirms clients as human beings worthy of dignity and respect.

Finally, be aware of power as the MFT and possible areas of marginalization that the clients have experienced. Consider ahead of time about how you can be prepared for clients who are elderly, adopted, LGBTQ, military, felons, undocumented immigrants, living in poverty, ethnically/culturally/racially marginalized, or are people with disabilities (including traumatic brain injury).

The biopsychosocial assessment should be written as a report using the following template. The treatment plan should be completed on the form attached. Use the following sections to guide your clinical interview so that you can write the report and plan.
Biopsychosocial Assessment Template

**Client Identifying Information**

*For each member of the client (depending on if this client is an individual, couple, or family), provide the following factual information based on client report or case records.*

Name:  
Role in the family:  
Age:  
Biological Sex:  
Gender Identity:  
Race:  
Ethnicity:  
Religion/Spirituality:  
Relationship Status:  
Occupation:  
Living Situation:  
Sexual Orientation:  
Children:  
Primary Language Spoken in Home:  
All Languages Spoken:  

**Presenting Concern**

*Start with client description of the concern or reason seeking services. Include duration, frequency, and consequences of the issues of concern and how the client has addressed the concerns in the past. Within your description, highlight points of agreement and disagreement in defining the problem (e.g., how different persons in the system would define the problem and attempted solutions).*

*In addition, discuss how the following systems have been impacted by the concern and have impacted the client.*

- Family situation  
- Physical environment  
- Economic environment  
- Educational/occupational history  
- Physical well-being/health/ability  
- Relevant cultural, racial, and religious factors  
- Sexual orientation and gender identity factors  
- Current social/sexual/emotional relationships  
- Legal involvement  
- Use of internal and external resources to face challenges
Clinician Observations of Client
Depending on the client, this could be of an individual, couple, or family. Remember there can be different family forms (family of creation, family of choice, etc.) Include objective observations, not opinions.

- Physical appearance (dress, grooming, striking features)
- Communication styles (abilities & challenges)
- Patterns of Interaction
- Thought processes (memory, intelligence, clarity of thought, mental status)
- Expressive overt behaviors (mannerisms, speech patterns)
- Mental status exam (if appropriate)

Relevant History
Discuss history in each of the following areas as it pertains to the presenting issue. You are not limited to these areas - these are a starting place.

Family History – can use genogram to convey this information
  - Family composition
  - Birth order
  - Where & with whom reared
  - Relationship with parents/guardian
  - Relationship with siblings
  - Abuse or trauma
  - Significant family events (births, adoptions, deaths, divorce, separations, moves, etc.)
  - Mental health conditions in Family of origin

Developmental History – use particularly with children or if relevant to the presenting issue. Be aware of cultural differences in expectations for development.
  - Medical problems/conditions at birth
  - Developmental milestones (mobility, speech, toilet training, etc.)

Family Interrelationships
  - Definition of who is in the family (physically and psychologically)
  - Recent changes to family structure (e.g., launching a child, elderly parent moving in)
  - Interacting roles within the family (who makes decisions, who is responsible for what)
  - Family disagreements or disappointments
  - Family rituals or celebrations

Educational and Occupational History
  - Level of formal education attained
  - School performance
  - Learning problems/difficulties
  - Areas of achievement
  - Peer relationships
  - Type of employment
  - Employment history
  - Adequacy of wage earning ability
  - Quality of work performance
  - Relationship with authority figures and coworkers
Religious and/or Spiritual Development
- Importance of religion in upbringing
- Affinity for faith tradition(s)
- Mixed faith relationships within the family
- Involvement in religious activities
- Positive or negative experiences

Social Relationships
- Size and quality of social network
- Ability to sustain friendships
- Pertinent social role losses or gains
- Social role performance within cultural context
- Historical patterns of familial and social relationships

Intimate Relationships
- Type and quality of relationships
- Relevant sexual history
- Ability to sustain intimate (sexual and nonsexual) contact
- Significant losses
- Traumas
- Conflicts in intimate relationships
- Past or present intimate partner violence
- Way of dealing with losses or conflicts
- Problems or strengths in intimate relationships

Health – medical, psychological, substance history and impact on functioning
- Drug, alcohol, or tobacco use or misuse, (when use began; intensity, duration, and frequency)
- Medications
- Accidents
- Ability Status
- Emotional difficulties including mental illness
- Hospitalizations
- Use of previous therapy
- Current or history of suicidal ideation or attempts
- Current or history of self-harm
- Current or history of harm to others
- Current or history of binging, purging, or restricting
- Pertinent health behaviors such as nutrition, exercise, stress management
- Quality of sleep

Legal – juvenile or adult contact with legal authorities
- Type of problems
- Immigration status
- Jail or prison sentence
- Effects of rehabilitation (or lack of) in justice system
- Effects of prison system
Environment Conditions
- Urban or rural
- Length of time in current living environment
- Living arrangement history
- Economic/class structure of neighborhood
- Description of home

History of Marginalization and Privilege – as it pertains to current issue

Collaborative Assessment
Integrate the clients’ concerns with your understanding to describe the underlying causes or contributing factors that have created the clients’ concerns. Articulate the prognosis for change. Include DSM 5 diagnosis. As appropriate, include the following:
- Social emotional functioning – ability to express feelings, form relationships; describe the predominant mood or emotional pattern (optimism/pessimism, temperament)
- Psychological factors – impulse control, defense mechanisms, coping style
- DSM 5 diagnosis
- Environmental issues and constraints

Conclude the assessment with a statement about the clients’ motivation for help, your ability to provide help, other resources that may be necessary to resolve the presenting concern, and the anticipated outcome of treatment.
# Treatment Plan

**Client Name(s) and Ages:**

**Clinician Name(s):**

**Date:**

**DSM 5 Diagnosis:**

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**Client Concern #1:**

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<th>Long term goal:</th>
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<th>Anticipated strengths:</th>
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<tr>
<th>Anticipated obstacles:</th>
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<th>Short term objectives with therapeutic interventions:</th>
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**Client Concern #2:**

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<tr>
<th>Anticipated strengths:</th>
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<th>Anticipated obstacles:</th>
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<tr>
<th>Short term objectives with therapeutic interventions:</th>
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**Client Concern #3:**

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Anticipated strengths:
Anticipated obstacles:

Short term objectives with therapeutic interventions:

| Referrals to Other Resources: |

Client(s) Signature(s): ___________________________ Date: ________________

______________________________

Clinician Signature: ___________________________ Date: ________________

______________________________

Supervisor Signature: ___________________________ Date: ________________

______________________________
I am a master’s level marriage and family therapist-in-training enrolled in Practicum. Among requirements for this course is a series of 45 minute therapy sessions, which I will record for use during individual and group supervision. Our sessions may be viewed as they occur (via one-way mirror or video feed) by my supervisor and other trainees enrolled in the Division for Counseling and Family Therapy. 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. These recordings are for educational purposes only and will not be added, attached or compiled with your medical or client records. I may also prepare a verbatim transcript that will provide another opportunity for me to improve my therapy skills. *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 trainees 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 trainees. 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).

Information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and cannot be disclosed without written consent. There are certain legal exceptions to confidentiality that may include, but are not limited to, a court order or subpoena. I am also required to:

1. Report child abuse or neglect to the Department of HHS and/or law enforcement;
2. Report the abuse and exploitation of elders, 70 years of age or older (C.R.S. 18-6.5-108);
3. Release information when court ordered to do so;
4. Report when there is a legal duty to warn of a threat from a client of imminent physical violence and/or when a client is a “danger to self or others” (C.R.S. 27-65-102(4.5));
5. Release information when there is 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” (C.R.S. 27-65-102(9));
6. Release information when required to report a threat to the national security of the U.S.; and
7. Release information when a therapist needs to request a “Welfare check through law enforcement” in the event that the therapist becomes concerned about the client’s safety/welfare.
8. There is a “duty to warn: … where the patient has communicated to the mental health provider a serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity (C.R.S. 13-21-117);
9. Where there is a duty to warn, the mental health provider: “… shall make reasonable and timely efforts to notify the person or persons, or the person or persons responsible for the specific location or entity that is specifically threatened, … (C.R.S. 13-21-117).

Note that ONLY authorized persons will have access to your records. If you return to the clinic for future therapy, your records may be reviewed by the new trainee and her or his supervisor. At the completion of your therapy, these records will be filed in the HIPAA secure server for seven years, after which they will be erased.

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, with NO emergency services.

FEE AND PAYMENT POLICY: No fees will be collected for therapy services.

CANCELLATION POLICY: Cancellations must be made to either the Thornton Center at (303) 964-5786 or the Colorado Springs Center at (719) 264-7027 at least 24 hours in advance.

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

________________________________  ______________________________
Client (print name)                  Client/Legal Guardian’s Signature

________________________________  ______________________________
Marriage and Family Therapist in-training (print name)  Marriage and Family Therapist-in-training Signature

________________________________  ______________________________
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 ________________________________
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 Client’s 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 HIPAA 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 Professionals  
Division of Counseling and Family Therapy  
Regis University  
500 E, 84th Avenue, Suite B-12  
Thronton, 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):   ______________________________________________________
______________________________________________________
(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

Name of Client(s) ____________________________

DOB ____________________________

☐ RCCFT Counseling Services - ILB

500 E. 84th Avenue, Suite B-12

Thornton, CO 80229

☐ RCCFT Counseling Center – Col Spgs

7450 Campus Drive, Suite 100

Colorado Springs, CO 80920

AND

Agency Name ____________________________

Contact Person ____________________________

Address ____________________________

City ____________________________

Zip ____________________________

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

☐ Summary of Progress ☐ Evaluation/Assessment ☐ Attendance / Participation/ Progress

☐ Termination Summary ☐ Service Plans ☐ Other:

For the Purpose of:

☐ Treatment (Internal & External) ☐ Operations (Administrative) ☐ Payment (Reimbursement)

☐ Other (Indicates HIPAA Authorization, use only when necessary)

Specify:

Periods of Treatment:

☐ All Treatment Episodes ☐ Current Treatment Episode

☐ Specific Treatment Episode: Begin Date: ____________________________ End Date: ____________________________

If the purpose of this disclosure is marked as “Other” whether or not Treatment, Payment or Operations are checked, then this is a HIPAA Compliant Authorization and 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

X CLIENT(S) SIGNATURE ____________________________

Date ____________________________

Parent, Guardian or Authorized Representative ____________________________

Relationship ____________________________

Date ____________________________

Clinician Signature: ____________________________

Date ____________________________

Consent revoked: ____________________________

Client(s) Signature ____________________________

Date ____________________________
FAX COVER SHEET

****CONFIDENTIAL FACSIMILE****

THIS FACSIMILE CONTAINS INDIVIDUALLY IDENTIFIABLE PATIENT HEALTH INFORMATION. THE USE AND DISCLOSURE OF INFORMATION CONTAINED IN THIS FAX IS RESTRICTED BY THE 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: Recipient: ___________________________
Fax Number: ___________________________
Telephone Number: ___________________
No. of Pages (Including Cover) __________
Date of Transmission: _________________

FROM: Sender: ___________________________
Sender’s Signature: ___________________
Sender’s Phone Number: ___________
Patient’s Name: ________________________
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).

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**Regis Center for Counseling and Family Therapy**

**CLIENT CASE NOTES**

Client’s Name(s): ___________________________  
Counselor’s Name: ___________________________  
Supervisor’s Name: ___________________________

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**“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 ______________
Date: | Length: | Type: Individual
---|---|---

### “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:
**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>
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<th>NAME:</th>
<th>RELATIONSHIP:</th>
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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: __________________________________________________________________

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.

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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.

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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>
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Test Administration:

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<tr>
<th>Date</th>
<th>Test</th>
<th>Administered by</th>
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</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>
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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: _________________________ Please Print Name _________________________ Date: ________________

Faculty Supervisor: _________________________ Please Print Name _________________________ Date: ________________
INTERNSHIP
INTERNSHIP DESCRIPTION

Course Overview for Internship

Students must secure an internship placement during or before their practicum semester.
Students must apply for internship during their practicum semester by the published application deadline.
Students will be registered by the Clinical Administrative Assistant for one class
(MFT699A or B- Syllabus) which includes:

- Approximately 20-25 hours per week at an approved clinical Internship site – This time includes about 10 client contact hours each week, individual/triad supervision with approved site supervisor, documentation, preparation, training, and inservice time.
- Regis Group Supervision- This class meets for 3 hours every other week during weekday hours with a Regis AAMFT Approved Supervisor faculty and 6- 8 Regis student interns

Approved Clinical Sites:

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

(Please note that you will need to sign in using your Regis.net account information)
MAMFT INTERNship REQUIREMENTS

A total of 280 hours is required in the clinical placement (two semesters, which is 32 weeks of clinical placement).

Direct Service and Supervision

A minimum 280 direct contact and supervision hours is required in Internship. The student is expected to complete 150 hours in each semester. Students must maintain a ratio of 5:1 client contact to supervision hours. The following activities are considered direct service:

- Individual adult therapy
- Group therapy - facilitation or co-leadership
- Child/Adolescent therapy
- Couples/Family therapy or co-therapy
- Psychodiagnostic intake and assessment
- Crisis counseling
- Treatment team facilitation of clinical sessions
- On-site individual supervision
- On-site group supervision, if it is offered
- Regis group supervision
- Regis individual/triadic supervision
- Participation in reflecting teams

Inappropriate Activities

In a Regis clinical placement, it is inappropriate for Regis marriage and family therapy 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
- 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 Clinicians (LMFT, LCSW, LPC, or Licensed Psychologists) who (a) have training and experience working with couples and families, (b) have experience supervising clinicians who are working with couples and families, and (c) who are preferably AAMFT Approved Supervisors who will act as supervisors for our students. Students are required to have a minimum of one hour per week of face to face clinical supervision with their primary site 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.

American Association for Marriage and Family Therapy (AAMFT) Code of Ethics

Our students are being trained under the AAMFT Code of Ethics and are expected to follow this code of ethics throughout their clinical training.
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.
- Submit an Internship Application to the Clinical Assistant by the designated deadline
- Acquire passing scores on any given Student Performance Evaluations (SPE). Any zero score will require some type of remediation.
- Secure Internship placement at a Regis approved clinical site
- Avoid any potential dual relationships at the clinical site (e.g., working for employers, family members, friends, interning at the same site where you work)
- Not expect money for interning nor be charged by the agency for supervision

A student may not register for MFT 699 Internship Supervision when the following conditions exist:

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

While in placement a student must do the following:

- Complete a minimum of 280 clinical hours spread out over a minimum of two Internship semesters.
- Attend all required Regis Group Supervision sessions throughout a minimum of two Internship semesters and successfully complete the requirements of each semester’s work (see Syllabi for MFT 699 online).
- Register for an additional semester (MFT 699C) if requirements have not been met in two Internship semesters of placement.
- 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.
Application Deadlines (please check):

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

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

Submit completed applications packet to:

Denver applicants
Sarah Mikkelsen 500 E. 84th Avenue, Suite B-12 Thornton, CO 80229 or Email all application materials in pdf format to shorn@regis.edu

Colorado Springs applicants
Patti Diffee, 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: ☐ Denver ☐ Colorado Springs
DEGREE: MAMFT
CERTIFICATE: ☐ Transformative ☐ Child & Adolescent ☐ Military Families ☐ None

Student’s Name: __________________________ ID#(req’d) __________________________________
Mailing Address: ________________________________________________________________
City: ___________________ State ______ Zip __________________
Phone: H (___) ________ W (___) ___________ Cell (___) __________
Regis Email Address: ____________________________________________________________

Current Employer Name: __________________________________________________________
Employer Address: ________________________________________________________________
Position Held: ___________________________ Supervisor Name: __________________________
Do you plan to continue employment: _____________________________________________

Pre-requisite Courses Completed Year/Semester Grade
Practicum MFT690/692

Proposed Internship Site:
Agency Name: __________________________________ Program: ____________________________
Agency Address: ________________________________________________________________
Contact Person: __________________________________ Phone __________________________
Email Address: ________________________________________________________________
On-site Supervisor: ___________________________ Phone __________________________
Email Address: ________________________________________________________________
Degree/licensure **: ___________________________ Expires: (See DORA) __________________

** If the Site Supervisor is NOT an AAMFT Approved Supervisor, the site supervisor will need to complete the Supervisor Qualification Form and submit it to the MAMFT Clinical Coordinator for approval.
Types of Clients You Will Work With:

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

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

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

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

___________________________________________________________________________________

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

___________________________________________________________________________________

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

___________________________________________________________________________________

Student Liability Insurance Expiration Date: ___/___/_____

Include the following with your Internship Application:

1) Proof of (Active) Student Liability Insurance- Attached Copy of “Certificate of Insurance” from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
2) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 320 hours (50% relational hours).
3) A letter of acceptance from the site
4) Site Supervisor Qualification Form (If Site Supervisor is not AAMFT Approved Supervisor, a Licensed Marriage and Family Therapist or already approved as a Regis University Supervisor)
5) A copy of your site supervisor’s resume if requested by Regis University staff upon review of your application.
6) Verification of site supervisor’s license (if requested by Regis University staff upon review of your application. This may be found at HERE)

Check List

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

____ Completed application form
____ Copy of Proof of Student Liability Insurance Exp: ___/___/_____
____ Letter of acceptance from site
____ Site supervisor’s license verification
____ Site supervisor’s resume
____ Site Supervisor Qualification Form (please see info. above to determine need)
____ Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

_____________________________  ____________________________
Student Signature                Date

_____________________________  ____________________________
Practicum Faculty Supervisor Signature Date
Appendix A - Site Supervisor Qualification Form

This form must be approved by the MFT Clinical Coordinator PRIOR to beginning clinical contact. In order to document the expertise of our faculty and clinical supervisors, we request that you complete the following information. We use this information to make decisions about course teaching assignments and clinical supervisor approval. Please be thorough in your responses and attach additional documentation as needed. If you have completed this form in prior semesters, please continue to update this form each semester that you supervise and keep it for your records.

Today’s Date: ____________________________ Name: ____________________________
Agency: ________________________________ License Type and #: _________________________
Phone: _________________________________ Email: _________________________________
Street: _________________________________ City, State, Zip Code: ________________________
Gender: ________________________________ Ethnicity: ________________________________

Are you an AAMFT Approved Supervisor? Yes No
If yes, when does it expire? You do not need to fill out the rest of this form.
Are you an AAMFT Approved Supervisor Candidate? Yes No
If yes, when does it expire? ____________
Are you an AAMFT Clinical Fellow? Yes No
Are you approved by the state to supervise MFT candidates? Yes No
What year did you start supervising students in their work as MFTs? ________________________
What year did you start practicing as a Marriage and Family Therapist? ________________________
Are you currently engaged in clinical practice? Yes No

Academic Coursework – list academic coursework, training and/or workshops specific to marriage and family therapy. Examples: courses such as principles of couples counseling, family therapy, treating adolescents in therapy, and/or workshops represented by marriage and family therapists on clinical techniques, and/or training institutes focusing on relationship counseling techniques. Titles should reflect the course/training/workshop was in marriage and family therapy, i.e., focusing on relationship counseling rather than on individual counseling skills.

<table>
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<tr>
<th>Year</th>
<th>Approx # hours</th>
<th>Name of Course/workshop/institute</th>
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Work experience – list and describe work experience in the field of marriage and family therapy. We are looking for information indicating that you have worked in a setting that supports a systemic/relational approach to treatment which is the foundation of marriage and family therapy training. Job titles alone may not provide adequate information so please include detailed descriptions when necessary.

Year ______ Work Experience in Marriage and Family therapy
If you have been practicing MFT for less than 5 years, number of hours of post degree clinical experience:_____________ hours acquired between ________________ and ________________.

**Minimum requirements for supervisors:** 3000 hours of post-master’s degree hours of clinical experience (2000 hours for doctoral level applicants) providing marriage and family therapy over a minimum period of 3 years. **Continuing competency/education** – list any continuing competency experiences related to the field of marriage and family therapy (i.e. coursework taught by you, workshops attended or presented; publication, training, experiences etc.) We are looking for information which will indicate that you have participated in activities that support a systemic approach to treatment which is the foundation of marriage and family therapy training.

**Supervisory Training** – Describe the training you received in providing supervision related to the field of marriage and family therapy. Include the information on the requirement of one semester graduate course or equivalent experience and give information about your supervision of supervision training (supervision of you doing supervision of another therapist).

Total years of experience supervising students in their work as MFTs? _____________________________

**Supervision Course:**

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<th>Year</th>
<th>Approx # hours</th>
<th>Course title or description of equivalent experience</th>
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**Supervision of supervision:**

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<tr>
<th>Year</th>
<th>Approx # hours</th>
<th>Location and Supervisor name</th>
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Were any of the supervisors in your own training Marriage and Family Therapists? Yes ____ No ____

List any professional associations related to the field of marriage and family therapy to which you belong

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Name of Association</th>
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List any scholarly work you have done that is related to the field of marriage and family therapy:

**IMPORTANT:** Please attached a copy of your current résumé or curriculum vitae to this form as well.
Appendix B

Ruekert-Hartman School of Health Professions
Division of Counseling and Family Therapy

MAMFT Semester Internship Description and Goals (Page 1)
(Copy Course Description/Goals page and Learning Contract page back to back)

PLEASE CHECK ONE:
Internship A: MFT 699A   Internship B: MFT 699B   Internship C: MFT 699C

Semester_________  Year_________

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

Student: _________________________________________________________
Address: ____________________________________________________  Zip: _______________
Phone: __________________________________________________________  Email: ____________
Site Supervisor: ___________________________________________  License: _______________
Supervisor Phone: _______________________________  Email: ____________
Site Name: _______________________________________________________
Site Address: _____________________________________________________

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

_____ Child Therapy   _____ Adolescent Therapy
_____ Couple Therapy   _____ Family Therapy
_____ Individual Counseling/Therapy   _____ Group Counseling/Therapy
_____ Psychodiagnostic Intake   _____ Emergency/Crisis Intervention
_____ Psychological Test Administration and Interpretation
_____ Documentation (Treatment plans, clinical reports, case summaries)
_____ Consultation/Referral (case conferences, referral to other agencies)
_____ Individual Clinical Supervision (one hour per week required)
_____ Group Clinical Supervision
_____ Video/audio taping of client sessions (releases required)
_____ In-service, staff training, staff development meetings
_____ Program evaluation and administration
_____ Other (please specify) _________________________________________
Goals and Outcomes:
Please include areas of training that will be the focus of this Internship. These will be determined with the site supervisor. (Examples: I will complete of two intake interviews with new clients, I will score and interpret one adolescent test battery, I will write and present three clinical cases to facility staff)

1. 
2. 
3. 
4. 
5. 
6. 

Onsite Supervision Contract:
I, ________________________________, agree to be the designated onsite clinical supervisor for
(supervisor’s name, license)
Regis University intern __________________________ during his or her placement with our agency. The
(student’s name)
designated hour for our supervision is ___________________________ and must occur once a week on a
(day of week, time of day)
regular basis. I will notify the student’s Regis supervisor of any changes in this arrangement.

Date signed: ___________________________

Please print onsite supervisor’s name: _____________________________

Other signatures required:
Student: __________________________________ Date: __________

Regis Faculty Group Supervisor: __________________________ Date: __________
Appendix C

Supervisory Disclosure Statement

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

I am a licensed clinician _____________________________________________________

License Type License Number State

and I adhere to the Code of Ethics published by: ACA AAMFT NASW APA

circle all that apply

My clinical background includes:

Providing psychotherapy to individuals since _______ Year
Providing psychotherapy to families since _______ Year
Counselor education/ supervision since _______ Year

I received my master’s degree in _______________________ from ___________________

Degree Title University Name

and my doctoral degree in _______________________ from ___________________

Degree Title University Name

Expectations:

Supervision will be provided in the following formats:

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

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

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

3. The intern must bring progress notes to this supervisor for review and signature.

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

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

______________
6. Interns will be evaluated.

7. No fees will be charged for supervision.

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

__________________________________________  ________________________
Intern Signature                                      Date

__________________________________________  ________________________
Supervisor Signature                                  Date
Appendix D
CLIENT RELEASE FORM
for audio or video recording

___________________________________________
(agency)

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

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

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

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

_______________________________________________________________

_______________________________________________________________

Client’s signature _______________________________________________________________

Age __________________________________ Date ___________________________________

Parent or guardian’s signature if needed:
Signed________________________________________ Date____________________

Therapist’s signature ____________________________________Date____________________
## Appendix E

### Documentation of Clinical Experience Hours: MFT Practicum/Internship

#### Semester Dates:
- From: ____________
- To: ____________

#### Student Name: ____________

#### Site Name: ____________

#### Practicum Site Name: ____________

#### Regis Supervisor: ____________

#### Internship Site Supervisor: ____________

<table>
<thead>
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<th>Week of Year</th>
<th>Sub Total</th>
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</tr>
<tr>
<td>Individual Therapy</td>
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</tr>
<tr>
<td>Group Therapy</td>
<td>0 0 0 0 0 0</td>
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<tr>
<td>Child Therapy</td>
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<td><strong>Subtotal Direct Hours:</strong></td>
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</tr>
<tr>
<td><strong>Running total of Direct non-relational hours</strong></td>
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<td><strong>Relational Therapy</strong></td>
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<td>Couple/Family Therapy</td>
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</tr>
<tr>
<td>Family Group Therapy</td>
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<tr>
<td><strong>Subtotal Relational Therapy Hours</strong></td>
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<tr>
<td><strong>Running total of Relational Therapy Hours</strong></td>
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#### Student Signature: __________________________________________ Date: ____________

#### Site Supervisor Signature: ______________________________________ Date: ____________

#### Faculty Group Supervisor Signature: _____________________________ Date: ____________

#### Therapist Signature: __________________________________________ Date: ____________
In an ongoing effort to improve our MAMFT program, 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 MAMFT Program.

SA = STRONGLY AGREE      A = AGREE        D = DISAGREE       SD = STRONGLY DISAGREE

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<thead>
<tr>
<th></th>
<th>Regis University graduates and/or interns assigned to your supervision demonstrate:</th>
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<tr>
<td>1a</td>
<td>competence in applying theory to practice</td>
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<tr>
<td>1b</td>
<td>the ability to design and implement developmentally appropriate therapeutic interventions</td>
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<tr>
<td>1c</td>
<td>the knowledge of and adhere to ethical and professional standards</td>
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<td>1d</td>
<td>the social/emotional concerns of the clients with whom they work</td>
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<tr>
<td>1e</td>
<td>cooperation with other professionals</td>
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<tr>
<td>1f</td>
<td>knowledge of the social and cultural factors that influence clients’ lives</td>
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<tr>
<td>1g</td>
<td>strong motivation and commitment to lifelong learning and self-development</td>
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<tr>
<td>1h</td>
<td>openness to constructive supervisory feedback and demonstrate efforts toward self-improvement</td>
</tr>
<tr>
<td>1i</td>
<td>curiosity when faced with interdisciplinary differences</td>
</tr>
<tr>
<td>1j</td>
<td>a respect and appreciation of multi-cultural diversity and the worth of all individuals</td>
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</table>

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

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

4. Regis University 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.

Narrative comments:
Appendix G

Marriage and Family Therapy Clinical Competency Evaluation

Check One: Individual/Triadic Supervisor _____ Faculty Group Supervisor _____ Site Supervisor _____

Check One: Practicum _____ Internship A _____ Internship B _____ Internship C _____

Student Therapist Name: ______________________ ______________________

Semester: ____________________________

Person Completing Form: ______________________ Date ______________

GENERAL CASE MANAGEMENT COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4, 1.3.5, 1.3.6, 1.3.8, 1.4.1, 1.5.2, 1.5.3, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.4, 2.5.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.4.3, 3.4.5, 3.5.1, 3.5.3, 3.5.4, 4.3.8, 4.4.5, 4.5.1, 4.5.2, 5.1.1, 5.1.2, 5.1.3, 5.3.2, 5.3.3, 5.3.4, 5.4.2, 5.5.1; Educational Outcomes: SLO-3, FO-2, FO-3, FO-5, PO-1, PO-2, PO-3)

The abilities to fulfill practicum/agency responsibilities and coordinate a caseload


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<th>4</th>
<th>3-Satisfactory</th>
<th>2</th>
<th>1-Unsatisfactory</th>
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1. Therapist completes all paperwork requirements satisfactorily (AAMFT Core Competencies: 1.3.1, 1.3.4, 1.3.5, 1.5.2, 3.5.3, 5.1.1, 5.1.2, 5.1.3, 5.3.3, 5.3.4, 5.5.1)


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<tr>
<th>5-Excellent</th>
<th>4</th>
<th>3-Satisfactory</th>
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<th>1-Unsatisfactory</th>
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2. Therapist complies with clinical setting policies and procedure (AAMFT Core Competencies: 1.3.4, 1.5.3, 5.1.3, 5.3.2)


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<th>5-Excellent</th>
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<th>3-Satisfactory</th>
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3. Therapist is able to accurately diagnose using the DSM 5 (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 3.4.3)


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<th>4</th>
<th>3-Satisfactory</th>
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<th>1-Unsatisfactory</th>
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</table>
4. Therapist is able to view a diagnosis through a systematic perspective (AAMFT Core Competencies: 1.2.2, 1.3.1, 1.3.2, **2.1.6**, 2.2.2, 2.2.3, 2.2.5, **2.3.1**, 2.3.6, 2.3.7, 2.3.8, 2.3.9, 2.4.1, 2.4.2, **2.4.3**)

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Unacceptable Below Expected Above Advanced

5. Therapist is using referral sources when appropriate (AAMFT Core Competencies: 1.2.3, 1.3.8, 1.4.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.5.1, 4.3.8, 4.4.5)

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Unacceptable Below Expected Above Advanced

6. Therapist is professional in interactions with clients, peers, and supervisors (AAMFT Core Competencies: 1.3.6, 1.3.8, 2.5.1, 3.4.5, 3.5.4, 4.5.1, 4.5.2, 5.4.2)

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7. Therapist is professional in appearance and presentation with clients (AAMFT Core Competencies: 3.4.5, 3.5.4, 5.4.2)

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Unacceptable Below Expected Above Advanced

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**THERAPIST RELATIONAL COMPETENCIES** (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.2.1, 2.3.8, 2.3.9, 2.4.2, 3.2.1, 3.3.1, 3.3.7, 3.4.5, 4.3.2, 4.3.3, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.9, 4.4.2, 4.4.3, 4.4.6, 4.5.1, 4.5.2, 5.4.2, 5.5.2, 5.5.3, 6.3.4; Educational Outcomes: SLO-2, SLO-3, FO-3, FO-5, PO-1, PO-2, PO-3, PO-5)

The ability to establish and maintain a therapeutic rapport.

5-Excellent 4 3-Satisfactory 2 1- Unsatisfactory

8. Therapist is able to build rapport with clients (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.3.8, 2.3.9, 3.3.1, 3.4.5, 4.3.2, 4.5.1)

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Unacceptable Below Expected Above Advanced

9. Therapist conveys respect (understanding, acceptance, warmth, compassion, empathy) to clients (AAMFT Core Competencies: 3.2.1, 3.3.1, 4.3.2, 4.3.3, 4.5.1)

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10. Therapist uses self in establishing and maintaining the therapeutic relationship (AAMFT Core Competencies: 1.2.1, 1.3.6, 3.4.5, 4.4.6, 4.5.2)

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Unacceptable Below Expected Above Advanced
11. Therapist maintains clients’ engagement in sessions (AAMFT Core Competencies: 1.3.7, 1.3.9, 2.2.1, 3.3.7, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8)

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12. Therapist use of creativity (AAMFT Core Competencies: 4.3.3, 4.3.4, 4.3.6, 4.3.10)

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13. Therapist use of humor is appropriate (AAMFT Core Competencies: 1.3.6)

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14. Therapist level of self-confidence allows for effective therapy (AAMFT Core Competencies: 2.4.2, 4.3.7, 4.4.2, 4.4.3, 6.3.4)

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15. Therapist self-awareness allows him/her to recognize own values and personal therapies. The therapist manages them in a way that “does no harm” to clients (AAMFT Core Competencies: 3.4.5, 4.4.6, 5.4.2, 5.5.2, 5.5.3)

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**PERCEPTUAL COMPETENCIES** (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 2.4.2, 3.2.1, 4.2.1, 4.2.2, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1; Educational Outcomes: SLO-3)

*The ability to observe interaction*

5-Excellent 4 3-Satisfactory 2 1-Unsatisfactory

16. Therapist observes the system and its interaction patterns (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 3.2.1)

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17. Therapist is able to distinguish between the content and the process (AAMFT Core Competencies: 1.2.1, 4.2.2)

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18. Therapist is able to see his/her role and influence in the system (AAMFT Core Competencies: 1.2.3, 2.2.4, 2.4.2, 4.2.1, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1)
CONCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.1, 2.3.2, 2.3.5, 2.3.7, 2.3.9, 2.4.1, 2.4.4, 3.1.1, 3.1.4, 3.3.1, 3.3.2, 3.3.9, 3.4.3, 4.1.1, 4.1.2, 4.2.1, 4.3.1, 4.3.2, 4.3.9, 4.4.1, 4.4.6, 4.5.3, 5.3.8, 6.1.1, 6.1.2, 6.3.2, 6.3.3; Educational Outcomes: SLO-1, SLO-3, FO-1, FO-4, PO-1, PO-2, PO-5)

The abilities to integrate observations with theory, resulting in appropriate intervention and treatment goals

5-excellent 4 3-Satisfactory 2 1-Unsatisfactory

19. Therapist is familiar with a variety of therapy models (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.1, 2.3.3, 3.1.1, 3.1.4, 4.1.1, 4.1.2, 4.3.1, 6.1.2, 6.3.3)

Unacceptable    Below    Expected    Above    Advanced

20. Therapist conceptualizes the system as the unit of treatment, even if only parts of the system are present (AAMFT Core Competencies: 2.1.1, 2.3.1, 2.3.9, 3.3.1, 4.3.9)

Unacceptable    Below    Expected    Above    Advanced

21. Therapist bases hypotheses and goals upon theory (AAMFT Core Competencies: 2.3.2, 2.3.3, 4.2.1, 4.4.1, 5.3.8, 6.1.1, 6.3.2)

Unacceptable    Below    Expected    Above    Advanced

22. Therapist is able to identify what theory he/she is using (AAMFT Core Competencies: 4.1.1, 4.4.1, 4.5.3)

Unacceptable    Below    Expected    Above    Advanced

23. Therapist is able to develop and implement a case plan (AAMFT Core Competencies: 2.4.1, 2.4.4, 3.1.1, 3.3.1, 3.3.2, 3.3.9, 4.3.1)

Unacceptable    Below    Expected    Above    Advanced

24. Therapist is able to assess external and internal stressors on the system (AAMFT Core Competencies: 2.3.5, 2.3.7, 3.4.3, 4.3.9)

Unacceptable    Below    Expected    Above    Advanced
25. Therapist accounts for diversity (race, socio-economic status, culture, ethnicity, religion, sexual orientation, etc.) (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

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26. Therapist recognizes and takes into consideration gender issues and their affect on relationships and therapy (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

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**STRUCTURING COMPETENCIES** (AAMFT Core Competencies: 1.3.3, 2.3.3, 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2, 3.5.4, 4.3.11: Educational Outcomes: SLO-1, PO-2)

The abilities to appropriately direct therapy

5-Excellent 4 3-Satisfactory 2 1- Unsatisfactory

27. Therapist ability to pace the session appropriately, including starting on time and ending on time (AAMFT Core Competencies: 2.3.3, 3.3.3, 3.5.4)

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28. Therapist makes sure everyone in system has time to give input and is able to engage different perspectives and manage verbal interactions in the therapy room (AAMFT Core Competencies: 1.3.3, 3.3.4, 3.3.5)

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29. Therapist establishes and reviews therapy goals with clients (if appropriate to the model) (AAMFT Core Competencies: 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2)

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30. Therapist terminates effectively with clients (AAMFT Core Competencies: 4.3.11)

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**INTERVENTION COMPETENCIES** (AAMFT Core Competencies: 4.1.1, 4.4.1, 4.4.3, 4.4.4; Educational Outcomes: SLO-1, FO-1, FO-2, PO-1, PO-2)

The ability to purposefully intervene to facilitate change

5-Excellent 4 3-Satisfactory 2 1- Unsatisfactory

31. Therapist links interventions and theory (AAMFT Core Competencies: 4.1.1, 4.4.1)
32. Therapist follows up on interventions and homework (AAMFT Core Competencies: 4.4.3, 4.4.4)

PROFESSIONAL DEVELOPMENT COMPETENCIES (AAMFT Core Competencies: 1.1.3, 1.1.4, 1.5.1, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 3.4.5, 3.5.2, 3.5.4, 3.5.6, 5.1.4, 5.3.1, 5.3.5, 5.3.6, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 5.5.2, 5.5.4, 6.1.3, 6.3.1, 6.4.1, 6.5.1; Educational Outcomes: SLO-1, SLO-2, FO-1, FO-2, FO-3, FO-4, FO-5, PO-1, PO-2, PO-3, PO-4, PO-5)

The ability to use resources to promote growth and present oneself as a marriage and family therapist

5-Excellent 4 3-Satisfactory 2 1-Unsatisfactory

33. Therapist is using supervision to grow and learn (AAMFT Core Competencies: 4.3.12, 4.5.1)

34. Therapist is prepared for supervision and uses supervision time wisely (AAMFT Core Competencies: 3.5.4)

35. Therapist seeks and incorporates feedback about therapy from supervisor (AAMFT Core Competencies: 4.3.12, 5.5.2)

36. Therapist recognizes and appropriately deals with ethical issues (AAMFT Core Competencies: 1.1.3, 1.1.4, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 5.1.4, 5.3.1)

37. Therapist adheres to the AAMFT Code of Ethics and practices in accordance with Colorado state law (AAMFT Core Competencies: 1.5.1, 3.3.6, 3.4.4, 3.5.2, 5.3.1, 5.3.5, 5.3.6, 5.5.4, 6.1.3)

38. Therapist presents a professional image (AAMFT Core Competencies: 3.4.5, 3.5.4, 4.5.1, 4.5.2)
39. Therapist is aware of their own professional development process (AAMFT Core Competencies: 5.3.1, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 6.3.1, 6.4.1, 6.5.1)

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### OVERALL COMPETENCY

40. The therapist’s overall competence for this point in his/her graduate school development as a therapist

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**Strengths:**

**Areas for further growth:**

**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 ___________________________ Date ______________

Clinical Site Supervisor ___________________________________________________

Site Name _______________________________________________________________

Site Address _____________________________________________________________

Regis Faculty Internship Instructor _________________________________________

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

Please rate your overall clinical experience at the Supervised Internship site.

Excellent  Good  Fair  Poor

Would you recommend this placement to other students?

Please rate the clinical supervision received at the placement.

Excellent  Good  Fair  Poor

Please rate the working conditions and atmosphere at the placement.

Excellent  Good  Fair  Poor

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

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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 contacting me directly to gain information about this site. My phone number/ email is __________________________.

Student Signature: _________________________________________ Date: ______________
Appendix I
REGIS UNIVERSITY
Ruekert-Hartman College of Health Professions
Division of Counseling and Family Therapy
CLINICAL PLACEMENT SUMMARY SHEET
Marriage & Family Therapy Program

Student_________________________________ Student ID_____________________________
Address________________________________ First Semester/Year of Clinical Placement________
State/Zip_______________________________ Date Admitted into the Program_________________
Phone (h)______________________(w)______________________(cell)__________________
Preferred Email________________________________ Fax______________________________

Hours Completed

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<tr>
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<th>Clinical Site Name</th>
<th>Direct Service Hours</th>
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TOTAL OF ALL HOURS (Direct, Supervision, Indirect) COMPLETED _________
Personal Psychotherapy hours (up to 50) ______

Score on AMFTRB Practice Exam:___________
☐Student Member of AAMFT

Student Signature_______________________________________Date______________________
Group Supervisor Signature_______________________________ Date______________________
Appendix J
Capstone Presentation
Master of Arts in Marriage & Family Therapy Program

Your capstone project is a synthesis of everything you have learned in this program. Your audience wants to understand how you practice systemic/relational therapy in general and how you worked with this client specifically. During your presentation, bring your client(s) to life by describing the drama of the client(s)’ predicament, the tenacity of the problem, and how your interventions, strategies and imagination addressed the complexity of the problem.

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

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

Capstone Oral Presentation

A suggested time frame for presentation sections:

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

MAMFT Capstone Written Paper

The following is a guideline for the written report. Be thorough but concise. Write this for an audience of professional peers and clinical supervisors. Not all the sub-headings may be relevant to a particular case; emphasize the significant material. Suggested length: 18 – 25 pages. Use APA formatting and referencing.

I. Title Page

II. Assessment
   a. Identifying Information (maintaining confidentiality) Describe your client(s) so we have a picture
   b. Referral Information
      i. Presenting problem
      ii. How came to agency
      iii. Consultation with other professionals at intake
   c. Background Information
      i. Family history or genogram
      ii. Significant individual or family developmental information
      iii. Biopsychosocial/spiritual issues
      iv. Precipitating events
   d. Present Situation
i. Marital/family status
ii. Mental status (only include anything out of the ordinary)
iii. Legal status
iv. Employment/educational status
v. Family life cycle stage and its impact on problem
vi. Verbal/nonverbal communication patterns
vii. Boundaries, roles, rules, alliances, coalitions & hierarchies within the system
viii. Existing strengths and resources
ix. Ethnic/cultural issues
x. How client(s) have attempted to resolve the problem prior to therapy

III. Diagnosis
   a. Articulate your diagnostic impressions (including relational patterns of endangerment, abuse, and loss)
   b. Provide a DSM 5 Diagnosis for individual clients, discuss relational impacts of individual diagnoses
      i. Be sure to describe symptom severity and level of functioning that went into your decision
   c. Present the value of diagnosis in this case in terms of treatment
      i. How do you use DSM 5 diagnosis in your treatment?
      ii. If you do not, why?
      iii. What cultural/socioeconomic considerations if any did you consider in how you arrived at your diagnosis?
      iv. Integrate diagnostic impressions with systems perspective when formulating treatment hypotheses

IV. Treatment
   a. Theoretical Orientation
      i. Explain how you think about problems and how you think problem are best resolved.
         Use existing literature
      ii. If you use a mix of orientation, be sure to explain which you use and why
      iii. How does your theoretical orientation impact the type of assessment you used or would rather use?
   b. Goals
      i. Be sure to link these to your theoretical orientation
      ii. How were they determined?
   c. Interventions
      i. Describe actions you took to foster systemic change, understanding, client advocacy or resolution
      ii. Specific techniques you used (i.e. metaphor, reframing, inventiveness, creativity, humor, prescribing symptom)
         1. Interventions should reflect your theoretical orientation
      iii. Assessment tests/Relational diagnostic tests used
      iv. How did your orientation and interventions fit the client and the client’s cultural issues?
      v. Describe how sexual disorders, abuse/dependence issues, spiritual/religious beliefs impacted the systemic treatment (if appropriate)
      vi. Describe how you determined the sequence of treatment processes and how you identified which members of client system would be involved in specific tasks & stages
      vii. Describe a beginning, middle and end phase of treatment
   d. Collaboration with collateral systems as appropriate through treatment process
   e. Legal and Ethical Issues
i. Describe any legal/ethical issues faced and what decision making process you used to address them
ii. Awareness of therapist’s own issues (i.e. family-of-origin, gender, culture, personal prejudice, value system, life experience, supervisor, transference, counter-transference)
iii. Specific attempts therapist made to ensure competence for this client(s)’ treatment
iv. Consultations with other professionals to maintain legal/ethical standards of practice
v. Record keeping issues therapist faced (if appropriate)
f. Resolution
   i. State the outcome of the case
   ii. Why did you terminate with this client?
   iii. Describe limitations: yours, the client’s, the approach, the setting
   iv. Prognosis for the client
   v. How has this therapeutic process with this client affected you?
   vi. What was the most significant understanding you achieved in working with this client?

V. Reflection (Incorporating the Regis Mission)
   a. Cura Personalis – In what way did your experience reflect your concern for your client’s personal development, and how did you respond in terms of promoting human dignity?
   b. 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?
   c. 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”? 
   d. 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”?
   e. Men and Women for Others – In what way did your work impact marginalized individuals, families, or groups?
Master of Arts in Marriage and Family Therapy Capstone Project

Student Name __________________________  Date: ___________  Faculty Evaluator ________________________
Faculty Supervisor ________________________  Internship Site: _______________________________________

| A. Conceptualization of the Client’s Problems/Concerns          | 0=deficient; 1=average; 2=exceptional |
| 1. Relevant background presented                               | 0 1 2 |
| 2. Ability to translate client’s concerns into a systemic case formulation | 0 1 2 |
| 3. Client’s concerns situated in theoretical orientation (i.e. How does therapist understand origin of and solutions to concerns) | 0 1 2 |
| 4. How interventions fit the client & the client’s cultural and/or environmental issues | 0 1 2 |
| 5. Client’s strengths, resources, community addressed.         | 0 1 2 |
| 6. Client’s understanding of problem accounted for.            | 0 1 2 |

| B. Clarity of oral presentation                                | 0=deficient; 1=average; 2=exceptional |
| 1. Well articulated; Easy to follow                          | 0 1 2 |
| 2. Facility with psychological language                       | 0 1 2 |
| 3. Ability to bring client to life                           | 0 1 2 |
| 4. Adherence to time guidelines                               | 0 1 2 |

| C. Formulation of Appropriate Goals                           | 0=deficient; 1=average; 2=exceptional |
| 1. Goals described                                           | 0 1 2 |
| 2. Goals formulated in relation to theoretical orientation    | 0 1 2 |
| 3. How are client’s concerns addressed by goals?              | 0 1 2 |

| D. Conceptualization of Therapeutic Process in Theoretical Framework | 0=deficient; 1=average; 2=exceptional |
| 1. Theoretical Framework described/ understood                | 0 1 2 |
| 2. Process described                                         | 0 1 2 |
| 3. Appropriate interventions based on stage in therapy and theoretical framework | 0 1 2 |
| 4. Success and failures described and explained               | 0 1 2 |
| 5. Therapist flexibility with regard to techniques            | 0 1 2 |

| E. Description of Therapist/Client Relationship               | 0=deficient; 1=average; 2=exceptional |
| 1. Awareness of self in therapeutic relationship              | 0 1 2 |
| 2. Awareness of client’s perception of therapist              | 0 1 2 |
| 3. Relationship handled appropriately                         | 0 1 2 |

| F. Ability to Articulate Diagnostic Impression                | 0=deficient; 1=average; 2=exceptional |
| 1. Situate diagnosis within theoretical formulation            | 0 1 2 |
| 2. Understanding of role of diagnosis in treatment            | 0 1 2 |
| 3. Diagnosis described and differentiated                     | 0 1 2 |
| 4. Understanding of cultural and/or environmental considerations in diagnosis | 0 1 2 |
| 5. Integration of diagnostic impressions with systemic/relational perspective when formulating treatment hypotheses | 0 1 2 |

| G. Knowledge of Current Laws and Ethics                       | 0=deficient; 1=average; 2=exceptional |
| 1. All legal & ethical issues pertinent to case addressed      | 0 1 2 |
| 2. Appropriate referrals made                                 | 0 1 2 |
| 3. Appropriate professionals consulted                        | 0 1 2 |
| 4. Confidentiality maintained                                 | 0 1 2 |

| H. Reflection                                                 | 0=deficient; 1=average; 2=exceptional |
| 1. Awareness of how the case impacted sense of ethical responsibility. | 0 1 2 |
| 2. Awareness of how one might become a stronger advocate in society as a result of working with this client and others | 0 1 2 |
| 3. Reflection on sense of self as a lifelong learner          | 0 1 2 |

| I. Written Paper                                              | 0=deficient; 1=average; 2=exceptional |
| 1. Mechanics                                                 | 0 1 2 |
| 2. Capstone guidelines for written presentation followed      | 0 1 2 |
| 3. Confidentiality maintained                                 | 0 1 2 |

| Totals                                                       |                         |
Examiner Comments

A. Conceptualization of the Client’s Problems/Concerns
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

B. Clarity of oral presentation
________________________________________________________________________________________________________________________________________
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C. Formulation of Appropriate Goals
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D. Conceptualization of Therapeutic Process in Theoretical Framework
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E. Description of Therapist/Client Relationship
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F. Ability to Articulate Diagnostic Impression
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G. Knowledge of Current Laws and Ethics
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H. Reflections on Regis mission:
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I. Written Paper
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
MAMFT POST MASTER’S CERTIFICATE APPLICATIONS
Marriage and Family Therapy Post Master’s Certificate
Practicum Application

Application Deadlines (please check):
___Fall Semester: July 1
___Spring Semester: November 1
___Summer Semester: March 1

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

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

Submit completed application packets to:

Denver applicants
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, 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: □ Denver □ Colorado Springs

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

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

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

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

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

To complete your application include the following:

5) Cover letter
6) Signed disclosure form for Workman’s Comp Coverage (Practicum Appendix B in Clinical Manual)
7) Signed HIPAA Privacy & Security Policy & Practices (please see pg. 32)
8) Proof of (Active) Student Liability Insurance- Attached Copy of “Certificate of Insurance” from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)

Check List
By initialing each item, you agree it is completed and attached in your application Incomplete Applications will not be accepted. Please note: You will not self-register for Practicum, it will be done for you by the Clinical Administrative Coordinator.

____ Completed application form
____ Cover letter
____ Signed Workman’s Comp Disclosure Form (Appendix B)
____ Signed HIPAA Privacy & Security Policy & Practices (pg. 32)
____ Copy of “Certificate of Insurance” EXP DATE: ___/___/_____
____ “I have read the clinical manual and understand what I have read”.

Student’s Signature ___________________________ Date _____________________________

**All items must be initialed and signature provided PRIOR to application submission**
Application Deadlines (please check):

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

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

Submit completed application packets to:

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

CAMPUS: □ Denver □ Colorado Springs

Student’s Name: ______________________________________ ID#(req’d)_______________________
Mailing Address: _____________________________________________________________________________
City: ___________________________ State__________ Zip_____________________
Phone: H (___) __________________ W (___) ____________ Cell (___) ________________
Regis Email Address: _________________________________________________________________

Current Employer Name: _______________________________________________________________
Employer Address: _______________________________________________________________________
Position Held: __________________________ Supervisor Name: ____________________________
Do you plan to continue employment: ____________________________________________________

Pre-requisite Courses Completed
Practicum MFT690
do not complete:__________________________________________ Year/Semester _______ Grade _______
(if completed)

Proposed Internship Site: _________________________________________________________________

Agency Name: ___________________________ Program: ___________________________
Agency Address: _________________________________________________________________
Contact Person: ______________________________ Phone __________________________
On-site Supervisor: ___________________________ Phone __________________________
Degree/licensure **: __________________________ Expires: (See DORA)

** Your site supervisor will need to complete the Supervisor Qualification Form, if he/she is not a Licensed Marriage and Family Therapist or, AAMFT Approved Supervisor. You must submit it with your application.
Types of Clients You Will Work With:
___________________________________________________________________________________

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

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

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

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

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

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

Student Liability Insurance Expiration Date: ___/___/_____

Include the following with your Internship Application:

7) Proof of (Active) Student Liability Insurance- Attached Copy of “Certificate of Insurance” from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
8) A copy of your site supervisor’s resume
9) Verification of site supervisor’s license (available online HERE)
10) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 320 hours (120 direct client contact with a minimum of 60 being with couples/families/ or other relational hours).
11) A letter of acceptance from the site
12) Site Supervisor Qualification Form (if needed – please check with above criteria)

Check List

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

_____ Completed application form
_____ Copy of Proof of Student Liability Insurance Exp: ___/___/_____
_____ Letter of acceptance from site
_____ Site supervisor’s license verification
_____ Site supervisor’s resume
_____ Site Supervisor Qualification Form
_____ Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

Student Signature __________________________ Date ______________

Practicum Faculty Supervisor Signature __________________________ Date 5/2012