



Guidelines for Counseling Services

Client Assurances:

In using the services of the Counseling Center, you have certain assurances, among which are:

- A. CONFIDENTIALITY:** Information obtained in the counseling session or in written form through testing will not be disclosed to any outside agency without your permission, except for when, in the judgment of the counselor, such disclosure is necessary to protect you or someone else from harm.

OTHER LIMITS TO CONFIDENTIALITY INCLUDE:

1. In Texas, any person, including counselors, who knows or suspects that a child, elderly person or disabled person has been or is in danger of being neglected or physically, emotionally or sexually abused, is required by law to make a report to the appropriate protective services agency. Counselors are also required to report suspected sexual exploitation of clients by previous counselors.
 2. In Texas, the confidentiality of counseling information is not protected in criminal court proceedings. A court may order a counselor to release information, for example, in a suit which affects the parent-child relationship, relies on a claim of a psychological condition, or involves a claim of malpractice.
 3. Some employers and credentialing organizations (e.g., some federal government agencies and the Texas Bar Association) request or even require applicants to sign consent forms to release information about their counseling histories.
- B. RESPECT:** The counselor can be expected to respect you as a human being and convey this respect by keeping appointments or contacting you if rescheduling is necessary, by giving you her complete attention during sessions, by avoiding interruptions during sessions, and by providing the most effective counseling she can.
- C. PROMPT SERVICE:** Counseling will begin soon after you contact the Center for an appointment. You may contact the Center by phoning 903.813.2247 or by coming directly to the Adams Center between the hours of 8:30 am to 5:00 pm, Monday through Friday. **Emergency situations** are given priority, and should such circumstances arise after regular Center hours, counseling staff can be reached by calling Campus Police at 903.813.2555 and requesting the officer to reach the counselor.
- D. NEGOTIATION:** Frequency of sessions, number of sessions, goals, type of counseling and to a certain extent, technique of counseling, will be discussed and negotiated between you and your counselor.
- E. DURATION OF COUNSELING:** Counseling services are provided within a short-term model, with an average of three to six sessions for most students receiving services. At the discretion of the Coordinator of Counseling Services, exceptions may be made to insure continuity of care or to permit a student in crisis to reach the end of an academic term. Counseling services are not available during summer break and students who wish to continue services at the beginning of the next academic year are asked to submit new paperwork with updated information.
- F. COST:** There is no cost to Austin College students for counseling services received at the Center.

G. EVALUATION: At any time during the counseling process, you may discuss your progress and review your goals with your counselor.

H. QUESTIONS: Please feel free to ask questions about any procedures and recommendations made to you by your counselor. If you feel that suggestions made to you are not appropriate, you may refuse to accept them. The counseling relationship should be collaborative, with you as an active participant.

I. TERMINATION: Termination of counseling services may occur for different reasons.

- If you feel that you are not making progress towards your goals, you may terminate with the counselor or ask the counselor to refer you to another counselor at the center or to other services off campus.

- As previously mentioned, counseling services are terminated at the close of the academic year. Most students seen during the spring semester will be assisted in locating off-campus services for the summer if needed.

- If you miss an appointment without calling to cancel, the Center will make a reasonable effort to contact you by phone or e-mail and request that you reschedule within the same week. If we are unable to reach you and/or you do not respond to reschedule your appointment, counseling services will be terminated. You can initiate future services by contacting the Center at 903.813.2247 or by stopping by Adams Center to make an appointment.

Counselor Assurances:

In an effort to provide students with the best care possible, your counselor may:

A. SEEK CONSULTATION WITH OTHER PROFESSIONALS: While information will not be released to outside agencies without your written permission, counselors may confer with other professionals, including Michael Deen, Dean of Students and/or Tim Millerick, Vice President of Student Affairs, when presented with situations that require consultation, diagnosis, or treatment.

B. TERMINATE OR REFER TO ANOTHER AGENCY: When services are not, or will not be appropriate, your counselor may, after discussing her concerns with you, decide to end treatment or refer you to a more appropriate provider. (See Scope of Care statement on website for more details.)

Counselor Responsibilities:

A. ADHERENCE TO THE ETHICAL STANDARDS OF THE AMERICAN COUNSELING ASSOCIATION: These standards require that counselors and those under their supervision:

1. work only within the limits of their expertise and competence levels;
2. safeguard information about clients obtained through interviews, testing, consultations;
3. inform clients of any aspects of the potential client/counselor relationship which might influence the client's decision to enter into or continue counseling (e.g., possible value and role conflicts);
4. ensure that tests results are interpreted clearly and accurately by qualified persons and are used in responsible ways;
5. protect the welfare and dignity of the clients they serve at all times.

- B. KEEPING APPOINTMENTS:** If the counselor expects to be late for an appointment or has to cancel a session, reasonable effort will be made to notify you by phone or email. Therefore, it is important that you provide the Center with a current phone number by which you can be reached during the day. Messages for you will be left on your voicemail whenever possible or, if someone besides yourself answers the phone, a message will be left for you with the receptionist's or counselor's first name and phone number.
- C. TERMINATIONS:** If the counselor decides that termination is in your best interest, he or she will discuss this matter with you directly.

Client Responsibilities:

- A. TO ACTIVELY PARTICIPATE:** In order for counseling to be effective, it is necessary for you to take an active role in the process. Participation involves listening, being open and honest, and discussing concerns about the process, completing outside assignments when appropriate, and providing feedback to the counselor about the process.
- B. TO KEEP APPOINTMENTS:** Since the counseling service often has a full schedule, it is unfair to the counselor and to other students if you arrive late for an appointment, or if you do not cancel an appointment by calling the receptionist when you are unable to keep it. As a courtesy to our staff, please contact the Center as soon as you know that an appointment will not be kept. If a 24 hour advance notice is possible, it would be appreciated.
- C. TO INFORM THE COUNSELOR IF YOU DECIDE TO TERMINATE OR SEEK OTHER SERVICES:** Termination is part of the counseling process and should be discussed openly just as any other mutually arrived at decision.
- D. YOUR COOPERATION IS EXPECTED IN EVALUATING THE SERVICES YOU HAVE RECEIVED:** This may mean completing a brief questionnaire that you may receive during or sometime after you have received services from the counselor.

Thank you for taking the time to read these guidelines. If you have any questions about the information provided here, feel free to ask them to the counselor. The purpose of this information is to make your contact with the Center more productive and satisfying.

Signature

Date

A COPY OF THIS HANDOUT WILL BE PROVIDED TO YOU UPON REQUEST.

Austin College Counseling Services

NOTE: PLEASE FILL OUT THE ENTIRE FORM.

Date _____

Your careful completion of this inventory will help the counselor become better acquainted with you. It will enable the counselor to know you better and to help you more effectively with your concerns. The information you share is confidential and used only by the counselor.

NAME: _____ STUDENT ID #: _____
Last First Middle

DATE OF BIRTH: ____ / ____ / ____ AGE: _____ GENDER (circle one): M F

PRIMARY (CELL) PHONE NUMBER: () - _____ AC EMAIL: _____

CAMPUS MAILBOX: _____ BEST WAY TO REACH YOU: _____

CURRENT RESIDENCE (circle one): ON OFF-CAMPUS RESIDENCE HALL: _____

ADDRESS (If off-campus): _____

HOME ADDRESS: _____
(number) (street) (city) (state) (Home phone)

CLASSIFICATION: FR SO JR SR MAJOR/CONCENTRATION: _____

EMPLOYMENT: _____ HRS/WEEK: _____ GREEK ORG.: _____

WHO REFERRED YOU OR SUGGESTED THAT YOU COME TO COUNSELING SERVICES?
(IF STAFF MEMBER, PLEASE SPECIFY NAME)

SELF PARENT FRIEND

AUSTIN COLLEGE STAFF (PLEASE SPECIFY): _____

AUSTIN COLLEGE FACULTY (PLEASE SPECIFY): _____

OTHER (PLEASE SPECIFY): _____

HAVE YOU HAD ANY PERSONAL CONCERNS FOR WHICH YOU RECEIVED PROFESSIONAL HELP (ON OR OFF CAMPUS)?

Yes No IF YES, STATE THE CONCERN, DATES AND FROM WHOM YOU RECEIVED TREATMENT:

If you were referred by a professional staff/faculty member of the college, do you give your consent for your counselor to contact this person to confirm that you have kept your appointment?

_____ Yes No

(please initial above to confirm your response)

Do you give your permission for the counselor to acknowledge your continued use of service if requested by the referring staff/faculty member?

_____ Yes No

(please initial above to confirm your response)

GENERAL BACKGROUND

PARENT'S MARITAL STATUS: (circle one) MARRIED DIVORCED SEPARATED

RACE: (optional) _____ RELIGIOUS PREFERENCE: (optional) _____

FAMILY MEMBER	NAME	AGE (DATE IF DECEASED)	EDUCATION DEGREE RECEIVED	OCCUPATION # OF YEARS
---------------	------	---------------------------	------------------------------	--------------------------

FATHER

MOTHER

SIBLINGS: (list by age)

EDUCATIONAL AND VOCATIONAL BACKGROUND

EDUCATIONAL HISTORY: Start with high school, list all educational institutions attended

INSTITUTION	DATES ATTENDED	MAJOR(S)	DEGREE(S)
-------------	----------------	----------	-----------

VOCATIONAL INTERESTS: List **in order of preference** three or four vocations appealing to you, or which you have considered

VOCATION	REASON(S) INTERESTED	DOUBTS ABOUT THIS CHOICE
----------	----------------------	--------------------------

PLEASE SUMMARIZE THE ISSUES FOR WHICH YOU ARE SEEKING HELP. IF THERE IS MORE THAN ONE REASON, RANK THEM WITH "1" BEING THE MOST IMPORTANT:

1. _____
2. _____
3. _____

CIRCLE THE NUMBER THAT REPRESENTS HOW SEVERE YOU FEEL ABOUT YOUR CONCERNS:

Not Severe 1 2 3 4 5 *Very Severe*

IS THIS AN EMERGENCY? Yes No

ARE YOUR SOCIAL RELATIONSHIPS BEING AFFECTED BY THE ISSUES YOU NEED TO DISCUSS?

Yes No Not Applicable

ARE THE PROBLEMS YOU WANT TO ADDRESS IN COUNSELING INTERFERING WITH YOUR ACADEMIC PERFORMANCE? (ABILITY TO DO WORK OUTSIDE THE CLASSROOM, SUCH AS, HARD TO READ, COMPLETE WRITING ASSIGNMENTS, ETC. DUE TO THE EFFECT THIS ISSUE HAS ON YOU?)

Yes No Not Applicable

IS YOUR PROBLEM RESULTING IN IRREGULAR CLASS ATTENDANCE? Yes No Not Applicable

DO YOU THINK THAT YOUR GRADES ARE BEING AFFECTED BY THE ISSUES YOU NEED TO ADDRESS?

Yes No Not Applicable

HAVE THE PROBLEMS YOU NEED TO ADDRESS EVER SEEMED SO OVERWHELMING THAT YOU HAVE THOUGHTS OF WITHDRAWING FROM COLLEGE? Yes No Not Applicable

WHAT WOULD YOU LIKE TO LEARN THAT COULD HELP YOU WITH THE PROBLEM(S)? CHECK ALL THAT APPLY.

- | | |
|---|---|
| <input type="checkbox"/> learn what is creating my problems | <input type="checkbox"/> learn how to respond differently to problems, issues, etc. |
| <input type="checkbox"/> learn more about myself | <input type="checkbox"/> learn how to cope with feelings/situation |
| <input type="checkbox"/> learn how to feel better | <input type="checkbox"/> I have no idea |
| <input type="checkbox"/> other – please specify _____ | |

LIST ANY MEDICAL CONDITIONS WHICH YOU CURRENTLY HAVE OR HAD IN THE PAST. CIRCLE THOSE FORWHICH YOU ARE CURRENTLY BEING TREATED: _____

LIST ANY MEDICATIONS YOU HAVE TAKEN IN THE PAST SIX MONTHS. CIRCLE THE ONES YOU ARE CURRENTLY TAKING: _____

LIST DATES AND REASONS FOR HOSPITALIZATIONS: _____

PLEASE CHECK (✓) FROM THE LIST BELOW, WHICH PROBLEMS YOU ARE CURRENTLY FACING:

- How to study effectively
 - Not spending enough time in study
 - Fear failure in college
 - Worry about poor grades
 - Doubt my vocational choice
 - Purpose of going to college unclear
 - Undecided major

 - Ill at east with others
 - Feel no one understands me
 - A problem difficult to talk about
 - Hurting feelings of others
 - Sometimes acting childish/immature
 - Lack self-confidence
 - Worry about unimportant things
 - Nervousness
 - Often experience panic feelings

 - Being lazy
 - Feel inferior
 - Not the kind of person I should be
 - Too easily hurt

 - Troubled/Guilty conscience
 - Afraid of making mistakes
 - Unhappy home life
 - Getting along with family member(s)

 - Financial problems
 - Feelings of extreme loneliness
 - Easily/Frequently become depressed
 - Thinking of suicide
- Worry about how much I drink
 - Worry about my drug use
 - Often weak/exhausted
 - Bothered by nightmares
 - Difficulty controlling how I eat

 - Too inhibited in sexual matters
 - Worry about my sexuality
 - Sexual needs unsatisfied
 - Troubled by sexual experience(s) when younger
 - Fearful of/avoid members of opposite sex
 - Problems with girl/boy friend

 - End of love relationship
 - Shoving/Hitting girl/boyfriend
 - Fearful of close relationships with others
 - Roommate problem

 - Being talked about/watched
 - Bothered by unwanted/disturbing thoughts
 - Hearing/Seeing unusual things
 - Angry/Hostile feeling toward other(s)
 - Losing my temper

 - Other
Specify: _____

