Missouri State University Practicum Site Questionnaire

| Name of site Alternatives Counseling and Education Services | | |
|---|--|--|
| Address 5337-F South Campbell | | |
| City, State Zip Springfield, MO 65810 | | |
| Phone 417-883-7227 | | |
| Fax 417-883-7227 | | |
| Contact Person Dennis Wells/or Don Wells | | |
| Email <u>dwells@missourialternatives.com</u> <u>or don.wells@missourialternatives.com</u> | | |
| website address www.missourialternatives.com | | |

Your Site

Description of the activities that occur at your site:

We provide a range of mental health counseling and assessment activities ranging from general mental health counseling, anger management counseling, and we are a certified alcohol and drug treatment facility. We also operate as a Missouri SATOP DWI program

Description of practicum students' duties at your site:

The practicum student has the opportunity to co-facilitate treatment groups, and work one on one in some individual sessions. They can possibly also collect some assessment information.

Type of population with which students would be working (e.g., adults, adolescents, children, physically challenged, cognitively challenged, etc.):

Our clientele are mostly adults but, we do work with some adolescents. Most of them are not brain damaged or physically challenged.

Our Students

Undergraduates

Our undergraduate students typically are juniors and seniors with 17-35 credit hours in Psychology. There are exceptions. If you have any special

requirements for students who apply at your practicum site, please describe them.

NA as only graduate students can be utilized

Graduate Students

Our graduate students are students at the end of their first year or some time during their second year in the clinical track of our graduate psychology program. These students need direct service contact with clients, and also need weekly supervision from a licensed mental health professional. Is your site interested in working with our graduate students?

Yes

| Hours, Pay, and | Commitment |
|-----------------|------------|
|-----------------|------------|

| Days and time of days on which you need practicum students: | | |
|---|-------------------|--|
| Is this a paid practicum? Yes No _XX | | |
| If yes, what is pay rate? (Possible future job) | | |
| What length of commitment (e.g., semester, three months, six months), do you expect from the student? | | |
| At least a semester | | |
| Application Process | | |
| What is the preferred application process (e.g., email/mail r | esume/schedule an | |

appointment)?

Email or mail a resume

Please provide any other information that would be useful in helping our students to make more informed choices.

Thank You!

Revised February 27, 2018

Thank you for your help in working with our students.

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