

## **COUNSELING AND PSYCHOLOGICAL SERVICES CENTER**

### **Service Agreement**

**Please read each section below. After you have read and understood each section, indicate your understanding on the online “Service Agreement” form on the computer.**

#### **The Therapy Process**

Engaging in counseling provides a unique opportunity for self-examination and positive change. Psychological services have both benefits and risks. Risks may sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Counseling may also challenge you to examine and discuss problematic, unsatisfactory or unpleasant aspects of your life. However, for those who pursue such work, the benefits of mental health services are well documented. Counseling and psychological services often lead to significant reduction in feelings of distress, better relationships and resolution of specific problems. Some research suggests that the greater the distress a person feels and the more the person invests in the counseling process, the greater the progress and improvement. However there are no guarantees about your particular experience. As a good consumer it is important for you to be active in your work in counseling, e.g., ask questions, frankly discuss issues of concern with your counselor.

Therapy at the Counseling Center is intended to enhance your educational experience at ASU by assisting you in your personal life. To that end, your individual counseling experience will be, as most therapy is anyway, brief in nature. There is no limit for group therapy, which is another option for services. Many of the difficulties that bring students to the counseling center involve relationships with others. Group therapy addresses these issues and aims to enhance your interpersonal life. To facilitate your work in therapy, you and your individual or group therapist(s) will work together to set goals for what you want to gain out of coming to the Counseling Center, acknowledging that such goals may need to be renegotiated as you proceed.

If, during your work with your counselor, you have questions or concerns about what is happening and why, please ask your therapist. The more you understand the therapy process, the greater the benefit. If, at any time during your counseling experience, you have concerns that you feel you cannot share with your therapist and would like to speak with the Counseling Center administration, please contact the Director, Dr. Dan Jones, or one of the Associate Directors, Dr. Chris Hogan or Dr. Sheri Clark—all can be reached at 262-3180.

**Yes**    **No**   **I have read and understand the risks and benefits of the therapy process.**

#### **Appointments**

At the conclusion of your initial session, the intake counselor will give you his/her professional recommendations for the services that can best help you to address the issues that brought you to the Counseling Center. If individual therapy is recommended, the intake counselor will explain the process for being matched with an individual therapist. Then, when you meet with your individual therapist (usually within a week or so of your intake), you will make arrangements regarding the number of sessions you will meet together (up to the maximum of 10 individual sessions during the academic year). Most individual therapy sessions take place once a week for 45 minutes. Your individual therapist will discuss the specific arrangements for your appointments. If a group therapy experience is recommended, the intake counselor will most likely schedule you for a brief meeting with the group facilitator(s) prior to the start of the group, at which time the specifics of the group will be discussed. Groups generally meet for 1.5 hours once a week for the semester.

As you are probably aware, there is a high demand for Counseling Center services. Accordingly, we will appreciate your assistance in the efficient management of your appointments. Consistent attendance at both individual and group therapy sessions is extremely important to the progress you will make in therapy. Although we recognize that not every scheduling conflict can be anticipated, if for any reason you find that you are unable to keep an appointment (either individual or group), please call the center prior to your appointment. The office staff will assist you in re-scheduling an individual session (please be aware that the next available appointment with your individual therapist may be the next week at your regularly scheduled time) or leave a message for your group therapist(s). If you decide to discontinue services, we would like you to discuss this with your therapist in session. If for any reason you are unable to do so, please call and let the center know of your intention so that services will not be delayed for other students.

Please be aware that if you miss a scheduled individual therapy appointment and do not call to reschedule within 48 hours after the appointment, your file will be closed and the center's services to you will be considered completed. If you subsequently wish to reconnect with your counselor, see a different counselor, or request another center service, please contact either your original counselor or return to our walk-in clinic. If your counselor needs to reschedule an appointment, either a phone call or e-mail will be sent to you, depending on your preference for being contacted (you will be asked to indicate your preference on a later screen).

**Yes**  **No** I have read and understand the Center's policy on scheduling appointments.

### **Therapy Dogs in the Center**

Some of our staff members utilize therapy dogs in working with clients. If you are referred for individual therapy in the Center, please be aware that you could be scheduled with a clinician who uses a therapy dog, whether or not she uses a therapy dog in your treatment. If you are allergic to or afraid of dogs, please alert your initial interview therapist so you are not scheduled with a therapist who may use a therapy dog or have a therapy dog in her office.

**Yes**  **No** I understand that therapy dogs are used in the Counseling Center. If I have a concern about this I will notify my Initial Interview Therapist.

### **Use of Technology**

Please be aware that it is the Counseling Center's policy not to provide counseling or to communicate clinical information via electronic mail since it is not a secure form of communication. If you provide us with your e-mail address and indicate that it is acceptable for us to contact you, your counselor or a front desk staff person may use e-mail to contact you **ONLY** with regard to the scheduling of appointments. Please be advised that counseling center staff may not read their e-mail on a regular basis. Counseling Center staff members also do not engage in electronic social networking (such as Facebook, MySpace, Twitter) with clients or former clients of the Counseling Center. If you should need immediate contact with a member of the Counseling Center staff, please phone the Center during normal operating hours. In an after-hours emergency, you may reach a Counseling Center staff member through the campus police.

**Yes**  **No** I have read and understand the Center's policy on use of technology.

### **Digital Recordings**

The Counseling Center is an accredited counseling service and upholds professional practice standards. To meet these standards the work of all counselors is under professional peer review. This means that other professional counselors periodically review each clinician's work. Because of peer review, most counseling sessions at the center are digitally recorded. All of these recordings are confidential, and are never conducted without your explicit written consent. Your counselor will discuss this with you and address any concerns or questions you may have.

**Yes**  **No** I have read and understand the Center's policy on digital recordings.

### **Confidentiality and Counseling Center Records**

Information that you share with the center and your therapist's record of his/her work with you is confidential. These records belong to the center and are **NOT** part of your academic records. This means that the information will not be shared with your family, university personnel, students, or others unless: (1) you give prior written authorization, (2) if, in your counselor's opinion, you are a clear danger to self or others, (3) North Carolina law requires, as in the case of the presence of child or elder abuse, or (4) court-ordered disclosures. All computer and paper records are kept in the strictest confidentiality. Per state law, complete records are maintained for seven years.

**Yes**  **No** I have read and understand the Counseling Center's policy on confidentiality and records.

### **Research**

Although all students who receive services at the Counseling Center complete the same paperwork, the Questionnaire and Evaluation information that you report to us may be used in current or future research projects. Your participation in Counseling Center research is voluntary and if you choose not to participate or withdraw your consent to participate, it will in no way affect our service to you. Publications resulting from this research will reveal absolutely **NO** identifiable information about individual clients, and as with all personal information shared with a therapist or the Center, your confidentiality will be strictly maintained. Should you have questions related to this research or if you would like to know the results of any resulting published research, please contact Dan Jones, Ph.D., Director of the Center at 262-3180.

You may contact the ASU Institutional Review Board (Graduate Studies and Research, Dougherty Administration Building, Boone NC 28608, Phone: 828-262-2130) if you feel your rights have been violated in this research.

Yes No **I have read and understand this research statement and consent to my personal information being used for research purposes.**

**Please discuss any questions or concerns about the above information with your counselor. Copies of this document are available by request to the front office.**

**Enter your name and Banner ID in the box below to indicate your understanding of the Counseling Center's Service Agreement.**