



Middle Georgia
State University

OFFICE OF COUNSELING SERVICES

Middle Georgia State University

Counseling Services

Policy and Procedure Manual

Revised August 2024

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Purpose

The information within this manual reflects the philosophy of Counseling Services and provides guidelines for various situations. The manual represents the most current version of policies and procedures endorsed by Middle Georgia State University Counseling Services. Policies and procedures within are subject to revision and expansion as needed, it is not possible to foresee every situation. The Counseling Services staff should use the manual as a *guideline* that supplements other University documents, such as but not limited to, the Faculty and Staff Handbook and the Student Code of Conduct. Counseling Service staff are expected to use good judgment in implementing these policies and procedures. In ambiguous and/or unprecedented situations, staff are expected to consult with supervisors and/or colleagues prior to making decisions. Every member of the Counseling Office is expected to be familiar with and have available current copies of pertinent University publications.

Section I: INTRODUCTION

A. Middle Georgia State University

1. Mission Statement

Middle Georgia State University educates and graduates inspired, lifelong learners whose scholarship and careers enhance the region through professional leadership, innovative partnerships, and community engagement.

2. Non-Discrimination Statement

Middle Georgia State University is an Equal Educational and Employment Opportunity institution. Factors of race, national origin, color, sex, age, religion, sexual orientation, or disability are not considered in the admission or treatment of students or in employment. To ensure non-discrimination, hiring managers are expected to comply with the recruitment and hiring policies and procedures.

Excerpt from Middle Georgia State University's Policy Manual

B. Division of Student Affairs

The University's Counseling Office is a unit of the Division of Student Affairs with a direct reporting line to the Vice President of Student Affairs.

1. Vision and Mission

The Office of Counseling and Accessibility Services has a dual mission:

1. To provide the professional and confidential support to students by addressing personal crises and offering remedies and referrals
2. To provide academic and non-academic support for students by addressing documented needs related to learning, physical, chronic health, and psychological issues.

2. Diversity Statement

At MGA Counseling Services, we value an environment that is welcoming and comfortable for all students regardless of race, gender, ethnic background, age, sexual orientation, religion, or disability. We strive to create a safe and affirming climate where students can feel comfortable exploring the importance of their identity and life experiences with regard to diversity and how this might relate to the questions and issues students would like to address in counseling. As professional clinicians, we continuously work to follow the multicultural guidelines and standards provided by guiding professional organizations, including the National Board of Certified Counselors, the Georgia Board of Professional Counselors, and the American Counseling Association.

Section II: PERSONNEL

A. Professional Behaviors

Middle Georgia State University Counseling Office staff members within clinical training programs practicing who are practicing at the CC, will demonstrate professional behaviors in all areas of personal interactions, duties, and responsibilities during their tenure at the Office.

1. Ethics, Confidentiality, and Privacy

Ethics: Each mental health discipline has an established Code of Ethics that provides guidance and sets common ethical standards. All clinical staff and trainees within the Middle Georgia State University Counseling Office are expected to adhere to their respective professional Code of Ethics. Any clinical staff interacting with doctoral interns or practicum students must also adhere to the Ethical Principles of the American Counseling Association.

Confidentiality: Regardless of licensure status, clinical staff and those in training must practice within the State of Georgia's Legal Code regarding the provision of mental health services. This includes maintaining legal privilege, confidentiality, and privacy of treatment information. Treatment information is provided only when proper prior informed consent has been obtained or when it is a legal exception to privilege, such as an imminent risk of harm to self or report of child abuse. No confidential information should be released from the Counseling Office without the express approval of the Director.

Privacy: The Counseling Office strives to create and maintain a working atmosphere of respect, collegiality, and integrity consistent with the ethical guidelines of our mental health professions. Each student's record of treatment is private and to be accessed only for professional reasons, to include:

- Case management services
- Assignment as clinician
- Clinical supervisor of assigned clinician
- An unassigned clinician is providing screening, urgent, or emergency treatment.

2. Counseling Office Conflict Resolution Guidelines

It is normal and expected to have conflict arise within our agency, at times. As dedicated professionals, we are expected to approach conflict in a proactive, professional, and honest manner. By approaching conflict proactively and with a self-examining manner, the conflict will serve to promote growth with both the individuals and the team. The following outline is meant as a guideline, rather than a concrete set of rules, for assisting in conflict resolution.

The first step in conflict resolution is for the involved parties to meet in an initial attempt to resolve the issues. This step will involve an analysis of what constitutes the conflict. Therefore, some aspects of the conflict may be adequately resolved at this step and other aspects may not. Involved parties in the conflict are strongly encouraged to remain open to feedback and to embrace a "win-win" attitude in resolving the conflict. If the conflict cannot be satisfactorily resolved at this level, then one or both parties may elect to go to the second step as follows.

The second step in conflict resolution involves conflicting parties meeting with the Office Director or designee. The Director may suggest a variety of steps, especially if the conflict is multi-faceted. These steps may include but are not limited to: imposing a solution; sending the participants back to resolving the concerns themselves; sending the concern to a particular committee(s); or bringing the concern up in a staff meeting.

If the conflict is still unresolved, the conflicting individuals may elect to return to the Office Director for further assistance. They may also elect to "agree to disagree." All staff members are encouraged to put the well-being of the agency over personal conflicts and to work amicably and professionally with one another by resolving or managing any conflict.

3. Office of Employee Relations within Human Resources (HR)

“Employee Relations is concerned with preventing and resolving employee issues that may affect work situations. We also provide information on Alternative Dispute Resolution, Mediation, and Grievance procedures. HR professionals are available Monday through Thursday from 8:00am to 5:30pm and Friday 8:00am to 12:00pm (Summer Hours 7:30am—6:00pm Monday through Thursday) to speak with you confidentially about individual or organizational needs.”

4. Dress Code

Each member of the Counseling Office has the ongoing responsibility to demonstrate acceptable personal appearance. The Office dress code calls for attire to be tasteful and businesslike, that which conforms with professional standards. Common sense should be the basic guideline utilized when determining appropriate work environment clothing. Dress code for Fridays may include jeans that are work appropriate and neat, which means rip and stain free.

5. Technology and Communication

Computer Usage, including the internet: Use of state-provided computers and internet should be done in a manner consistent with assigned work and all work-related activities.

Email and Messaging: While on duty, staff are expected to be signed-in and ready to respond to emails in a timely fashion. Counseling administration expects a timely

response, within 1 business day, to a request for information and deems it unacceptable to have requests for information go unanswered.

Email communication is not a confidential form of communication. If used to communicate with students, email should be used minimally and ONLY with student's consent.

Phone Usage: Staff members should use phones in a manner consistent with best customer service standards and with assigned work or work-related activities.

6. Social Media

Counseling Office staff members who choose to participate in social media should assume all postings have the potential to be public material. Staff electing to use these platforms should be mindful of how this communication form might be perceived by current, past, or future students, colleagues, University administration, faculty/staff, and other community members. With this in mind, Counseling Office staff should consider limiting the amount of personal information posted on social media. Staff members with personal social networking sites should set privacy settings to the highest level of protection to prevent clients from accessing personal information or sending messages to the staff member. Clinicians must adhere to professional ethics concerning any posts, comments, videos, or other forms of communication by never including identifiable information about clients that could lead to compromising confidentiality. Clinicians should not accept "friend" requests from clients within their personal social media networks to avoid the perception of exploitation or conflicting dual/multiple relationships.

The Counseling Office currently maintains a social media presence on Instagram. Designated staff members act as administrators to manage content and post approved, relevant announcements or information.

7. Customer Service

Consistent customer service is a priority for the Counseling Office. Staff conduct is expected to reflect a positive, service-oriented attitude. All visitors should be greeted or acknowledged with a smile. Those being served should receive full attention, and every effort to resolve problems should be done so in a professional and compassionate manner.

In-person visitors requesting assistance take priority, while phone calls and email requests take a lower priority. If staff members are not assisting others, calls coming into

the office during business hours should be answered promptly. All phone messages and email requests should be answered within 24 hours or the next business day if received on a weekend or holiday.

Greetings should be polite and accompanied by eye contact. For example, the question "How may I help you?" should be preceded with a standard greeting. "Good morning," or "Hello." Phone greetings when answering the central office line should include the name of the office and the name of the person answering the phone.

B. Clinical Staff Responsibilities

One of the primary responsibilities of the Counseling Office clinical staff is to provide counseling services to Middle Georgia State University students presenting with mental health concerns. Clinicians are expected to serve as generalists in practice to provide care for a variety of mental health needs. However, it is recognized that each staff member may also have particular interests and areas of expertise that may be helpful with consultation or as a referral.

Generally, clinicians provide services to students and the campus community through a variety of methods that include, but are not limited to:

- Intake session
- Individual therapy
- Screening/triage
- Workshops
- Outreach programs for the campus community
- Consultation for the campus community
- Emergency/crisis response after hours

C. Counselor Administrative Roles

Within the Counseling Office, clinicians have responsibilities for various administrative, coordinator, and/or liaison roles. Each campus has unique needs which calls for variation and/or duplication of roles by location. Roles may be assigned by the Office Director as needed. Periodically, responsibility for roles may change as needs within the Office change or with changes in staff interests. Likewise, duties within a role may be modified as need dictates. With the exception of the Director position, professional staff members are expected to seek responsibility for at least one of the following roles: professional staff, assisting in developing clinical policies and procedures, and servicing as liaison to various community mental health providers.

1. General Work Schedules

Within Middle Georgia State University, a full-time employee is expected to work 40 hours per week during normal business hours, 8:00 am to 5:30 pm Monday to Thursday with an allotted lunch hour period and 8:00am to 12:00pm on Fridays. Summer hours are 7:30am to 6:00pm Monday to Thursday. Exempt employees are expected to work *as much time as needed to complete work without expectation of overtime or additional pay*. Non-exempt employees are eligible for overtime pay or time compensation past the 40-hour work week (Human Resources Policy on Overtime and Compensatory Time).

2. Leave Time

For the comprehensive Leave Policy of the University refer to Human Resources.

Staff members accrue vacation and sick leave according to University System of Georgia guidelines which are used for planned vacations, sick time, doctor's appointments, or other leave. All planned leave should be requested and approved with a notice of two weeks; shorter notice may be approved depending on the circumstances and department needs. Planned vacation leave around paid holiday leave should be requested well in advance and be equitable among staff. While reasonable efforts will be made to approve planned leave as requested, situations may arise, wherein the interest of the department, you may be asked to modify the length or timing of your request. There may also be 'blackout' periods due to heavy workloads and/or tight deadlines during which no planned leave requests will be approved.

Vacation: When planning vacation time, obtain approval from your direct supervisor/ Counseling Services Director.

Sick: Staff must notify their direct supervisor when unable to report to work for any reason. A notice must be received same day no later than 8:00 am by phone. An absence of more than three consecutive days requires a physician's note.

Holiday: According to the Board of Regents policy, employees in each institution within the University System of Georgia are allowed twelve (12) paid holidays each calendar. The approved holiday calendar is established by the administration and found on the Human Resources website. As required by the University, the employee is entirely responsible for submitting all leave time within OneUSG. The identified supervisor reviews all requests and makes final approval.

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4. Travel Time

Authorization and Reimbursement:

At times, staff may be away from the office for a day or more to participate in professional development. Staff are encouraged and supported to attend local, regional, and national conferences, presentations, and other educational programs that supplement and enhance knowledge and training, as well as apply toward licensure requirements. In most situations, time spent engaged in professional activities will be considered professional development and will not require vacation leave. Funding assistance for travel related to professional development is usually available.

For travel within or out of state, consult the Budget Analyst for the appropriate Request for Authority to Travel Form, to complete **no less than 3 weeks** before travel dates. The Budget Analyst will maintain the approved Travel Form to ensure appropriate funding is allocated within the Counseling Office budget.

To apply for travel funds, complete the Request for Authority to Travel Form requiring an estimate of associated costs, and submit the Travel Form to the Office Director. Preference will be granted to staff requiring CEU's to maintain licensure and staff presenting at professional conferences/meetings. Once travel approval is secured, the Director will notify as to the approved funding amount to be allocated for requested travel.

As a state agency, Middle Georgia State University and its employees are exempt from state sales taxes when functioning on state business, no reimbursements can be provided for any state sales tax paid. For in-state travel, use a Georgia Tax Exempt Form, found on the Business and Finance website, to use with each reimbursable transaction. For all travel, retain original receipts, including a record of mileage on the vehicle. Upon return of travel, the staff member is responsible for submitting the request for reimbursement and all relating documents through OneUSG. Mileage reimbursement for use of a personal vehicle will only be allowed if the vehicle comparison yielded that the use of the personal vehicle was the preferred option.

Section III: GENERAL OFFICE PROCEDURES

Regardless of campus, no Counseling Office staff should remove any confidential student information or records from the office. At the end of the workday, all confidential information should be placed in a secure area such as a locked cabinet or drawer behind a locked door.

A. Macon Office - Office Procedures

Below are the required steps to open/close the Macon Counseling Office. If all support staff is out of the office, the Director will follow the below procedures:

Opening the office

1. Unlock front waiting room door
2. Turn on inside lighting
3. Access key from the file room
4. Use keys to unlock file room door
5. Turn off Answering Service via phone

Closing the office

1. Reverse procedures from above.
2. Transfer phones to Answering Service

B. Cochran Office - Office Procedures

Below are steps for open/close of the Cochran Counseling Office. Support staff has primary responsibility with opening/closing the Office following business hours. When support staff is not able to do so, the first/last staff member to arrive in the office will follow the below procedures:

Opening the office

1. Unlock front waiting room door
2. Turn on inside lighting
3. Use keys to unlock file room door
4. Turn off Answering Service via phone

Closing the office

1. Reverse procedures from above
2. Transfer phones to Answering Service
3. Make sure all individual office doors are closed

C. *Telephone, Fax, Mailboxes*

General incoming phone calls are received by counseling staff. The protocol for answering calls is:

- Answer by greeting caller, “Good morning/afternoon, Middle Georgia State University Counseling Office, this is (your name), how may I help you?”
- If scheduling, check to see if the desired individual is available using scheduling program.
- If the caller requests a staff member, either transfer the call (see below) or take a message on orange message sheet and put the message in the individual's phone message box.

The front desk keeps all telephone messages. Each individual is responsible for checking and responding to messages promptly. Any telephone messages not retrieved by close of the business day will be placed in a locked area by support staff.

D. *Emergency Preparedness Plans*

Middle Georgia State University Counseling Office follows the University Emergency Management Protocol. According to the protocol, a Knight Alert is sent to notify the campus community of any urgent situation including weather-related.

1. Unexpected University Closures

At times, the University may unexpectedly need to close. Examples of such times include severe weather, power outages, a threat to campus, etc. With an unexpected closure, the Counseling Office will follow protocol and procedures as directed by the University. Knight Alerts will notify the Middle Georgia State University community of any closure to any campus or office. Further responsibilities are as follows:

Upon reopening the Office, each clinician will be responsible for rescheduling any missed clinical appointments.

2. Tornado Warning

If the National Weather Service issues a tornado warning, a Knight Alert will be sent to the Middle Georgia State Community, and the Emergency Management Team will be activated. Upon receipt of a Knight Alert, front desk personnel will advise all Counseling Offices occupants adhere immediately to directives within the Alert and take the following steps:

- Proceed to the designated MGA safe space until the warning has expired.
- If possible and safe, staff within the Counseling Office should attempt to bring their cell phones to communicate throughout the situation.
- Once the threat has been cleared, a Knight Alert and/or notice will be issued by the Emergency Management Team, and the Director will communicate when normal office activity may resume.

3. Hurricane Evacuation

Counseling Office staff will ensure the following in the event of the University issuing an evacuation order:

- All paper documents/files are secured in a locked cabinet in a locked room.
- Any sensitive materials within an individual's office are stored in a secure location; all desks drawers in private offices are locked, and office doors are closed and locked.
- All electronic equipment is shut down and unplugged
- Any essential electronic documents on office hard drives are backed-up.
- Valuable items are moved away from windows.
- Windows are locked, and blinds are closed.
- Lights are turned off.

4. Fire Notice

When a fire alarm sounds, all occupants are required to evacuate the building:

- Remain calm, do not rush or panic.
- Safely stop working.
- If it is safe to do so, gather personal belongings.
- Exit office closing office door.
- Use the nearest and safest exit to leave the building.
- On the way out, warn others to evacuate.
- Proceed to the designated emergency assembly area
- Wait for further instructions from emergency responders.
- *Do not re-enter the building or work area until instructed to do so by the emergency responders.*

Section IV: CLINICAL SERVICES

Middle Georgia State University Counseling Office operates as according to the Comprehensive Counseling Services Model, and provides short-term clinical services to address the mental health needs of students. The services provided by the Office are designed to help students manage day-to-day challenges, while also encouraging personal development.

A. Description of Services

Individual Counseling - The Office offers individual counseling for a wide variety of psychological concerns with the most frequent being anxiety, depression, suicidal ideation, stress, and relational issues.

Group Counseling – The Office offers several therapy groups during any given semester. Groups offered are determined by Office need and therapist interest. The therapist conducting said group determines students' eligibility for each group. Examples of groups that have been offered include general therapy groups, personal growth groups, and psychoeducational groups. The American Group Psychotherapy Association offers practice guidelines for group psychotherapy.

Workshops - The Office offers various workshops throughout the academic year to help build skills, increase awareness, and/or develop knowledge.

Outreach Programs - The Office offers a variety of educational programs for students, campus clubs/organizations, faculty, and staff. In addition, campus entities may request Counseling Office staff to speak on a range of mental health concerns via the online Outreach and Workshop Request form.

Consultation - The Office offers consultation to faculty, staff, students, campus groups/organizations, administrative offices, or others seeking mental health experts for a student or situation.

Crisis intervention –Clinicians assist students with a mental health crisis by assessing safety needs, facilitating interventions, identifying resources, and making referrals when appropriate. If, during the crisis intervention, it is determined that an individual does not qualify for continued services (see below), the clinician will provide appropriate referrals to community providers.

B. *Eligibility for Therapeutic Services*

1. Eligibility Requirements

The Counseling Office provides free counseling services to active students, scheduled for 4 or more credit hours and 18 years old or older when scheduled service is initiated. The Counseling Office reserves the right to refer students whose needs exceed the office capacity to provide ethically competent treatment.

Additionally, students seen for services in a previous semester that continue enrollment in a succeeding semester are eligible for services between semesters as well as in the summer dependent on the availability of the treatment provider.

Minors seeking treatment: If you are under 18 years of age, you are not legally able to consent to treatment, and consent must be obtained from a parent or guardian. Minors under the age of 18 must understand that parents' may have access to records based on Georgia law. We will try to provide them only with general information about our work together, unless there is a high risk of harm to yourself or someone else. In this case, Counseling Office staff will discuss their concerns about your safety with your parents. If possible, Counseling Office staff will discuss the matter with you before giving your parents any information and do our best to involve you with this conversation

2. Conditions of Ineligibility

Any students enrolled in different colleges or universities are not eligible to receive services in the Counseling Office.

Any student receiving a Medical Withdrawal becomes ineligible for counseling services until the student is again attending Middle Georgia State with a minimum of 4 credit hours.

Faculty or staff employed by Middle Georgia State University are not eligible for services. Human Resources can assist with connecting employees to the USG's Employee Assistance Program (EAP).

3. Services without Eligibility Requirements

Any student can access Counseling Services drop-in workshops, outreach programming, resources within the Counseling Office website, and crisis intervention services.

C. *Scope and Conditions of Services*

The Office operates on a first-come/first serve basis. At times, the nature and severity of a presenting concern may necessitate the need for a new student to be scheduled before an existing student. Clinical judgment and consultation with other staff members should be utilized in making scheduling decisions. When schedules are full, the Office Coordinator will consult with each staff member about their scheduling preferences.

1. Scope of Individual Therapy Practice

Students whose needs exceed the Office capacity to provide ethically competent care, as determined by treating clinician, should be referred to an appropriate setting/provider in the community.

Attendance in group therapy and/or drop-in workshops is unlimited.

2. No Show/Cancellation Limits

Individual counseling services may be terminated if three (3) appointments are considered “No-Show” or there is an excessive number of appointment cancellations.

Cancellations must be made at least 24 hours in advance. It is the client’s responsibility to reschedule any missed or cancelled appointments. Clients who miss more than 3 appointments per semester may lose eligibility for services. If you are more than 10 minutes late for an appointment, the Office reserves the right to reschedule your appointment.

D. *Management of Caseload*

Each clinician is responsible for managing their caseload, which includes determining the frequency of appointments for each student. Frequency of sessions is determined by clinical presentation, consideration for session limits, and the availability of Office resources.

Appointments are kept centrally within the EMR system, Titanium. The student or clinician will schedule all intake appointments. Clinicians are responsible for updating all coding within Titanium, e.g., type of screening contact, etc., following the appointment.

1. Transferal of Clinical Cases

Clinicians are responsible for the on-going care of students seen in screening, emergency contact, or intake unless the student is already assigned to another provider. If an intake clinician seeks to refer a case to a different clinician, they must first obtain permission from the Director. If approved, the intake clinician should consult with the receiving clinician before the transfer of the student's care.

The transfer of a case due to counselor leaving, schedule change, etc. should be discussed during staff meetings and before any appointments being scheduled. When a clinician is leaving their counseling role, each active student on their caseload should be notified, the impact of counselor departure processed, and a treatment plan created concerning the student's care. It may be determined that the student:

- Will terminate treatment and return as needed
- Will continue with services, in which case the departing clinician will coordinate the transfer of services and has the responsibility of noting to whom the referral is being made within Titanium's "comment" notations.

2. Student Request for Transfer

If a student requests to be transferred to another clinician, as part of treatment, the student should be encouraged to process their request with the current counselor before a transfer is made. If the student refuses, this choice should be respected. Consultation should occur between the former and new clinician.

Any ongoing scheduling problems or need for changes in client load etc. should be brought to the attention of the Director.

3. Student Complaints

Students have the right to communicate concerns and complaints about aspects of the Counseling Office in a therapeutic manner. Staff are prohibited from discouraging, intimidating, harassing, or seeking retribution against a student who exercises their right to express a complaint. Any individual who receives a complaint from a student must immediately notify the director. The Director, in consultation with appropriate staff, will determine the plan for proceeding to manage the complaint. At times, a response may include the need for the Director to consult with the Vice President of Student Affairs and/or the University's legal affairs department. A response time to the complaint may vary based on the nature of the complaint but every effort will be made to be timely.

E. Treatment Records

Middle Georgia State University Counseling Services uses an electronic medical record system, Titanium, for scheduling, documentation and record keeping. Staff will be provided training in Titanium as needed. Additionally, the Titanium User Manual is available in the Counseling Office shared drive, or the Titanium Coordinator can be consulted for additional procedural needs.

Titanium is used to document all information relating to treatment, including each student interaction as well as any other type of contact/information pertaining to the student such as releases of information, records received from other providers, faxes, letters written on behalf of the student, and any correspondence with or pertaining to the student. In some cases, the record needs to be added to Titanium by scanning it into the file, for example, an after-hours emergency note that is handwritten.

Treatment records entered into Titanium require the electronic signature of that treating clinician. If the clinician is not fully licensed or is a trainee, the documentation must be co-signed by the immediate supervisor. If the immediate supervisor is not licensed, the documentation must have a final co-signature of a licensed professional.

Before the use of Titanium, paper files were utilized by the Office. If the clinician is treating a student for whom a paper file still exists, the file will be located in the filing cabinets within the closed file room. Clinicians and practicum supervisors are responsible for the filing of the student's paper file within the file room. At no time should practicum students have access to the closed file room. At the time the file is closed, the month and year should be inscribed on the front of the file. This aids the office staff in determining the appropriate date for the purging of old files. Unauthorized persons do not have access, at any time, to the file room.

Georgia Law requires that mental health treatment records be kept for a minimum of 7 years past the date of the last contact, or past the date the client reached the age of 18 – whichever is longer. Georgia Law requires that medical (i.e., psychiatric records) be maintained for a minimum of 10 years with same caveats. The Middle Georgia State University Counseling Services purges the files of student clients whose records do not fall within these boundaries on an annual basis: both paper files and electronic records.

F. Clinical Documentation

Titanium contains all forms needed to document services. Most are found under “Data Forms.” Frequently used Data Forms include intake reports, progress notes, screening notes, group notes, group screening, and closing summaries.

Intake Report: To be completed in Titanium **within one week** of the intake appointment. It is required that an intake report be included as part of every student's file along with their intake forms.

Progress Note: Progress Notes are a "type" of note – not a specific data form. All progress notes should include a summary of the session, therapist's observations, a brief mental status description, and notation pertaining to an assessment on risk/safety. These are to be completed in Titanium **within two working days** following the session.

A Progress note must be completed for each session provided past the intake. Identifying information for anyone other than the identified client should not be entered into a student's progress note. For example, if a student talks about their roommate, the roommate's full name should not be noted. A note may identify a referring professional or University employee.

The goals of progress notes are:

- To document student client concerns and progress,
- To facilitate clear communication between multiple treatment providers
- To enhance treatment consistency across time and multiple treatment providers.

Progress notes should be concise, clear, and pertinent. The depth and format of progress notes are at the discretion of the individual clinician and immediate supervisor.

Screening Note: The Screening Note form should be utilized to document brief screening/triage sessions. These should be completed within **2 working days** of the screening session.

Group Therapy Notes: To be completed in Titanium **within 2 working days** following the group session. Group notes should not contain any one member's name, rather should be kept to a summary of the group session. The group therapy note can then be distributed via EMR to all group session attendees.

Group Screening: Referrals to a group may be made at any time by consulting with the group facilitator. Group facilitators are responsible for following up on referrals, scheduling group screenings in Titanium, and notifying the referring clinician of the outcome. Each semester, membership in groups is examined, and new members may be added. Group attendance can be monitored via Titanium.

Closing Summary: When a student has completed/discontinued treatment, the file will be closed within a reasonable period. A closing summary is completed, and the student is deactivated from the Titanium client list for that clinician.

If a student does not return for services, any follow-up attempts should be noted in the file. If the student does not respond to follow-up attempts, the student's file can be closed, and above steps followed.

G. *Service Procedures*

Students may enter the services provided by Counseling Services through multiple avenues. The standard, preferred avenue is for students new to the Office to schedule an intake appointment. However, a student's first contact with the Office could also occur via a screening session or an emergency contact. Students will complete Counseling Services intake forms at their first in-office contact. Should a student be unable to complete these forms prior to first contact with a counselor, the student will complete the forms as soon as they are stable enough to do so. Students who have been clients of the Office in the past but have had no contact with the office for six months or longer, will re-complete forms prior to their clinical session.

1. Intake Procedures

Students are served on a first come-first served basis as they make intake appointments. A student record is created in Titanium at the time of the student's first contact with the office. At the time of the scheduling of the intake appointment, the student's name, Knight ID#, phone number, address, and date of birth must be entered into the new student record.

There are five intake forms completed by the new student:

1. Informed Consent –informed consent for Middle Georgia State University Counseling Services staff to provide treatment
2. Client Information Form (SDS) – Titanium form collecting general information for treatment
3. Supplemental Demographic Form – Counseling Services form to supplement SDS
4. CCAPS-62 – instrument assessing 8 subscales: depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, hostility, and substance use

At the end of the Intake assessment, clinicians work with students to determine the most appropriate form of treatment. If the clinician has questions or concerns about most appropriate treatment options, consultation with another staff member is encouraged. Clinician and student have five possible outcomes;

1. Schedule follow-up counseling session with intake clinician as indicated by clinical presentation and service availability.
2. Refer to another clinician
3. Refer to group/group screening.
4. Refer for psychiatric medication through Be Well (U Will)
5. Refer out of the Office after consulting with the Director. In this case, the student should be referred to community resources.

2. Screening Procedures

Initial Appointment: During the first appointment, clients will meet with a counselor to discuss the problem that led to seeking counseling and to provide personal history and background information. Initial appointments are 30 minutes in length. At the conclusion of the initial meeting, treatment options will be discussed, including whether or not counseling needs may be better met by an off campus counselor or physician. If counseling with MGA Counseling Services is appropriate, future appointments may or may not be with the same counselor depending on scheduling and the nature of the treatment issues.

3. Referral Procedures

It is important to remember that providing an initial assessment, forming a clinical decision, and making a referral *is the provision* of service, *not the refusal* of service.

After the initial assessment, the clinician may clinically determine to refer a student to an outside resource or provider based on eligibility (refer to Section IV. B.)

Possible reasons for referral to an external resource could include (but are not limited to):

- Student's treatment needs are beyond the scope of practice available at Counseling office, either by virtue of presenting concern, or frequency with which the student needs to be seen.
- Student's non-compliance with the proposed treatment plan (e.g., refusal to provide consent for treatment)
- Access to services with another provider is likely to have a shorter wait period (e.g., psychiatric services)
- Student is seeking services not provided by the Office (e.g., testing for a learning disability, evaluation for ADHD)
- Student is seeking mandated services for conduct, legal or other purposes (e.g., court-ordered treatment, forensic evaluation, child custody evaluation)

Referrals for Emotional Support Animal:

It is the policy of the Middle Georgia State University Counseling Services that clinicians do not provide documentation supporting the mental health need for an Emotional Support Animal (ESA). No current mental health association has legally defined ESA, nor the conditions for which an ESA is recommended/appropriate. Additionally, in March 2019, the American Counseling Association (ACA) published the Human Animal Interventions in Counseling (HAIC) position statement (see Appendix A) on ESAs whereby professional counselors are recommended not to engage in the practice of writing for ESAs unless the counselor has specialized training and experience in working with human-animal bond in counseling. Students seeking ESA documentation may be provided a community referral list noting providers who may be willing to assess and

provide such documentation. The referral list may be provided through a case management appointment or by office staff. The Office Coordinator may have a list of local clinicians who provide ESA documentation.

4. Psychiatric Medication Procedures

At times, students may present who could benefit from psychotropic medication. These students will be referred to Be Well, (Christie Campus).

5. Crisis Debriefing Procedures

At times, traumatic events may occur on the Middle Georgia State Campuses that impact groups of individuals, rather than just one individual. During times such as these, Counseling Services staff will respond to requests for crisis debriefing sessions at locations in addition to the Office. All such requests should be directed to the Director of Counseling Services. The Director will coordinate with the University member(s) who is requesting the debriefing to determine a time, place, and number of mental health professionals necessary for the debriefing(s). It is expected that during times of crises on campus, all Counseling clinicians will work cooperatively with the Director to fulfill these requests.

6. Release of Information Procedures

When there is a request for the release of any student information, it is necessary to obtain written consent to release information to the student in question. A Release of Information (ROI) form can be found at the front desk or may be kept in the clinician's office. The completed form is scanned into the student's Titanium file then shredded.

Discharge Summaries: At times, a student may be discharged from Counseling services to seek care with another provider, agency, or hospital. The new provider may seek a request for records. The clinician, in collaboration with the Director, will manage all discharge summary requests for student records.

Missed Class Note: Counseling Services will not issue notes for a class missed due to an attended counseling appointment. Students may use their appointment card as evidence of their appointment, should they so

choose. However, responsibility for class attendance and completion of assignments rests primarily with the student.

Letter of Support for a Medical Withdrawal: Students currently in treatment may request a Letter of Support for a Medical Withdrawal. The purpose of the letter is to document treatment and clinical impression of mental health issues that have negatively impacted the student's academic performance. Evidence of functional issues connected to a student's mental health concern must be on the record. The clinician should only agree to write a letter if they believe the student's clinical problems had a significant negative impact on academic performance. In writing a letter, it should include the student's clinical concern, provided treatment, and recommendation concerning medical withdrawal. Upon completion of an ROI, the letter may be provided to the student. If the clinician determines the mental health issue has not significantly impaired the student's ability to perform academically, the request for such a letter should be denied.

H. Mental Health Emergency Procedures

Definition: A mental health emergency is considered to exist when a student's behavior indicates active or potential danger to self or others.

Procedures: The primary principle employed in responding to a mental health emergency is to promote the well-being, safety, and security of the affected student as well as others who may be impacted by the student.

AT NO TIME SHOULD STAFF MEMBERS PUT THEMSELVES AT RISK FOR HARM. If a student is belligerent or combative, call UPD or use the panic button, equipped in every office, for direct activation of UPD.

1. Campus After-hours Emergencies

BeWell 24/7

Call: 833-646-1526

Piedmont Lifeline

Call: 478.741.1355 or Toll-Free 1.800.548.4221

River Edge Behavioral Health

Call: 478.803.7600 (Baldwin, Jones, Monroe and Twiggs)

Behavioral Health in Americus, GA / Middle Flint BHC

Call: 478.988.1002

Houston Healthcare System

Call: 478.922.4281

Crisis Line and Safe House

Call: 478.745.9292

Veteran's Crisis Line

Call: 988 then press 1 for Veteran specific services

Suicide Prevention Hotline

Call: 988 or 1-800-273-TALK (8255)

The Georgia Crisis and Access Line

The Georgia Crisis and Access Line (GCAL) is a 24/7 behavioral health crisis call center operated by Behavioral Health Link through funding from the Georgia Department of Behavioral Health and Developmental Disabilities. GCAL provides free and confidential behavioral health crisis intervention and access to behavioral health services. Anyone in Georgia can call GCAL for help for themselves or on behalf of someone else at 800.715.4225 or via the My GCAL app.

2. Hospitalization Procedures

When responding to an MGA student who is acutely distressed or has expressed clear suicidal ideation (i.e. has clearly stated a plan to harm themselves or others), MGA faculty/staff should notify MGA Campus Police at 478-471-2414.

- a. The reporting faculty/staff member needs to clearly communicate to Campus Police dispatch the building and campus where they need police assistance.
- b. While waiting for Campus Police, the reporting faculty/staff member should ask the student to complete the Columbia Suicide Severity Rating Scale (LINK to Scale).
- c. The reporting faculty/staff member also needs to document the details of the situation as quickly as possible and forward the scale and the documented statement to MGAACT@mga.edu.

If the incident occurs during regular hours of operations (Monday-Thursday 8:00am to 5:30pm, Friday 8:00am to Noon during fall and spring semesters; Monday – Thursday 7:30am to 6:00pm during summer semester), Campus Police will first contact Counseling Services to speak with a Licensed Professional Counselor (LPC):

-Cochran, Eastman, and Dublin – 478-934-3080

-Macon and Warner Robins – 478-471-2985

In cases where Counseling Services cannot be reached, please call the **Georgia Crisis and Access Line (GCAL)** at 1-800-715-4225 and notify Student Affairs at 478-757-7383.

- i. After speaking with the LPC, the LPC will provide further directions and recommendations.
 1. If it is determined the student is not in imminent danger, the LPC will schedule an appointment with student as soon as possible.
 2. If it is determined the student is in imminent danger to self or others, 911 will be called.
 - a. Upon arrival, the same information will be shared with Emergency Medical Services (EMS).
 - i. If student agrees to be transported to hospital, MGA ACT will follow up with the student.
 - ii. If student refuses to be transported, an “authorization to transport the student to an emergency receiving facility” involuntarily may be completed.

In all cases, MGA ACT will follow up with all students.

If the incident occurs after regular hours of operation or during holidays, Campus Police and/or the reporting faculty/staff member will call the **Georgia Crisis and Access Line (GCAL)** at 1-800-715-4225.

GCAL is operated by the Behavioral Health Link Crisis Call Center, a nationally accredited Health Care Call Center, crisis center, and partner in the National Suicide Prevention Lifeline.

GCAL is available 24 hours a day, 7 days a week and 365 days a year to provide care in a crisis. GCAL professionals will

- ii. Provide telephonic crisis intervention services
- iii. Dispatch mobile crisis teams
- iv. Assist individuals in finding an open crisis or detox bed across the State
- v. Link individuals with urgent appointment services.

In addition, GCAL will help individuals access a State Funded provider in the area in non-emergency cases.

The GCAL professional will provide further directions and recommendations.

- vi. If it is determined the student is not in imminent danger, GCAL will make recommendations for further treatment. The reporting faculty/staff member and Campus Police will also advise the student to contact MGA Counseling Services to make an appointment as soon as possible.
- vii. If it is determined the student is in imminent danger to self or others,

GCAL will contact the appropriate emergency response.

In all cases, MGA ACT will follow up with all students.

This protocol will be minimally reviewed on an annual basis by members of the MGA Assessment and Care Team.

3. Sexual Assault Crisis Intervention

Sexual assault victims tend to present for crisis counseling either (a) immediately following the assault or (b) several days/weeks/ months after the assault occurred. The approach employed by the therapist may differ depending on this timeline.

Keep in mind that the primary role in this process is to provide *psychological* support. Although it is imperative to advocate with others for the victim's rights, it is also crucial for the victim to not feel pressured to take specific actions. Follow the below guidelines:

- Provide overt messages of support and affirmation
- Allow some catharsis to relieve emotional pressure but carefully monitor forego strength and reality testing during this process
- Conduct a mental status examination
- Assess for suicidal ideation, intent, plan, and homicidal ideation
- Provide information regarding victim resources and answer questions clearly (provide orally and provide the same information in a written format for referencing), including the following:
 - SANE exam (see above)
 - Health Services
 - University Police, notify the victim that filing a police report is NOT mandatory
 - Title IX
 - Local Rape Crisis Centers
 - Victim Assistance office, located in District Attorney's office.
- Establish a follow-up care plan during your first meeting. Provide emergency numbers for use include support network in the plan, if appropriate.

I. *Medical Withdrawals*

All requests for Medical Withdrawals from Middle Georgia State University, regardless of student's campus of record, are made to the Medical Withdrawal Committee. Once reviewed, students will be notified of the decision regarding their request.

Medical Withdrawal decisions are based on whether the Letter of Request and supporting documentation demonstrate the student's stated medical condition significantly impaired their ability to function at the student's standard level, and that with treatment, the impairment can be expected to end. Such conditions might include flare-up of chronic illness, substance abuse, suicidality/depression, and other mental health concerns for which the student is unable to remain in school. If all documentation has not been received by that deadline, students will have to apply to the Provost for a "Change of Grade" to a withdrawal.

Section V: SUPERVISION

A. Professional Staff Supervision

All staff members are assigned to a campus, Macon or Cochran, and are under the administrative supervision of the Counseling Services Director.

Clinical supervision will be provided to any professional staff who do not hold full licensure within their discipline within the State of Georgia. Every effort will be made to provide the unlicensed staff member with a clinical supervisor who will also meet the staff member's requirements toward the acquisition of their provisional license.

Appendix A - ACA ESA position statement

Refer to the next five pages.



AMERICAN COUNSELING
ASSOCIATION

counseling.org

Human Animal Interventions in
Counseling Interest Network

Emotional Support Animals

Human Animal Interventions in Counseling Interest Network Position Statement

POSITION

Given increased public and professional interest in Emotional Support Animals and recent problematic instances involving ESAs in the news media, the Human Animal Interventions in Counseling (herein referred to as HAIC) has created a formal position statement regarding ESAs. It is the recommendation of the HAIC that professional counselors do not engage in the practice of writing letters for their clients, unless the counselor has specialized training and experience in working with human-animal bond in counseling such as would be outlined in the ACA AAT-C Competencies for Emotional Support Animals (ESAs) due to the potential risks involved for clients, the public, the counselor, and the animal. The ACA Code of Ethics C.2.a Boundaries of Competence states that counselors only work within their boundaries of competence based on education, training, supervision, experience and credentials. As Licensed Professional Counselors, the assessment of DSM 5 diagnoses for human clients is within the scope of practice; however, the added practices of animal behavior, behavior assessment or Human-Animal Interventions are (most often) not. Emotional Support Animals may, in some specific circumstances, provide benefits to humans to minimize identified symptoms often associated with a DSM 5 diagnoses; however, because of the potential risks and unanticipated outcomes, the HAIC strongly suggests that counselors abstain from writing letters for persons seeking counseling or assessment for the sole purpose of obtaining an ESA recommendation letter.

In the event that a counselor has an otherwise existing therapeutic relationship with a client and is still considering writing a letter recommending an Emotional Support Animal (ESA) for a client, the counselor must have a thorough knowledge of the local, state, and federal laws and policies surrounding ESAs and appropriate knowledge, skills and attitudes with the subject of

therapeutic human-animal interactions before writing such a letter. The ACA's Code of Ethics C.2.e Consultations on Ethical Obligations includes "taking reasonable steps with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice." This may include working with animal trainers, behaviorists, or veterinary behaviorists to ensure that the clinician remains within their scope of practice. Since there is no overarching licensing or accrediting body for this matter, nor are there federal or state mandates at this time, the onus is on the clinician to ensure ethical practice. As such, this document will define an ESA and provide current policies and protocols surrounding the inclusion of ESAs. This document is not an exhaustive list, but will provide the minimum information required to make a decision to write a letter.

RISKS

When considering writing a letter for an ESA, the counselor must be aware of inherent risks to the clinician, animal and client, as well as the public who will encounter such animals. All Service, Emotional Support, and Therapy animals must meet current state, local, and federal laws and policies regarding vaccinations and county licensing/registration, as would any other companion animal. Expenses and other considerations associated with such compliance are the responsibility of the animal's owner/handler, and financial or other access barriers do not exempt the owner from this legal responsibility. Specific potential risks to animals, clients, the public and counselors are identified below.

Risks to Animals

- Neglect or other abuse; poor mental health may prevent adequate animal care
- Undue stress from consistent work during accompaniment, including stressful environments
- Undue stress from being handled by a person without specialized training
- Illness, undue stress, or injury from public interactions

Risks to Clients

- Inadequate treatment of a mental health disorder
- Injury or property damage from an inadequately trained or socialized animal
- Zoonotic infection or disease
- Animal allergies
- Potential fraud/legal concerns if ESA is misrepresented as a service animal
- Financial and emotional burdens due to potential behavior problems associated with inadequately trained and socialized companion animals
- Misconception that a relationship with an ESA replaces or substitutes for professional mental health care or human relationships

Risks to the Public

- Injury or emotional damage from inadequately trained animal
- Untrained or unsocialized animals may be more likely to be stressed or aggressive in public
- Unsocialized animals may be disruptive and interfere with normal activities
- Maladaptive interactions with other animals (especially toward service animals)
- Zoonotic infection or disease from animal
- Animal allergies and phobias
- Contributes to public skepticism, which hurts those with valid helper animals
- The more unsuitable the animal, the greater the risk (i.e. exotic pet, undomesticated/wild animal)
- When more fraudulent animals have greater public access, more public risk is incurred

Risks to the Counselor

- Liability for adverse client outcomes due to inadequate treatment
- Potential provider role conflicts: Forensic vs Counseling
- Potential liability for injury/illness caused by animal to client or others
- Potential fraud if inadequate evaluation done to demonstrate need for animal
- Ethical considerations for inadequate education about ESAs and their role in comprehensive treatment
- Potential to be called to testify if the ESA is challenged or if an incident occurs

DEFINITIONS

It is vital to know the differences between a service animal, therapy animal and emotional support animal. HAIC follows the definitions and [Summary of Legal Rights of Access for Assistance Animals](#) as published and endorsed by the American Veterinary Medical Association (2017).

NOTE: It is worthwhile to note that any helper animal described above may be legally and permissibly asked to leave any premises if the animal is not vaccinated or licensed through the county, behaves aggressively/disruptively/inappropriately, urinates or defecates inappropriately, or is unhygienic (including strong offensive odors).

ABOUT ESAs

HOW DOES AN ANIMAL BECOME AN ESA

At this time, the ONLY way for an animal to be appropriately documented as an ESA is a letter from a licensed healthcare or human service provider stating that the animal is necessary for the individual's treatment. Because ESAs are not intended to have public access or accompany individuals in public contexts, no additional training or suitability screening is required. While this lack of preparation and evaluation is appropriate for individuals living with ESAs in their homes, it can become problematic when unprepared animals and handlers engage in the highly stressful, cramped, and unpredictable contexts associated with airline travel.

FRAUDULENT ESA DOCUMENTATION

- As described above, the ONLY way to document an ESA as such is through the healthcare or human service provider's letter
- The ADA and DOJ do not currently recognize **any** form of certificate, identification card, vest, or tag as proof of an animal's designation as a service animal OR and emotional support animal. ALL of these items may be considered fraudulent, regardless of the claims asserted on the 'documentation' items.
- For purchase online "registration" and "certification" documentation is fraudulent and does not constitute appropriate documentation of any type of helper animal
- Vests, identification tags, and identification cards are not required of service animals, although some handlers choose to use a vest to discourage others from approaching or distracting the service dog

POLICIES SPECIFIC TO ESAs

Individuals with disabilities may request reasonable accommodations for an ESA under the following Acts.

FAIR HOUSING ACT

[Fair Housing Act, Section 504](#)¹

AMERICANS WITH DISABILITIES ACT

[Americans with Disabilities Act](#)²

AIRLINE CARRIER ACT

[The Air Carrier Access Act \(ACAA\)](#)

¹ https://www.hud.gov/program_offices/fair_housing_equal_opp/disability_main

² <https://adata.org/publication/service-animals-booklet>

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This document is the official Position paper for the Human Animal Interventions in Counseling Interest Network for the American Counseling Association. Position statements will expire after five years (March 2024) unless revised or reaffirmed prior to that time.

Appendix B - Common Titanium Terms

| Clinical Codes | Listing | Definition |
|----------------|----------------------|--|
| | Consultation w/ Note | Used when clinician provides a consultation that needs to be documented, and in which a student name has been provided, e.g. a parent phone call, a faculty call about a student, etc. |
| | Emergency Contact | Office Support will enter when there is an emergency. It is up to the clinician to then recode the appointment to the appropriate EC listed below: |
| | EC: Hospitalization | If the contact results in hospitalization, the EC: Hospitalization code should be used. |
| | EC: Psychosis | To be used if the content of the EC is concern regarding psychotic dx's regardless of primary diagnosis. If the contact results in a hospitalization, the EC-hospitalization code should be used. |
| | EC: Sexual Assault | |
| | EC: Suicide | To be used if the content of the EC is focused on suicidal ideation/assessment. However, if the contact results in hospitalization, the EC: Hospitalization code should be used. |
| | Group Screening | A brief session for the group therapist to meet w/ and determine client's appropriateness for a particular group. |
| | Intake: Personal | An intake is the first scheduled contact a student has with a counselor (student may have already had a screening or emergency contact) and is typically when the student's file is created. An intake is also scheduled if a student has not been seen by the office for 6+ months. Only 1 intake should be scheduled per client per course of treatment (i.e. if all information is not obtained, the next session is coded as an "ongoing" session regardless.) |
| | Medical Withdrawal | These 2 codes are used ONLY by the Exec. Dir. |
| | Medication Eval... | These 2 codes are used ONLY by consulting psychiatrist |
| | Ongoing: Personal | Used for scheduled therapy sessions past intake. |
| | Screening | Used for walk-in triage appointments that occur during the regularly scheduled triage periods. Screenings are not scheduled in advance. |

| | | |
|-------------|---|--|
| Group Codes | | |
| | Case Management: Couple | A couple's appointment with the case manager to access resources |
| | Group | Code used for Group Therapy. Be sure to create a group sign-up sheet and update it for member attendance. |
| | Intake: Couple | Ditto Personal Intake. |
| | Ongoing: Couple | Ditto Ongoing: Personal, but for couples' therapy. |
| | Screening: couple/group | Ditto Screening: when multiple students/people come in on triage and want to be seen together. |
| | Workshop | Used for Drop-in mental health workshops that are scheduled throughout the semester, i.e. Emotional Wisdom, Mindful Yoga, etc. Be sure to update the additional information tab with # of attendees, etc. |
| Other Codes | Administration/Assistant Director | To be used by Asst. Director alone for time spent in duties related to job description |
| | Administrative supervision | For appointments between a staff member and their administrative supervisor (i.e. not supervision toward licensure.) |
| | Case Conference / Peer Consultation/Consultation Internal | Currently used interchangeably – pick one and we will use it moving forward, other to be deleted. Time when 2 or more staff meet to discuss clinical case(s). |
| | Committee – External | Used to denote attendance at a committee housed outside of the Counseling Office (e.g. Staff Development, Leadership Team, new Student Affairs Committees...) |
| | Committee – Internal | To be used for attendance at a committee that is housed within Counseling Office, with the exception of the Training Committee, see below. |
| | Conference | To be used for attendance at a professional conference. |
| | Consultation – External | To be used when a staff member is consulting with someone outside of the Counseling Office but is not given a specific student's name. If a student's name is given, but the student is not a client, then a "Non-client note" should be written (available from the drop-down "Open" tab. |
| | Consultation – External Emergency | To be used when collaborating on a crisis event with other campus/community professionals, e.g. working with Dean of Students to make a death notification to a student, etc. |
| | Field Experience | Time spent administering Field Experience Program. |

| | | |
|--|---------------------------------|--|
| | General Administration | For all work-related activities not otherwise accounted for. |
| | Inservice | To be used when an outside speaker makes a presentation to the CC staff |
| | Job Candidate Activity | Should be used for all time spent in activities associated with filling a counseling office position: application review, search committee meetings, phone & on-site interviews, etc. |
| | Outreach | Used for providing any programming to campus/community groups. Ensure that Additional information tab is completed after the outreach. Type of presentation is either: workshop (recurring curriculum, e.g. Safe Space, QPR, RAD), presentation, or informational (passive outreach) |
| | Paperwork | To be used primarily by trainees. Staff should utilize the General Administration code |
| | Professional Development | To be used when staff is out of office attending a professional development activity other than a conference. |
| | Staff Meeting | Used to code weekly 2-hour staff meeting |
| | Student Affairs Activity | Used to code participation in any Student Affairs activity not otherwise noted (outreach, committee) |
| | Supervision Provided: Intern | Self-explanatory |
| | Sup. Prov.: Practicum... | |
| | Sup Prov: Staff | Clinical supervision provided to staff toward staff member's licensure requirements |
| | Supervision Received | Any type of supervision received |
| | Training Program Administration | To be used by DOT, Prac. Co., or Field Exp Co. for time spent in preparing/planning/administrating the relevant training program. |
| | Training Provided: Interns | Self-explanatory |
| | Training Provided: Practicum | |