Clinical Mental Health or Addiction Counseling

I am pleased to work with you/ your child as a counselor-in-training. This document is intended to inform you about my background and to ensure that you understand my professional relationship with you/ your child. I am currently a student in the Department of Counselor Education at Adams State University. I am pursuing a graduate degree in Counseling with a specialty in ________________________________.

As part of my education and training, I am required to enroll in a Practicum/ Internship class that involves counseling individuals and groups in order to practice skills I am learning. My work will be supervised by University faculty, peer supervisors, and my site supervisor. Counseling sessions with you/ your child help me meet the requirements for this class that ends on ________________.

Although the counseling sessions may be very psychologically intimate, it is important to realize that my relationship with you/ your child is professional rather than social. My contact with you/ your child will be limited to counseling sessions arranged with me until ________________.

I am ethically unable to accept your/ your child’s invitations to social gatherings or gifts, or have any relationship other than the professional relationship we will have within the context of our professional work. You/ your child will learn a great deal about me as we work together during the counseling experience. However, it is important for you/ your child to remember that you are/ your child is experiencing me in my professional role.

You are entitled to receive information from me about the methods of counseling, the techniques I use, and the duration of our sessions. You can seek a second opinion from another counselor or terminate at any time. In a professional relationship, such as this, sexual intimacy is NEVER appropriate and should be reported to the State Board of Licensed Professional Counselor Examiners.

The Colorado State Department of Regulatory Agencies/ Division of Professions and Occupations regulate the practice of both licensed and unlicensed persons (such as myself) in the field of psychotherapy*. Any questions, concerns or complaints regarding the practice of counseling may be directed to the State Board of Licensed Professional Counselor Examiners, 1560 Broadway, Suite 1340, Denver, Colorado, 80202, (303) 894-7766. For those outside of Colorado, please refer to the National Board for Certified Counselors website to locate your state board directory: http://www.nbcc.org/directory
Anything discussed during counseling sessions is confidential, with the following exceptions:
1. My supervision as described above
2. You direct me, in writing to tell someone else
3. You are/ your child is determined to be a danger to self or others
4. There is reasonable cause to suspect childhood abuse which I am legally obligated to report
5. I am ordered by a court to disclose information

Counseling sessions are ____ minutes in length. Please note that it is impossible to guarantee any specific results regarding your/ your child’s counseling goals. However, together we will work to achieve the best possible results. Your assistance and cooperation in this training are appreciated and it is hoped you/ your child gain as much as I. If you have questions or concerns please feel free to talk with me or my supervisor, (____________________________) at (____________________________). The Clinical Coordinator at Adams State University can be contacted at 719-587-7626.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client’s responsible party.

________________________________________________________________________
(Client/Parent or Guardian) (Date)

________________________________________________________________________
(Counselor-in-Training) (Date)

*Regulatory requirements applicable to mental health professionals:
- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor’s degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master’s degree in social work.
- 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.
- 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-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.