






THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

TITLE	AUTHOR
PROCEDURE FOR COUNSELLING CLIENTS (CUEA/DVC ADM/DOS/08)	DEAN OF STUDENTS
	NO. OF APPENDICES:
	3 (THREE) (A-C)
AUTHORIZATION This Standard Operating Procedure is issued under the authority of:	
TITLE	DVC ADMINISTRATION
SIGNATURE	
DATE	23 Feb 2011
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NOTE: <ol style="list-style-type: none"> 1. Write amendments on the page provided (Clause 0.2). 2. Controlled copies of this document will be in the DVC Administration and Dean of Students' offices. 	

0. Contents and Record of Changes

Revision	00		Date	18 - JAN 2011
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0.2 RECORD OF CHANGES

No.	Date <i>(dd-mm-yy)</i>	Details of Changes		Authorization
		Page	Clause/subclause	Title
1		3	6.2.1,6.5 (Numbering of forms)	DOS

0.3 Distribution / Circulation

This standard operating procedure is available on CUEA servers for authorized users

1.0 PURPOSE

To ensure that all the clients are attended to according to the laid down ethics and standards of professional counseling ethics.

2.0 SCOPE

This procedure shall be used by the members of CUEA community and the immediate relatives CUEA staff.

3.0 REFERENCES

3.1 CUEA Quality management manual


4.0 TERMS AND DEFINITIONS

4.1 Client: One who engages the service of the Counselor.

4.2 University Counselor - Is a trained and qualified person who provides counseling on a broad range of issues, students, staffs and their immediate families.

4.3 Case notes: A counseling session record, or a systematic documentation of a client's mental health history and care.

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4.4 Commitment/consent form: A document signed by client in an agreement that he/she will attend the sessions and follows the rules and regulations of counseling.

5.0 PRINCIPAL RESPONSIBILITIES

The University Counselor has the overall responsibility of ensuring that this procedure remains adequate for its intended purpose and it is effectively applied.

6.0 METHOD

6.1 The client shall present the case to the university counselor.

6.2 The university counselor shall listen to the client's story.

6.2.1 If the case is within the counselors area of operation the counselor shall give the client a therapeutic commitment form (CUEA/DVC ADM/DOS/08/fm1)

6.2.2 If the case is not within the Councilors' area of operation, shall refer to a specialist.

6.3 The client shall fill the therapeutic commitment form and make an appointment with the counselor.

6.4 The clients shall attend the session.

6.5 The counselor shall facilitate the counseling sessions until such a date she/he deems it right to consider termination or referral.(CUEA/DVC ADM/DOS/08/fm3)

7.0 APPENDICES


7.1 Appendix A: Flow map

7.2 Appendix B: Therapeutic Commitment Form/Consent Form

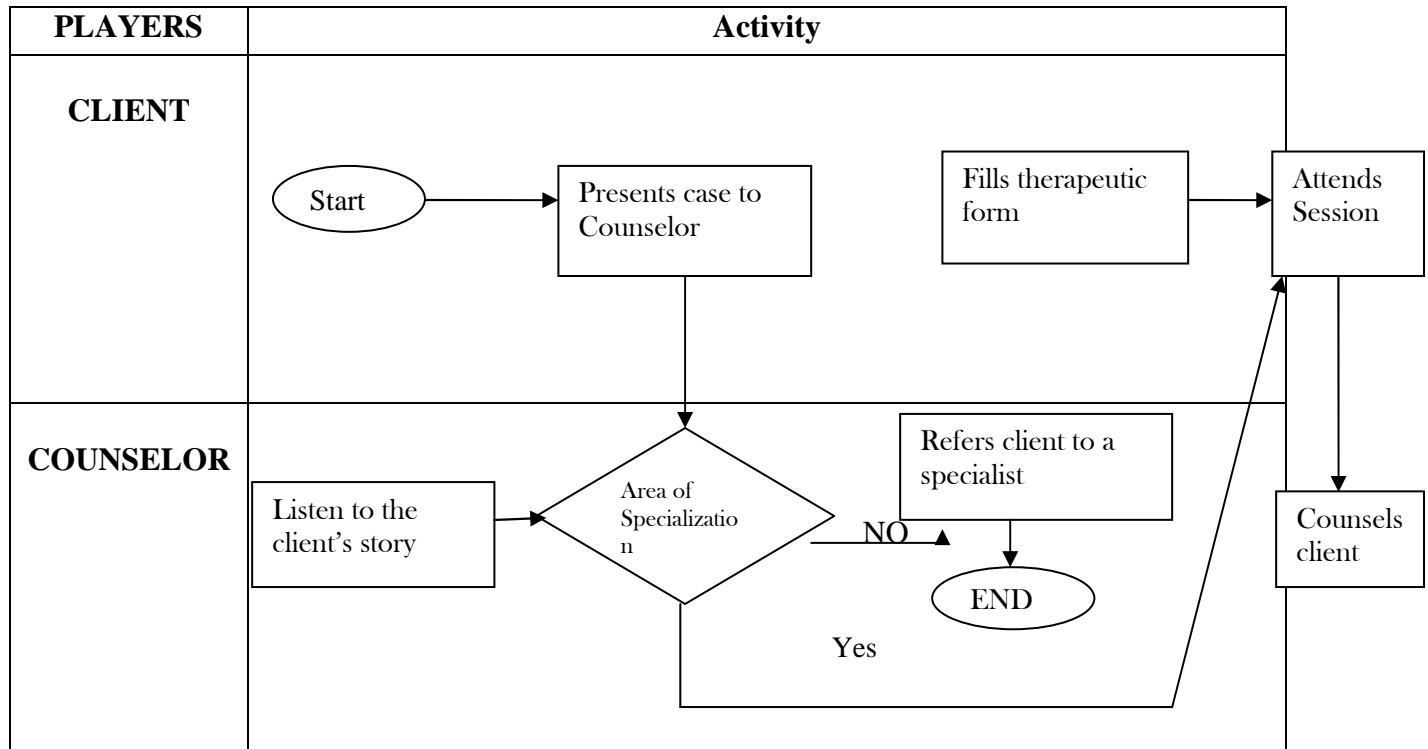
7.3 Appendix C: Case Notes


7.4AppendixD:Referral form

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Appendix A: Flow Chart



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Appendix B: Therapeutic Commitment Form/Consent form

**INFORMATION AND CONSENT FORM
Counseling & Psychological Services (CAPS)
Catholic University of Eastern Africa**

Services Provided

CUEA Counseling & Psychological Services (CAPS) offers a variety of individual, couples, and group counseling services provided by counselling psychologists. Eligibility for evaluation or treatment from CAPS is contingent upon status as a fully enrolled student paying the Student Registration Fee and CUEA staffs and their immediate families

Counseling and psychotherapy can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reductions in your feelings of distress. But, there is no assurance of these benefits.

Confidentiality


In keeping with ethical standards of the Kenya Counselling Association and country law, all services provided by the staff of CAPS are kept confidential except as noted below. We consult as needed within the staff of CAPS about the best way to provide the assistance that you might need. As required by counseling practice guidelines and current standards of care, we keep records of your counseling. These records are stored on a secure network server that meets country and campus security standards for medical records. Neither the fact that you seek counseling nor any information disclosed in the counseling sessions will appear in your student academic record unless you specifically direct us to communicate with other staff and faculty at the university.

CAPS professional staff have a legal responsibility to disclose client information without prior consent when a client is likely to harm himself, herself or others unless protective measures are taken, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. Fortunately these situations are infrequent. By signing this form you also give CAPS permission to communicate with the Emergency Contact that you have designated if we believe that you are at risk. Please consult with your psychologist if you have any questions about confidentiality.

Counseling Policies

Although we try to arrange initial counseling appointments promptly, a waiting list is common during busy periods of the year.

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Many issues typically encountered by university students can be addressed with the short-term counseling we provide. Your initial session is an assessment session, devoted to defining your concerns, developing a treatment plan, and determining whether CAPS can meet your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate off-campus providers. Noncompliance with the plan we develop to assist you could result in the termination of services.

Please arrive on time for your appointments. Missed appointments reduce our capacity to provide services to other students. If you are unable to keep your appointment, please call to cancel as far in advance as possible.

Repeated cancellations or missed appointments may result in the termination of counseling.

Our goal is to provide the most effective psychotherapeutic experience. If you feel that your counselor is not a good match for you, we encourage you to discuss this matter with your current counselor. Alternatively, you can speak with the _____ in charge of counselling office _____. Either of the above can facilitate a transfer to a different counselor, if necessary. If you have questions or comments about our services, please ask at your initial appointment, or arrange to speak with our in charge.

Please sign below to indicate that you understand and agree to be committed in counseling in accord with the above policies.


Print Name

Signature

Date

CUEA/DVC ADM/DOS/08/fm1

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Appendix C: Case Note Form

CLIENT NAME: _____

COUNSELOR NAME: _____

CLIENT AGE: _____ **CLIENT SEX:** _____ **DATE OF SESSION** _____

SESSION NUMBER: _____ **LENGTH OF SESSION:** _____

TOTAL TIME (APPROX.) SPENT WITH THIS CLIENT TO DATE: _____

STATEMENT OF CONCERN:

RELEVANT BACKGROUND INFORMATION:

OBJECTIVE DESCRIPTION OF SESSION:

GOALS

Short-term:

Long-term:

PROGRESS TOWARD GOALS: _____

Counsellor Signature: _____

Supervisor Signature: _____

Date: _____

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School or College, please tick: LANGATA, GABA, KISUMU

REFERRED TO

Medical Practitioner

Financial Aid

Dean of Student

Rehabilitation Centre

Spiritual Guide

Social Services

Others please specify

*Are there any issues that CUEA Counselling centre needs to be aware of regarding the safety of the student or CUEA staff accessing the services


*Date referred:

*Student/Staff/Dependant

Counsellor allocated before referral

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Date and Time of 1st Appointment

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