

Spring
2016

Counseling Services

POLICY AND PROCEDURE MANUAL

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Vision Statement

The Viterbo University Counseling Services strives to provide effective and supportive counseling services that are accessible to all students enrolled in courses at Viterbo. We believe in creating a welcoming and inclusive environment to promote intellectual, and emotional growth and foster personal and social learning and development.

Mission Statement

Counseling Services at Viterbo University promotes the mental health and well-being of students. Services provided are based on fostering the spiritual, intellectual, emotional, social, occupational and physical development of each person served. The team is committed to addressing the students' mental health concerns through direct service to individuals and groups, program planning and policy development. Counseling Services is further committed to supporting and contributing to the mission and core values of the university, most specifically integrity, stewardship, and providing service to Viterbo University students.

Values

Compassion- We strive to provide an empathic, nonjudgmental environment where we listen to students carefully and without preconceptions; where students will feel heard and validated.

Collaboration- We value collaboration within the University and the broader community. We seek out partnerships and opportunities for teamwork in support of enhanced service to students.

Inclusion- We believe in providing a safe, welcoming, and affirming environment for all students. We also seek to foster a diverse campus community of safety, inclusiveness, and respect.

Confidentiality- We value students' right to privacy and hold their information in the highest confidence. Our procedures are in accordance with professional and ethical guidelines established for counselors and psychologists by the American Counseling Association and with the legal parameters outlined in statutes of the State of Wisconsin.

Goals of Counseling Services

- Provide quality, professionally-delivered, individual, and group counseling to Viterbo University students.
- Promote adjustment to college and, consequently, contribute to student retention.
- Be available to students and the Viterbo campus community in the time of a crisis.
- Collaborate with faculty to promote student well-being through outreach, prevention, and educational efforts.
- Promote an environment of personal safety and respect.

Program Accessibility

The goal of Viterbo University's Counseling Services is to provide helpful and effective counseling to students. The Counseling Center works collaboratively with students, academic schools, departments, faculty members, student services, and other departments and offices of the institution to enhance student academic, personal, and career success.

Counseling services are available to all students enrolled at Viterbo University. Although the families and partners of Viterbo students may attend occasional consultations together with a Viterbo student who is in counseling at Counseling Services, no ongoing counseling services are available to non-Viterbo students. Referrals for services in the community will be provided for those that are interested and if resources are available.

Fees

All counseling services are available to Viterbo University students at no extra fee.

Hours of Operation

Counseling Services is open during the fall and spring semesters Monday's and Wednesday's from 8:00 AM to 6:00 PM, Tuesdays and Thursday's 8:00 AM to 5:00 PM, and Friday's 8:00 AM to 3:00 PM. Hours may be limited/changed during winter break, spring break, and summer sessions. The availability of services will vary from summer to summer and from week to week depending on the availability of staff to provide services. Students should utilize Genbook to determine availability of services during the school year, breaks, and summer sessions.

Walk-ins are welcome, however, counselors may or may not be able to see students depending on their availability and the nature of the visit (i.e. students in crisis). Appointments are recommended to ensure the availability of a counselor. Clients with appointments take precedence over walk-in clients. Appointments can be made in person, over the phone, or

through the Viterbo University Counseling Services website,
<http://www.viterbo.edu/counseling-services/making-appointment> .

Counseling sessions last approximately 50 minutes. This allows time for the documentation of the session and preparation for the next appointment.

After-hours and on weekends, students are instructed to contact Campus Safety and Security at **608-796-3911** off campus or **3911** on campus. Campus Safety and Security will make contact with the Director of Counseling Services staff if necessary. **In the event of an emergency,** students can call Campus Safety and Security at **608-796-3911 or 911**.

Contact information:

LeeAnn Van Vreede, MA, LPC, SAC, ICS-Director of Counseling Services, **608-796-3808**
levanvreede@viterbo.edu

Claire Vos, BS, SAC-IT, Intern for Counseling Services, **608-796-3810**, counseling@viterbo.edu

Confidentiality

At intake, students will be presented with an Informed Consent form which outlines the limits of confidentiality. The student's signature on the Informed Consent will signify that he/she has read, understands, and agrees to the policy (See appendix A). When obtaining informed consent to counseling, the Counselor must inform the student as early as is feasible in the therapeutic relationship about the nature and the anticipated course of counseling, involvement of third parties, the limits of confidentiality, and provide sufficient opportunity for the student to ask questions and to receive answers.

When Counseling Services believes that a student poses a clear and imminent danger to himself/herself and/or to others, Counseling Services may release information, without the student's consent, to aid in the care and protection of the student or the endangered others.

When Counseling staff has reasonable cause to suspect that a child (a person under 18 years of age) has been subjected to abuse, which may involve physical abuse, sexual abuse, neglect, sexual exploitation or abandonment, as defined by Wisconsin law, the Counseling staff may release information, without the student's consent, to aid in the care and protection of that child. Counseling Services is further required by Wisconsin law to report this information to Child Protective Services. Counseling Services is also required to report elderly abuse and abuse of a vulnerable adult.

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides that student records maintained by university counseling personal are not educational records. Therefore, student files do not become part of any permanent record at the University, but are the property of Counseling Services.

Students may review their records, in the presence of a Counseling Services staff member, following written request. The request and the fact that a review occurred will be entered in the student's record. Students may receive copies of the record. The request and the fact that a copy of the records were given will be documented in the student's file.

Wisconsin state law recognizes the privilege that attaches to the counselor-client relationship. If Counseling Services receives a subpoena for client records, the university's legal counsel will be consulted prior to taking any action. Students will be notified in advance, if at all possible, of any compliance with a court order, state or federal law that might require disclosure of client records.

The Authorization for Release of Information form will be used when a student desires for counseling information to be shared with a third party (See appendix B).

Scope of Practice

Viterbo University's Counseling Services provides short-term counseling for students enrolled in classes here at the university. Services are provided by a state of Wisconsin licensed professional or graduate level student(s) who is/are closely supervised by the Director of Counseling Services.

- The following are examples of services offered by Counseling Services:
- Short-term counseling to address concerns such as anxiety, depression, relationships, family issues, loss and grief, drug/alcohol abuse, life decisions, sexual orientation, homesickness, and college-related transition.
- Crisis Intervention.
- Skill development in areas such as coping skills, self-esteem work, stress management/mindfulness, time management, and motivational skills.
- Programming to provide awareness and support for mental health related topics that help promote campus wellness.

Limited Service

Due to limited resources, student who require more intensive or specialized services or those with long-term psychiatric conditions will be referred to area mental health agencies. In addition, a student who requires counseling in an area that a counselor is not qualified or does not feel comfortable treating, may be referred to an appropriate provider. Students who receive off campus counseling will be responsible for any fees associated with those services. A comprehensive list of community resources will be provided upon request.

****Counseling Services does not prescribe or monitor psychotropic or any other medications.**

****Counseling Services does not offer court-mandated or forensically oriented services.**

Counseling Code of Ethics

The Ethical Principles of the American Counseling Association (ACA) serve as the primary guidelines for professional behavior in Counseling Services. All Viterbo University Counseling Services staff are expected to be familiar with and adhere to these principles in practice. Any interested parties are welcome to review the code at:

<http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4> .

Description of Services

Personal Counseling

Personal counseling at Viterbo University is design to help students in numerous areas of their life including but not limited to personal, social, and academic. The counselor is trained to help and support in areas such as mental health, relationships, conflicts, grief and loss, substance use issues, sexuality, and life decisions.

Counseling Services Sanctioned by the University

In some instances, students may be referred to or mandated by the Vice President of Student Development (VPSD) to receive counseling services for an assessment and/or due to a university conduct offense. The policy on confidentiality may be limited for students who have been mandated, in that communication will be made between the counselor and Vice President of Student Development to indicate student's attendance, participation, and general behavior. The student(s) will be made aware of this at their initial intake and a release will be obtained to allow this communication.

Services to Faculty, Staff, and Administration

Counseling Services does not provide direct counseling for Viterbo University faculty, staff or administration. However, referrals to community counseling services will be provided to assist with their personal issues. Viterbo University does have an Employee Assistance Program (EAP) that provides free and confidential counseling. This is provided by Mayo Franciscan Healthcare System and can be contacted at (608)392-9530.

Procedures for Receiving Services

Scheduling Appointments

Viterbo students may call **608-796-3825** or **608-796-3808** to schedule a counseling appointment. Student's may also schedule an appointment via the Viterbo University Counseling Services website at <http://www.viterbo.edu/counseling-services/making-appointment>. Students are encouraged to schedule an appointment as it helps and ensures they will be seen in a timely manner.

Walk-Ins

Students are more the welcome to walk-in for an appointment. However, those students with scheduled appointments will be seen first. Students that walk-in are not guaranteed they will be seen the same day and will be encouraged to schedule an appointment at their earliest convenience. Students seeking walk-in services are encouraged to come in at 2pm on Monday through Friday and be seen at a first come, first served basis. Students with less urgent needs are encouraged to make appointments.

Records Management

Any student seen in Counseling Services will have a file maintained on the services they received. These files are maintained in the Director of Counseling Services office and are kept in a locked file cabinet. Files are kept for seven years per state law and are shredded at that time.

Documentation of Services and Clinical Files

- a. Services provided to student will be documented in a student counseling file. Files will be kept in a locked filing cabinet in the Director of Counseling Services office.
- b. No files will be removed from the office, unless required by a court order or some other extraordinary circumstance.
- c. At the initial session, student will review the Informed Consent form, sign and date if they are in agreement.
- d. Sessions will be documented in the form of a progress note that will be kept in the students' file. Progress notes will be completed in a timely manner.
- e. At minimum, progress notes should include the following information, though may vary due to clinician's order and style.
 1. **Subjective Findings** – What the student reports as the problem.
 2. **Objective Findings** – This includes an objective account of the students' appearance and behaviors. This information could be verified by observers and contains no analysis/judgement on the counselor's part.
 3. **Assessment of Progress** – This includes the counselor's analysis or interpretation of the student's issues and the session.
 4. **Plan** - This includes what will be worked on next session or be homework that is given to the student to practice between sessions.
- f. Documentation of relevant communication between counselor and student will be written in the students' file. This would include but is not limited to: canceled, rescheduled, no show appointments, emergency services, and phone contact.
- g. Documentation of a student's permission to release information will be maintained in the student's file. The student will utilize the Counseling Services release form and the original will be maintained in the student's file.

Crisis Intervention

Crisis intervention is a services that is provided to students who are in serious or immediate emotional distress. Counseling Services staff and trained and available to handle emergencies such as suicide attempts, suicide threats, reports of rape or attempted rape, sexual assault, physical assault, or other types of crisis. Students is crisis can visit or call Counseling Services during regular business hours at **608-796-3825** or **608-796-3808** or after-hours, students may call Campus Safety and Security at **608-796-3911**, or call **911**.

Screening for Admission to a Hospital

If a student reports a plan, has threatened to, attempted, or succeeded in inflicting bodily harm to him or herself with the intention to take one's or another person's life, Counseling Services staff will do a suicide evaluation. If it is ascertained that the student is at risk to themselves or another person, Counseling Services staff will discuss hospital admissions with the student. If the student declines to go to the hospital, Campus Safety and Security may/will be called and asked to escort the student to the hospital.

In effort to keeping professional ethical codes and legal requirements, maintaining the safety of students and others takes precedence over maintaining the confidentiality of the student. In the event that confidential information needs to be disclosed, only information vital to safety will be disclosed, and then only to individuals in a position to make appropriate use of the information.

After a student is referred to the hospital and psychiatric hospitalization is recommended by medical professionals, the Director of Residence Life, the Assistant Director of Residence Life, the Residence Life Community Coordinator, the Director of Counseling Services and/or the Vice President of Student Development will notify the family of the student so that they can provide support and help in making decisions about the student. Rationale would be clearly and carefully documented in the student's file of the notification to the Vice President of Student Development and family.

Prior to returning to the University, the student must obtain a psychological assessment, a discharge summary, an on-going treatment plan, and a completed medical and mental health re-entry form (Appendix C). This will allow for the University to provide the needed support for successful re-entry into the rigorous, academic, residential community. A letter will be given to the student that outlines this by the Vice President of Student Development. The letter will also state that the Director of Counseling Services and the Vice President of Student Development will review the recommendations and make the decision if and/or when the student is able to return.

Protocol for Suicide Threats

Viterbo University's policy and procedure surrounding suicidal threats, attempts, and acts can be found on the following websites; Counseling Services, Student Development and Residence Life.

Sexual Misconduct or Assault

Viterbo University's policy and procedure on sexual assault can be found in the student handbook or on the following webpage:

http://www.viterbo.edu/sites/default/files/student_life/sexual_misconduct/vawa071315policy.pdf

Referrals

In certain situations, it may be necessary to refer a student for services not provided by Counseling Services. Some instances include but are not limited to: specialized treatment, treatment that is not offered by Counseling Services, medication evaluation, hospitalizations, and types of treatment for concerns that staff is not qualified and/or comfortable with providing to students.

Termination of Services

Students attend counseling on a completely voluntary bases and may terminate at any time. In some instances, however, counseling may be terminated by the counselor when it is therapeutically appropriate to do so. Instances in which the counselor may terminate counseling with a student may include the following: a student's lack of commitment to their treatment, therapy is not deemed as beneficial for the student, or other reasons which the counselor sees fit.

Counseling may be terminated when the student has:

- 1) Achieved stated goals
- 2) Left Viterbo University (graduated, transferred, withdrew)
- 3) Been referred to another provider

The counselor will broach the topic of completion as early in the counseling relationship as possible to provide enough time for the student to transition out of counseling. Counseling may be considered "complete" when the student feels they have received the maximum benefit from counseling or have reached their intended goal(s).

Evaluation of Services

In order to assess the effectiveness of Counseling Services, a satisfaction survey will be sent to students who have received counseling services at Viterbo University. This survey will be emailed to students who have sought counselling services at least once per semester. Students are asked to complete the survey via an online survey engine that will be accessible to the Director of Counseling Services. The surveys will be reviewed and areas of improvement will be noted. A plan of action will be developed to ensure that students receive optimal care.

Counseling Services Website

Given the important and growing role Counseling Services' website plays in the informing students, parents, faculty, and staff about services, the Director of Counseling Services will maintain and develop the department's website. Counseling Services aspires to have a comprehensive website that meets the needs of the Viterbo community. Counseling Services' home page is located at, <http://www.viterbo.edu/counseling-services> .

Appendices

Appendix A: Informed Consent Form

Appendix B: Release of Information Form

Appendix C: Mental Health Re-Entry Form

Confidentiality, Informed Consent and Privacy Practices for Counseling Services

Counseling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This framework helps create the safety to take risks and the support to become empowered to change. As a student in counseling, you have certain rights that are important for you to know about because this is your counseling, aimed to your well-being. There are also certain limitations to those rights that you should be aware of. As a counselor, I have corresponding responsibilities to you.

My Responsibilities to You as Your Counselor

1. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality related to your counseling. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release permission to me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, faxing information), it will be done with special safeguards to insure confidentiality.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

- When serious and foreseeable harm to your or others is evident;
- When release of confidential information is required by court order or requested by you.
- When child abuse or neglect is evident or suspected;
- When abuse neglect or exploitation of adults who are vulnerable due to physical or mental impairment or advance in age is evident or suspected.

request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location and hold them for seven years, when then they are destroyed.

3. Other Rights

You have the right to ask questions about anything that happens in counseling. I am willing to discuss how and why I've decided to do a specific approach and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask about my training for working with your concerns and can request a referral if you feel you are not receiving the services you need. You are free to leave counseling at any time.

Your Responsibilities as a Counseling Client

1. Appointments

Currently enrolled Viterbo University students are eligible for counseling at Viterbo Counseling Services. All services at Viterbo Counseling Services are free of charge. At your first appointment, you and the counselor will discuss the issues that lead you to schedule an appointment. It will be determined whether Viterbo Counseling Services is the appropriate place for ongoing counseling. An appropriate referral will be made if it is found that Counseling Services is not appropriate.

2. Scheduling

Initial sessions are 60 minutes, follow-up sessions will be 30-50 at length depending on what is needed by the student and counselor. All students are asked make sure they attend their scheduled appointments as this time has been reserved in the counselor's schedule for you. If for some reason you are not able to attend your session, please make every effort to cancel or reschedule that appointment in a timely manner. Call 796-3825 (secretary) or 796-3808 (director of counseling services) to cancel or reschedule. You may also use Genbook, found at: <http://www.viterbo.edu/counseling-services/making-appointment>.

Research

Counseling Services collects data for internal planning and to educate the University community about the issues facing Viterbo's students. All data is present in group form, and to maintain confidentiality, no information about the individual students is provided.

If you have any questions about confidentiality, qualifications of your counselor, or counseling services you are encouraged to discuss them with your counselor.

I have read the above informed consent information. I understand that I may ask my counselor for additional information should I need it. I voluntarily request service from Viterbo's Counseling Services.

Student's Signature: _____ **Date:** _____



900 Viterbo Drive
La Crosse, WI 54601

Authorization Form to Release Confidential Information

I, _____
(Name) (Address) (Date of Birth)

Do hereby authorize Viterbo University Counseling Services to exchange information to the individual or organization below:

Name: _____ Phone: _____

Address: _____ Fax: _____

1. ___ Specific type of inform to be released:
(initial appropriate areas)
___ Attendance Only
___ Treatment plan and goals
___ Treatment progress
___ Academic information/classroom
behavior
___ Social History
___ Evaluation/testing information
___ Alcohol and Drug Screening
___ Services being provided
___ Recommendations
___ Other, please specify:

2. I am requesting the release of this
3. information for the following purposes:
(initial appropriate areas)
___ Coordination of services
___ Care/treatment
___ Treatment planning
___ Assessment/evaluation
___ To follow up regarding a referral
___ Other, please specify:

___ Information at the request of the
individual (*is all that is required if you do
not wish to state a specific purpose*)

4. This authorization shall remain in effect until: _____ or in the event of termination of services, this release will expire within 60 days of the date of termination.

-
1. I understand and agree that a copy of this authorization (e.g. electronic copy, fax, or photocopy) shall have the same force as the original.
 2. I understand that I have the right to revoke this authorization at any time by giving spoken or written notification to the Counseling Services. However, my revocation will not be effective if the Counseling Services has already shared the information specified in the authorization with the designated recipient.
 3. I understand that my counselor generally may not condition psychological services upon my signing this authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.
 4. I understand that I have the right to inspect the disclosed mental health information at any time.
 5. I understand that state and federal laws concerning mental health treatment information prohibit re disclosure by the recipient of the information specified in this authorization, **when the recipient is covered by federal or state privacy regulations**. The Viterbo University health Services and off-campus mental health treatment providers and medical providers are covered by federal or state privacy regulations that pertain to mental health information and so are prohibited from re-disclosing the information my counselor

Specific Authorization for Release of information Protected by State or Federal Law

You Must Initial.

I specifically authorize the release of data and information relating to:

- _____ 1. Substance Abuse (alcohol/drug abuse)
- _____ 2. Mental Health (ADD, depression, anxiety, testing)
- _____ 3. HIV (related information (AIDS related testing))

Federal and/or State Law specifically requires that any disclosure or re-disclosure of substance abuse-alcohol or drug, mental health, or AIDS related information must be accompanied by the following writer statement:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. *See also Chapter 51 of the Wisconsin State Statues (Mental Health) and Section 252.15 of the Wisconsin State Statues (Communicable Diseases) and other applicable confidentiality laws.*

Signature of Student or Legal Guardian Date

Relationship and authority, if not the student Witness

VITERBO UNIVERSITY

DOCUMENTATION OF READINESS TO RETURN TO CAMPUS FOLLOWING A MENTAL HEALTH LEAVE, WITHDRAWAL, OR HOSPITALIZATION

Complete and return to the Vice President for Student Development no less than 60 days before the start of the semester of planned re-entry, : Phone = 608-796-3801; Fax = 608-796-3803; dlbrimmer@viterbo.edu

To the student: This form is meant to ease the provision of information related to your request to resume classes and/or housing at Viterbo University. Please complete the “Student Information” section, sign a release of information, and give the form to your provider. Please communicate to your provider the deadlines for completing and submitting this form. The form can be submitted by you or your provider.

To the Mental Health Provider: The student named below has requested to return to Viterbo University following a leave, withdrawal, or hospitalization. The information you provide will help us determine a plan of continued care if and when the student returns to classes and/or university housing. Please complete and return this form to the student or to the appropriate campus office, listed above. Missing information on this form may delay the students’ re-entry process.

A. Student Information: Please fill this section out before you submit to your provider.

Student Name _____ Date of Birth _____

Academic Major _____ Class standing _____

I intend to make these living arrangements for my return. Check one. Take classes online from home
 Commute from home Commute from local Viterbo/La Crosse area Live in University housing

B. Treatment Summary: To be completed by the Medical and/or Mental Health Community Provider

1. Type of treatment provided. Circle all that apply.

Medical treatment/Surgery	Hospitalization	Partial Hospitalization	Pain Management
Physical Therapy	Individual Therapy	Group Therapy	Family Therapy
Nutritional Evaluation/Treatment	Psychiatric Services	Inpatient Psychiatric Treatment	Substance Abuse Treatment

Medical Treatment/Surgery Type and Date:

Hospitalization – List dates and hospital(s) name(s):

Summary Reason for Treatment:

Date of First Session/Appt.:

Date of Most Recent Session/Appt.:

Number of attended appointments:

ICD-10 Diagnosis:

Please describe the student's current treatment plan (including modality and frequency of sessions/appts.:
Please list any current medications:

2. How would you rate the student's level of functioning on the following? Please Circle.

Overall Physical Health:	N/A	Good	Fair	Poor
Attitude Toward Treatment:	N/A	Good	Fair	Poor
Independent Physical Function:	N/A	Good	Fair	Poor
Insight:	N/A	Good	Fair	Poor
Judgment:	N/A	Good	Fair	Poor
Reality Testing:	N/A	Good	Fair	Poor
Impulse Control:	N/A	Good	Fair	Poor
Labs:	N/A	Normal	Abnormal	

Additional comments on items rated Fair, Poor or Abnormal:

3. In the section below, please check appropriate column for observed behaviors within the time frame specified. Do not leave blank. Please Elaborate Where Necessary.

SYMPTOMS OR BEHAVIORS OBSERVED	CURRENTLY OBSERVED	WITHIN PAST 12 MONTHS	PRIOR TO LAST 12 MONTHS	NEVER OBSERVED
Disruptive/ Reckless/ Deviant behaviors <i>Please circle:</i> destructive behavior, DUI, disorderly conduct, verbal aggression, violence, other:				
Disordered eating behaviors <i>Please circle:</i> low body weight, purging, restricting, binging, laxative use, excessive exercising, other:				
Homicidal thoughts				
Homicidal behaviors				
Medically decompensated/ Physical decline				
Poor self-care				
Psychotic Symptoms				
Substance use/abuse behaviors				
Self-injurious (not suicidal) behaviors				
Suicidal thoughts				
Suicidal behaviors				
Other				
Other				

Elaborate on above symptoms or behaviors as necessary:

Have you observed significant improvement in the student's health since her/his departure from Viterbo University?

Please describe the nature, duration, symptoms and severity in all areas of concern upon initial presentation and how they have been addressed and improved with treatment.

Please describe medical treatment and/or other measures that would promote the student's health and wellness upon their return to Viterbo (please note frequency, theoretical approach to treatment if one is optimal, and name of treatment provider(s) if identified):

What, if any, difficulties do you anticipate for the student upon return to classes? To university housing (if applicable)? What circumstances do you believe might exacerbate the student's condition (i.e. physical, special, environmental factors)?

To what extent do you anticipate the student would be at risk for physical decompensation should the student not participate in the recommended treatment plan?

Please specify any ways in which the current treatment plan would change upon students return to Viterbo University (and university housing, if applicable).

Recommendations:

4. Based on your professional opinion of this student's prognosis, please check one of the following:

Please Check as Appropriate	Item
	This student is able to function autonomously on campus (e.g.; if on medication, student can follow the treatment plan without monitoring, student requires no supervision to ensure their safety; student is able to seek help if needed). Therefore, the student is able to return to university on a full-time basis, and is appropriate for university housing.
	This student is medically functioning well enough to return to the university on a full-time basis, however, supportive physical measures will be needed for the students' successful return to university housing. (Please explain below)
	This student is medically functioning well enough to return to the university on a full-time basis, however, is not appropriate for university housing.
	This student is medically functioning well enough to return to the university, but only on a part-time basis (or reduced course-load).
	This student is not medically functioning well enough to return to the university at this time. Other (please explain):

Please provide any other recommendations for the student's return to a university environment:

As always, medical professionals can make no guarantees or promises of success, but in the exercise of my best professional judgment, I make these recommendations for your consideration.

Clinicians' signature:

Date:

Current state and license number:

Clinicians' printed name:

Practice address:

Once completed, return to Diane Brimmer, Vice President for Student Development, Viterbo University, 900 Viterbo Drive, La Crosse, WI 54601, or Fax = 608-796-3803; or scan and email to dbrimmer@viterbo.edu.

VPSD 6/1/16