



## **Welcome to Counseling Services!**

We are pleased that you have come in for counseling. Remember, any problem which is a concern to you, is an appropriate problem to bring to Counseling Services. If we cannot help you, we will help you find someone who can.

### **About Our Counselors**

Our counselors are trained professionals who are licensed by the State of North Carolina to provide therapy and other mental health services. Your counselor will be pleased to provide his or her academic and professional credentials upon request.

It is possible that you may work with a counselor or a graduate-level intern who will be in the process of attaining full credentials. If so, he or she will be working under the close supervision of a licensed practitioner.

Our counselors utilize a variety of evidenced-based treatment modalities to facilitate change, including cognitive behavioral therapy. We would be happy to provide you with more information about the theoretical basis of our counseling approach. We welcome any questions you may have.

### **About On-Campus Counseling Services**

Counseling Services is set up to offer short-term therapy to students who have the capacity to resolve their own problems with counseling assistance. Counseling is normally offered in 45-60 minute sessions, scheduled on a weekly basis. The purpose of counseling is to help you resolve a specific problem, which you and your therapist can clarify on your treatment plan. If you are seeking more long-term therapy with a therapist to support your mental health, we can refer you to a professional in the community. This ensures that counselors remain available to help new students.

### **Benefits and Risks**

There can be both benefits and risks in counseling. Risks might include experiencing uncomfortable feelings like sadness, guilt, anxiety, or anger. Counseling can also help you change your perspectives and behaviors, and help you achieve goals for personal growth. Such benefits will come only through your active involvement and hard work.



## SCOPE OF MENTAL HEALTH SERVICES

Counseling Services: Monday, Tuesday, Thursday, and Friday 8am-5pm; and Wednesday 1-5pm.

\*Holiday and summer hours may vary. Call us at 910-630-7164.

### Counseling Services

- Counseling services are provided on-campus by three licensed counselors, as well as any counseling interns working under supervision with the department.
- Services include triage and referral for on-campus and community support services, mental health and substance use assessments, diagnosis, treatment planning, and psychotherapy for a variety of mental health challenges.
- Initial appointments are scheduled through The Well at 910-630-7164 or by email at [thewell@methodist.edu](mailto:thewell@methodist.edu). Students can schedule follow-up appointments with their therapist.

### Psychiatric Services

- Students who are enrolled in counseling may be referred to a Nurse Practitioner, Physician Assistant, or Medical Doctor for medication assessment through Health Services at The Well. Students may also be referred for medication assessment and medication management through providers in the community.

### Collegiate Recovery Services

- Students who are recovering from substance use problems may receive additional support through the MU Collegiate Recovery Program (CRP). For more information about collegiate recovery services, contact Franceine Atiebrah at [fatiebrah@methodist.edu](mailto:fatiebrah@methodist.edu) or 910-630-7164, or Cynthia Reyes at 910-630-7161.

### After Hours Response and Care

- Mental health emergencies can be addressed by a counselor on-call. The counselor will determine if the student needs to be transported to the hospital or be seen on campus the following business day. Students can reach the on-call counselor after hours by contacting Residence Life staff or by calling Public Safety at 910-630-7577.
- The National Suicide Prevention Lifeline is available 24/7 by calling or texting 9-8-8.
- Physical conditions cannot be treated on campus after hours and should be referred to an Urgent Care Center or the Cape Fear Valley Emergency Department.
- For medical and mental health emergencies, call 9-1-1 or Public Safety at 910-630-7577. Residence Life staff and Public Safety staff are available to assist students with getting emergency health care.



## CONSENT FOR SERVICES AGREEMENT

### Release of Information for Medical Care

- By engaging in counseling services and signing this Consent for Services Agreement, you authorize your therapist to communicate with healthcare providers at The Well for medication assessment as needed. You also authorize The Well to communicate with EMT and hospital staff in the event of hospitalization due to mental health emergency.

### Referral to MU Case Management

- Students at risk of harm who disengage with counseling services, or who fail to follow through with mental health recommendations to protect their safety, will be referred to the Methodist University Case Management Team. By signing below, you confirm your understanding of this policy and provide consent for referral under these conditions.

### Emergency Contact

- By engaging in counseling services, you authorize The Well to communicate with the following emergency contact if you are ever unresponsive, incapacitated, or suffering from a life-threatening condition.
- List at least one family member. International students should list a relative in their home country. Please do not list anyone who is unable to take complete responsibility for you (such as a friend, roommate, coach or trainer, or university employee):

Name (print)	Mobile Number	Email Address	Relationship

**By signing below, I acknowledge that I have fully read and understand the Scope of Mental Health Services and the Consent for Services Agreement. I have been given the opportunity to ask questions about this information. I understand that I can revoke my consent by request in writing at any time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date



## COUNSELING INTAKE INFORMATION

Please fill in all the blanks and answer all the questions so that we can provide the best services to you. All the information you provide will be kept confidential.

Date: \_\_\_\_\_

First, Middle, and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MU Email Address: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Preferred Pronoun(s): \_\_\_\_\_

Residence Hall/Room # or Local Mailing Address: \_\_\_\_\_

Academic Program/Major: \_\_\_\_\_

School Year (Fr, So, Jr, Sr, PA/PT/OP): \_\_\_\_\_

MU Enrollment (Full-Time, Part-Time, Commuter, Online): \_\_\_\_\_

Home State/Country/Continent: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

MU Student Athlete/Sport: \_\_\_\_\_

Greek Organization: \_\_\_\_\_

Relationship status (Single, Dating, Engaged, Married, Partnered, Divorced): \_\_\_\_\_

Military Status: \_\_\_\_\_

How did you hear about counseling services? \_\_\_\_\_

**Please check the answers which best describe you:**  
(Check all that apply)

***I am looking for help with...***

- |  |  |
|--|--|
| <input type="checkbox"/> Abuse or violence                     | <input type="checkbox"/> Having trouble sleeping                             |
| <input type="checkbox"/> Anxiety                               | <input type="checkbox"/> Lack of focus/concentration                         |
| <input type="checkbox"/> Break-up of a relationship            | <input type="checkbox"/> Learning problems                                   |
| <input type="checkbox"/> Academic stress                       | <input type="checkbox"/> Life problems                                       |
| <input type="checkbox"/> Concern about my alcohol/drug problem | <input type="checkbox"/> Loss of something/someone                           |
| <input type="checkbox"/> Concern about someone close           | <input type="checkbox"/> Medication Management                               |
| <input type="checkbox"/> Couples counseling                    | <input type="checkbox"/> Overwhelmed with stress                             |
| <input type="checkbox"/> Career decision or major              | <input type="checkbox"/> Pressure from parents                               |
| <input type="checkbox"/> Divorce recovery                      | <input type="checkbox"/> Relationship problems                               |
| <input type="checkbox"/> Eating, appetite, weight concerns     | <input type="checkbox"/> Roommate conflicts                                  |
| <input type="checkbox"/> Family problems                       | <input type="checkbox"/> Sex and sexuality                                   |
| <input type="checkbox"/> Feeling depressed                     | <input type="checkbox"/> Someone else's concern about my alcohol or drug use |
| <input type="checkbox"/> Feeling homesick                      | <input type="checkbox"/> Worrying too much                                   |
| <input type="checkbox"/> Gender issue                          | <input type="checkbox"/> Other (please describe):                            |
| <input type="checkbox"/> Getting or staying motivated          | _____  |
| <input type="checkbox"/> Grief counseling                      | _____  |
| <input type="checkbox"/> Trouble getting out of bed            | _____  |

**SAFETY ASSESSMENT**

	YES	NO
Have you been experiencing suicidal or homicidal thoughts?	_____	_____
Have you been hospitalized for suicidal thoughts in the past?	_____	_____
Have you attempted suicide in the past?	_____	_____
Have you imagined ways that you could kill yourself or someone else?	_____	_____
Do you have a plan to kill yourself or someone else?	_____	_____
Do you have any firearms or hazards at home that put your safety at risk?	_____	_____
Have you experienced sexual assault or physical abuse?	_____	_____

**MEDICAL/HEALTH CONCERNS**

Have you been bothered by any of the following physical symptoms? (Check all that apply)

- ☐ Headaches    ☐ Neck pain    ☐ Back pain    ☐ Stomach aches    ☐ Indigestion
- ☐ Panic attacks    ☐ Dizziness    ☐ Fainting    ☐ Vomiting    ☐ Other: \_\_\_\_\_

Please list any medications you are prescribed, along with any past hospitalizations or medical concerns:

\_\_\_\_\_

\_\_\_\_\_



## SELF-ASSESSMENT

Please answer the following questions as honestly as you can about common mental health experiences. *Your answers will be kept confidential.*

Experiences	Never	Sometimes	Often	Always
I have trouble sleeping at night.				
I have concerns about my eating habits.				
I feel tired and struggle with motivation.				
I have trouble concentrating.				
Sometimes my heart races for no reason.				
I often feel sad for most of the day.				
I feel isolated and alone.				
I worry about my body and my weight.				
Sometimes, I wish I were dead.				
I feel more nervous and anxious than usual.				
I am shy around others.				
I have strong urges and compulsive behaviors.				
I have problems with controlling my anger.				
I am afraid that bad things will happen to me.				
I feel that others can read my thoughts.				
I have problems with using alcohol.				
I have problems with using marijuana.				
I have problems misusing prescription or other drugs.				
I feel the need to cut back on my alcohol/drug use.				
I feel guilty about my alcohol/drug use.				
I feel I need alcohol/drugs to get through the day.				
Alcohol/drug use has caused problems in my life.				



## COUNSELING ATTENDANCE POLICY

### Purpose

For counseling to be effective, you must have a strong relationship and therapeutic alliance with your therapist. A primary way this alliance is built is through consistent attendance of all scheduled appointments. Therefore, Counseling Services has established the following attendance policies. Any exceptions to these policies will be reviewed by the Counseling Services Director on a case-by-case basis.

### Attendance Policy

- **Initial Appointments.** Any student who misses their initial intake session, or who cancels their first appointment with less than 24-hours notice, *two consecutive times* will have to wait until the following semester to reschedule an intake appointment on-campus. Students will be provided with other community resources for therapy services until they can reschedule.
- **Follow-up Appointments.** Any student engaged in counseling who misses their follow-up appointment, or who cancels with less than 24 hours notice, *three consecutive times* will have to wait until the following semester to schedule another appointment. In this situation, students will also be referred to the MU Case Management Team (CMT) for additional support. Students will be provided with other community resources for therapy until they can reschedule.
- **Late Arrivals.** Students who arrive more than fifteen minutes late or any counseling appointment will need to reschedule their appointment.
- **Disengaging from Therapy.** In addition, students at risk of harm who disengage from therapy despite recommendations for their safety and well-being will be referred to the MU Case Management Team (CMT) for additional support.

**By signing below, I confirm that I have read and understand this information and agree to follow the Counseling Services Attendance Policy. This policy was explained to me by my therapist, and I was given the opportunity to ask any questions.**

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Name (Print): \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_