

From the Director...

This guide is designed to familiarize you, as a faculty or staff member of Houghton College, with the resources of the Houghton College Counseling Center. Regardless of your “official position” on campus, your contact with a student can play a significant role in that student’s persistence and success. A student may view you as a major resource for guidance with an academic or personal problem, or may look to you as a role model or mentor. The latter may even happen without your awareness. Your willingness to listen, to encourage, and to share your knowledge and experience can have a substantive impact on that student’s life.

Your presence in the daily life of a student also places you in a rather unique position. You may be the first one to recognize signs that a student is struggling in some way. On occasion, you may encounter a student undergoing overwhelming stress or facing a serious life crisis. The student may seek your assistance and you may be wondering “How can I help?” Perhaps you have been helping a student but are at the “Where do we go from here?” stage, or you might be at the “I’m in over my head” stage. The following is an effort to give you the information you might need at that time.

This guide consists of four sections. The first contains general information about the Counseling Center at Houghton College. Think of this as an orientation and “fast facts” to the services of the Center. The second section lists common student problems, or reasons that students seek counseling services, along with our approach to treatment. The third section outlines the various educational resources and programs of the Counseling Center. The final section offers guidelines for assisting a distressed student, suggests procedures for referral to the Center, and gives information concerning confidentiality in these matters.

I trust that the information contained in this guide will be useful to you. Our role in the lives of our students can’t be underestimated. Your part in shaping those lives goes well beyond the office or classroom and lies at the heart of the College’s overall mission: the equipping of young women and men for a life of competent service.

Sincerely,

Bill Burrichter, Ph.D.

Bill Burrichter, Ph.D., NCC, LMHC
Director of Counseling Services

Our Mission

The Houghton College Counseling Center has a four-fold mission. The components of this mission are: (1) **counseling**, (2) **education**, (3) **consultation** and (4) **crisis intervention**.

Counseling, both individual and group, is our first and foremost goal. We work very hard to provide the best service that we can. The Center’s counselors are approachable and, with rare exception, students report satisfaction with the services they receive. Because our staff is small and our purpose is to provide services for our students, we are not able to offer counseling services for faculty or staff. We are available to consult with a faculty or staff member on a short-term basis, however, for assessment or to assist in a referral to a private practitioner.

Education is also an important function for us and we provide it in a number of ways. First, the counseling we provide has a very strong educational component. This is especially true when working

with young adults. Many of the concerns college students bring to counseling are developmental in nature and education is essential for the resolution of these issues.

We are involved in the annual training of the residence life staff through workshops presented to enhance listening skills, confronting skills, and crisis intervention. The staff also provides both classroom and other presentations on a variety of topics as requested by faculty or staff. The Center has also been an internship sight for graduate students from Alfred and Saint Bonaventure Universities.

Finally, the Center has a small resource library for general use. Books, videotapes, and cassettes offering information on relationships, family dynamics, sexual harassment, eating disorders, depression, anxiety, stress, grief, self-injury and other topics are available. Our website at <http://www.houghton.edu/students/counseling-services/> also contains links to several helpful sites with information about mental health.

Consultation is provided in a number of ways. A student may not want or need a counseling experience, but may have questions about how to handle a difficult roommate, a situation at home, or a troublesome relationship. Students who have met with a counselor on a one time basis have found the consults to be very helpful. We also provide consultations for faculty and staff. You may be wondering about a student with whom you have frequent contact. Perhaps a student is exhibiting disruptive behavior in class or on the job. We want you to be able to discuss this situation with one of our staff. While we cannot provide long term counseling for faculty and staff, we can assist you with personal consultation and referrals.

Crisis Intervention is another important function of the Counseling Center during times when a student may find himself or herself in a crisis. A family member has become seriously ill or has died. A student feels suicidal and takes an overdose of medication. You may be the first to discover such a situation. Our counselors are available at any hour to help students, faculty, and staff manage these situations.

We believe our mission as outlined above distinguishes a *counseling center*, which has a more pervasive presence on campus, from a group of individuals providing hourly counseling services. This difference is important, since we believe the counseling center model to be more responsive to the College's overall mission as a community based Christian Liberal Arts College.

Common Problems of Students Using Counseling Services

Relational Difficulties

Young adult students are typically growing in their ability to establish meaningful interpersonal connections. Becoming more aware of themselves in a relationship and examining what it means to be a friend are important topics of student discussion. Establishing appropriate emotional, physical, and sexual boundaries is one of the most important tasks facing young men and women during this time. How much time to spend with others or to be alone, how much of oneself to share personally with another and at what point in a relationship it is helpful to do so, and how sexually involved to be with another are all pressing issues for many of our students. For some, navigating these waters is done without much turmoil. The occasional late night discussion among friends can decrease the normal anxiety experienced during this period. For the "unconnected" student, however, this can be a very difficult time. Being aware of the friendship groups of others but feeling unable to "break into the loop" can be a very painful experience; the yearly room sign-up for this student is a time of anticipated, and subtle, rejection.

Also common is the student who has ample same-sex friendships but finds it very difficult to have opposite sex friendships. Another group comprises students in opposite sex relationships that are destructive or abusive. Abusive relationships can be manifested by physical violence in the relationship, sexual harassment, or stalking. Whatever the case, students in this situation need support, encouragement, and perhaps some skill training. Gone unnoticed or unattended to, these relational

difficulties can result in a student's withdrawal from college, though the "reason for leaving" will never be stated as the *inability to connect*.

Young men and women need a sense of interpersonal competence, and Houghton's "small, friendly campus" is a potentially healthy environment for developing such connectedness. It can be helpful to a student if you, as a faculty or staff member, make an effort to listen for a student's level of connection. You may be a source of encouragement needed to help a student along this important journey.

Family Difficulties

Many students arrive on campus knowing quite well what it means to be *a part of* their family. They may not know, however, what it means to be *apart from* their family. For that matter, it is our experience that students who come to the Center to discuss difficulties in leaving home have parents or siblings remaining at home who are also struggling with this new transition. Leaving home is something that happens to a family, not just to an individual. While the overly connected "parents who just can't let go" often characterize this common problem, the student has trouble letting go as well.

This period is also marked by the ambivalence between emotional dependence and independence. The student seeks the autonomy of living apart from family, but simultaneously needs the emotional support of the family to do so successfully. Adults in the campus community can encourage a student to take healthy risks, to ask for guidance when needed, and to trust their own developing sense of judgment. It is a common misconception that, when young adults struggle for independence, significant older adults need to "back off."

Although "over-connection" can create a problem, "under-connection" in families may be more of a serious problem for today's student. Families torn apart by divorce, infidelity, violence, substance abuse, incest, untimely death, and many forms of physical and mental illness often have young members searching for a "stable connection." In some cases, students have had the opportunity to address these difficult matters before arriving on campus. Others may come to college in a state of emotional pain and confusion. Whatever the case, we have a commitment to our students' intellectual, emotional and spiritual well-being. Your role in such a student's life can be a very important one.

While we have long abandoned the "in loco parentis" function on campus, it is not true that our influence and place in a student's life is a minimal one. Our example as a "substitute" family can be a great source of encouragement and healing for such a student. You may also be in a position to encourage such a student to seek counseling while on campus. Ideas on how to refer a student for counseling will be given in a subsequent section of this guide.

Values, Direction, Meaning Difficulties

These might be more appropriately called the "existential concerns" of the college student. Students arrive on campus with values that may already be incorporated into their experience of self and, in this sense, truly "belong to them." Most students, however, do not come with a highly defined and internalized set of values. They know what their *parents* believe religiously, politically, and socially, but have yet to fully claim allegiance to a set of personal values.

Career, vocation, and calling are other important decisions that our students will be making at this time. Contemporary Western culture defines rather clearly what it means to be successful in a career. At what point does the call to discipleship conflict with cultural norms?

Finally, the often-trivialized search for meaning is constantly present in young adults. "What does it all mean?" is often seen as a humorous remnant from the sixties. Yet, gaining in self-awareness and "making meaning" through the pursuit of truth remain central to a liberal arts education. Consider the student who has "played by the rules" as best as possible by working hard, meeting religious obligations, and generally living a "wholesome life." It is not uncommon for this student, after experiencing a life

changing tragedy (loss of loved one, loss of one's health, victimization by physical or sexual assault, or other catastrophic "acts of God") to question the meaning of life. In addition, others may sincerely question life's meaning as a reaction to the rigidity and over-exaggerated sense of the certainty of life that was taught to them as children.

Whatever the case trite answers to these questions can plunge this student into even more despair. Members of the college community can assist students in the process of defining values, thinking about calling, and finding meaning in suffering. But to do so will require us to be in an open relationship with students and to be willing to share our own past and current struggling as it bears upon the students' concerns. While it is true that this work is often done in the course of a counseling session, it can also be done by a mentor or advisor who is willing, and able, to come alongside a student at this important time.

Academic Difficulties

Some students seek counseling because of poor academic performance. Their chief complaints may be the inability to concentrate, difficulties with note taking, reading, or with other class assignments, or poor test performance. Trouble of this nature can have many causes. The student may be under a great deal of stress from non-academically related circumstances. Perhaps the student didn't arrive on campus with the proper skills needed to achieve immediate academic success. A student may have a previously unknown learning disability unchecked in the past due to a monumental work effort. The student may be experiencing depression, or may just not have mastered the skill of managing one's own time effectively.

Whatever the reason, if the problem is not addressed with some degree of success, the student may withdraw from college prematurely. In a small number of cases, withdrawal may be a wise choice from a lack of "goodness of fit." However, most students can and need to be academically successful. If you encounter a student who admits to having academic difficulty (some students will never let you know) it is critical that you listen carefully, since you may be able to help a student sort out some possible causes from the list mentioned above.

A referral to the Center for Academic Success & Advising (CASA) for an initial assessment or testing, or a referral for follow-up counseling may be helpful, especially if it follows your successful "connection" with the student. We've all had the experience of being attended to by customer service personnel who have responded to us as if we were an inconvenience. Conversely, we've also had the experience of being served by an individual who, although not able to directly solve our problem, understood us and directed us to the appropriate place. Successful follow through is most likely to occur in the latter case. It is not inappropriate to consider our role at times to be that of customer service personnel.

Common Symptoms

The problems listed above are not exhaustive, but they represent major challenges in the life of a student. The issues of intimacy, autonomy, values, direction, decision-making, and academics are areas most often explored in counseling. In addition, it is usually the case that a difficulty in one of the above areas has an effect upon the others. A student with a conflict in the family may experience problems in other relationships. The student who is experiencing a crisis of values may begin to falter academically. The point to be made here is that when a student experiences "being stuck" or "shipwrecked" repeatedly by being unable to accomplish the tasks in any of the above areas, certain symptoms will eventually appear. The two most common symptoms are *depression* and *anxiety*.

Depression

Depression has been called the “common cold” of mental illnesses. Current estimates from the National Institute of Mental Health suggest that each year more than 11 million people in the United States suffer from this illness. In addition, a recent cross-national comparison compiling the data of twelve studies from nine countries, and involving interviews with 43,000 people, indicated that the rate of depression has risen steadily in much of the world during the twentieth century. Whatever interpretation is given to these statistics, and there are many, the fact is that many young men and women who enter a college counseling center report depressive symptoms.

Major depression is identified by (a) sad, “empty” or hopeless feelings; (b) slowed physical and cognitive behavior, including cognitive disorientation; (c) changes in weight, appetite and sleeping patterns; (d) diminished interest or pleasure in activities and time spent with friends; and (e) occasional to frequent thoughts of suicide. The presence of several of these symptoms *for a period exceeding two weeks, and which represents a marked change from previous functioning*, is a sufficient criterion for a “diagnosis” of major depression. The italicized words in the sentence above usually distinguish depression from the more common “blues” that everyone experiences from time to time.

A college student most often exhibits depressive symptoms (as a change from regular routine) by frequently missing classes, withdrawing socially and in the classroom, skipping meals and losing weight, or compulsively eating and gaining weight, sleeping more than usual, being unable to fall asleep, or awaking early in the morning and being unable to return to sleep, having much less energy than normal, and losing interest in things that used to bring rest or enjoyment. Young men or women experiencing these symptoms may know that something isn’t right, but they may not have the overall picture that you and others may be observing.

One recent study reported that the average major depression lasts 4 months. While this may not seem like an inordinately long period of time, it is long enough for a student to experience a semester of academic failure, deteriorating friendships, and thoughts of self-harm. For this reason it is important to treat depression early. While you cannot be expected to diagnose depression, you can be mindful of its symptoms and you can suggest a referral for counseling services should you suspect a student is depressed. If you notice the signs of depression in a student you know, be willing to risk mentioning your concerns. Suggestions for how to do this will be given in a later section of this guide.

Anxiety

Anxiety comes in many forms. The most common perhaps is the *generalized anxiety* characterized by a chronic state of tension and worry over most of life’s experiences. Other forms are more specific. A student may experience a *phobia*, a fear of a specific object or activity (dogs, crossing bridges). A student suffering from *agoraphobia* will experience great anxiety when being away from comfortable surroundings and may not wish to leave their room very often. A student with a *social phobia* is constantly concerned with being scrutinized. As a result, he or she may shy away from public gatherings and also fear eating or speaking in public. Recurring disturbing thoughts, and the associated behavioral rituals necessary to manage these thoughts, may plague a student with an *obsessive-compulsive disorder*.

Whatever its form, anxiety is a most uncomfortable experience. Despite this, most students are unlikely to seek help for this problem. They find it is too embarrassing to talk about, or think they are “crazy” for having the symptoms. Fortunately there are ways to help students manage and recover from an anxiety disorder. Psychotherapy and medication are the most common treatments. It is not likely that you will be able to directly help someone suffering from these symptoms. Anxiety disorders usually require some form of professional treatment. Once again, however, your role is an important one in helping students seek help.

Alcohol and Substance Abuse

Although Houghton College prohibits the use of alcohol or other illegal substances, some of our students do use alcohol and drugs. Recent research reported that half of our students come from families that do not abstain from the use of alcohol. While it is a violation of community standards when a student uses alcohol, it usually does not qualify as a problem of alcohol abuse. As such, the Center staff does not consider responsible social drinking a problem of abuse.

Some of students who do drink socially on or off campus use alcohol abusively. When this occurs, the Center can help the student assess the problem and get the proper help. Working in a collaborated effort with the Allegany Council on Alcohol and Substance Abuse and with local AA groups, it is possible to help a student overcome alcohol abuse. If counseling through the Center and participating in a local AA group is not sufficient to help a student progress, other off campus programs are considered. In some cases the student may be granted a medical leave to participate in a residential or other more intensive recovery program. Alcohol or substance abuse is listed under symptoms, since we consider their use to be a form of “self-medication” that anesthetizes users from painful emotions and circumstances.

While alcoholism may be considered a disease that can be traced through a family resulting in an individual’s physical addiction, we find it most helpful to young adults to consider it a *functional* but ultimately destructive behavior. This is similar to the way in which self-injury is discussed later in this guide. Consequently, addressing the precipitating factors in a young adult’s pattern of substance abuse will be critical to a positive long-term prognosis.

Eating Disorders

It may seem odd to consider an eating disorder a “symptom” and not simply a problem. Yet it is true that the underlying issues attending an eating disorder are not specifically about food per se. From this perspective, eating disorders are included in symptoms that students have which are ultimately related to the core problems listed in the previous section: intimacy, autonomy, identity, power, and control. It is not an exaggeration to say that on the college campus, eating disorders are present in epidemic numbers. In fact, the occurrence is so common today that many students (mostly female) experiencing some form of “disordered eating” don’t even consider it much of a problem at all.

Specifically, a student (not the afflicted student) will acknowledge an emaciated body as a problem, but not too much is made of the occasional vomiting or the excessive exercise patterns that may accompany a diet. The last symptom to be acknowledged is the inordinate amount of time an afflicted student will spend *thinking* about food. Whether or not a student’s cluster of symptoms meet all the diagnostic criteria for an eating disorder is not as important as looking at the student’s health holistically.

Educating students about the health risks involved with eating disorders is a continual process. You can help by pointing out, whenever appropriate, the harmful messages our society gives young women and men about the cultural imperative of attractiveness. The prototype of the “ideal body” has changed dramatically over the past several decades. Marilyn Monroe was a size 12. Many women today would consider that to be overweight. Despite the volume of research in support of the “set point” theory of body size and weight, suggesting that each individual body tends to gravitate toward a hereditarily determined resting point, millions of people each year continue the pursuit of an ideal (and probably unhealthy) body weight. We won’t be able to change the culture at large, but we can point out the dangers of chasing a false dream.

The two most prevalent eating disorders seen among college students are *anorexia nervosa* and *bulimia nervosa*. The former is characterized by severely restrictive food intake, while the latter by the use of bingeing and purging as a means of weight control. Many students with moderate to mild forms of these disorders can be treated successfully while remaining on campus. A program of nutritional counseling, psychotherapy, and occasionally the use of medication is sufficient for many to recover from these

disorders. More severe forms of eating disorders can require hospitalization for several weeks followed by a residential or intensive outpatient treatment program. In this case the student usually is granted a medical leave of absence from the college.

The staff at the Counseling Center is trained to assess the degree of seriousness of an eating disorder and to recommend the proper course of treatment. Should you suspect a student has an eating disorder, we recommend that you discuss your concern with the student and suggest a referral to the Counseling Center. Steps in making a referral will be given later in this guide.

Post-Traumatic Stress Disorder (PTSD)

PTSD is not as commonly occurring as those problems listed above; however, a small number of students receiving counseling in the Center report post-traumatic stress symptoms. The most suggestive of these symptoms is the recurrent, intrusive and distressing recollection of a past experience that involved actual threatened death or serious injury, or a threat to the physical integrity of oneself or others.

This type of trauma most often occurs in an individual experiencing sexual or physical assault or a sustained threat of death or bodily harm. The most prevalent of these experiences reported by college students is a previous sexual assault by rape or child physical and sexual abuse. A person experiencing PTSD may have a very difficult time functioning as a student, since these recurring memories are by definition *intrusive*.

While some students may need a medical leave to address these problems, some can successfully be treated on campus. The symptoms of PTSD may also coexist with depression and sometimes include self-injury. Should you recognize any of these behaviors in a student, referral is the most appropriate course of action.

Self-Injury

Self-injury has received a great deal of recent attention in the popular media, perhaps because initially the behavior seems so difficult to understand. It involves bodily injury through cutting, burning, punching, or scratching that, in itself, is not life threatening. While not completely understood, the behavior is *functional* for the individual, and usually serves to bring them out of a state of “psychological numbness” or, conversely, to distance oneself from very painful emotions. The point is that the behavior does have a reason and it is effective, at least initially, in accomplishing the desired result. Otherwise self-injury would not be sustained on its own.

Students who are self-injurious often have numerous small cuts, slices, burn marks, or bruises on their legs or arms. Students may wear long sleeves to keep the injuries out of sight. Or they may injure themselves in a place normally covered by clothing. If you notice a student with these markings, there’s a good chance that the individual would like you to notice and express concern. It is appropriate for you to do so.

However, students who exhibit this behavior are so accustomed to its use that changing to less harmful long-term strategies for processing emotions will take time. It’s important for you to respond to the student as not considering this as “crazy” behavior. Self-injury has a purpose and it works. Students who self-injure know that it is not the “best” solution, but they are not aware of other working alternatives. It will be very helpful in this case if your response to suspected self-injury is one of unalarmed concern. The Center’s staff is familiar with self-injurious behavior, is able to assess its severity, and assist a student in efforts to diminish this behavior.

Grief Reaction

Grief reactions are not pathological and a student doesn't necessarily need a counselor's help to process grief. Nevertheless, the loss of a loved one (parent, sibling, significant other) or loved status (job, child, athlete, musician, healthy individual) can result in a temporary but debilitating grief reaction.

At such times most of us need understanding friends, not therapists. Yet friends may fail us at this time, or our own internal psychological mechanisms may make it impossible to experience normal grief.

Whatever the case, we do see students in the Center who need assistance to just grieve, or at least who need to be given permission to grieve. Well intended but misguided, friends or mentors may suggest prematurely that "it's time to get on with life." The student, still experiencing painful grief, may feel guilty for not "snapping out of it" sooner.

The grief reaction looks very much like depression, but its presence is understood as having a readily seen cause...the loss of something important. You will probably have an opportunity to support a student who is grieving at some point in your work at the college. Don't shy away from offering this important gift to one who is hurting. If you believe that more help is needed, you can always discuss a referral with the student or you may call a counselor at the Center for a consultation before taking any immediate action.

Other Symptoms

A small number of students arrive on campus who are currently being treated for other, sometimes considered "more serious," mental disorders. The most common of these are the bipolar disorder and the schizophrenic disorders. In some cases the onset of the illness occurs after the student has entered college. These particular disorders normally require the use of psychotropic medication for the student to be functional. In this case, the Center's psychiatric consultant works cooperatively with the student's psychiatrist from home to monitor medications and follow-up with the student. If the onset occurs on campus, our consultant can assess and diagnose the student's problem, and prescribe appropriate medication. When this happens, it is our policy to continue to see the student in counseling on a regular basis while he or she is under the care of the college's psychiatric consultant.

Our Approach to Treatment

Perhaps the best way to conceptualize the atmosphere we try to create for our students is to call it one of casual and friendly professionalism. We do not wish to look like a "clinic." Rather, we seek to create a warm and friendly atmosphere for students who enter the Center. At the same time, however, we make every effort to ensure that the care given to our students is competent as well. All counselors are supervised regularly by the Director, and weekly staff meetings provide opportunities to discuss relevant readings and case studies. Staff members are expected to attend at least one professional conference per year.

Intake procedures for students are kept at a minimum and every effort is made to see a student as quickly as possible once counseling is requested. Support personnel are trained in answering students' questions about counseling in a helpful and courteous way. The average wait for a student to see a counselor after a request has been made is approximately 6 days. Students who are experiencing a crisis are seen immediately or on the same day.

Theoretical Presuppositions

The majority of the students who seek counseling are seen for one to ten sessions. As such, we rely heavily on a short-term treatment approach. This is similar to most college and university counseling centers that operate on an eight-month divided academic calendar. The short-term approach is appropriate, since much of the work we do with students is developmental in nature. College students entering young adulthood do so by attempting to master the challenges that were set forth in the previous section.

Much of our work in assisting students with developmental concerns is best done through a supportive guiding relationship. As such, assuming teaching or mentoring roles constitutes a significant amount of our time spent with students.

Theoretically, the staff members are systemic, cognitive-behavioral, and interpersonal in their approach to counseling with students. The systemic approach is important to us since we consider a young adult's main developmental task to be that of separating from their family. Consequently, we consider most problems students encounter to result from some block that is inhibiting this transitional process. Cognitive-behavioral and interpersonal models are most heavily relied upon to assist students in learning new ways of thinking or in gaining new interpersonal skills.

Some students requesting counseling are struggling with more chronic and severe difficulties. As a result, we do not limit the number of counseling sessions a student can have. For example, on average in a given year, 16% of the Center's clientele are seen for 11 to 31+ sessions. This represents the Center's commitment not to "abandon" students who come for services, and also reflects the lack of appropriate referral resources within a 25-mile radius of campus. Eating disorders, mood and anxiety disorders, post-traumatic stress disorder, and personality disorders all require more than one to ten sessions for effective treatment. Nevertheless, the commitment to not abandon our students is qualified by the ability of our staff to offer competent treatment. Referrals to off campus treatment are made when a staff member believes that he or she does not possess the proper experience, or lacks the time and resources necessary to provide adequate care.

Faith Presuppositions

Each of our staff members is committed to and assumes orthodox Christian beliefs concerning the nature of humankind and the ultimate need for a transforming work of the Holy Spirit. These beliefs are not hidden from our students. However, we do not consider our job primarily one of proselytizing. The difference may appear to be one of semantics, but we consider ourselves to be counselors, or therapists, who are Christians rather than embracing the label "Christian counselor." The latter is a term that usually refers to a narrower model of counseling with fewer treatment modalities. Consequently, open prayer with a student in counseling is done usually at the student's request, or after having received permission from the student.

Discussing spiritual issues is not uncommon but, again, is done usually as appropriate to the general tenor of the counseling session. It is our belief that God ultimately respects our sanctity as persons and He does not force Himself upon the individual. As a result, we believe it is important to expose our values and beliefs, without imposing them upon a student.

Medication as Treatment

As a part of our systemic approach to treatment, we embrace a biopsychosocial model of the individual. The biological, psychological, and social domains of human experience are in continuous relationship to one another, and change in one area often affects all other areas. So while eschewing a reductionistic approach to understanding human problems, we nevertheless value the use of medication to alter biological processes when they appear to have gone awry. This is especially the case when treating some forms of depression and anxiety disorders, bulimia, and schizophrenia. Still we consider psychotropic medications as predominantly useful in treating the *symptoms* of most disorders rather than their *causes*, and so we consider counseling or therapy to be an integral part of a student's recovery plan when medication is prescribed.

About Confidentiality/Ethics

We follow the ethical codes of the American Counseling Association (ACA) and the American Association for Marriage and Family Therapy (AAMFT). As such we cannot, except in very limited

circumstances, communicate with anyone about what is said in the counseling setting. Exceptions usually fall into one of two categories: 1) immediate danger (threat to life or bodily harm) to the student, and 2) immediate danger or threat to another person. A third, although extremely unlikely, possibility requiring a release of information would be in response to a court order. In any of these instances we will make every effort to inform the student prior to communicating any information to a parent, college administrator, or court officer.

Common “sticky situations” involving confidentiality do arise occasionally. The first involves parents calling the office with some information they wish to give us pertaining to their child who is in counseling, or with a request to receive information concerning a student’s counseling. Our policy is to inform the parents, in the former case, that their call and its contents will be discussed at the student’s next counseling appointment. In the latter case, we inform the parents of the right of student confidentiality and suggest that the parent ask their son or daughter any questions they have regarding their child’s counseling.

A second scenario involves a faculty or staff member who refers a student to the Center for counseling and, understandably, wishes to know whether the student actually attended a counseling session. The problem here is that the code of confidentiality also protects the identity of those who seek counseling. As a result, we cannot answer questions regarding whether a student is, or is not, in counseling. In these cases we usually suggest that the community member ask the question directly to the student.

Group Counseling

Most of our work with students is done on an individual basis. However, we do conduct theme groups in response to a known student need and as staff is available. In the past we have offered a therapy group for women recovering from abuse, a psychoeducational group for women focusing on body image, and support groups for students working through grief and recovering from eating disorders. The groups are usually time limited and open to interested students. Students may be screened before being enrolled to ensure that a group context is the most appropriate for their specific concerns. To find out what groups may be offered during any academic semester, please call the Counseling Center directly, or consult the Center’s website.

Crisis Situations

Student crisis situations usually involve the following: 1) a student is suicidal or has made a suicidal gesture or attempt; 2) a student is extremely agitated and appears out of control; 3) a student’s behavior is extremely bizarre; 4) a student has experienced a tragedy and is in shock. In these circumstances, you may wish to have a counselor immediately available. During working hours simply call the Center. Explain that you believe this is an emergency and you wish to have a counselor present. Normally, someone will be able to respond immediately, even if it requires interrupting a session in progress. The latter has occurred only once in the past several years.

If the crisis is outside of regular working hours, a counselor can be reached via the **emergency phone number provided at the end of this guide**. If you are not sure whether this is a crisis situation, it is wise to *err on the cautious side* and contact the Center, even if only to consult with a counselor before suggesting other action be taken.

The responding counselor will usually talk to the student and others present to assess the severity of the situation. Hospitalization, if appropriate, can be accomplished through our psychiatric consultant. If the crisis subsides during on-campus intervention, the student will most likely be contracted to make contact with a counselor periodically during the next few days until the crisis resolves or is in a manageable state.

When to Refer

Should you encounter a student in distress, your role as a helper will be valuable and may be crucial. After looking at the earlier section on the common problems and symptoms of students, you are probably somewhat familiar with the types of issues that our students are attempting to manage. When confronted with a problem, most students (and others) attempt resolution by resorting to previously learned strategies. When these work, the problem is solved, or at least lessened, and the accompanying stress surrounding the circumstances is reduced. When the “old strategies” fail, new ones are tried, and if these work, one can then move on and become “unstuck.”

If the new strategies also fail, distress can be greatly increased and the student may begin to flounder. When this happens you will see characteristic signs of distress.

Signs of Distress

The following is a summary of the most common signs that things are not going well and a student may need a referral. **Remember** that any single symptom itself may not indicate the presence of unmanageable stress. Assessment involves the total picture of a student’s functioning. When using this list, look for combinations of symptoms and overall patterns.

CHANGE

- In sleep patterns (insomnia or excessive sleep)
- In appetite (overeating or loss of appetite)
- In weight (notable gain or loss)
- In energy level (increase or decrease)
- In mood (more irritable, excitable, or depressed)
- In performance or activity
- In personal appearance

WITHDRAWAL

- From activities and social interaction
- From emotional involvement with others
- From academic work and classroom participation

EMOTIONAL OVERREACTION

- Spells of crying
- Hypersensitivity
- Outbursts of anger inappropriate to the situation
- Violent behavior

INAPPROPRIATE BEHAVIOR

- Behavior inappropriate to situation
- Dangerous or threatening behavior
- Bizarre or strange behaviors
- Antisocial acts (violating the law)

CARELESSNESS

- Reckless driving
- Excessive risk-taking
- Sexual acting out
- Overuse or regular use of illicit drugs, alcohol, or medication
- General impulsivity

DISTRACTION

- Inability to concentrate or focus
- Persistent memory lapse
- Restlessness
- Preoccupation

DEPRESSIVE THINKING

- Sense of pessimism or helplessness
- Feeling out of control
- Negative self-evaluation
- References to suicide

POOR REALITY TESTING

- Irrational conversation
- Obsessive ruminations or worrying
- Exaggerated suspiciousness or fear
- Apparent distortions of reality (delusions, hallucinations)
- Disorientation

ANXIETY SYMPTOMS

- Panic feelings
- Physical shakiness
- Obsessive or ruminating thoughts
- Rapid heart rate
- Shortness of breath

Now What? Can I Help?

Yes, you can. If you notice a student with several of the above characteristics it is best to mention what you have observed or what you have heard them say. For example: “...I noticed that you’ve missed several classes and when you’re here you just don’t seem to be yourself. Is something on your mind or did something happen?” or, “...You’ve missed work a few times this week and the quality of your work isn’t as good as it usually is. Is something on your mind?” Or the case may be that you do not notice many of the above symptoms, but a student has confided in you regarding a situation that is causing distress. You may periodically follow-up on your initial conversation. For example: “...Last week you mentioned that things in your family were really stressing you out. How are things now...any better? About the same? Or worse?” *Is it OK for me to ask about this stuff?*” The last question is important, since it is likely that a student will be grateful that you’ve taken an interest, but it is always best to check to be sure you are not crossing a boundary. This type of query could make a student quite uncomfortable if they are not prepared to disclose more to you. It would be similar to the student asking you if things are going better with your husband or wife!

Next, observe how the student responds to your initiative. Does he or she seem willing to discuss more, or is this just not the right time? If you perceive the latter, it is best to mention your concern and willingness to talk in the future if the student would like. Don’t consider this a “failure.” Many times a student just isn’t ready to talk, yet may return to speak with you several days or weeks later. In this case, showing your concern initially made enough of an impression upon the student that you are sought out later for support. If the student is willing to talk, simply listen to his or her story. Ask questions for clarification and be sensitive to concerns that underlie what you are hearing (issues that are unstated, brushed aside, or intimated).

As always, make an effort to communicate that you understand the student's feelings about the story they are telling you. For example: "...that must have made you very angry," or "...sounds like you were completely blown away by the whole mess." This is usually not a time to offer advice or your own personal point-of-view.

Above all avoid arguing a point with the student or the use of judgmental statements that are of secondary concern. For example: it's probably best not to say: "...I can see you were upset, but you can't just drink this problem away," or "...do you really think yelling at your parents was the proper thing to do?" or "...I just don't see it that way at all."

It is also helpful to explore any previous attempts at problem resolution. What things were tried? How did they work or not work? Can the student think of anytime when they had a similar problem? If so, how did they solve it that time? Encourage the student during this time, if you can do so sincerely. For example: "...I am surprised (or impressed) that you've been able to do as well as you have considering the circumstances. How do you manage?"

After listening carefully it is helpful to summarize for the student what you've heard. This is important since it is a great encouragement for a student to be understood and, if you've misinterpreted any detail or nuance, the student can correct you at that time. For example: "...Let me see if I've got the story right here. You tried to talk to..." or "Let me give this back to you to make sure I've understood correctly, and you need to feel free to edit anything I've misunderstood or left out, OK?"

At this point in the conversation, you will probably need to make an initial assessment of the situation. If you choose to continue your discussions with the student ask yourself the following questions:

- 1) Do you and the student believe the discussions are helpful? (Remission of symptoms)
- 2) Do you believe the problems mentioned are not beyond your ability or experience?
- 3) Are you and the student both comfortable dealing with the content of the problem (i.e. sexual issues, bizarre behavior, or content to which you find yourself responding in an overly emotional manner)
- 4) Are you able to commit to the student in this way? (Time, emotional investment, boundary issues)

If you answer no to any of the above, a referral may be in order. To begin a referral process, it is important that you familiarize yourself with the services, procedures, and personnel of the Counseling Center.

This guide was written to assist you in this way. First, introduce the idea of a referral in a straightforward manner. For example: "After getting the big picture of what's going on for you, I want to be able to support you as you work through this mess. At the same time, I don't think I'm in the best position to give you all the assistance that you might need. I am familiar with the folks over at the Counseling Center and think they might be of help to you. What do you think about that idea?" If the student is favorable to the idea, suggest that the student make the call right then. You might even make the call for the student. For example: "I could call the Center now about an appointment, if that's OK with you," or "If it's OK, we can walk over to the Counseling Center now and see about getting an appointment." It is also permissible, if the student wishes, to be accompanied by you to the first, or even second, appointment. We are usually able to make the student feel comfortable enough to "fly solo" in a very short period of time.

If the student is reluctant to act on this immediately don't be overly concerned. Simply ask when he or she plans on doing so, and ask if it is OK for you to follow-up later to see if the student actually made an appointment. If the student does not wish to be referred and you are nevertheless concerned about the seriousness or urgency of the problem, please call the Counseling Center for consultation. *You need not disclose the student's identity to obtain this consultation.*

Also, in some way let the student know that acting on a referral doesn't mean that you plan on having no further contact with him or her. You will continue to be concerned and caring in a way that is appropriate for you. This is important as no one particularly appreciates being "dumped," especially if they perceive

you are “washing your hands of the matter.” At this point, it is probably best to give students a clear statement about what you can and cannot do for them.

Conversely, a student who has followed up with counseling may not wish to discuss with you many details of this work. If you sense this is the case, you can limit your queries to an occasional, “*How are things going with the counseling?*” The student may say, “*Fine*” and then you can say, “*Good*” and that’s that. If the student maintains contact with you after the referral, continue to be supportive and maintain confidentiality. Again, it is usually advisable to stay within your realm of responsibility (e.g., financial problems, health concerns, academic needs, job responsibilities) after a referral is made, even if the student appears to be willing to have you as a second counselor.

Should you wonder about the advisability of a referral, you can always discuss this with a counselor. Again, it is suggested that when doing so you not disclose the identity of the student. It is unnecessary to the discussion and allows the privacy of the student to be maintained. This is also the case if the student accepts the idea of a referral. It is important that you not discuss with a counselor any details of the student’s story unless you have the permission of the student. While confidentiality laws do not bind you, this is simply respectful and prudent.

Finally, it will be helpful to you to understand our office procedures as they pertain to requesting counseling services. To request counseling services, a student simply needs to stop at the Center and speak to the office administrator. The student need only say, “I’d like to make an appointment to see a counselor.” The office administrator will ask the student to complete an online intake questionnaire for background information. This questionnaire includes an informed consent regarding the counseling process.

After this information is completed, the student is usually asked if there is any preference for a particular counselor or a counselor of a particular gender. We make every effort to meet these requests. If we cannot meet a particular request, we usually respond by saying, “(Counselor’s name) is pretty booked up at this time and there would be a wait to see (him or her), would you be comfortable seeing someone else sooner, or would you like to wait?” Sometimes a student chooses to wait for his or her preferred choice; while at other times may feel that seeing someone sooner is more important.

Students are told that they will be contacted as to the time and date of an appointment and the name of their counselor. Students are asked if they prefer being contacted through campus mail, email, or by phone. Also, arrangements are made if the student indicates that they need to be seen immediately or sometime before the end of the day.

Referral Failure

On occasion, despite good intentions and an accurate knowledge of resources, a referral is not successful. Before judging yourself, the student, or the Center too harshly, consider the following possibilities:

- 1) The student was not ready for the counseling process, or there was a significant “gap” in the student’s expectations of counseling and the actual nature of the help given. If the former is the case, accept the student’s lack of readiness as a very normal occurrence. If the latter is true, you can define more clearly the student’s needs and what the Counseling Center can offer. If appropriate, try again.
- 2) The Counseling Center may have been an inappropriate referral for the help needed, or the counselor may have misunderstood the student’s actual needs. Perhaps there was a misunderstanding or miscommunication about the actual nature of the problem. If the former is the case, the Center will make efforts to access an appropriate resource. If the latter happens, and you become aware of this, you might consider asking the student’s permission to contact the counselor with information helpful

to correct the misunderstanding. You may also encourage the student to contact the counselor directly to clarify the miscommunication.

- 3) The student may not have been able to form a working relationship with the counselor. The “chemistry” may not be right or the student believes the counselor cannot help. In this case, encourage the student to try another counselor, rather than give up. Explain to the student that we understand the chemistry issue and our counselors do not “take it personally.” Our policy is, however, that the student communicates this concern to the counselor before we reassign him or her to another counselor. It is our experience that in half of these conversations, the student and counselor clear up a perceived chemistry problem and resume working together.

Responding to Students in Crisis Situations

Concern of Suicide

Generally, suicidal potential is divided into three categories, increasing in their order of severity. *Suicidal ideation* is the first and refers to having thoughts about suicide or, rather than thoughts about wanting to die, thoughts about just not wanting to live with the pain one is experiencing. The second category is *suicidal gesture* and refers to acting out a suicidal wish, but not in a lethal manner. For example, a student who takes 10 Tylenol tablets most likely does not intend to die, but the gesture is a cry for help. The final and most serious category is the *suicide attempt*. This refers to actions that, left unchecked, may actually end a student’s life.

The best approach in dealing with your concern is to ask the student directly. For example: *“I’m concerned about your safety. Will you be OK after you leave this office, or is there a chance that you might harm yourself? Is suicide a possibility?”* and it might help to add *“Please be honest because I need to trust your response.”* If the student assures you of his or her safety, ask them what they would do if they felt unsafe later that evening. At this point attempt to put a plan in place that the student will commit to following, should it be needed. The plan may include calling a hotline, calling the Center’s cell phone emergency number, or calling a friend. The actual details of the plan are not as important as receiving the student’s promise to do these things before they do harm. Obviously, there is no complete guarantee of safety, but this is really the most that any person can do, and it is the preferred protocol of professionals, short of a “safety watch” or hospital admittance.

Even if the student has assured you of their temporary safety, it will be important to follow the referral procedures above. For example: *“I’m going to take your word that you’ll be OK tonight according to our plan, but I still am concerned about you and would like you to make an appointment to see a counselor as soon as possible. In fact, I would like to call for an appointment now, if that’s OK with you.”* If this conversation is after working hours, just call the cell phone emergency number to contact a counselor.

In general, the potential of suicide increases with several factors:

- 1) Is there a family history or has the student had previous attempts?
- 2) How detailed is any plan of suicide (specific method, place, time)?
- 3) Does the student frequently abuse alcohol or other drugs (lessens impulse control)?

Do not be timid about asking any of these questions when talking with a student. If you are uncomfortable talking to a student about these things, call the Center for a consult, or request that a counselor come over to talk with the student.

In addition, if you believe someone to be so severely depressed or actively suicidal that you would feel uncomfortable if they simply left your office, please call the Center immediately or the emergency cell

phone after hours. You may also call the Allegany County or Olean General Crisis Hotlines (phone numbers listed at the end of this guide).

Bizarre Behavior

Should you encounter a student whose thinking is very unclear, or a student who is experiencing delusions or hallucinations, your role is that of keeping the student with you or tracking the student's movement, and calling the Center for assistance. You may wish to attempt some form of dialogue to calm the student down or to clear their thinking. However, if the student is experiencing a psychotic episode, or the manic phase of a bipolar illness, talking is like spitting in the wind. Please call for assistance (for yourself) and help for the student. You may want to consider calling Campus Safety and Security if you believe the student is also potentially aggressive or violent.

Potentially Violent or Dangerous Students

Potentially violent or dangerous behavior may be manifested by the following:

- 1) Physically violent behavior (physically fighting or destroying property in anger)
- 2) Verbally threatening or overly aggressive behavior
- 3) Threatening emails or letters
- 4) Threatening or violent material on academic papers or exams
- 5) Consistent physical, verbal, or sexual harassment including stalking
- 6) Possession of a firearm or other weapon

Sometimes these behaviors are the result of or are exacerbated by mental illness. You need to take appropriate action to protect both the potential victim and the potentially dangerous student. If the danger appears imminent it is best to call Campus Safety and Security immediately for assistance. If you are uncertain about the course of action to take (and you have some time to think about it) you may wish to talk to the Director of Counseling Services for consultation. In any case, it is recommended that you not handle this situation yourself. The phone numbers of all the above-mentioned contacts are listed at the end of this guide.

Are You in Over Your Head? ... Advising vs. Counseling

The opening letter of this guide encouraged you to embrace your role as a mentor, advisor, or support person for our students. Our small academic community often allows for the opportunity to have close relationships with our students. As a result, the line between *traditional academic advising or mentoring* and *counseling* is often blurred. Advisors frequently find themselves talking with students about personal issues as well as academic concerns. The following represents some thoughts about when it might be helpful to consult with a counselor about a situation involving unclear boundaries between you and a student.

In other words, *you're probably in over your head if:*

- **The situation is life threatening.** If you have any concern, however slight, that the student is a threat to himself or herself or others, you need to consult with the Counseling Center. There may be legal liability involved.
- **Your "rescue fantasies" are getting the better of you.** It is natural to hope that your relationship with a troubled student will make a difference, and that you can "turn a troubled student around." This is especially true if the relationship you have with the student is a good one. Yet, it may be important to ask yourself if your need to be liked, or your attraction to the student, is overly motivating your rescue effort? Also, sometimes a student's psychological issues are just too complex

to be able to benefit from your relationship. This may result in frustration and discouragement for both you and the student.

- **Things in your personal life are getting triggered.** Advising can become a close relationship where the advisee talks about personal struggles that may resemble one of your own unresolved conflicts. When this happens you may experience surprising emotions. One of the challenges of advising is to recognize your own personal issues and to keep them from interfering with the advisee relationship.
- **You experience strong emotions towards your advisee.** If strong emotions are being evoked in your advisee relationship (either positive or negative) and they do not diminish, it is usually advisable to discuss these with a trusted colleague or counseling center staff. This is especially the case if you intend to continue advising the student. Remember that it isn't uncommon to experience attraction to a student. It is inappropriate, however, to allow those feelings to become an integral part of your relationship to the student.
- **You find yourself caught up in keeping secrets that make you uncomfortable.** If a student shares something and swears you to secrecy, you are probably also being sworn, unaware, into a secret relationship. You may be legally required to report the information you have. If this is the case, it is best to consult with a counselor (names withheld) to help you clarify the situation.
- **The advising relationship is demanding too much of your time and energy.** If you are feeling resentful about the amount of time spent with an advisee, you probably cannot be very helpful to that person. In addition, be especially mindful if your family or close friends believe that your relationship with a student is being nurtured at the expense of other important relationships in your life. They are usually, though not always, right.
- **You feel like you're in over your head.** Trust your own judgment. If you feel uncomfortable, chances are you could use some assistance.

Counseling Center staff members are available to consult with you regarding any concerns you have about an advisee or your relationship with an advisee. It is possible to talk about most situations without breaching a confidence.

Educational Services

The Center staff members conduct on and off campus educational efforts on a continual basis. As mentioned previously, these include Residence Life staff training, educational workshops, and in-class presentations. Counseling Center personnel can present educational programming on the following topics:

- Depression
- Self-injury
- Family and Childhood Issues
- Eating Disorders
- Post-Traumatic Stress Disorder
- Anxiety Disorders
- Physical or Sexual Abuse
- Test Anxiety
- Time Management
- Assertiveness
- Sexual Harassment
- Grief/Loss
- Alcohol/Substance

Suicide
Relationships (healthy/abusive)
Stress
Forgiveness
Impulse Control
Counseling/Psychotherapy
Anger
Sexual Orientation

Should you be interested in having a program presented for your group or class, please call the Counseling Center directly or email the Director at bill.burrichter@houghton.edu

Counseling Center Website

Visit the Counseling website at <http://www.houghton.edu/students/counseling-services/>. There you will find some of the same information contained in this guide, learn more about our staff, and access our self-assessment and self-help links. These links contain a wealth of information on most any topic in mental health, and students and staff may find them helpful in researching relevant topics for classroom or personal use.

The following represent some of the links currently available at the website:

University of Chicago “Virtual Pamphlets”

This site is a clearinghouse for hundreds of pamphlets that appear on college and university counseling center web pages across the nation. The pamphlets are indexed for easy access.

American Psychological Association

This link is to the public affairs office of the APA and offers several brochures and pamphlets.

Mental Help Net

MHN is the oldest and most comprehensive guide to mental health online. It includes over 9000 individual resources and search capability. Also contains discussion forums and opinion polls for consumers and professionals.

Emergency Numbers

<u>Campus</u>	<u>Campus Extension</u>	<u>Phone #</u>
HC Counseling Center (Mon-Fri)	(ext. 6220)	(585) 567-9622
Counseling Emergency Phone (after hours)	(ext. 2780)	(585) 567-9278
HC Health Center	(ext. 4830)	(585) 567-9483
HC Security	(ext. 3330)	(585) 567-9333
HC Student Life Office	(ext. 2200)	(585) 567-9220

Emergency or Other Agencies

Ambulance/Fire/Emergency	911
State Police (Fillmore)	(585) 567-2283
Allegany Council on Alcohol & Substance Abuse	(585) 593-6738
Allegany County Crisis Hotline	(585) 593-5706

CompassCare Pregnancy Services	(585) 232-2350
Southern Tier Rape Crisis Hotline	(888) 810-0093
Rape Crisis Hotline Victim Services, Cattaraugus Community Action	(888) 945-3970
NYS HIV/AIDS Hotline	(800) 541-AIDS (2437)
TALK Suicide Prevention Hotline	(800) 273-2600
Olean General Crisis Hotline	(800) 339-5209

Local Hospitals

Main #

ER#

Jones Memorial, Wellsville	(585) 593-1100	593-4064
Olean General, Olean	(716) 373-2600	375-6275
St. James Mercy, Hornell	(607) 324-8000	324-8890
Wyoming County Community, Warsaw	(585) 786-2233	786-3900