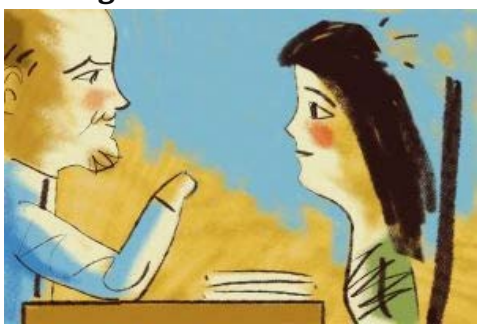
February 21, 2012

Giving Troubled Students the Brushoff



Mark Shaver for The Chronicle

Enlarge Image

By Brian Van Brunt

I realize that by writing this column, I will sound exactly like that kid in high school who reminds the teacher to assign homework before a long holiday weekend. Regardless, I want to make an unpopular argument. It's unpopular because it involves college counselors' and psychologists' having to work harder with a high-risk group of students. It's unpopular because it requires counseling directors to argue and advocate with their deans, vice presidents, and lawyers for permission to make their jobs more difficult.

But it's the right thing to do. So, here goes: An ideal, successful, well-functioning college counseling center must serve a wide range of clients. I want to push back on the latest trend in the journals, at the professional conferences, and in online discussion groups, in which institutions seek to limit campus counseling to students who are in need of short-term, developmental care, and "refer out" those who are at higher risk or require more specialized treatment.

We've all said or heard comments like this lately:

- "Our center is really dedicated to short-term, solution-focused treatment. We offer students eight sessions before we refer them out."
- "Your problems are beyond our center's treatment mission. We have a list of community providers who can better serve your needs."
- "It would be unethical for our clinicians to continue to treat you, given the severity of your symptoms. Perhaps it is time to take a break from college and seek treatment, get better, and then return to school."
- "We refer out those clients."
- "I mean, really, I don't know why these kids come to college. It seems like they are here just to get therapy. It's a place to learn, not a social-work clinic. There is only so much we can do with the resources we have."

Those students who struggle with diagnosed disorders, who have frequent suicidal thoughts, or who have the unfortunate luck to experience a bipolar or schizophrenic episode around the time that some other troubled student decides to shoot up a college—all of those students are ones that many campus counseling centers are telling to seek help somewhere else.

The trend is a modern-day version of the old not-in-my-backyard movement, which argued against allowing mentally ill individuals to live in residential neighborhoods—except this time,

some counselors and psychologists who fought for inclusion are now leading the charge for exclusion.

I'm not without empathy. It's hard to treat students who hear voices. You'll get no argument from me that treating patients with chronic disorders can be difficult and time-consuming. Trying to treat a student with an eating disorder requires additional training and can involve lengthy work with medical staff as well as the student's parents.

It's easier to help a student who is upset about his roommate overusing his snooze alarm or the young lady who is struggling to work through her parents' divorce. It doesn't take as much time to talk with a student overwhelmed with organizing his academic schedule. Most clinical-staff members are well trained to assist a student through the basics of handling her anxiety related to public speaking.

But we can't simply point students to the door when their problems don't happen to coincide with the limited mission of our counseling center or when we arbitrarily draw a line in the sand and say, "We will treat these students, but not those over there."

We shouldn't accept the premise that college counseling should be offered only to students whose problems can be neatly resolved in eight to 10 sessions. We shouldn't tell Sarah, who struggles with chronic suicidal behavior, that we can't treat her, because she has tried to kill herself too many times. We shouldn't tell Mike, who struggles with borderline personality disorder, that we can't treat him, because he can't keep his appointments and frustrates the office staff. That is what they do. That is who they are. That is why they come to us for help.

I had a recent conversation with a student-affairs friend about a frustrating student I'm treating: "He is just mean and grumpy all the time. Would it kill him to smile?" While I understand my friend's impatience, the student's behavior and attitude is part of his disorder. Everyone thinks the student is grumpy and mean. And that's why I'm seeing him. I'm trying to fix that.

Too many campus counseling offices seem to be misusing the term "referral." Most of the time—not all of the time, but most of the time—a referral is an excuse to transfer a difficult, high-risk, annoying, frustrating, scary, time-sapping, complicated student somewhere else. The problem is that referrals rarely result in the student's forming another therapeutic connection. Here's why:

- A student who doesn't have money to buy food or make rent isn't going to spend $25 a week on a co-pay for therapy. Perhaps he should, but it is my experience that he does not.
- A student who falls into the "high-risk, chronic, refer-out" category often doesn't have private insurance, helpful parents, or transportation to get to the outpatient clinic.
- In the rare case that a student does have insurance, she is often worried about her parents' finding out that she is going to therapy when the insurance bills arrive at home. That stops the student from attending off-campus treatment and billing insurance.
- A therapy relationship doesn't transfer easily. How long have you worked with your bank? How about your dry cleaner? How much harder do you think it is for a student who has bared her soul to simply "do it all again" with another treatment provider at the community mental-health center?
- Off-campus therapy options can be seriously limited in terms of access. Students can wait months for a first appointment.
- Outpatient clinicians sometimes lack a solid understanding of the developmental needs of college students.

Some skeptics might counter: "These are problems the student has. The school is not responsible. We can't fix everything. We have limited resources."

But when a college fails to treat a student, the student's problems remain at the college. Many students who are "referred out" do not actually get treatment in the community. Instead they recycle the problems (only now without *any* therapeutic support) back into the classroom and the dorms. While those students may no longer be the problem of the counseling center, they are still experiencing their symptoms and often causing problems around the campus.

Past Coverage

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Keeping Students Mentally Healthy - July 3, 1998

Campus Security Begins With Caring - April 18, 2008

Elite Colleges Struggle to Prevent Student Suicides - February 25, 2000

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Campus Viewpoint

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- View Campus Viewpoint

"Scope of practice" limits are another way college-counseling centers and administrators attempt to limit access to care. They say, "We don't treat substance abuse, eating disorders, borderline personality disorder, psychotic disorders, bipolar, ADD/ADHD, (insert your disorder du jour), because we don't have the training and expertise in that area. It is beyond our scope of practice."

Counseling centers need to expand their scope of practice. Counselors, psychologists, and social workers need to obtain additional training if they lack the expertise needed to work with high-risk or difficult students. If a campus counseling center is getting an increase in substance-abuse referrals, it should seek to increase training or hire someone with that expertise. If a center is struggling with an increase of Asperger's students seeking care, it should invest in training or find a way to offer a clinical group to deal with this growing population.

Some may suggest, "What about child molesters? What about chronic heroin addicts? How about students with traumatic brain injury?" I would agree that there are times when a referral to an expert or an off-campus community mental-health treatment center is important. We don't need psychologists and counselors reaching that far beyond their expertise and doing harm to students who need very specialized assistance.

I am concerned, however, that some of us are crafting mission statements and treatment protocols to limit our services. And our reasons sometimes have more to do with time, budgets, and "I don't want to" rather than the more-reasoned arguments related to training and clinical expertise. We shouldn't pick and choose the mental illnesses that we treat in our centers. We can't develop policies and procedures that systematically take one group of students with high-risk mental-health problems and refuse care while focusing on those who respond well to short-term, time-limited treatment.

Investing in more-comprehensive care is not only a question of professional ethics but also financially sound. There have been several lawsuits filed against college counseling centers after a student committed suicide after the center refused care on the basis of short-term-care limits, scope of practice and training, or availability of resources. Most of the suits were settled at a significant cost to the institutions.

We shouldn't take the easy path. We need to treat students who are in danger of being "policy-and-procedured" out of our offices by risk-adverse administrators and overwhelmed clinical staff workers too tired or poorly trained to work with high-risk, difficult students. We need to advocate for those in need. We need to stand against those clinicians and administrators who are concerned only about a student's not committing suicide on their watch. Those students lack the voice or ability to speak for themselves.

Brian Van Brunt is director of counseling at Western Kentucky University and a past president of the American College Counseling Association. He can be contacted at brian.vanbrunt@wku.edu.

pundit18 6 months ago

At the risk of being tarred and feathered by the bleeding heart crowd: wrong. The purpose of college is education. Period.Just as a college clinic should not be expected to provide treatment for cancer, so a college counseling center should not be expected to provide treatment for serious, long-term afflictions,. Arguably, a college counseling center should not exist at all, or if it does exist, it should be there to deal primarily with the stresses and issues peculiar to education, from exam anxiety to room-mate problems. Mental illness needs treatment. The university is no more the place to get it than one's place of employment.

154 people liked this. Like

chedie 6 months ago in reply to pundit18

I agree completely. Colleges have to stop trying to be all things to all people. That is when the central mission of providing higher education is lost, and budgets are wrecked.

76 people liked this. Like

gwwyo04 6 months ago in reply to pundit18

I have not heard, "I mean, really, I don't know why these kids come to college. It seems like they are here just to get therapy" as a reason to limit counseling services in a long time, until this piece. If the argument that resources are limited is not persuasive, which resources would the author reallocate to the counseling departments . . . especially since the numbers of diagnoses of clinical depression, anxiety, and other needs for a counseling department has and will continue to increase? Which part of the educational mission ought to be sacrificed in order to support this?
I would also argue that the argument here does a disservice to the community-based mental health resources and their ability/willingness to work with students long-term.

33 people liked this. Like

boiler 6 months ago in reply to pundit18

Sure, the purpose of college is education. But we're not educating robots -- we're educating human beings, many of whom have personal and medical issues that interfere with their ability to learn. In most cases, these human beings are young people, far from home, who have little experience with the administrative and financial systems that govern regular medical and psychological care. If we don't provide some level of counseling and treatment, they usually won't get it, and therefore they won't get the education we're there to provide. That's why we offer these services -- not because we're "bleeding hearts," but because we're educators.

99 people liked this. Like

gwwyo04 6 months ago in reply to boiler

Who is arguing that we shouldn't "provide some level of counseling and treatment?"

13 people liked this. Like

Jenny Reiswig 6 months ago in reply to gwwyo04

Um, @pundit18 said that: "Arguably, a college counseling center should not exist

at all" and that's the comment @boiler was replying to.

17 people liked this. Like

jsibelius 6 months ago in reply to pundit18

This might be a good argument, if this country viewed mental illness like any other illness. But we don't. Mental health treatment is frequently viewed as something you can have after all the other bills are paid and all the chores are done. The author has it right - far too many students, when referred to an outside care provider will not follow up because of 1) money, 2) time, 3) transportation, and 4) privacy concerns. And while we'd probably like them to simply leave school until they can get it together, the fact is that they don't, and the problem continues to manifest itself at college. You can't make a problem go away just by saying "it's not *my* problem."

73 people liked this. Like

Jaycee 6 months ago in reply to jsibelius

Sometimes the illness itself doesn't matter on a college campus. Case in point, I was rushed to the campus health clinic by a panicked colleague when I began experiencing dizziness in my last month of pregnancy. They could have simply taken my vitals to ensure I wasn't, you know, dying and sent me on to my OB. Instead, they parked me in a waiting room filled with cold-infected college students (per standard clinic policy) for twenty minutes until said coworker and I got frustrated enough to just drive to the OB. So this type of behavior happens just as often when we are talking medical conditions.

5 people liked this. Like

juillet 6 months ago in reply to Jaycee

That would've happened in the ER, too, though.

2 people liked this. Like

witten0214 6 months ago in reply to jsibelius

We need to deal with them before they bring guns to campus

7 people liked this. Like

kingsnake 6 months ago in reply to pundit18

Where do you draw the line? I've had what you call a "serious, long-term affliction" (or a relatively uncommon neurobiological profile, as I like to think of it), all my life, although I wasn't diagnosed until my mid-20s. College (and then graduate school) were especially difficult for me because I was trying to manage without the necessary knowledge or tools. That's not to say that I didn't do well academically; I did very well. Being correctly diagnosed (by a good private shrink - I've seen too many lousy mental health professionals to feel comfortable being some postdoc's lab rat) and being given or directed to the tools I need to manage my brain have made all the difference in the world. Instead of being crushed by the ridiculous pressure and horse hockey that come with the academic life, I'm doing very well and looking forward to what will hopefully be a successful and fulfilling career. Even though I didn't benefit from my school's counseling center, I think that other students like me - those who just need direction and intensive, short-term help, even if their "problems" are long-term ones - could benefit from university counseling services for issues that are little bit more difficult to handle than a simple lack of conflict resolution skills or an especially inflated sense of entitlement. The students get the treatment they need and (hopefully) function

better in the classroom, the lab, and (ultimately) the real world than they would have otherwise; the school gets its tuition money and a little boost to its retention and graduation statistics; and nobody has to try to scrub the evidence of a successful suicide attempt from the cinder block walls of a dorm room or subsidize the existence of a person who got lost and ended up on welfare or in prison.

43 people liked this. Like

su2loude 6 months ago in reply to pundit18

Let me be the first to tar and feather you pundit18. Obviously" your face hasn't been written on" I can assure you that karma exists to teach people inclusion and understanding of the messy issues of being a human being. I would hope academia would have the brightest and most creative minds striving to educate and help ALL students using every resource available, including creating resources where none exist. I hope when your "lessons" come that the principle of "do unto others" comes to mind.

17 people liked this. Like

juillet 6 months ago in reply to pundit18

What about the students who can't afford to get it off-campus, or who have no transportation to get there, or whose families have a stigma against mental health care and refuse to help them get it? Do we just let them fall by the wayside? It's completely irresponsible to compare cancer to treatment for depression or bipolar. Cancer treatment requires a lot of specialized equipment, whereas treating those mental illnesses simply necessitates either hiring trained psychologists and other staff, forming some kind of affiliation with a community health center or training existing staff to do the work.

11 people liked this. Like

aicaiel 6 months ago in reply to pundit18

So, that's your answer to issues like what exploded in the Virginia Tech shooting? ... "Is not my job"?

4 people liked this. Like

parispundit 6 months ago in reply to aicaiel

Not being a therapist, it certainly is not my job. It is not the job of the University, either. It is the job of the university's therapist to make a referral, just as the university's clinic refers patients with cancer elsewhere. Attempts to make University clinics responsible in cases like these may simply make universities close them entirely, since it is not a service they are obligated to provide - a solution you would probably agree is not a good one.

1 person liked this. Like

inlibrarian 6 months ago

Your students are lucky to have you.

35 people liked this. Like

resadmin 6 months ago

20 years ago, you just would not even see these students in college. The invention and availability of SSRI and other drug therapies mean students who would have washed out are now in school and needing a whole new level of services most colleges are just not equipped to handle. But providing these extra services comes at a price and compete with other institutional priorities for finite dollars available.

36 people liked this. Like

jsibelius 6 months ago in reply to resadmin

This is the societal price for enabling more of our citizens to become fully-functioning members of society rather than living in a group home drawing disability, for example. It's a good tradeoff, but we need to be willing to support it.

42 people liked this. Like

piedmontcollege 6 months ago in reply to resadmin

Have you ever heard of the Americans with Disabilities Act?

2 people liked this. Like

animaarbor 6 months ago in reply to resadmin

Twenty years ago, I was "one of those students." I did not begin to show signs of clinical depression until I encountered the stresses of college in my early twenties. I did get help from my school's counseling center and a good referral. I had a wonderful academic adviser and professors who were understanding and supportive. I not only did well academically, I made Phi Beta Kappa and went on to earn a PhD at a top university. Your social Darwinism is repugnant.

12 people liked this. Like

22036365 6 months ago

As someone who has seen many college students for evaluation and therapy, I can tell you that, at least in my opinion, the author does not provide a realistic set of options. I agree with him that colleges need to do more, but I also agree with the recent posts that suggest colleges can't be all things to all people. A contradiction? Not really. I think that colleges need a substantially stronger referral system so that their students don't, uh, sit on waiting lists longer than their semester at school. Knowing who to refer to, for what purpose(s), conducting a bit of due diligence on who has openings, etc. allows students to get directed to the appropriate resources in a time-sensitive way. It take time and effort for colleges to maintain such procedures but, frankly, they are worth their weight in gold. They allow seriously ill students to continue their studies, stay as healthy as possible and get on with their lives. The writer is certainly correct that students need access to mental health services, but I've rarely seen a college counseling center with the rounded expertise to treat every single disorder. The variable, of course, should not be who is a time-consuming and challenging client; rather, the question is which students will benefit from what services. I respect and appreciate the writer's attitude in that he cares and wants to be inclusive, but some mentally ill students drop out and then need services in the communities where they live. And, at some colleges, mental health services are not offered during the summer months. Ultimately, there needs to be a continuum of care that utilizes both the college and community providers.

91 people liked this. Like

kgodwin 6 months ago in reply to 22036365

Depending on what's available in your community, it doesn't matter what kind of due diligence you do - students are still going to sit on waiting lists. Some communities just flat don't have many resources.

16 people liked this. Like

EllenHunt 6 months ago in reply to kgodwin

Exactly. So many posters (posers?) here are studiously missing the point of the article. They respond by just repeating the lie that they have to refer out because that's where the students can get care.

At least 22036365 is suggesting that there be attempts to follow students into actual services instead of just dumping them out in the alley.

12 people liked this. Like

juillet 6 months ago in reply to 22036365

And we're still making the assumption that these students can afford off-campus options with psychiatrists, or that even if they have private insurance that their insurers cover the practitioners willing to work with the schools.

2 people liked this. Like

22036365 6 months ago in reply to juillet

Please let me clarify: I'm making no such assumption. Many of my students receive public assistance and I need to help them figure out how to navigate the crazy labyrinth of the mental health system. But it's exactly what I need to do to make sure they're supported beyond the confines of the school. This is why I appreciate the intent of the author, in that he gets it around supporting the most challenging and involved students. I just don't think that schools can do it all on their own.

5 people liked this. Like

skmarie17 6 months ago

"It's hard to treat students who hear voices."

College counseling centers: as someone who has a paranoid schizophrenic sibling, I am horrified to think that you would have sufficient hubris to believe you can successfully treat a student suffering from the onset of schizophrenia without sending him or her off-campus for the intensive treatment this disease requires. Talk about willful negligence, not only pertaining to the student's health, but to the safety and welfare of the campus at large.

60 people liked this. Like

kweber 6 months ago in reply to skmarie17

To defend the author a bit, he might not be referring to students who are suffering from the onset of schizophrenia, but instead those who are trying to manage living with the disease. It certainly is something that requires serious, specialized care, but a good listening ear, on campus and with ready availability, is nothing but a good thing.

8 people liked this. Like

skmarie17 6 months ago in reply to kweber

Thank you for your comment. I felt that if the student is hearing voices, he or she is not adequately medicated if the condition had been diagnosed some time ago. In general, schizophrenia presents in the late teen years so I felt it likely that students hearing voices are in the initial, most horrifying stages of the disease.

1 person liked this. Like

EllenHunt 6 months ago in reply to skmarie17

But he didn't say that. He said that when they are referred, the often don't get any care at all.

Do you understand now? This is not lollipop land where everything is working. This is the USA in the grip of the greediest, most narcissistic, short-sighted generation this nation has yet seen.

15 people liked this. Like

happyprof 6 months ago in reply to EllenHunt

"This is the USA in the grip of the greediest, most narcissistic, short-sighted generation this nation has yet seen."

Do you mean the students, who in my experience are remarkably compassionate, politically aware, and motivated to change things for the better?

Or, do you mean the Boomers who voted in 20 years of leaders who ran the country into the ground, saved an average of only $25,000 total for their own retirements (EBRI 2012), and now drive SUVs with the "Don't Tread On Me" stickers on the bumpers while clinging to their Medicare?

If you are in education, retire before you do more damage than you already have. You don't know this generation of students at all if you truly believe what you wrote.

2 people liked this. Like

juillet 6 months ago in reply to skmarie17

College counseling centers can hire people with skill in schizophrenia just like any other community health center can.

4 people liked this. Like

ingridb 6 months ago

To the author of this article: Bravo. Those in the helping profession should be compassionate and want to help others. Shouldn't they?

Your article makes FINANCIAL sense (so that should be convincing to the more business-oriented among the readers. However, my reading of the first few comments showed me that hope was wrong. They will perpetuate their biases with allll sorts of reasons. They have no doubt they are right). More importantly, your argument makes HUMAN sense. People need help, so let's help them, if we can. Isn't that what is expected from the counselors in Counseling Services? Let's help them --and the school's community--instead of judging them and finding arguments to avoid them or blame them for being ill. Or, perhaps we should restart the sanitariums? Keep "those" people out of school just because they are ill.

I wonder at those who judge others' suffering so coldly: Do you not feel the compassion and empathy that would motivate your wanting to help? If you are devoid of those feelings, then OF COURSE you will believe that "they" don't deserve the help and we shouldn't waste the money or time on getting them help. Of course you would judge them for their suffering. But, please realize you are creating arguments without all the facts, the ones made from compassion.

24 people liked this. Like

grward 6 months ago

I'm curious about the research on success rates of therapy for full-time students of colleges and universities. Do the students get better over time? Are they able to meet the heavy demands of being a full-time student at the same time as they are "working" to try to get better? For those whom the treatments are not successful, what happens to them academically? Do they end up going through life as a "college drop-out"? What proportion of students with serious problems fit each of the above categories?

Let's face it, the demands of being a full-time student can be overwhelming even for a student without personal issues or psychiatric problems. I teach in a STEM field and so I may be biased, but trying to help a student overcome these kinds of problems while they are an active student seems to me to be like trying to keep an airplane flying while doing major repairs to it. Does research support this approach (institution-based therapy for students with serious problems) as an effective one for helping these young people?

It seems to me that we should have some of that information first.

18 people liked this. Like

dase54 6 months ago in reply to grward

Like lots of research in this field, we know some things but not everything. For those with interest on outcomes in college counseling centers you might find this article interesting:

The Dose-Response Relationship at a College Counseling Center: Implications for Setting Session Limits.

Wolgast, Brad M.;Lambert, Michael J.;Puschner, Bernd

Journal of College Student Psychotherapy, Vol 18(2), 2003, 15-29.

In short, yes the work is effective, meaningful and worthwhile. Just like in teaching a class, you wouldn't expect everyone to get an A, students receiving a dose of emotional education will not always come out with an A, but an improved sense of who they are and what their goals are, which I believe will make them more productive members of society in the long term (in other words, moving from a below average state of functioning to average could and should be seen still as a successful intervention). Humans need both emotional and intellectual education. Some of the brightest students I've worked with couldn't access their potential for various reasons and working with them in therapy, they've been able to access things that may have not been possible.

20 people liked this. Like

Maria Shine Stewart 6 months ago in reply to dase54

Thank you for these resource leads, dase 54.

Like

11231850 6 months ago in reply to grward

Some people hold down full-time jobs and raise families while getting counseling ...

8 people liked this. Like

juillet 6 months ago in reply to 11231850

Yep. It's just a reality of life - people do everything while suffering from mental illnesses because they have to in order to live.

5 people liked this. Like

icedgreentea 6 months ago

An alternative could be a stronger, more defined relationship between the school and community health services, that might include: sliding fee scale or free sessions for students, easy transportation, a well-advertised contact liaison, a 24-hour hot line phone number, and other strategies to make it easier for students to receive the help they need while controlling costs for the college or university.

36 people liked this. Like

maryselevy 6 months ago

The idea here that referring students out is taking the easy path is what I would challenge. Quality service centers do refer students out but they follow up on their referred to students on a regular basis to make sure that the referral is working successfully for the student.

14 people liked this. Like

jsibelius 6 months ago in reply to maryselevy

Actually, I would agree with this, but take it one step further. I would suggest additional measures to help ensure the student does follow up, like asking whether they need resources to help pay for treatment, transportation, appointment times that work with the student's schedule and make sure they find appropriate resources to help them get their treatment.

13 people liked this. Like

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