

Regis University
Office of Counseling and Personal Development
Policies and Procedures

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Note:

This document is a work in progress. As policies are created and changed, the manual on the file server is updated. If you are unsure if a policy is still accurate, check the most current manual located in the fireproof file cabinet in the file room. If you find mistakes or omissions in the manual, please inform the Director or Associate Director. at 303-458-3507.

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Regis University Office of Counseling and Personal Development (OCPD) Policies and Procedures

PURPOSE OF THE POLICIES AND PROCEDURES MANUAL

The purpose of the manual is to cover policies and procedures specific to the Office of Counseling and Personal Development. The manual will also serve to monitor and evaluate the Office of Counseling and Personal Development services in order to ensure quality control.

1. Mission, Goals, Values, Activities

- 1.1. Mission Statement: The Regis University OCPD's purpose is to promote the mental and emotional health of the Regis Community. We do this by providing therapy, education, training, consultation and referral services which help students lead satisfying, productive lives and make a positive impact on society.
- 1.2. Goals:
 - 1.2.1. To assist Regis College, Accelerated Nursing, Doctoral Physical Therapy, Masters in Biochemical Sciences and Doctoral Pharmacy students with emotional, developmental, and mental health needs.
 - 1.2.2. To offer staff, faculty, and special program students crisis, referral, and consultation services.
 - 1.2.3. To provide training and consultation to residence hall personnel, faculty, and administrative staff which will assist them in identifying and appropriately helping students who are in distress or failing to attain age appropriate developmental tasks.
 - 1.2.4. To offer prevention programs designed as learning situations to facilitate individuals in their coping with daily life, and through such programs to acquaint students with the counseling staff and the concerns for which counseling can be helpful.
- 1.3. Values Statement: The OCPD ascribes to the following values:
 - 1.3.1. Ethical: Honest, fair
 - 1.3.2. Actualizing: Committed to personal and professional growth, knowledge of self and others
 - 1.3.3. Interdependent: Collegial, inter-professional
 - 1.3.4. Respectful: Accepting and honoring
 - 1.3.5. Holistic: Wellness-oriented, integrative
 - 1.3.6. Challenging: Promoting choice, responsibility, growth
 - 1.3.7. Empathic: Compassionate, sensitive, trustworthy
 - 1.3.8. Multicultural: Committed to diversity, inclusiveness, advocacy/social justice
- 1.4. Core Activities of OCPD
 - 1.4.1. Counseling/Psychotherapy (individual, couples, and group)
 - 1.4.2. Crisis Intervention/Emergency Services
 - 1.4.3. Outreach/Prevention/Consultation
 - 1.4.4. Assessment/Psychological Testing
 - 1.4.5. Teaching/Training/Supervision
 - 1.4.6. Psychiatric Evaluation and Treatment
 - 1.4.7. Research/Quality Assessment
 - 1.4.8. Collaboration with other departments

- 1.5. **Confidentiality:** To ensure the confidentiality of clients, there are a number of specific procedures that must be observed:
- 1.5.1 When making appointments by telephone, the client's name must never be spoken out loud.
 - 1.5.2. When scheduling clients that come to the office, appropriate discretion is maintained when saying any names.
 - 1.5.3. Files, tapes or any client related materials must remain in Regis University's Office of Counseling and Development. Any open client records should be kept in their therapist's locked drawers or file cabinets in their offices, or returned to the locked file cabinets in the file room.
 - 1.5.4. Discussions about clients should take place in offices or group rooms with closed doors.
 - 1.5.5. Information regarding clients is only released with proper authorization from client.
 - 1.5.6. Clients are not allowed in the clerical area, or to view the appointment schedule.
 - 1.5.7. The ability to ensure confidentiality is also severely limited when using the fax machine. Special care is expected when material is transmitted this way. The cover letter, which addresses confidentiality, is to be used at all times when faxing materials.
 - 1.5.8. Email is not confidential and thus is only to be used when the Client has marked that it is "OK" to email them as part of their titanium file paperwork. No therapeutic material or client information shall be transmitted over email. Moreover, RUOCPD clinicians are to use the following disclaimer statement at the end of their emails: *Use of e-mail is not a secure form of communication, and confidentiality cannot be ensured. If you have received this email in error, please immediately notify the sender by return email and delete this email and any attachments from your computer.*
 - 1.5.9. Any written correspondence sent to a client should be mailed within a blank envelope—without OCPD written as the return address.
 - 1.5.10. OCPD shall use reasonable efforts to ensure that client confidentiality is maintained in accordance with applicable local and federal laws, including specifically but not limited to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and any current and future regulations promulgated thereunder, including, without limitation the federal privacy regulations and federal security standards ("HIPAA Requirements").

- 2. Staff Expectations:** This section contains general policies, procedures, and expectations for all clinical staff related to employment at the OCPD. Exceptions to these expectations should be negotiated with the Director of the OCPD prior to implementation.

- 2.1. Position Responsibilities/Scope of Practice: All counseling staff report to the Director of OCPD, and the Director reports to the Dean of Students.
- 2.1.1 Staff Therapists – At the onset of employment each permanent professional staff member is given a copy of a job description, which specifies the duties of that particular position. Each staff member will review his/her individual job description and sign it. A copy of the signed job description will be kept in his/her RU Human Resources file. Each of the professional staff agrees to take some form of responsibilities. All professional staff members are expected to be licensed mental health professionals and, as such, perform all job duties independently without direct supervision. Those professional staff members still obtaining licensure will need to perform all job duties under the supervision of another licensed professional staff member. The duties for each position vary and may include any or all of the following services:
- 2.1.1.1. Counseling and psychotherapy to students (individuals, couples groups)
 - 2.1.1.2. Intake assessments
 - 2.1.1.3. Administration and interpretation of psychological tests
 - 2.1.1.4. Substance Abuse Assessments
 - 2.1.1.5. Crisis intervention
 - 2.1.1.6. Presentation of outreach programs and workshops
 - 2.1.1.7. Supervision and training of practicum students and/or interns
 - 2.1.1.8. Consultation with faculty, staff, and students regarding psychological issues
 - 2.1.1.9. Service on university committees as needed
- 2.1.2. Doctoral Psychology Intern – A doctoral psychology intern is selected each year from the DU Graduate School of Professional Psychology’s Clinical Psychology (Psy.D.) program and has completed all coursework for his/her doctoral degree as well as a minimum number of practicum experiences. The Associate Director of OCPD will likely serve as the intern’s primary supervisor throughout their training experience at the OCPD. The duties of intern include all of the following:
- 2.1.2.1. Counseling and psychotherapy to students, (individuals, couples, and groups) – ongoing cases assigned based on skill level.
 - 2.1.2.2. Intake assessments
 - 2.1.2.3. Administration and interpretation of psychological tests
 - 2.1.2.4. Substance Abuse Assessments
 - 2.1.2.5. Crisis intervention
 - 2.1.2.6. Presentation of outreach programs and workshops
 - 2.1.2.7. Supervision of practicum student
 - 2.1.2.8. Consultation with faculty, staff, and students regarding psychological issues
 - 2.1.2.9. Liaison work with committees/departments/special interest groups on campus
- 2.1.3. Graduate Intern – A graduate intern(s) is selected each year from one of the local doctoral/masters psychology programs. All graduate interns have earned at least a Masters Degree and are obtaining practicum experience while working toward their Psy.D/Ph.D. The graduate trainee is assigned to

the intern, who provides individual supervision as well as initial review of all clinical documentation for part of the intern's caseload while a senior staff member will provide additional supervision/oversight on the remaining caseload. The graduate intern also participates in group supervision with the rest of the OCPD staff. The duties of the graduate intern include all of the following:

- 2.1.3.1. Counseling and psychotherapy to students (individuals, couples, and groups) – ongoing cases assigned based on skill level.
- 2.1.3.2. Intake assessments
- 2.1.3.3. Substance Abuse Assessments
- 2.1.3.4. Presentation of outreach programs and workshops
- 2.1.3.5. Consultation with faculty, staff, and students regarding psychological issues
- 2.1.3.6. Graduate interns may also provide the following services, depending on skill level:
- 2.1.3.7. Crisis intervention
- 2.1.3.8. Administration and interpretation of psychological tests

2.2 Videotaping of Client Sessions: The doctoral psychology intern and graduate intern(s) will be required to videotape their counseling sessions within OCPD. However, no recordings or clinical materials are allowed to leave the agency at any time.

2.2.1 Students may, however, take a written session transcript out of the center, for academic or training purposes. These situations must be approved, at least two weeks in advance, by the Associate Director. The following conditions must be met:

- 2.2.1.1 Student has obtained a signed release of information from the client prior to the transcription leaving the agency.
- 2.2.1.2 All identifying information has been removed from the transcript. Student's individual supervisor has reviewed the transcript prior to it leaving the agency.
- 2.2.1.3. The actual transcribing must occur within the agency and no materials or unfinished copies may leave the agency at any time. All distributed copies of the approved transcription must be collected and shredded when finished with them. Electronic versions are to be permanently deleted.

Any violation of this policy will result in immediate termination of the training experience.

2.3 Licensing: Professional staff members are expected to be licensed or certified, or pursue licensure or certification when state law requires it. It is expected that certifications required for specialized activities that staff may conduct at OCPD will also be pursued. Professional staff members are responsible for having copies of their licenses and periodic renewals placed in their OCPD personnel files.

2.4 Dress Code: OCPD personnel are expected to maintain a professional, business-like appearance.

2.5 Schedules

- 2.5.1 Standard operating hours at the OCPD are from 8:30 a.m. to 5:00 p.m. Monday-Friday. However, several of the OCPD staff members (as indicated within the individual's job description) may work 8:00am to 4:30pm.
- 2.5.2 Professional members are required to maintain a pre-set schedule each week, which should not vary from week to week (but can be modified each semester), except on occasion when crises and/or outreach activities require that the staff member modify his/her schedule to accommodate. In these situations, the therapist's supervisor should be notified, preferably in writing (via email) that his/her schedule will be changing, and why this change is occurring and a flex schedule should be used to compensate for any evening work, when available.
- 2.5.3 Schedules are maintained on the Titanium scheduling system, and therapists are responsible for making sure that their schedules are accurate and up-to date at least two weeks ahead of time.
- 2.5.4 Every effort is made to maintain adequate counseling staff coverage at the OCPD at all times. Schedules are coordinated such that there is (at a minimum) one licensed therapist on site/readily available during all open hours (Monday through Friday).
- 2.5.5 The Doctoral Psychology Intern is allotted 3 hours of research time each week, per Consortium guidelines, during which they are expected to work on their doctoral papers. This time is scheduled to occur on Friday afternoons after consortium trainings have ended. Once his/her doctoral papers have been completed, the intern must use allotted research hours for OCPD research related activities.

2.6 Leave

- 2.6.1 Planned/Vacation Leave: Leave time is best taken during the semester breaks and summer sessions. Staff may request leave throughout the year on a first come, first served basis. Every effort is made to maintain sufficient clinical coverage of the counseling center, while still honoring individual requests for leave. The doctoral psychology intern will submit Leave Requests to the Associate Director, while professional staff will submit Leave Requests to the Director of OCPD.
- 2.6.2 Unplanned/Sick Leave: If a staff member will not be in the office at the start of their scheduled work time and has not previously made arrangements to be out on leave, s/he must call to inform the front desk staff as well as the Director. When a staff member is absent due to illness or other emergency, front desk staff and the Director should be notified no later than 8:00 a.m. so that appointments may be cancelled for the day. Front desk staff will mark an absent staff member's calendar as "Out sick" so that all staff can be aware of the staff member's absence. If a counselor is aware of clients in their schedule who may have urgent needs, they should communicate this to the front desk staff and should suggest alternatives for meeting the client(s)' needs (e.g. offering to reschedule sooner or offering a crisis appointment with another counselor).

- 2.6.3 Leave for Graduate Interns: Please note that there are no formal leave allotments for graduate interns, because they are only expected to be at work when classes are in session. It is expected that the graduate intern will make interim adjustments to their schedule, if needed, to accommodate clients with more urgent clinical needs when the graduate intern must cancel an appointment for any reason.

2.7 Professional Development

- 2.7.1 Full time, permanent OCPD staff members are allotted professional leave each fiscal year, to be used to attend continuing education workshops or seminars.
- 2.7.2 Funds may be available in the OCPD budget to support staff in seeking professional development that is related to work at the OCPD. Any available funds are divided among the professional counseling staff to support attendance at conferences and workshops and is determined by the staff's FTE designation.
- 2.7.3 Requests for attendance at conferences/workshops must be pre-approved by the Director of OCPD.
- 2.7.4 Registration forms and travel arrangements should be submitted to the Director of OCPD well in advance of the event to be attended in order to arrange for reimbursement.
- 2.7.5. Professional/Senior OCPD staff members will be required to complete at least 3 CEU credits related to ethical/legal issues per academic year. Documentation of these courses should be provided to the OCPD Director upon completion.

2.8. Private Practice Policy: Staff may engage in private practice on the premises of the OCPD. Those wishing to have private practices within OCPD may do so, but must provide their own liability coverage for such activities as well as having Regis University placed on their individual liability coverage as the site where therapy is occurring (additional insured). A copy of the staff's individual liability coverage will need to be given to the OCPD director and placed within the staff member's file. The following guidelines pertain to the acceptability of seeing OCPD clients in private practice:

- 2.8.1 If the therapist had a therapeutic relationship with a client prior to their becoming a student, the therapist may resume that therapeutic relationship after the client has graduated.
- 2.8.2. OCPD professional staff must inform the Director of OCPD of all their professional activities outside of their work at the OCPD.
- 2.8.3. A professional staff member may see a former OCPD client privately if all the following conditions are met:
- 2.8.4. The student has formally terminated his/her relationship with Regis University by permanently withdrawing, graduating or ending employment; or is seeking therapy during a period of time that the student is ineligible for services at OCPD (i.e. summer) and chooses to see a provider through his/her private practice.

- 2.8.5 The client is formally terminated as an OCPD client, has a termination summary in the chart, and clearly understands that the private therapy contractual relationship is different from and in no way related to Regis University.
 - 2.8.6 The OCPD staff member has provided the client with at least two other therapy options (beyond his/her private practice information).
 - 2.8.7. The therapist must enter into a new contract with the client by having a new disclosure of information signed.
 - 2.8.8 At all times, the professional staff member should abide by all APA ethical principles and all applicable federal and state laws.
- 2.9. Staff Misconduct: If there is ever concern about an OCPD staff member's conduct that cannot be addressed at the intradepartmental level, the OCPD Director will work with Regis University's Human Resource Department to address the issues as outlined within the Regis University Employee Handbook
- 2.10 Legal Guidelines: Regis University Office of Counseling and Personal Development clinicians work under the Colorado mental health laws, as well as policies of the State Board of Examiners (of Psychologists, Social Workers, Professional Counselors, Marriage and Family Therapists). Given the gravity of the legal issues that can affect the counseling center, all issues with possible legal implications should be taken to the Director or, in his/her absence, to the Associate Director. The Director will work with General Counsel for the University to develop procedures that are in accordance with these laws. No one should respond to a subpoena, e.g., without approval from higher administration or University Legal Counsel. No one should engage in making a contract without approval of an administrator. Please see the Colorado Department of Regulatory Agency website for a complete copy of the statutes.

3 Client Services

3.1 Eligibility for services

All currently enrolled students within the Regis University undergraduate, Accelerated Nursing, Masters in Biochemical Sciences, Doctoral Physical Therapy and Doctoral Pharmacy programs are eligible for services at OCPD.

3.2 Intake Appointment

The OCPD intake process involves the client scheduling an hour-long Intake appointment.

- 3.2.1 The purpose of the Intake Appointment is to determine the presenting problem, risk factors, relevant background information, and suitability for services at the OCPD. During the intake and throughout the counseling process, all therapists are sensitive to and are appreciative of multicultural factors affecting both diagnosis and treatment.

- 3.2.2 Prior to the Intake Appointment session, clients are asked to complete a detailed demographic information sheet, an informed consent, a HIPPA signature page, a CCAPS (symptoms of distress scale) and a Beck Suicidal Ideation Scale instrument (see Appendix C).
- 3.2.3 The client is then assigned to a therapist for treatment.
- 3.3 Therapist assignment: The client's needs will be assessed during the Intake Appointment to determine whether the OCPD is a fit for them and what type of counseling/therapist they want/need (see Appendix D).
 - 3.3.1 In most circumstances, depending on the clinical skill level of the therapist, the Intake Appointment therapist should work with the client if ongoing therapy beyond the intake is indicated/recommended.
 - 3.3.2 If the intake therapist is not able to pick up the client (e.g. due to scheduling mismatch, lack of required skill level to appropriately address the client's needs, or specific request by client), then the intake counselor will explore to see which therapists have openings., then review the available openings with client to see what would work for them.
 - 3.3.3 If the client requires a therapist with particular skills, it may be necessary to consult with a professional staff member before assigning the client to a therapist.
 - 3.3.4 The intake therapist will assign the client to a therapist, give the client an appointment card noting the name of the counselor and the date/time of the appointment, and remind the client that if they need to cancel the appointment, to call in advance.
 - 3.3.5 The intake counselor will then enter the appointment into the scheduling system.

3.4 Psychotherapy

- 3.4.1 Psychotherapy model
 - 3.4.1.1 OCPD will provide on-going therapy to eligible students with no session limits and at no cost to currently enrolled students. Every attempt will be made to accommodate the needs of clients with regard to frequency of visits (e.g., once/week, once/month)
- 3.4.2. Off-Campus Referrals
 - 3.4.2.1. Whenever it is determined that the client's problem is beyond the scope of OCPD, the client is immediately given referral options and/or is informed about the limitations of OCPD with regard to meeting their current clinical needs.
 - 3.4.2.2. Common reasons for referring out include: serious alcohol or drug problems; severe eating disorders, clients who are actively psychotic, dissociative disorders; and serious personality disorders.
 - 3.4.2.3. A comprehensive referral list has been developed with clinics and licensed practitioners willing to offer sliding scale fees and will be provided to the client or can be found on the OCPD website (see appendix E).
 - 3.4.2.4. The decision to refer clients out will optimally be made by the end of the second session and should be made in collaboration with the client.
- 3.4.3. On-Campus Referrals
 - 3.4.3.1. Whenever it is determined that the client's problem could best be served by combining various campus resources, the client and

- therapist will discuss these options.
- 3.4.3.2. Common reasons for referring outside of OCPD include, but are not limited to: accommodation needs through the Office of Disability Services, ruling out any medical conditions through Student Health Services, requesting changes in living situations through the Residence Life office.
 - 3.4.3.3. If a decision is made between the therapist and the client to make an on-campus referral, the client will sign the appropriate release of information form to facilitate the referral

3.5 Psychiatric Consultations

3.5.1. Eligibility

All OCPD clients are eligible to see our psychiatric provider at OCPD

3.5.2. Referral

Clients may be referred to our psychiatric provider by any therapist when it appears that psychotropic medications may be of benefit to the student.

3.5.3. Procedures

- 3.5.3.1. All clients must first see a therapist for an Initial Appointment before an appointment can be scheduled with our psychiatric provider.
- 3.5.3.2. It is the intake therapist's responsibility to determine if a medical consultation is appropriate for the client and, if so, to explain the procedures for psychiatric care at the OCPD.
- 3.5.3.3. The therapist will be responsible for setting up the initial psychiatric appointment for clients, when this is the appropriate action to be taken.
- 3.5.3.4. The therapist will fill out the appropriate psychiatric referral paperwork whether it is an on-campus or off-campus appointment and will have the client sign this referral at the time the referral is made
- 3.5.3.5. The referring therapist will either contact the consulting psychiatrist by telephone and provide him with background information on the referral and/or provide a written intake report and reason for referral.
- 3.5.3.6. The cancellation and no-show policies should be reiterated to client at the time of scheduling.

3.6. Fees for Counseling Services

Fees for all of OCPD services are free to all Regis University undergraduate students, Accelerated Nursing students, Masters in Biochemical Sciences, Doctoral Physical Therapy and Doctoral Pharmacy students as long as they are currently enrolled in classes.

3.7. Change of Therapist

- 3.7.1. If a client wishes to change his/her therapist, the client should be encouraged to speak with his/her current therapist first.
- 3.7.2. If the client is unwilling to speak with the therapist, they should be referred to the Director of OCPD, who will discuss the situation with the client and arrange for a change of therapists when appropriate.

3.8. Exclusionary Criteria: In an effort to serve as many students as possible, Regis University OCPD reserves the right to deny further services to individuals whose concerns are beyond the capacity of this office to effectively treat as well

as to any individual that abuses or misuses services in any manner, e.g., non-compliance with treatment, frequent missed appointments, etc. If the OCPD is unable to offer services, other local treatment options and possible referrals will be discussed and transfer facilitated if appropriate.

While the following are not intended to necessarily or always be exclusionary criteria, the items below delineate the kinds of situations that may result in a referral for treatment elsewhere:

- 3.8.1 Treatment for disorders of such severity that the OCPD cannot provide adequate care or may fall beyond our areas of expertise (e.g., residential care, intensive outpatient, severe eating disorders, etc..).
- 3.8.2. Treatment for a student who seeks counseling but is noncompliant with \ treatment recommendations. (Non-compliance with a treatment plan may put both the client and the therapist at risk if their non-compliant behavior results in the client's serious injury or death).
- 3.8.3. Treatment for a student whose behavior creates a hostile working environment at OCPD affecting staff and/or other students.

Before the decision is made to refer the student to other services for treatment, the therapist will consult with the Director or the Associate Director regarding the reasons for their recommendation to refer and will thoroughly explore other options. The Director or Associate Director will then discuss their decision along with the rationale with the Dean of Students.

RATIONALE

Counseling centers provide mental health services within a range of agreed upon parameters. These services support institutions' educational missions. A counseling center cannot be all things to all people. An analogy: If you have heart disease and need bypass surgery, you don't go to a neurosurgeon, you go to a cardiologist. Likewise, if a college counseling center cannot provide what is regarded as appropriate treatment for a mental health problem, OCPD is obligated to refer out, i.e., help students to establish a relationship with appropriate service providers in the community. College counseling centers also have an ethical (and legal) obligation to provide services only within clinicians' areas and degrees of competence. If a student is denied services, the specific behaviors of concern and the rationale for denying treatment are to be clearly documented and explained to the student. The student must receive a copy of the document. Another copy will be kept in the client's file. They must also be informed of their continued right to receive emergency services at Regis University OCPD.

If a student receives treatment off campus and demonstrates marked improvement in his/her behavior and symptoms, along with a willingness to commit to follow his/her treatment plan, the student may request to return for therapy at the OCPD. This request will be reviewed by the Director, Associate Director, and the Dean of Students. After talking with the student's therapist, a decision will be made. The student will be required to follow a specific behavioral contract in order to remain eligible for services at OCPD.

4. Scheduling

4.1. Initial Appointments

- 4.1.1. The front desk staff is responsible for scheduling all Initial Appointments.
- 4.1.2. On occasion a counseling staff member may schedule an Initial

Appointment for a client (e.g. if a client comes in initially for a crisis session and then is set up for an intake assessment to begin counseling).

4.1.3. When scheduling the appointment time the client is requested to arrive 15 minutes prior to the time they are actually scheduled to see the therapist. This allows sufficient time for the client to complete all of the Initial Paperwork

4.1.3.1. For returning clients, if it has been 8 months or more since the student attended the last session at Regis University OCPD, the student will be required to do a new intake.

4.1.3.2. Students who are minors: Clients who are minors may seek services at OCPD with the understanding that their parent/guardian may have access to their client file and therapy information. When the student turns 18, a new chart is made and the old one is closed. The client then assumes the rights and privileges of adults.

4.2. Ongoing Counseling

4.2.1. Each individual counselor is responsible for scheduling all ongoing counseling sessions after the intake assessment with clients

4.2.2. Client-Initiated Cancellation and Move Procedures

4.2.2.1. Clients should be instructed (by the front desk staff and by therapists) to call the main OCPD telephone number any time they need to cancel a scheduled appointment.

4.2.2.2. The front desk staff will then cancel the appointment from the therapist's schedule and will notify the therapist about the cancellation. If the client would like to reschedule the appointment, the front desk staff will take care of this and will notify the therapist that this change has been made.

4.2.2.3. If the client does not wish to reschedule the appointment, the front desk staff should leave the therapist a voice mail/email indicating this.

4.2.2.4. If the client is cancelling an appointment, the appointment should remain in the therapist's schedule but change the attendance status to "client cancel" within the Titanium scheduling system.

4.2.2.5. All appointment cancellations should be appropriately documented by the therapist in the client's Titanium file.

4.2.3. Therapist-Initiated Cancellation and Move Procedures

4.2.3.1. Any time the therapist must cancel or move a scheduled appointment with a client (e.g. due to therapist illness, unexpected crisis, etc), every effort should be made to notify the client of the change as early as possible prior to the scheduled appointment time.

4.2.3.2. For "last minute" (e.g. unexpected illness or crisis) cancellations, the therapist should coordinate a plan with the front desk staff for who will be responsible (therapist vs. front desk staff) for contacting the client and what options are available for rescheduling the appointment to another time slot (including offering a crisis consultation with another therapist on the same day, if the client may potentially be in crisis).

- 4.2.3.3. It is the therapist's responsibility to notify the front desk whether or not the client should be offered a crisis session with another therapist, if there is any pre-existing concern about the client's level of risk.
- 4.2.3.4. If the front desk staff becomes aware that a client is in distress (e.g. by client's self-report or behavioral indicators such as crying/distress during the phone call) when he/she contacts the staff to cancel an appointment, then it is permissible for the front desk staff to offer the client a crisis appointment with another therapist or to offer to have the Director of OCPD speak to the client by telephone.
- 4.2.3.5. The therapist or front desk staff should call the client at the phone number indicated in the client's Titanium chart, being mindful of whether the client has given permission for a detailed message to be left on their voice mail. If permission has not been given for a detailed message, then a simple message with the therapist or front desk staff's first name and return phone number should be left on the voice mail.
- 4.2.3.6. Every effort should be made to offer the client another appointment as soon as possible after the cancelled appointment time.

5. File Closing Procedures

When it is determined by the therapist and client that the client will no longer be seeking therapy at OCPD for any reason (i.e. graduating, studying abroad, treatment has terminated, etc) A closing summary must be written and completed within two weeks of the final session with that client.

5. Release of Information

- 5.1. All requests to release counseling records will require the client to complete a Release of Information Form.
- 5.2. The Release of Information Form should be provided to the OCPD professional staff member assigned to that client's case for processing and scanned into the client's Titanium file.

6. Letters/Excuses for Clients

6.1. Medical Leave of Absence

6.1.1. Ongoing OCPD Clients:

- 6.1.1.1. Any professional staff member may write a letter/email to the Dean of Students supporting a medical withdrawal for a student who is an **ongoing** client at the OCPD who is experiencing severe mental health symptoms that are interfering with his/her ability to successfully complete their academic coursework.
- 6.1.1.2. The student needs to sign a release of information for the Dean of Students allowing us to send the letter/email directly to Diane McSheehy and to communicate with her office regarding our recommendations.
- 6.1.1.3. It is the Dean of Student's ultimate responsibility to explain the conditions of a medical leave of absence at RU

Non-OCPD Clients

- 6.1.1.4. On RARE occasions, an OCPD staff member may decide to write

a letter supporting a medical leave of absence for a student who is NOT an ongoing OCPD client.

6.1.1.5. This should only be done in unusual circumstances (e.g. following a mental health hospitalization or crisis situation) and only with appropriate corroborating documentation of the circumstances.

6.1.1.6. All guidelines above should be followed in these situations.

6.2. Class Excuses

6.2.1. It the general OCPD policy that we WILL NOT provide class excuses for students for any reason.

6.2.2. If you feel that, in your clinical judgment, an exception should be made to this policy please discuss this with a supervisor or the Director, as appropriate.

6.2.3. If a decision is made to provide an excuse for a student, the OCPD staff member will use a student health services excuse form to protect confidentiality. If more information is requested by the student or the student's faculty member, the student must sign a Release of Information allowing the appropriate documentation to be sent directly to the appropriate staff or faculty.

6.3. "Other" Requests

You name it, we've been asked to write a letter about it. We will not write any "other" letters for NON-OCPD clients (e.g. someone who makes an appointment with a counselor for the specific purpose of obtaining such a letter is considered a Non-Client). Some letter requests from ongoing clients are quite reasonable and it is up to the counseling staff to use his/her clinical judgment in making a decision about whether or not to write such a letter. When in doubt, consult. Consult with your supervisor, a professional staff member, or the Director if you are unsure. Again, proper releases of information should be signed and, in general, such letters should be sent directly to the requesting party (staff, faculty).

7. **Clinical Documentation Guidelines**

OCPD used the Titanium Electronic File Management System. Client data is stored in a SQL Database. Users must login to the Titanium software in order either store or retrieve data. Titanium user accounts are separate from domain/computer user accounts. Our computer system consists of a highly segmented LAN with client-server architecture. We utilize Microsoft's Active Directory to provision both computer and user accounts. A valid username and password are required in order to even log in to a computer. Computers are configured to activate a locking screensaver after 15 minutes of inactivity. Users must re-enter a valid password in order to regain access to the computer.

7.1. All client contacts, consultations with students and faculty/staff, crisis calls or sessions and outreach efforts should be documented within the client's Titanium chart.

7.2. A chart note should be completed for each contact, including telephone contacts and letters mailed to clients in a timely manner. For trainees, all case documentation (including letters mailed to clients) must be co-signed by a supervisor (and, in the case of intern supervisors, the senior staff supervisor as well).

7.3. All client notes on the titanium task list should be completed, ideally, within one

week of the service. If a staff member is leaving on a scheduled vacation, that staff member's titanium task list should be completed/cleared prior to him/her leaving.

8.4. Clients access to their clinical file:

An OCPD client may have access to their records as provided by the HIPAA laws. If a client requests to see their therapy file:

- 8.4.1. The therapist assigned to the case should talk with the client about what it is they are needing/wanting by looking at their file
- 8.4.2 Suggest to the client that they provide the client with an intake and closing summary for quicker and more concise viewing
- 8.4.3. If the client still wants to look through their file, the therapist assigned to the case will schedule a time for the client to come to his/her office to view the file in their presence. At no time should the client be allowed to remove the file from the OCPD office.
- 8.4.4. If the client would like a copy of part/all of their file, have the client sign a release of information indicating such and provide the copied file.
- 8.4.5. It is not usually recommended that a client be able to review their entire file and/or to have a copy of the file yet they are legally able to do so. All efforts will be made to talk through any client concerns about their files within the confines of the therapy room rather than just making a Xerox of the file.

9. **Emergency Protocols**

9.1. General Description

- 9.1.1. The OCPD is responsible for coordinating a 24-hour, seven day/week mental health emergency on-call system for students residing on campus. The service will be outsourced to ProtoCall company who will provide crisis mental health coverage for Regis University after hours and on the weekends.
- 9.1.2. Daytime on-call is provided from 8:30 – 5:00 Monday – Friday to all eligible students.
- 9.1.3. Regis University is committed to the safety of both the OCPD staff and students.

9.2. Day-time Coverage

OCPD provides a crisis coverage system. Therefore, a counselor will be available for any walk-in/crisis situations Monday-Friday, 8:30am-5:00pm. The OCPD director will work with the front desk staff to coordinate coverage as needed.

9.3. Daytime Emergencies:

Students, faculty and staff members experiencing a crisis may call the OCPD or may walk-in at any time during normal business hours for emergency consultations.

9.4. After-hours Coverage:

- 9.4.1. OCPD uses the ProtoCall company for after hours and weekend mental health crisis coverage. Therefore, ProtoCall licensed mental health services will answer the OCPD telephone line and manage all calls after hours and on the weekends. Through their web-based, HIPAA secured system, the OCPD director, associate director and/or OCPD administrative assistant can access a call log the next business day to

review any calls that were received and managed by ProtoCall the night/weekend before.

- 9.4.2. Back-Up: The Director or Associate Director of OCPD will provide back up support for the ProtoCall company if a situation arises with additional questions or is campus-emergent in nature.

9.5. Personal Welfare Follow-Ups

- 9.5.1. On Campus: If an at-risk client (e.g., suicidal, homicidal) fails to show up for an appointment and/or if the counselor or other individual is concerned about the current well-being of a client, the counselor may (with approval of the supervisor and/or available senior staff) contact the Department of Residence Life to do a welfare check. The Residence Life professional staff person on duty will attempt to contact the client in the residence hall, and ask the client to come over to OCPD immediately. If necessary, the Residence Life professional staff member on duty will call Campus Safety.
- 9.5.2. Off Campus: If the client does not live on-campus, the Denver Police Department (or other presiding policy entity) is called to do the welfare check.

9.6. Suicide Protocol:

- 9.6.1. General Issues: If the client has any medical issues (e.g., cut themselves, ingested an overdose of prescription or nonprescription drugs) or an OCPD staff member/Protocall staff member is unable to adequately assess their level of personal safety, hospitalization should be considered. Hospitalization should also be considered when a client appears to be an imminent risk of danger to him/herself or another individual.
- 9.6.2. An OCPD professional staff member should always be consulted early on in the process if hospitalization is been considered for a client.
- 9.6.3. Voluntary Hospitalization: It is to the client's advantage to be hospitalized voluntarily rather than involuntarily if this is possible. If a client needs to be hospitalized and agrees to be a voluntary inpatient, the therapist (with assistance from the OCPD Director or Associate Director) calls the hospital and helps arrange for transportation. For the purposes of Regis University main campus, West Pines Assessment and Referral Center through Lutheran Hospital is contacted (303-467-4080). If the therapist is certain the client is not at risk, the client may drive to the hospital, or may be driven by a friend or family member. Otherwise, an OCPD staff member will call the paramedics, an ambulance company or provide a taxi voucher. When a student is released from the hospital, Residence Life may be called depending on confidentiality issues.
- 9.6.4. Involuntary Hospitalization: If a client is unwilling to be hospitalized but meets the criteria for a mental health hold (has a mental illness and as a result is either a danger to self, danger to others, or gravely disabled), they may be hospitalized on an involuntary basis.
 - 9.6.4.1. The therapist is assisted by the OCPD Director or Associate Director.
 - 9.6.4.2. The therapist should call the Dean of Students (and the Director of Residence Life if it is an on-campus student) to notify them that a client is being sent to the hospital.
- 9.6.5. When a student is released from the hospital, Residence Life may be

called (if the student resides in the residence halls) depending on confidentiality issues.

- 9.6.6. As a result of this situation, the student may request to the Dean of Students to take a Temporary Medical Leave from Regis University in order to seek appropriate treatment.

9.7. Sexual Assault:

The most immediate consideration with a sexual assault survivor is his/her sense of safety. The OCPD Sexual Assault Prevention Coordinator should be consulted in all sexual assault cases in order to ensure continuity and coordination of care for the alleged victim.

- 9.7.1. The survivor should be encouraged to fight the urge to shower, bathe, douche, change clothes, or straighten up the area, even if he/she is not interested in prosecuting the perpetrator at the time, since he/she may change their mind later.
- 9.7.2. For the same reason, it is wise to encourage the survivor to go to the specialized clinic/hospital for immediate treatment .
- 9.7.3. In all cases, a sexual assault victim may request a female for assistance. In addition to receiving counseling at the OCPD, the victim should be referred to RAAP (Rape Assistance and Awareness Program) in Denver.
- 9.7.4. If the alleged perpetrator of the sexual assault is also a Regis University student, the victim should be provided with the name and number for the Dean of Students to discuss campus judiciary options.

9.8. Clients with Eating Disorders:

OCPD staff consists of licensed professional therapists who are committed to providing appropriate therapy for selected, suspected, or confirmed eating disorder clients whose needs lie within our scope of practice. If a student presents with or develops symptoms that require intensive monitoring, multidisciplinary treatment, or serious medical issues, we will refer them to the appropriate treatment facilities. It is important that any referrals or medical services (except in life threatening emergencies) will be introduced in a non-invasive and non-threatening manner in order to preserve the element of choice, permit assessment of compliance, and foster a sense of commitment.

Each case will be taken on an individual basis and staffed by the (OCPD) a therapist before the decision to refer is made. Differential clusters of the following criteria may result in differential referrals. Clients will be involved in the referral and decision making process. The American Psychiatric Association's guidelines, "Level of Care Criteria for Patients With Eating Disorders" will be used in our decision making process.

- 9.8.1. Clients suffering from life threatening symptoms: (loss of consciousness, chest pains, severe stomach ache, vomiting blood, imminent suicide intent or suicide attempt, incoherent, irrational, or confused behavior)
 - 9.8.1.1. Activate the Medical Emergency Protocol.
 - 9.8.1.2. Make sure that Security and 911 have been called and that the student has been transported to the ER (usually Lutheran Hospital).
 - 9.8.1.3 If the student lives on-campus, make sure that a Residence Life staff member has been notified. They will notify the Director of Residence Life, who will notify the Dean of Students. One of them will notify the student's parents or guardian and determine the best plan of plan for treatment and academic planning.

- 9.8.1.4. If the student lives off-campus, notify the Dean of Students directly, who will notify the student's parents or guardian to inform them about the situation and potential ways the family can respond to it (i.e. voluntary medical leave).
- 9.8.1.5. Request a copy of the Dean's letter to the student stating the recommendations he/she made for returning to campus and file it in their chart or in the crisis file as appropriate.
- 9.8.2. High risk students not seeking treatment, identified by an outside person or personnel due to observation of behaviors. Some behaviors that are high risk include: frequent or regular vomiting, use of Ipecac syrup, laxative abuse, abuse of diuretics, weakness, dizziness or fainting, intestinal pain, severe dieting, significant weight loss, depression, suicidal ideation.
 - 9.8.2.1. If the high risk student is cooperative re: having an evaluation:
 - 9.8.2.1.1 If the student is an OCPD client, tell them that you are very concerned about the seriousness of their symptoms and their medical safety. Explain why an evaluation is important, and facilitate a consultation with Student Health Services at that time, with the appropriate release of information forms signed by the client. SHS will make arrangements for the appropriate medical referrals. They will talk with the student about transportation options.
 - 9.8.2.1.2. If the student is not a client of OCPD, see them on a crisis basis for an evaluation. Let them know that SHS will evaluate them medically as soon as possible. Arrange for them to meet one of the nurse practitioners after they sign a release on the referral form (see Appendix F). The student may choose to see their private physician and/or therapist for the evaluation, but must sign a release allowing OCPD and SHS to talk to the evaluators before they examine the student.
 - 9.8.2.1.3. Encourage the student to schedule the appointments from your office if they are willing to do so.
 - 9.8.2.1.4. Hospitalize if medically or psychologically indicated.
 - 9.8.2.1.5. If client does not require hospitalization but is engaging in high risk behaviors, have client sign a release for OCPD, Student Health Services, and the Dean of Students to discuss their situation with each other and with the student and their parents.
 - 9.8.2.1.6. Explain to the client and their parents the reasons why they require more intensive services than we can provide on campus. Answer any questions that they may have re: other treatment options that are available. Encourage them to talk to various treatment facilities' intake employees re: the types of programs that they offer, the appropriateness of their program for them, etc.
 - 9.8.2.1.7. Refer them to the Dean of Students, who will inform the student and/or guardians about options for managing academic situations.
 - 9.8.2.1.8. If the client chooses a local treatment center, with the client's permission, find out if the clinicians at the

- treatment center will allow you to be a part of the treatment team. If not, stay in touch with the student by phone or visits.
- 9.8.2.2. If the high risk student is not cooperative re: having a safety evaluation, first consult with the Director or Associate Director re: the situation.
 - 9.8.2.2.1. If the student is a client, the therapist should call the student to explain the behaviors that are of concern and the need for an evaluation re: their medical and mental health status to determine if they need immediate care. Let them know that you are very concerned for their safety, and that your preference would be that they agree to be assessed. Find out their reasons for resisting the evaluations and address their concerns.
 - 9.8.2.2.2. If they agree to the evaluation at that point, reassure them that you will be in touch with them throughout the process with their consent.
 - 9.8.2.2.3. If they are needing off-campus treatment, discuss their questions and concerns. Explain the limitations of our services re: their safety and treatment needs. If appropriate, as soon as they are cleared to return to campus, you will resume being their therapist if that is their desire.
 - 9.8.2.2.4. If the student still refuses to be evaluated by Student Health Services or OCPD, explain that because their behaviors put them in a high risk category, you will have to send them to an emergency room against their will. Let them know that you would prefer not to do this, but you must for their safety.
 - 9.8.2.2.5. Call the Director of Residence Life or Dean of Students to let them know that the student needs to have a medical and psychological safety evaluation and is not willing to consent. They will call the student's parents and inform them of the seriousness of the situation, their concern for the student's safety, and the need to send the student to the emergency room for an evaluation against their will.
 - 9.8.2.2.6. Call Campus Safety, who will call an ambulance. The police will put a 72 hr hold on the student if necessary. The Dean of Students will inform the student and/or guardian about the Medical Leave Policy.
 - 9.8.3 Clients who are self-referring for eating disorder behaviors.
 - 9.8.3.1. Affirm the client for seeking treatment for their eating disorder behaviors.
 - 9.8.3.2. Ask client what caused them to seek treatment at this time.
 - 9.8.3.3. Do standard OCPD intake appointment.
 - 9.8.3.4. Do a thorough eating disorders assessment including assessing for: eating disorder history, past treatment, current eating disorders behaviors, level of risk, co-morbid conditions, such as depression, anxiety, substance abuse, psychotropic medications, etc.

- 9.8.3.5. Establish treatment goals with client.
- 9.8.3.6. Determine if outpatient treatment is the appropriate level of care, or if client needs higher level treatment.(i.e. inpatient, partial hospitalization, intensive day treatment)
- 9.8.3.7. Discuss possibility of client having a medication evaluation by our contracted psychiatrist if level of depression, anxiety, obsessive thoughts, substance abuse, etc is causing the client distress or limiting their level of functioning.
- 9.8.3.8. Once therapeutic alliance is established, encourage the client to have a base line physical.
- 9.8.3.9. If client's behaviors put them at risk for medical problems, discuss with client and Student Health Services re: the appropriateness of monitoring their weight, electrolytes, level of hydration, etc. This would be done at SHS.
- 9.8.3.10. If client's level of risk becomes higher than we can treat, refer to outside eating disorder treatment programs.
- 9.8.3.11. Obtain a release to talk to parents in case of emergencies.

9.9. OCPD Staff Safety:

If an OCPD therapist perceives that there is a serious threat of harm to the client or from the client during a therapy session and he/she is unable to leave the therapy room, the therapist will contact the front desk and activate the following emergency protocol.

- The therapist will call the front area and say “Could you please hold all of my calls?” The front desk staff should respond promptly with the following yes/no questions:
 - 9.9.1. Do you need me to call 911?
 - 9.9.1.2. If “yes” ask: Are you in danger? (get answer) Is your client in danger? (get answer)
 - 9.9.1.2.1. 911 is called and the answers to the above information is shared with the dispatcher---typically if the answer is “yes” to are you in danger, it is more of a police issue. If the answer is “yes” to the second question, it is more of an ambulance issue.
 - 9.9.1.2.2. The front desk staff is then to notify both Campus Safety (x4122) and the Dean of Student's office (x4223) to inform them of the situation.
 - 9.9.1.3. If answer to this question is “no” the front desk staff will move on to the next clarifying question.
 - 9.9.2. Do you need me to contact campus safety?
 - 9.9.2.1. If the answer to this question is “yes”
 - 9.9.2.1.1. Then ask: “Does the client have a weapon?”
 - 9.9.2.1.2. Then call Campus safety at x4122 and explain situation/answer
 - 9.9.2.1.3. Then contact Dean of Students x4223 and explain the situation. If the Dean of Students is out of town/off campus, please call the on-call director in her absence.
 - 9.9.2.2. If the answer to this question is “no” the front desk staff will Move on to the next clarifying question.
 - 9.9.3. Do you need to have another therapist come into your office?
 - 9.9.3.1. If yes, contact the OCPD Director first.
 - 9.9.3.2. If the director is unavailable, contact the OCPD Associate

Director.

9.9.3.3. If the associate director is unavailable, contact an available licensed OCPD professional staff member.

10. Psychological Assessment

10.1. General Assessment Policies

- 10.1.1. The Associate Director and/or other senior licensed staff member supervises and co-signs on ALL assessment activities conducted by trainees at the OCPD (reports, progress notes, telephone contacts, letters, etc).
- 10.1.2. All assessment notes, raw data, reports, etc are scanned into the client's Titanium file.
- 10.1.3. We do not have a separate testing room. All assessments are completed in the therapist's office.
- 10.1.4. Always include your raw test data when you submit the first draft of an assessment report. All subsequent drafts should include the most recent draft along with the new draft.
- 10.1.5. If the assessment client is not already a current OCPD client, during the initial testing appointment, have the client complete all the usual intake paperwork (Client Info sheet, informed consent, HIPAA form, Audio/Video Taping Consent, CCAPS, Beck Scale of Suicidal Ideation).
- 10.1.6. If the client has previously had an assessment completed, have them sign a release during the first appointment so that you can request copies of any previous reports.

10.2. Time Guidelines for Completing an Assessment at the OCPD:

- 10.2.1. Administration of Tests – completed within two weeks of beginning assessment.
- 10.2.2. Scoring and Interpretation – completed concurrently with administration.
- 10.2.3. Report Writing – First draft of report is due to the Associate Director/supervising staff member **1 week** after completion of test administration, final draft due by time of feedback session, appropriately four weeks after initial assignment. Please include your raw data with the first draft of the report. Subsequent drafts should include the prior draft when being submitted for feedback.
- 10.2.4. Feedback Session with Client – Completed no more than two weeks after completion of test administration.

11. Mandated Drug and Alcohol Assessment and Intervention

Clients are referred to OCPD mandated treatment for several reasons. Most frequently, clients are referred due to having violated the Regis University drug and/or alcohol policies. Students are required to complete a drug/alcohol assessment and brief intervention for one of three reasons:

- 1) *public intoxication violation* (alcohol intoxication to the point of needing medical assistance, self-injury, other injury, or property damage)
- 2) *drug possession or drug paraphernalia possession violation*, or
- 3) *second alcohol possession/knowing presence violation*.

Most often, these referrals come from Residence Life (residence hall incidents) and Student Activities (other on-campus incidents and Regis sponsored off-campus incidents). Clients may also be referred by Athletics for violations

similar to those stated above, or they may have tested positive on a random drug screen test.

Once the student has been held accountable through Regis' Judicial Process, the Assistant Director of Judicial Affairs will notify/provide all pertinent documentation (i.e., incident report and informed consent/release of information) to the OCPD director. Following a referral to OCPD, clients are typically required to contact us within three business days. The client is given the general OCPD telephone number and is scheduled with a therapist by the administrative assistant. If at all possible, the client should be seen for an initial session within three business days of scheduling the appointment. Clients who do not contact OCPD by the due date are considered non-compliant with the process (see below).

11.1. Session 1:

During the first session, clients are oriented to treatment, informed about mandatory disclosure and confidentiality, and the attendance policy is reinforced. The attendance policy is as follows:

Through the course of your time with us, there may be circumstances that come up that you will not be able to keep your appointment. We ask that you provide us with at least 24 hours notice and ask that you reschedule your appointment at that time. However, there also may be circumstances that will not allow you to contact us to cancel your appointment. Therefore, we grant *one* free missed appointment – please call to reschedule your appointment ASAP. Should there be subsequent missed appointments, we will consider you non-compliant, and you must complete your counseling off-campus and at your own expense.

Following the first session, which lasts for approximately 45 minutes, the client is asked to complete paperwork, including an intake form, an informed consent form, a permission to audio/video record sessions form (when appropriate for training purposes), a CCAPS outcome assessment tool and a Substance Abuse Subtle Screening Inventory form. Additionally, all clients receive information pertaining to the EChug or EToke, 3rd Millennium Classroom, an on-line course that contains the website, login and password information. Students are informed that they will be required to complete this course over the course of treatment. Students are assigned to be complete prior to their next session. They are also informed that completion of the homework is required in order to have a session. If clients fail to complete their homework, the session will count as a missed session and will be a violation of the attendance policy.

11.2. Subsequent Sessions:

Clients are subsequently seen once per week for one hour. The average client will be seen for four sessions, although the numbers of sessions is determined by the therapist's clinical judgment. Topics covered during subsequent sessions include, but are not limited to, the following:

11.2.1. Client's general functioning, including family, school, relationships, mental disorders, etc. Enough information will be obtained in order to provide accurate diagnoses.

11.2.2. Enough information regarding client's drug/alcohol use to make a diagnosis. This information will be obtained mostly through

- discussion of the client's intake interview and asking the client to elaborate when appropriate
- 11.2.3. Reasons why client uses in current manner – family modeling and messages, other influences and social and emotional motivations
 - 11.2.4. Appropriate drinking/using pattern for the individual
 - 11.2.5. Social norms overview and data taken from the EChug/EToke results
 - 11.2.6. The ways the client would know he/she had a problem with drugs/alcohol
 - 11.2.7. Cost-Benefit analysis of current use pattern with special attention to what, if any, changes could be made to maximize the benefits and reduce the costs. Then examine the reasons why maintaining the change could be difficult.
 - 11.2.8. Psycho-education regarding drugs and alcohol including:
 - 11.2.8.1. Measuring of one drink
 - 11.2.8.2. Drinking/Drugging and Driving
 - 11.2.8.3. Tolerance
 - 11.2.8.4. Withdrawal
 - 11.2.8.5. Effects of alcohol on the brain
 - 11.2.8.6. Alcohol poisoning
 - 11.2.8.7. Sexual assault/health
 - 11.2.8.8. Alcohol as a “date rape drug”
 - 11.2.8.9. How alcohol effects the body
 - 11.2.8.10. Ways to “sober up”
 - 11.2.8.11. Effects of drinking/using on different parts of life
 - 11.2.8.12. Why marijuana is addictive
 - 11.2.8.13. Addressing myths of marijuana

The therapist will receive a completion certificate from 3rd Millennium Classroom via email when the client has completed the on-line process. Once completed, the therapist and client will discuss information learned within the on-line program as well as review/discuss the individual's EChug or EToke results.

- 11.2.8.14. Clients that are presenting with a high level of risk either in their substance abuse behavior or other mental health issues may be asked to seek additional support through one of the following:
 - 11.2.8.14.1. Group Therapy, or Intensive Outpatient Services with Off Campus Provider
 - 11.2.8.14.2. Medical leave for intensive treatment

11.3. Termination

Clients will be considered to have completed this process when the treating therapist feels that the client has been active and engaged enough to be considered compliant and the above-mentioned areas have been discussed to the therapist's satisfaction. There is no limit to the number of sessions which may be required although the average client will be seen for approximately four sessions, including the initial session.

11.3.1. Compliant

Clients who successfully complete all requirements, including adhering to the attendance policy, are considered compliant with the process. These students will have no further requirements related to treatment or the discipline

process (unless so stated by the Dean of Students). A letter will be sent by the therapist to the Dean of Students office. The letter will state that the client has successfully completed treatment as mandated by the Office of Judicial Affairs or Student Life (whoever made the initial referral).

11.3.2. Non-compliant

Clients who do not adhere to any of the requirements of treatment are considered non-compliant with the process. These students are informed that they are non-compliant by the therapist and informed of the reason for being non-compliant. The student is informed, briefly, about the non-compliant procedure, including that a letter will be sent to the Dean of Students which will include the reasons for the client being non-compliant. The student will then be required to meet with the Dean of Students to discuss his/her non-compliance. The student may be assessed one point on the discipline scale for failing to comply with this requirement. Per the Dean of Student's discretion, the student may be required to complete alcohol/drug treatment off campus at his/her own expense or may be allowed a "last chance" to return to OCPD to complete treatment on campus. Following the discipline meeting, the student will be required to return to the Office of Judicial Affairs order to discuss treatment options and if the student is required to go off campus for treatment, sign a release of information between OCPD, the Office of Judicial Affairs and the treating agency. OCPD and/or the Office of Judicial Affairs will be responsible for coordinating treatment to ensure treatment is appropriate for our needs. The client will be required to inform the Office of Judicial Affairs and/or OCPD when he/she has completed treatment and to ensure that the treatment provider completes and sends a copy of the Mandated Substance Abuse Treatment Summary Form to the Office of Judicial Affairs and/or OCPD.

Following the successful completion of the above-mentioned requirements, the OCPD therapist will send a letter to the Dean of Students indicating the client's successful completion of off-campus treatment.

12. Active Minds Student Group – Employment and Participation

12.1. Hiring

Active Minds is a student group focused on de-stigmatizing mental health issues. Students are giving work-study stipends for their time; their level of pay depends on their year in school as well as their position in the group. Students apply for a Active Minds position in the Spring and Fall of each school year. Some students do not qualify for Financial Aid work-study, and therefore volunteer their time as an Active Minds group member. The OCPD senior staff member acting as advisor to this group will coordinate all application/interview processes in the hiring of these students.

12.2. Contract for Employment

All Active Minds members will adhere to standards of conduct and behavior in order to maintain good standing and membership as an Active Minds group member. The list of these standards is disseminated to each group member at the beginning of each academic year. They include, but are not limited to the following:

- 12.2.1. To fulfill all mandatory requirements including but not limited to:
 - 12.2.1.1. Various pertinent conference
 - 12.2.1.2. Attend weekly meetings
- 12.2.2. To participate in all Active Minds' activities wholeheartedly; giving time, effort, and skill to each and every program/project
- 12.2.3. To actively participate in all of Active Minds major awareness weeks and the programs that accompany them.
- 12.2.4. To facilitate and organize at least 2 programs individually
- 12.2.5. To always be sincere and honest in every element of Active Minds by not inflating office hours works, participating in open and honest communication with group members and respecting other member's opinions and sensitivities.

12.3. Termination of Employment

Students may be terminated at the request of the advisor for the following reasons: excessive tardiness, excessive absences, absent without a legitimate excuse, failure to perform expected job duties and responsibilities, carelessness or lack of attention that results in injury to property or person, obscene language or physical violence in dealing with the public or co-workers, or not fulfilling the obligations of the Active Minds-specific Contract for Employment. Students are immediately terminated for the following reasons: breach of confidentiality, falsification of time sheets, theft or gross negligence, and being under the influence of drugs or alcohol while on duty.

13. Outreach Programs and Conferences

OCPD helps coordinate a number of additional programs on campus in conjunction with other departments and organizations. Depending on the interest of parties involved, these programs may include:

- 13.1. Classroom and Residence Hall presentations (facilitated by professional staff and students) on a variety of topics including: substance abuse, stress, suicide, eating disorders and other general mental health issues.
- 13.2. Awareness Weeks/Months. OCPD may provide informational tables and/or other forms of programming throughout the year, which might include:
 - Suicide Awareness and Prevention Week (3rd Week in September)
 - Alcohol Responsibility Week (last week in October)
 - Great American Smokeout (third week in November)
 - World AIDS Day (December 1st)
 - Drunk and Drugged Driving Prevention Month (December)
 - MLK Week (late January with Multicultural Awareness Committee)
 - Safe Spring Break Week (two weeks before Spring Break – usually mid-February)
 - Women's History Month (March)
 - Health Nut Week (First week in April)
 - Mental Health Awareness
 - Eating Disorder Awareness
 - Preparing for the Holidays
 - Stress Management