



## **YENEPOYA (DEEMED TO BE) UNIVERSITY COUNSELING SERVICES**

**(SOP)**

### **STANDARD OPERATING PROCEDURE**

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## **1. PURPOSE**

Yenepoya (Deemed to be) University is committed to facilitating the success of its multicultural student body by establishing and fostering a safe, inclusive, and engaged community, as well as providing high-quality, supportive services.

## **2. SCOPE**

This SOP is intended for counsellors. It also applies to every other stakeholder who collaborates closely with the counsellors to support the overall growth of the individual.

## **3. RESPONSIBILITIES**

### **3.1 COUNSELLORS**

- Administer the initial intake process for all counseling sessions.
- Conduct counseling sessions based on the individual counseling intake form.
- Conduct comprehensive assessments.
- Use appropriate counseling techniques and interventions to address students' needs.
- Maintain appropriate boundaries and professional relationship.
- Document counseling sessions accurately and securely.
- Conduct counseling sessions with parents or guardians of students (when necessary)
- Collaborate with the professors/parents/guardian/friends to ensure a holistic support system for students.
- Respect and maintain confidentiality and privacy of counseling information.

#### **3.1.1 GROUP WORKSHOPS AND PRESENTATIONS:**

- Develop workshops and presentations based on identified student needs and interests.

-Interactive and engaging methods are used to deliver information and facilitate discussions.

-Individual support is offered to students who need it during or after the workshop.

### **3.2 TEACHERS/ MENTORS/ INSTITUTION**

-Refer students to counseling services when appropriate.

- Complete the teacher's referral form accurately and in a timely manner.

- Follow established procedures for referring students to counseling services.

- Respect and maintain confidentiality and privacy of counseling information

## **4. SERVICE OFFERED**

- Individual Counselling

- Group Counselling

- Crisis Interventions

- Parent Counselling

- Teacher Referrals

- Referrals to External Resources

## **5. PROCEDURE**

### **5.1 INTAKE PROCESS (*ANNEXURE 1, PAGE NO. 20*)**

- Counselee can self-refer or be referred by faculty, staff, parents or counsellor themselves.

- Counselee needs to complete the appropriate intake form on the first session.

- The counselor will collect the following information from each student:

- Student Details
- Contact Information

- Reason for seeking counseling
- Emergency contact information
- Type of Accommodation
- Source of Referral

## **5.2 INDIVIDUAL COUNSELLING (ANNEXURE 2, PAGE NO.)**

- Individual sessions are typically 45min – 1hr long and occur weekly or bi-weekly depending on the need of the counselee
- Written informed consent is obtained before proceeding with counselling services.
- The consent form will include the following information:
  - Counselling Service
  - Counsellor
  - Appointment and Cancellation
  - Number and Length of the Session
  - Record Keeping
  - Confidentiality and
  - Exceptions to Confidentiality
- The counsellor and counselee collaboratively develop goals and a plan based on individual needs.
- Progress is monitored regularly, and the plan is adjusted as needed.
- Counselees are encouraged to actively participate in their counselling sessions.
- In case of no-show for consecutive 4 appointed times, the session will be terminated.

## **5.3 GROUP COUNSELLING (ANNEXURE 3, PAGE NO.)**

- The counsellor will assess the student's readiness for group work and address any individual needs or concerns.
- Group Placement be based on the information gathered, the counsellor will determine the most suitable group for each student.

- Students will be notified of their group placement and provided with details about the first session.
- Group sessions are typically 1 to 1.5 hours long and occur weekly or bi-weekly.
- Group size will be determined based on the specific focus and needs of the group.
- The counsellor facilitates group discussions and provides support for individual members.
- Respectful communication is emphasized within the group setting.
- Written informed consent is obtained before proceeding with any counselling services.
- The consent form will include the following information:
  - Purpose of the group counseling sessions
  - Confidentiality and privacy measures
  - Consent for counselling
  - Cancellation policy

#### **5.4 PARENT COUNSELLING (ANNEXURE 5, PAGE NO.)**

- Parent counselling is offered to address concerns related to their child's well-being and academic performance (when necessary or when it is institute initiated).
- Sessions may involve individual or joint meetings with parents and/or children.
- The counsellor provides guidance and support to parents and collaborates with them to develop positive impact in the child
- Written informed consent is obtained from the parent/guardian.

#### **5.6 TEACHER REFERRALS (ANNEXURE 5, PAGE NO.)**

- The counsellor collaborates with teachers to understand the student's needs and provide appropriate interventions.
- The counselor will provide the teacher with a copy of the teacher's referral form.
- The teacher will complete the form accurately and promptly
- Confidentiality is maintained while providing support to students.

### **5.7 INSTITUTE REFERRALS (ANNEXURE 6, PAGE NO.)**

- The counsellor collaborates with different committee to understand the student's needs and provide appropriate interventions.
- The counselor will provide the committee members with a copy of the Institute referral form.
- The dedicated department will complete the form accurately and promptly.
- Confidentiality is maintained while providing support to students.

### **5.8 SUICIDE PREVENTION CONTRACT (ANNEXURE 8: PAGE NO.)**

- The contract form will include the following information:
  - Names and number of the emergency contact.
  - Written consent that the client will not cause any self-harm.
  - In times of emergency, the client will reach out to the emergency service provider.

## **6. CONFIDENTIALITY AND PRIVACY**

- All counseling sessions will be conducted in a confidential and private manner.
- Counseling records will be stored securely and accessed only by authorized personnel.
- Counselors will adhere to ethical standards and professional codes of conduct.

## **7. DOCUMENTATION AND RECORDKEEPING**

- The counsellor must maintain a log book.
- Detailed session notes are maintained for each candidate.
- Hard copies of notes should be kept on file.
- Counselee information is kept confidential, except in cases of self-harm, legally mandated situations or with written client consent.

- The counsellor is required to begin working on the case history and produce a document after the counselee has attended five sessions.

## **8. TRAINING AND PROFESSIONAL DEVELOPMENT**

- Counselors will engage in training and professional development to maintain and enhance their skills.

## **9. EVALUATION AND REVIEW**

- Counselors regularly evaluate the effectiveness of counselling services and makes adjustment as needed.
- Students and stakeholders feedback is sought to identify areas for improvement.
- Improvements are implemented based on data and feedback to enhance the quality of counselling services.
- The SOP will be reviewed and updated annually or as needed.



## **ANNEXES: COUNSELLING FORMS**

## ANNEXURE 1: COUNSELLING INTAKE FORM



# YENEPOYA COUNSELLING SERVICE

(Counselling Intake Form)

Welcome to the Yenepoya (Deemed to be University) student counselling service. Please fill out this form carefully and with attention to detail. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential.

### **STUDENT DETAIL**

CAMPUS ID NO.:

FULL NAME: \_\_\_\_\_

COURSE : \_\_\_\_\_

BATCH NO. : \_\_\_\_\_

PH. NO.: \_\_\_\_\_

GENDER : MALE/FEMALE

D.O. B : \_\_\_\_\_

RESIDENTIAL ADDRESS	PERMANENT ADDRESS

### **DETAIL OF THE PERSON TO CONTACT IN CASE OF EMERGENCY**

----------------------------------

REASON FOR COUNSELLING: \_\_\_\_\_

\_\_\_\_\_

TYPE OF ACCOMMODATION:	SOURCE OF REFERRAL
<ul style="list-style-type: none"><li><input type="radio"/> Family Home</li><li><input type="radio"/> Hostel/PG</li><li><input type="radio"/> Private Rented Accommodation</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Self</li><li><input type="radio"/> Teacher</li><li><input type="radio"/> Institute Initiated</li></ul>

Class Advisor/Mentor's Name

Signature

Student's Signature

## ANNEXURE 2: INFORMED CONSENT FORM



# Yenepoya Counselling Service

## *Informed Consent Form)*

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*Welcome to the Yenepoya (Deemed to be University) student counselling service. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential. It's not just about the grades, it's about you. (Your Support System for Success)*

### ***Counselling Service***

I, the undersigned student, understand and agree to participate in counseling services provided by Yenepoya Counseling Services. I acknowledge that these services may include individual counseling, group counseling, workshops and other related activities.

COUNSELLING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. Counselling involves a relationship between you and the counsellor who has the desire and willingness to help you accomplish your individual goals.

Counselling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of this counselling experience, if you experience any periods of increased anxiety or confusion. Please discuss it with your counsellor.

### ***Counsellor***

The counsellor is a trained professional engaged in providing counselling and mental health care services to the students directly as a counsellor at Yenepoya University.

### ***Appointment and Cancellations***

Appointments are made by reaching out to the counselor between 9:00 am and 4:00 pm, Monday through Friday. Don't hesitate to get in touch with the SWO/SC at least 24 hours in advance to cancel or reschedule, or your absence will be recorded. The student will be accountable to the office for no- shows and cancellations of the counseling service without prior notice. Your counselor reserves the right to cancel your appointment if you arrive sick or late and disrupt the counseling session.

### ***Number and length of a session***

The number of sessions required is determined by a variety of factors, which will be discussed with the counselors. The length of the counseling sessions varies depending on several factors, which the counselor will discuss with you.

### ***Counselor -Student Relationship***

The counselling process requires collaboration between the counsellor and myself. The counselee has the right to ask questions about the counselor's methods, professional background, and any concerns that the counselee may have about the counselling process.

### ***Record Keeping***

I understand that brief and secure records of counseling sessions may be kept for professional and legal purposes. These records are confidential and will not be shared without my consent.

### ***Confidentiality***

All counselling services, including scheduling of or attendance at appointments, content of your sessions, progress in counselling, and your records are confidential. No information would be used without your prior permission.

### ***Exceptions to confidentiality***

- The counsellors work as a team. Your counsellor may consult with other counsellors/supervisors to provide the best possible care. These consultations are for professional and training purposes however your identity would not be revealed.
- If there is evidence of clear and imminent danger or harm to self and/or others, the counsellor is legally required to report this information to the authorities responsible for ensuring safety.
- Disclosure of information, if required by law or the demand of the organization.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

---

**Student's Name**

---

**Signature**

---

**Counsellor's Name**

---

**Signature**

## ANNEXURE 3: GROUP COUNSELLING INFORMED CONSENT YENEPOYA COUNSELLING SERVICE



### (Group Informed Consent Form)

*Welcome to the Yenepoya (Deemed to be University) student counselling service. Please fill out this form carefully and with attention to detail. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential.*

The benefits from group therapy can be many. Enhancement of basic social skills (Reading facial expressions/body language, engaging peers, impulse control, decision making skills, etc.), increased awareness of how one's behaviours impact relationships, better coping skills (anger management, time management, frustration tolerance, etc.) and a sense of validation amongst peers are all possible outcomes. Group counselling may involve the risk of remembering unpleasant events and arouse intense emotions of anxiety, sadness, anger and depression. In addition, while there is a general consensus in outcome research that most people are helped when they are matched with the right therapist, there is no guarantee that this counselling will lead to the desired results.

**Confidentiality:** Within certain limits, information revealed by participants in group therapy will be kept strictly confidential by the counsellor and will not be revealed to any person outside of the group or to any outside agency without your written permission. An inherent risk with group counselling is the confidentiality of information disclosed, as all group members verbally agree to hold information disclosed as confidential but law and ethics do not bind this agreement.

There are certain situations in which, as a psychologist, I am required by law to reveal information obtained during any form of therapy to other persons or agencies. These situations are as follows: 1) if you are a threat of grave bodily harm or death to self or another person, 2) if I become aware of a situation of neglect or harm of a minor or elderly individual, 3) if a court of law issues a legitimate subpoena, and/or 4) you are a court-referred client. If I believe there is risk of you harming someone else or self-inflicting harm, I am not mandated, but have an ethical responsibility to give this information to appropriate persons in order to obtain the best care for you and those you may harm.

Group therapy meetings range from 45 minutes to 1 hour, depending on participants' age. If in the case of an emergency the following numbers are beneficial. If a family member is threatening violence or suicide, you need to call police or SAHAI 080 - 25497777 for suicide / mental health intervention.

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By signing this Group Informed Consent and Patient Responsibilities form I am acknowledging

that I have read and understand the above explanations regarding informed consent, confidentiality, and participant responsibilities. I agree to enter a group psychotherapy relationship under the terms outlined in this form.

Group Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

## ANNEXURE 4: PARENT COUNSELLING CONSENT FORM



# Yenepoya Counselling Service

## (Parent Informed Consent Form for Student)

*Welcome to the Yenepoya (Deemed to be University) student counselling service. Please fill out this form carefully and with attention to detail. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential.*

**Date:**

### **Student's Information:**

**Campus Id No.:**

**Full Name :**

**Course :**

**Batch No. :**

A counselling intervention has been recommended for your son/daughter\_\_\_\_\_, the reason for the recommended counselling intervention is\_\_\_\_\_, and the source of referral is\_\_\_\_\_. After classes, the counseling service will be available on campus. The duration and frequency of individual and group counseling will be 45 minutes to one hour. If the student fails to comply with the guidelines provided by the SWO/Counsellor, the SWO/Counsellor has the discretion to terminate the session.

### ***Other Counselling Termination Criteria:***

- If the student fails/refuses to attend the sessions more than twice.
- If the student does not follow the Counsellor/SWO's recommendations.

Parents are requested to follow up with their children to ensure that they are attending the sessions, and they are advised to consider the SWO/Student Counsellor's recommendation.

I consent to the preceding procedure and recommendation from the SWO/Student Counsellor. I give permission for my son/daughter to attend the counseling sessions. I hereby confirm that I will abide by all rules and regulations and that I will also conduct follow-up with my child.

**Father's Name:**

**Mother's Name:**

Signature

Ph.: No:

Parents/Guardian Permanent Address:

Signature:

Ph.: No.:

**Principal's Signature**

## ANNEXURE 5: REFERRAL FORM



**YENEPOYA**  
(DEEMED TO BE UNIVERSITY)  
Recognized under Sec 3(A) of the UGC Act 1956  
Accredited by NAAC with 'A' Grade

# Yenepoya Counselling Service

(Referral Form )

*Welcome to the Yenepoya (Deemed to be University) Student Counselling Service. Please fill out this form carefully and with attention to detail. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential.*

**Referred by:**

**Date of Referral:**

**Student Id No.:**

**Name:**

**Course:**

**Batch No.:**

**Address:**

**Present Complain/Reason for Referral:**

1.

2.

3.

4.

5.

**Areas of Concern:**

**Academics**

**Behavioural**

**Teacher's Observation and its Duration**



Is the student regular to the class? YES/NO

***Student's Attendance Percentage:***

How well is the student able to cope up with the class work and the academics as compared to the other students in the class?

How would you describe the student's rapport with his peers and his involvement in the classroom activity?

Describe the student's relationship with the teachers. Does the student listen to the teachers and follow the college rules?

**Referral's Signature**



## ANNEXURE 6: REFERRAL FORM

# Yenepoya Counselling Service

*(Referral Form)*

Welcome to the Yenepoya (Deemed to be University) student counselling service. Please fill out this form carefully and with attention to detail. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential.

**DATE:**

**REFERRED BY:**

**DEPARTMENT:**

**STUDENT'S NAME:**

**STUDENT ID NO.:**

**COURSE:**

**REASON(S) FOR REFERRAL:**

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\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Director's Signature

## ANNEXURE 7: SUICIDE PREVENTION CONTRACT



**YENEPOYA**  
(DEEMED TO BE UNIVERSITY)  
Recognized under Sec 3(A) of the UGC Act 1956  
Accredited by NAAC with 'A' Grade

# YENEPOYA COUNSELLING SERVICE

## (Suicide Prevention Contract)

*Welcome to the Yenepoya (Deemed to be University) student counselling service. The information you provide will be used by your counselor to give you the best support possible and will be kept completely confidential.*

I, \_\_\_\_\_, agree that I will not kill or harm myself. If I have thoughts or feelings of suicide, I agree that I will speak to someone who will help me. I have identified these people below with their phone numbers.

1. \_\_\_\_\_ at \_\_\_\_\_
2. \_\_\_\_\_ at \_\_\_\_\_
3. \_\_\_\_\_ at \_\_\_\_\_

If I do not reach, I will phone any of the following services:

Name/Agency

Phone

1. \_\_\_\_\_ at \_\_\_\_\_
2. \_\_\_\_\_ at \_\_\_\_\_

I will further seek social supports from any of the following people:

Name

Phone

1. \_\_\_\_\_ at \_\_\_\_\_
2. \_\_\_\_\_ at \_\_\_\_\_
3. \_\_\_\_\_ at \_\_\_\_\_

Student's signature

Counsellor's signature