

THE COUNSELING & MENTAL HEALTH CENTER

The following packet includes the paperwork for first appointments at the TCU Counseling, and Mental Health Center (CMHC). Our Walk-in Clinic Hours for first appointments are Monday through Friday: 10-11:30AM and 1-3PM. Enrolled students are asked to print out these forms and complete them prior to visiting the Walk-in Clinic. Students are advised that the completed forms must be delivered in person, and cannot be delivered by fax or email, as therapist will only review forms delivered by students during the Walk-In Clinic Hours. In addition, students are advised that completing the intake forms does not establish a therapeutic relationship with any staff member of CMHC. During the Walk-In appointments, the student and a CMHC counselor will decide if counseling at CMHC is appropriate; and if so, the student can then schedule counseling appointments at CMHC. Students experiencing a crisis/emergency can visit CMHC Monday through Friday from 8:30AM-4:30PM, as CMHC has a crisis counselor available during these times. Students experiencing a crisis/emergency after hours should contact the Campus Police at 817-257-7777 or call 911.

TCU Counseling and Mental Health Guide to Services & Informed Consent to Treatment

Welcome to the TCU Counseling and Mental Health Center (**CMHC**). Thank you for trusting us to assist you with your personal concerns. This handout summarizes important information that you should know about our services. Your counselor will discuss this information with you and answer any questions you have about our services. We are here to help you.

Counseling Services: CMHC provides short-term individual and couples counseling, as well as group counseling, to currently enrolled TCU students. Our counselors are licensed psychologists, licensed professional counselors, licensed social workers, and doctoral counseling trainees under the supervision of a staff psychologist.

- **Brief Therapy Model:** In order to ensure that students have timely access to our services, CMHC has established a short term treatment model, which includes a 7-session per semester limit for individual counseling. Your individual circumstances and concerns will guide our recommendation on whether your needs can be addressed appropriately through short-term treatment. The initial consultation does not count as one of your counseling sessions.
- **Referrals:** Referrals to other practitioners/agencies may be made for concerns that require long-term care, more frequent appointments, or are beyond our scope of expertise. These referrals may be made following the initial consultation, after counseling is completed, or at any time during the course of treatment.
- **Group:** Group therapy is highly effective for many student concerns, and there is no session limit for group therapy.

Psychiatric Services: CMHC employs a board-certified consulting psychiatrist who conducts psychiatric evaluations, medication consultations, and medication management for those students engaged in concurrent counseling at CMHC.

- If you are looking for long-term management of your medications or need a referral for medication only, a CMHC counselor can help you find a referral in the community.
- CMHC does not provide medication management for stimulant (ADHD/ADD) medication.
- The consulting psychiatrist does not provide emergency prescription services or evaluation for disability determinations.

Eligibility for Counseling Services: Our counseling and psychiatric services are available at no additional cost to all currently enrolled TCU undergraduate and graduate students. We do not provide services to TCU employees or families of students.

No-Show Policy: Because of the high demand for counseling and psychiatric services, it is essential that scheduled appointments be kept. If you must cancel or re-schedule an appointment, please call CMHC at least 24 hours in advance of your scheduled appointment time. Any cancellation less than 24 hours in advance is considered a “no-show” and will count as an appointment. Students who “no-show” their appointment two times may lose their privilege of seeing a counselor and/or psychiatrist at CMHC and will be given outside referral sources to continue their care. This policy reflects our desire to benefit as many TCU students as possible.

Appointments: The Center is open Monday through Friday and counseling appointments are typically scheduled from 9:00 a.m. to 4:00 p.m., except for official holidays and University closings. Psychiatric appointments are available Monday through Friday from 8:30 a.m. to 2:00 p.m. Appointments are scheduled by calling (817) 257-7863.

After-Hours Emergencies: Mental Health professionals are on-call when our office is closed (except for University closings and holidays) and can be reached by calling the Campus Police, 7777. Emergencies are urgent issues requiring immediate action.

Confidentiality of Information

- The Counseling Center adheres to state law and ethical standards which require that all client information is held in confidence. We reserve the right to consult with our colleagues within the Center, as needed, to aid in our work with you. To facilitate good health care, we share relevant treatment information with the professional staff that provides your health care in the Health Center.

- No confidential information may be released outside the CMHC without the written consent of the client unless one of the following conditions occur:
 1. There is a risk of imminent harm to the student or others. In the event that there is a potential danger to self or others, we reserve the right to contact University officials, such as the Campus Life Deans and/or the Campus police.
 2. The clinician has reason to believe that a child, elderly, or handicapped person is in danger of or is being abused or neglected.
 3. The counselor has been served with a court-ordered subpoena to release information.
 4. There is reason to suspect that the client has been the victim of sexual exploitation by a former mental health provider during the course of treatment.

- Doctoral counseling trainees under the supervision of a staff therapist will need to videotape their sessions strictly for training purposes. These trainees will explain this process during session and ask that you provide written consent prior to videotaping. You have the right to decline this request. You also have the right to request that your counselor be a staff therapist. Typically, staff therapists conduct the initial sessions with clients and if appropriate, can explain the benefits to seeing a doctoral counseling trainee who is under supervision during this initial session.

Benefits and Risks of Counseling: Counseling involves benefits and risks. Benefits may include solutions to specific problems, improved emotional health and well-being, increased understanding of self, improved relationships, improved academic performance, and increased ability to handle stress. Although counseling can be beneficial to many people, it may not be helpful for everyone. Therefore, it is essential that you discuss any questions or discomfort you might have with your counselor.

I have read and understand these conditions of services, and I consent to receive services at the TCU Counseling, Testing, and Mental Health Center.

Student Signature

Date

Counselor Signature

Date

Counseling and Mental Health Services Initial Consultation Form			Date: _____
			TCU ID#: _____
First Name: _____	Middle: _____	Last: _____	Preferred Name: _____
Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Email: _____ May we call you? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call you? <input type="checkbox"/> Yes <input type="checkbox"/> No May we email you appointment reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			
Local Mailing Address: _____ _____ TCU BOX NUMBER: _____ Name of Residence Hall: _____		Permanent Address: _____ _____ Emergency Contact: Name: _____ Address: _____ _____ Phone: _____ Relationship to you: _____	
1. Academic Status: <input type="checkbox"/> Freshman / First-year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Non-student <input type="checkbox"/> Non-degree student <input type="checkbox"/> Other (please specify): _____ _____	2. GPA: _____ 3. Major(s): _____ _____	4. College: <input type="checkbox"/> AddRan College of Liberal Arts <input type="checkbox"/> Brite Divinity School <input type="checkbox"/> College of Communication <input type="checkbox"/> College of Fine Arts <input type="checkbox"/> College of Health and Human Services <input type="checkbox"/> College of Science and Engineering <input type="checkbox"/> M.J. Neeley School of Business <input type="checkbox"/> Ranch Management <input type="checkbox"/> School of Education <input type="checkbox"/> TCU Global Center <input type="checkbox"/> Graduate Studies	
5. Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Serious dating or committed relationship <input type="checkbox"/> Married <input type="checkbox"/> Civil union, domestic partnership, or equivalent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	6. Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer	7. Race: <input type="checkbox"/> African-American / Black / African <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Arab American / Arab / Persian <input type="checkbox"/> Asian American / Asian <input type="checkbox"/> East Indian <input type="checkbox"/> European American / White / Caucasian <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____	
8. Briefly Describe What Brings You to the Counseling Center: _____ _____ _____ How would you describe your concern?: <input type="checkbox"/> Personal/Psychological Concern <input type="checkbox"/> Academic Concern <input type="checkbox"/> Alcohol/Drug Concern <input type="checkbox"/> Required or Strongly Encouraged to Come <input type="checkbox"/> Concern for Another Person		9. What type of housing do you have? <input type="checkbox"/> On-campus residence hall/apartment <input type="checkbox"/> On/off campus fraternity/sorority house <input type="checkbox"/> Off-campus apartment/house <input type="checkbox"/> Other	10. Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Origin: _____

<p>11. Religious or Spiritual preference:</p> <p>_____</p> <p>To what extent does your religious or spiritual preference play an important role in your life?</p> <p><input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Unimportant <input type="checkbox"/> Very unimportant</p>	<p>12. Are you a member of any of the following : (check all that apply)</p> <p><input type="checkbox"/> Ever served in the Armed Forces <input type="checkbox"/> TCU Athletics (current or previously) <input type="checkbox"/> TCU Fraternity or Sorority</p>	<p>13. Do you have a diagnosed and documented disability?</p> <p><input type="checkbox"/> Attention Deficit/Hyperactivity <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Learning Disorders <input type="checkbox"/> Mobility Impairments <input type="checkbox"/> Neurological Disorders <input type="checkbox"/> Physical/health related Disorders <input type="checkbox"/> Psychological Disorder/Condition <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Other (please specify):</p>
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<p>14. Who referred you to the Counseling Center?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Parent or relative <input type="checkbox"/> Faculty or Advisor <input type="checkbox"/> Residence Staff <input type="checkbox"/> Health Center <input type="checkbox"/> Campus Life/Dean of Students <input type="checkbox"/> Alcohol/Drug <input type="checkbox"/> TCU Athletics <input type="checkbox"/> Campus Ministries <input type="checkbox"/> Center for Academic Services/Disability Services <input type="checkbox"/> Career Center <input type="checkbox"/> International Student Office <input type="checkbox"/> Other: _____</p>	<p>15. Think back over the last two weeks. How many times have you had:</p> <p>For males: five or more drinks in a row? For females: four or more drinks in a row?</p> <p><input type="checkbox"/> None <input type="checkbox"/> 3 to 5 times <input type="checkbox"/> Once <input type="checkbox"/> 6 to 9 times <input type="checkbox"/> Twice <input type="checkbox"/> 10 or more times</p>	<p>16. Think back over the last two weeks. How many times have you smoked marijuana?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 to 5 times <input type="checkbox"/> 6 to 9 times <input type="checkbox"/> 10 or more times</p>
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<p>17. Please check any other drugs you have used:</p> <p><input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> PCP <input type="checkbox"/> Ecstasy <input type="checkbox"/> Heroin <input type="checkbox"/> LSD <input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Inhalants <input type="checkbox"/> Prescription drugs (non-medical use) <input type="checkbox"/> Other</p>		
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<p>Please indicate if/when you have had the following experiences:</p> <p style="text-align: right;"><i>check one per row ►</i></p>	Never	Prior to college	After starting college	Both
18. Attended counseling for mental health concerns				
19. Taken a prescribed medication for mental health concerns				
20. Been hospitalized for mental health concerns				
21. Received treatment for alcohol or drug use				
22. Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)				
23. Seriously considered attempting suicide				
24. Made a suicide attempt				
25. Seriously considered injuring another person				
26. Intentionally injured another person				
27. Had unwanted sexual contact(s) or experience(s)				
28. Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)				
<p>29. Have you experienced, witnessed, or learned of a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. If you selected, "Yes" for the previous question, did the traumatic event(s) cause you to feel intense fear, helplessness, or horror?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>31. Please list any medications you are currently taking:</p>			

Patient Health Questionnaire (PHQ-9)

Name _____ TCU ID # _____ Date _____

D.O.B: _____ Age: _____ Gender: _____

This questionnaire will help your health provider to improve your treatment. Simply check (✓) your answers to the questions below. Please give your completed form to a health professional.

Over the last two weeks, how often have you been bothered by any of the following problems?

	<u>Not At All</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3
SCORES (add columns)				

TOTAL SCORE =

10. If you checked off any problems, how difficult have these problems made it for you to do your work, study, go to class or get along with other people?

- 0 – Not difficult at all _____
- 1 – Somewhat difficult _____
- 2 – Very difficult _____
- 3 – Extremely difficult _____

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

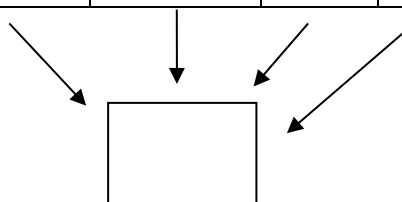
	Not at all	Several days	Over half the days	Nearly every day	
1. Feeling nervous, anxious, or on edge	0	1	2	3	
2. Not being able to stop or control worrying	0	1	2	3	
3. Worrying too much about different things	0	1	2	3	
4. Trouble relaxing	0	1	2	3	
5. Being so restless that it's hard to sit still	0	1	2	3	
6. Becoming easily annoyed or irritable	0	1	2	3	
7. Feeling afraid as if something awful might happen	0	1	2	3	
TOTAL					= <input style="width: 50px; height: 20px;" type="text"/>

If you checked off any problems, how difficult have these problems made it for you to do your course work, take care of things at home/work, or get along with other people?

___ Not difficult at all ___ Somewhat difficult ___ Very difficult ___ Extremely difficult

MINI SPIN

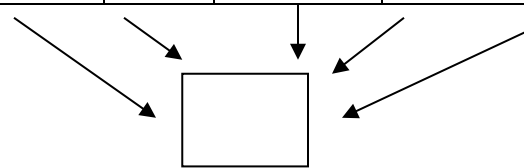
	Not at all	A little bit	Somewhat	Very much	Extremely
1. Fear of embarrassment causes me to avoid doing things or speaking to people	0	1	2	3	4
2. I avoid activities in which I am the center of attention	0	1	2	3	4
3. Being embarrassed or looking stupid are among my worst fears	0	1	2	3	4
TOTAL					



Lucas Functional Assessment

Please circle the response that best represents how you have felt in the past 2 weeks...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. I am satisfied with my ability to study/work.	1	2	3	4	5
2. The quality of my schoolwork/work is as good as I want it to be.	1	2	3	4	5
3. I am satisfied with the amount of time I spend with friends.	1	2	3	4	5
4. The quality of my friendships is as good as I want it to be.	1	2	3	4	5
5. I am satisfied with how connected I feel to other people at school.	1	2	3	4	5
6. The quality of support I obtain is as good as I want it to be.	1	2	3	4	5
TOTAL					



	Not at all	A little bit	Moderately	Quite a bit	Extremely
Are you currently considering leaving the University?	0	1	2	3	4
To what degree have the problems that brought you to counseling contributed to your consideration of leaving school?	0	1	2	3	4

*** Originated by Lucas, C and used with permission*

TEXAS CHRISTIAN UNIVERSITY
Counseling, Testing, and Mental Health Center

CONSENT TO RELEASE INFORMATION

I, _____, give permission for
(Print) CLIENT'S NAME

TCU'S COUNSELING AND MENTAL HEALTH CENTER

TCU Box 298730
Fort Worth, TX 76129
Phone: 817-257-7863
FAX: 817-257-7320

To: _____ receive from _____ release to _____ discuss with

The following person(s): _____

Agency/Business Name: _____

Street Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

_____ Progress Notes _____ Progress Summary

_____ Discharge Summary _____ Psychological Testing

_____ Medical History _____ Other: _____

The purpose for this consent to release confidential information is: _____

Any person who receives confidential information in connection with this consent may disclose the information to others only to the extent consistent with the authorized purpose for which this consent to release information was obtained.

Client has the right to withdraw this consent to release information at any time by providing written notice of such withdrawal to the Texas Christian University Counseling Center at the above address. If not previously revoked, this consent will terminate one (1) year from the date signed by Client or other authorized person.

Date of Birth: _____ TCU ID #: _____

Signed: _____ Date: _____

Client's Signature (or parent/legal guardian if Client is a minor or has been adjudicated incapacitated to manage his/her affairs.)