

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 willbe kept completely confidential.

AMPUS ID NO.:		
ULL NAME:		_
OURSE :		_
ATCH NO.:	PH. NO.:	
ENDER : MALE/FEMALE	D.O. B :	
RESIDENTIAL ADDRESS	PERMANENT ADDRESS	
ETAIL OF THE PERSON TO CONTACT I	N CASE OF EMERGENCY	
EASON FOR COUNSELLING:		
EASON FOR COUNSELLING:		
EASON FOR COUNSELLING:		
	SOURCE OF REFERRAL	
TYPE OF ACCOMMODATION:	SOURCE OF REFERRAL	
CYPE OF ACCOMMODATION: • Family Home	SOURCE OF REFERRAL o Self	
YPE OF ACCOMMODATION: • Family Home • Hostel/PG	SOURCE OF REFERRAL O Self O Teacher	
YPE OF ACCOMMODATION: • Family Home	SOURCE OF REFERRAL o Self	
YPE OF ACCOMMODATION: O Family Home O Hostel/PG	SOURCE OF REFERRAL O Self O Teacher	
YPE OF ACCOMMODATION: • Family Home • Hostel/PG	SOURCE OF REFERRAL O Self O Teacher	
YPE OF ACCOMMODATION: O Family Home O Hostel/PG O Private Rented Accommodation	SOURCE OF REFERRAL O Self O Teacher	
O Family Home O Hostel/PG	SOURCE OF REFERRAL O Self O Teacher	
 ΓΥΡΕ OF ACCOMMODATION: Family Home Hostel/PG Private Rented Accommodation 	SOURCE OF REFERRAL O Self O Teacher	

ANNEXURE 2: INFORMED CONSENT FORM



Yenepoya Counselling Service

Informed Consent Form)

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	Counsellor's Name
Signature	Signature

ANNEXURE 3: GROUP COUNSELLING INFORMED CONSENT YENEPOYA COUNSELLING SERVICE

(Group Informed Consent Form)

YENEPOYA

(DEEMED TO BE UNIVERSITY)

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:

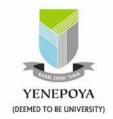
1) if you are a threat of grave bodily harm or death to self or another person, 2) if I become aware of a situation of neglect or harm of a minor or elderly individual, 3) if a court of law issues a legitimate subpoena, and/or 4) you are a court-referred client. If I believe there is risk of you harming 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.

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

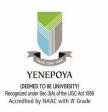
(Parent Informed Consent Form for Student)

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 Infor	mation:	
Campus Id No	.:	
Full Name	:	
Course	:	
Batch No.	:	
for the recomm source of refer available on ca 45 minutes to	nended counselling intervention is ral is ampus. The duration and frequence one hour. If the student fails to	ed for your son/daughter, the reason and the After classes, the counseling service will be comply with the guidelines provided by the discretion to terminate the session.
Other Counsel	lling Termination Criteria:	
• If the s	-	
I give permiss	ion for my son/daughter to attend	amendation from the SWO/Student Counsellor. the counseling sessions. I hereby confirm that I will also conduct follow-up with my child.
Father's Name	e:	Mother's Name:
Signature Ph.: No: Parents/Guard	dian Permanent Address:	Signature: Ph.: No.:

Principal's Signature

ANNEXURE 5: REFERRAL FORM



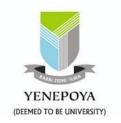
Yenepoya Counselling Service

(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.

Referred by:	Date of Referral:
Student Id No.:	
Name: Course:	
Batch No.:	
Address:	
Present Complain/Reason for Referral:	
I.	
2.	
3.	
4.	
5.	
Areas of Concern:	
Academics	
n. 1 · 1	
Behavioural	
Teacher's Observation and its Duration	
Teacher 5 Ooservanon una us Duranon	

Student's Attendance Perc	ntage:		
How well is the student able students in the class?	to cope up with the cla	ss work and the acade	emics as compared to the other
How would you describe the activity?	student's rapport with l	his peers and his invo	Ivement in the classroom
Describe the student's relation to the stude	onship with the teachers	s. Does the student lis	ten to the teachers and follow
			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:	
Teacher's Signature	
2 cuchos a 2 sg. union	
Principal's Signature	Director's SignaturE

ANNEXURE 7: SUICIDE PREVENTION CONTRACT

YENEPOYA (DEEMED TO BE UNIVERSITY) Recopnized under Sea (3(A) of the UGC Act 1956 Accredited by NAAC with % 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
feeli		will speak to someone who will help me. I have identified these people
belo	w with their phone numbers	
1.		at
2.		at
3.		at
If I d	lo not reach, I will phone an	y of the following services:
	Name/Agency	Phone
1.		at
2.		at
I wil	l further seek social support	s from any of the following people:
	Name	Phone
1.		at
2.		at
3.		at
Stude	nt's signature	
Coun	sellor's signature	