



# SOUTHWESTERN COLLEGE

CONSCIOUSNESS-CENTERED GRADUATE SCHOOL FOR COUNSELING AND ART THERAPY

## Personal Therapy Documentation Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Master's Program Year: Part One \_\_\_\_\_ (20 Sessions) Part Two \_\_\_\_\_ (20 Sessions)

**Total Required Therapy Sessions: 40** (See all details on back).

I have completed the Southwestern College Personal Therapy Requirement by meeting with the therapist listed below for the following dates:

Date (M/D/Yr)	Therapist Initials	Date (M/D/Yr)	Therapist Initials	Date (M/D/Yr)	Therapist Initials	Date (M/D/Yr)	Therapist Initials
1. ____/____/____	_____	6. ____/____/____	_____	11. ____/____/____	_____	16. ____/____/____	_____
2. ____/____/____	_____	7. ____/____/____	_____	12. ____/____/____	_____	17. ____/____/____	_____
3. ____/____/____	_____	8. ____/____/____	_____	13. ____/____/____	_____	18. ____/____/____	_____
4. ____/____/____	_____	9. ____/____/____	_____	14. ____/____/____	_____	19. ____/____/____	_____
5. ____/____/____	_____	10. ____/____/____	_____	15. ____/____/____	_____	20. ____/____/____	_____

Signature of Student: \_\_\_\_\_

**TO THE THERAPIST:** If you have an LMHC or an LMSW, you must have also completed both 1000 supervised hours and be two years post-graduation in order to provide Southwestern College students with services that satisfy their Personal Therapy Requirement. \*\*\*

Please confirm the completion of sessions of personal therapy by initialing above and providing information on your qualifications requested below. Signing this form does not constitute a Release of Information for any specifics about the course of therapy other than the information requested on this form (dates of sessions, name and qualifications of therapist). All other aspects of the therapy remain confidential.

Name of Therapist: \_\_\_\_\_ Signature: \_\_\_\_\_

NM License Qualifications: \_\_\_\_\_

\*\*\*If you have an LMHC or LMSW, please indicate the number of supervised, post-graduate hours you have accrued (Minimum of 1000), and have your supervisor sign below:

Number of Post-graduate Supervised Hours: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

(We may follow up with Supervisor to confirm hours.) Supervisor's phone and/or email: \_\_\_\_\_

**We recommend turning in this form once every quarter. Please turn into the Registrar's office.**

## **Personal Therapy Requirements:**

***ALL Master's degree students are required to fulfill a personal therapy requirement of 40 face-to-face sessions with a mental health professional licensed in New Mexico to graduate.***

### **Art Therapy Students:**

Students in the *Art Therapy/Counseling* and *Master of Art Therapy for Licensed Professionals* programs are required to complete 20 sessions with an art therapist with an LPAT or ATR; or have proof of an M.A. in art therapy.

### **All Students:**

- Each session must be a minimum of 50 minutes; extended sessions (those over an hour) count as one session towards the completion of this requirement.
- 10 of the 20 sessions in Part One and 10 of the 20 sessions in Part Two must be individual; the rest may be in group, family, couples or individual therapy.
- If more than 20 sessions for Part One are submitted, only 5 may be counted towards Part Two.
- A maximum of 5 sessions may be completed during a summer quarter if a student is not enrolled in summer classes.
- There will be three important **checkpoints\*** to progress in the program:
  1. After your First Quarter (2 Sessions)
  2. Before Fall registration entering into Part Two (20 Sessions)
  3. Before you can schedule your final exam and exit interview (40 Sessions)

**Registration locks will be placed on Populi accounts of students who have not completed the above requirements and/or deadlines.** Failure to complete personal therapy requirements may also lead to probation, suspension or expulsion, and will prevent graduation.

### **Types of Therapists Students May See:**

All students must see a therapist who is licensed or registered as a mental health professional in New Mexico. The therapist must have completed 1000 direct, supervised clinical hours and be two years post-graduation. All therapy sessions must be face-to-face (in person). The New Mexico professional designations are:

Licensed Psychiatrist  
Licensed Psychologist  
Licensed Social Worker (LMSW) \*\*\*  
Licensed Clinical Social Worker (LCSW)  
Licensed Professional Clinical Counselor (LPCC)  
Licensed Professional Counselor (LPC)  
Licensed Marriage and Family Therapist (LMFT)  
Licensed Professional Art Therapist (LPAT)  
Licensed Mental Health Counselor (LMHC) \*\*\*

\*\*\* Must have more than 1000 post-graduation clinical hours and have their supervisor sign front.

### **Please Note:**

Exceptions to this policy may be made by submitting a Petition for Program Exception to Academic Council via the Student Services Director.