



MISSISSIPPI STATE
UNIVERSITY
Counseling and School Psychology Clinic

Counseling Clinic
Policies & Procedures Manual



Department of Counselor Education, Educational Psychology, & Foundations
(CEPF)

Counseling Clinic
Mailstop 9727
Mississippi State, MS 39762-5740
662-325-0717

This Policies and Procedures Manual for Mississippi State University, Counseling Clinic is intended as a reference for all CEPF faculty, Counseling Clinic staff, and graduate students. All graduate students and staff are required to read the manual and sign and submit the Acknowledgment of Clinic Policies and Procedures Form to the Counseling Clinic and Clinic Director prior to meeting clients or supervisees. This Manual is required reading for: COE 8013, 8043, 9013 and for all counselors, counselors-in training and supervisors at the Counseling Clinic.



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COUNSELING & SCHOOL PSYCHOLOGY CLINIC

GENERAL INFORMATION

The Counseling Clinic and School Psychology Clinic at Mississippi State University is a non-profit training facility operated under the Department of Counseling, Educational Psychology, and Foundations of Mississippi State University (www.cep.msstate.edu). The Counseling and School Psychology Clinic has been in existence since 1967 and opened its doors to the public in 1988.

The mission of the Counseling Clinic is to provide a quality graduate student training opportunity to counselors and school psychologists-in-training, and to provide quality, low-cost counseling and psychological assessment services to clients from Mississippi State University, Starkville, and the surrounding area.

Services in this clinic are provided primarily by Masters and Doctoral student clinicians, as well as academic faculty from MSU's Council on Accreditation of Counseling and Related Education Programs (CACREP) accredited counselor education program and the American Psychological Association (APA) accredited school psychology program. In order to maximize the quality of training and services provided, all services provided by graduate student clinicians are supervised by licensed mental health or school psychology professionals.

The Counseling Clinic prepares students to be generalists in professional practice. The basic treatment model is brief (short-term and time limited) therapy with opportunities for clinicians to gain experience in clinical interviewing, individual, and group counseling; consultation and outreach; assessment; supervision and training; administration, and crisis intervention. The Counseling Clinic utilizes a practitioner-scholar model of clinician training that includes an emphasis on experiential learning which allows graduate students to learn through concrete experience, reflective observation, active experimentation, and mentor relationships that provide supervision and constructive feedback.

For the purposes of this manual, all graduate student clinicians-in-training and professional clinicians will be referred to simply, as "clinicians".

FACILITY & LOCATION

The Counseling Clinic Counseling and School Psychology Clinic is a two-story brick building located on 299-1 Morrill Road. On the first floor, the facility houses a reception area, 6 counseling rooms, 2 group rooms/classrooms, media and file room, restroom, storage rooms, and the main office. The second floor houses the group counseling meeting area, a two-way observation room, restroom, children's play therapy room, and workrooms for DVD viewing and writing case notes, and meeting rooms. The facility has two entrances: front and rear. The rear entrance is equipped with an access ramp.



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COUNSELING CLINIC HOURS

The Counseling Clinic Counseling and School Psychology Clinic is open:

Fall/Spring Semesters	Mon-Thurs	9:00 a.m. - 6:00 p.m
Open Clinical Use	Mon-Thurs	9:00 a.m. - 6:00 p.m.
Groups/Classes	Mon-Thurs	6:00 p.m. - 9:00 p.m.
Limited Clinical Use		
Summer Semester	TBA	
Groups/Classes	As scheduled or by appointment	
Limited Clinical Use		

The Clinic is open for clinical use and Counseling and Educational Psychology (CEP) classes when academic classes are in session and closed during the interim weeks between academic semesters and on holidays. In case of a crisis when the Clinic is closed, current clients can contact the CEPF Departmental office at 325-3426, or MSU Campus Police at 325-2121.

SERVICES

Students, faculty, staff, and members of the Golden Triangle community (families, children, and adolescents), are eligible for services available in the Counseling Clinic. Potential clients can schedule an initial appointment for an intake or clients may schedule a return appointment by calling the Counseling Clinic at 662-325-0717. Since this is a training facility, service provision is subject to availability of Counseling Clinic staff, supervisors, and graduate student clinicians. Clients are screened by clinic staff for appropriateness for the Counseling Clinic and any individual with needs beyond the abilities of the available clinicians will be referred to an appropriate service provider. Services provided at the Counseling Clinic are identified and described below:

Individual Counseling

Clinicians can assist individuals with a variety of personal issues, such as, academic or career difficulties, self-esteem, stress, adjustment, depression, anxiety, grief, sexual identity, relationship conflicts, eating disorders, alcohol and other drug abuse, behavior changes, and family of origin issues. Individuals diagnosed with more severe psychiatric disabilities whose needs are beyond the abilities of the Clinicians will be referred to appropriate mental health care providers for long-term therapy and follow-up care. (Counseling)

Couples and Family Counseling

Clinicians work with families, couples, and others engaged in close relationships to alleviate the presenting issues or to restore distressed couples/families to a better level of functioning. The clinician usually meets the couple or members of the family at the same time. Clinicians working with couples/family are generally more interested in relationship dynamics (what goes on between couples/family members) rather than within individuals. Reasons for couple/family



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distress can include communication difficulties, incompatibility, intimacy, sexual difficulties, etc. (Counseling)

Group Counseling

Often individuals participate in psychoeducational group therapy in lieu of or in addition to individual therapy to address personal/interpersonal issues. Psychoeducational groups typically involve small, carefully selected groups of individuals who meet regularly with a Clinician for structured group sessions. These groups typically work on specific goals and objectives related to issues common to all group members. Examples of these types of groups include, but are not limited to, groups for time management, stress management, anger management, interpersonal relationships, social skills, personal growth, grief, sexual orientation, family issues, eating and body image concerns, and wellness. (Counseling)

Walk-Ins

The Staff will accommodate “walk-ins” as scheduling will permit. If the walk-in is a Mississippi State University student, they may be referred to MSU Student Counseling Services in Hathorn Hall. Non-students may be referred to community counseling or private practice. (Counseling)

Waiting List

Any individuals seeking services that are unable to be addressed within 24 hours, will be referred to MSU Student Counseling Services (if an MSU student) or to community counseling or private practice if not an MSU student. (Counseling)

Educational Interventions

Educational interventions advocate parent/teacher cooperation through the use of consultation, application of cognitive/behavioral principles, and procedures to effect change within the educational environment. Examples of difficulties appropriate for this type of service include, but are not limited to: school failure, academic skills training, school under-achievement, peer relationship difficulties, social skills training, and goal-setting. Parent training assists parents to structure home routines, to develop and implement contingency management procedures, and to increase effective parent/child communications. Examples of difficulties appropriate for this type of intervention include, but are not limited to: ADHD, noncompliance, aggression, sibling rivalry, and oppositional behavior. (School Psychology)

Assessment and Intervention Services

The Clinic offers assessment and intervention services for children, adolescents, and young adults who are having learning problems and/or school/home behavioral and emotional problems. Assessment services include intellectual and achievement tests, personality and behavioral assessment, academic assessments and behavioral assessments of children, and other forms of psychological evaluation. Some assessments are based on diagnostic interviews, while other assessments are based on standardized testing. Behavioral assessments may include



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observations (including classroom observations), interviews and/or structured play. (School Psychology)

Consultation

The clinic offers consultation services to parents, teachers, area K-12 schools and Head Start agencies (School Psychology).

Referral

To best meet client needs, the Counseling Clinic staff may refer to other professionals if necessary. Other professionals may include, but is not limited to, appropriate mental health care professionals in the community, physicians for medication needs, psychiatrists for a possible psychiatric evaluation, or a nutritionist for education and meal planning. (Counseling and School Psychology)

COUNSELING CLINIC FEES FOR SERVICES

Services are available to faculty, staff, and community clients at the Counseling Clinic on a sliding fee scale. The sliding fee scale is based on a person's income and number of individuals in the session. Occasionally, Clinicians may choose to provide *pro bono* (without payment or compensation) counseling services to clients who are unable to pay. The Counseling Clinic accepts cash or checks only and currently does NOT accept credit cards, bank cards, health insurance, or any other third-party payments, Medicaid or Medicare.

Counseling Services

Counseling services include individual, couples and group counseling services. Fees for sessions with a Clinician are set on a sliding scale ranging from \$5 to \$60 per 50-minute session. This sliding fee scale is based on a person's income. Individual and couples pay one flat rate. Group members vary with services. Any proposed deviations from the fees listed below must be approved by the Counseling Clinic Director. MSU students (currently enrolled) who are referred by MSU Student Counseling Services are not charged for counseling services.

Individual/Couples

Under \$25,000:	\$10.00
\$25,000 - 34,000:	\$20.00
\$35,000 - 39,000:	\$35.00
\$40,000 - 44,000:	\$45.00
\$45,000 and up:	\$60.00

COUNSELING CLINIC STAFF

The Counseling Clinic Counseling and School Psychology Clinic staff includes a faculty Clinic Director, Clinic Coordinator (doctoral level), counselors (Masters and doctoral levels), and a part-time office assistant. Supervisors are doctoral students and faculty.



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Consultation

Staff consults with MSU Student Counseling Services and the Longest Student Health Center doctors, nurse practitioners, nurses, and nutritionist when they determine consultation to be in the best interest of the client.

Staff Development

Staff meetings are held weekly by the Counseling Clinic Director to review administrative issues, and provide supervision and consultation. Other professional development opportunities may be provided for staff and Clinicians at this time.



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**COUNSELING CLINIC ADMINISTRATION & OPERATIONS POLICY AND
PROCEDURES
COUNSELING CLINIC SECURITY AND KEYS**

Counseling Clinic Security

The Counseling Clinic is a relatively safe facility, numerous people are in and out of the clinic all of the time. Clinic staff is NOT responsible for the safety of personal belongings left unsupervised in the Clinic (books, phones, keys, clothes, electronics, etc.). Staff and Clinicians should work together to prevent theft and loss of personal and clinic property. Clinicians should report any theft, doors unlocked when the clinic is closed, or other suspicious activity to the Counseling Clinic staff (325-0717), the CEPF Department Office (325-3426), or MSU Campus Police (325-2121).

Keys

Only CEPF faculty, Counseling Clinic staff/supervisors, and approved graduate students can be issued keys to the Clinic at the discretion of the Clinic Director and the CEPF department head. Keys are distributed by the CEPF department head's office administrator. When assigned a key, the recipient assumes full responsibility for the key upon reading and signing the Key Policy and Procedures Agreement Form. **The key should NEVER be loaned to a third party.** If a key holder loses his/her key, the loss should immediately be reported to the Clinic Director/Coordinator. Once key holders have completed their duties at the Counseling Clinic or have been terminated from CEPF employment, they have one week from the last date of the semester or termination date to return the key and complete the *Key Policy and Procedures Agreement Form*. **If the student key holder fails to return the key, a hold will be placed on the student's record until the key is returned or he/she can be held financially accountable for lock changes for the entire Counseling Clinic or affected office spaces.**

Security of Confidential Materials

Because of the sensitive and confidential nature of the records and materials stored at the Clinic, it is of the utmost importance that security be maintained by individuals who use the Clinic. Clinical files containing client information are kept secure in file cabinets that are located inside the taping and file storage rooms in the Clinic. These rooms are locked within the Counseling Clinic during non-clinical hours when the building is open. The building is locked after Clinic hours have ended. A separate key system is utilized for the file cabinets, as well as the rooms where they are located. Only the Counseling Clinic staff and Director can access these keys and unlock file cabinets and the rooms where they are located.



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ROOM RESERVATIONS

The Counseling Clinic has limited space. In order to assure that the clinician has a room reserved for counseling, supervision, or viewing sessions (completing paperwork), and to ensure that the Counseling Clinic has supervisory staff available in the Clinic, it is critical that all Clinicians, supervisors, and graduate students adhere to the following procedures:

1. As soon as an appointment is scheduled with a client or supervisor, or for viewing recordings, the person reserving the room must record the reservation in the appointment book at the Counseling Clinic reception desk with the following information: first name of the client and the name of the clinician, OR the supervisor/graduate student (in the room and . The appointment book is locked in the clinical file cabinet in the Media Room during non-clinical hours.
2. **All appointments start on the hour** with the last appointment scheduled to begin no later than 5pm, Monday thru Thursday. No appointments are scheduled for Friday.
3. If an appointment is canceled, the individual should remove reservation from the appointment book as soon as possible following a cancellation. If the clinician or supervisor cannot get to the clinic in a timely manner to do so, they can call the clinic (325-0717) and ask a staff member to remove the appointment time from the room reservation.
4. Clinicians and supervisors should always be at the clinic at least 15 minutes before a scheduled appointment to check in with the Counseling Clinic Staff.

VIDEO EQUIPMENT USAGE

The Counseling Clinic is a training facility; therefore, all graduate student counseling sessions must be recorded. Occasionally, supervisors and academic classes will use the recording equipment to record supervisions, assessment sessions, or role plays. All video/recording equipment is located in the taping room. For privacy purposes, the door to the Media Room must be closed at all times. The taping room is closed and locked during non-clinical hours.

Prior to a Session: The clinician should...

1. Verify which therapy room to be used.
2. Make sure the TV monitor, cameras and recording devices are operational.
3. Check monitor for room arrangement and to assure that both client and clinician may be seen on camera.
4. Insert DVD-RW into recorder that corresponds with the correct therapy session room by selecting the "Open/Close" button (all monitors/recorders are labeled).
5. DVD will automatically "Load/Format" disk
6. If this is the first session, push "record" and make sure the counter is counting to verify proper recording.
7. Use the remote control to arrow down through previous sessions, until an "Empty" file is highlighted with a yellow Counseling Clinic. Make sure to stand closely to the DVD recorder when using the remote so that only that recorder responds to the remote control. This will be the **ONLY** time the remote control should be used.



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8. Once “Empty” session is highlighted, push the “Record” button on the DVD recorder (do not use remote for this step), make sure the counter is counting to verify proper recording.
9. Record each client on ONE DVD, which will record all six session. (If DVD fails to record a session, please request a new DVD for all future sessions.)

After a Session: The clinician should...

1. Push the “Stop” button on the DVD recorder. The message “Writing to Disk” will appear along with a progress bar.
2. Once the progress bar indicates that the DVD is 100% complete, use the “Open/Close” button to remove disk.
3. File the disk in the pocket located in the client’s folder.

If equipment does not appear to be working properly, the clinician should turn the monitor off and inform a Staff member of the problem. Clinicians should NOT attempt to adjust audio/video equipment. If a problem occurs, the clinician should use another open room for the session until the problem has been resolved.

COMPUTER, PRINTER & FAX USAGE

Clinicians do NOT have access to the printers and computers. The computers have internet access and should be used for clinic purposes only by staff and approved CEPF individuals. Clinicians may use their personal laptops to access the internet. Clinicians are not allowed to write case notes or to store client information on personal laptops. Clinicians may use the printer/copier for the purposes of their sessions, but not for their own personal use.

TELEPHONE USE

All staff, faculty, masters and doctoral students have access to the phones for local and long distance calls for clinic purposes only.

- To make a local call: dial 9 + number.
- To make a long distance call: dial 9 + number + ENTER CODE (Code for approved calls may be obtained from staff).

Phone Etiquette: Counseling Clinic Staff

The front office is often the first line of client contact. All persons covering the phone for an extended period of time must first review phone procedures. Staff should observe the following procedures in all telephone communications:

1. The telephone should be answered by the third ring with a greeting identifying the person answering the phone as a staff member of Counseling Clinic.
2. Staff should always answer the telephone in a polite, professional, and courteous voice. “Counseling Clinic this is __ (Name) _____ how may I help you?”
3. Staff should keep in mind that many calls will be made by people in need or by those calling for someone who they perceive as being in need; staff should take every measure to make the person communicating with you feel comfortable.

Staff should never leave a person on hold for an extended period of time.



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5. If the staff member is unable to answer a question or the caller has reached the Counseling Clinic by mistake, the staff member should refer the caller to the proper person or department. Staff should give the caller the correct contact information for future reference. If staff cannot answer the caller's question, staff should take the caller's contact information and tell the caller that staff will research the question and call the client back with the information.
6. If the person with whom the caller is trying to get in contact with is in the office and not in session, the staff member can ask "Let me check to see if _____ is available", and "May I tell him/her who is calling?"
7. If the person with whom the caller is trying to get in contact with is unavailable, the staff member should request the caller name, contact information, and a brief message.
8. Staff should record and deliver accurate messages. Messages should be written down and placed in the office, Counseling Clinic or given to the appropriate person.

LIBRARY AND CHECKOUT PROCEDURES

The Counseling Clinic maintains a reference library in the Clinic Coordinator's office. Materials are not available to be "checked-out" or "borrowed" from the Clinic; however, all books, reference manuals, DVD's, reference files, and other materials are available for faculty, staff, and Clinicians to use while working in the clinic.

EQUIPMENT AND SUPPLIES

Office Supplies and Counseling Media

Office supplies and counseling media are provided for clinic use ONLY. Letterhead stationery and envelopes are available for clinic-related letters and are to be used only after the letter has been approved by the Counseling Clinic Director/Coordinator/Staff.

MAINTANENCE PROCEDURES: BUILDING AND GROUNDS

Building concerns should be reported to the Director or one of the Clinic staff as soon as possible. The Director will make the appropriate contact. In case the Director is unavailable the appropriate staff should contact the CEPF department administrative assistant at 325-2307. All staff should be aware of possible interior and exterior condition of the building. Possible interior concerns include:

General housekeeping

MSU Housekeeping staff's duty is to empty trash, dust, clean bathrooms, and vacuum/mop floors. If these actions have not been performed, the Clinic staff should report the issue to the Director who will make Housekeeping staff aware of the concern.

Condition of the carpets

If large spills or stains occur on the carpets, staff should leave a note for Housekeeping to attempt to clean it. If Housekeeping is unable to clean the stain then a call should be made to the CEP department administrative assistant or to MSU Building and Grounds.

Concerns with plumbing, air conditioning/heating

If clinic staff becomes aware of any concerns with the plumbing (i.e. leaks, toilet not working correctly), staff is to contact the Director. If either of the air conditioning/heating units is not working properly, the Director should be contacted.

COUNSELING CLINIC USE POLICY & SUPERVISION POLICIES

CLINIC USE POLICY

The Counseling Clinic serves as a training facility for Clinicians in training with the Counseling and Educational Psychology Department. All individuals meeting clients or supervising in the Counseling Clinic CEP Clinic must read the Counseling Clinic Policy and Procedures Manual and sign the *Acknowledgment of Clinic Policies and Procedures Form*. Only the approved individuals listed below may practice in the Counseling Clinic under the prescribed conditions and with approval of Clinic Director:

- Clinic staff (supervisors and Director)
- CEPF students enrolled in academic courses that require use of the Counseling Clinic
- Doctoral students who have been assigned as clinical supervisors (Fernando, 2013)
- Practicum students and interns who are meeting their clinical fieldwork requirements
- Graduate students who are enrolled in the CEPF program and under appropriate supervision by faculty
- Faculty and counselors in training working on licensure requirements
- Licensed CEPF faculty and graduate students currently enrolled in the CEP programs



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Limitations of Use

Individuals not enrolled in the CEPF programs or non-CEPF faculty are NOT allowed to meet clients in the Counseling Clinic or have access to media and records.

Professional Licensure

The Counseling Clinic Director and supervisors are current Mississippi Licensed Professional Counselors or are in the process of collecting hours for licensure under the supervision of a Mississippi Licensure Board Approved supervisor with the goal of eligibility for professional licensure. Licensed clinical staff are required to keep a copy of their current license on file in the Counseling Clinic. Licensed staff are responsible for fulfilling all relevant continuing education requirements for maintaining professional licensure. Any licensed faculty member or graduate student seeing clients at the Counseling Clinic is required to submit a copy of his/her license to the Counseling Clinic Director.

Liability Insurance

Even though the Counseling Clinic is a training facility, the Counseling Clinic staff and Clinicians are required to carry liability insurance. Typically, our Clinicians carry Healthcare Providers Service Organization (HPSO) insurance. HPSO is the only professional liability insurance program exclusively endorsed by the American Counseling Association. Student member of ACA receive insurance as a part of their membership. See ACA Insurance Trust (www.acait.com) or HPSO (www.hpso.com) for more information. Other insurances may be accepted as approved by the Counseling Clinic Director or clinical faculty (i.e.: from American School Counseling Association (www.schoolcounselor.org)).

PROFESSIONAL CONDUCT STATEMENT

The following professional conduct statement applies to all individuals working in the Counseling Clinic. Any individual not in compliance with the professional conduct statement may risk forfeiture of his or her use of the Counseling Clinic and may incur departmental disciplinary sanctions.

1. Individuals involved with the Counseling Clinic are required to read the most current published ethical codes and standards of practice of the American Counseling Association (a requirement for Counselor Education students), or the American Psychological Association/National Association of School Psychology (a requirement for School Psychology Students). Individuals working in the Counseling Clinic are expected to conduct themselves in an ethical and legal manner and seek consultation for any issues that may be unclear.
2. Clinicians are expected to maintain client files and all documentation for supervision, consultation, etc, in an efficient manner. Files are to be kept up to date and stored securely.
3. Clinicians are expected to conduct themselves in a professional manner with regards to the client, including, being respectful, scheduling rooms ahead of time, meeting clients and ending sessions on time, and communicating time or date changes in an efficient way.



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4. Personal conduct and dress should conform to professional standards expected of Clinicians (for example, no flip flops, low-cut shirts, shorts, ragged jeans). If dress is deemed unprofessional, Clinician will be asked to leave to return dressed appropriately.

COUNSELING CLINIC COUNSELING AND SCHOOL PSYCHOLOGY CLINIC SUPERVISION

Counseling Clinic Facility Management

The Counseling Clinic facility is managed by the staff supervisors and Clinic Director during open clinical hours. Staff is responsible for student safety, building security, file management and security, and opening and closing the Clinic as per stated procedures. During academic classes or limited-open clinical hours in the Counseling Clinic, the faculty supervisor, faculty instructor or graduate teaching assistant/instructor is responsible for student safety, building security, file management and security, and opening and closing the building as per stated procedures.

Counseling Clinic Clinical Supervision

A CEP faculty member or staff member must be present in the Clinic in order for any clinician to meet with clients. A faculty member who is a Licensed Professional Counselor (LPC) or Licensed Psychologist is on-call during Clinic open hours (9:00 a.m. - 6:00 p.m.) or in case of crisis. ALL graduate student Clinicians may only work with clients at the Counseling Clinic under appropriate individual and/or group supervision. Supervisors must be approved by the Counseling Clinic Director, and supervisor contact information must be filed with the Counseling Clinic staff prior to counseling clients in the facility. Special cases include academic classes and non-licensed Clinicians and Clinicians-in-training:

Non-Licensed Clinicians

All non-licensed Clinicians working on licensure must secure appropriate supervision necessary to meet the requirements for professional licensure in their discipline.

Academic Supervision of Students

Academic Classes – Clinicians and other graduate students enrolled in CEP classes that include an experiential clinical requirement (i.e.: Counseling Skills, Group Counseling, Supervision) are supervised in class by their professor who works closely with the Counseling Clinic staff to coordinate the clinical experience.

Practicum and Internship - Practicum students and interns are supervised in a group /class each week by their academic faculty supervisor. **Practicum students and interns meeting fieldwork requirements by working in the Counseling Clinic are supervised by licensed Counseling Clinic staff or the Clinic Director, or Doctoral Student.** See the *CEP Fieldwork Handbook* for details of the Practicum/Internship experience.



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CLINICIAN USE OF THE CLINIC
INTAKE INTERVIEWS AND INFORMED CONSENT POLICIES AND
PROCEDURES

Clinic Use Procedures

Client sessions are a priority. Therefore, at times it may be necessary to reschedule rooms in order to accommodate clients. The room priority is as follows: Classes, Client sessions, supervision, DVD review, and role plays for students in other classes.

Service Payment Arrangements

1. Determine the fee to be paid by the client by reviewing the appropriate Fee Schedule with her or him. The fee is payable in cash or check for the exact amount owed. There is no ability to make change for clients if they are paying in cash. Clients can apply extra money to future appointments. The Clinic does not accept insurance or credit cards.
2. Once a fee has been agreed upon, the clinician should note it on the Client Account Sheet.
3. Clients are expected to pay for services at the time they are rendered (e.g., weekly counseling session or one time testing session). Checks should be made out to the Counseling & School Psychology Clinic (or CSPL).
4. The clinician is to give the client a receipt for payment. Be sure to note if the client paid by check (include the check #) or cash and the amount paid. It is the counselor's job to collect the fee at the end of each counseling session.
5. After giving the client a receipt, the clinician is also responsible for completing the appropriate information in the Clinic Account Book.
6. The clinician is to enter the appropriate information on the client's Account Sheet kept in the client's file.
7. Payments are to be placed in a payment envelope (one payment per envelope) with the clinician's name, the client initials, the amount paid, the date and the receipt number.
8. Place the payment envelope in the lock Counseling Clinic located in the filing cabinet against the west wall of the Control Room. Relock the filing cabinet.
9. Funds collected must be reported and given to the office manager in the Counselor and Educational Psychology Department either by 4:30 p.m. the day fees were collected or by 9:30a.m. the following day.
10. If clients state that they cannot afford to pay the assigned fee, tell them that they can request that the Director of the Clinic make an exception to the fee schedule. Ask them what they can afford to pay for services and present this information, along with the amount of money the client earns on a weekly or monthly basis. Requests will be reviewed at the weekly Clinic staff meeting. Do not agree to a fee without presenting the client's request to the Clinic Director.



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Intake Scheduling

Individuals calling or coming to the Counseling Clinic to request services will be scheduled for an initial interview called an “intake interview”. The purpose of this interview is to inform the individual of Counseling Clinic policies, procedures and fees prior to entering into a therapeutic relationship, and also to gather demographic and other information about the individual.

Each semester, undergraduate students in particular academic classes are encouraged to enter into a brief counseling experience for extra credit. Interns, practicum students and clinic staff will make initial contact with all students interested in counseling for class credit and will schedule an *intake* interview with these individuals. In these cases, after three unsuccessful attempts to contact the potential student-client, the class instructor and the Clinic Director will be notified and student will be removed or placed on a waiting list for participation in counseling. Counseling Clinic Staff, practicum students and interns perform the intake interviews during scheduled clinic hours. The Counseling Clinic supervisors and Clinic Director assign responsibility to appropriate Clinicians based on graduate student training and competence.

Intake Interview Appointments

The clinic staff creates a client file prior to the intake interview. When the prospective client arrives for the intake, he/she/ is greeted by clinic staff and asked to read and complete a *Life History Questionnaire (LHQ)*, a *Brief Symptoms Inventory (BSI)*, an *Acknowledgement of DVD Recordings Supervision*, and the Informed Consent form. (A copy of the *(LHQ)* form and the Informed Consent is found in the Appendix.) Once completed, the clinic staff member checks to see that the Informed Consent Form is signed. Then and only then will they begin recording. The Clinic Staff then escorts the client to a counseling room and proceeds with the intake.

The intake begins with the Clinic Staff reviewing the *Informed Consent Form* with the client to explain and answer any questions. As the intake session proceeds, the Clinic Staff person will ask questions to clarify the client’s information on the LHQ and document what the client would like to see occur in the five weeks of counseling. This session will last 30 to 40 minutes. Once the intake session concludes the Clinic Staff completes an Intake Summary form. This form is included in the client’s file.

Informed Consent Form with Minors and Families

When a client is under 18 the parent or guardian must sign the Informed Consent form. In completing Informed Consent form, attention should be given to the following:

1. When parents are being seen with a child, parents must sign forms. Children, however, should give “assent” both verbally and in writing.
2. In counseling with a child, parents must sign a form for the child to be recorded.
3. When couples or families are being seen, each person must sign an Informed Consent form (As before, child clients may give their written or verbal assent).



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Acknowledgement of DVD Recordings Supervision for Counseling Skills Students Form

Most sessions conducted in the Counseling Clinic are recorded. Therefore most clients are asked to complete a form to give permission for the recording to take place. The recordings are used in staffing sessions in which a supervisor can determine the progress of the Clinician. They are also used in participation with other supervisors in training and or the Clinic Director.

*The key to remember: All persons in the session must have signed an Informed Consent form and an Acknowledgement of DVD Recordings Supervision for Students Clinicians form. (These forms are located in the Appendix.)

CONDUCTING COUNSELING SESSIONS: POLICY AND PROCEDURES

Session Limits and Extensions

The Clinic offers brief therapy consisting of six sessions, including an intake and termination session. Should the need arise for additional counseling sessions a request in writing must be submitted to the Clinic Director for approval on a case-by-case situation.

Initial Session

Once a client is assigned to a Clinician, there will be no transferring clients, unless a supervisor or instructor determines that the specific case is not appropriate for the Clinician (e.g., if the counselor has a prior or dual relationship with the assigned client). Clinicians must make a first attempt to contact the client by phone or email within 24 hours of being assigned a case. The first appointment with the client should be scheduled within one week of first contact with the client unless the client is unable to meet. When leaving a message for a client, leave several times and days *you* have available to meet. Be sure to record all of the contact attempts on the Client Contact Log. If a client cannot be reached after five consecutive days of calling attempts (at various times of the day), the Clinician informs Clinic Staff so that the Clinician can be assigned a new client and the previous client's case file can be closed.

Weekly Sessions

Weekly sessions should be scheduled with clients. The Clinician is responsible for scheduling all future sessions with the client. In order to avoid no shows for appointments it often works better to find a regular day and time to ensure consistency of appointments. The Clinician should call the client the day before their initial counseling session and remind the client of the appointment and each session after that until a consistent pattern of attendance has been established by the client.

When scheduling appointments, it is important to first check the appointment book for room availability. Many clients will want their appointments late in the day; therefore, rooms may be high in demand during these hours. All appointments should be scheduled during the Counseling Clinic Building service hours of 9am- 6pm Monday through Thursday. All appointments written in the appointment book, located in the reception area, must be written in pencil by Clinic staff.



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Counseling Room preparation for the first scheduled session includes: making sure the lights are turned on, making sure chairs and cameras are positioned properly, open/close the blinds as preferred, make sure there is a Counseling Clinic of tissues and the clock is operational.

During the first session, the following items are readdressed/reiterated:

1. Remind the client that the Counseling Clinic is a training clinic and that their sessions will be video recorded and may be observed on occasion for the purpose of supervision.
2. Remind the client about confidentiality and its limits (this should have been discussed in the intake session, but it never hurts to remind them).
Files should not be left or kept anywhere except in the locked file cabinet in the clinic office and should never be taken from clinic. Duplicates shall not be made of any material(s) that is in a client's file.
3. Inform the client that should they need to cancel an appointment, they must do so 24 hours in advance by contacting both the Clinician and the Clinic or as soon as possible in an emergency situation.
4. Inform the client that should they be tardy for an appointment, they need to contact both the Clinician and the Clinic. Twenty minutes after their scheduled time, the appointment will be canceled, and it is the responsibility of the client to reschedule the appointment as soon as possible.

Following the session the Clinician is required to complete case notes on the session before the supervision session. The format requested for progress notes is outlined in RECORD DOCUMENTATION AND MANAGEMENT.

Counseling Session Attendance Policy

No-Show Intakes:

If a person “no-shows” for a scheduled intake session, an Intern, Practicum Student or Clinic Staff will attempt to contact the person by phone and/or email, and leave a message, the appropriate record of contacts are recorded on the Client Contact Log. If the person cannot be reached, or does not return phone calls (after three attempts to contact), this person is placed at the bottom of the list of potential clients, instructor is notified, and may not be able to participate.

First-Session No-Shows:

When an intake interview is conducted, but the client does not return for a scheduled first session (no-call, no-show), the Clinician should attempt to reach the client by phone and/or email and leave a message, as appropriate and record attempt in the Client Contact Log. If the client cannot be reached after three attempts from when the appointment had been scheduled, the Clinician should notify their instructor and the Clinic Staff. The Clinician will close the file on the unresponsive client. A new client will be assigned to the Clinician.

If a client's case is being closed because they did not return for a first session, the client's file containing the Client Contact Log, the (LHQ), Intake Summary data, file and the termination form are to be:



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1. Given to an Intern, Practicum Student or Clinic Staff member to complete the “termination” process in the database and file the folder alphabetically in the closed client file cabinet in the clinic office.
2. Files are kept for seven years before being properly shredded and disposed.

Tardy Clients:

If a client does not call to say he/she is going to be late and does not arrive after 20 minutes for an intake or counseling session, the Clinician may leave. Clinicians must wait the full 20 minutes into a scheduled session before leaving the clinic.

Clinicians are asked to keep the scheduled time, even if a client is late for a session. This means ending the session and being out of the room within the original time scheduled this out of consideration for students who may be scheduled to use the room the next hour. Should the room not be reserved after the scheduled time then the full 50 minute session may take place making sure the Clinic Staff is aware of the possibility. Clinicians need to observe the original schedule to encourage client compliance with the counseling process and the structure of the sessions.

Cancellation Policy

Clients are required to give 24-hour notice of their need to cancel a scheduled appointment to both their Clinician and the Clinic. If a 24-hour cancellation notice is not made then the instructor on record will be notified. If fees are applicable the client will be charged for that appointment. Please discuss this with the client during the first session so they are fully aware of this policy.

TERMINATION POLICY AND PROCEDURES

Termination summaries should be completed within one week of termination with a client. (A copy of the Termination Summary Form is in the appendix.) A Progress note must be done for a final session in addition to a termination form.

Termination Checklist for Client Files

In order to complete your file, be sure that:

- All case notes are completed including session number, date, number of minutes, and counselor’s initials and placed on the right hand side of the file with the latest session on top.
- Termination Form is completed including supervisor’s signature and placed on top of the case notes.
- Client Contact Log is completed including all of the sessions and phone calls and any other contact with your client and placed on the left side of the file.
- All papers are securely fastened in the file.
- Complete a Proof of Counseling Hours form (If the counseling experience was completed for a class - **make two (2) copies one goes in the client file and one given to the client to be turned into their class instructor.**)
- Give the *Clinician Supervision Completion Form* and the *Proof of Counseling Hours Form* to Clinic staff.



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Clinician Supervision Completion Summary must be signed by the Clinician's supervisor, and inserted in the client's file, and handed into a Clinic Staff member. The Clinic Staff member will check that the file is complete and file it in alphabetical order with the terminated files.

Clinicians at the end of each academic semester, or at the time of termination if that occurs during the semester, should indicate on the Termination Summary form one of the following:

- They are terminating the case.
- That supervision for their "carryover" cases will be provided by a faculty member (and the name of this person).* This insures that all client assignments will take place within the context of supervision.
- They are referring the case back to the Clinic Director for reassignment to another counselor for the following semester.

*In the case that Termination or Reassignment Policy

When the Clinician, with the Clinic Director's permission, has decided to "carryover" clients from the previous semester, it should be noted that the Clinician is responsible for informing his/her client(s) that the Counseling and School Psychology Clinic is closed during the interim between academic semesters. Client files are officially closed during the semester break hours and are reopened at the beginning of the next semester. Due to the lack of supervision during the semester break, Clinicians should not have contact (telephone or in person) with clients.

TRANSFERRING AND REFERRAL POLICY

Transferring a Client

The Clinician lets the Clinic Director know that s/he needs to transfer a client. This information must be in a written format and should include the client's name, the supervisor's name, and the reason for transfer. If the current Clinician has particular interest in transferring the case to a specific (new) Clinician, this information should also be included. The client's case notes should also indicate the request for transfer.

The Clinic Director will assign the client to a new Clinician. The Clinic Director or a Clinic Staff member will inform both Clinicians of the transfer.

The current Clinician and the new Clinician will discuss with the supervisor how best to facilitate the transfer so the transition is as smooth as possible. The new Clinician should review previous recorded sessions and when possible sit in on at least one session prior to the transfer. Once the transfer is arranged and another Clinician accepts this transfer, the current Clinician must complete client's file as if the client is being terminated. The client's file is then placed behind the new Clinician's name in the "Active File" file.

Referring a Client

Many clients have needs that cannot be met through the Clinic and may require a referral to another agency that can better meet the client's needs. At anytime during the first three sessions, a Clinician believes the client may not be appropriate for services at the Clinic; the Clinician should contact the Clinic Director or a Clinic Staff member to discuss the client's clinical presentation and possible referral.



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When a client is in need of a referral for housing, food stamps, or other case management needs, Clinicians should discuss needs with their Supervisor. Referrals should only be provided to a client after the Clinician has consulted with their Supervisor.

Client Correspondence and Contact

Letterhead stationery and envelopes are available for clinic-related letters and are to be used only after the letter has been approved by a Clinic supervisor or Clinic Director. A copy of all correspondence is to be placed in the client's folder. No letter or fax may be sent without the Clinic Director's signature.

RECORD DOCUMENTATION AND MANAGEMENT

Required Documentation

Clinicians are to keep accurate case records for each session.

Client Progress Notes

Progress notes are brief notes which consist of five sections: Subjective, Objective, Assessment, Intervention and Treatment Plan. Client Progress Notes are completed as soon as possible after every session and before meeting with their Supervisor. **All Clinicians are expected to review their DVD of the client session prior to supervision. Clinicians must reserve a room in the clinic to review their DVD.**

Subjective Observations: these include an overview of the major events of the session, including topics covered, interventions used, and client's dynamics (supported by observations). "Client stated/reported...."

Objective: these are things that were directly observable to the Clinician and serve as a clear description of the client and the tone of the session. "Client was dressed/sitting/cried...."

Assessment: this is the clinician's overall impressions of the client in terms of their general personality and styles of coping, their presenting concerns, any other psychological or psychiatric difficulties they are experiencing, the environmental factors the client is coping with that related to the presenting problem, the counselor's ideas about the prognosis of the client, descriptions of the obstacles or liabilities with which the client is coping. "Client appears/seems...."

Intervention: this is where the Clinician outlines what they have developed for the client. This could include things like gathering more information, referring to a doctor or other counseling services, doing specific interventions and brainstorming solutions to problems. Additionally, any treatment described should be followed by a description of why it is being used and its' intended impact. "Clinician is...."



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Treatment Plan: this is where the Clinician outlines what homework assignments given, plans for the next session, and any short/long-term treatment plans for the Client. “Clinician will...”

Client Contact Log

Telephone and other contacts with clients and others regarding the client's case are to be logged on the Client Contact Log, while direct contact is also logged on the Client Progress Notes. At the end of the term, at termination, or upon referral, a Termination Summary Form is prepared on each client.

Testing Report

If tests are administered, a Testing Report will be prepared for the client. The Testing Report is prepared in duplicate (one copy is given to the client and one copy is filed in the client's folder). Clinicians are to review all testing reports with their supervisor before giving it to a client.

A Treatment Plan and Goal Attainment Scale for each non-class credit client should be prepared by the end of the third session and updated as needed.

What is in a Case Folder?

A. Intake and Correspondence Side (top left side of folder)

From top to bottom:

1. Client Contact Log**
To be completed for every attempted and/or successful contact with client.
2. Counselor Checklist
To be completed after each session
1. Life History Questionnaire**
To be completed at intake
3. Acknowledgement of DVD (Video/Audio) Supervision for Counseling Skills Students**
To be read, signed and dated at Intake.
4. Client Account Sheet /Billing Statement (if applicable)
5. Consent for Release of Confidential Information (if applicable)
6. Any correspondence related to the client
7. DVD and DVD Pouch

B. Treatment Side (right side of folder)

From top to bottom:

1. Proof of Counseling Hours**
Complete at Termination session. Give Client original, make copy for file.
2. Termination Notes**
Complete at Termination session. Clinician must obtain the Supervisor's signature and date.
3. Intake Summary**
To be completed, signed and dated on day of Intake
4. Progress Notes**



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To be completed, signed and dated as soon as possible after each session, at least 48 hours before the next session.

5. Treatment Plan (if applicable)
6. Goal Attainment Sheet (if applicable)
7. Testing Report (if applicable)

Copy of complete test score and report.

* Not all charts will contain all information/forms.

** All charts should contain this information/these forms

Copies of all these forms are located in the Appendix.

Clinical File Security

No clinical files may leave the clinic at any time for any reason! All confidential materials must stay within the confines of the Counseling Clinic. Clinicians may review recordings in reserved counseling or group rooms. When a Clinician has completed a session, he or she must be certain to remove the DVD from the recorder, place the DVD inside of the envelope in the client's folder, and file the folder in the proper filing cabinet. Clinicians must NEVER leave any sensitive materials where others may see them. Materials may not be copied from client's files without a supervisor's permission. **All client materials, that are not to be filed, but do have clients' name or identifiable information on them (e.g. phone messages), should be shredded.**

Record Management and Disposition

An adequate record that is "complete, contemporaneous, and legible" for each client is kept for a minimum of seven years from the anniversary date of last session. At the end of seven years the files must be destroyed by shredding the entire contents.

If a client was younger than 18 years of age at the last session, the records are kept until the client reaches age 21, or for seven years from the date of last session, whichever is longer. At the end of seven years the files must be destroyed by shredding the entire contents.

The Clinic is required to ensure that records are kept in a secure location and that only authorized persons have access to the reco

CONFIDENTIALITY POLICY AND PROCEDURES

Confidentiality and Protected Information

The Counseling and School Psychology Clinic's policy states that all information regarding clients will be held in the strictest confidence. **No information of any kind will be released to any external persons or agencies, by any clinician or staff, without proper authorization from the client and/or the client's legal guardian and authorization from the Clinic Director.** Any person who comes to the Counseling Clinic for services is considered to be a



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client. Any persons, paid workers, volunteers, faculty or students who work in the Clinic must protect any and all client information.

Protected Information Includes:

1. The fact that the person is, has been, or has never been a client.
2. Any information given to the clinic through University administrative or Clinic staff.
3. Any personal data about the client. (Forms, phone messages, etc.)

Two Categories of Protected Information:

1. The Clinical record - the actual clinical record and any computerized information about the client. All recordings of counseling and supervision sessions are to be considered part of a client's record.
2. Informal information - any communication from a Clinician or student about a client that is not a direct representation of the record.

Confidential information includes, but is not limited to: files, recordings, forms, phone messages, etc. Protection of confidential information includes not acknowledging that a person of a particular name or description is a client.

Access to the case record will be limited to clinician, the Clinic staff, the Clinic Director, and to the clinician's supervisor. Records will be stored in a locked cabinet at all times except when removed for review or for the addition of new information. Clinical records are never to be taken from the premises. Clients are not to be identified nor discussed with individuals, groups, or agencies not directly affiliated with the Counseling and School Psychology Clinic, including spouses, relatives (except parents or legal guardians of minor clients), and friends of Clinicians and clients. To maintain confidentiality, it is important that clients' names are not discussed between or among Clinicians in public places such as restaurants or quasi-public places, hallways, or in public areas of the Clinic.

NOTE: CONFIDENTIALITY IS THE CLINICIAN'S RESPONSIBILITY.

BREACHES WILL NOT BE TOLERATED. A breach of confidentiality may result in the graduate student's discharge from the CEP program or barring the clinician from practicing in the Counseling Clinic. Breaches of confidentiality may also result in a complaint of ethical violation being filed with the appropriate professional association(s) and/or credentialing board(s). Further, breaches of confidentiality may result in legal charges being filed by the client. Exceptions to this are listed in Exceptions to Protection of Client Confidentiality.

Authority to Release/Obtain Information

Any request for information that may be of a confidential nature should be handled with an explanation that the information is confidential and cannot be released without the client's permission

Written consent from the client is required before their information can be released to any third-party. When it is necessary for a Clinician to contact someone outside of the Counseling and School Psychology Clinic regarding a client (i.e., physician, previous therapist, school counselor, teacher, or family member), an Authority to Release/Obtain Information Form must be completed. Verbal and written information are never disclosed without written authorization from the client. If the client is a minor, the child's legal guardian must complete the form. The counselor is responsible to ensure that appropriate consent forms are signed.



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The content of the information released from Clinic records to other agencies/persons could potentially put the client at risk. For example, giving a professor technical, medical/psychological diagnoses or treatment information regarding a client is inappropriate and the information could be misused, misinterpreted or misunderstood. A consent form must be obtained for each new piece of information required as consent forms are for specific information, are dated, and expire at the time indicated on the form. Consent forms are signed as they are needed rather than routinely signed assuming that they will be used at some point in the future.

The Authority to Release/Obtain Information Form used by the Clinic is in compliance with all current applicable state and federal standards. It should, therefore, be accepted by any other agency from which we request records. This form or its specific equivalent must be completed and received before any records or information is released to any other agency or person.

Information will not be released when:

1. A release is received which is incomplete, does not bear the client's original signature, does not conform to the standards set out below, or
2. When the form received is falsely signed or is known to be fraudulent in any manner.

In all cases, the Clinician asking the client to authorize release of information will complete all required information and allow the client to read the consent form or will read it to the illiterate client before requesting the client to sign. (Any information leaving the Clinic must first be approved by the Clinic Director.) A copy of the release will be retained in the client's case record.

Disclosure to medical personnel is authorized without the consent of the client when and to the extent necessary to meet a bona fide medical emergency (i.e., when the life or health of a client may be endangered by an error in the manufacture or packaging of a drug, when the client is incapacitated and information concerning the treatment being given is necessary to make a sound determination if emergency treatment is needed, or for notification to family or others when the individual is suffering from a serious medical condition receiving treatment). After consulting with her/his supervisor, the treating clinician may in such cases give notification of such a condition to a member of the individual's family or a physician. Any individual making an oral disclosure under authority of this section shall make a written entry into the case record showing the client's name, case number, the date, some indication of the nature of the emergency, information disclosed and to whom it was disclosed. Very few medical emergencies will exist in the course of involvement with Clinic clients. Should this situation arise, it should be cleared with the Clinic Director before any action is taken.

When completing the release of information, check the appropriate Counseling Clinic indicating whether information should be released to the Clinician or information should be exchanged between the Counseling and School Psychology Clinic and the communicating organization. When soliciting information from outside sources, it is usually necessary for the Clinician to send a letter asking for specific information about the client and to enclose a photocopy of the Authority to Release/Obtain Information Form. At times, a follow-up call may expedite the exchange of information. The original copies of the release form should be filed in the client's folder on the left side in the back. Client and Clinician phone numbers should be written at the bottom of all forms. The Authority to Release/Obtain Information Form must be signed by the



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client, the Clinician, and a witness prior to sharing confidential information with a third party. Difficulties that may arise should be referred to the Clinician's supervisor and their Clinic Director.

NOTE: Any written correspondence to or about the client should be reviewed and co-signed by the Clinician's supervisor and/or by the Clinic Director when necessary.

Confidentiality of Audio and Video Recordings

Video and/or audio recordings are not to be taken from the premises without prior permission from the Clinic Director. Permission will be given only in those cases when it is necessary for a student to review a recording in an academic class that is not meeting in the Clinic. In this case the academic instructor will need to request the release of the recording from the Counseling Clinic Staff. It is preferred the transport of any recording out of the Counseling Clinic be accomplished by the academic instructor. Recordings must then be signed out and returned within the same day. Confidentiality is expected to be maintained in regard to clients, client contacts, and client records.

Exceptions to Protections of Client Confidentiality

Ethical code (ACA, APA, ASCA) and court rulings [Tarasoff v Board of Regents of UCA (1974) (1976); Jaffee v Redmond (1996)] have indicated that professionals may be obligated to warn potential victims when a client indicates the intention to cause physical harm to self or others. Law overrides privacy rights when it is necessary to protect public health, safety, and welfare.

In such cases, the Clinician shall immediately seek consultation from his/her supervisor and the Clinic Director.

Clients are to be informed through written informed consent and orally (or by American Sign Language) by the Clinician that confidentiality may be broken under the following conditions:

- Client is clear and present danger to self or another person
- Court orders a counselor to make records available
- Client requests that their records be released to others
- Counselor knows client is contemplating a crime (state law)
- Court orders psychological evaluations
- Court approves involuntary hospitalizations or medical emergency
- Counselor knows/suspects client has been victim of crime (child, sexual abuse/assault, spousal abuse)
- Counselor knows/suspects of harm to vulnerable adults (children, elder adult, mentally challenged)

HIPAA

HIPAA is the Health Insurance Portability & Accountability Act of 1996 (August 21) More specifically, HIPAA calls for:

1. Standardization of electronic patient health, administrative and financial data.



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2. Unique health identifiers for individuals, employers, health plans and health care providers.
3. Security standards protecting the *confidentiality and integrity* of “*individually identifiable health information,*” past, present or future.

FERPA

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of *student education records*. Client clinical records do not qualify as educational records Clinicians’ course assignments; however, do qualify as educational records. The FERPA law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

MANDATED REPORTING POLICY AND PROCEDURE

Abuse of a Child

All Clinicians are considered “Mandatory Reporters” of suspected child abuse encountered in their work with clients. This means that any situation that might possibly involve suspected or confirmed child abuse may have to be reported to the proper child protective agency within 24 to 48 hours.

To ensure that both clients’ welfare is considered and that proper reporting procedures are followed, Clinicians must follow several important guidelines. Clinicians must be sure they carefully explain their duty to report suspected child abuse as a limit to confidentiality to each client at the beginning of their first session.

Factors:

- The abuse does not have to be substantiated, but may merely be suspected.
- The client does not have to be directly involved in any way.
- The suspected abuse may have occurred in another county, state or country.
- The client does not have to consider the event “abuse” for a report to be filed with a child protective agency.

Clinicians are responsible for obtaining immediate supervision when a potential mandatory reporting situation arises with a client. This situation most often arises when they are least expected, so when in doubt, consult with the Clinic Director, the supervisor, or a staff member immediately. The Clinic Director, supervisor or staff member will help the Clinician explain the concern(s), gather clarifying information, and inform the client of the obligation (we are mandated reporters of suspected abuse) and the intent to report the case to: Mississippi Department of Human Services Division of Family & Children's Services at 1-800-222-8000 or 601-432-4570



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Every effort should be made to communicate as thoroughly, openly, honestly, and therapeutically as possible with the client, helping them understand the procedure that will be followed by the Division of Family and Children Services and the police department. The Clinician along with the Clinic Director, supervisor or staff member will place a follow-up call to the family within 24-hours after the report was made in order to offer support, answer questions and concerns, etc. This call must be documented (date, time, content) in writing in the client's file.

Documentation for the Client's File

- A description of the circumstances by which the Clinician became aware of the suspected abuse.
- A description of the suspected abuse incident as reported to Clinic Director, supervisor or staff member.
- The steps taken by the Clinician to report the incident.
- Date and time suspected abuse was reported.
- The extent of which the client was informed throughout the reporting process.

Abuse of a Person with a Disability

All Clinicians are considered "Mandatory Reporters" of suspected abuse of a person with a disability encountered in their work with clients. This means that any situation that might possibly involve suspected or confirmed child abuse may have to be reported to the proper child protective agency within 24 to 48 hours.

To ensure that both clients' welfare is considered and that proper reporting procedures are followed, Clinicians must follow several important guidelines. Clinicians must be sure they carefully explain their duty to report suspected child abuse as a limit to confidentiality to each client at the beginning of their first session.

Factors:

- The abuse does not have to be substantiated, but may merely be suspected.
- The client does not have to be directly involved in any way.
- The suspected abuse may have occurred in another county, state or country.
- The client does not have to consider the event "abuse" for a report to be filed with a protective agency.

Clinicians are responsible for obtaining immediate supervision when a potential mandatory reporting situation arises with a client. This situation most often arise when they are least expected, so when in doubt, consult with the Clinic Director, the supervisor, or a staff member immediately. The Clinic Director, supervisor or staff member will help the clinician explain the concern(s), gather clarifying information, and inform the client of the obligation (we are mandated reporters of suspected abuse) and the intent to report the case to the Division of Family and Children Services (1-800-222-8000 or 601-432-4570).

Every effort should be made to communicate as thoroughly, openly, honestly, and therapeutically as possible with the client, helping them understand the procedure that will be followed by the Division of Family and Children Services and the police department.



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The Clinician along with the Clinic Director, Supervisor or Staff member will place a follow-up call to the client within 24-hours after the report was made in order to offer support, answer questions and concerns, etc. This call must be documented (date, time, content) in writing in the client's file.

Documentation for the Client's File

- A description of the circumstances by which the clinician became aware of the suspected abuse.
- A description of the suspected abuse incident as reported to clinic director, supervisor or staff member.
- The steps taken by the clinician to report the incident.
- Date and time suspected abuse was reported.
- The extent of which the client was informed throughout the reporting process.

Abuse of an Elderly Person

All Clinicians are considered "Mandatory Reporters" of suspected abuse of an elderly person encountered in their work with clients. This means that any situation that might possibly involve suspected or confirmed abuse may have to be reported to the proper protective agency within 24 to 48 hours.

To ensure that both clients' welfare is considered and that proper reporting procedures are followed, clinician must follow several important guidelines. Clinicians must be sure they carefully explain their duty to report suspected child abuse as a limit to confidentiality to each client at the beginning of their first session.

Factors:

- The abuse does not have to be substantiated, but may merely be suspected.
- The client does not have to be directly involved in any way.
- The suspected abuse may have occurred in another county, state or country.
- The client does not have to consider the event "abuse" for a report to be filed with a child protective agency.

Clinicians are responsible for obtaining immediate supervision when a potential mandatory reporting situation arises with a client. This situation most often arise when they are least expected, so when in doubt, consult with the Clinic Director, the supervisor, or a staff member immediately. The Clinic Director, supervisor or staff member will help the Clinician explain the concern(s), gather clarifying information, and inform the client of the obligation (we are mandated reporters of suspected abuse) and the intent to report the case to Mississippi Department of Human Services (1-800-222-8000, in State; 1-800-227-7308, Outside of Mississippi).

Every effort should be made to communicate as thoroughly, openly, honestly, and therapeutically as possible with the client, helping them understand the procedure that will be followed by the Division of Human Services and the police department.

The Clinician along with the Clinic Director, supervisor or staff member will place a follow-up call to the client within 24-hours after the report was made in order to offer support, answer questions and concerns, etc. This call must be documented (date, time, content) in writing in the client's file.



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Documentation for the Client's File

- A description of the circumstances by which the Clinician became aware of the suspected abuse.
- A description of the suspected abuse incident as reported to Clinic Director, supervisor or staff member.
- The steps taken by the Clinician to report the incident.
- Date and time suspected abuse was reported.
- The extent of which the client was informed throughout the reporting process.

CRISIS INTERVENTION

Crisis intervention refers to immediate, short-term help to people who experience an event that produces emotional, mental, physical, and behavioral distress or problems within the past 24 hours or within the past few weeks.

The intervention, itself, may range from one session to several weeks, and sessions may last from 20 minutes to 2+ hours. Interventions can occur in hospital emergency rooms, crisis centers, counseling centers, mental health clinics, schools/colleges, correctional facilities, police stations, and other social service agencies.

A crisis can refer to any situation in which the person perceives a sudden loss of his or her ability to use effective problem-solving and coping skills. A number of events or circumstances can be



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considered a crisis: life-threatening situations, such as natural disasters (i.e.: earthquake, tornado), sexual assault or other criminal victimization; threats of violence to others, self, or clinician; medical illness; mental illness; thoughts of suicide or homicide; and loss or drastic changes in relationships (i.e.: death of a loved one, divorce).

The purpose of crisis intervention is to: reduce the intensity of an individual's emotional, mental, physical and behavioral reactions to a crisis; help individuals recover and return to their level of functioning before the crisis; improve functioning, coping skills, and problem –solving behaviors; and prevent serious long-term problems from developing. (This section was adapted from the Encyclopedia of Mental Disorders at <http://www.minddisorders.com/Br-Del/Crisis-intervention.html>).

CRISIS RESPONSE PLAN

Clinicians can provide competent crisis intervention by following the plan below:

1. Collect information: client demographics and nature of the crisis.
2. Assessment of what happened during the crisis and the individual's responses to it [i.e.: emotional reactions (fear, anger, guilt, grief), mental reactions (difficulty concentrating, confusion, nightmares), physical reactions (headaches, dizziness, [fatigue](#), stomach problems), and behavioral reactions (sleep and appetite problems, isolation, restlessness)].
3. Assessment of the individual's potential for suicide and/or homicide (*see section on Suicide Assessment and Intervention in this Manual).
4. Collect information about the individual's strengths, coping skills, and social support networks.
5. Assess and make an informed decision regarding client needs:
 - a. Counseling
Cognitive therapy can be used in crisis intervention.
 - b. Education
Inform the individual about various responses to crisis. Inform the person that his/her response is a normal reaction to an abnormal situation and that the responses are temporary.
 - c. Coping Skills for Client:
 - Enhance and support existing skills
 - Become aware of and express feelings, such as anger and guilt.
 - Learn relaxation techniques and exercise to reduce body tension and stress.
 - Explore options for social support
 - d. Problem-solving Skills:
Thoroughly understand the problem and the desired changes, consider alternatives for solving the problem, discuss the pros and cons of alternative solutions, select a solution and develop a plan to try it out, and evaluate the outcome.



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- e. Referral to Services: counseling, psychiatric evaluation, hospitalization, or other. (Refer to section below regarding Referral)
6. Summary: Prior to terminating the crisis session with the client, the Clinician should:
- Review coping strategies
 - Provide assistance to client in making realistic plans for the future or in dealing with potential future crises.
 - Review on call crisis procedures with client. Clients may be informed that in case of afterhours emergencies, students can call: 662-325-3333 (MSU Safe Line), 911, or the MSU Police Department at 662-325-2121; non-students can call 911 or their local police department. provide client with information about resources for additional help if needed.
 - Obtain a release of information if necessary.
7. Follow-up: Following the crisis session with the client, the clinician should:
- Arrange for a follow-up appointment for the next working day at the Clinic as appropriate.
 - Arrange for additional referrals and appointments as needed, e.g., psychiatric evaluation for diagnosis or medication evaluation, physician or psychologist of client's choice.
 - Complete incident report immediately and remaining paperwork at Counseling Clinic no later than the next working day.
 - Make follow-up contacts to client and referral source within 24-48 hours.

REFERRAL

During the course of daytime and on-call contact with clients, Clinicians sometimes come across clients who are currently in crisis and need more intensive services than the Counseling Clinic is able to provide, such as severe eating disorders, alcohol and other drug treatment, psychiatric evaluation, etc. When that happens, the clinician's job is to work with the client and others (e.g., parents, partners, friends), and treatment facilities to facilitate smooth and efficient transfer of clients and clinical information to other mental health professionals, for psychiatric evaluation, and/or for hospitalization. Clinicians should work with the client and the MSU Counseling Center (if the client is a student), or other agencies (if the client is not a student) to provide the best care for the client. In any crisis situation, safety is the key issue. This includes clinician safety, the safety of the client, and the safety of others in the environment.

In order to connect clients to the appropriate resources, it is important for the Clinician to complete the following steps:



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Assess Risk: What level of risk does the person present to him/herself and/or to others?

Conduct a mental health intake/assessment to evaluate level of risk and determine level of care.

1. Consult/Collaborate:

- Check in with a supervisor to talk through risks, concerns, and next steps.
- Do not leave the client alone. Ask a colleague to stay with the student if you need to step-out of the room. The Counseling Clinic will have a supervisor available for assistance during Clinic hours.
- Often it is helpful to have another clinician/supervisor assist, for example contacting family members or the hospital while the counselor gathers information about the client.
- Not all care will be provided locally, depending on family involvement, level of risk, insurance, and resources available. Consult the resource list for potential hospitals, professionals, etc.

SPECIAL CRISIS INTERVENTION PROCEDURES

Suspected Child Abuse/Neglect or Suspected Elder Abuse

(Refer to section on Suspected Child Abuse/Neglect or Suspected Elder Abuse on p. ____)

Medical Referral

Any client in acute medical crisis whose health is compromised (i.e.: seizures, severe eating disorders, complications from existing medical diagnosis) should be cleared by a campus or community physician prior to engaging in counseling. The clinician should call campus police

(325-2121) if the client is a student, or 911 (if client is not a student) to assist the client in obtaining medical assistance if necessary.

If a student is currently under the influence of substances or is otherwise impaired, the student should be denied clinic services and the Clinician should report the incident to campus police or Starkville Police. Clinicians should also take precautions to ensure the safety of themselves and others.

SUICIDE ASSESSMENT AND INTERVENTION

Suicidal threat/behavior is the most frequent mental health emergency. A suicide threat is an expression that life is hopeless and a desire to end one's own life. A suicide threat may range from suicidal ideation, to a casual reference to death and disgust about the conditions of one's life, to a specific planned method, time, and place for the event to occur. Suicide threats are not common in the Counseling Clinic; however, the possibility is real that one may occur and Clinicians must be prepared.



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In order to facilitate the assessment and documentation of suicidal potential, Clinicians should:

- Be aware of the steps to take in working with and assessing suicidal potential.
- Remain calm during the session/event in which the threat occurs and not become distressed or excited by the threat.
- Complete a full assessment to determine level of risk.

Suicide Threat Assessment

The purpose of suicide intervention is to reduce distress and survive the crisis so that a stable state can be reached and alternatives to suicide can be explored. Suicide intervention begins with an assessment of how likely it is that the individual will kill himself or herself in the immediate future. The assessment should be completed during the session. The clinician will evaluate the lethality of the threat (Nonexistent, Mild, Moderate, Severe, Extreme).

- whether or not the individual has a plan for how the act would be committed,
- how deadly the method is (shooting, overdosing),
- if means are available (access to weapons), and
- if the plan is detailed and specific versus vague.

Clinicians may use the *Suicide Risk Assessment Form* and the *IS PATHWARM* mnemonic (See Appendix). The Clinician will also assess the individual's emotions, such as depression, hopelessness, hostility and anxiety. Past suicide attempts as well as completed suicides among family and friends will be assessed. The nature of any current crisis event or circumstance will be evaluated, such as loss of physical abilities because of illness or accident, unemployment, and loss of an important relationship.

Suicide Risk Factors

Cukrowicz et al (2004) note that the variables most associated with completed suicide are current suicidal ideation, resolved plan, and preparations. (Joiner & Rudd, 2000; Rudd, Joiner, & Rajab; 1996; Cukrowicz et al, 2004). With the possible exception of having a very lethal and specific plan for suicide, no single criterion should be alarming. Rather the evaluation of the suicidal potential should be based on the general pattern within the framework of the fourteen criteria which follow:

Age and Sex. Suicidal communications from males are usually more dangerous than from females. The older the person, the higher the probability of suicidal intention. Both age and sex should be considered. A communication from an older woman is more dangerous than one from a younger boy. Note, however, that younger people do make attempts, even if the aim is to manipulate and control people.

Mood. If the client sounds tired, depressed, "washed out", then the suicidal risk is higher than if he/she seems to be in control of him/her self. Also, exuberance, flight of ideas, screaming and yelling are to be considered ominous signs. Strong denial of suicidal intention should be



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considered a definite danger signal. If the client's mood undergoes marked change for the better during the session, this is an important positive sign of suicide potentiality.

Prior attempts or threats. Recent studies show that in about 75% of actual suicides, there have been previous attempts. Previous attempts places the client at higher risk.

Acute or chronic situation. An acute situation is a sign of greater immediate danger than would be chronic recurring situations. An acute event, although a sign of immediate danger, has a better prognosis for improvement (once the crisis has been dealt with) than is true of chronic, recurring situations. When did the problem develop?

Means of possible self-destruction. The most deadly means are shooting, hanging, and jumping. If the client has used or is threatening to use any of these methods, and the means are available, you must consider the threat to be serious and that the suicidal danger is high. Other methods can be lethal and should not be discounted because they appear to be slower and less dangerous, such as barbiturate ingestion, carbon monoxide poisoning, and wrist cutting.

Specific details of the method. If the client not only has specifically named the method he intends to use, but also goes on to give details about time and place, he should be considered to be in danger.

Recent loss or separation from loved one. If death of a loved one and/or divorce and separation come into the picture, the danger goes up. The separation need not have already taken place, but he/she may feel that it is impending and he is therefore depressed. If there is any actual or pending loss of a loved one, suicidal danger rises.

Medical symptoms. If such facts as unsuccessful surgery, chronic debilitation, cancer or fear of cancer, asthma, fatigue, impotence, loss of sexual desire or any medical symptoms come into the picture, the suicidal danger goes up. This is especially true in older persons who may be fearful they will never be well again. They may be lonely and feel that nobody cares for them, which will help to exaggerate the importance of their physical ailments.

Diagnostic impressions. Making a psychiatric diagnosis is a professional task; however, record any symptoms given you so that a professional evaluation may be made later. Obvious signs such as hallucinations, delusions, loss of "contact with reality," will reveal a disoriented state. If such issues as depression, anxiety, alcoholism, and sexual orientation enter into the picture, then the suicidal danger rises.

Resources. If the client is under financial stress, if he/she has no friends, or if he/she is all alone and has few or no social contacts, then the suicidal danger is high.

Living arrangements. The greater the satisfaction of the client in this area, the lower the risk. Four questions are useful: Who is the client living with at the present time? What is the quality and quantity of their relationships? Is the client satisfied? Are these arrangements economically, emotionally, and socially adequate and supportive for the client at the present time? Clients who live alone, have few friends or other support systems or are unhappy in their living arrangements are greater risks.

The client's perception of his problem. The client who feels hopeless and helpless is at a higher risk for suicide. How realistic are the client's perceptions of the situation. Are they accurate, distorted, or confused? Remember: Suicide is often an emotional decision, not a rational one!

Disruptive of daily living patterns. The client who is not going to work, who is not eating well, who has lost weight and who is not able to carry on daily routine is a higher risk than one who is not so dissatisfied.



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Coping strategies and devices. How has the client dealt with crisis in past times? Have formerly used coping methods been tried? If so, and they have proven ineffective, why are they not working now? Is the client impulsive? Does the client habitually recourse to excessive drinking or misuse of drugs or violent acting out against self or others?

Immediate Management of Suicidal Client

In the event of a suicide threat or if the Clinician suspects that the client is suicidal, the Clinician should:

- Contact the Counseling Clinic supervisor and the Clinic Director. All Clinicians must consult with the Counseling Clinic supervisor the Clinic Director regarding any client that expresses suicidal ideation. The Counseling Clinic Director will contact the Clinician's clinical supervisor.
- If the Clinic Director is not available and the client in question is an MSU student, the Counseling Clinic supervisor and the Clinician should contact the MSU Student Counseling Center and inform the administrative assistant that he or she is calling for a consult with the Walk-In or On-Call counselor about a potentially suicidal client. If neither person is available, the Clinician should ask to speak with the Counseling Center Director.
- If the Clinic Director is not available and the client in question is NOT an MSU student, the Counseling Clinic supervisor and the Clinician should contact a licensed CEP faculty member for a consult.
- While the client is still in the Clinic, the Clinician should discuss the situation with the Counseling Clinic supervisor and Director, and his/her clinical supervisor (if appropriate), to determine if there is a need for specific action: counsel, or refer the client for evaluation, hospitalization, or to another agency immediately.
- BE SURE THE CLIENT IS NOT LEFT ALONE while the client is in crisis.
- In the event that the client is considered to be at risk, the Clinician (under supervision by the Counseling Clinic supervisor and Director should contact a significant other and other persons as appropriate. Confidentiality can be breached in a case that involves suicidal/homicidal ideation. Appropriate response includes explaining to the client who is being contacted and why, emphasizing the Clinician's concern about the client's wellbeing, and notifying the client of the clinician's duty to protect the client from harm to self. Clinician's may also try to secure or remove lethal means (e.g. pills, gun) from access to the client.
- Following the recommended action, the Clinician must complete Incident Report immediately and the relevant case note documentation and the Suicide Risk Assessments form within 12-48 hours of the contact with the suicidal client. This form should be completed for all suicidal clients regardless of the level of risk. The Clinician's Supervisor or Counseling Clinic Director should also review and sign the Counseling Clinic Incident Report.
- Following consultation, the Clinic Director, at his/her discretion, notifies the Department Chairperson regarding the threat. The chain of notification continues in the following manner as appropriate:



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If the client is an MSU student: Department Chairperson, Student Counseling Services, Dean of Students, and Campus Security.

If the client is NOT an MSU student: Department Chairperson.

Treatment for Suicidal Client

Most individuals with thoughts of suicide do not require hospitalization and respond well to outpatient treatment. Educating family and friends and seeking their support is an important aspect of suicide intervention. Individual therapy, [family therapy](#), substance abuse treatment, and/or psychiatric medication may be recommended.

Suicide Intervention for Underage Clients

If the client is a child or adolescent, the Clinician will alert the parent(s) or guardians(s) of the clients suicidal thoughts. This will typically occur in a joint session with the client and his/her parents immediately following the counselor's consultation with the Clinic Director and his/her supervisor.

Resources: Adapted from:

"Criteria for Assessment of Suicidal Potentiality", (Sliaken, & Hatton, 1979; Valente, & Rink, 1977).

<http://www.minddisorders.com/Br-Del/Crisis-intervention.html> (2012)

http://www.mentalhealth.va.gov/docs/Suicide_Risk_Assessment_Guide.doc

THREATS OF VIOLENCE

It is important that you try to avoid escalating the situation. Establish ground rules if the unreasonable behavior continues. Calmly describe the consequences of violent or aggressive behavior. Suggest alternatives, and avoid giving commands or making conditional statements.

It is important to know how to safely and effectively end a conversation or interaction before the situation escalates. Here are some tips:

- Interrupt the conversation firmly but politely.
- Tell the client that you:
 - Do not like the tone of the conversation.
 - Will not accept abusive treatment.
 - Will end the conversation if necessary.
- Tell the client that you will ask him or her to leave (the building, your office, etc.) or that you will leave.



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- If the behavior continues, end the conversation. Ask the client to leave, or leave you.
- If the client does not agree to leave, remove them from the scene and inform the Clinic Director, Clinic Staff or Clinic Supervisor immediately.
- Tell other Staff and have them leave the immediate area as well.
- Call Campus Police or dial 911
- Document situation in the client's file.

Key Points to Remember

- Remain calm.
- Be conscious of how you are delivering your words.
- Speak slowly, quietly and confidently.
- Speak simply. DO NOT use official language or complex terminology.
- Listen carefully. DO NOT interrupt or offer unsolicited advice or criticism.
- Encourage the other person to talk. DO NOT tell them to relax or calm down.
- Remain open-minded and objective.
- Use silence as a calming tool.

SEXUAL ASSAULT

Sexual Assault Involving MSU Student

MSU's Office of Relationship Violence and Outreach is dedicated to providing advocacy and services for student victims of sexual violence, and to providing information and education to the Mississippi State University community for prevention of sexual assault and violence.

Procedures for Reporting Sexual Assault of MSU Student

The Clinician should refer the complainant to the Coordinator of the Sexual Assault Response Team (See contact information on Emergency Contact List). In the absence of the Coordinator, the referral may be made to MSU Student Counseling Services. The Coordinator reviewing the complaint will explore with the complainant the available options for further reporting. The clinician should follow up with the Office of Relationship Violence and Outreach to ensure proper reporting of the sexual assault incident.

When a client has been sexually assaulted, the clinician should instruct the person to:

1. Go to a safe place immediately (if the person is not in the Counseling Clinic Clinic).
2. Call the police by dialing 911 or 325-2121. Calling 911 from a campus phone will connect the student with MSU Police or, if phoning from off campus, the student will be connected to the Starkville Police Department.
3. Do not bathe or change clothes, as evidence may be destroyed.



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4. Get medical attention immediately. If the assault has occurred within the past 72 hours, go to the Longest Student Health Center or a hospital emergency room for the most appropriate care.

Procedures for Reporting Sexual Assault of a Non-student

When a non-student client has been sexually assaulted, the clinician should instruct the person to:

1. Go to a safe place immediately (if the person is not in the Counseling Clinic Clinic).
2. Call the police by dialing 911. Calling 911 will connect the client with the Starkville Police Department.
3. Do not bathe or change clothes, as evidence may be destroyed.
4. Get medical attention immediately. If the assault has occurred within the past 72 hours, go to a hospital emergency room for the most appropriate care.
5. The police officer taking the complaint will explore with the complainant the available options for further reporting.

Counseling Clinic Reporting

- Contact the Counseling Clinic supervisor and the Clinic Director. All Clinicians must report to the Counseling Clinic supervisor the Clinic Director any client that has been sexually assaulted. The Counseling Clinic Director will contact the clinician's clinical supervisor.
- Refer the client for medical evaluation or hospitalization, and report the incident to Student Counseling Services and campus police immediately if the client is a student.
- In the event that the client is considered to be at risk, the clinician (under supervision by the Counseling Clinic supervisor and Director should contact a significant other and other persons as appropriate.
- Attempt to obtain appropriate releases of information to facilitate continued communication between the Counseling Clinic and family members, treatment providers, and university personnel as appropriate.
- Following the recommended action, the Clinician must complete the relevant case note documentation.
- Following consultation, the Clinic Director, at his/her discretion, notifies the Department Chairperson regarding the assault. The chain of notification continues in the following manner as appropriate:

If the client is an MSU student: Department Chairperson, Student Counseling Services, Dean of Students, and Campus Security.

If the client is NOT an MSU student: Department Chairperson.

- Follow-up with client as appropriate.



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EMERGENCY CONTACT INFORMATION*

Counseling Clinic Office	(662) 325-0717
Counseling Clinic Director – Dr. Cheryl Justice	(662) 202-4114
School Psychology Clinic Director – Dr. Dan Gadke	(224) 627-1075
School Psychology Clinic	(662) 325- 2568
Oktibbeha County Regional Medical Center Emergency Room	(662) 615-2697
Ambulance – Emergency/Urgent Transfer if above contact cannot be reached	911
Baptist Behavioral Health Care (Columbus, MS) Toll Free Contact Number	(800) 362-7902
Baptist Behavioral Health Care Clinic Fax number	(662) 244-2164
MSU Police Department	(662) 325-2121
Starkville Police Department	(662) 323-4134
Oktibbeha County Sheriff’s Office	(662) 323-2421
MSU Student Counseling Services	(662) 325-2091
MSU Dean of Students Office Daytime Office Number	(662) 325-3611

Appendices



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CLINIC OPENING AND CLOSING PROCEDURES

Staff responsible for opening and closing the Counseling Clinic will follow the procedures on the checklist below:

Opening Procedures:

- Arrive at the Clinic at least 20 minutes prior to scheduled opening.
- Enter the Counseling Clinic and scan all rooms, upstairs and downstairs. If something causes concern, call Clinic Director/Coordinator or University Police for further assistance.
- Check that trash cans in each room and lobby are empty; if not, make a note to contact housekeeping.
- Turn on all lights.
- Open blinds and turn on cameras as appropriate.
- Adjust thermostats as needed.
- Turn on sound machine(s) in various locations.
- Check all portable video stands in rooms 5, 6, 7, and 8 to include both remotes present and DVD can be accessed.
- Enter the Taping Room, turn on recorders, monitors and unlock filing cabinets.
- Turn on all computers and the printer/copy machine.
- Remove Appointment Book from filing cabinet and place at reception desk.
- Check e-mail and voicemail. Relay any messages to the appropriate individual and/or record on Client Contact Log in client files.



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- Unlock both front and back doors for public access at the start of the business day.
- Initial Clinic Opening Procedures in Appointment Book

Staff Signature

Date

Closing Procedures:

- Close all blinds.
- Check all portable video stands in rooms 5, 7, and 8.
- Turn off all cameras and lights in session rooms.
- Turn off sound machine(s) in various locations.
- Turn off recorders and monitors, and lock filing cabinets in Taping Room.
- Turn off all computers and the printer/copy machine.
- Check tissue supply in each room and restock as needed.
- Turn off all inside lights, including table lamps.
- Set thermostats to appropriate temperature (80° in the summer, 69° in the winter)
- Initial Clinic Closing Procedures in Appointment Book
- Place Appointment Book in filing cabinet in Taping Room.
- Close and lock supply closet, counselor office and Taping Room doors.
- Lock inside front door and both exterior doors.

Staff Signature

Date

**ACKNOWLEDGEMENT OF DVD RECORDINGS
SUPERVISION FOR STUDENT COUNSELORS**

As a student enrolled in the Counseling and Educational Psychology Program, my signature below indicates that I am aware that:

- my supervisor may be a doctoral student or trained supervisor
- supervisory sessions will be recorded on DVD for the possible use in training
 - these recordings may be used in staffing sessions in which my supervisor participates with other supervisors-in-training, faculty supervisors, and/or the Box Clinic Director(s)
- information discussed during supervision sessions with my supervisor may be shared with other supervisors-in-training, faculty supervisors, and/or the Box Clinic Director(s) when it is decided that this information is pertinent to my training and/or the welfare of my client(s)

I am aware that it is my responsibility:

- to inform my client(s) that the DVDs of our counseling sessions will be reviewed by my supervisor and



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- to review recorded counseling sessions with my supervisor during the supervision sessions, which are also recorded
- to further inform my client(s) that the recordings of supervisory sessions may be reviewed by faculty supervisors, the Box Clinic Director(s), and/or other supervisors-in-training who are participating in the COE Supervision course and/or the COE Doctoral Internship class during the semester in which the counseling takes place

I understand that if these supervision recordings are to be used as part of research, or as educational tools in future doctoral-level classes, both my client(s) and I will be asked to sign appropriate consent forms (e.g. informed consent research documents).

Student Counselor (PRINT)

Student Counselor Signature

Date



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Contact Counseling Clinic Director: Cheryl Justice, PhD, LPC-S,
NCC
Associate Professor & School Counseling Program
Coordinator