

Altamash Institute of Dental Medicine

Department of Medical Education

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1. Purpose:

The purpose of Counseling Services is to offer a professional and confidential setting for the psychological, emotional, and developmental support to students as they pursue academic goals and explore personal growth, and act as a resource for faculty and staff to assist their interactions with students.

2. Scope:

The goals derived from Counseling Services' mission statement:

- i. Promote the psychological and emotional wellbeing of students.
- ii. Enhance students' academic and personal functioning.

3. Policy Statement:

3.1. Policy on Ethical Standards and Confidentiality

Provision of professional counselling services adhere to the ethical standards of their respective professions and preferably follow the proper guidelines, as maintaining ethical standards relating to the confidentiality of counselling service is critical.

3.2. Policy on Mandated Services

- i. Counseling typically requires voluntary and genuine involvement on the part of student, whereas mandated counseling is largely unwarranted, however, there are instances when a mandated session for evaluation can be useful: first, because there are occasions when it is crucial to require otherwise unwilling students to undergo an evaluation because there is a risk that they might hurt themselves; and, secondly, because often times a mandated counselling session can lead to genuinely voluntary counseling.

Since counselling is a mutual process therefore it must be perceived of as an avenue where students come willingly thus mandated counselling should be considered as a last course of action.

- ii. The provision of counselling service is a need-based avenue, students can avail the services as per their needs (if and when required).

3.3. Circumstances Determining whether Mandated Counselling Should and Should not happen

- i. Counseling Services does not provide services to students who are required to receive mental health treatment. Students seeking such services will be referred to licensed professionals in surrounding communities.
- ii. Counseling Services accepts mandated assessment cases from the Academic Council Counseling Committee; Principal, Vice Principal, Program Director or Director QEC.
- iii. Counseling Services only accepts mandated cases that can preferably be completed. The only exception occurs when a student returns to the facility/ institution after a medical leave (or leave of absence) that comes as a result of a suicide attempt or self-harm behavior. In such cases, the competent authority may mandate that such students be involved in ongoing evaluations of their danger to themselves over a period of several weeks, but no more than one academic semester.
- iv. When Counseling Services lack the necessary expertise or resources to offer holistic care, he/ she works with the competent authority so that student could be identified and sent to any viable community resources.

3.4. Communication between student Counselor and Competent authority regarding Student Counselling

3.4.1. Counselor only provide information relating to students' mandated evaluation sessions to the any AIDM official when students provide their written consent. The only exception occurs when a student presents a clear and imminent danger to self or to others—then Counselor actively works with AIDM officials to address the potential danger. Students who decline to provide Counselor with permission to relay such information is then liable to face potential consequences for noncompliance from the AIDM officials of the institution.

3.4.2. Any communication about only the mandated counseling session between Counselor and student is preferably communicated to AIDM officials.

3.4.3. Any students referred by AIDM official for counseling session(s) with the Student Counselor and Advisor are also provided with an opportunity for seeking alternative services through referrals from appropriate mental health professionals in the community.

4. Procedure

4.1. Hours of Operation:

4.1.1. Counseling Services are open from Monday through Saturday from 9:00 AM to 3:00 PM with walk-in hours to facilitate students, while the hours on Friday are reduced till 12:00 PM.

4.1.2. It is advisable that prior appointments are made for all counseling sessions so for a proper slots for students are structured based on availability.

4.1.3. Counseling appointments are scheduled to be maintained between the duration of 20-40 minutes. This would allow the counselor to assess the nature and history of presenting problem so that the situation could be summarized for next session.

4.2. Making Counseling Appointments

Any student who misses an appointment will typically be encouraged to reschedule the appointment, usually via e-mail using the original confirmation e-mail. Any exceptions to this practice will be the scenarios where emergent situation to be seen by the counselor arises for example, students who are a potential danger to themselves and are thus in dire need of services.

Noncompliance by the student towards counselling would be documented and kept in student file and would be duly communicated to the AIDM officials.

4.3. Eligibility for Services

4.3.1. Currently enrolled students in the AIDM are eligible to receive services at Counselor office.

4.3.2. Counseling Services does not offer court-mandated or forensically oriented / medical services to the

enrolled students.

4.3.3. If student require counseling or psychological services beyond those offered by Student Counselor then the counselor will work with the student and AIDM official to identify community resources to meet their needs. Examples of services beyond those offered at the Counselor office include long-term counseling requiring multiple sessions each week or long-term weekly counseling; counseling for students with active disorders that require intensive medical, psychiatric, and/or nutritional services; drug and alcohol assessment and treatment; and other similarly complex services as determined by the Student Counselor and Advisor, AIDM.

4.4. Required Counseling

The following criteria are designed to facilitate and monitor the counseling services extended to the students at AIDM. Continuing counseling at the office of Student Counselor at AIDM is contingent upon the following criteria:

Making and keeping walk-in appointments (if and when required) at the office of student counseling and advising (or with a private therapist (when required/ special considerations) who is in regular contact with the counselor).

- ii. If required, keeping regular sessions at the Counseling office as long as deemed necessary by the student counselor.

4.5. Required Counseling for Emergent Situations

Situations involving, aggressive, psychotic, or otherwise "out of control" students generally require immediate intervention from emergency medical personnel. Counselors may play a role in evaluating or consulting about such situations, if deemed necessary but are not entitled to intervene directly.

Examples:

An emotionally distraught student.

- 4.5.1. A student experiencing hallucinations/delusions or with poor reality contact.
- 4.5.2. A crisis involving multiple members of the campus community (e.g., issues arising at hostel and dorms). Face-to-face interventions with gFOups on campus make most sense when these issues arise and are welcomed to be addressed by those in distress.

4.6. Providing feedback to faculty or staff

If appropriate then they must brief about the crisis and then can likewise be referred back for feedback and action while discussing the situations, within the limits of confidentiality

4.7. Support for Special Academic Consideration

- 4.7.1. As a condition of receiving support from the office of student counseling and advising, the student is expected to make walk-in sessions at the counseling office (if and when required). Any failure in making and keeping the appointments at the Counseling office/ psychologist/psychiatrist as required, entitles that the counselor will NOT intervene on student's behalf if he /she has academic difficulties or any other secondary issues that might hamper their academic and social functioning due to the primary problem for which they were referred. Students will NOT be placed on a leave of absence/ or any leverage in lieu of dismissal or any consequences as per organization's rules. Taking services from counselling office doesn't implicitly entitle the students to a psychological leave of absence or any favor or, use that as an excuse in any academic matter unless otherwise specified and certified by the Counselor or AIDM officials.

- 4.7.2. Counselor doesn't support any student's medical leaves and is not in any way entitled to

endorse any medical leaves, therefore can't be requested to do so unless the nature of the leave is based on the existence of a severe mental health issue that warrants danger to the student and others. However, this decision to grant the leaves solely falls into the domain of the AIDM officials as per policy.

4.8. Documentation and Files

- 4.8.1. All counseling services provided to the undergraduate students will be documented in student counseling files. "Hard Copies" of such documentation will be placed in the students files. There are no electronic files kept by Counselor.
- 4.8.2. All "hard copy" documentation of services and other confidential information will be kept in filing cabinets in a locked room in Counselor office.
- 4.8.3. Access to the student files is denied, unless required in case of extraordinary circumstance.
- 4.8.4. Students will complete the Client Information Sheet and a consent form at the time of their first session.
- 4.8.5. Client data Sheet is inclusive of subjective and objective observations, assessment of need, and a plan for future services and is filled by the Student counselor.
- 4.8.6. If a counselor refers out the student to any other service, a note documenting the situation is kept in student file.
- 4.8.7. Documentation of any student's release of confidential information as mandated in case of referral will be documented in student file.
- 4.8.8. "Hard copies" of documentation of services will be shredded or otherwise destroyed according to the institutional Policy.

4.9. Referrals for Psychiatric Evaluation

- 4.9.1. The student counselor communicates this consideration with the AIDM officials who then upon the request of the counselor coordinates with the respective practitioner and would serve as key facilitator in the referral process.
- 4.9.2. In case a student requires a more thorough evaluation for psychotropic medication, the student will be referred to either a psychiatry practice. The psychiatric practitioner on campus can be seen as well and the student will be responsible for their prescribed medication.
- 4.9.3. The student referred by the counselor for medication of psychiatric evaluation, is expected to continue to see the referring counselor for the remainder. Moreover the frequency of counseling visits during that period with the referring counselor or practitioner are not decided by the counselor.
- 4.9.4. The student has the option to see a counselor/therapist in their community instead of the Student counselor, depending upon their ease and preference.

5. Related Documents & Records

- Client Data Sheet - Annexure A
- Contractual Agreement For Support For Special Academic Consideration /Consent for Services Form - Annexure B
- Referral for Psychiatric medication/ Psychological Intervention - Annexure C
- Feedback Form- Annexure D

6. Revision/Modification History & Frequency:

6.1 Review Policy

The policy will be reviewed every three years. However, the owner/custodian of the policy may request for a revision based on emerging needs and with the approval from competent authority.

6.2. Custodian of the policy

A formal approval will be required if a policy is revised more than 25%. Director DME would determine the percentage of revision in consultation with the custodian of policy

2. MARITAL STATUS

Single _____
Engaged _____
Married _____
Separated _____
Divorces _____

*If married, give

Name of spouse /Significant other. _____

Occupation of spouse _____

Give names and ages of any children. _____

3. Describe your family of origin (parents and siblings)

Parents

Father Name: _____

Parent's marital status. living together _____ Divorced/separated _____

Father Deceased _____ Mother Deceased _____ Both deceased _____

Siblings. Yes No

Student's Birth Order: _____

II.

COUNSELING HISTORY

A. Any previous professional counseling:

Name of therapist / city/ hospital _____

Dates: from _____ to _____

Reason

B. Any previous psychiatric medical treatment:

Name of Doctor / city / hospital: _____

Dates: from _____ to _____

Reason

Medications prescribed (antidepressant, anti-anxiety, etc.)

C. Any history of substance use?

Have you been treated for that?

- No
- Yes

"If treated (when / where?)

D. Any medical history

a. Describe any recent or current medical problems

b. Any medications that are currently being taken:

III.

INTAKE REPORT

Name: _____ Age: _____ Sex _____

1. GENERAL OBSERVATIONS :

a. Attendance

Punctual/ adequate Occasionally
Tardy/ poor habitually late/short

G Other
(Explain)

b. Appearance

Neat/ Tidy
Unkempt
Other.

(Explain)

2. MENTAL STATUS.

a. Attitude

Wiling
Resistant
Negative/ withdrawn Unsure

IU Other
(Explain):

b. Orientation & perception

Intact Confused
Disorganized
O Unsure
E Other.

(Explain):

c. Mood

Happy/ calm/
Gloomy/ frustrated/ annoyed
Rejected / Stressful
Other
(Explain).

d. Affect

Restricted/ blunted
 Flat affect/ monotonous
Labile
Other
(Explain):

e. Judgment & Insight

Adequate
Poor Other

(Explain)

f. Skills deficits:

Study habit
D Time management
O Stress Management
Q Interpersonal skills. (Assertion, shyness)

(Explain):

IV. STUDENT COUNSELING INFORMATION

I. Reason for Counseling:

- a.0 Routine
Student initiated
- D Institute initiated

b. Presenting problem/ student's primary reasons for seeking **counseling** at this Time:

i) General Difficulties:

- 0 Academic
Interpersonal _____
Adjustment _____
Social _____
- 0 Behavioral _____
Motivational _____
Career choice

ii) Relationship Issues:

- D Couple's Problems _____
- O Family Problems _____
- D Roommate Problems _____
- O Other Peer Problems _____

iii) Self-Esteem Issues: _____

iv) Guilt Related Concerns:

v) Anxiety:

- Generalized
- O Panic /Phobia
Social
- D Obsessive-Compulsive
Academic
- 0 PTSD
- 0 NOS

vi) Depression:

General Feelings of _____

M Dysthymic
Major Depression Bipolar
a NoS

vii) Advisement Issues:

Grief
Death
Relationship/ Break-up
Other.

viii) Impulse Control:

Anger Control (non - assaultive)
Assaultive Behavior
O Other.

ix) Sexual Difficulties.

D Paraphilia
O Sexual Dysfunction
Sexual Orientation
O Pregnancy/ abortion
C Other:

x) Abuse Related Difficulties

C Physical
NJ Verbal
Neglect
Other.

xi) Psychotic Symptoms:

G Paranoia/Suspiciousness
Unusual Thought Content/Delusions
Unusual Thought Form (e.g. loose. tangential)
Hallucinations
C Other:

xii) Suicidal/Homicidal Tendencies:

- Ideation
 - Intent
 - Plan _____
 - Attempts (in past, if any) _____
 - Other: _____
-

xiii) Personality Disorder/ Features (tentative)

c. Nature & history of presenting problem:

d. What situations or factors have RECENTLY triggered the problems or symptoms? Where did they occur?

e. Are you presently taking any medication related to a psychological disorder?

Yes No

If yes, name of medication _____

f. How severe would you rate your difficulties to be?

1 2 3 4 5 6 7 8 9 10

Good
(functioning in wide range of
activities)

Moderate
(Moderate impairment in
social and academic
activities)

(Severe)
(Inability to function
daily activities, danger
to self or others)

g. Provisional (Diagnostic) Impressions:

Clinical Disorder or Other conditions that may be a focus of clinical attention

h. Any Personality (Disorder/ Features) Indication

i Follow up required 0 Yes 0 No

Explain

No further evaluation or treatment, with reason given

j. Referral required 0 Yes 0 No

Referred to whom? With reason given:

k. Corrective action needed/ Interim goal? D Yes O No

Explain

I. Counselor's Comments:

Student Counselor & Advisor

COUNSELING CONTRACT

I hereby agree that I will make and keep regular appointments (if required) at the Counseling office

Also agree that I will contact a Counseling office in the event that I am considering harming myself or having any difficulty. I agree that I will take whatever steps necessary to contact Counseling office / or any other means necessary.

I understand that counseling office will not be held responsible if I fail to keep appointments (when it is required by the counselors' institute initiated) or contact the Counseling office in an emergency or any situation that warrants attention

Student

Date

Counselor

Date

Annexure B

**CONTRACTURAL AGREEMENT FOR
SUPPORT FOR SPECIAL ACADEMIC
CONSIDERATION OR
CONSIDERATION / CONSENT FOR SERVICES FORM**

I _____ understand that as a condition of my receiving support from the office of student counseling and advising, I am expected to make and keep regularly scheduled appointments at the counseling office (if and when required).

I also understand that if I do not make and keep appointments at the Counseling office/ psychologist/psychiatrist as required, the Counseling office will not intervene on my behalf if I have academic difficulties or any other secondary issues that might hamper my academic and social functioning. Further, if I do not make and keep appointments or comply with the suggested work up as required and face the possibility of academic dismissal or penalty, I will not be placed on a leave of absence/ or any leverage in lieu of dismissal or any consequences as per organization's rules. Taking services form counselling office does not implicitly entitle me to any leave of absence or any favor or, use that as an excuse in any academically related matter unless otherwise specified and certified by the student counselor or Institutional Head.

Student

Date

Counselor

Date

2S|"

Annexure C
OFFICE OF STUDENT COUNSELING AND ADVISING

**REFERRAL FOR PSYCHIATRIC MEDICATION/ PSYCHOLOGICAL
INTERVENTION**

To Director XYZ

STUDENT NAME: _____

DATE: _____

PROGRAM/ YEAR: _____

R #: _____

REFERRING COUNSELOR: _____

PHONE: _____

Email: _____

REFERRED TO:

Degree of Urgency: Emergency _____ Urgent _____
Routine _____

Follow up required: _____ Yes: _____ No: _____

By: _____

PRESENTING PROBLEM'

SIGNIFICANT SYMPTOMS:

PROVISIONAL DIAGNOSIS/ IMPRESSION:

Student Counselor & Advisor

REFERRAL TO PSYCHIATRIC CONSULTANT/PSYCHOLOGIST

Name: _____ R. #: _____ AGE _____

Address: _____

Phone: _____ E-mail _____

I, _____ Allow the office of student
Counseling and advising at AIDM to exchange information(if needed) regarding my treatment by
the above parties

Signature of counselee

Date

*Student/ counselee is required to inform and update the referring counselor about his/ her
regular sessions and scheduled appointments with the Psychiatrist or counselor

(Date and Name of Psychiatrist/ Counselor)

Annexure D

PSYCHIATRIC EVALUATION FORM

Date:
Name:
Age:
R.N#:
Program:

Gender:
Year in program:

PART I: REPORT OF TEACHER/FACILITATOR

Note: This form may be filled by the facilitator based on his/her own knowledge/ observation of the student, or from information acquired by other sources. If the source seems unreliable, facilitator should mention it with the provided information.

have been teaching the above mentioned student since _____ and the following is my report regarding him/her:

1. Is he/she performing well in class? Yes / No
2. Is he/she able to complete all his/her assignments? Yes / No
3. Has deterioration in his/her performance been noted* Yes / No
 - a. If yes, since when?
4. His/her participation in class discussion. Good/Fair/Poor
5. His/her adjustment during stress (exams/ tests/ assignments)
Good/Fair/Poor
6. His/her popularity with classmates.
Good/Fair/Poor
7. His/her popularity with juniors. Good/Fair/Poor

8. His/her popularity with seniors. Good/Fair/Poor

9. His/her usual appearance and cleanliness.

Good/Fair/Poor

10. His/her mental capabilities. Good/Fair/Poor

11. His/her physical capabilities.

Good/Fair/Poor

12. His/her indulgence with illicit substance use. Yes / No

a. If yes, please mention substance and brief detail.

13. Leisure activities.

14. Tick as many characteristics as applicable to the student

- | | | |
|-----------------|-----------------|-----------------|
| • Aggressive | • Cheerful | • Cribbing |
| • Submissive | • Moody | • Proud |
| • Short | • Clear-headed | • Vain |
| tempered | • Confused | • Tactful |
| • Calm | • Indecisive | • Tactless |
| • Tense | • Confident | • Absent-minded |
| • Relaxed | • Harsh | • Forgetful |
| • Suspicious | • Kind | • Careless |
| • Frank | • Demonstrative | • Careful |
| • Perfectionist | • Immature | • Social |
| • Conscientious | • Callous | • Unsocial |
| • Casual | • Reliable | |
| • Worrying | • Unreliable | |

15. Is there any disciplinary case pending against him/her?

Yes / No

a If yes, please give details regarding the case

16. Record of previous reprimands

DATE	OFFENCE	PENALTY

17. Give detail of any happenings in his/her personal life that may have influenced his/her
Mental health



18. In the interest of the institution, should he/she resume his/her studies after treatment*

Yes / No

PART II: COUNSELOR'S REPORT

Have examined the above named and my report on him/her is as under

1. Current symptoms
2. Past psychiatric history
3. Behavior and mental state
4. Any other relevant information Name:

_____ Signature
Designation _____
Date _____

PART III: PSYCHIATRIST'S OPINION

1. Diagnosis:
2. Opinion and recommendation

Name: _____
Signature _____
Designation _____
Date. _____

Annexure E

Feedback Form - Student **Counselling**

To help us ensure that we are providing a high quality service, we would greatly appreciate your time and consideration in completing this evaluation form. Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name and your answers are confidential. We thank you for your honesty.

Date: _____ Counsellor Name: _____

Male Female

1. Number of counselling sessions received _____

2. I feel like the Counsellor understands my needs / issues

Completely Mostly Not at all Other

If 'not at all' please give details why*

3. Have gained insight in areas to address the reasons I sought counselling to begin with.

Agree Disagree don't know other

4. My counsellor fostered a safe and trusting environment.

Agree Disagree don't know other

5. Over all, thinking about my experience with counseling, I would rate the help have received so far as?

Very helpful Mostly helpful Not at all other

If 'not at all' please give details why?

6. I feel like counselling experience has affected me

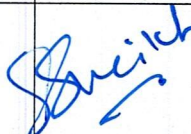
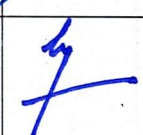
For the Worse Better No Effect Slight Effect

7. Any other comments

Thank you for your participation!

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This page is a controlled paged and would not be included in the policy document available online and/ or distributed at various offices.

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