Internships in College Counseling Centers 2016

Mary Ann Covey, Ph.D. ABPP
Associate Director, Student Counseling Service
Texas A&M University
2016 – What has changed?

- New Standards of Accreditation for Health Service Psychology
- Increase in demands for services and the severity of the issues presented
- Issues related to confidentiality and record keeping
- Training related to serving a diverse population
- Technology changes and expectations
- What is the impact of the above on training?
For the purposes of accreditation by the APA Commission on Accreditation (CoA), “health service psychology” is defined as the integration of psychological science and practice in order to facilitate human development and functioning.
Standards of Accreditation for Health Service Psychology (SoA)

Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to

- health promotion,
- prevention,
- consultation,
- assessment,
- and treatment for psychological and other health-related disorders.
Opportunities in Health Promotion

Either sponsored by Counseling Center or combined Counseling Center and Health Centers:

- University Wellness Fairs (massage/biofeedback/stress reduction techniques)
- Training of Health Center Volunteers related to health promotion activities (sexual health, eating behaviors)
- Sleep Workshops and Proper Sleep Hygiene
- Various “Awareness Weeks” (Flu shots/Heart Disease)
Opportunities in Health Prevention

Sexual Assault Awareness
- Step in and step up (NCAA)
- Green Dot (Bystander Program)

Eating Disorders Awareness
- Target high risk populations
- Guest lectures at various classes

Suicide Prevention Programs
- QPR (Question/Persuade/Refer)
Opportunities in Consultation

- **External**
  - Faculty (mediation/student death/tragedy/mental health questions related to classroom)
  - Parents (in support of counseling or setting limits)
  - Administration (high risk students)
  - Health Professionals for treatment (internal and external)

- **Internal**
  - Peer/Senior Staff/Administration
  - Case Conference
Opportunities in Assessments

- Formal Batteries (varies based on counseling center)
- Use of Assessment to aid in the therapeutic process
- Drug and Substance Abuse Assessments
- Eating Disorder Assessments
- Suicide Ideation/Behavior Assessments
- Career Assessments
- Risk Assessments*
Virginia Tech Shooting Anniversary: How The 2007 Massacre Changed Safety On College Campuses
Treatment of Psychological and other Health-Related Disorders

Two most common issues:
- Anxiety (switched with Depression)
- Depression

Health Related Concerns:
- Eating
- Sleep
- Exercise
- Stress Management

Relationship Issues/Family of Origin/Trauma
Increase in demands for services and Severity of Symptoms

According to the National Survey of College Counseling Centers (2014):

- Severe psychological problems have increased from 44% in 2013 to 52%
- 94% of directors reported an increase in the number of students that presented with severe psychological problems
- Approximately 26% of students who presented at counseling centers were on a psychotropic medication, which was up from 20% in 2003, 17% in 2000, and 9% in 1994
The College Student Mental Health Crisis

Today's college students are suffering from an epidemic of mental illnesses.

Posted Feb 15, 2014

It is neither an exaggeration nor is it alarmist to claim that there is a mental health crisis today facing America’s college students. Evidence suggests that this group has greater levels of stress and psychopathology than any time in the nation’s history. The dawning recognition of the crisis is spurring conferences (see here) and official reports in an attempt to get a handle on the scope of the problem. It is a reality we should all be aware of because the ramifications are difficult to overstate. The goal of this blog is to survey the evidence that points to an emerging epidemic of mental health problems in late adolescence (15-18 year olds) and emerging adults (ages 18-24). A subsequent blog will focus on the possible causes that are contributing to the see change in mental health.
Study Warns of Looming Mental Health Crisis for Black College Students

Researchers have noted anxiety, depression, thoughts of suicide and "John Henryism."
GOVERNMENT RELATIONS UPDATE

The crisis on campus

APA is working with Congress to address serious mental health problems on college campuses.

By Anelle Eiser
September 2011, Vol 42, No. 8
Print version: page 18

Since the mid-1990s, there has been an alarming trend on college campuses nationwide: an increase in the number of students seeking help for serious mental health problems at campus counseling centers. In the past decade this shift has not only solidified, but it also has reached increasingly higher levels.

The 2010 National Survey of Counseling Center Directors (NSCCD) found that 44 percent of counseling center clients had severe psychological problems, a sharp increase from 16 percent in 2000. The most common of these disorders were depression, anxiety, suicidal ideation, alcohol abuse, eating disorders and self-injury. A 2010 survey of students by the American College Health Association found that 45.6 percent of students surveyed reported feeling hopeless, and 30.7 percent reported feeling so depressed that it was difficult to function during the past 12 months.

While depression and anxiety consistently rank as the most common mental disorders treated at college counseling centers, an often overlooked but equally serious problem is the rising number of students struggling with eating disorders, substance abuse and self-injury. The NSCCD study found that 24.3 percent of college counseling center directors have noticed more clients with eating disorders, 39.4 percent have noted an increased number of clients suffering from self-injury issues and 45.7 percent have reported an increased number of clients struggling with alcohol abuse.

As grim as these statistics are, however, these percentages are probably even higher since students with substance abuse and eating disorders are less likely to seek treatment at counseling centers than students with depression and anxiety disorders.

Congress recognized the need to take action in addressing this growing mental health crisis on college campuses in 2004 with the passage of the Garrett Lee Smith Memorial Act. The law created three programs to address the mental and behavioral health needs of young people: Campus Suicide Prevention, State/Tribal Youth Suicide Prevention and the Technical Assistance Center. These programs have made a significant difference in addressing the issue of suicide, the second leading cause of death among college students and third leading cause of death for young Americans ages 15 to 24.
Mental health issues in advising

Resources for counseling and mental health issues

Overview: Mental Health Issues and College Students: What Advisors Can Do

Authored By: Ruth Harper and Meghan Peterson

Mental health is clearly linked to retention and academic performance (Backels & Wheeler, 2001). Academic advisors find that mental health issues interfere with student success more than ever before. Young (2004) brought these issues to light in The Chronicle of Higher Education article, ‘Prozac Campus.’ Today several excellent resources are available to advisors who want to be informed and capable to assist the students who struggle with these problems.

Today, faculty and staff members note that complex and even clinical issues are more prevalent among the students they teach and advise. Kadison & DiGeronimo (2004), in the recent book College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It, confirm that a rising number of students are coping with depression, anxiety, and other major mental health challenges.
Prevalence of clinically elevated depressive symptoms in college athletes and differences by gender and sport

Andrew Wolanin¹, Eugene Hong², Donald Marks¹, Kelly Panchoo², Michael Gross³

Author Affiliations

Correspondence to
Dr Eugene Hong, Division of Sports Medicine, Drexel University, 10 Shurs Lane, Suite 301, Philadelphia 19073, PA, USA; ehong@drexelmed.edu

Accepted 7 December 2015

Abstract
Background There are approximately 400 000 National Collegiate Athletic Association (NCAA) student athletes and 5–7 million high school student athletes competing each year. According to the US Department of Health and Human Services, the depression prevalence rate for young
An Epidemic of Anguish

Overwhelmed by demand for mental-health care, colleges face conflicts in choosing how to respond
Issues related to confidentiality and record keeping

- public perception that colleges are high risk environments for mass shootings (Role of risk assessments)
- to what extent a university can legally access a student’s clinical file (recent Oregon case)
- what information coming from university professionals should be placed into a student’s clinical file (Special Situations Teams)
- confidentiality and the role of parents
Staying Confidential

Months after U of Oregon's actions exposed the ability of colleges to seek mental health records of alleged rape victims, the outrage hasn't led to action to prevent others from doing the same thing.

August 3, 2015
By Jake New

In December, facing a possible lawsuit, the University of Oregon officials sought and received the campus therapy records of a student who said she was gang-raped by three Oregon basketball players. Her lawsuit alleging that the
Training Regarding Serving Diverse Populations

- In the past 5 years there has been courts and state legislatures addressing the intersection of trainees’ religious beliefs and First Amendment Rights (see APA’s Conscience Clause, 2015)
- APA took the stance that the legislation in question directly prevented the ability to train students in fulfilling their ethical obligations regarding non-discrimination
- Preparing Professional Psychologists to Serve a Diverse Public: A Core Requirement in Doctoral Education Training (APA Board of Educational Affairs (BEA) Working Group)
Preparing Professional Psychologists to Serve a Diverse Public: Addressing Conflicts between Professional Competence and Trainee Beliefs

Thoughtful adoption of a program policy

- Determine a consistent approach for responding to trainees whose worldviews, beliefs, or religious values may impede the provision of competent professional services.
- Adopt a formal program policy that makes explicit the expectations of trainers and trainees when such conflicts arise that has the support of legal counsel and leaders of other similar programs within the university.
- Ensure there is consistency between this program policy and other program policies and descriptions.

Trainee informed consent

- Clearly communicate the program policy in all internal and publicly available program materials, including the program’s website and admissions materials.
- Explicitly integrate attention to this program policy into admissions processes (e.g., individual/group interviews, application essays).
- Ask students to indicate their understanding and acceptance of this program policy when accepting an offer of admission.

Meaningfully integrate policy into education and training

- Include this program policy statement in the program’s handbook and orientation.
- Address the program’s expectations for how trainees will handle their worldviews, beliefs, and/or values as they relate to providing services to the public.
- Build attention to this issue into the curriculum (e.g., professional issues, ethics, and multicultural courses).
- Incorporate associated trainee competencies in practicum and program evaluations.

Maintain consistent, respectful expectations of competence

- Respectfully work with trainees in a developmentally sound manner to navigate value- or belief-related tensions that negatively impact professional competence.
- Although some trainees with sincerely held beliefs or values may wish to avoid working with certain clients, training programs are committed to preparing graduates to respond effectively to all types of clients.
- Recognize that some trainees may require additional time and pedagogical support to obtain competence.

Conflict resolution

- Ensure that trainees and their worldviews, values, and beliefs are treated with dignity and respect.
- If concerns about a trainee’s competence are not resolved, document the trainee’s inability or unwillingness to attain competencies as well as the steps taken to facilitate the trainee’s attainment of competence.
- Base any determination to require remediation or recommend dismissal on prudent, consistent, and fair adherence to established program and institutional policies.
- Consult institutional leadership and legal counsel.
Technology changes and expectations

- 90% of young adults use social media, compared with 12% in 2005 – a 78-percentage point increase
- the easy accessibility of counselors
- social media connections
- many university counseling centers have also began creating their own social media pages as a way to advertise services
- technology has allowed clinicians at many university counseling centers to access confidential information in areas outside the agency
Implications for Training

- Longer and more intensive orientation
- Training in case management/art of referral
- Timing of intern seminars – more training during less peak service delivery
- Introduction of new seminars (ethics of social media/telehealth)
- Less “downtime” = little or no time to work on dissertation or job search
- Great confidence and competence at the end of year!
- More jobs!!!!
For more information:

- https://www.insidehighered.com/news/2015/08/03/privacy-loophole-remains-open-after-outrage-over-u-oregons-handling-therapy-records
Continued for more information: