



# CRISIS SUPPORT SERVICES

## of Alameda County

Thank you for your interest in clinical training with Crisis Support Services of Alameda County (CSS). Certified by the American Association of Suicidology, CSS offers a variety of counseling services to the community including: individual, couples, family and group counseling for children, adults and older adults.

The Grief Counseling Program provides up to 20 grief counseling sessions for those suffering the loss of a loved one. CSS specializes in traumatic or sudden loss due to suicide, homicide and accidental death.

The Counseling Services for Older Adults Program offers in-home counseling to socially isolated, home-bound older adults living in North and Central Alameda County who otherwise would not have access to mental health services. Older adults who are able to come on-site receive counseling in our North Oakland office.

School Based counseling is provided to students from elementary through high school at schools throughout Alameda County.

The Crisis Line provides suicide prevention and crisis counseling to over 60,000 callers each year on our 24-hour telephone crisis lines.

Clients served by each of these programs represent a broad spectrum in terms of age, ethnicity, and socio-economic backgrounds.

Responsibilities of counselors include assessment, diagnosis, and development of treatment plans for individuals, couples, and families with the utilization of supervision. Applicants who are accepted can expect to carry a full client caseload. In addition, everyone will do one 4-hour shift on the agency's 24-hour telephone crisis line each week. Interns will also attend weekly individual supervision and one weekly group supervision as assigned. It is also a requirement that interns complete didactic trainings and follow all record keeping protocols established by the agency.

Our internship is fairly demanding and incorporates the following:

- 100 hours of didactic and experiential training
- Weekend seminars in conjunction with one-on-one crisis line training
- Group and Individual supervision
- Comprehensive printed training materials

These elements provide a unique and highly regarded training program.

The Agency's supervisors come from richly varied clinical backgrounds. CSS offers ongoing training and supervision to the supervisors. Given the Program's distinct clinical settings, a variety of treatment modalities are utilized which are contingent upon the specific needs of the client(s), the individual supervisor's orientation and the intern's areas of interest.

CSS is looking for persons who are level-headed in crisis situations, committed to personal and professional growth, have had or are in their own therapy, can work independently, are reliable, responsible and recognize their own limitations as counselors. Interns who successfully complete our program gain valuable skills that will serve them for their entire professional lives.

To apply for our training program, please complete and submit the following application, letters of recommendation and your resume.

CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY  
P.O. Box 3120, Oakland, CA 94609  
FAX: 510-420-2461

TRAINING PROGRAM APPLICATION

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Business phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Best time to reach you \_\_\_\_\_  
Education (highest level completed or degree in progress) \_\_\_\_\_  
Currently Enrolled at: \_\_\_\_\_ Planned Graduation Date: \_\_\_\_\_  
Name of School  
Intern # \_\_\_\_\_ Number of Licensing Hours Currently Completed: \_\_\_\_\_  
Present occupation \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
Employer \_\_\_\_\_ Employer's Phone # \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Describe any past clinical work \_\_\_\_\_

Special skills or certificates \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

Do you have access to an automobile? Yes No Auto insurance? Yes No

Desired Start Date: January 9, 2017 September 9, 2017

**Group supervision availability:** (interns attend one group a week; rank your choices 1 - 3, choose more than one)

**Tuesday** 9:00am - 10:40am \_\_\_\_\_ **Wednesday** 11:00am - 12:40pm \_\_\_\_\_

**Tuesday** 11:00am - 12:40 am \_\_\_\_\_

What drew you to the mental health field?

Why are you interested in our program at this time?

What are your goals as an intern with Crisis Support Services?

In addition to working on the crisis lines, which is mandatory, indicate which of our counseling programs you wish to participate in.

Grief counseling \_\_\_\_ Older Adult Counseling \_\_\_\_ School Based Counseling \_\_\_\_ Co-facilitate Groups \_\_\_\_

Describe your previous experience with supervision (pros and cons).

What kind of client would be the most difficult for you to work with and why?

Describe a period of significant loss or crisis in your life.

**Please answer the following questions:**

**Yes    No**

Have you ever been severely blue or depressed?

  

Have you ever seriously threatened to take your own life?

  

Have you ever made an actual attempt to take your own life?

  

Have thoughts of suicide occurred to you recently?

  

Has anyone close to you ever committed suicide?

  

What was your relationship to this person?

When did this happen?

How did it affect you?

Has anyone close to you ever been the victim of homicide?

**Yes**

**No**

What was your relationship to this person?

When did this happen?

How did it affect you?

Does the idea of talking to a suicidal person scare you?

**Yes**

**No**

Would it bother you to read or think about sudden/traumatic death?

**Yes**

**No**

Signature of Applicant

Date



# **CRISIS SUPPORT SERVICES**

of Alameda County

## **CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGMENT OF HIPAA COMPLIANCE**

I agree to hold in confidence all information regarding callers and clients of Crisis Support Services of Alameda County (“CSS”). I will not violate the confidential relationships between and among CSS, its volunteers, Board of Trustees, staff, and callers and clients. I will maintain privacy regulations under the umbrella of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I will not remove from the offices of CSS any written client records or any other information without the explicit consent of the Executive Director.

I accept full responsibility for maintaining the confidential and private nature of all client records and information. This applies to all forms of communications including phone conversations, emails, faxing, and social media technology. Social media technology includes, but is not limited to Facebook, Twitter, YouTube, etc. I understand that I am personally liable for any violation of this agreement. Violation of the law concerning confidentiality subjects the person releasing the information to a minimum of five hundred dollars (\$500) in civil damages, as set forth in Welfare and Institutions Code Section 5350.

California law requires that certain information regarding child or elder abuse, potential violence and/or homicidal threats to others be reported to mandated agencies. As a result of our compliance with these requirements, or in response to a court order or search warrant, it is possible that client/volunteer conversations may become a part of some other agency’s records.

If compelled or mandated to provide information about a client, CSS will attempt to keep the last names of volunteers private and not release them with the records. In no case will the last name of a volunteer be released for a judicial purpose without first informing the volunteer of the request.

Section 215 of the Patriot Act precludes counselors from informing clients regarding requests for and the release of records requested by the FBI.

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**Print Name**

**Signature**

**Date**

List the names, addresses and phone numbers of two persons who are well acquainted with your clinical work (clinical supervisors, professors, volunteer supervisors or employers). Do not provide the names of friends, acquaintances or relatives.

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

Title: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

The above-listed persons have agreed to provide a Letter of Reference for you (see form attached) and are willing to discuss your qualifications. Yes                  No

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

Title: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

The above-listed persons have agreed to provide a Letter of Reference for you (see form attached) and are willing to discuss your qualifications. Yes                  No

LETTER OF REFERENCE

(Applicants: Please furnish a copy of this form to each of your references)

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

As part of the application process for the Clinical Training Program of Crisis Support Services of Alameda County (CSS), applicants are asked to supply letters of reference from at least two professional associates. These letters are used to help assess the applicant's qualifications for the program.

Please complete this form by describing the following items:

1. The agency or organization with which you and the applicant are/were affiliated and, if applicable, the type of mental health services provided.
2. The nature and extent of your contact with the applicant, including frequency and amount of time, kinds of cases, etc.
3. Applicants relation to peers.
4. Applicants relation to authority figures.
5. Applicants independence and self-sufficiency.
6. Clinical strengths.
7. Areas needing development.
8. Some estimate of how the applicant compares with others of his/her background and training (e.g., fair, good, very good, or outstanding).
9. Specific comments that would help us decide whether the applicant is an appropriate candidate for our Clinical Training Program.

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Signature

Phone Number

Date

Thank you for your assistance. Letters of Reference are confidential and will not be disclosed to the applicant. This Letter of Reference should be sent directly to Devah DeFusco, LMFT c/o Crisis Support Services, P.O. Box 3120, Oakland CA 94609