Introduction

As a counselor-in-training, students will engage in three clinical experiences: 1) pre-practicum, 2) practicum, and 3) internship. Student’s efforts, professionalism, and continued openness to learning will largely determine the quality of their clinical experiences. The counselor education faculty will assist students through this period of professional and personal growth. Clinical experiences bridge the gap between the skills acquired in the classroom and the world of being a professional mental health counselor.

Administrative Structure:

Clinical experiences include practicum and internship. Activities are coordinated by the Clinical Experiences Coordinator (CEC) and the Director of Clinics (DCE). Both adhere to the roles of these positions set forth by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). This includes working with the instructors of all practica to ensure the highest quality experience for students.

The CEC is responsible for the coordination of all practicum and internship experiences and development of protocols for internship and practicum experiences, oversees development and implementation of practica and internship forms, and works with practicum instructors and internship site supervisors to develop offsite practicum and internship experiences. The CEC provides macro level supervision/oversight to all partnerships with sites and the CEC is the person to whom all inquiries regarding practicum and internship experiences are referred.

The Director of Clinics (DC) is in charge of all that occurs inside of the Clinics. The Clinics include the Jack Staggs Counseling Clinic in Huntsville, Texas (JSCC) and the Community Counseling Center in The Woodlands, Texas (CCC). These clinics are considered partnering sites of the counseling program. The clinics have specific processes and policies unique to the training needs of the counseling program. Primarily, the DC focuses on gathering clients for practicum experiences, distributing clients to practica, adhering to HIPAA, and ensuring client care/confidentiality. However, this role also includes managing Clinics’ administrative assistants and providing outcome data for the Clinics, building partnership with instructors and administrative personnel on campus for generating potential clients, overseeing the technology used in the Clinics, and establishing protocol for operating within the Clinics (e.g., forms, confidentiality regulations, etc.). All matters relating to the Clinics are first handled by the Director. The Director also works with the Department Chair to ensure the Clinics are running in an ethical and legal manner.

Practicum Instructors are in charge of overseeing the individual development of their counseling students. However, practicum instructors must adhere to the direction, structure and process set forth by the Clinical Experiences Coordinator, who then works with identified sites to ensure program and CACREP needs and policies mesh with site requirements and process. This includes making decisions on how many clients might be on a given student’s caseload, evaluating student performance in practicum, and ensuring client care. Practicum instructors might also be given opportunities to secure additional client contacts, but these contacts would flow through the Director of Clinics.
Clinical Courses

About Pre-practicum
Pre-practicum is the opportunity for counselors-in-training to learn and apply basic counseling skills before they work with real clients. Students will conduct role play counseling sessions and will videotape these sessions for critique from their supervisor and supervision group. Students are required to comply with all Clinics procedures and protocols as provided in this handbook. Further, pre-practicum students should be aware that practicum students have priority with scheduling Clinics rooms.

About Practicum
The practicum course is counselors-in-training opportunity to apply students’ counseling training to work with real clients. For most counselors-in-training, it means finally being able to do what they enrolled in their graduate program to do. Students will be assigned clients and will conduct actual counseling sessions. They will video-record and audio-record each of their sessions for the purpose of review and critique with your supervisor and supervision group. They will learn to complete case files and to document counseling practices. They will attend class and will review cases as directed by the supervisor. Students will learn to critique themselves and to grow as an individual and as a professional. In order to register for the Supervised Practicum course, students must satisfactorily complete all required course work, complete all required paperwork as provided in the Clinical Experiences Handbook, and meet all required deadlines. Before students are allowed to start Supervised Practicum, they must attend a mandatory Supervised Practicum Orientation. It is the student’s responsibility to be aware of the requirements to register for and attend Supervised Practicum and to meet these requirements.

About Internship
The internship course is when students utilize all their skills, knowledge, and personal growth and work outside of the Clinics. In order to register for an Internship course, students must satisfactorily complete all required course work, successfully pass comprehensive exams, complete all required paperwork as provided in the Clinical Experiences Handbook, meet all required deadlines, and attend a mandatory Internship Orientation. It is the student’s responsibility to be aware of the requirements to register for Internship and to meet these requirements.

Working with Clients in the Clinics

Mission
The Clinics are training centers for Master’s and Doctoral students from the Department of Counselor Education programs. Counseling services are provided under the supervision of faculty members to campus and community clients. The primary mission of the Clinics is to train students to work effectively with clients in counseling settings. A secondary mission is to conduct counseling-related research. Finally, the Clinics maintains a tertiary mission of providing counseling and human development services to members of the campus and area communities. Services provided include individual, couple, family, child, and group counseling regarding developmentally related concerns. Counselors-in-training **DO NOT** prescribe medication or offer diagnoses.

**Facilities**
The Clinics are part of Sam Houston State University and operate with the permission of the Department of Counselor Education Chair, the Dean of the College of Education, and the Academic Vice-President of the University. The Clinics have individual counseling rooms and play therapy rooms which are equipped for video-recording, live monitoring, and live supervision of sessions. The facilities also include counselor workrooms equipped with state-of-the-art technology.

**Clients**
The Clinics are open to anyone including SHSU student, SHSU faculty, and individuals from the community who meet established admissions criteria. *If the Director of Clinics determines, with the assistance of practicum instructors when appropriate, that the needs of clients are outside the scope of practice for the training clinics based on the established admissions criteria, then referral to other settings more appropriate to their needs will be made.*

Clinics offer standing appointments. If a client is scheduled for Tuesday at 5:35, they are expected to come each Tuesday at the same time until the semester ends or until they decide to no longer come. *Services are provided to clients for a maximum of three semesters with a clinical staffing recommendation.*

Due to the importance of client care, missing client appointments will not be tolerated. Counselors-in-training who do not show up for an appointment will be subject to suspension of clinical responsibilities, reduction in practicum grade, or dismissal from their Counselor Education Program. In the event that an emergency impacted the missed appointment, the counselor-in-training is still required to take quick action in notifying appropriate faculty members and the Administrative Assistant as to the situation so alternatives to client care can be implemented.

**Supervision and Clinics**
The supervision process is an important part of your training experiences in counseling. You will receive two types of supervision. **Group supervision** will be conducted during your class time
and will involve reviewing ethical codes, reviewing cases, conducting clinical staffing of clients, viewing portions of videotapes, and relating your experiences to counseling theory. **Individual supervision** will be conducted with either your instructor or an advanced doctoral student and will involve a more intensive one-on-one type of learning. You will meet with your supervisor regularly (one hour per week) throughout the semester. You may receive an alternative version of individual supervision consisting of live supervision of sessions by supervisors.

It is important to note that active participation and attendance in weekly supervision is a mandatory requirement for your practicum course and an ethical obligation related to client care. **If you miss supervision you will not be able to count hours that week toward practicum hours and you may have to cancel any further sessions until you can attend supervision. Not completing assignments generated in supervision, missing supervision sessions, and coming to supervision unprepared can also result in a lower grade, failure in the clinical course, and/or even dismissal from the Counselor Education Program.**

Students can only see clients when there is a core faculty member on call or during their practicum class. Administrative Assistants will provide these schedules to students.

The responsibility for gaining competence as a clinician rests, finally, on the shoulders of the trainee. Full utilization of the supervisory process is one of the most important means to increasing one's competence.

**Clinics Ethical and Legal Guidelines**

**Professional Liability Insurance**
During Supervised Practicum, students and faculty can be held responsible legally and financially for the results of their professional activities. Each student is required to obtain professional liability insurance which is designed to provide coverage for acts of malpractice, error, or omission in the performance of their duties whether they are actual or alleged. (Note: Acts that are held to be negligent are rarely deliberate).

Insurance can be purchased through various agencies. For most students, it is most economical to obtain insurance through the Texas Counseling Association (TCA). TCA provides the opportunity to become a student member of your primary professional association, and is more economical than most other options (obtain student membership, then add the option for liability insurance http://www.txca.org/tda/JOIN-RENEW.asp?SnID=1191639857). Teachers may find that their Supervised Practicum activities are covered under their teacher's liability insurance. Some students have purchased liability insurance through the American Counseling Association or their homeowner's insurance policy.

**Ethics**
The Clinics adhere to the professional ethics of the Counseling Profession as set forth by the American Counseling Association (ACA) Code of Ethics and the Texas Board of Examiners of Professional Counselors Code of Ethics. ALL STUDENTS AND FACULTY UTILIZING THE
CLINICS ARE REQUIRED TO COMPLY WITH THE ACA CODE OF ETHICS AND THE TEXAS BOARD OF EXAMINERS OF PROFESSIONALS CODE OF ETHICS. See: http://www.counseling.org/resources/codeofethics/TP/home/ct2.aspx  
https://www.dshs.texas.gov/counselor/lpc_ethics.shtm

ALL STUDENTS COMPLETING CLINICAL EXPERIENCES IN EITHER OF THE SHSU DEPARTMENT OF COUNSELOR EDUCATION CLINICS MUST COMPLETE AN ETHICS AGREEMENT WITH THE CLINC.

Some specific ethical rules for this Clinics are as follows:

**Misrepresentation of Expertise**
Students and faculty will not misrepresent themselves either by title or professional capabilities.

**Confidentiality**
The confidentially of taped counseling sessions and client files are to be maintained at all times. Client files will be kept in a locked cabinet housed in the Clinics. No written materials regarding clients are to be removed from the Clinics. Recordings and material from client files are NEVER to be discussed or shown to anyone other than your supervisor, instructor, or in class as directed by your instructor. Other trainees’ tapes, client files, or live sessions are not to be observed or reviewed by you unless it is specifically authorized for instructional purposes.

Students should also adhere to these policies in regard to storing information related to clients on their smartphones. All smartphones should be password protected and scheduled appointments on phone calendars should not include client information. For example, put the words “Clinic appointment” in their phone calendar. Should a breach occur, notify your practicum instructor and supervisor as steps will have to be taken to inform those that may be impacted. Students will not use any confidential information when they audio record their sessions for training purposes. They will have password protection for these recordings and erase them after they serve their purpose.

**IMPORTANT**: Failure to adhere to confidentiality measures will result in suspension of clinical privileges, practicum course failure, or dismissal from program.

**Request/Release of Information-Limits of Confidentiality**
Information about clients is never requested or released without the client's specific written consent and HIPAA forms signed. Please make sure your release of information is dated to be open for at least a year. Even when releases are signed, the clients must verify their identification by
providing a picture identification and confirming their date of birth as indicated on their clinical records. Previous and current clients must first attempt to come get a hard copy in our Clinics office. If that is not possible, they need to sign an informed consent and also provide written permission allowing the Clinics to send them an electronic copy through email. Please let clients know that copies of their records cannot be released when the Clinics are shutdown as there will be no administrative assistants to respond to their request.

Copies of the release of information must be retained in the client's file. In the case of minor clients, a parent or guardian may authorize such action. An exception to this rule may be made when it is suspected that the client may be in danger of harming self or others. The decision to make an exception may only be made through consultation with their professor, the on-call faculty, or the Director of Clinics when available. Clients are advised of these limits to confidentiality during the intake interview. Clients who are at risk of harm to self/others are not appropriate for this setting and must be referred to more appropriate settings.

Confidential information which indicates an immediate physical danger to any individual or to the client him or herself must be communicated to the Supervisor and Director of Clinics immediately, even without the client's consent. The Supervisor and Director of Clinics should be given a detailed description of the situation and level of danger. The client must also be informed of this communication. Consultation with the faculty and doctoral supervisor should be sought immediately and referrals to other health professionals will be made when problems are outside the recognized boundaries of the student's competence.

**Correspondence**

No correspondence may be sent out under the counselor-in-training's name only. Letters must be signed by instructor and supervisor as well as by the counselor trainee. No correspondence is sent out without the permission of the Director of Clinics.

**Discrimination**

No one shall be denied professional service because of his or her race, religion, gender, sexual orientation, political affiliation, or social or economic status.

**Informed Consent**

Because the Clinics are primarily a training facility, all sessions must be video-recorded. This is explained to clients during the intake interview, and they sign a consent form, which permits video-recording at that time. If a client refuses recording, a referral to another agency must be made.

**Boundaries**

A student or faculty will not use the counseling relationship to further personal interests of any kind. Sexual intimacy with clients is unethical. The acceptance of gifts is unethical.
Clients seen in the Counseling Practicum are not to be seen in private practice by the same counselor.

**Attendance and Professional Comportment**
Practicum requires students to act as if they are licensed professional counselors. It is critical that students attend all classes, come to class and supervision prepared, attend all sessions with clients, and attend all supervisory meetings. The counseling department views client care as paramount. Thus, practicum classes, supervision experiences, and counseling sessions are viewed as equally weighted importance. A “**No-Show**” for a client and/or a supervision (group and individual) session will result in suspension of Clinics privileges, loss of those hours counted toward practicum hours, and potential failure of practicum and/or dismissal from the program. You must notify your practicum instructor if you need to cancel an appointment. Additionally, any student who is found to violate the Professional Comportment policy (see below) can have their clinical duties suspended, fail practicum, or be dismissed from the program.

**Professional Comportment Policy**
The Department of Counselor Education expects students to adhere to the highest standards for professional comportment at all times throughout their enrollment in this program. To this end, those associated with the Department of Counselor Education must display professional maturity, competence in their scope of practice, and personal and ethical integrity in every facet of the clinical and educational setting.

In the event of violated Clinics policy and/or related problematic behavior, the Director of Clinics will work with the instructor to determine consequences. Possible consequences could be (not limited to) removal of clinical privileges, a drop in the course grade (or reduction in total points), removal from the class and an “**F**” in the course, and/or a removal from the program. The handbook is considered the first warning so students will receive one of the listed consequences after their first offense with additional offenses being viewed as extreme lapse in professional judgment and comportment.

Students are required to practice diligence and discretion in client-counselor relationships as well as faculty-student relationships. Some attitudinal or behavioral patterns that may elicit concerns as to the student’s ability to continue in the counseling program may include, but are not limited to, breaching client confidentiality, negligence in client care, becoming sexually involved with a client, performing clinical skills outside of one’s scope of ability, academic dishonesty, revealing a lack of concern or compassion in practice, inability or unwillingness to follow instructions, and disobeying or showing disrespect for others (e.g., faculty, professional colleagues, and fellow students). Students should exemplify a manner befitting a professional at all times, including displaying professional maturity in their dress, both in-class and in all clinical settings, by adhering to the program’s dress code.
HIPAA Training
This will come in form of lecture and discussion in class and/or formal training modules. More information will be provided by your instructor.

Title IX
Sam Houston State University adheres to Title IX rules. Clinics, counselors-in-training and their supervisors hold confidentiality in all circumstances, even when Title IX issues are presented by clients. The only times confidentiality can be broke are listed on the informed consent form. Title IX circumstances are no exceptions to these confidentiality rules. However, under current Texas law, when a student indicates that the student was a victim of rape/sexual assault regardless of the time frame, the faculty member is required to make a report to the SHSU Title IX Coordinator.

Important Reminders:

• Do not "chat" about clients or practicum experiences in any non-practicum setting. This would include hallways, other classes, the office area, etc. Confidentiality must be maintained, and everything that is practicum-related is considered confidential. Violations of this guideline would constitute grounds for dismissal from the program.
• Keep your voices low when near the Clinics rooms. Sound carries and may interfere with sessions in progress.
• Dress professionally. Professional dress does not include shorts or sports attire. If you are unsure about what constitutes appropriate clothing or how it affects the delivery of effective service, please discuss this with your supervisor or instructor.
• At no time are clients or non-practicum individuals allowed in the practicum work area/control room.
• An awareness of unethical conduct on the part of a colleague or another professional should be brought to the attention of the Supervisor and Director of Clinics.

Client Scheduling and Waitlist Procedures
Each Clinic has a binder for Intake Forms and waiting list. When a client calls to schedule an appointment, Administrative Assistants will fill out the Intake Form with all applicable information: full names and birthdates of each child or adult they are calling for, address, phone number, email address to send paperwork, and a brief explanation of the reasons for seeking counseling.

When a client calls, Administrative Assistants will say “please briefly tell me about the reasons that you seek counseling.” This will also help to ascertain whether they are looking for individual counseling, family/couples counseling, or Play Therapy.

After Administrative Assistants receive general information about the reasons to seek counseling, to accomplish this they will complete a general screening that will result in one of the following outcomes:
1. Receiving an appoint for an Intake Assessment
2. Being referred to the Clinic Director for a determination of status
3. Being referred to an outside agency for services
Administrative Assistants will use the established screening form for the initial process to determine appropriateness of potential client to receive services.
   o Administrative Assistants will use the referral lists to give clients referrals if they do not qualify to receive services at JSCC and CCC.

If clients qualify to receive counseling services at the Clinics, Administrative Assistants will find out what days and times they prefer to come and the time frame that works best for them. The more open their schedule, the faster they are likely to get on the schedule.

Administrative Assistants will let caregivers know that if the client is under the age of 18, they must be accompanied by an adult caregiver. Caregivers can choose to wait in the waiting room when the minor is in session, or they can choose to have their own appointment at the same time with a different counselor.

Administrative Assistants will ask caregivers to bring proof that they have the ability to seek counseling (or psychological services) for the child; this is proved by the most recent copy of their divorce decree, separation agreement, or custody agreement. This is not applicable if the biological parents are married and the child resides with parents.
   o The caregiver must bring this paperwork the first night they arrive. Administrative Assistants will make a photocopy of the paperwork and keep it in the child’s file.
   o If caregiver explains that the biological father/mother has never been involved and he/she is not included in the birth certificate, they will be asked to bring the birth certificate as proof that they can seek counseling for their child.

If the schedule is full and the client will need to be on the waiting list, Administrative Assistants will explain that to the client. Administrative Assistants will explain that they are putting the client on the waiting list and will give them a call as soon as something becomes available for them.

If a client lives or works closer to the other Clinic’s location, they may prefer to travel to that Clinics instead. Administrative Assistants will give them the contact information for the other Clinics and shred the intake form.

When a client is scheduled for an appointment, Administrative Assistants will follow the following guidelines:
1. Start a file for the new client. If returning client pull the original file and place all new information on top.
2. Add the client’s name to the schedule.
3. Put an intake form in the client’s file with the demographic portion filled out.
4. On the client tracking form indicate the day/time the client is scheduled for, the starting date
5. Place the folder in the proper location for the scheduled day of the week.

Before Administrative Assistants begin to assign counselors to clients, they will check with the instructor who supervises that practicum section regarding how they like to handle it. Some instructors prefer to do all the scheduling, others like to be more involved with which of their students see which clients and how many clients each can see. All students will be assigned three clients each semester. In the event that a professor requests that students be assigned four clients, assurance will be made that all practicum students at that the appropriate location have three clients prior to assigning any student a fourth client.

At least two weeks prior to beginning of each semester, Administrative Assistants will email students to find out if they can speak Spanish, if they took the Introduction to Play Therapy class (or will be taking the class the same semester as practicum), and if they are Marriage and Family Therapy students. Only students who took the Play Therapy Basics course previously or are taking the class concurrently will be able to see children between ages 3 and 10 in the play therapy room. Students who have not received basic play therapy training will be allowed to see children if they have taken the child and adolescent counseling class.

If a client misses an appointment two times throughout the semester and does not call to cancel the appointments, Administrative Assistants will take their names off the schedule and move their intake back to the end of the waiting list. Then, Administrative Assistants will call them and let them know that they have been moved to the waiting list due to Clinics policy and they will get another call when there are other openings in the future.

If a client calls ahead of time that they know they will be out of town or otherwise unavailable (many will have doctor’s appointments, etc. that are just as important for them to get to, they may fall ill or injure themselves, etc.), they will be given more flexibility. Administrative Assistants will let them know that it is important for them to keep the rest of their appointments, as missing two sessions may cause them to lose their spot per Clinics’ policy.

*Clients or family members of clients under the age of 14 may not be left unattended in the waiting area. If a counselor finishes a session with a child and the parent is not present to receive the child in the waiting room, that counselor must stay with the child until the parent arrives.*
Conducting Sessions

Students will maintain all necessary documents concerning clients in the clients folder that will be maintained in the file room. All faculty and students removing files from the file room will sign them out on the File Log maintained in the file room and sign them back in when returned. Failure to sign out and sign in files will result in the loss of file removal privileges.

Individual counseling sessions are 50 minutes long. Courtesy and professionalism dictate that you start and end your appointment on time. Arrange the room and start your recording before the client arrives. End the session at 10 minutes before the hour, even if you begin the session late. With some clients, you may find it helpful to start your "wrap-up" well before the end of the 50 minutes. Difficulty starting or ending sessions on time should be addressed in counseling and supervision as it interferes with the effectiveness of counseling.

Procedures for Counseling Sessions

1. During the first session with the client, the student counselor discusses and completes the (1) Personal Disclosure Statement with the client. The client reads and signs the (2) Parental Consent Form or the Adult Consent Form before starting the intake session. The client completes the (3) Release of Confidential Information form, if appropriate. The student will administer the WHODAS 2.0 and the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult. These assessments will be a part of the Intake Assessment process and will be administered either electronically or by paper and pencil.

2. During the second session the student counselor will complete the Intake Assessment form found in the clients file. If the client is a returning client a new Intake assessment will be completed.

3. During the third session the student counselor will present the findings of the Intake Assessment to include (A) the identified problems that will be the focus of counseling, and (B) the proposed counseling plan with the goal of obtaining the client’s agreement to the plan. The student counselor, client, and practicum instructor will all sign the counseling plan.

The student counselor will also confirm the ongoing appointment time. Appointment cards are available from the Administrative Assistant if needed. Except for unusual circumstances, ongoing sessions are scheduled for a consistent time on the same day, one time per week. The session ends at the door of the counseling room, yet the student counselor escorts the client back to the waiting room.
4. On-going counseling sessions will be based on the counseling plan using the student counselor’s chosen theoretical orientation. All clients will be approved for one semester only. Clients will be informed of the number of sessions available and that the process of counseling is to meet the goals established in the plan by the end of the approved number of session with the result being successful termination of services. All clients must be clinically staffed by the instructor with the students prior to the end of the semester. Only clients meeting medical necessity criteria as documented in the clinical can be recommended for an additional semester of counseling. Please note that adding an additional semester of counseling will not be a routine decision and will only be approved in extraordinary circumstances. Clients who have severe problems that require ongoing counseling for a long period of time will be referred for more appropriate services. All final decisions as to ongoing services will be made by the clinical director at least two weeks prior to the end of the semester.

5. The student is responsible for maintaining a clinical record for each client, parent, couple, family, or group seen during the Supervised Practicum. **ALL CASE NOTES FOR ALL SESSIONS MUST BE WRITTEN AND PLACED IN THE CLIENT FILE ON THE DAY THAT SERVICES WERE PROVIDED.** This is in compliance with HIPAA requirement of session documentation. The record contains the following documents:

   A. Attendance Log  
   B. Case Notes  
   C. Screening Form  
   D. All consent forms  
   E. WHODAS 2.0 and DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult  
   F. Intake Assessment form  
   G. Problem Identification and Counseling Plan Form  
   H. Client Correspondence  
   I. All other pertinent information

The student assigned to the case is responsible for keeping the records current. The Clinic Director reserves the right to make spot checks of files at any time.

It is the goal of counseling to meet the client goals by the end of the semester the client was admitted with the result being successful termination of services.

**Procedures Related to Client Files**
Both JSCC and CCC utilize paper and pencil documentation. All forms will be placed in folders by students and checked by their professors. The Clinical Director and the Doctoral Assistant
will conduct unannounced random quality control checks to ensure that all forms are completely filled out and appropriately signed.

If a client is a returning client, their file can be found in the “Active Files” drawer or put away alphabetically in the drawers for closed files. Drawers have files in an alphabetical order according to client last names.

In the beginning of each semester files for the clients who are currently seen should be placed in the “Active Files” drawer by the Administrative Assistants if they started counseling before in the previous semester. This will allow students and supervisors to access these files if they want to review paperwork created prior to the current semester.

If it has been more than six months since a client’s last visit, Administrative Assistants will have the client fill out all the forms again. Administrative Assistants will ask for the latest custody paperwork for clients whose parents are divorced. All clients who have been discharged or are returning from the prior semester will complete a new set of consent forms with the new student counselor.

When a new client starts at the Clinics, they are given the consent forms to sign and return prior to the first meeting with a student counselor. If the client does not return the consent forms prior to the first session it will be cancelled and will not be rescheduled until the consent forms have been returned.

The following list details the forms that clients need to fill out before their first sessions:

**Adult Clients:**
- Adult Informed Consent Form
- Consent to Email and/or Text Message
- Telehealth counseling consent form

**Minor (Child and Adolescent) Clients:** *Forms will be filled out by the caregiver*
- Parental Informed Consent Form
- Consent to Email and/or Text Message
- Child/Adolescent Psychosocial Information Form

Administrative Assistants will email appropriate documents to potential clients to fill out before they arrive at the Clinics for their initial appointments.

Administrative Assistants will ask clients to arrive 30 minutes early to their initial appointments to fill out two mental health assessments. These the WHODAS 2.0 and the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult.

Administrative Assistants and students will work together to administer the two assessments according to the assessment schedule provided by the Director of Clinics.
Important Things to Remember

- Students are required to complete and place their session notes in the client’s file on the day that counseling services were provided. This is consistent with HIPAA requirements.
- Students will work with their clients or clients’ caregivers to create counseling plans during the third session with the client. Each counseling plan will be signed by the client, student, and instructor before the student places the plan in the client’s file or places it in a box in the file room marked “To Be Filed.” Having the administrative file documents in clients’ files should be kept to a minimum.
- Students will refrain from including a diagnostic impression in their session notes or treatment plans. They will practice their skills to diagnose clients in class but will not include this information in client files. However, students will clearly identify the three problems that will be identified as forming the problem assessment and basis for developing the counseling plan.

- Students will know signs of suicidal and homicidal ideation, and how to conduct suicide and homicide assessment before they start seeing clients. Students will notify their supervisors about these ideations as soon as they suspect it in session. This notification will happen in session before the client leaves the Clinics.
- Students will complete a suicide assessment with clients who show signs of suicidal ideation. They will place the suicide assessment in the client’s file.
- Students will complete a safety plan with clients who have suicidal ideation but who are not in imminent danger of attempting suicide. Students will ask clients to sign the completed safety plan, give them a copy of it, and place the original in the client’s file.

List of Approved Clinics Forms

- Adult Consent Form and/or Parental Consent Form
- Adult and/or Child Psychosocial Information
- Consent to Email or Text
- Critical Incident Report
- Mental Status Exam Template
- Parent Consultation Summary Template
- Patient Safety Plan Template
- Phone Consultation Summary Template
- Play Therapy Session Summary Template
- Progress Notes
- Sand Tray Session Summary Template
- Suicide Assessment
- Safety Plan
- Supervisor Consultation Summary
- Termination-Transfer Summary Template
- Counseling Plan Form
**Care and Maintenance of Clinical Records**

All records are confidential and are contained within a locked file that is accessible only to authorized personnel of the JSCC or CCC. No information from the record can be released without the written consent of the client or his or her parent or legal guardian and the approval of the supervising instructor and the Director of Clinics. Telephone requests for information concerning clients will be politely refused, and no information (including the names of those persons who are presently being provided services or who have received services at the JSCC or CCC) will be released via telephone.

All records are the property of the JSCC or the CCC and must not be removed without consent of the Director of Clinics Full written clinical records are kept for a period of six years after termination of the counseling relationship for adults, and six years past the age of 18 for children.

Clinical records (audio or video recordings, test results, case notes, etc.) may be used for educational and/or research purposes only with the client's consent, with the provision that the client's identity will be protected. A counselor involved in research and/or publication is obligated to protect the identity and welfare of the researched subjects. Informed consent, as specified by current Sam Houston State University Committee for the Protection of Human Subjects guidelines, must be procured following IRB approval of any and all research taking place in the Clinics. IRB Approval documents must be provided to the Clinic Director so that they can be placed in a file and kept withing the affected clinic(s). Prior approval from the Department Chair and the Director of Clinics is required for all proposed research in the clinics.

Currently students will use assigned computers to conduct telehealth counseling sessions using Zoom. These computers are not to be used for any other purpose. Using computers for any non-clinic purpose could result in the students losing computer privileges and thus losing their right to provide counseling services.

**Audio- and Video-recording**

Students are responsible for supplying their own audio-recording device for recording their sessions. Students will audio-record all their sessions. All students must learn how to operate and care for the video-recording equipment. All sessions are to be video recorded with no exceptions. No video-recordings may be taken from or used outside the JSCC or CCC.

Students can take audio-recordings with them to listen to their sessions before their next class meeting. However, students cannot have any identifying information (name, last name, address
etc.) on their audio-recordings. These recordings can only be used to listen to them in a confidential setting, receive supervision from supervisors, and write transcripts for COUN 6376. Students are responsible to delete the recordings after they are done with them the latest at the end of the semester.

Students are also responsible for providing audio ear plugs (small jack) that are compatible with the Shure audio receivers used as “bug-in-the-ear” in the JSCC or CCC if their supervisor requests them.

Clinical Counseling Settings

Most of these hours will be conducted in either the JSCC or the CCC. However, other potential places to conduct direct client contact may present themselves in each semester. This will be determined by the practicum instructor with the collaboration of the Director of the Clinics and Clinical Experiences Coordinator.

Referral Services and Relationship with Other Agencies

The JSCC and CCC, through the Supervisors and students, maintains relationships with other departments of the University, as well as public and private agencies. The rationale for such involvement is to provide optimal professional service by being available to campus personnel and community agencies as a referral resource and to have clear channels of communication to resources both on- and off-campus for appropriate use of their services when referring to them. The Supervisor and students will link individuals who need services not available at the JSCC or CCC with community agencies.

Parking Procedures

Parking for the CCC is free of charge. Clients can park anywhere in the parking lot except for the spots that are labeled as “Faculty Parking.”

Parking for the JSCC is not free of charge.
- Clients who arrive before 5:00 pm will need to park on the Bobby K Marks Drive and pay for parking.
- If clients would like the Clinics to pay for their parking, they will need to fill out the Authorization to Share Information with Parking Department form to give the Clinics permission to share their information with the Parking Department. These clients can park in parking spots that belong to the university.
- Clients who arrive after 5:00 pm will park on the Bobby K Marks Drive free of charge. The Clinics will not pay for their parking unless they have a disability that will make it challenging for them to walk.

If a client gets a parking ticket from the University Police Department, Administrative Assistants can write a letter to the University Police Department explaining that the ticket was issued to a
client of the Clinics. They will send the letter along with the ticket to the UPD to see if they will excuse it. Administrative Assistants can find examples of the letter on the Clinics flash drive.

**Weather Policy**

The Clinics will close for weather only when Sam Houston State University closes for weather.

**Procedures for Administrative Assistants when the Clinics are Open**

One or two days before each practicum class, Administrative Assistants will call, email, or text every client and remind them of their appointments. If the appointment is on Monday, Administrative Assistants may confirm appointments earlier that day or the previous Friday.

Administrative Assistants can only text or email clients who filled out the Consent to Email and/or Text Message Form and agreed to receive confirmation emails or messages.

If Administrative Assistants do not have the consent to email or text a client, they will call to confirm the upcoming session. If they need to leave a voice message, they will only say “I am calling from Sam Houston State University about your appointment today/tomorrow at …. pm/am. Please let us know if you need to cancel your appointment.” This short message without the name of the Clinics or type of appointment will help protect client confidentiality.

Administrative Assistants will print out schedules each week before class time to give hard copies of schedules to students and instructors. This schedule will also include information about cancellations and confirmations.

Administrative Assistants will email students and supervisors about changes in schedule as soon as they become aware of these changes. Administrative Assistants will not include any confidential information about clients in these emails such as clients’ names, contact information, occupations, physical characteristics etc. Only including client initials or days and times of appointments in these emails will help ensure client confidentiality.

When Clinics are open for students to see clients, Administrative Assistants will unlock the rooms and make sure that they are tidy. They will unlock and open the slider window and make sure all the lights are on.

When each client arrives, Administrative Assistants will greet them and mark the schedule on Titanium as such so that they can count and report attendance numbers later.
During practicum nights, Administrative Assistants will call the Control Room to let the professors know about the clients that arrived.

At the end of the night, Administrative Assistants will tidy and lock up each room. They will check in with the class/professor before they leave. Administrative Assistants are expected to stay until the last client leaves the Clinics.

When students are seeing clients outside of class time if an emergency or crisis situation arises (such as a client having suicidal or homicidal ideation), students will inform Administrative Assistants and Administrative Assistants will call the faculty member who is on call to cover the Clinics.

Specific Protocols for Faculty, Assistants, and Supervisors

All Clinic Staff, Faculty, and Doctoral Assistants must be certified in CPR/Defibrillation and First Aid via the American Red Cross or other acceptable training program.

Pursuant to the ACA Code of Ethics and the Texas Board of Examiners of Professional Counselor Code of Ethics, faculty will not use the supervisory relationship to further personal interests of any kind.

Faculty is in charge of handling crisis situations that arise during the time that they cover the Clinics. They will follow the crisis protocol provided by the Director of Clinics.

Practicum instructors will sign session regularly throughout the semester. Faculty will ensure that students do not include any inappropriate information in any documents that will be included in client files. Examples of many of the forms that will be used are found at the end of the handbook.

Practicum instructors will provide information and answer student questions related to suicide and homicide assessment in the beginning of the semester. Faculty will ensure that students know the signs for suicidal and homicidal ideation, and they will let the faculty know about it during their session if they suspect these risks.

Practicum instructors will ask students to create counseling/treatment plans for clients after the intake assessment is complete typically in the third session. Instructors will help students to learn how to collaborate with clients on creating counseling/treatment plans. Counseling plans will be put in the client file by the counseling student after they are signed by students, clients, and the instructor.
Practicum instructors will handle requests for paperwork, subpoenas, and court orders related to the clients of their students under the supervision of the Director of Clinics. Administrative Assistants will let the Director of Clinics know about all requests for client information and will not release any information until directed to do so by the Director of Clinics.

When practicum instructors realize that a client’s presenting problems are beyond the skillset and training of practicum students to handle, they will notify the Director of Clinics and refer the client out. All effort will be made to ensure that only clients whose problems are within the scope and skillset of master’s level practicum students are admitted to the clinics for services.

When the Director of Clinics makes a decision concerning a client’s referral or the ways to handle requests for paperwork, instructors and students will abide by this decision.

Faculty that cover the Clinics outside of class time will be on call during the specified time and stay in the building to ensure easy access to clients when needed. Administrative Assistants will call faculty if there is a crisis and ask them to come to the Clinics. Specific guidelines to cover this activity will be provided when needed and this activity can only occur with the approval of the Director of Clinics and the Department Chair.

Instructors and faculty who cover the Clinics will ask students to complete a safety plan with clients who have suicidal ideation but who are not in imminent danger of attempting suicide. If students are not able to do it themselves, instructors/faculty will sit in the session to complete the safety plans. Clients will be asked to sign the completed safety plan and receive a copy of it. Originals will be placed in the client file by the student.

*Not following these protocols may result in faculty losing their Clinic privileges.*

**Procedures for Crisis Situations**

If a client has active suicidal or homicidal ideation, students, faculty, supervisors, and Administrative Assistants will follow the established crisis protocol specific to the clinic.

If there is a walk-in, staff and faculty will follow the established crisis protocol for walk-ins.

**INITIAL COUNSELING TREATMENT PLAN**
Client’s Name:  Counselor Name:

DOB:  Age:  Sex:  Ethnicity:

WHODAS (Describe the severity level of each score and any areas for needed attention.):

<table>
<thead>
<tr>
<th>Domain</th>
<th>Score</th>
<th>Comments: Severity and Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding/Communicating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Around</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Along with People</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Activities-Household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Activities-School/Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in Society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Disability Score</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Initial Problem Identification: (List the problems in order of clinical significance beginning with the primary problem.)
2.   A. Problem 1 (Primary Problem)

B. Problem 2

C. Problem 3

3. Initial Treatment Methods: (Describe recommended treatment methods and possible referral sources.)

A.

B.

C.

D.
4. Initial Counseling Goals and Objectives (Problem 1 should always be related to the primary Problem.)

<table>
<thead>
<tr>
<th>Problem 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1:</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention 1A:</td>
<td>Intervention 1B:</td>
</tr>
<tr>
<td>Number of Sessions:</td>
<td>Number of Sessions;</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>Date Completed</td>
</tr>
<tr>
<td><strong>Objective 2:</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention 2A:</td>
<td>Intervention 2B:</td>
</tr>
<tr>
<td>Number of Sessions;</td>
<td>Number of Sessions;</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>Date completed:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem 2:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 2:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1:</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention 1A:</td>
<td>Intervention 1B:</td>
</tr>
<tr>
<td>Number of Sessions:</td>
<td>Number of Sessions;</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>Date Completed</td>
</tr>
<tr>
<td><strong>Objective 2:</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention 2A:</td>
<td>Intervention 2B:</td>
</tr>
<tr>
<td>Number of Sessions;</td>
<td>Number of Sessions;</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>Date completed:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem 3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 3:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1:</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention 1A:</td>
<td>Intervention 1B:</td>
</tr>
<tr>
<td>Number of Sessions:</td>
<td>Number of Sessions;</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>Date Completed</td>
</tr>
<tr>
<td><strong>Objective 2:</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention 2A:</td>
<td>Intervention 2B:</td>
</tr>
<tr>
<td>Number of Sessions;</td>
<td>Number of Sessions;</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>Date completed:</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>

| Client’s Signature/Date | Counselor’s Signature/Date |

Plan should be reviewed and updated every 60 days.
**Ask the patient:**

1. In the past few weeks, have you wished you were dead?  
   ☐ Yes  ☐ No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  
   ☐ Yes  ☐ No

3. In the past week, have you been having thoughts about killing yourself?  
   ☐ Yes  ☐ No

4. Have you ever tried to kill yourself?  
   ☐ Yes  ☐ No
   If yes, how?  
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   When?  
   _________________________________________________________________

   If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  
   ☐ Yes  ☐ No
   If yes, please describe:  
   _________________________________________________________________

**Next steps:**

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (*Note: Clinical judgment can always override a negative screen.)*

- If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
  - **Yes** to question #5 – **acute positive screen** (imminent risk identified):
    - Patient requires a STAT safety/full mental health evaluation.
    - Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
  - **No** to question #5 – **non-acute positive screen** (potential risk identified):
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient’s care.

**Provide resources to all patients**

- 24/7 National Suicide Prevention Lifeline: 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741-741
Personal History — Adult (18+)

Client’s name: ______________________  Date: ____________
Gender: __F  __M  Date of birth: ______  Age: ____________
Form completed by (if someone other than client): ____________________________
Address: _________________________ City: ____________ State: _____ Zip: ______
Phone (home): ___________________ (work): _______________ (cell)______________
E-Mail Address: ____________________
Emergency Contact Name_____________ Phone ________________________
                    Relationship: ______________________

If you need any more space for any of the questions please use the back of the sheet.

Primary reason(s) for seeking services:
___ Anger management  ___ Anxiety  ___ Coping  ___ Depression
___ Eating disorder  ___ Fear/phobias  ___ Mental confusion  ___ Sexual concerns
___ Sleeping problems  ___ Addictive behaviors  ___ Alcohol/drugs
___ Other mental health concerns (specify): ________________________________

Family Information

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Age</th>
<th>Living</th>
<th>Living with you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significant others (e.g., brothers, sisters, grandparents, step-relatives, half-relatives. Please specify relationship.)
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Marital Status** (more than one answer may apply)

- __Single__
- __Legally married__
- __Widowed__
- __Divorced__
- __Annulment__

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Length of time:</th>
<th>Length of time:</th>
<th>Length of time:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single</strong></td>
<td><strong>Legally married</strong></td>
<td><strong>Widowed</strong></td>
<td><strong>Divorced</strong></td>
</tr>
<tr>
<td>Length of time:</td>
<td>Length of time:</td>
<td>Length of time:</td>
<td>Total number of marriages:</td>
</tr>
<tr>
<td><strong>Legally married</strong></td>
<td><strong>Separated</strong></td>
<td><strong>Divorced</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Widowed</strong></td>
<td><strong>Annulment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time:</td>
<td>Length of time:</td>
<td>Total number of marriages:</td>
<td></td>
</tr>
</tbody>
</table>

**Parental Information**

- __Parents legally married__
- __Parents have ever been separated__
- __Parents ever divorced__

- __Mother remarried:__ Number of times: 
- __Father remarried:__ Number of times: 

Special circumstances (e.g., raised by person other than parents, information about spouse/children not living with you, etc.): ________________________________

**Development**

Are there special, unusual, or traumatic circumstances that affected your development? _Yes_ No

If Yes, please describe: ________________________________

Has there been history of child abuse? _Yes_ No

If Yes, which type(s)? _Sexual_ _Physical_ _Verbal_ If

Yes, the abuse was as a: _Victim_ _Perpetrator_

Other childhood issues: _Neglect_

Inadequate nutrition  Other (please specify): ___________

Comments re: childhood development: ________________________________
Social Relationships

Check how you generally get along with other people: (check all that apply)

__Affectionate __Aggressive __Avoidant __Fight/argue often __Follower
__Friendly __Leader __Outgoing __Shy/withdrawn __Submissive
__Other (specify): ____________________________________________

Sexual orientation: __________ Comments: _______________________

Sexual dysfunctions? Yes No
If Yes, describe: _____________________________________________

Any current or history of being as sexual perpetrator? Yes No
If Yes, describe: _____________________________________________

Cultural/Ethnic

To which cultural or ethnic group, if any, do you belong? ________________
Are you experiencing any problems due to cultural or ethnic issues? Yes No
If Yes, describe: _____________________________________________
Other cultural/ethnic information: ________________________________

Spiritual/Religious

How important to you are spiritual matters? __Not __Little
___________________________ Moderate __Much Are you affiliated
with a spiritual or religious group? Yes No
If Yes, describe: _____________________________________________

Were you raised within a spiritual or religious group? Yes No
If Yes, describe: _____________________________________________

Would you like your spiritual/religious beliefs incorporated into the counseling? Yes No
If Yes, describe: _____________________________________________

Legal

Current Status

Are you involved in any active cases (traffic, civil, criminal)? Yes No
If Yes, please describe and indicate the court and hearing/trial dates and charges: _____
Are you presently on probation or parole? Yes No
If Yes, please describe: ______________________________________________________________________

Past History
Traffic violations: Yes No    DWI, DUI, etc.: Yes No
Criminal involvement: Yes No    Civil involvement: Yes No
If you responded Yes to any of the above, please fill in the following information.

<table>
<thead>
<tr>
<th>Charges</th>
<th>Date</th>
<th>Where (city)</th>
<th>Results</th>
</tr>
</thead>
</table>

Education
Fill in all that apply:

<table>
<thead>
<tr>
<th>Years of education:</th>
<th>Currently enrolled in school? Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school grad/GED</td>
<td>Yes No</td>
</tr>
<tr>
<td>Vocational: Number of years:</td>
<td>Graduated: Yes No Major:</td>
</tr>
<tr>
<td>College: Number of years:</td>
<td>Graduated: Yes No Major:</td>
</tr>
<tr>
<td>Graduate: Number of years:</td>
<td>Graduated: Yes No Major:</td>
</tr>
</tbody>
</table>

Other training: ______________________________________________________________________
Special circumstances (e.g., learning disabilities, gifted): ______________________________________________________________________

Employment
Begin with most recent job, list job history:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates</th>
<th>Title</th>
<th>Reason left the job</th>
<th>How often miss work?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Currently: FT PT Temp Laid-off Disabled Retired Social Security Student Other (describe): ______________________________________________________________________

Military
Military experience? Yes No    Combat experience? Yes No
Where: ______________________________________________________________________
Branch: ______________________ Discharge date: ______________________
Date drafted: __________________ Type of discharge: __________________
Date enlisted: __________________ Rank at discharge: __________________

Leisure/Recreational

Describe special areas of interest or hobbies (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, walking, exercising, diet/health, hunting, fishing, bowling, traveling, etc.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>How often now?</th>
<th>How often in the past?</th>
</tr>
</thead>
</table>

Medical/Physical Health

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>__________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td></td>
<td><strong>Dizziness</strong></td>
</tr>
<tr>
<td>Alcoholism</td>
<td><strong>Drug abuse</strong></td>
<td><strong>Nose bleeds</strong></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td><strong>Epilepsy</strong></td>
<td><strong>Pneumonia</strong></td>
</tr>
<tr>
<td>Abortion</td>
<td><strong>Ear infections</strong></td>
<td><strong>Rheumatic Fever</strong></td>
</tr>
<tr>
<td>Allergies</td>
<td><strong>Eating problems</strong></td>
<td><strong>Sexually transmitted diseases</strong></td>
</tr>
<tr>
<td>Anemia</td>
<td><strong>Fainting</strong></td>
<td><strong>Sleeping disorders</strong></td>
</tr>
<tr>
<td>Appendicitis</td>
<td><strong>Fatigue</strong></td>
<td><strong>Sore throat</strong></td>
</tr>
<tr>
<td>Arthritis</td>
<td><strong>Frequent urination</strong></td>
<td><strong>Scarlet Fever</strong></td>
</tr>
<tr>
<td>Asthma</td>
<td><strong>Headaches</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Bronchitis</td>
<td><strong>Hearing problems</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Bed wetting</td>
<td><strong>Hepatitis</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Cancer</td>
<td><strong>High blood pressure</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Chest pain</td>
<td><strong>Kidney problems</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Chronic pain</td>
<td><strong>Measles</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Colds/Coughs</td>
<td><strong>Mononucleosis</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Constipation</td>
<td><strong>Mumps</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td><strong>Menstrual pain</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Dental problems</td>
<td><strong>Miscarriages</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Diabetes</td>
<td><strong>Neurological disorders</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Diarrhea</td>
<td><strong>Nausea</strong></td>
<td>__________________</td>
</tr>
<tr>
<td>Other (describe):</td>
<td></td>
<td>__________________</td>
</tr>
</tbody>
</table>

List any current health concerns: __________________________________________

List any recent health or physical changes: ___________________________________
Nutrition

<table>
<thead>
<tr>
<th>Meal</th>
<th>How often</th>
<th>Typical foods eaten</th>
<th>Typical amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>eaten (times per week)</td>
<td>No</td>
<td>Low</td>
</tr>
<tr>
<td>Breakfast</td>
<td>___/week</td>
<td>________________</td>
<td>___</td>
</tr>
<tr>
<td>Lunch</td>
<td>___/week</td>
<td>________________</td>
<td>___</td>
</tr>
<tr>
<td>Dinner</td>
<td>___/week</td>
<td>________________</td>
<td>___</td>
</tr>
<tr>
<td>Snacks</td>
<td>___/week</td>
<td>________________</td>
<td>___</td>
</tr>
</tbody>
</table>

Comments: ________________________________

Current prescribed medications

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current over-the-counter meds

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you allergic to any medications or drugs? ___Yes ___No
If Yes, describe: ________________________________

Last physical exam

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Results</th>
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Last doctor’s visit

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Results</th>
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Last dental exam

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<th>Date</th>
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<th>Results</th>
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Most recent surgery

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<th>Date</th>
<th>Reason</th>
<th>Results</th>
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Other surgery

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<tr>
<th>Date</th>
<th>Reason</th>
<th>Results</th>
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<tbody>
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</table>

Upcoming surgery

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Family history of medical problems: ________________________________
Please check if there have been any recent changes in the following:

- Sleep patterns
- Eating patterns
- Behavior
- Energy level
- Physical activity level
- General disposition
- Weight
- Nervousness/tension

Describe changes in areas in which you checked above: __________________________

### Chemical Use History

<table>
<thead>
<tr>
<th>Substance</th>
<th>Method of use and amount</th>
<th>Frequency of use</th>
<th>Age of first use</th>
<th>Age of last use</th>
<th>Used in last 48 hours</th>
<th>Used in last 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Valium/Librium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Heroin/Opiates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PCP/LSD/Mescaline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicotine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the counter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Substance of preference**

1. ____________________________  3. ____________________________

2. ____________________________  4. ____________________________

**Substance Abuse Questions**

Describe when and where you typically use substances: __________________________

Describe any changes in your use patterns: __________________________

Describe how your use has affected your family or friends (include their perceptions of your use):

______________________________

**Reason(s) for use:**

- [ ] Addicted
- [ ] Build confidence
- [ ] Escape
- [ ] Self-medication
- [ ] Socialization
- [ ] Taste
- [ ] Other (specify): __________________________
How do you believe your substance use affects your life? ____________________

Who or what has helped you in stopping or limiting your use? ____________________

Does/Has someone in your family present/past have/had a problem with drugs or alcohol?
___ Yes  ___ No  If Yes, describe: ____________________________________________

Have you had withdrawal symptoms when trying to stop using drugs or alcohol?  Yes No
If Yes, describe: ___________________________________________________________

Have you had adverse reactions or overdose to drugs or alcohol? (describe): ________

Does your body temperature change when you drink? ___ Yes ___ No
If Yes, describe: ___________________________________________________________

Have drugs or alcohol created a problem for your job?  Yes ______________________ No
If Yes, describe: ___________________________________________________________

---

**Counseling/Prior Treatment History**

Information about client (past and present):

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>When</th>
<th>Where</th>
<th>Your reaction to overall experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling/Psychiatric</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>treatment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal thoughts/attempts</td>
<td></td>
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<tr>
<td>Drug/alcohol treatment</td>
<td></td>
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<tr>
<td>Hospitalizations</td>
<td></td>
<td></td>
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<tr>
<td>Involvement with self-help groups (e.g., AA, Al-Anon, NA, Overeaters Anonymous)</td>
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</tbody>
</table>

Information about family/significant others (past and present):

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>When</th>
<th>Where</th>
<th>Your reaction to overall experience</th>
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</tr>
</tbody>
</table>

Please check behaviors and symptoms that occur to you more often than you would like them to take place:
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression</td>
<td>Elevated mood</td>
<td>Phobias/fears</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>Fatigue</td>
<td>Recurring thoughts</td>
</tr>
<tr>
<td>Anger</td>
<td>Gambling</td>
<td>Sexual addiction</td>
</tr>
<tr>
<td>Antisocial behavior</td>
<td>Hallucinations</td>
<td>Sexual difficulties</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Heart palpitations</td>
<td>Sick often</td>
</tr>
<tr>
<td>Avoiding people</td>
<td>High blood pressure</td>
<td>Sleeping problems</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Hopelessness</td>
<td>Speech problems</td>
</tr>
<tr>
<td>Cyber addiction</td>
<td>Impulsivity</td>
<td>Suicidal thoughts</td>
</tr>
<tr>
<td>Depression</td>
<td>Irritability</td>
<td>Thoughts disorganized</td>
</tr>
<tr>
<td>Disorientation</td>
<td>Judgment errors</td>
<td>Trembling</td>
</tr>
<tr>
<td>Distractibility</td>
<td>Loneliness</td>
<td>Withdrawing</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Memory impairment</td>
<td>Worrying</td>
</tr>
<tr>
<td>Drug dependence</td>
<td>Mood shifts</td>
<td>Other (specify):</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>Panic attacks</td>
<td></td>
</tr>
</tbody>
</table>

Briefly discuss how the above symptoms impair your ability to function effectively: __

Any additional information that would assist us in understanding your concerns or problems: __

What are your goals for therapy? ________________________________

Do you feel suicidal at this time? ___Yes  No
If Yes, explain: ________________________________________________
For Staff Use

Counselor’s signature/credentials: __________________________ Date: ___ / ___ / ___
Phone/Walk-In Screening Form

Date: _____/_____/_______

Person taking the call: ____________________________________________

Client Name: _____________________________________________________

Caller: ___________________________ Phone Number; _________________

Email address; ____________________________________________________

Relation to Client:______________________

Date of Birth: _____/______/______

Gender: M / F

Age: ______

Please briefly describe your presenting concern(s):
________________________________________________________________
________________________________________________________________
________________________________________________________________

Are you being treated by any mental health professional or taking any psychiatric medications now? YES NO:
(If yes, who was the last professional seen, date of last appointment and reason for termination):

Please list all medications and dosages:
________________________________________________________________
________________________________________________________________
________________________________________________________________

35
Have you ever been hospitalized for mental health reasons? YES NO
(If yes, please list approximate dates, reason, and date of last discharge):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are you having thoughts of suicide? YES NO
For screener:
Has there been a suicide attempt? YES NO
Date of most recent attempt:
If NO attempt, are there means and intent? YES NO

Are you currently dealing with an addiction to:
    Alcohol    YES NO
    Cocaine    YES NO
    Methamphetamine    YES NO
    Other    YES NO
If other, specify
Have you ever received treatment for this addiction? (Please give approximate dates, facility, and date of last discharge/termination):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________