## UVM COUNSELING PROGRAM

## Practicum/Internship Field Site Information Form

SITE INFORMATION	1									
Name of Agency/School: Spectrum Youth and Family Services – Elmwood Counseling Physical Address: 31 Elmwood Ave, Burlington Vermont 05401										
Website: Spectrum Youth and Family Services										
Phone Number: 802-864-7423										
Fax Number: 802-66	0-0576									
Type of School:	Elementary	,	Type of Agen	icy:	🖾 Community Counseling					
	🗆 Middle				College Counseling					
	Secondary				Alcohol/Drug Counseling					
	$\Box$ Public or $\Box$	] Private			$\Box$ Integrated Health/MH					
					Other: Enter information					
Contact Person: Kris	ten Breault-Bolic	)								
Phone Number: 802-864-7423 x 324										
Email Address: kbrea	ultbolio@spectr	umvt.org								
PRACTICUM/INTERNSHIP EXPERIENCE INFORMATION										
For K-12 school sites	only are you av	ailahle to host a studer	t for (check all th	at annly):						
For K-12 school sites only, are you available to host a student for (check all that apply): <ul> <li>Practicum (approx. 4-5 hrs per week, Spring only)</li> <li>Internship (approx. 20-24 hrs/week across year)*</li> </ul>										
	4-5 ms per week,	Spring Only)		5107. 20-241	in sy week across yeary					
* <u>Note</u> : For clinical mental health sites, it will be assumed that this form is being completed as an internship site										
Please check the following population(s) that your organization serves:										
□ Children ⊠ Ad adults age 12-30	dolescents	🛛 College Age	⊠ Adults	🗆 Othe	r ( <i>please specify):</i> Youth and young					
Responsibilities of practicum/internship student: (Briefly list expectations and responsibilities of practicum/internship student and please identify any <u>unique</u> client population(s) you serve – i.e., trauma, substance abuse, etc.)										
<ul> <li>Riverstone Counseling specializes in working with adolescents and young adults, ages 12-30, presenting with mental health and substance use concerns, with a specialty in treating trauma and PTSD concerns. Other presenting concerns include anxiety, depression, substance use, family and parenting concerns, life transitions and relationship concerns. Riverstone Counseling interns are responsible for assessment, treatment planning, individual and family counseling, care coordination, documentation, crisis management, and engaging in individual and group supervision.</li> </ul>										

Please check which of the following activities the practicum/internship student would participate in and indicate a percentage:

<u>\*Note</u>: Individual counseling and a minimum of 20 hours of group counseling are required for all internship sites.

Individual Counseling: 80 %	$\Box$ Classroom Guidance/Instruction: Enter %				
Group Counseling: Enter %	Workshop(s) Facilitation: Enter %				
Family/Couples Counseling: 5 %	Consultation: 5 %				

☑ Assessment: 5 %
□ Intake: Enter %
☑ Case Management: 5 %

 $\Box$  Other (please specify & include percentage): Click or tap here to enter text.

Name of Site Supervisor(s): **Kristen Breault-Bolio** Graduate Degree(s) and Licenses Held: **MS in Counseling Licenses: LCMHC, LADC** Position Title: **Counseling Program Manager** Field Discipline (CMH, SW, Psychologist, SC, SAP): **Community Mental Health** Years in Field Post Licensure: **7 years post licensure** 

## APPLICATION INFORMATION

Internship Application Deadline: January 2nd, 2022									
Internship Application Materials Required:	🛛 Cover Letter	🛛 Resu	ume	□ Site Application					
Other: Click or tap here to enter text.									
Open House/Information Session? $\Box$ Yes	⊠ No								
If yes, please provide more information: Click or tap here to enter text.									
Site Is Available for the Following Semester(s):	⊠ Fall	⊠ Spring	🗆 Sumn	ner					
Internship Site Provides Compensation/Stipend: 🗆 Yes 🗆 No 🖾 Possibly									
Other Relevant Application Information: Click or tap here to enter text.									
Where (to whom) to submit materials: Please submit cover letter and resume to Kristen Breault-Bolio at kbreaultbolio@spectrumvt.org									

FORM COMPLETED BY

Name: Kristen Breault-Bolio

For office use only: Date received/updated by the UVM Counseling Program 11/1/2021