




THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

TITLE	AUTHOR
PROCEDURE FOR PSYCHOLOGICAL DEBRIEFING OF TRAUMATIZED CLIENTS (CUEA/DVC ADM/DOS/09)	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
ISSUE DATE	23 March 2011
STAMP CONTROLLED / UNCONTROLLED	CONTROLLED
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

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0.2 RECORD OF CHANGES

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	<i>(dd-mm-yy)</i>	<i>Page</i>	<i>Clause/subclause</i>	<i>Title</i>
1		3	6.2.1,6.5	DOS
2		7	7.0 Appendix B & C (Numbering of forms)	DOS

0.3 Distribution / Circulation

This Standard Operating Procedure is available at relevant function for authorized users.

2.0 PURPOSE

This procedure aims to ensure that all the clients who have gone through traumatizing experiences are attended to according to professional ethics and standards of counseling.

2.1 SCOPE

This procedure shall apply to debriefing sessions conducted for CUEA students and staff and their immediate relatives.

3.0 REFERENCES


- 3.1 CUEA Quality management manual
- 3.2. Government of Kenya – Debriefing 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 to students, staff and their immediate families.

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4.3 Debriefing: The psychological help given to clients with traumatizing experiences.

4.4 Referrals: Directing a client to a source for help or information.

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

4.5 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 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 counselor's area of operation, He/she shall give the client a therapeutic commitment form (CUEA/DVC ADM/DOS/09/fm1).

6.3 The client shall fill the form and make an appointment with the Counselor.

6.4 The clients shall attend the appropriate number of counseling sessions.

6.5 The Counselor shall facilitate the debriefing sessions, fill in the case note (CUEA/DVC ADM/DOS/09/fm2) until such a date she/he deems it right to consider termination or referral. (CUEA/DVC/DOS/09/fm3)

7.0 APPENDICES

7.1 Appendix A: Process Map

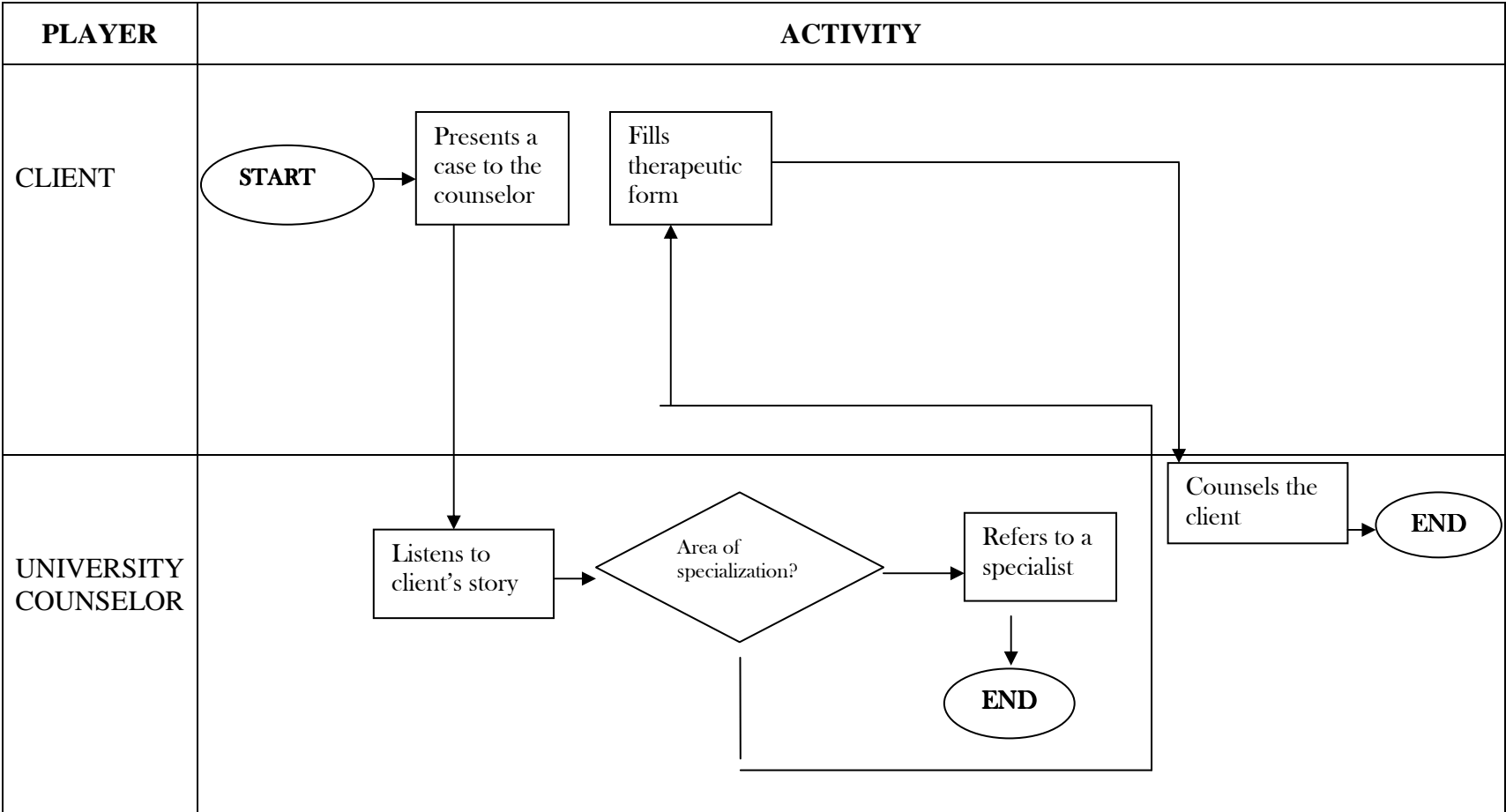
7.2 Appendix B: Consent form

7.3 Appendix C: Case note


7.4 Appendix D: Referral form

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APPENDIX A: PROCESS MAP



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APPENDIX B: INFORMATION AND CONSENT FORM

Counseling & Psychological Services (CAPS) The 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.

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

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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

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APPENDIX C: CASE NOTE

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: _____ **Date:** _____

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COUNSELLING REFERRAL FORM

Catholic University of Eastern Africa Counselling Centre	Ref No:
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*Name *Age:


*F or M D.O.B.....

*Address *E-Mail

*Telephone Number	Can we leave a message with someone Yes <input type="checkbox"/> No <input type="checkbox"/> Can we leave voice message Yes <input type="checkbox"/> No <input type="checkbox"/> Can we text Yes <input type="checkbox"/> No <input type="checkbox"/>
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*Referrer details: <hr/> <hr/>

*RELEVANT REFERRAL INFORMATION (Why you had to refer)
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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

(CUEA/DVC ADM/DOS/09/fm3)

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