

Student Counseling Services Policies and Procedures

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Mission Statement

The mission of Counseling Services is to provide personal counseling and psychotherapy to registered students at Touro University California. A professional staff provides a broad range of mental health services to students including crisis intervention, urgent care, individual, couples, and group counseling, and referrals. Outreach services emphasize preventative and developmental interventions that help students benefit from their educational experiences. Consultation with faculty, staff, students, and their families helps to maximize opportunities for

Touro students to pursue their education in a supportive environment. These efforts help in the overall retention and success of students at Touro University California.

Organizational Structure

Counseling Services is composed of the Director of Counseling Services (a CA licensed Marriage and Family Therapist) and a licensed staff member (also CA licensed Marriage and Family Therapist). Counseling Services reports to the Associate Dean of Students, who reports to the Vice Provost/Dean of Student Affairs.

Services Provided:

- Individual, short-term counseling to address the personal, emotional, and mental health concerns of currently enrolled students, and students on an LOA (leave of absence). This counseling incorporates a brief-dynamic approach (longer term counseling is offered when appropriate) and is designed to facilitate symptom-reduction and a return to previous, higher levels of functioning.
- Urgent Crisis care for students needing to see a counselor the same day due to an immediate crisis or serious concern (Monday to Friday) and 24/7 phone counseling/support.
- Couples counseling to address relational concerns and communication between two individuals in a significant relationship. One partner of a couple must be a currently registered student.
- Both in-person office sessions and HIPPA compliant video sessions are available.
- Students on an approved “leave of absence” are eligible for counseling services.
- Students are eligible for counseling services for one semester following graduation.
- Seminars, workshops and outreach presentations on a variety of mental health-related topics. These are developed to meet the needs and interests of specific campus groups requesting the presentation (e.g., stress management, prevention, depression, rape awareness, crisis management, eating disorders, and substance abuse).
- Referrals for students whose particular needs cannot be met by Counseling Services (e.g., substance abuse treatment programs, psychiatric hospitalizations, and long-term psychotherapy).

Hours of Service

Counseling Services offers personal counseling and mental health services in the Student Health Center, Monday through Thursday, from 8:00 a.m. to 5:00 p.m., Friday 8 a.m. to 3 p.m. and after-hours sessions are available on request.

Staff work the regular scheduled hours and are encouraged to end their day on-time. An exception to this would be a clinical emergency which necessitates staying later.

Availability of Appointments

The priority in counselor's schedules is always to be focused on serving students and in activities that promote the mission of counseling services. Client appointments should not be changed except under unusual circumstances, such as counselor illness or clinical emergencies.

Any changes to work schedules must be approved by the Director prior to their occurrence.

Staff members are responsible for being aware of their schedule and checking regularly for updates, as the schedule often changes through the course of each day.

Fees for Services

There are no fees for services at Touro University California. Student tuition covers the cost of counseling services.

No Show Policy

Counseling services has a 24 hour cancellation policy. Clients are informed that scheduled appointments must be cancelled more than 24 hours before their appointment. Clients are made aware of the no show policy when scheduling appointments, in our Authorization for Services, and at the intake session by their counselor. Clients who "no show" or late cancel (within 24 hours of the appointment) more than twice in a semester for a scheduled counseling appointment may not be allowed to schedule future counseling sessions.

Personal Absence

In case of illness or unusual circumstances that interfere with working regularly scheduled hours, staff will notify the Director of Student Counseling and Student Health's front desk (707-638-5292) as soon as possible. The front desk staff will notify and reschedule clients. Counselors should inform the Director of any unusual circumstances or concerns about cancelled clients so that appropriate care can be offered.

Vacation requests should be made with as much advance notice as possible.

Dress Code

Counseling Services is a professional organization and complies with the university's dress code. Individuals should dress appropriately and project a professional image.

- Attire should be neat, clean, and considered professional or business casual.
- All employees of the Student Counseling Services must wear an employee ID at all times during working hours as per university requirements.

- No heavily scented perfumes, lotions, cologne spray or after shave is allowed, since this is both a counseling and medical clinic we must be sensitive to student's illnesses and allergies.

Professional Development/Continuing Education

Continuing education units are usually required for license renewals, Touro may pay for continuing education and license renewals at the discretion of the Assistant Dean of Students. Counselors are encouraged to further develop their clinical skills during their work at Student Counseling Services. A training budget covered by Student Affairs is available to use each year can be scheduled during work times in consultation with the Assistant Dean of Students.

Peer Review

Counseling Services provides peer review.

- Counselors participate in weekly case consultation

Front Desk Procedures

- Students may make appointments by phone at (707) 638-5292, in person at the Front Desk of the Student Health Center, or directly with the counselors by email.
- Students are required to complete intake paperwork through the secure online portal prior to their intake appointment.
- Intake paperwork (Authorization and Intake Information) are be available to the counselor once the student has completed it.
- Front desk staff will notify counselors if new clients arrive late for their intake appointment. Counselors will use their discretion to decide whether to allow client to check in, or to have Front Desk reschedule the appointment.

Counseling Services Closing Procedures

Counseling Services closes at 5:00 p.m. Monday through Thursday, and 3:00pm on Friday. In accordance with university policies and legal guidelines to protect client confidentiality, closing procedures include:

- Log out of the online Electronic Health Record system.
- Log off computer
- Turn off sound machine and lock counseling room doors.

Client Administrative Issues

Client Flow and Case Assignment

In general, the counselor's first priority is to be available for sessions with students.

Clients are assigned to counselors based on schedule availability. Any hour which is open in the schedule is available to be scheduled by the Front Desk. The Front Desk will schedule no more than 3 intakes a day in any counselor's schedule.

The Director of Counseling Services will review the schedule on an ongoing basis. If a counselor is feeling overwhelmed by his or her case load, they are to talk with the Director of Counseling for support.

Dual Role Situations

Mental health emergencies involving a Touro University California employee will be referred to Human Resources and the Employee Assistance Program or the Vallejo Police Department (if appropriate). Counseling Services staff do not provide clinical services to Touro employees. If a person is both a university employee and a registered student the director should be consulted about appropriate care. That student/employee should be made aware of all options she/he can access through his/her university benefits package. Potential dual role issues are discussed prior to giving treatment to a university student/employee. When possible, dual role relationships should be avoided.

Client Access To Records

Clients may ask to see their clinical file, or to obtain a copy of that file. These requests are made should be referred to the Director of Counseling. No response may be made to the request without the approval of the Director of Counseling.

Clients are entitled to review their clinical records within 5 working days after submission of a written request (see Information Exchange Authorization Form). Unless advised otherwise by the director the counselor should schedule an appointment to review the clinical record with the client. Clients are also entitled to a copy of their complete, clinical record within 15 working days after submission of a written request.

If the counselor and the director of counseling believe there is substantial risk of an adverse effect to the client if she/he sees the clinical record in its entirety, this shall be noted in the client's file. The notation should include the date of the request, the reasons for refusing the request, and a description of the specific, adverse impact on the client that is anticipated. If the client's request is refused, the counselor must then advise the client that an M.D., licensed therapist, or psychologist may inspect or receive the clinical record on behalf of the client after the client signs a release.

The counselor may provide a written summary in lieu of allowing the client to see or receive a copy of the complete file. This summary must be approved by the Director of Counseling and made available within 10 working days after the written request is submitted. Such a summary must include:

- Major problems discussed by client
- Summary of consultations and/or referrals with other health care professionals
- Diagnosis
- Treatment plan
- Progress of treatment
- Prognosis

- Diagnostic test findings and discharge summaries, if any
- Pertinent information from most recent physical exam, if known

Frame for Short-Term Counseling

Each counselor has their own style and uses clinical judgment to decide exactly what the course of treatment will look like for each client. Below are guidelines for how to hold the short-term frame that we use in Counseling Services.

At intake, counselors explain that we use a short term model of counseling. The clinician may inform clients that not every issue can be dealt with in a brief model, and that they will set some specific goals which are appropriate for the amount of time we have. Clients can expect his or her counselor to check in every few sessions to make sure they are getting what they want, and to see what progress they are making on counseling goals.

Starting with the intake session, it is important to set short term goals, keeping the short-term frame in mind. Goals should be appropriate for a limited number of sessions. Clinicians clarify which pieces may be addressed in therapy at this center given the short term model. It is useful to help clients develop a sense of what they think progress will look like.

Throughout the course of therapy, clinicians should check in with the client on their initial goals and progress. If the client has difficulty identifying gains for themselves, the clinician can be directive, giving specific examples of the changes that they have observed in the client, or changes which the client has reported in their lives.

The clinician is responsible for holding the short-term frame. When you assess that the work is nearing the point of termination, you should begin to prepare the client. Some will immediately agree that they no longer need regular sessions; others may be hesitant to give up therapeutic support. In the latter situation, the clinician can reinforce that the ultimate goal of counseling here is getting them to a place they can sustain progress on their own.

Termination of Services

Services to a student may be terminated for any of the following reasons:

- Student has used service to the limits agreed upon by the counselor and the client.
- Student has failed to attend scheduled appointments. In such cases, documentation as to decisions and referral efforts made will be noted in student's clinical file. An appropriate letter should be sent to the client or the information should be clearly discussed in a session with the client.
- Counseling services cannot meet the student's needs or the student clinical issues are beyond the scope of this center. In such cases there will be a consultation with the Director of Counseling and documentation will be noted in the student's file as to the reasons for termination. Every effort will be made to provide the student with appropriate outside referrals.

Ongoing Sessions

There may be situations where ongoing sessions would be appropriate for the care of a student. Our model allows some flexibility in these situations. However, these decisions should be made thoughtfully and in consultation.

During treatment, it is important to keep in mind that we are stepping stones to a more solid, stable support system. There are also other resources on campus that can help students with a variety of concerns and issues.

A client who continues to be in crisis may indicate a need for more intensive support than we can provide. Issues might range from active substance abuse, chronic eating disorder concerns, reoccurring domestic violence, or severe and persistent disorders (including schizophrenia, recurrent major depression or bipolar disorder). In these particular situations, a plan to bridge to outside support should be established early in treatment.

Counselors who are considering seeing clients longer than the typical short-term model should consult about the client in case consultation meetings. Counselors consider the role of countertransference and the best interest of the client in the short- and long-term when making these decisions. Although continued sessions at this clinic may be the most comfortable and convenient option, continuing to offer this might actually do the student a disservice in preventing them from seeking outside support that would ultimately serve them even better. Consulting regularly about these clients and their treatment plans helps to clarify the clinician's decision making and how to communicate appropriate boundaries clearly with the client.

Bridging Students to Outside Therapy

It is sometimes appropriate to refer a client for outside therapy. The student may require a level of care beyond what we are able to provide as an outpatient clinic; or, they may require more sessions than our short-term model allows. Counselors would then offer the student a variety of referrals and bridge them to outside therapy.

When discussing outside services, the counselor should first ask the client about their resources for therapy, including any medical insurance. If students do have insurance, they should start by researching what mental health services are covered. Students should be advised that if they are covered under someone else's policy, that person may be informed that they are accessing mental health services. If confidentiality with parents or partners is an issue, using their insurance may not be the best choice. However, when appropriate, the student can pursue resources through their insurance in addition to general referrals provided by Student Counseling Services.

In addition to giving clients information about where they can receive additional services, clinicians should also prepare the student for the process of bridging to outside therapy. They should be informed about realistic fee ranges, wait lists, and other logistical challenges they may face. Clients should also reflect on what they have found helpful about therapy, and empowered as consumers to choose an agency or clinician that works for their personal concerns and style.

Touro counselors may consult with outside clinicians or other professionals as it is appropriate to bridge and/or support continuity of care. In these cases, the client must fully understand the reasons for and limitations of the consultation, and the client signs an Information Exchange Authorization.

Other Resources and Referrals

Referrals to other outside resources, such as support groups, books, or online resources, are also often helpful to clients.

Confidentiality

One of the highest priorities, at all times, is the protection of clients' confidentiality. Care must be taken not to mention a client's name or other identifying information in public areas, such as the waiting area or hallways.

All persons using counseling services are advised of the specific legal limits of confidentiality, and must sign an acknowledgment that they have been advised of, and understand, these limits. Students sign the Authorization for Services Form before their initial intake session. The form will then become part of the client's file.

No client is to be seen without signing an Authorization.

Student Counseling Services maintains the highest standards of confidentiality and meets or exceeds all legal and ethical standards which govern client confidentiality. Information received in counseling sessions will not be released without written consent, except in situations dictated by law. Those exceptions include child abuse/neglect, elder and dependent adult abuse/neglect, danger to self or others, or by a specific order of the courts.

Records are collected and maintained to aid in serving clients, while at the same time protecting clients' privacy and fulfilling the profession's responsibilities of confidentiality. No information is a matter of public record, including the names of clients using counseling services.

Disclosure of Confidential Information to Third Parties

Clients requesting release or exchange of information gathered in the course of counseling will sign an Information Exchange Authorization Form specifying a particular receiving party. Releases cannot be written generally to an agency or organization. Student Counseling Services will not honor telephone or faxed requests for information exchange without the client signing a release form.

Under no circumstances does Counseling Services write third party letters to individuals on campus (e.g., professors, financial aid office, admissions, etc.). Any third party contacts will be

done by phone and should not be put in a letter. The contact and nature of the conversation should be clearly documented in the client's file.

At the request of a client, Student Counseling Services does provide written confirmation of attendance. This documentation is to include dates of sessions attended. This documentation is given only to the client and is never to be sent to a third party (e.g., professors, other student services, their school, etc.).

Disclosure of Confidential Information with Professors and Others

A client's relationship with Student Counseling Services must be kept strictly confidential. Counselors cannot confirm or deny that services have been provided to a student without a signed Information Exchange Authorization. This includes professors, administrators, healthcare professionals outside of TUC, or anyone who has referred a student for services.

Disclosure of Confidential Information without Prior Consent

In keeping with ethical standards of mental health professions, no information is to be released to outside parties without the client's prior written consent, unless such information is necessary to protect the health and safety of the client or other persons.

Information contained in the couple's session notes cannot be released without the written consent of both parties. Counselors explain this policy in the initial couple's session.

In all cases where clinicians are legally mandated to release information without prior consent staff are strongly encouraged to seek and document consultation with licensed staff.

Counselors have a mandate (Penal Code Section 11166) to report to the local police authority, or to the county protective services, any cases where the counselor has reasonable suspicion of child, dependent adult, or elder abuse reported by clients.

Information may be released from client records when a counselor determines that a client presents a serious danger of violence to another. The counselor is legally obligated to use reasonable care to protect the intended victim against such danger. Reasonable care may require the counselor to warn the both the intended victim and the police. (Tarasoff)

Counselors also have an obligation to fully assess any client who shares indication of suicidal ideation. Basic areas to assess include lethality of client's intent, plan, and means; time frame (for any planned or possible attempts); past attempts; family history of suicide; and current/accessible support system.

If an assessment finds there is imminent danger that a client will attempt suicide, counselors must call the Vallejo Police Department and initiate a 5150. Only the police or a PET team may invoke a 5150.

Disclosure Pursuant to Judicial Order

Confidential information may have to be released if properly subpoenaed pursuant to a judicial proceeding. In such proceedings, the university will notify the student prior to releasing their record. Every effort will be made to retain the confidentiality of records in the client's best interest. Subpoenas of confidential information do not necessarily have to be released, especially if it comes from the opposing side in a case. If a counselor receives a court order or a subpoena for confidential client information, notify the Director of Counseling.

Subpoenas

The Director of Student Counseling receives subpoenas. If a subpoena is received by mail or brought directly to Student Counseling Services, it should be given to the Director of Student Counseling. If a process server arrives to serve a subpoena, the front desk or Student Counseling Services staff should refuse to accept it, and refer that person to:

Zachary Shapiro
Compliance Officer
Touro University – Western Division
1310 Club Drive | Vallejo, California 94592
Office: 707.638.5459

The goal of Student Counseling Service's response to any subpoena is to protect the confidentiality of clients and uphold client privilege.

Client Records

Student Counseling Services utilizes an Electronic Health Record system (EHR). This system (Therapy Zen) is HIPPA compliant and consists of both counselor's schedules and electronic student/client files.

Confidential information includes the following:

- Demographic data supplied by the client on the Client Intake Form.
- Authorization for Services Form.
- Any Information Exchange Authorization Form signed by the client and copies of correspondence pursuant to that information exchange.
- Any correspondence with, or about, the client.
- Documentation related to legal and/or ethical issues regarding a client

Clinical Notes

Counseling staff will document all significant contacts with clients, as well as contacts about the client such as phone calls, consultations, collateral contacts, etc.

When making notes in the clinical record, the counselor must remember that the client may eventually read the notes. Notes may also be used in legal proceedings.

When referring to yourself in a case note, counselors use the terms "counselor," "therapist," or "clinician." Always use third person in case notes.

The following are some specific guidelines for clinical notes:

- Notes are concise, clear and professional. Counselors write notes so that another professional can read them and understand their work.
- Include the major issues presented by the client in each session and the significant clinical interventions. Interventions should relate to the diagnosis and treatment plan.
- Counselors document any action related to legal and ethical issues. Record any reports of suspected child, dependent adult, or elder abuse, suicide assessment and intervention, and referrals.
- Counselors also document all consultations with collateral contacts, including other mental health or medical providers, campus staff, or family or friends of the client. Documentation includes the date of contact, the person's name and contact information, the reason for contact, and the significant information received.
- Notes are objective, not judgmental or subjective.

General ongoing case notes must include:

- Current symptoms or any changes. If the person has reported recent suicidal thoughts, SI must be assessed and documented every session. (e.g., "Client reports sleep improvement (sleeping 6 hours per night). No suicidal thoughts this week. Continues to feel sad and is crying daily")
- Any significant events or situations that occurred since the last session. Also include any new information that was not ascertained in the intake. (e.g., "Client reported for the first time today that her grandfather committed suicide (with a gun) when she was 10," or "Client reported that she saw her medical doctor this week and he prescribed beta blockers to help with her social anxiety.")
- Include session content and affect observed during the session. What main themes were discussed? What goals are being addressed?
- Document any interventions. What was the outcome?
- Treatment Plan

Transfer of Counselor

Students are generally given the freedom to change counselors at their discretion, but clinical issues around this should be explored, and students are discouraged from changing often or without cause. If a student wishes to change their primary counselor, both counselors should consult about the transfer and share appropriate clinical information and formulate a plan for continuity of care. In general, each client should choose and work with a primary counselor and should only see another counselor on staff in the case of an immediate crisis or if their primary counselor is unavailable. In this case, every effort should be made to bridge the client back to their primary counselor when that counselor is available.

Destruction of Files

Current professional standards dictate that paper files should be kept 7 years after a client's last session. Electronic records will likely be kept indefinitely.

Ethical Standards

The counseling staff functions in accordance with the highest ethical standards. Staff carefully reviews situations presenting ethical issues or dilemmas, may utilize appropriate outside consultation, and resolve them in accordance with recognized professional codes. The Director will stay informed of policy statements or recommendations of ethical issues developed by professional organizations and will review and implement these policies within Student Counseling Services.

When making referrals to clients, a counselor will attempt to give three referrals. These may be agencies, referral services, or specific professionals.

Student Counseling Services does not discriminate against clients on the basis of race, ethnicity, color, religion, marital status, national origin, ancestry, gender, gender orientation, sexual orientation, physical or mental disability, medical condition, status as a veteran or disabled veteran, age or citizenship.

In compliance with Section 728 of the California Business and Professional Code, counselors will provide the "Professional Therapy Never Includes Sex" brochure to any student who alleges previous sexual contact with a prior counselor during the course of treatment. The brochure "delineates the rights of, and remedies for, patients [clients] who have been involved sexually with their psychotherapist." (Section 728). Brochures are available in each counseling office. When a brochure is given to a client, counselors discuss it thoroughly and document that the brochure has been given.

Special Treatment Issues

Potentially Suicidal Clients

A counselor has an ethical, and potentially legal, responsibility to follow prescribed procedures when she/he becomes aware of potentially suicidal behavior on the part of a client.

It is a policy of Student Counseling Services to assess every client for suicide and homicide potential and to document this assessment in the initial evaluation or in the progress notes. Anyone with SI or HI will be reassessed each time she/he comes to Student Counseling Services, and this will again be documented in the case notes.

Factors to be assessed include intention, mental competence, access to lethal means, suicidal history or predisposition, and emotional state. The counselor may ask himself/herself the following questions as a guide:

- Has the client indicated that she/he intends to kill himself/herself? This may have been expressed directly or indirectly, to the counselor or to a third party who has reported it to the counselor.
- Has the client identified a potentially lethal plan?
- Does the client have access to the means to execute this plan?
- Is the client mentally competent?
- Does the client (or a relative or close friend) have a known suicide history?
- Is the client clinically depressed and /or clinically agitated?

- How strong is the client's impulse control?
- How strong is the client's support system?

If the client appears at risk, the counselor is strongly encouraged to consult with another licensed clinician on staff at the earliest opportunity. If hospitalization appears to be necessary, document all stages of intervention including persons contacted, releases signed, and progress reports. For any hospitalizations or potential hospitalizations which have taken place, please inform the Director of Counseling as soon as possible as well as the Assistant Dean of Students that the Vallejo Police Department will be on campus. Confidentiality is to be maintained with the Assistant Dean of Students, but we can inform her/him that we have initiated a 5150 so the dean knows why the police are here and that it is because of our request.

In cases where the client seems at immediate risk for suicidal behavior, hospitalization for inpatient psychiatric care may be warranted. This may be done on a voluntary or involuntary basis.

Voluntary Hospitalization

Clients who do not meet the criteria for Student Counseling Services to initiate a 5150 may still wish to go to the hospital to be evaluated by the hospital staff.

Have the client sign an Information Exchange Authorization before they leave the office to allow communication with the hospital admissions staff and for after care planning.

If the client has health insurance, consider a hospital in the area. Obtain a written release from the client in order to furnish the hospital with pertinent clinical data:

1. Client's history around self-harm
2. Precipitants to the current crisis
3. Whether client has a plan
4. Whether client has a means
5. Your assessment of the client's impulse control

If the client is willing, it is usually helpful if someone from his/her support system is involved with transportation and support. If the client is admitted, contact the hospital staff for treatment planning, disposition, and after care. Hospital records should be requested for documentation in Student Counseling Services clinical records.

Involuntary Hospitalization

This may occur when the counselor believes that the client is at imminent risk of danger to self or others or is gravely disabled due to a mental disorder, and is not willing to cooperate with interventions or being evaluated further for hospitalization. Good clinical and ethical practices dictate consultation with colleagues either prior to initiating a 5150 or as soon as possible afterward. All staff must inform the Director of Student Counseling as soon as possible about any hospitalization in progress.

When a 5150 has been initiated and an officer arrives, the treating clinician should provide them with relevant clinical data that supports the counselor's concern, for example,

- Client's history around self-harm or danger to others
- Precipitants
- Client's suicide plan
- Means
- Client's impulse control
- Absence of support system

The breaching of confidentiality only allows a counselor to provide information that is directly related to the assessment for possible hospitalization.

A client may be very resistant to the hospitalization and may flee. At no time should the counselor attempt to stop a client from leaving a session or the building and should NEVER be involved in any sort of physical restraining of a client. If the client wants to leave, do not stand in his/her way. If the client does leave, inform the police immediately to try and locate the client (i.e., providing physical description, etc.) The counselor should also attempt to contact someone within the client's support system to notify him/her of the potential risk. In addition, contact the police department of the city in which the client lives with the clinical data that supports a "health and welfare check." Please consult all through this process with a licensed staff member/Director of Student Counseling Services.

Potentially Violent Clients

A counselor has a legal responsibility to follow prescribed procedures when a client discloses that she/he may cause serious harm toward a specific person. The counselor must assess for danger to others, and use his/her knowledge of the client to determine if the threat is a serious one. The counselor should also consult with a licensed staff member immediately regarding these threats.

The clinician may evaluate the following elements of potential violent behavior, although this should not serve as an exhaustive list.

- Has the client expressed an intention to commit violence (not just transitory thoughts or expression of emotion)?
- Has the client identified a specific intended victim and/or plan of action?
- Does the client have the means to carry out this plan? (weapon, proximity to victim)
- Is the client able to understand what she/he is doing and is she/he capable of exercising self-control? (History of prior violence would be an important consideration.)
- Is the client capable of collaborating with the counselor in maintaining control of his/her behavior?

If the statements are not deemed to pose a threat of violence, no reporting to potential victim or police is required. Also, if threats are made against non-specific persons, there is currently no requirement to notify police. In either case, document the consultation and reasons no notification was made.

If the client makes a serious threat of violence against an identifiable victim, the counselor has a “duty to warn.” Reasonable efforts must be made right away to notify the victim of the threat. The police must also be informed immediately. Be as specific as possible about the client’s threatening statement(s). Remember to document all of your actions and the reasons for them, as well as consultation with licensed staff, in the client’s file.

Documentation must be complete and include all relevant assessment information, actions taken, interventions completed, and the results or outcome of the actions.

Child Abuse Reporting

Counselors have a legal responsibility to follow procedures when they have a reasonable suspicion of child abuse. If you are not sure whether a particular situation warrants a CFS report, a counselor can call CWS to consult with them to determine if a report is needed. The Solano County Child Welfare Services 24 hour phone number is 1-800-544-8696.

Document all consultation, including the names of any CWS workers you have talked with, and the outcome in the clinical file. If no report is made, the reasons must also be detailed in the client’s file.

A written report should be sent to the agency within 36 hours of receiving the information about the abuse. The forms are stored in the staff room file cabinet. A copy of the report should also be entered into the client’s file.

In general, counselors inform their client when a child abuse report has been made. Counselors make an effort to empower and support clients throughout this process, including involving the client directly in making the report if possible.

Elder and Dependent Adult Abuse Reporting

California State law mandates counselors to report when there is reasonable suspicion of physical abuse, neglect, abandonment, financial abuse, or other treatment that results in physical harm or pain or mental suffering of elder adults (65 years or older) and of dependent adults (age 18 to 64 with a developmental, physical, or mental disability).

When there is reasonable suspicion of elder abuse, the counselor will consult with Director of Student Counseling, or other licensed staff to determine whether a report should be made. In any ambiguous case, the clinician will call Adult Protective Services to consult. The Solano County APS phone number is (707) 784-8259.

If a report is to be made, it should be called in to APS as soon as it is practically possible. The written form should be completed by the counselor and faxed within two working days. The fax number for Solano County APS is (707)-784-2440. A copy of the completed report is to be entered into the client’s file.

Media Contact

Student Counseling Services does not talk with any media agencies without consulting the Director of Student Counseling, the assistant dean of students, and the campus compliance officer;

Zachary Shapiro

Touro University – Western Division

1310 Club Drive | Vallejo, California 94592

Office: 707.638.5459

Urgent Care / Emergencies

Safety and Security

Safety and security of staff and clients is a primary concern at Student Counseling Services. If clients feel unsafe at any time in counseling sessions, counselors never bar, block, or otherwise prevent them from leaving a session. In the event of a counselor feeling they are in immediate danger when in session, the session is to be ended and the counselor is encouraged to do everything they can to assure both their own safety and the safety of the campus community.

Vallejo police can be contacted by calling 911. If staff feels they are in danger, they must assess any given situation and proceed with caution. If possible, inform others on the staff about dangerous situations. If counselors are reporting a situation to the police, they should be prepared to give their name, room number, and other information about any danger.

Emergency Coverage

Student Counseling Services staff is available for response to psychological emergencies during normal operating hours. Should a serious psychological emergency occur, the Director or Clinical Staff will respond. Depending upon the nature of the emergency, the Police Department and campus security (707-638-5804) may be notified. For safety and liability reasons, Counseling Services counselors do not leave the offices of Student Counseling Services and go on campus in response to emergencies, but are available to consult with staff and students who come in or call Student Counseling Services.

In-Office Emergencies

Counselors should always be aware of the safety of themselves and their colleagues. If you are seeing a client with whom you have safety concerns, make sure that the Director and/or other staff are aware of the situation. Always consult when you feel unsafe.

If a client experiences a medical emergency in your counseling room, call 9-911 and let the front desk know there is a medical emergency in your office.

Crisis Coverage

The focus of a Crisis session is on assessment of the urgent problem and triage. Counselors are often more directive in Crisis sessions than they are in regular counseling sessions. For serious situations (e.g., actively suicidal/ homicidal clients), please refer to the Special Situations sections of this manual.

Any counselor may take calls for information about Student Counseling Services or for consultations with faculty, staff, administration, family members, or students. If counselors consult about a TUC student and can get the student's name, they document this in the student's file. If the student is currently a client of the center, the counselor also lets the primary clinician know about the situation. Counselors should remember that they can always receive information about clients or potential clients from others, but they can never confirm or deny that a student has been seen at Student Counseling Services without a proper release of information signed by the client.

After Hours and Weekend Crisis Coverage

Student Counseling Services contracts with ProtoCall services which provides after hours and weekend phone crisis, assessment, consultation, and counseling for students and campus community members. ProtoCall is staffed by mental health professionals, and is connected with both the Valljo Police Department for immediate emergencies, as well as with the Assistant Dean of Students, the Director of Student Counseling and the clinical staff of counseling services. Phone calls to ProtoCall generate a detailed report which is entered into a student's clinical record. Callers may reach ProtoCall after hours by calling the main student counseling services phone number at 707-638-5292 and choosing option "3".

Outreach and Consultation

One of the important public relations links that Student Counseling Services has with the university community is through outreach and consultation services. These connections help us to educate students, staff and faculty about our services. Often students will access our services after meeting the staff at a classroom presentation or campus event, or being directly referred by a professor or university staff.

Staff members also provide outreach programs to University classes and groups on various topics such as stress management, test anxiety, depression, time management, grief and loss, anger and violence, sexual violence, self-esteem, and other mental health issues as requested. Staff should always include a description of Student Counseling Services during a presentation.