

# Welcome to the JSC Counseling Center

This form summarizes important information about our services. Please read carefully. When you sign this document, it will represent an ongoing agreement between the Counseling Center and you. Should you have any questions, please discuss these with your counselor.

## Services

The Counseling Center offers short-term individual, group, and couple/family counseling as determined by the student's needs. In some cases, when the student's need exceeds what the Counseling Center can ethically provide, a referral to an appropriate agency will be made. There is no fee for counseling services.

## Risks and Benefits

Counseling can have both benefits and risks. Given that your therapy may involve your discussing issues of concern in your life, you may experience discomfort. However, it is through the direct addressing of the issue that one can come to the resolution of the issue in question. More often than not, through therapy, a person can improve his/her overall quality of life through improved relationships, issue resolution, and empowerment. Progress is individually determined and there are no guarantees of what you will experience. Rest assured that every effort will be made by the Counseling Center Counselors to support you in your growth.

## Professional Staff

Our staff includes a Psychologist, a Licensed Drug and Alcohol Counselor (LADC), and Advanced Practicum Students (Counselors-in-Training and studying at a Master's or Doctoral program in Counseling). If your Counselor is a practicum student, he/she will be counseling under the supervision of the Director, a Master's-level psychologist. You have the right to (a) know the status/credentials of your counselor, and (b) to

know who his/her supervisor is, and (c) to meet with that supervisor if you wish.

## Respect

The Counseling Center places a high value on the dignity and worth of each individual regardless of gender, ethnicity, race, sexual orientation, age, citizenship, religion, socioeconomic status, and physical and/or mental abilities. Your counselor will respect you as an individual by keeping appointments or contacting you if a change is necessary, giving you complete attention during sessions, avoiding interruptions, and providing you with the most effective counseling possible.

## Confidentiality

In general, confidentiality of counseling services is protected by law and information about your treatment can **only** be released to others with your written permission. However, there are the following exceptions where information can be released without necessarily obtaining written permission:

- it is determined by the Counselor that a life threatening situation exists, where there is a danger of harming yourself or others.
- it is determined by the Counselor you intend to commit damage to property.
- the client discloses that a child, an elderly person, or a disabled person is being abused.
- in the instance where client records are subpoenaed due to legal proceedings.
- All Counseling and Health Center Staff may disclose confidential information to fellow staff members for the purpose of consultation or supervision.

Note: With regards to Couples Therapy, information would only be released with both parties' signatures.

I have read and understand this information. I understand the risks and benefits of counseling, the limits to confidentiality and The Counseling Center's expectations of me as a client. Furthermore, I understand that I may rescind this consent, in writing, at any time.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

The purpose of this part of the form is to help us get a clearer picture of you, your background, and what brought you into the Counseling Center. The information will help us to serve you better and is completely confidential. Please answer the questions as honestly and accurately as possible. Thank you.

### GENERAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Religion/Spirituality: \_\_\_\_\_

International Student:  Yes  No If yes, from where? \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Campus Room & Box # or Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hometown: \_\_\_\_\_

Class:  Freshman  Sophomore  Junior  Senior  Master's  Transfer  other \_\_\_\_\_

Local Phone: \_\_\_\_\_ Message?  okay  not okay Cell Phone: \_\_\_\_\_ Message?  okay  not okay

Work Phone: \_\_\_\_\_ Message?  okay  not okay Email: \_\_\_\_\_ Message?  okay  not okay

Emergency contact info: \_\_\_\_\_  
Name Phone # Relationship

### TRiO Eligibility

TRiO is a grant funded program that appreciates knowing if their students receive services.

**YES**, I am a TriO student.  **NO**, I am not a TRiO student.  **I DON'T KNOW.**

Your signature gives us permission to verify you attended counseling to the TRiO program in a report that will have only your name and number of sessions you had. \_\_\_\_\_

Your signature

\_\_\_\_\_ Date

### -- ***Important*** -- ***Please Read*** --

As a training facility, it is common practice to audio or video record sessions to help clinicians to develop therapeutic skills. The tapes are reviewed by Counseling Center Staff and graduate classes in Counseling for training purposes and are erased immediately following training. Identity (name, etc...) is not released. Signing below indicates your agreement to have one or more of your counseling sessions audio or videotaped.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ACADEMIC INFORMATION

Major: \_\_\_\_\_



Please provide any information about your family which might be helpful background (parents, brothers, sisters, spouse, partner, children, etc.).

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## SELF-REPORT CHECKLIST

**Please circle how relevant each area of concern is.**

	No Problem	Mild	Moderate	Severe
<u>Academic</u>				
1. School work and grades----- -----	0----- 3	1-----		2-----
2. Procrastination, getting motivated-----	0-----	1-----		2-----3
3. Test anxiety-----	0-----	1-----		2-----3
4. Speaking performance anxiety-----	0-----	1-----		2-----3
5. Decisions about major/career----- -----	0----- 3	1-----		2-----
6. Adjustment to the college----- -----	0----- 3		-1-----	2-----
7. Learning disability-----	0-----	1-----		2-----3
<u>Relationships</u>				
8. Relationship with friends/roommates----- -----	0----- 3	1-----		2-----
9. Relationship with intimate partner----- -----	0----- 3	1-----		2-----
10. Relationship with family and parents----- -----	0----- 3	1-----		2-----
11. Loss/death of a significant person----- -----	0----- 3	1-----		2-----
12. Negative incidents in the past----- -----	0----- 3	1-----		2-----
13. Abuse History: <input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> childhood sexual <input type="checkbox"/> sexual assault <input type="checkbox"/> domestic violence				
<u>Sexuality</u>				
14. Sexual matters/pregnancy concerns-----	0-----	1-----	2-----	3
15. Gay/Lesbian/Bisexual concerns----- -----	0----- 3	1-----		2-----
16. Gender identity concerns----- -----	0----- 3	1-----		2-----
17. Experiences of discrimination due to gender/sex identity----- -----	0----- 3	1-----		2-----
18. Safety concerns regarding gender/sexual identity----- -----	0----- 3	1-----		2-----
<u>Race/Ethnicity</u>				
19. Experiences of discrimination due to race/ethnicity----- -----	0----- 3	1-----		2-----
20. Safety concerns regarding racial/ethnic identity----- -----	0----- 3	1-----		2-----
<u>Religion/Spirituality</u>				
21. Religious identity/development/affiliation concerns----- -----	0----- 3	1-----		2-----
22. Spirituality identity/development/affiliation concerns----- -----	0----- 3	1-----		2-----
23. Experiences of discrimination due to religious/spiritual identity----- -----	0----- 3	1-----		2-----

Mood

- 24. Shyness, isolation----- 0-----1----- 2-----  
----- 3
- 25. Self-esteem, self confidence----- 0-----1----- 2-----  
----- 3
- 26. Loneliness, homesickness----- 0-----1----- 2-----  
----- 3
- 27. Depression----- 0-----1----- 2-----  
----- 3
- 28. Anxiety, fears, worries----- 0-----1----- 2-----  
----- 3
- 29. Irritable, angry, hostile feelings----- 0-----1----- 2-----  
----- 3

Physical

- 30. Physical stress (headaches, stomach pains, etc.)----- 0-----1----- 2-----  
----- 3
- 31. Sleep problems----- 0-----1----- 2-----  
----- 3
- 32. Body image----- 0-----1----- 2-----  
----- 3
- 33. Eating problems----- 0-----1----- 2-----  
----- 3
- 34. Physical disability concerns----- 0-----1----- 2-----  
----- 3

Substance Use

- 35. Alcohol use----- 0-----1----- 2-----3
- 36. Marijuana use----- 0-----1----- 2-----  
----- 3
- 37. Other drug use----- 0-----1----- 2-----  
----- 3

Suicide/Harm

- 38. Current self-harming behavior (cutting, burning, hitting, etc.)----- 0-----1----- 2-----  
----- 3
- 39. Past self-harming behavior----- 0-----1----- 2-----  
----- 3
- 40. Current suicidal ideas or feelings----- 0-----1----- 2-----  
----- 3
- 41. History of suicide attempt or gestures----- 0-----1----- 2-----  
----- 3
- 42. History of violence toward others----- 0-----1----- 2-----  
----- 3

Do you have any other concerns that you didn't find on this form? \_\_\_\_\_

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### Telephone Calls and Email

Occasionally, we may need to contact you. When we call, we will not identify ourselves as the Counseling Center to anyone other than you. Email is **not** a secure form of communication; therefore, we encourage you to contact us by phone to maintain your confidentiality and privacy.

### Appointments

Most individual appointments are scheduled weekly and are 50 minutes long. If illness or some other obligation prevents you from keeping a scheduled appointment, please call the center to cancel your session. If you miss a session without canceling, your appointment time may be re-assigned to another student, and you will need to reschedule for another time. In order to fully benefit from counseling, please show up at the scheduled time.

### Cancellations

Appointments will occasionally be subject to change. We will do our best to give you advance notice by posting any cancellations we might have on the JSC website, along side of class cancellations. Please check there for our listings.

### Termination of Counseling

If you feel ready to terminate counseling, please consider discussing this with your counselor. Sometimes students find that they aren't entirely comfortable with their assigned counselor. If that occurs, instead of discontinuing counseling, please feel free to schedule with another staff counselor through Carrie (the Center's Administrative Assistant).

### Feedback

The Counseling Center staff is very interested in any positive or negative feedback you may have regarding the services you receive. Our client feedback form can be found in the Counseling Center waiting room and goes to the Director of the Counseling Center or the Dean of Students.

### Getting help between Sessions

The Counseling Center is open during the academic year (while students are on campus and classes are in session) Monday through Thursday, 9 am to 4:30 pm and Friday 9 am to 6:30 pm. If you need to speak to your counselor between sessions, you can leave a message during these hours.

**Call**  
**The Counseling Center**  
**635-1424**  
**We're here for you**  
**Monday-Thursday 9:00 am – 4:00 pm**  
**Friday 9:00 am-2:00 pm**  
**Or by appointment with counselor**  
**\*NOTE: Most counselors are available at other times**  
**(outside of hours listed above) by appointment only**

If you have an emergency during office hours, please let the office manager know, or leave a message on our voicemail in the case where the office staff has temporarily stepped away, and you will be contacted shortly. You will notice on our voicemail that if your emergency requires **immediate** assistance to call Campus Security at 635-1205. If we cannot contact your counselor immediately, another counselor will be available to speak to you.

If an emergency occurs after hours, or on a weekend or holiday, please communicate your concerns to an RA/HA or Campus Security, who will facilitate additional support services as necessary. You are also welcome to directly contact Lamoille County Mental Health Crisis Services at 888-4914 (8am-4 pm) or 888-4231 (4pm-8am and weekends). If your emergency involves physical and/or sexual abuse, you may contact the local domestic violence shelter, Clarina Howard Nichols Center at 888-5256.

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We hope that you have a helpful and positive experience at the Counseling Center. If you ever have any questions, concerns, complaints, or feedback of any kind, we invite you to speak to your counselor or to contact the Director of Counseling Services at 635-1424. In the event that you have further questions, you may contact Dave Bergh, Dean of Students.

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## **EMERGENCIES**

For **off-campus** students, please contact Lamoille County Mental Health at 888-4914.

For **on-campus** students, please communicate mental health emergencies to your residence hall advisor or Public Safety at 635-1205.

***Community Crisis and Emergency Resources***

Lamoille County Mental Health Service 888-4914 8am – 4pm, 888-4231 4pm-8am & weekends.

Clarina Howard Nichols Center (for sexual assault/domestic violence) 888-5256.