

AC Counseling Center

Amarillo College Counseling Center

New Client Information

The following information is needed to best serve you. Please clearly print your response to each question.

SECTION I: IDENTIFYING INFORMATION

Today's Date _____

Name _____ Student ID _____

Date of Birth _____ Age _____ Sex _____ Ethnicity _____

Address _____

Phone/Cell _____ Email _____

Best way to reach you/private for messages Phone Email

Emergency Contact (spouse, parent, or close relative) _____

Relationship _____ Emergency Contact Phone Number _____

Military experience/involvement _____

Health Insurance Carrier: _____

SECTION 2: CURRENT CONCERNS

I have had problems recently with the following (check all that apply):

- sleeping
- fatigue
- appetite
- weight loss/gain
- withdrawing
- hopeless
- anxiety/worry
- panic attacks
- concentration
- depression
- academic problems
- financial concerns
- impulsive behavior
- self-worth
- angry outbursts
- hallucinations
- mood shifts
- obsessive thoughts
- suicidal thoughts
- self-injurious behaviors (e.g. cutting)
- violent thoughts
- religious/spiritual questioning

Please circle the number that estimates how much these problems are affecting the following aspects of your life:

	Greatly	Moderately	Slightly	Not at All
Ability to Continue in Classes	4	3	2	1
Academic Performance	4	3	2	1
Relationship with Others	4	3	2	1
Emotional Wellbeing	4	3	2	1

SECTION 3: MEDICAL HISTORY

Have you had any serious illness, physical problems or injuries? No Yes

If yes, what? _____

Are you currently taking any medication/supplements? No Yes

If yes, what? _____

Purpose of medication: _____

Fast medications: _____

Current physician's name: _____

Current psychiatrist? No Yes If yes, name: _____

Psychotherapy and Your Part

BASICS:

Students seek out counseling services for many reasons. One thing these students have in common is that something is going on personally which keeps them from reaching their goals. The Amarillo College Counseling Center offers free, confidential counseling sessions to currently enrolled students at AC.

Please note that you and I are both on campus and in the community and we may possibly see each other outside of the counseling center. If you would like to say hello or acknowledge me first, I would be happy to reciprocate but due to confidentiality issues, I will not be the first one to initiate contact.

THERAPY:

Cognitive Behavioral Therapy will be used most often during our sessions. There is a lot of research that supports the idea that one's thoughts influence one's emotions and behavior. I believe that most of the time we have little influence over what goes on outside of ourselves but we have much control over how we perceive the world around us and how we choose to react to it. The hope is that at the end of our sessions you will have the "tools" necessary to monitor your own moods, behaviors, and thoughts in an effective manner that will allow you to reach your goals. Cognitive behavior therapy is an action oriented, solution focused, presently oriented, collaborative model. Psychotherapy calls for very active effort on your part and in order for therapy to be effective, you will have to work on the things we discuss while outside of our sessions. Therapy involves a commitment of time and energy on your part.

Psychotherapy can have benefits and risks. Initially you may experience sadness, guilt, anger, and other uncomfortable feelings as you share your issues and concerns. However, therapy can lead to better relationships, solutions to specific problems, and significant reduction in feelings of distress. Please remember there are no guarantees of what you will experience during your therapy.

SESSIONS:

The first session (the intake session) will involve evaluation your needs and gathering pertinent information. We will then set counseling goals to work towards together during our sessions. Typically we will meet once a week for the first few sessions then we will begin meeting less frequently. These sessions last about 45 minutes. I have clocks in my office to help us stay on track with our time and help us to use our 45 minutes efficiently. As our center tends to be very busy and we have limited working hours, it is extremely important that we stay on track with our time as a courtesy to others. If you do not show to two scheduled appointments in the same semester, you may be asked to wait and return to counseling the following semester. If you are unable to attend your scheduled session, it is important for you to call and cancel or reschedule at least 24 hours in advance. Failure to do so will count as a no-show appointment.

If ever have questions or concerns throughout our time working together, please address them with us. We are here to help you reach your goals and succeed while at AC so if there is something we can do to better assist you, let us know.



Amarillo College

AMARILLO COLLEGE COUNSELING CENTER DISCLOSURE & CONSENT STATEMENT

Welcome to the Amarillo College Counseling Center: We want your experience here to be positive, promoting health and wellness. This disclosure statement informs you about us and your rights as a client. Please review carefully, and ask staff if you have any questions. Your signature on this form serves to verify you have reviewed the policies and you are consenting to the services described.

Mental Health Counseling and Services: Our goal is to provide counseling and support services for students dealing with issues impacting their well-being. Our focus involves counseling within a brief intervention framework to maximize your time with your counselor and to offer the most helpful therapeutic experience. Community referrals will be made when appropriate. We work with students through a variety of therapeutic approaches. We are a clinical training program which includes graduate interns in our delivery of services and therefore all services may be observed or recorded for supervision purposes.

Eligibility for Counseling Center Services:

Amarillo College Counseling Center is available to all currently enrolled students and is free of charge.

Counseling Center Hours by Appointment Only

Amarillo College Counseling Center is located on the second floor of the student services building. The center will schedule clients during school sessions only and is closed on weekends, holidays, and school breaks.

Initial appointments will be set by: Promise Garrison at 806.371.5191. Follow-up appointments will be set by your counselor. If you need to reschedule or cancel an appointment, contact your counselor directly via email or phone.

If you are in crisis and need emergency services, immediately call the following:

1. AC Police Emergency at 806.371.5911 or 911 and ask for CIT (Crisis Intervention Team) officer.
2. Texas Panhandle Centers at 806.359.6699 or 1.800.692.4039.

Any thoughts of suicide are serious. Do not dismiss them as “not serious” or just as a means of getting attention. Give them the attention the situation deserves.

Cancellation Policy and “No-Shows”:

Your well-being is important to us and scheduled appointments are set aside for only you. Therefore, we require at least 24 hours’ notice if you need to cancel or reschedule your appointment.

- If you “no-show” or cancel an appointment we request you contact our office to reschedule within one week of the original appointment. It is your responsibility to reschedule following a missed or cancelled appointment.
- Appointments not canceled at least 24 hours in advance will be considered no shows. We reserve the right to deny services to any student who no shows two appointments in the same semester. If services are denied due to no shows, you may be eligible to continue counseling for the next semester in which you are enrolled.

NOTICE: If a student enters the counseling center in crisis during your scheduled appointment time, we will reschedule your appointment time in order to assist the student in crisis.

What to Expect at the Counseling Center:

During your initial visit to the Amarillo College Counseling Center, your counselor will work with you to clarify your concerns and to make an initial assessment of your situation. You will then work with your counselor to set counseling goals based around the presenting concerns. Additional sessions will be focused on assisting you in achieving your counseling goals. Remember that counseling is a collaborative effort between the client and counselor. Counselors are not mind readers and their job is done most effectively through open and honest communication. If your counselor feels that they are unable to meet your needs, they will refer you to a community or campus resource that can help.

Clinical Training and Supervision:

The Amarillo College Counseling Center provides clinical training for graduate level student interns. All interns are under the direct daily supervision of staff. Your treatment and progress may be discussed with a clinical supervisor on a regular basis. As part of the Counseling Center’s training function, sessions may be either video or audio recorded solely for supervision purposes. There may also be times when an intern or supervisor requests to sit-in and observe your session. A request for permission to record and/or be observed in sessions or groups is included in this consent for services agreement. Recorded sessions are for training purposes only. Following the review of any recordings by our staff or interns the recordings are erased; they are NOT part of your clinical record.

In the event of an observed or recorded session you will be notified with a verbal request for your permission.

Please discuss any concerns or questions about our intern program and supervised sessions with our staff. If this type of clinical training program will not meet your needs then we will happily assist you in finding alternate services in the community.

Client Rights: Counseling is a voluntary act, and you have the right to choose counselors who best suit your needs. We will do our best to accommodate your needs or to give you an appropriate referral. You have the right to be treated ethically by your counselor. If you have any questions concerning your rights and/or ethical treatment, or if you wish to file a complaint, please contact one of the following:

- 1) Alan Kee, PhD, Director of AC Counseling Center, at 806.336.2143
- 2) The Texas State Board of Examiners of Professional Counselors, at 1.800.942.5540

CONFIDENTIALITY POLICY:

We observe confidentiality within the Amarillo College Counseling Centers as required by Texas Health and Safety Code, Chapter 611 and Texas State Board of Examiners of Professional Counselors, Subchapter C, Code of Ethics. In addition to the state guidelines, the Counseling Center also advocates for the health and well-being of the college community.

No information about you is given to anyone outside of the Amarillo College Counseling Center, including parents, partners, roommates, employers, faculty, or other Amarillo College staff, unless:

- (1) We have your written permission.
- (2) We believe it is necessary to prevent clear and imminent danger to you or others.
- (3) You indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
- (4) A court orders us to disclose confidential information about you. If this happens, we will first ask that the court drop their order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court's order.
- (5) You waive the privilege by bringing charges against us.

If you have any questions about confidentiality, please talk to your counselor.

IMPORTANT HIGHLIGHTS

- My rights to confidentiality will be protected according to Texas State Law.
- I understand this is a clinical training program; all interns are supervised by clinical staff.
- Any sessions may be observed or recorded for supervision and training purposes.
- I understand it is my responsibility to reschedule a missed or cancelled appointment within a week or it may be assumed I am no longer in need of services.
- I understand it is my responsibility to promptly return any phone or email contacts in order to ensure I continue to receive individual or group services.

- I understand that if I miss two or more scheduled appointments, I may be denied services until the next semester begins.
- It is my responsibility to notify the Counseling Center if my contact information changes.
- I understand I must provide some way to be contacted by the Counseling Center. Ultimately; it is my responsibility to check in with the Counseling Center to receive individual or group services.
- I will notify the Counseling Center if I no longer need or want their services.
- I understand the above information, and have received my own copy of this form for my review.
- I understand the limits to my confidentiality are:
 - (1) The Amarillo College Counseling Center has my written permission.
 - (2) The Amarillo College Counseling Center believes it is necessary to prevent clear and imminent danger to others or myself.
 - (3) I indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
 - (4) A court orders the Amarillo College Counseling Center to disclose confidential information about me. If this happens, they will first ask that the court drop their order. If the court refuses to drop their order, the Amarillo College Counseling Center will disclose only the minimum amount of information they deem necessary to satisfy the court's order.
 - (5) I waive the privilege by bringing charges against the Amarillo College Counseling Center.

Please keep this disclosure document for your records.

THANK YOU!

I have read and fully understand the disclosure information and conditions of the Amarillo College Counseling Center's services and policies. I agree to permit Counseling Center staff and interns to discuss the nature of my concerns and treatment needs with Counseling Center staff. I understand and I consent to services at the Amarillo College Counseling Center that may include mental health counseling and triage. I consent to the following:

- My rights to confidentiality will be protected according to Texas State Law.
- I understand this is a clinical training program; all interns are supervised by clinical staff.
- Any sessions may be observed or recorded for supervision and training purposes.
- I understand the limits to my confidentiality are:
 - (1) The Amarillo College Counseling Center has my written permission.
 - (2) The Amarillo College Counseling Center believes it is necessary to prevent clear and imminent danger to others or myself.
 - (3) I indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
 - (4) A court orders the Amarillo College Counseling Center to disclose confidential information about me. If this happens, they will first ask that the court drop their order. If the court refuses to drop their order, the Amarillo College Counseling Center will disclose only the minimum amount of information they deem necessary to satisfy the court's order.
 - (5) I waive the privilege by bringing charges against the Amarillo College Counseling Center.
- I understand it is my responsibility to reschedule a missed or cancelled appointment within a week or it may be assumed I am no longer in need of services.
- I understand it is my responsibility to promptly return any phone or email contacts in order to ensure I continue to receive individual or group services.
- I understand that if I miss two or more scheduled appointments, I may be denied services until the next semester begins.
- It is my responsibility to notify the Counseling Center if my contact information changes.
- I understand I must provide some way to be contacted by the Counseling Center. Ultimately; it is my responsibility to check in with the Counseling Center to receive individual or group services.
- I will notify the Counseling Center if I no longer need or want their services.
- I understand the above information, and have received my own copy of this form for my review.

Client Signature _____ Date _____

Parent/Guardian Signature _____

I have asked to be contacted by email and I understand that the confidentiality of information transmitted via email cannot be guaranteed. Client initial here: _____

Counselor Signature: _____ Date: _____

Counseling Center Psychosocial Assessment Intake Form

Client Name _____ Student ID #: _____

Presenting Problem(s) and/or Current Concern(s): (what brings you in today?)

Precipitating Event(s) and/or Issue(s): (why now?)

What do you hope to gain from counseling?

Counseling/Psychiatric Hospitalization History:

_____ N/A
Is current helping professional aware that you are seeking counseling through AC? Yes No
May we contact current professional and share information? Yes No **Release Signed?** Yes No

Education/Employment:

Field of Study _____ Years at AC _____ Anticipated Graduation Date _____
Employed At: _____ Hours per week employed? _____
Career Aspiration _____

Family Dynamics:

Spouse or Primary Relationship _____ N/A Years together _____

Relationship Description:

Previous Marriage(s) or Significant Relationships:

Children: N/A

Child's Name _____ Birth Step Adopted

Relationship: _____

Child's Name _____ Birth Step Adopted

Relationship: _____

Child's Name _____ Birth Step Adopted

Relationship: _____

Parents:

Mother's Name _____ Birth Step Adopted

Relationship: _____

Mother's Name _____ Birth Step Adopted

Relationship: _____

Father's Name _____ Birth Step Adopted

Relationship: _____

Father's Name _____ Birth Step Adopted

Relationship: _____

Siblings:

Sibling's Name _____ Whole Step Half

Relationship: _____

Sibling's Name _____ Whole Step Half

Relationship: _____

Family Mental Health History: N/A

- depression anxiety bipolar disorder alcoholism
- drug abuse physical abuse sexual abuse emotional abuse
- eating disorders suicidal behavior long term / serious illness psychiatric hospitalization

Additional Information:

Others Living with Client:

Spouse/Significant Other Children Parents

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Describe the physical, social, and emotional environment in the client's present living space:

Substance Use:

Do you drink alcohol? No Yes History of Abuse

If yes, how often do you drink alcohol? _____

Do you use tobacco? No Yes History

If yes, what kind and how often? _____

Do you use any illegal substances? No Yes History

If yes, what kind and how often? _____

Have you ever been through a substance rehabilitation program? Yes No

Disordered Eating: (Have you ever struggled with an eating disorder?)

_____ N/A

Abuse History:

Physical No Yes _____

Emotional No Yes _____

Verbal No Yes _____

Sexual No Yes _____

Been charged with abusing someone? No Yes _____

Additional Information for anything listed as "yes":

Suicide: Past Thoughts Current Thoughts (safety plan) Attempted Plan for Attempt (safety plan)

_____ N/A

Violence toward Self or Others: Self Harm Violent Thinking Violent Towards Others

_____ N/A

Legal Involvements: Arrested Booked Detention Probation Parole Other

_____ N/A

Financial Matters: (How would you describe your current financial situation?)

Private Alone Time: (what do you do when you get free time alone?)

Religious/Spiritual Orientation:

Stress Management: (How do you cope with various life stresses?)

Decision Making Skills: (How do you approach major life decisions?)

Friends and Activities: (Is your friendship circle small or large? Do you have any "confidants"? What kinds of activities do you do together?)

Interests, Hobbies, Social Activities:

Strengths: (What are your personal strengths, internal resources, and supports?)

Identifying Problems and Setting Goals:

Problem 1: _____

Goal 1: _____

Current Severity Rating:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
None Mild Moderate Strong Extreme

Problem 2: _____

Goal 2: _____

Current Severity Rating:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
None Mild Moderate Strong Extreme

Problem 3: _____

Goal 3: _____

Current Severity Rating:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
None Mild Moderate Strong Extreme

SAFETY PLAN: Amarillo College Counseling Center

Step 1: Warning signs:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies-Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. _____
2. _____
3. _____

Step 4: People whom I want to ask for help:

1. _____
2. _____
3. _____

Step 5: Professional or agencies I can contact during a crisis:

1. **Amarillo College Counseling Center:** 806-371-5191
Counselor Emergency Contact # _____
2. **Amarillo College Director of Advising Services:** 806-371-5456
Amarillo College Director of Social Services: 806-371-5439
Amarillo College Police Department Emergency: 806-371-5911
3. **Texas Panhandle Centers Crisis Line:** 806-359-6699 or Toll Free 1-800-692-4039
4. **Jack Duncan Rhodes Foundation:** 1-800- 273-8255 to talk with someone or text 741741 for a crisis counselor.
5. **National Suicide Prevention Lifeline:** 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

SAFETY PLAN: BRIEF INSTRUCTIONS

Step 1: Recognizing Warning Signs—IS PATH WARM? (Juhnke, Granello, Lebron-Striker, 2007)

I	<i>Ideation</i>	Has client talked about or written about suicide? Does she have intent to kill herself?
S	<i>Substance Abuse</i>	Does client excessively use alcohol or drugs? Or did she recently begin using drugs?
P	<i>Purposelessness</i>	Does client voice a lack of purpose for life? Does she see little or no reason for continued living?
A	<i>Anger</i>	Does client express feelings of uncontrolled anger or rage? Does she seek revenge for those who have wronged her or caused her current problems?
T	<i>Trapped</i>	Does client feel trapped? Does she see no way out of current situation? Does she believe death is preferable to pained life?
H	<i>Hopelessness</i>	Does the client have a negative sense of self, others, and her future? Does the future seem hopeless with little chance for positive change?
W	<i>Withdrawal</i>	Does client indicate a desire to withdraw from significant others, friends, family, and society? Has she already started withdrawing?
A	<i>Anxiety</i>	Does the client feel anxious, agitated, or unable to sleep? Does she report inability to relax? Or does she report sleeping all the time? Either can be risk of suicide.
R	<i>Recklessness</i>	Does the client act recklessly or engage in risky activities, seemingly without thinking or considering potential consequences?
M	<i>Mood Changes</i>	Does client report experiencing dramatic mood shifts or states?

Step 2: Using Internal Coping Strategies

- ___ Ask “*What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts and urges?*”
- ___ Ask “*How likely do you think you would be able to do this step during a time of crisis?*”
- ___ If doubt about using coping strategies is expressed, ask “*What might stand in the way of you thinking of these activities or doing them if you think of them?*”
- ___ Use a collaborative problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3: Social Contacts Who May Distract from the Crisis.

- ___ Instruct patients to use step 3 if step 2 does not resolve the crisis or lower risk.
- ___ Ask “*Who or what social settings help you take your mind off your problems at least for a little while? Who helps you feel better when you socialize with them?*”
- ___ Ask patients to list several people and social settings, in case the first option is unavailable.
- ___ Ask for safe places they can go to be around people, e.g. coffee shop.

Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis

- ___ Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- ___ Ask "*Among your family and friends, who do you think you can contact for help during a crisis?*" or "*Who is supportive of you and who do you feel that you can talk with when you are under stress?*"
- ___ Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis.
- ___ Ask "*How likely would you be willing to contact these individuals?*"
- ___ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5: Contacting Professionals and Agencies

- ___ Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- ___ Ask "*Who are the mental health professionals that we should identify to be on your safety plan?*" and "*Are there other health care providers?*"
- ___ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 6: Reducing the Potential for Use of Lethal Means

- ___ The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.
- ___ For methods with low lethality, counselor to remove or restrict their access to these methods themselves. If it is a highly lethal method, this should be done by designated responsible person- usually a family member or closer friend, or the police.

References:

- Juhnke, G. A., Granello, P. F., & Lebrón-Striker, M.A. (2007). IS PATH WARM? A suicide assessment mnemonic for counselors (ACAPCD-03). Alexandria, VA: American Counseling Association.
- Stanley, B. & Brown, G. K. (2008). The Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version. Washington, D.C.: United States Department of Veterans Affairs.