

California Lutheran University
Community Counseling Services

INFORMED CONSENT

WELCOME! This form contains important information about the services and policies of the Community Counseling Center. Please read it carefully. Any questions or concerns should be discussed with your therapist prior to signing it.

This center provides counseling services that are provided by trainees and interns who have either completed or are completing a Master's degree in Counseling Psychology with an emphasis in Marriage and Family Therapy, or a Doctoral degree in Clinical Psychology. The therapists work under the close supervision of licensed mental health professionals (Marriage and Family therapists, Psychologists or Clinical Social Workers). **The trainees and interns are at the Center for 8 to 12 months of training. If your therapist's training period ends before your treatment at the Center is complete, we will make every effort to provide a smooth transition to a new therapist. The Center's policy does not permit trainees or interns to take clients with them to a new setting when they leave the Center.**

Confidentiality: It is important that you understand that what is disclosed by any client of our center is confidential and will only be released to a third party with written authorization that is signed by the client. Exceptions to this are as follows:

1. Under section 11161.5 of the California Penal Code, your therapist is required to report any suspected child abuse or neglect, either current or past, to Child Protective Services.
2. Under section 15630 of the California Penal Code, your therapist is required to report any suspected elder or dependent adult abuse or neglect to Adult Protective Services.
3. If you indicate that you intend to physically harm another person, your therapist is legally required to notify the police and the intended victim.
4. If you indicate that you truly intend to harm yourself, your therapist will make every attempt to ensure your safety and may need to notify others as needed (such as a family member or friend, other professional, clinical supervisor or crisis team member).

DVD Recording: In addition to providing counseling services to the community, the Community Counseling Center is a training facility. **All client sessions are DVD recorded and may be used for the purposes of supervision, training or research and may be observed by students and Clinical Supervisors.** The purpose of this practice is to enhance student learning. All material will be handled in compliance with the ethical principles of confidentiality and as required by law.

Fees: The fee for your first session is \$20.00. At the first session you must also bring documentation of your income so your therapist can set the fee for your ongoing sessions. Our sliding fee scale is based on your after tax income and the number of people in your household. Your fee must be paid at each session. Each therapist has a 24-hour voicemail service to facilitate your communication with him/her. You will be informed of the procedures on how to contact your therapist and how emergencies will be handled in your first session. In the event you need to cancel a session, you will not be charged a fee if you are able to cancel 24 hours or more ahead of time. You will be charged a fee for no shows and for cancellations made less than 24 hours before the appointment.

Risks and Benefits: Counseling is a joint effort between the client and the therapist in which a wide range of issues can be discussed. Progress and success may vary depending upon the particular problems or issues being addressed.

Client Grievances: If you have questions or complaints about any aspect of your treatment, please discuss your concerns with your therapist. If the issue is not resolved, please contact the Clinic Director at (805)493-3390. Clients have the right to end their treatment at any time.

I have read and understand the information outlined above and wish to receive counseling services at California Lutheran University's Community Counseling Center.

Signature of Client

Signature of Counselor

Signature of Client

Date



Community Counseling Services
Client Information Sheet

1. Name: _____ Date: _____
2. Address: _____

3. City: _____ State: _____ Zip code: _____
4. Date of Birth: _____ Age: _____ Sex: M F
5. Home Phone: () _____ Cell Phone () _____
6. Is it okay to contact you at home? ☐ Yes ☐ No On your cell phone? ☐ Yes ☐ No
7. Emergency Contact: Is there someone you would like us to contact in the event of an emergency? Name: _____
Phone: _____
8. Employer: _____ Occupation: _____
9. Race/Ethnicity Please indicate your race/ethnicity
☐ White (European American)
☐ Black or African American
☐ Native American
☐ Asian or Asian American
☐ Mexican or Mexican American
☐ Other Latin or Spanish Heritage
☐ Native Hawaiian or Other Pacific Islander
☐ Multiracial
☐ Other. Specify: _____
10. What language/s are spoken in your home: _____
11. Education: Highest Level of Education:
☐ Elementary School ☐ AA Degree
☐ Middle School ☐ Graduate of 4 year college
☐ High School Graduate ☐ Post Graduate Education
☐ Other: _____ ☐ Vocational/Technical Training

History

1. Your marital status: ☐ Single ☐ Married ☐ Divorced
 ☐ Widowed ☐ Separated ☐ Live-in

2. Do you have any children? ☐ Yes ☐ No

<u>If Yes,</u>	<u>Names</u>	<u>Date of birth</u>	<u>Sex</u>
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male

3. Are you currently experiencing any of the following? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Decreased energy/fatigue |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Suicidal thoughts or behavior |
| <input type="checkbox"/> Drug use/abuse | <input type="checkbox"/> Medical problems |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Employment problems |
| <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Anger/irritability | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Difficulties concentrating | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Relationship problems | <input type="checkbox"/> Grief or bereavement |

4. Which of the following do you see as your own personal strengths? (Check all that apply)

- ☐ I am creative
- ☐ I am curious
- ☐ I am open-minded
- ☐ I love learning
- ☐ I have a sense of perspective that I offer to others
- ☐ I am authentic
- ☐ I am brave
- ☐ I can be persistent when I want something
- ☐ I approach life with excitement and energy
- ☐ I am kind
- ☐ I value love and relationships with others
- ☐ I am aware of how others are feeling
- ☐ I am fair
- ☐ I have good leadership skills
- ☐ I work well with others
- ☐ I can forgive others
- ☐ I am modest
- ☐ I can make choices carefully and thoughtfully
- ☐ I can regulate my own feelings
- ☐ I can appreciate beautiful things
- ☐ I am thankful and grateful
- ☐ I have hope
- ☐ I have a good sense of humor
- ☐ I have religious or spiritual meaning in my life

Outcome Questionnaire (OQ®-45.2)

Name: _____

Date: ____/____/____

Almost

Never Rarely Sometimes Frequently Always

Instructions:

Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and fill the circle completely under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Developed by
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- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I get along well with others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I tire quickly..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I feel no interest in things..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel stressed at work/school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I blame myself for things..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel irritated..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel unhappy in my marriage/significant relationship..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I have thoughts of ending my life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I feel weak..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I feel fearful..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. After heavy drinking, I need a drink the next morning to get.....
going. (If you do not drink, mark "never") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I find my work/school satisfying..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I am a happy person..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I work/study too much..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I feel worthless..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I am concerned about family troubles..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I have an unfulfilling sex life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I feel lonely..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I have frequent arguments..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I feel loved and wanted..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I enjoy my spare time..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I have difficulty concentrating..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I feel hopeless about the future..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I like myself..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Disturbing thoughts come into my mind that I cannot get rid of..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I feel annoyed by people who criticize my drinking (or drug use).....
(If not applicable, mark "never") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I have an upset stomach..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I am not working/studying as well as I used to..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. My heart pounds too much..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I have trouble getting along with friends and close acquaintances.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I am satisfied with my life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I have trouble at work/school because of drinking or drug use.....
(If not applicable, mark "never") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I feel that something bad is going to happen..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I have sore muscles..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I feel afraid of open spaces, of driving, or being on buses,.....
subways, and so forth. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. I feel nervous..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. I feel my love relationships are full and complete..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. I feel that I am not doing well at work/school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. I have too many disagreements at work/school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. I feel something is wrong with my mind..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. I have trouble falling asleep or staying asleep..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. I feel blue..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. I am satisfied with my relationships with others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. I feel angry enough at work/school to do something I might regret.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. I have headaches..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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FEE SCHEDULE

Welcome to the COMMUNITY COUNSELING CENTER at California Lutheran University. We are pleased that you have chosen to receive counseling services here. Please note that the services the Center provides are performed by Masters or Doctoral level trainees and interns. The trainees and interns work under the direct supervision of licensed mental health professionals.

Please be aware that you will be expected to pay a fee for each counseling session you or a family member receives (including the first session). The fee for your first session will be \$20.00. You must bring documentation of income to your first session, so that your therapist will be able to assess the ongoing fee that you will pay per session following your first visit. Fees are based on your income (take home pay) and the number of persons in your family. Please circle where you fall on the fee schedule. Please discuss any concerns that you have about fees with your therapist, including circumstances of extreme financial hardship. Thank you.

AFTER TAX INCOME

NUMBER IN FAMILY

<u>\$Weekly</u>	<u>Monthly</u>	<u>0-2</u>	<u>3-5</u>	<u>5+</u>
0-350	0-1,400	20	20	20
351-550	1,401-2,200	20	20	20
551-750	2,201-3,000	25	22	20
751-950	3,001-3,800	30	27	25
951-1,150	3,801-4,600	35	32	30
1,151-1,350	4,601-5,400	40	37	35
1,351-1,550	5,401-6,200	45	42	40
1,551-1,750	6,201-7,000	50	47	45
1,751 +	7001 +	50	50	50