Other Service Considerations Policies

Policies:

Attendance: CAPS maintains an attendance policy in cases of multiple no-show or late cancellations for appointments. Clients may lose eligibility for counseling services for the current semester if they have two consecutive ‘no shows’ or three cumulative ‘no shows.’ Repeated ‘late cancellations’ may also be cause for suspension of eligibility for scheduled appointments in the current semester. Regardless of appointment/treatment compliance, FAU students are always eligible to receive Crisis/Emergency services and assistance with referrals to community-based providers.

I. Counselors are responsible for educating their clients about the ‘late cancellation’ and ‘no-show’ policies.

II. Although clients have the right not to keep their appointments, they should call CAPS at least 24 hours in advance if they have to cancel or reschedule an appointment.

Documentation Requests: CAPS clinicians may provide letters to clients whom we have an ongoing therapeutic relationship. CAPS clinicians do not provide letters that require accommodations, but we may advocate for clients in the form of recommendations when clinically indicated. When CAPS clinicians receive requests from students or clients to provide documentation regarding their services and/or to provide recommendations, the following will be considered:

I. Letters will be provided only when a therapeutic relationship has been established with a CAPS clinician.

II. All requests must be made well in advance of the deadline. CAPS clinicians will complete requests within a reasonable timeframe (i.e., at most 30 days).

III. All requests require a completed Release of Information form or Record Request Form before a letter will be given, even if a client is requesting a letter to themselves.

IV. CAPS will take reasonable steps in advocating for students in meeting their needs.

V. CAPS does not provide any letters that "prescribe" or "require" specific accommodations as a treatment for a mental health diagnosis or accommodation for psychological disorders.

a. CAPS letters may “recommend” certain accommodations for diagnosed mental health disorders. Please note that these letters shall not be written in a manner that states these accommodations are “necessary.” The third party makes the determination as to whether the request for accommodation is reasonable and/or appropriate.

VI. CAPS receives many different kinds of requests for documentation, the following guidelines cover two of the most common situations. If other documentation requests are made by clients, the above guidelines will be followed:

a. Exceptional Circumstance Withdrawal (ECW): In severe psychological emergencies in which a withdrawal from the University for the current semester is essential, an ECW can be facilitated through the Dean of Students office. A client may come to CAPS requesting a supporting letter for their ECW. In order for CAPS staff to support an ECW, an exceptional psychological event (e.g., Baker Act, traumatic event leading to psychological symptoms, significant exacerbation in previously diagnosed disorder, etc.) must have occurred during the semester that the student is petitioning for the withdrawal.

   i. There must be an established therapeutic relationship and it must be an ongoing client.

   ii. Clinicians cannot write letters for retrospective assessments of psychological functioning, only on current functioning is permitted. In some circumstances, we can comment on the impact of a past event (e.g., delayed grief or PTSD).

   iii. The clinician should inform student of the ECW process and there are no guarantees it will be approved.

b. Emotional Support Animals (ESAs): CAPS does not provide any documentation related to ESAs.
When CAPS staff receive requests from students/clients to provide documentation regarding a pet letter or ESA letter, students may be provided with guidance on community provider who may provide this form of treatment.

**Mandated Services:** CAPS does not provide mandated counseling services. We will assist students in finding referrals for such services when needed. CAPS will provide a mandated assessment to any enrolled student, such as BASICS/CASICS (see Counseling Services Policy, Substance Abuse Intervention section for details) when it is required by Dean of Students as a sanction related to University policy.

I. Counseling is considered “mandated” if a client is required to attend counseling sessions by an on- or off-campus agency or FAU department. Mandated counseling is still considered mandated even when a student says they want to receive therapy and they are doing so voluntarily (typically, if services are mandated, documentation of counseling sessions is needed or requested as proof of participation).

a. When students are ‘mandated’ to seek services, the clinician will provide referrals to off-campus providers.

**Minors:** Students attending FAU may be minors or unable to give legal consent for services. In these situations, CAPS has established policies consistent with laws and regulations that allow access to crisis services and provide steps to initiate ongoing services. Chapter 394.4784 of the Florida Statutes stipulates that “when any minor age 13 years or older experiences an emotional crisis to such a degree that [they] perceive the need for professional assistance, [they] shall have the right to request, consent to, and receive mental health diagnostic and evaluative services,” and they also “shall have the right to request, consent to, and receive outpatient crisis intervention services including individual psychotherapy, group therapy, counseling, or other forms of verbal therapy.” These services “shall not include medication, and other somatic treatments, aversive stimuli, or substantial deprivation. Such services shall not exceed two visits during any one-week period in response to a crisis situation before parental consent is required for further services."

I. In accordance with the above statute, minors aged 13 and above may seek and receive services at FAU CAPS without parental consent if the client perceives themselves to be in crisis.

a. During the crisis session, the minor will be informed that parent(s)/guardian(s) may be contacted and provided information about the session. Consent may not be needed for crisis intervention work, but verbally clinicians emphasize our efforts in keeping parent(s)/guardian(s) informed about treatment planning.

i. A clinical staff member will meet with the client, conduct a risk assessment, and determine the appropriate treatment (e.g., hospitalization, crisis management) and follow-up plan.

ii. After the crisis subsides, parental/guardian consent for treatment must be obtained before future sessions can occur.

iii. A parent/guardian may be notified if their minor presents in crisis for CAPS services. This is required in situations regarding risk or any ongoing clinical concerns where treatment is strongly recommended.

II. If the minor client is not experiencing a crisis at the time of seeking therapy, then parental consent is required before services commence. Treatment will not commence, including a regular First Appointment, until the “Parent/Guardian Consent for Counseling” form is complete.

a. To provide informed consent, minors seeking therapy at CAPS will be given the “Parent/Guardian Consent for Counseling” form and the “Minors’ Informed Consent for Counseling” packet, which explains confidentiality and its limits for minor clients.

b. When working with minors, clinicians will discuss the importance of connecting with a parent/guardian for treatment planning purposes.

III. Students who are emancipated do not need consent for treatment, however they will need to show appropriate documents.

**Children:** On occasion, clients want to leave their small children in the waiting area while they are meeting with a clinician. We appreciate the problems that occur at times in finding childcare, however, the center is not equipped to provide care for small children. If a client brings a small child and requests to leave the child unattended in the waiting area, it will be the clinician’s responsibility to inform the client that other arrangements will have to be made. Older children who cannot sit quietly in the waiting room unattended are not permitted in the center.