

Clinical Skills

Center Operations
September 13, 2018

Welcome to the Front Desk

- Weekdays: Vadym Zhyrov
- Monday -- Thursday evenings and some Saturdays: Marisa Rios
- Friday evenings and weekends: Richard Dowaliby

Each time you arrive at the Center, sign in at the Front Desk and let the Front Desk person know you are here.

Please spend time getting to know how the Front Desk works and familiarizing yourself with the scheduling calendar. Remember not to ask the Front Desk unnecessary questions or have conversations in the front office in the period from ten minutes before the hour to ten minutes after the hour.

It is your responsibility to watch for your client – do not wait for the Front Desk to let you know that your client has arrived.

Money

Counselors collect payment at each session. You will find a receipt book in each counseling room.

- *Credit card payments are processed at the front desk after the session.

- *Clients can directly give you checks and cash.

- *You are in charge of making change for clients!

How to make a client receipt:

<p>Southern California Counseling Center Blvd. 5615 W. Pico Blvd. 90019 Los Angeles, CA. 90019 (323) 937-1344 www.sccc-la.org</p>	Date <u>Today's date</u>		
	Received From <u>Clients Name</u>	<div></div>	
	\$ <u> </u> CASH	\$ <u> </u> CHECK	\$ <u> </u> CREDIT CARD
	<div></div> # of client in session	By <u>Counselor name</u>	<div></div> NO MONEY RECEIVED (✓)
		<u>extension</u> Phone No.	

Most Important Receipt Rules

- There MUST be a receipt for every session (even if there was no payment).
- Include first and last name of both client and counselor.
- Record the amount and type of payment and the date.
- Write legibly.

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344
www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM Jennifer Moore

☐

NO SHOW

\$ 26.⁰⁰
CASH

\$
CHECK

\$
CREDIT CARD

NO MONEY
RECEIVED(✓)

1

OF CLIENT
IN SESSION

BY Gabriel Marquez

PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
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www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM Emily Hahn

☐

NO SHOW

\$
CASH

\$ 55.⁰⁰
CHECK

\$
CREDIT CARD

NO MONEY
RECEIVED(✓)

Payment

OF CLIENT
IN SESSION

BY Rose Carter

PHONE NO.

www.sccc-la.org

RECEIVED
FROM

Sarah Smith

☒

NO SHOW

\$
CASH

\$ _____
CHECK

\$

CREDIT CARD

✓

NO MONEY
RECEIVED(v)

1

OF CLIENTS
IN SESSION

BY Justin Taylor

323-904-3205
PHONE NO.

www.sccc-la.org

RECEIVED
FROM

James Smith

□

NO SHOW

\$
CASH

\$ _____
CHECK

\$ 26.⁰⁰
CREDIT CARD

NO MONEY
RECEIVED(v)

1

OF CLIENTS
IN SESSION

BY _____

ext. 3205
PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344

www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM _____

☐

NO SHOW

\$ _____
CASH

\$ _____
CHECK

\$ _____
CREDIT CARD

NO MONEY
RECEIVED(✓)

OF CLIENT
IN SESSION

BY Anne Taylor

PHONE NO. _____

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344

www.sccc-la.org

DATE 03/04/2013

RECEIVED
FROM _____

James Smith

☐

NO SHOW

\$ _____
CASH

\$ _____
CHECK

\$ _____
CREDIT CARD

NO MONEY
RECEIVED(✓)

OF CLIENTS
IN SESSION

BY Tina Turner

323-904-3205
PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344

www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM

Tom Stanwood

\$

CASH

\$

CHECK

\$

CREDIT CARD

OF CLIENT
IN SESSION

BY Romeo Capulet

NO SHOW

33.00

NO MONEY
RECEIVED(✓)

PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344

www.sccc-la.org

DATE 03/04/2013

RECEIVED
FROM

Mary Lee

\$

CASH

\$

CHECK ✓

\$

CREDIT CARD

OF CLIENTS
IN SESSION

BY John Doe

NO SHOW

NO MONEY
RECEIVED(✓)

PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
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www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM T. Gonzalez

☐

NO SHOW

\$ 16.⁰⁰
CASH

\$ _____
CHECK

\$ _____
CREDIT CARD

NO MONEY
RECEIVED(✓)

☐

OF CLIENT
IN SESSION

BY Juliet Montague

PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344
www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM Eddie

☐

NO SHOW

\$ 22.⁰⁰
CASH

\$ _____
CHECK

\$ _____
CREDIT CARD

NO MONEY
RECEIVED(✓)

☐

OF CLIENT
IN SESSION

BY Martha Hoffman

ext. 3205

PHONE NO.

SOUTHERN CALIFORNIA
COUNSELING CENTER
5615 West Pico Blvd.
Los Angeles, CA 90019
(323) 937-1344
www.sccc-la.org

DATE 03/06/2013

RECEIVED
FROM Lopez Family

☐

NO SHOW

\$ _____
CASH

\$ 53.⁰⁰
CHECK

\$ _____
CREDIT CARD

NO MONEY
RECEIVED(✓)

☐

OF CLIENT
IN SESSION

BY Judy Bloom

ext. 3205

PHONE NO.

Paper clip the payment to the white copy of the receipt and put it in the blue basket on the Front Desk.

Please do not accept coins for payment – bills only. Also, we do not accept bills in denominations larger than \$50.

Receipt Basket



Parking at SCCC

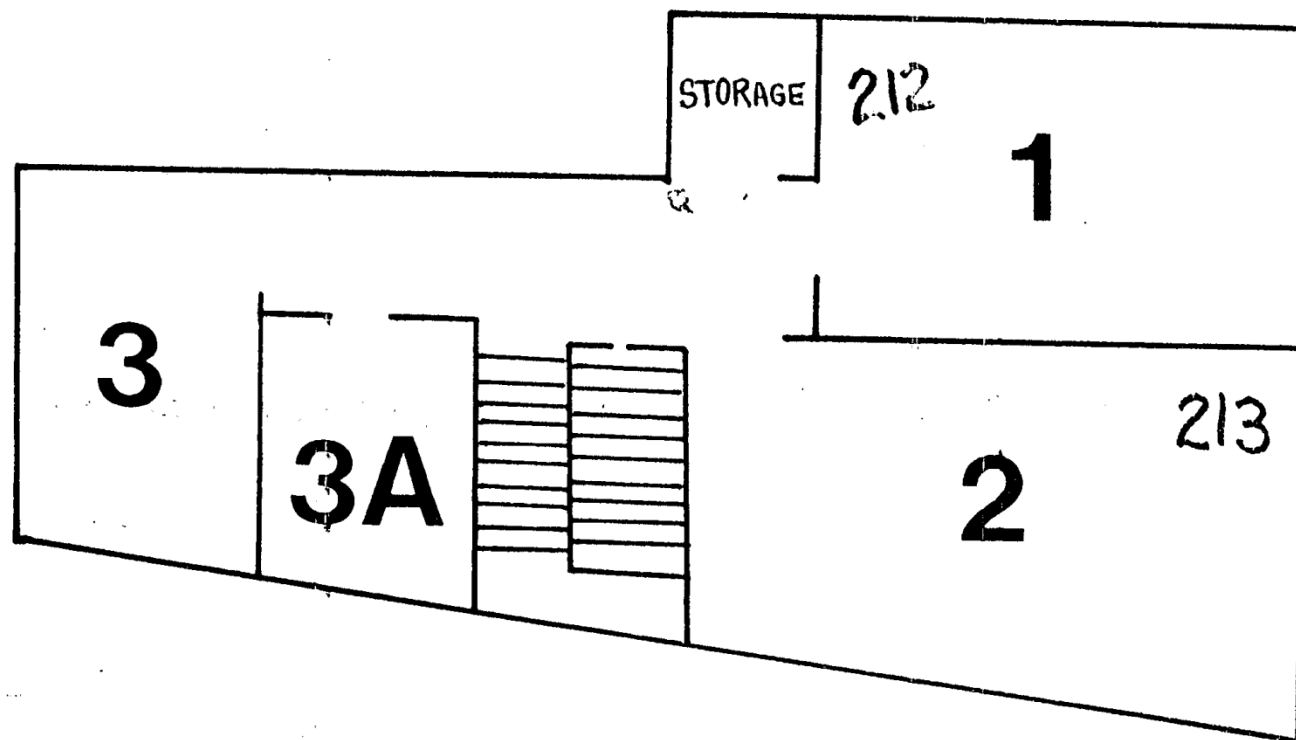
- Always allow extra time for parking when you come to the Center. If you pull into the parking lot and see that one or more cars are waiting to park, please wait your turn. Traffic moves in a clockwise direction.
- There is ample parking on Stanley. Be sure to read the signs to avoid street cleaning times and please be very kind and respectful to our neighbors. Curson is a permit parking street.

Night Safety

- We have a security guard in the parking lot at night. Please don't hesitate to ask him to watch you or walk with you to your car.

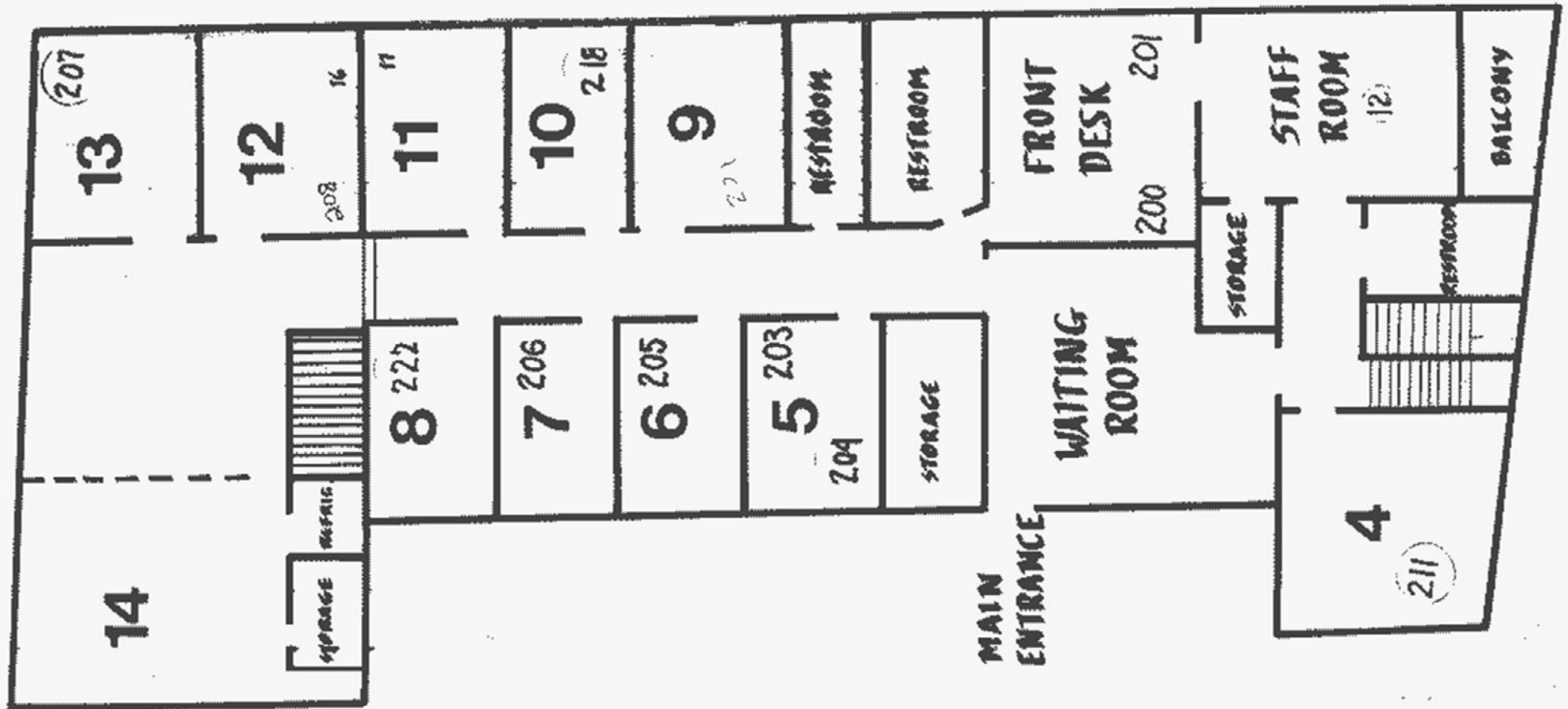
Our Building

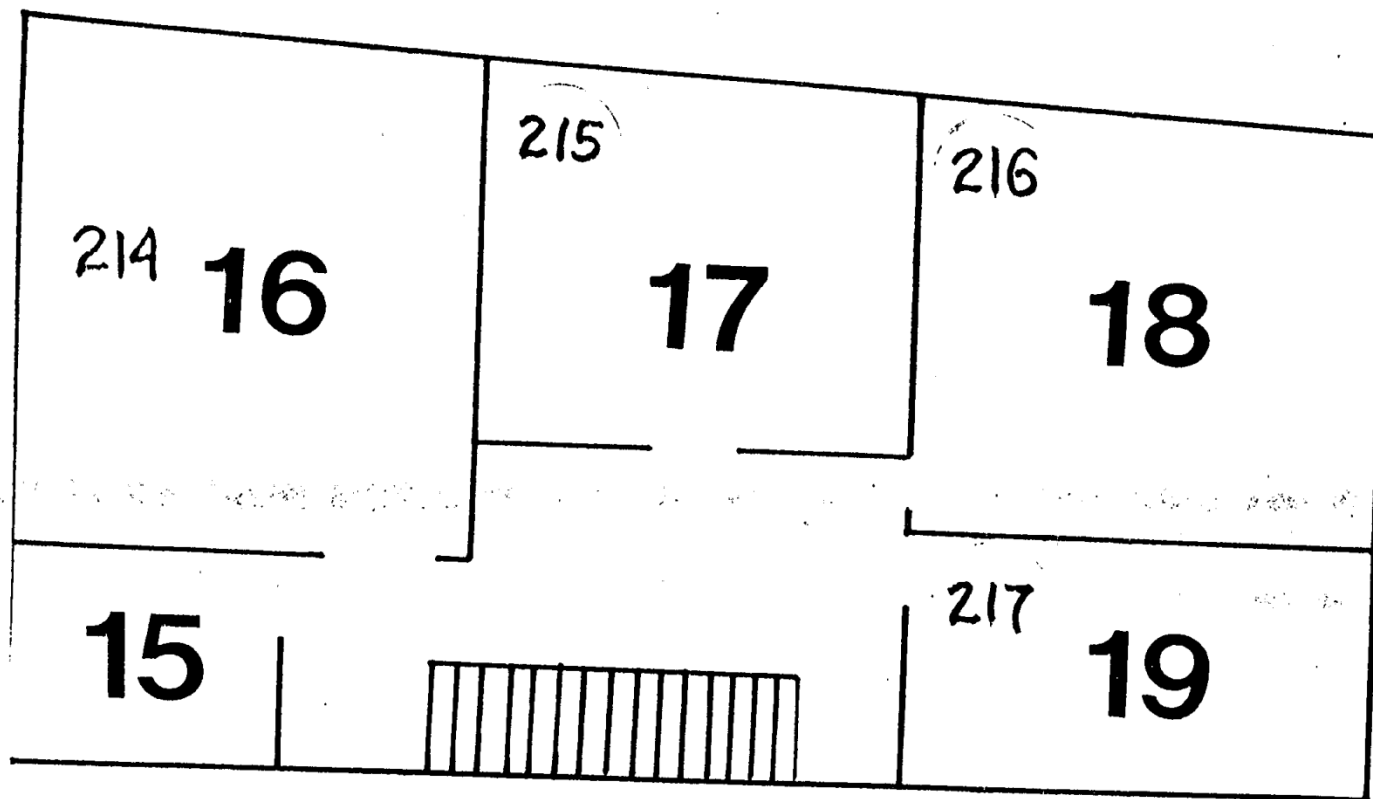
- We own our building thanks to The Friends of the Center – this has allowed us to survive through rocky financial times.
- We have 20 counseling rooms, the Counselor Lounge, kitchen, staff bathroom and two client bathrooms.
- The bathrooms and Counselor Lounge were recently renovated.



LOWER FLOOR

Main Floor



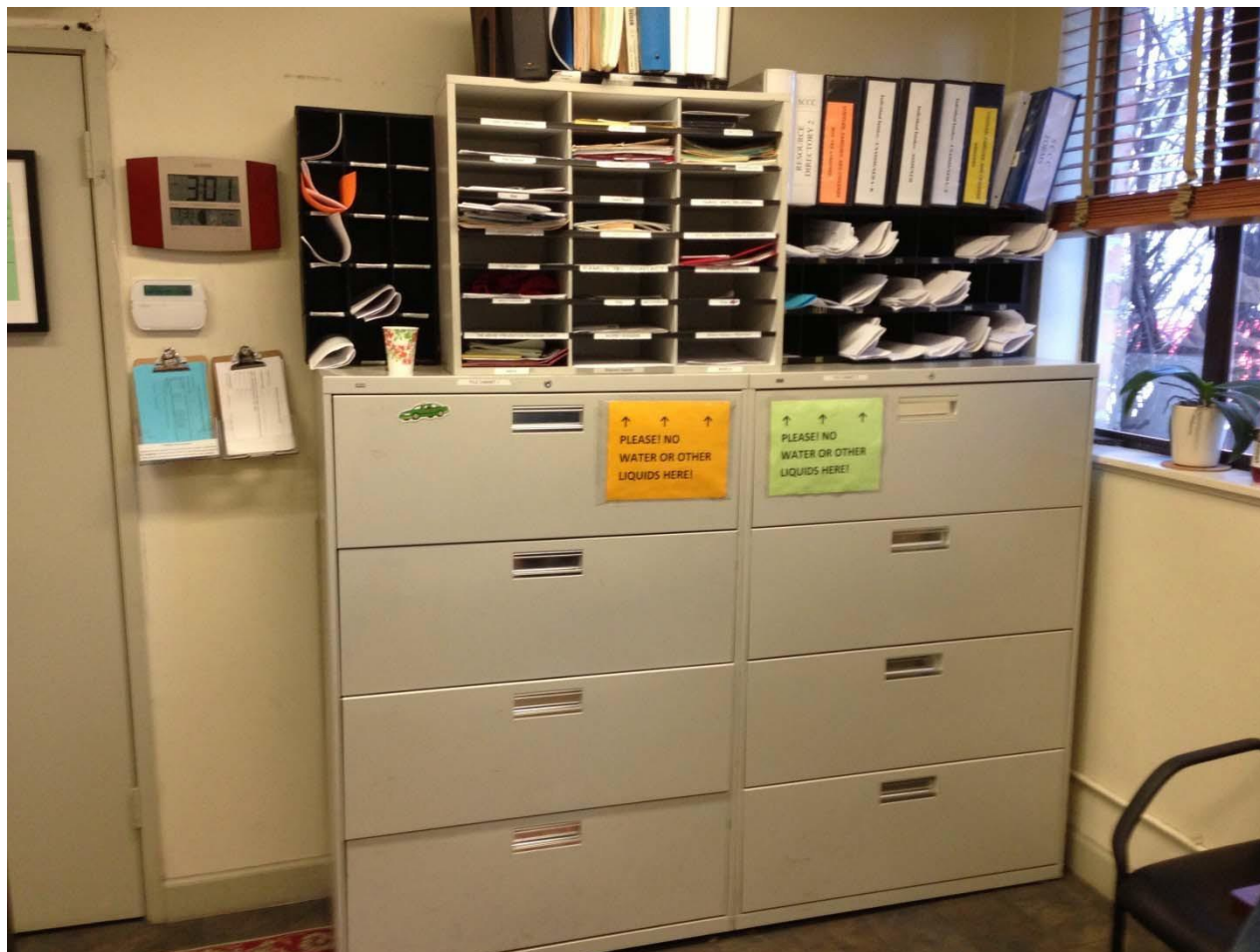


UPPER FLOOR

Open Doors Around the Center (and what they mean)

- Whenever a staff member's door is open, you can come in and ask questions.
- Whenever you finish a session, be sure that the door to the counseling room is left open so that the next counselor knows the room is available. (Sometimes clients close the door without realizing that it needs to be open.)
- After using the staff bathroom, please leave the door open – otherwise people will wait out in the hallway, thinking the bathroom is occupied.

Client Files and Staff and Counselor Mailboxes



Communication

- You should have your voicemail box set up by now. If you have any problems with the voicemail or phone system, contact Robbyn Coffey.
- When you receive a client assignment, it is **very important** that you call the client **within 24 hours** (even in cases where you are not going to be able to see the client that week).
- Clients must notify the Front Desk when they cancel appointments – this is in your outgoing message.

Client Assignment

- Kathryn Heymann, Client Coordinator
- Marisa Ice, Assistant Clinical Director

Client Binders

(above counselor mailboxes)



Goldenrod form

SOUTHERN CALIFORNIA COUNSELING CENTER (SCCC)

File No. _____

Date: _____

Name: _____ Your gender: _____
Last First

Address: _____
Street Apt.# City Zip Code

Phone No. _____ When calling you at home may we identify the Center? (SCCC) ☐ Yes ☐ No
Home

Phone No. _____ When calling your cell phone may we identify the Center? ☐ Yes ☐ No
Cell

Phone No. _____ When calling you at work, may we identify the Center? ☐ Yes ☐ No
Work

Date of Birth: _____ Age: _____

What brings you to the Center? _____

Is this your first visit? ☐ Yes ☐ No If not, when was it? _____

How did you hear about the Center? _____

Do you have children? ☐ Yes ☐ No If "yes" please indicate their ages and circle the age of those living with you: _____

Sexual orientation (if it would help you for us to know) _____

Who else lives in your home? _____

Are you now in counseling? ☐ Yes ☐ No If yes, with whom? _____

AVAILABILITY

IMPORTANT – PLEASE FILL OUT
The more times you are available the more quickly you will be placed with a counselor. Please check (✓) appropriate boxes

What kind of counseling do you want?
Individual _____ Family _____ Couple _____ Group _____

Coordinator's Space

	Mon	Tues	Wed	Thur	Fri	Sat	Sunday
8 am							
9-12							9-5
12-3							
3-6						3-5	
6-9							

PLEASE SEE REVERSE SIDE FOR INFORMED CONSENT

Revised 7/7/12

SOUTHERN CALIFORNIA COUNSELING CENTER (SCCC)

File No. _____

INFORMED CONSENT FOR COUNSELING AT SOUTHERN CALIFORNIA COUNSELING CENTER

By signing my name below I, _____, acknowledge that I have read, understand and agree to the following:

- Counseling services at the Southern California Counseling Center (SCCC) are provided by volunteer, unlicensed interns, trainees and paraprofessional counselors who are under the supervision of licensed professional therapists, and who are instructed to follow the ethical and legal requirements of the California Association of Marriage and Family Therapists.
- The same strict confidentiality guidelines apply to all counselors at the Southern California Counseling Center. However, under the laws of the State of California, if counseling services are provided to me by a paraprofessional counselor rather than a pre-licensed Marriage and Family Therapist, pre-licensed Clinical Social Worker, pre-licensed Professional Counselor or pre-licensed doctoral candidate, I may not be entitled to the same right of confidentiality in court proceedings or legal actions.
- I may discuss any questions or concerns about confidentiality with my counselor or an SCCC staff member. I may also request to receive counseling services from an intern or trainee instead of a paraprofessional counselor.
- The Southern California Counseling Center does not provide psychiatric or psychological evaluations, medication or medication management, or psychosocial testing.
- To the extent authorized by applicable law, the Southern California Counseling Center will assert the psychotherapist-patient privilege when a communication subject to the privilege is sought to be disclosed.

Client name _____ Client signature _____ Date _____

Client name _____ Client signature _____ Date _____

Client name _____ Client signature _____ Date _____

Revised 7/7/12

Intake form

COUNSELOR'S FORM

Date: _____

Counselor: _____

Client's name: _____ Home Phone () _____

MAY WE IDENTIFY SCCC WHEN CONTACTING? ☐ Yes ☐ No

Client's gender _____

☐ Single ☐ Married ☐ Partnered ☐ Separated ☐ Divorced/ Partnership terminated
☐ Widowed/Partner deceased

Ethnicity: ☐ Caucasian ☐ African-American ☐ Latina/o ☐ Asian ☐ Other: _____

Occupation: _____ Currently employed? ☐ Yes ☐ No

Close relative or friend to be contacted in case of emergency:

Name	Phone	Relationship

How is the client's physical health? _____

Any prior therapy? ☐ Yes ☐ No When? How long? Why? (Please describe below)

Is client receiving any other services here? ☐ Yes ☐ No Please specify _____

Has client received services here in the past? ☐ Yes ☐ No Please specify _____

Any psychiatric hospitalizations? ☐ Yes ☐ No When? How long? Why? (Please describe below)

Is the client taking medications? ☐ Yes ☐ No What, why & how much? (Please describe below)

Is the client mandated to attend counseling? ☐ Yes ☐ No

Is the client mandated to attend anger management? ☐ Yes ☐ No If either answer is 'yes,' please describe:

☐ Social Service System: _____ ☐ Criminal Justice System: _____

DOES CLIENT SELF-REPORT AS:

HOMICIDAL ☐ Yes ☐ No

SUICIDAL ☐ Yes ☐ No

If you checked 'yes':

Is the threat immediately dangerous?

☐ Yes ☐ No

If "yes" please "flag" the client's intake form. If SUICIDAL, you must remain in phone contact until the client is assigned. If HOMICIDAL, try to get the name of the person threatened. We may be legally required to warn the potential victim and to notify the police.

IF IN DOUBT CONSULT WITH STAFF!

FEES SET BY INTAKE COORDINATOR:

INTAKE \$ _____

ONGOING COUNSELING \$ _____

REFERRED TO FEE REVIEW COMMITTEE?

☐ Yes ☐ No

****PLEASE USE ADDITIONAL PAGES IF NECESSARY****

Age: _____

Appearance (including affect)

Presenting problem (Why now?)

Current relationships (Any substance use/abuse, physical/mental abuse including domestic violence etc)

Family background (Including any alcoholism, physical/mental abuse, etc)

Describe the interaction between you and the client:

If this client has an urgent need for a specific characteristic in a counselor, please note:
(Please be cautious about raising expectations. We may not be able to meet non-urgent requests.)

Is there anything else we should know? For instance, do you have any question about SCCC being an appropriate service site for this client?

Do not remove intake from the binder prior to your first session with a client. After your first session, you can make a client folder and the intake will go into the folder. Place a fee tracking sheet in the left side of the folder and keep your own record of session dates, payments and any balance owed. You will have your own hanging Pendaflex section in the file cabinet to keep all your client files. Files must never leave the building.

[illegible]

Client _____ File # _____
Counselor _____

[illegible]

Client Request Form

INDIVIDUAL CLIENT REQUEST FORM

TODAY'S DATE: _____

COUNSELOR NAME: _____

**I have openings for new individual clients at the following times and
HAVE A ROOM RESERVED AT THAT TIME.**

Day: _____ Time: _____

Day: _____ Time: _____

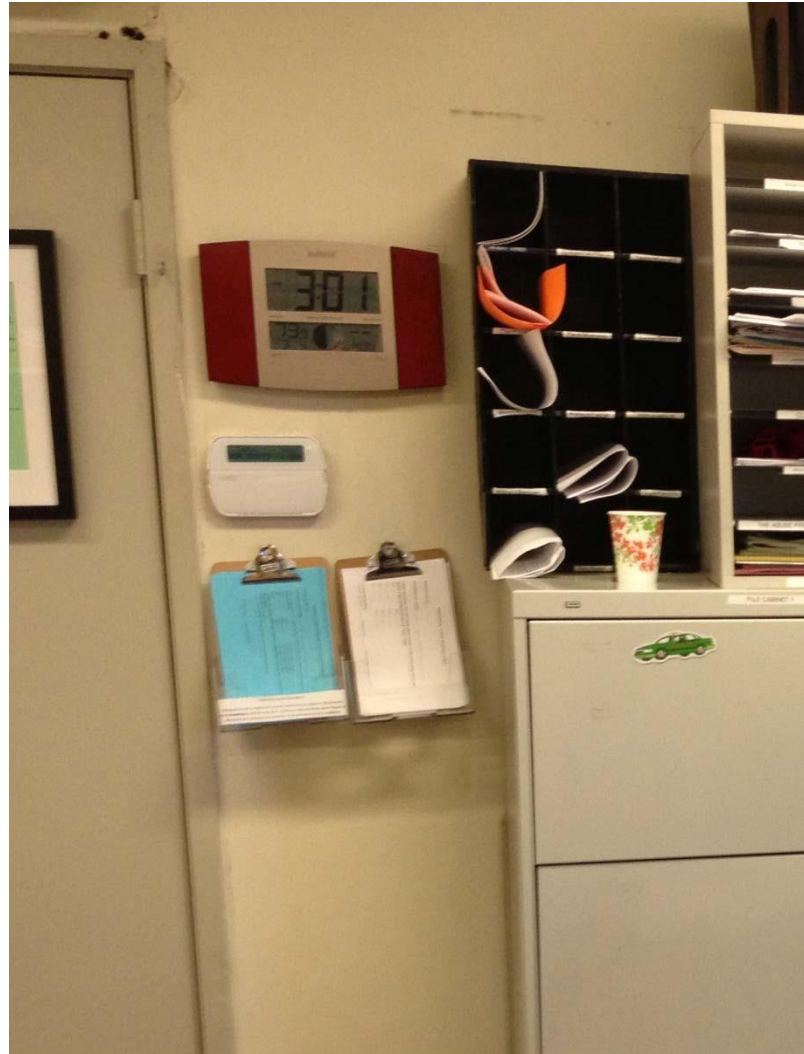
Day: _____ Time: _____

Day: _____ Time: _____

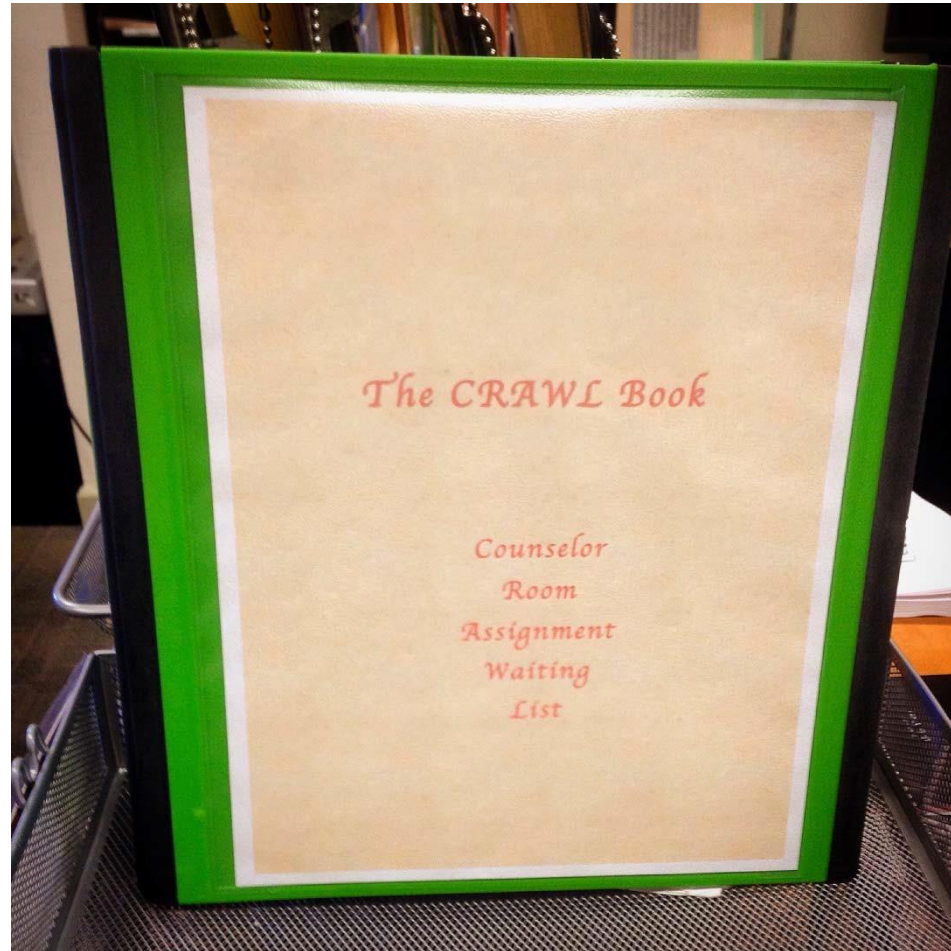
Caseload update:

I am currently seeing _____ individuals and _____ couples/families/children.

Client Request Forms



Make the CRAWL Book Your Friend

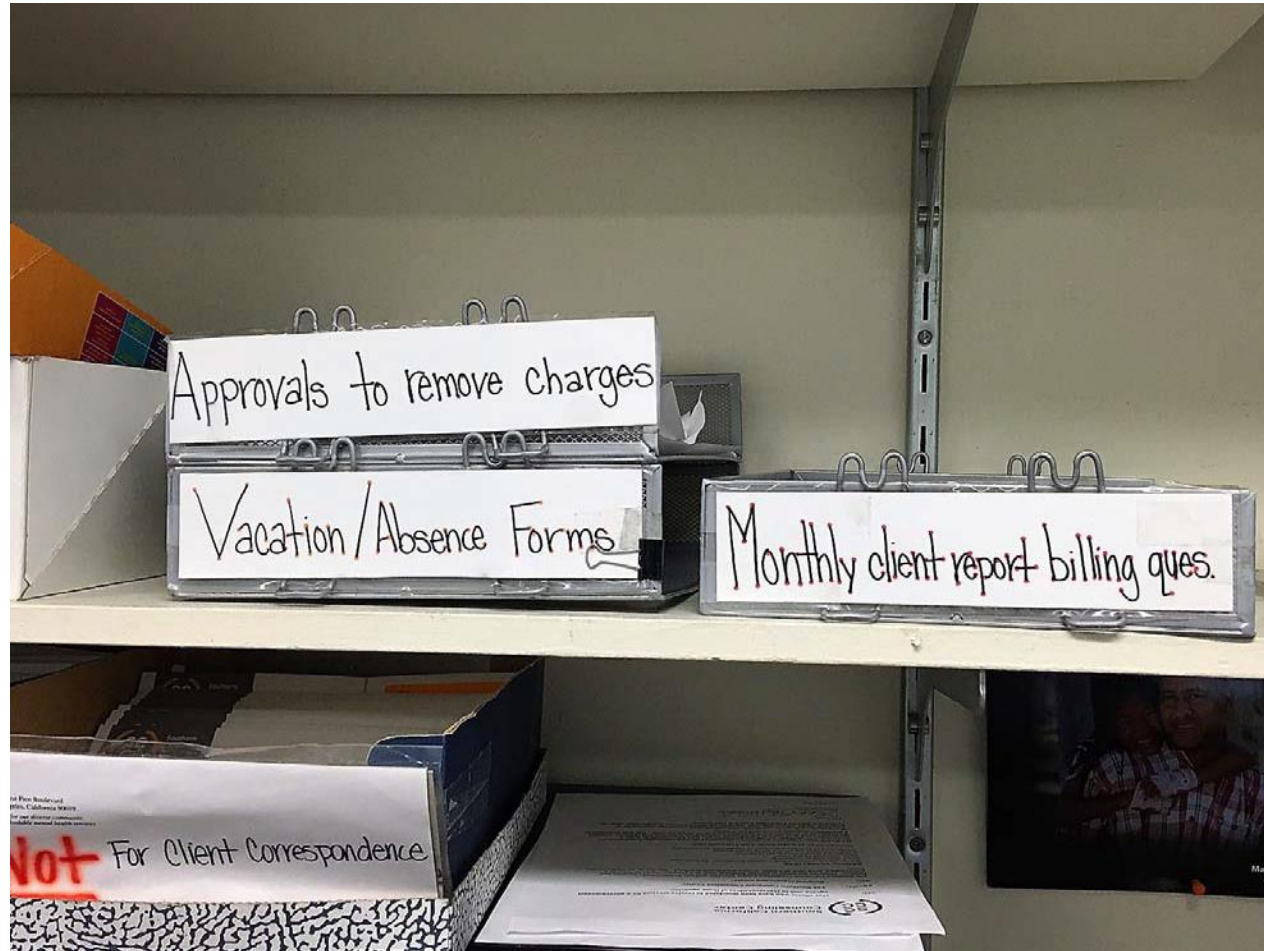


ALL THE OTHER FORMS

(behind Front Desk)



Wait --Where do I put these forms?



New Counselor Supervision Year

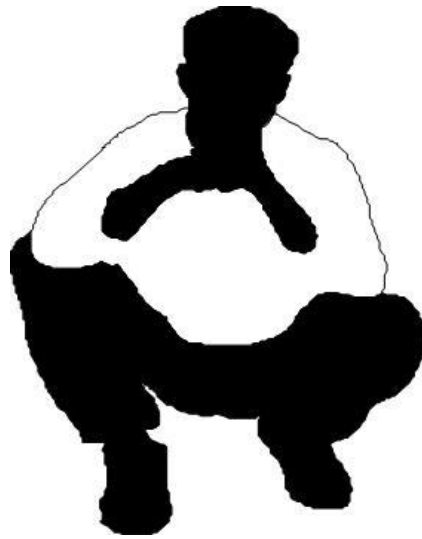
- September through August
- In mid-summer interviews will be held for Family Therapy Training Program (FTTP).
- In late summer supervision ballots will be distributed.
- In the beginning of September, new supervision groups and FTTP will start. FTTP is held Tuesdays from 4:00 to 6:00.

GATE Training

Gangs: A Therapeutic Education

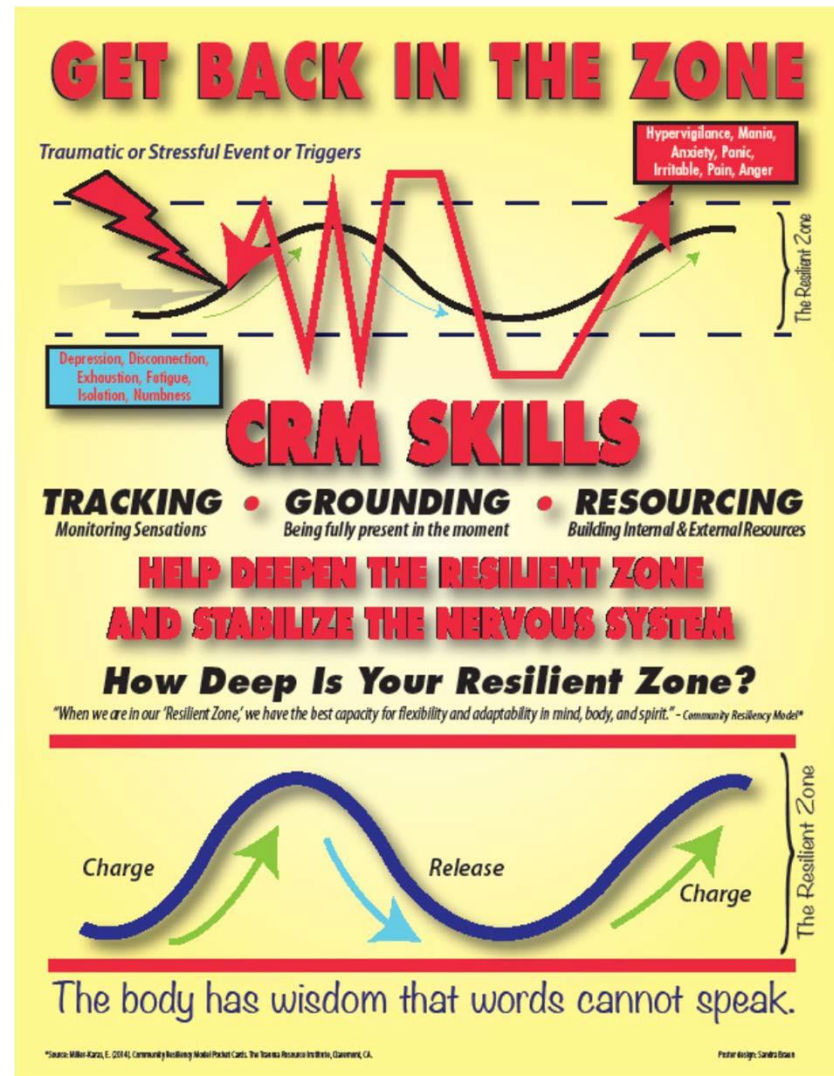
January 26, 2019

Taught by SCCC Director of Outreach, Marianne Diaz.
Mandatory training for new counselors.



Community Resiliency Model (CRM)

- Two Day required training provided by the Trauma Resource Institute on November 10 and 11.



Second Year Opportunities

- **School-based Program**, Contact: Alyssa Mass

Ongoing Opportunities

- **Outreach** (Teen Group, Rage Resolution, Community Counselor Certification, Watts, etc.), Contact: Marianne Diaz
- **Best Practice Parenting Class**, Contact: Alyssa Mass
- **The Abuse Prevention Program (TAPP)**, Contact: Moj Farazian

Get involved with the SCCC Community

- Fun volunteer opportunities:

Help out with the
fundraising gala
in April:



Join the Retreat Committee

October 20– talk to Marisa



Where to Eat around SCCC

Walking:

East: My Two Cents, Bloom, Stevie's Creole Café, CJ's, Sky's Tacos, Pico Deli

West: Ho Ho Kitchen, Powerplant Superfood Cafe, Olson's Scandinavian Deli, Paper or Plastik

Driving: Lucy's (Pico and La Brea), Subway, Yummy.com, Fortune House (San Vicente and Fairfax), Starbucks (San Vicente and Fairfax), Panda Express, Chipotle, Jersey Mike's, PizzaRev, etc. (shopping center at Pico and San Vicente), Trejo's Tacos, Lassen's
If you go north on Curson to Wilshire there are many restaurants (The Counter, Marie Callender's, Baja Fresh, Mixt Green, etc.) and food trucks in the Museum Square area – only 5 minutes from SCCC.

Closest place to get a soda – liquor store in mini-mall next to Ho Ho Kitchen (Pico and Spaulding).




Or, the Snack Basket in the Counselors' Lounge:



Don't forget to :

- Read the Counselor Handbook and CAMFT Ethical Standards on the passworded section of the website (under “SCCC Connect”)

- Read the Thursday Bulletin (on Friday).
- Like us on facebook! 
- Ask Marisa about our Amazon and Ralph's programs. (When you, your friends, and your family shop, we get money!)