POLICIES OF THE AC COUNSELING CENTER

Please read the following guidelines and policies of the AC Counseling Center.

General Policies

- **Length of Sessions.** Counseling sessions are 45-50 minutes long. Please arrive a few minutes before your session so that you can get the full benefit of the time your counselor has scheduled for you.
- **Number of Sessions.** You may participate in up to 6 sessions per academic year with AC counselors. If your situation necessitates that you need more than 6 sessions, you and your counselor can discuss where you can continue your counseling through a community resource.
- **Cancellations and No Shows.** If you need to cancel an appointment, please do so 24 hours in advance. A No Show is considered one of your 6 possible sessions. You may call or email your counselor directly or call or email the Counseling Services Coordinator. Staff email and phone numbers are:
  
  Teresa Moore, Director of Counseling | temoore@austincollege.edu | 903-813-2451
  
  Jimmy Wilkins, Counselor | jwilkins@austincollege.edu | 903-813-2298
  
  Shelley Cummings, ACT OUT Coordinator | scummings@austincollege.edu | 903-813-2296
  
- **Students in Crisis.** If you have a scheduled appointment, a student in crisis may need to be seen before you. If this happens, you will be rescheduled as soon as possible.
- **Hours of Counseling Center.** Counseling appointments are available from 9:00am-4:00pm and the Counseling Center is open from 8:30am to 5:00pm.
- **After Hours Help.** If you need assistance after 5:00pm, please contact your RA, the Community Coordinator, or the AC Police Department at 903-813-2555, or call 911.
- **Cost:** There is no cost for counseling services at AC.
- **Email:** The content of emails to your counselor should be limited to scheduling appointments as email communication is not confidential.

The Counseling Process

Counseling will be the most beneficial when you are open with your counselor about what is troubling you. But, your counselor does not have to know about things in your life that are not related to why you are seeking counseling.

Counselors at AC provide short-term counseling services. Counseling may vary depending on the style of your counselor and the concerns you wish to discuss. You and your counselor will discuss your goals for counseling. Your counseling will be more effective if you are on time for your appointments.
and are fully invested in working on your goals, both during your session and by participating in any between-session homework you and your counselor may decide on.

Counseling has benefits, for instance, increased personal growth and self-awareness, better relationships, and the opportunity to practice and develop new skills. However, there are some possible risks to counseling.

- Talking about difficult feelings with your counselor may cause you to feel worse after your session.
- Important others in your life may not like the changes you are making and there may be push back that can be uncomfortable.

Your counselor is here to support you if those things happen. Your counselor can’t promise how things will turn out or “guarantee” their counseling.

Confidentiality

The information you share with your counselor is confidential. AC officials, instructors or professors, parents, law enforcement officials, potential employers, and others have no access to any of your records without your written permission. The only exceptions to this rule of confidentiality are the following:

- If you are younger than 18, your parents or legal guardian(s) may have access to your records and may authorize their release to other parties.
- If you are likely to do physical harm to yourself, it is your counselor's duty to take steps to protect your safety.
- If you share information about the following, your counselor may have to make a report to the Texas Department of Family and Protective Services
  - A child who is currently under the age of 18 is being abused or neglected,
  - An elderly or disabled person is being abused, neglected, or exploited.
- If you disclose the sexual misconduct of a therapist.
- If ordered to do so by a judge.

AC counselors may consult with one another about students to help them provide you with the best counseling. Some counselors receive supervision from a supervising counselor because they are graduate students or interns who are in a counseling program or, they are associates and are not yet fully licensed by the state of Texas. If this applies to your counselor, they will discuss how this affects their confidentiality and will ask to you to sign a form acknowledging that you understand. All ethical and legal standards still apply to intern or associate counselors.

Qualifications of Your Counselor

Your AC counselor has completed a graduate program in counseling or a related field and is licensed as a Licensed Professional Counselor-Supervisor. This is a license through the Texas Behavioral Health Executive Council. If you have questions about your counselor’s qualifications or credentials
please feel free to ask them about it. If your needs are outside of the expertise of the counselor(s) or are not within the scope of the role of the counseling center (we can help you with in 6 or less sessions), after discussing it with you, your counselor may terminate counseling and refer you to another mental health provider. AC counselors practice according to the American Counselor’s Association (ACA) ethics and the laws and regulations of the state of Texas. If you wish to make a complaint about unethical behavior by your counselor the board is:

Texas State Board of Examiners of Professional Counselors
333 Guadalupe St. Tower 3, Room 900
Austin, Texas 78701
512-305-7700
800-821-3205 24-hour, toll-free complain system

If your counselor is an intern or associate, they are receiving clinical supervision as they earn hours for their graduate program or to acquire their license. If this applies to your counselor, they will discuss how this affects their confidentiality and will ask to sign a form acknowledging that you understand. All ethical and legal standards still apply to intern or associate counselors.

If your counselor leaves AC for any reason, your records will remain with the AC Counseling Center.

Consent

I have received a copy of the Policies of the AC Counseling Center including informed consent and have had an opportunity to discuss them with my counselor. I understand that I can ask questions about Policies of the AC Counseling Center at any time, not just today.

I understand the legal protection of my health records and personal health records and I also understand the limits of confidentiality as discussed above.

I agree to abide by the policies of the AC Counseling Center as listed above. I give my informed consent to enter into treatment with my counselor. I understand that I can withdraw my consent at any time.

_____________________________________                                               ___________________
Student                                           Date

_____________________________________                                               ___________________
Counselor                                           Date
INTAKE FORM

Your careful completion of this will enable the counselor to know you better, as well as help you more effectively with your concerns. Information is confidential & will be used only by the counselor.

Name ____________________________ Student ID _____________________ DOB ____________

Preferred Name ____________________________ Pronouns ____________________________

Gender M ____ F ____ Trans F ____ Trans M ____ Non-Binary ____

Cell # ______________________ Email _____________________________________________

Residence Hall ________________________ Room # __________

Address (off-campus) ____________________________________________________________

Home Address __________________________________________________________________

Classification FR ____ SO ____ JR ____ SR ____ Major __________________________________

Employer ____________________________ Hours Per Week __________________________

Who referred/suggested you to Counseling Services? Self-Friend ___ Parent ___ Faculty/Staff ___

Do you have a mental health diagnosis? Yes ____ No ____ If so, what: ____________________

Do you have a history of hospitalization for mental health? Yes ___ No ___ If so, when: ______

Do you have a psychiatrist, psychologist, or counselor? Yes ___ No ___

If so, Name ____________________________ Phone # __________________

Are you currently taking any medications for mental health? Yes ___ No ___ If so, please list: __________________________________________________________________

Sexual Orientation Heterosexual ____ LGBTQIA ____ Prefer Not to Say ____

Emergency Contact _______________________ Relation ____________ Cell # _____________
Counseling Services Informed Consent & Guidelines

FAMILY BACKGROUND

Parent’s Marital Status: Married ____ Divorced ____ Separated ____ Widowed ____

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Name</th>
<th>Age</th>
<th>Highest Level Education</th>
<th>Occupation</th>
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</thead>
<tbody>
<tr>
<td>Father</td>
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<tr>
<td>Mother</td>
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Presenting Circumstance (Why are you here?)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Are your current circumstances interfering with your academic performance? Yes __ No __
Are your social relationships being affected by your circumstances? Yes __ No __
Are you missing class because of your current circumstances? Yes __ No __
Are your current circumstances so overwhelming you’ve considered withdrawing from college? Yes __ No __

What would you like to learn that could help with the problem(s) above?

What is creating my problems
More about myself
How to feel better
How to respond differently to problems, issues, etc.
How to cope with feelings
How to cope with situations
I have no idea
Other
PATIENT HEALTH QUESTIONNAIRE (PHQ-P)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than ½ the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
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<td>2. Feeling down, depressed, or hopeless</td>
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<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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<td>4. Feeling tired or having little energy</td>
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<td>5. Poor appetite or overeating</td>
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<td>6. Feeling bad about yourself, or, that you are a failure or have let yourself or your family down</td>
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<td>7. Trouble concentrating on things, such as reading</td>
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<td>8. Moving or speaking so slowly that other people could have noticed; or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
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<td>9. Thought that you would be better off dead, or of hurting yourself</td>
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If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

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<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
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</table>
Please read each statement and write a number 0, 1, 2, or 3 which indicates how much of the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement, Rating scale below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
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<tbody>
<tr>
<td>I found it hard to wind down</td>
<td></td>
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<tr>
<td>I was aware of dryness of my mouth</td>
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<tr>
<td>I could not seem to experience any positive feelings at all</td>
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<tr>
<td>I experienced breathing difficulty (rapid breathing, breathlessness in the absence of physical exertion)</td>
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<td>I found it difficult to work up the initiative to do things</td>
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<tr>
<td>I tended to over-react to situations</td>
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<td>I experienced trembling (in the hands)</td>
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<td>I felt that I was using a lot of nervous energy</td>
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<td>I was worried about situations in which I might panic and make a fool of myself</td>
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<td>I felt that I had nothing to look forward to</td>
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<td>I found myself getting agitated</td>
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<tr>
<td>I found it difficult to relax</td>
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<td>I felt down-hearted and blue</td>
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<tr>
<td>I was intolerant of anything that kept me from getting on with what I was doing</td>
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<td>I felt I was close to panic</td>
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<td>I was unable to become enthusiastic about anything</td>
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<td>I felt I was not worth much as a person</td>
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<tr>
<td>I felt that I was rather touchy</td>
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<tr>
<td>I was aware of the action of my heart in the absence of physical exertion (sense of heart rate increase, missing a beat)</td>
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<tr>
<td>I felt scared without any good reason</td>
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<tr>
<td>I felt that life was meaningless</td>
<td></td>
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</tbody>
</table>

For Office Use Only: D: ______________ A: ______________ S: ______________
Counseling Services Informed Consent & Guidelines

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

- How to study effectively
- Not spending enough time in study
- Fear of failure in college
- Worry about poor grades
- Doubt my vocational choice
- Purpose of going to college is unclear
- Undecided major
- Ill at ease with others
- Feel no one understands me
- A problem too difficult to talk about
- Hurting the feelings of others
- Sometimes acting childish/immature
- Lack of self-confidence
- Worry about unimportant things
- Nervousness
- Often experience feelings of panic
- 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/guilt
- Easily/Frequently become depressed
- Thinking of suicide
- Worry about how much I drink
- Worry about my drug use
- Often weak/exhausted
- Bothered by nightmares
- Difficult controlling how I eat
- Too inhibited by 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 boy/girlfriend
- Fearful of close relationships with others
- Roommate problem
- Being talked about or watched
- Bothered by unwanted/disturbing thoughts
- Hearing or seeing unusual things
- Angry/Hostile feelings toward others
- Losing my temper
- Injuring myself
- Injuring others
- Fighting/Assaulting others
- Other ____________________________
- Other ____________________________
- Other ____________________________
- Other ____________________________
- Other ____________________________
- Other ____________________________
- Other ____________________________
- Other ____________________________

__________________________________________  ____________________________
Student Signature                                Date