

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

California Lutheran University
Community Counseling Services

CONSENT FOR MENTAL HEALTH TREATMENT OF A MINOR

Name of Minor _____

Date of Birth _____

As the parent/legal guardian with the authority to consent on behalf of the minor named above, I/we hereby consent for the minor to receive counseling services at The Community Counseling Center of California Lutheran University. This consent will be valid until the minor reaches the age of 18, but can be revoked at any time by written notification.

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.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

***We require parents to remain at the Clinic while their children are in session. Parents will then be available to participate in sessions if requested or can provide assistance to their children if needed.



Child/Adolescent Information Sheet

THIS PORTION TO BE COMPLETED BY PARENT/S

Date : _____

Name of child/adolescent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone () _____ Cell Phone () _____

Date of Birth: _____ Age: _____ Sex: M F

Place of Birth: _____

Race/Ethnicity: ☐ White (European American)
☐ Black or African American
☐ Native American
☐ Asian or Asian American
☐ Other Latin or Spanish Heritage
☐ Native Hawaiian or Other Pacific Islander
☐ Multiracial
☐ Mexican or Mexican American
☐ Other, please specify: _____

CURRENT FAMILY INFORMATION:

Who does the child live with?

Parent/Guardian 1:

Name: _____ **Birthdate:** _____ **Age:** _____

Race/Ethnicity: ☐ White (European American)
☐ Black or African American
☐ Native American
☐ Asian or Asian American
☐ Other Latin or Spanish Heritage
☐ Native Hawaiian or Other Pacific Islander
☐ Multiracial
☐ Mexican or Mexican American
☐ Other, please specify: _____

Relationship to Child: ☐ Biological Parent ☐ Step-Parent ☐ Adoptive/Foster Parent

☐ Relative ☐ Other, Please list _____

Parent/Guardian 2:

Name: _____ **Birthdate:** _____ **Age:** _____

Race/Ethnicity: ☐ White (European American)
☐ Black or African American
☐ Native American
☐ Asian or Asian American
☐ Other Latin or Spanish Heritage
☐ Native Hawaiian or Other Pacific Islander
☐ Multiracial
☐ Mexican or Mexican American
☐ Other, please specify: _____

Relationship to Child: ☐ Biological Parent ☐ Step-Parent ☐ Adoptive/Foster Parent

☐ Relative ☐ Other, Please list _____

Marital Status of Parents: ___ Married ___ Separated ___ Divorced ___ Deceased ___ Live in

Are there child custody orders? _____

For Office Use Only: Copy in client file Y N

Please list BROTHERS and SISTERS: (indicate if step-brothers or step-sisters)

Name:	Age:	Sex:	School or Occupation:	Present Grade	Lives At home
		M F			Yes No
		M F			Yes No
		M F			Yes No
		M F			Yes No
		M F			Yes No
		M F			Yes No

Others living in the home (and their relationship)

1. _____

3. _____

2. _____

4. _____

Is your child currently experiencing any of the following? (Check all that apply):

- ☐ Sadness
- ☐ Anxiety
- ☐ Panic Attacks
- ☐ Alcoholism
- ☐ Drug use/abuse
- ☐ Eating disorder
- ☐ Sleeping problems
- ☐ Anger/irritability
- ☐ Difficulties concentrating
- ☐ Relationship problems

- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Decreased energy/fatigue
- ☐ Suicidal thoughts or behavior
- ☐ Medical problems
- ☐ Employment problems
- ☐ Financial problems
- ☐ Legal problems
- ☐ Parenting issues
- ☐ Grief or bereavement

I see the following strengths in my child (Check all that apply):

- ☐ creative
- ☐ curious
- ☐ open-minded
- ☐ loves to learn
- ☐ has a sense of perspective that he/she offers to others
- ☐ authentic
- ☐ brave
- ☐ can be persistent when he/she wants something
- ☐ approaches life with excitement and energy
- ☐ kind
- ☐ values love and relationships with others
- ☐ aware of how others are feeling
- ☐ fair
- ☐ has good leadership skills
- ☐ works well with others
- ☐ can forgive others
- ☐ modest
- ☐ makes choices carefully and thoughtfully
- ☐ regulates his/hers own feelings
- ☐ appreciates beautiful things
- ☐ thankful and grateful
- ☐ has hope
- ☐ has a good sense of humor
- ☐ has religious or spiritual meaning in his/her life

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always	
<p>PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, <u>please do not leave these items blank</u> but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. <u>Please do not do that.</u> If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.</p> <p>DIRECTIONS:</p> <ul style="list-style-type: none"> ▪ Read each statement carefully ▪ Decide how true this statement is for your child during the past 7 days. ▪ Completely fill the circle that most accurately describes your child during the past week. ▪ Fill in only one answer for each statement and erase unwanted marks clearly. <p>Developed by Gary M. Burlingame, Ph.D., Gawain Wells, Ph.D. and Michael J. Lambert, Ph.D.</p> <p>© Copyright 1996 American Professional Credentialing Services LLC. All Rights Reserved. License Required For All Uses</p> <p>For More Information Contact: AMERICAN PROFESSIONAL CREDENTIALING SERVICES LLC PO Box 970354 Orem, Utah 84097-0354</p> <p>E-MAIL: APCS@OQFAMILY.COM</p> <p>WEB: WWW.OQFAMILY.COM TOLL-FREE: 1-888-MH SCORE, (1-888-647-2673) FAX: 1-801-434-9730</p>		1. My child wants to be alone more than other children of the same age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		2. My child complains of dizziness or headaches.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		3. My child doesn't participate in activities that were previously enjoyable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		4. My child argues or is verbally disrespectful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		5. My child is more fearful than other children of the same age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		6. My child cuts school or is truant.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		7. My child cooperates with rules and expectations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		8. My child has difficulty completing assignments, or completes them carelessly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		9. My child complains or whines about things being unfair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		10. My child experiences trouble with her/his bowels, such as..... constipation or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		11. My child gets into physical fights with peers or family members.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		12. My child worries and can't get certain ideas off his/her mind.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		13. My child steals or lies.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		14. My child is fidgety, restless, or hyperactive.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		15. My child seems anxious or nervous.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		16. My child communicates in a pleasant and appropriate manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17. My child seems tense, easily startled.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		18. My child soils or wets self.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19. My child is aggressive toward adults.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		20. My child sees, hears, or believes things that are not real.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		21. My child has participated in self-harm (e.g. cutting or scratching self, ... attempting suicide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		22. My child uses alcohol or drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		23. My child seems unable to get organized.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		24. My child enjoys relationships with family and friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		25. My child appears sad or unhappy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		26. My child experiences pain or weakness in muscles or joints.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		27. My child has a negative, distrustful attitude toward friends, family members, or other adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		28. My child believes that others are trying to hurt him/her even..... when they are not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		29. My child threatens to, or has run away from home.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		30. My child experiences rapidly changing and strong emotions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.	31. My child deliberately breaks rules, laws, or expectations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	32. My child appears happy with her/himself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	33. My child sulks, pouts, or cries more than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	34. My child pulls away from family or friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	35. My child complains of stomach pain or feeling sick more..... than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	36. My child doesn't have or keep friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	37. My child has friends of whom I don't approve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	38. My child believes that others can hear her/his thoughts..... or that s/he can hear the thoughts of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	39. My child engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	40. My child has difficulty waiting his/her turn in activities or conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	41. My child thinks about suicide, says s/he would be better off if s/he were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	42. My child complains of nightmares, difficulty getting to sleep, oversleeping, or waking up from sleep too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	43. My child complains about or challenges rules, expectations..... or responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	44. My child has times of unusual happiness or excessive energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	45. My child handles frustration or boredom appropriately.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	46. My child has fears of going crazy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	47. My child feels appropriate guilt for wrongdoing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	48. My child is unusually demanding.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	49. My child is irritable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	50. My child vomits or is nauseous more that other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	51. My child becomes angry enough to be threatening to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	52. My child seems to stir up trouble when bored.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	53. My child is appropriately hopeful and optimistic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	54. My child experiences twitching muscles or jerking movement..... in face, arms, or body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. My child has deliberately destroyed property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
56. My child has difficulty concentrating, thinking clearly, or attending..... to tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
57. My child talks negatively, as though bad things were all his/her fault.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
58. My child has lost significant amounts of weight without medical reason..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
59. My child acts impulsively, without thinking of the consequences.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
60. My child is usually calm.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
61. My child will not forgive her/himself for past mistakes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
62. My child lacks energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
63. My child feels that he/she doesn't have any friends, or that..... no one likes him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
64. My child gets frustrated and gives up, or gets upset easily.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.

DIRECTIONS:

- Read each statement carefully
- Decide how true this statement is for your child during the past 7 days.
- Completely fill the circle that most accurately describes your child during the past week.
- Check only one answer for each statement and erase unwanted marks clearly.

Developed by
Gary M. Burlingame, Ph.D.,
Gawain Wells, Ph.D. and
Michael J. Lambert, Ph.D.

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SCORE, (1-888-647-2673)
FAX: 1-801-434-9730

FOR CHILD/ADOLESCENTS 12-17 YEARS OLD:

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 |

I see the following strengths in myself (Check all that apply):

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

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____

Date _____

Never or Almost
Almost
Never
Rarely
Sometimes
Frequently
Almost
Always
or Always

PURPOSE: The Y-OQ®

2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS:

- Read each statement carefully
- Decide how true this statement is during the past 7 days.
- Completely fill the circle that most accurately describes the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

Developed by
Gawain Wells, Ph.D.,
Gary M. Burlingame, Ph.D. and
Michael J. Lambert, Ph.D.

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TOLL-FREE: 1-888-MH
SCORE, (1-888-647-2673)
FAX: 1-801-434-9730

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I want to be alone more than other children of the same age..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I have headaches or feel dizzy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I don't participate in activities that used to be fun..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I argue or speak rudely to others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have more fears than other my age..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I cut classes or skip school altogether..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I cooperate with rules and expectations of adults..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I have a hard time finishing assignments, or I do.....
them carelessly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I complain about things that are unfair | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I have trouble with constipation or diarrhea..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I have physical fights (hitting, kicking, biting, or scratching.....
with my family or others my age. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I worry and can't get thoughts out of my mind..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I steal or lie..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I have a hard time sitting still (or I have too much energy)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I feel anxious or nervous..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I talk with others in a friendly way..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I am tense and easily startled (jumpy)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I have trouble with wetting or messing my pants or bed..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I physically fight with adults..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I see, hear, or believe in things that are not real..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I have hurt myself on purpose (for example cut, scratched.....
or attempted suicide) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I use alcohol or drugs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I am disorganized (or I can't seem to get organized)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I enjoy my relationships with family and friends..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I am sad or unhappy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I have pain or weakness in muscles or joints..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I have a hard time trusting friends.....
family members, or other adults. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I think that others are trying to hurt me even.....
when they are not | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. I have threatened to, or have run away from home..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. My emotions are strong and change quickly..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
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Date _____

2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ®2.01 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

- Read each statement carefully
- Decide how true this statement is during the **past 7 days**.
- Completely fill the circle that most accurately describes the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

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31. I break rules, laws, or don't meet others' expectations on purpose.....
32. I am happy with myself.....
33. I pout, cry, or feel sorry for myself more than others my age.....
34. I withdraw from my family and friends.....
35. My stomach hurts or I feel sick more.....
than others my age.
36. I don't have friends or keep friends very long.....
37. My parents or guardians don't approve of my friends.....
38. I think I can hear other people's thoughts.....
or they can hear mine
39. I am involved in sexual behavior that my family.....
would not approve of
40. I have a hard time waiting for my turn in activities or conversations.....
41. I think about suicide or feel.....
I would be better off dead
42. I have nightmares, trouble getting to sleep
oversleeping, or waking up from sleep too early
43. I complain about or question rules, expectations.....
or responsibilities
44. I have times of unusual happiness or excessive energy.....
45. I'm generally okay with frustration or boredom
46. I am afraid I am going crazy.....
47. I feels guilty when I do something wrong.....
48. I demand a lot from others or I am pushy.....
49. I feel irritated.....
50. I throw-up or feel sick to my stomach more than others my age.....
51. I get angry enough to threaten others.....
52. I get into trouble when bored.....
53. I'm hopeful and optimistic.....
54. Muscles in my face, arms.....
or body twitch or jerk
55. I destroy property on purpose.....
56. I have a hard time concentrating, thinking clearly, or.....
sticking to tasks
57. I get down on myself and blame myself for things that go wrong.....
58. I have lost a lot of weight without being sick.....
59. I act without thinking and don't worry about what will happen.....
60. I am calm.....
61. I don't forgive myself for things I've done wrong.....
62. I don't have much energy.....
63. I feel like I don't have any friends, or that.....
no one likes me
64. I get frustrated or upset easily and give up.....

California Lutheran University Community Counseling Services

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