Welcome to CAPS. This document explains important information about our services and policies. Please read it carefully and discuss any questions or concerns with your intake interviewer or therapist. When you sign this document, it is an agreement between you and CAPS.

BRIEF SCREENING AND CONSULTATION (BSC) APPOINTMENT: This is the first step for most UC students seeking services at CAPS. The BSC (15 minutes) is conducted by phone. The counselor will ask a series of questions regarding your situation and concerns, and discuss various options that may be appropriate for you. These include: scheduling an intake interview with a counselor or referring you to one of our group therapy programs, another UC Office/Service, or a community mental health provider. **There is no charge for the BSC.**

INTAKE APPOINTMENT: This appointment (50 minutes) gives us the opportunity to learn about you and your concerns in more depth, and lets you learn about how we operate. You will need to complete some paperwork prior to your appointment and read some important information; you can either download the forms from our website and complete them before you arrive or come 15 minutes early and complete them in our office. Please bring your insurance card as well so we can verify your coverage. The interview covers a broad array of topics, including your present concerns and past experiences, so that we can make a recommendation to you regarding a course of action to address your needs. This recommendation may include one or more of the following: refer you for a physical medical workup; refer you to a community provider; refer you to one of our psychiatry residents for a psychiatric evaluation for possible medication treatment; or refer you to one of our groups as an adjunct treatment in addition to your individual therapy.

In some cases we may refer you to another professional setting. We may do so if your situation requires specialized services (e.g. frequent or multiple appointments weekly; treatment for significant drug or alcohol abuse/dependence, a severe eating disorder; on-going social services) for which our treatment model is not the standard of care in our profession. **We do not provide treatment or assessments that are court ordered or otherwise required by the legal system.**

SERVICES AND ELIGIBILITY: CAPS provides a range of services including individual therapy, group therapy, medication consultation and medication management, emergent care, consultations, and case management services. In order to be eligible for direct clinical services at CAPS you must be a registered UC student. Consultation and referral services are available to members of the community who call with concerns about UC students.

PSYCHOTHERAPY: The primary services at CAPS are individual and group psychotherapy. Psychotherapy is not easily described in general statements. At its core is a collaborative relationship that develops between you and the therapist (and members of a group). Psychotherapy is not like a medical doctor visit. Instead, it requires a very active effort on your part. In order for the therapy to be most successful, you will need to work on things discussed in your sessions at other times as well.

Psychotherapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may temporarily experience uncomfortable feelings. On the other hand, psychotherapy has been shown to benefit people. Therapy often leads to significant reductions in feelings of distress, better relationships, and solutions to specific problems. This is what we will work to help you achieve, but be aware that people’s responses to therapy vary. At some points in therapy you may experience a period of particular difficulty. If this occurs we encourage you to tell your therapist, who may meet with you to
discuss what arrangements can be made to meet your needs. There may also be times when less frequent contact is suitable. Your therapist will discuss this possibility with you.

*Individual therapy:* The intake interview and first few sessions focus on clarifying your needs and goals. After the first few sessions, you and your therapist will develop a treatment plan based on a focal problem that you want to address. Most problems can be addressed in 20 or fewer sessions of therapy. In fact, most therapy lasts 6-8 sessions. Your therapist and you will probably schedule a regular meeting that lasts about 45-50 minutes.

When you have reached your goals, a termination session is scheduled in order to discuss progress made and further areas you may wish to explore through other methods. Your therapist will begin to talk with you about this termination at the appropriate time. Please make every effort to attend this final stage of therapy, as it can be just as important to you as other sessions.

Once you have ended your treatment it is possible that you may want to return to therapy in the future when you are experiencing similar symptoms or additional stresses. This is a normal and positive response to having a satisfying therapeutic experience.

*Group therapy:* CAPS offers groups to assist students in their personal and academic functioning at the University. Groups can be very beneficial for a wide variety of concerns, from treatment for specific problems to personal growth and development. Aspects of groups that are believed to be helpful include setting aside a time and place to address specific concerns, learning new information and skills, sharing one’s experiences with others who have been in similar situations, and providing support to others. Most groups include three to eight members in addition to the leader(s). Groups are most effective when participants attend all the group meetings. **All members are expected to maintain confidentiality regarding others in the group and all material disclosed and discussed.** There is no charge for groups at CAPS.

**OUTCOME QUESTIONNAIRE:** When you come in for your first individual therapy session and at regular intervals throughout your treatment, we will ask you to complete the Outcome Questionnaire. The Outcome Questionnaire is a measure used in many counseling settings to aid in understanding specific needs and progress throughout treatment. It helps clients and therapists stay on track and make optimal use of sessions.

**CONTACTING YOUR THERAPIST:** You may not always be able to contact your therapist by phone immediately. However, the receptionist will direct you to his/her confidential voice mailbox. Once you leave a message, your therapist will make every effort to return your call on the same day you make it, with the exception of evenings and weekends. If you need to speak with someone immediately, please tell the receptionist when you call and you will be put through to the therapist providing emergent coverage. **Do not leave a voice mail message for your therapist if you feel your situation has become a crisis (see Students in Crisis below).**

**FEES AND OTHER CHARGES:** We charge a fee for the intake interview, individual therapy, psychiatric initial evaluation, and medication management. Many students’ insurance plans cover some of the fee. There is no fee for the BSC, group counseling, or case management. We charge students directly for missed sessions when they do not provide us with 48 hours’ notice. Fees and payment arrangements are outlined in a separate **Fee Agreement.** You can also click here to read about **Fees and Insurance.**

**STUDENTS IN CRISIS:** We provide onsite emergent services during our office hours Monday through Friday (1-4pm). You may walk in or call our office between those hours to let us know that you need to see someone immediately. If you require emergent services when our offices are closed, please contact the Crisis Line at 281-CARE (281-2273), and trained crisis counselors will assist you.

**ASSESSMENT:** If you and your therapist decide that certain test information might aid in your treatment, we will assist you in arranging for testing here or elsewhere. Psychological assessments are not a typical part of therapy at CAPS. When used, they are guided by specific referral questions that are difficult to answer by other means. We will give you feedback from any assessments we conduct.
MEDICATION: Medication can be helpful to address symptoms such as disturbed sleep patterns, nervousness, lack of energy, and/or decreased concentration. It is your choice whether to use medication. If we believe medication may be helpful, we will refer you to our psychiatric residents for evaluation and medication management. You will have follow-up sessions with the psychiatric resident in order to monitor your progress. Since every person is different, it may take some time to know what the best regimen is for you. **To be eligible for our psychiatric services, you must also be seen in regular therapy sessions here.** When you finish therapy here, we will assist you in making plans for follow-up regarding medication.

SUPERVISION: Some of our services are provided by trainees enrolled in local graduate programs and supervised by our licensed staff. Ohio law requires that supervisors have first-hand information about clients in the form of video or audio tapes, direct observation, or test data. For this reason, and in order to aid in the therapy process, we may record sessions. We will do so only with your written consent and prior knowledge of such sessions.

CONFIDENTIALITY: Within certain legal and ethical limits, we keep all information you reveal to us strictly confidential. No information is revealed to any other person or agency without your written permission, including within the university. However, under some circumstances, therapists are authorized or required by law to release information. If you threaten physical injury, death, or serious harm to another person or to yourself, or if there is knowledge or suspicion that child or elder abuse is occurring, we are legally mandated to take steps, including possible disclosure of information to appropriate authorities or others, in order to protect you or someone else from serious harm. We may also reveal confidential information to comply with a court order. We maintain both electronic and paper records. Our electronic records are contained in a software program designed for university counseling centers. It includes specific features to provide a higher level of security than programs for general usage. If you have questions about confidentiality, please ask us. Confidentiality is discussed before individuals join a group, and all members are required to sign a confidentiality agreement.

CLIENT RIGHTS: We encourage you to ask questions about your therapist’s qualifications, your treatment, the therapy process, fees and method of payment, or any other issues. The Patient Rights Notice is posted in the waiting room, plus you will be given a copy when you come to our office. If during the course of therapy you have concerns about your treatment, we encourage you to discuss them with your therapist. If you are unable to resolve your concerns with your therapist, you may consult with your therapist’s supervisor or the center director. An important factor in therapy’s effectiveness is your confidence in our ability to assist you.

RESEARCH PARTICIPATION: From time to time, evaluation projects are conducted by CAPS. Knowledge acquired through evaluation helps us to improve our services. Your participation in any evaluation is voluntary; your therapy is in no way contingent upon it. In almost all cases, your counselor will not see the results of any forms you complete since they are usually used for evaluation purposes only.

SPECIAL NEEDS: If you require accommodations for disabilities or special needs, please inform your therapist as soon as possible. We will make every reasonable effort to provide access to services for all students.

I understand what has been outlined in this document, and I agree to engage in services at CAPS in accordance with these terms and conditions.

______________________________  ________________________________  __________
Signature                        Printed Name                        Date

If you are under 18, your parent/guardian must also sign this document.

______________________________  ________________________________  __________
Parent/Guardian Signature       Printed Name                        Date

Rev. 6/13