



Oasis Counseling Center *Marriage & Family Services*

Welcome to the Oasis counseling center at Cairn University. We provide students and community members with professional and pastoral counseling to promote emotional, relational, psychological, and spiritual health. The following information will help you to understand how we work. If you still have questions after reading this, we'd be happy to answer them.

YOUR FIRST VISIT

During your first visit, we will collect information from you that will help us to select the right counselor for you. Please provide as much information as possible. All of our counselors are Christians who, at a minimum, have received master's level training in counseling or a related discipline. Whenever possible, we will try to accommodate your preference for a male or female counselor.

COUNSELING SESSIONS

Plan to meet weekly with your assigned counselor at a set day and time. Each session will be 45-50 minutes in duration. Services are provided by professional counselors and by advanced graduate interns in counseling. Senior staff supervises all graduate students providing services at the Oasis Counseling Center. Your counselor is either licensed or being supervised by someone who is licensed. As standard practice, all counselors will identify their licensure status and the names of any clinical supervisors at the Oasis Center. Clients may at any time ask to see a supervisor or the clinical director of the Center for a consultation. We want your counseling experience to be meaningful for you. Should you need to speak with someone in between sessions, you can call our main line at 215-702-4506 and we will work to have you seen sooner. If for any reason you are dissatisfied with our services, please let your counselor know. If you are not able to resolve your concerns with your counselor, you may call Kim Jetter, the Director of Counseling Services at 215-407-8615.

REFERRALS

At times, it may become necessary for us to refer you to another professional such as a general practitioner or a psychiatrist. Should this happen, please know that it is because we are committed to implementing best care practices and to the client's best interests.

CONFIDENTIALITY

We understand your need for privacy and will do everything in our power to protect it. Violations of Community Life Standards will not be reported to Student Life or others. Your information can only be released when permitted by you or mandated by law (see confidentiality policy).

CANCELLATION

If you are unable to keep an appointment, please notify us 24 hours in advance by calling 215-702-4506 or by emailing oasis@cairn.edu. If you don't show up for an appointment or you fail to give us sufficient notice, you will risk losing your day and time for future sessions.

EMERGENCY

The Director of Counseling Services, Kim Jetter, LPC can be reached at 267-407-8615. If you are feeling like you might harm yourself or someone else or you otherwise need emergency attention, you can

immediately call (911) or go to your nearest hospital emergency room for care. Additionally, Lenape Valley Crisis Intervention Services can be reached at 215-785-9765.

COST OF SERVICES

Registered students of Cairn University have the cost of counseling covered through the assessment process—the first four (4) sessions of counseling. Following the assessment process, students are required to provide the payment of \$25.00 per session at the time of services rendered. Non-student counselees from the community are required to provide payment of \$50.00 per session at the time services are rendered. Payments can be made with cash, electronically using a credit or debit card, or a check made out to Cairn University. The Oasis Counseling Center does not bill insurance companies.

Oasis Counseling Services

Marriage & Family Intake Form

Date _____

Years married _____

Name _____

Email _____

Phone _____

cell

day

evening

Age _____

Occupation _____

Name _____

Email _____

Phone _____

cell

day

evening

Age _____

Occupation _____

Current Local Address: _____

Other Address (if applicable): _____

Child 1: _____

Age: _____

Child 2: _____

Age: _____

Child 3: _____

Age: _____

Child 4: _____

Age: _____

Child 5: _____

Age: _____

Home Church: _____

Member? Yes ___ No ___

How did you hear of Oasis? Student Advertisement

Physician referral

Counselor referral

Pastor referral

Other: _____

What brings you to counseling?

Partner 1: _____

Partner 2: _____

How severe do you believe this problem is?

- Not upsetting Mildly Upsetting Very Upsetting Urgent, I'm in crisis

Have you ever sought counseling before? Yes No

When? _____ Where? _____ Why? _____
When? _____ Where? _____ Why? _____

How would you rate the level of emotional pain you are currently experiencing?

Mild Moderate Extreme
1 2 3 4 5 6 7 8 9 10

How would you assess the health of your marriage? Great Good Fair Poor

Explain: _____

Do you believe that you should be meeting a counselor? Yes No

If you could change something about your marriage, what would that be? _____

Is this your first marriage? Yes No

If no, explain _____

Please describe your relationship with God (Partner 1) _____

Please describe your relationship with God (Partner 2) _____

Are you currently taking any prescription medication? Yes No

Name _____ prescribed for _____ Dosage (mg./day) _____
Name _____ prescribed for _____ Dosage (mg./day) _____
Name _____ prescribed for _____ Dosage (mg./day) _____
Name _____ prescribed for _____ Dosage (mg./day) _____

Do you have a history of alcohol or drug use? Yes No _____

Treatment? _____

Have you experienced any of the following types of abuse or exploitation?

- Physical Emotional
 Sexual Rape/date rape

Have any member(s) of your family (parents, siblings) had mental health problems?

Yes No

Please explain: _____

Are you experiencing any suicidal thoughts? Yes No

Have you ever experienced suicidal thoughts/actions in the past? Yes No

Do you feel safe? Yes No

Are you struggling financially? Yes No

If yes, explain: _____

Do you prefer to speak with a: Male Counselor Female Counselor Either

What is your availability? (Please indicate times)

	Mon	Tue	Wed	Thur	Fri	Sat
Morning						
Afternoon						
Evening						

What are your goals for counseling? _____

At the present time, how well do you feel you are getting along emotionally and physically?

- Very poorly: I can barely manage to deal with things.
- Fairly poorly: life is pretty tough for me at times.
- So-so: I manage to keep going with some effort.
- Pretty well: I have my ups and downs, but I generally manage to do okay.
- Very well: much the way I would like to be.

Please use the remaining space below to provide any additional information.

INFORMED CONSENT/COUNSELING SERVICES AGREEMENT

CONFIDENTIALITY POLICY

All counseling communications, records, and contacts between you and your counselor will be held in confidence, and will be discussed only with the Director of Counseling Services and supervising team for case management purposes. Counseling sessions may be periodically viewed or recorded by Oasis team members and supervisors for counselor-training purposes. Violations to CU’s Community Life Standards **will not** be reported to Student Life or others. Exceptions to this confidentiality policy may occur only under the following conditions:

- 1. You sign a written release for your counselor to release information to another person or agency.
- 2. You express serious intent to harm yourself or someone else.
- 3. Reasonable indication arises during counseling of abuse of a minor child, elderly person or dependent adult.
- 4. A court order is received mandating disclosure of information.

Other than these possibilities your treatment, history and personal information will not be disclosed without your full knowledge and a signed release of information.

I have read and understand this paragraph_____ (initial)

AUDIO/VISUAL CONSENT

I, _____, understand that my counselor is involved in internship training and/or a staff counselor at Oasis Counseling Center. I understand that Oasis is a training facility where my sessions have the possibility of being recorded for quality assurance and training purposes. As a training facility it will be expected that sessions be recorded. I understand that quality counseling is achieved through quality supervision.

I understand that all information shared will be held in strict confidence and restricted to supervision. **If used in any other setting a separate consent agreement will be signed.** I understand that all audiotapes and videotapes will be destroyed in a timely fashion.

I have read and understand this paragraph_____ (initial)

SUPERVISION AGREEMENT

Oasis Counseling Center is a training facility that employs interns and part time staff counselors. My counselor (both interns and staff counselors) have made me aware that they are meeting for supervision with a licensed supervisor to ensure best care practices. I have been advised that my counseling may be reviewed in these sessions; however, both counselor and supervisors are held to the same practice and adherence of professional and ethical guidelines and will always keep my information confidential.

I have read and understand this paragraph_____ (initial)

COUNSELING SESSIONS

A counseling session is generally 45-50 minutes and typically scheduled on a weekly basis. If you are unable to keep your appointment, please email or call to cancel or reschedule at least 24 hours prior to the appointment. If you routinely miss appointments or do not give notice you will risk losing your time slot with your counselor.

The duration of counseling varies. Some individuals require a shorter time to meet their goals while others require counseling over an extended period of time. Counseling requires effort on your part and the commitment to change inside and outside of sessions. This includes efforts to change thoughts,

feelings, and behaviors. There will be homework such as writing, journaling, and other assignments. Sometimes change will be achieved quickly but, for the most part, it will be slow and deliberate. Remember that change often requires practice and repetition.

Please note: It is impossible to *guarantee* specific results from the goals we set together. You have the right at any time to discuss with the counselor goals of counseling and methods of achieving these goals. We will periodically evaluate progress and, if necessary, rewrite the treatment plan (goals and methods). We will work to **achieve the best possible results for you**. Ending therapy is often mutually planned, however; you may stop at any time.

Counseling is a powerful intervention and, as such, it has both benefits and risks. You may acquire benefits such as change, a new outlook and a healthier life; you may take risks that produce uncomfortable levels of feelings like sadness, guilt, anxiety, anger, or difficulties with people, before you feel better. Circumstances may worsen and you may experience losses, for example, therapy will not necessarily keep a marriage intact.

I enter this relationship with you with anticipation. You and I will have a professional relationship, that is, we will work together in sessions and we will not have social connections. Although you will learn about me in session, our primary focus is on your concerns.

I have read and understand this section_____ (initial)

(Client, Parent/Guardian)

Date_____

(Counselor)

Date_____