

Dear Faculty and Staff,

This guide was written to assist Siena College faculty and staff in making referrals to the Center for Counseling and Student Development (CCSD). The primary objective of the guide is to familiarize you with the referral process and thereby increase the likelihood of a successful referral to the CCSD. In writing the guide we have attempted to provide answers to the kinds of questions that are commonly asked of us by faculty and staff who want to make a referral.

The Center for Counseling and Student Development is committed to helping students acquire the skills necessary to meet the demands of their academic and social life. We do this in collaboration with faculty and other members of the Siena community. Some individuals accept a referral for professional help more easily than others. It is usually best to be frank and delineate your role as a concerned faculty or staff member who can help them access other sources of assistance. Assure the student that seeking help is a sign that they are appropriately and constructively responding to the situation. **Avoid making blanket promises about not sharing information with other professionals. Such assurances may complicate swift intervention in the case where a student may be at risk to themselves or others.**

College is a time for discovery, excitement and challenge. At times, these challenges may lead to excessive stress, anxiety, depression, interpersonal difficulties and a disconcerting lack of direction. Adjustment issues, stress, relationship problems, substance abuse and more chronic mental health concerns such as depression and anxiety can impede student success. In their interactions with students, faculty and staff may identify those who require assistance to successfully meet the requirements of their college experience. A timely and supportive referral by a faculty or staff member may start a process which ensures that students will be better able to learn and fully participate in college life. Sometimes students benefit from a one session consultation with us. Others may need several sessions to develop adequate coping mechanisms. Regardless, our goal is alleviate stress and facilitate student success.

In the spirit of continuing to work collaboratively we offer you this updated edition of the Faculty and Staff Resource Guide. We have tried to make the guide more user friendly by including a table of contents and a quick reference page of emergency contact numbers. We have found that the more faculty and staff know about our services the more likely students are to find their way to us. As we continue to increase our contact hours with students each year, we know that we owe thanks to you for recognizing when students would benefit from our help. For those of you who are new to Siena we invite you visit our Center and meet our counselors.

Sincerely,

Wally Bzdell, Ed.D., Director
Pat A. Bradway, Psy.D., Associate Director
Mena Stramenga, Ph.D., Psychologist

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OVERVIEW OF THE CENTER

The Center for Counseling and Student Development (CCSD) strives to help students cope more effectively with personal, emotional and situational barriers to learning; improve students' adjustment to unavoidable stress; and contribute to their personal growth and development by providing psychological support and guidance. This is accomplished primarily through the provision of counseling services for enrolled students and secondarily by offering psycho-educational programming and consultations to the campus community.

What we do:

- Provide counseling to students experiencing personal, adjustment, developmental, or psychological problems.
- Offer psycho-educational programming to assist students in identifying and learning skills that will support them in effectively meeting educational and life goals.
- Consult with college staff, faculty and family members who are concerned about a student.

Office Hours:

8:30 AM - 4:30 PM Academic Year

Monday-Friday

(Closed from 12-1pm)

Summer Hours are Consistent with College Hours

783-2342

Foy Hall

Room 110

Academic Year 24 Hour emergency contact:

When classes are in session there is a counselor on-call 24 hours a day for consultation in emergency situations. After hours the on-call counselor can be reached by calling Public Safety at **783-2999** or **911** from any campus phone.

CCSD STAFF

Our professional staff consists of licensed psychologists, a Board Certified consulting psychiatrist and a psychiatric nurse practitioner.

Wally Bzdell, Ed.D., Licensed Psychologist/Director

Pat A. Bradway, Psy.D., Licensed Psychologist/Associate Director

Mena Stramenga, Ph.D., Licensed Psychologist

Maureen Roeth, Psychiatric Nurse Practitioner

Michael Priest, MD., Consulting Psychiatrist

Annette Manning, Receptionist

BASIC INFORMATION ABOUT THE

CENTER FOR COUNSELING AND STUDENT DEVELOPMENT

- Student Fees cover the cost of counseling. There is no additional charge to students who seek counseling.
- The Center for Counseling and Student Development uses a brief counseling model which means each client can have a maximum of 8 sessions per semester and 16 sessions in a one year period.
- On average, we see 10% of Siena students for counseling each year. This does not include consultations, workshops, etc.

INDICATIONS FOR COUNSELING

The reasons that individuals seek help from counselors are as varied as people themselves. An individual's motives for seeking counseling might range from wishing to solve a particular problem to desiring to enhance his/her own personal development. The following indications can be useful in making a decision about referring an individual to the Center for Counseling and Student Development.

1. Stated Need for Help.

The desire for assistance in dealing with a problem may be stated directly or indirectly. For this reason, it is important to attend to both the content of what a student is saying and the possible feelings and intentions underlying his/her message. Listening involves hearing the way things are being said, noticing the tone used, and observing the expressions and gestures employed.

2. Changes in Mood or Behavior.

Actions that are inconsistent with an individual's normal behavior may indicate that he/she is experiencing psychological distress. An individual, who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits antisocial acts, has spells of unexplained crying or outbursts of anger, has a lack of personal hygiene, or demonstrates unusual irritability may be suffering from symptoms associated with a psychological problem.

3. Anxiety and Depression.

Anxiety and depression are two of the more common psychological disturbances which can present significant problems for students. Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. When an individual's ability to function in a normal manner becomes impaired due to anxiety or depression, some kind of assistance should be recommended.

4. References to Suicide.

If an individual directly tells you or gives you the impression that he/she may be contemplating suicide, then an immediate intervention is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness of the suicidal thought or gesture should not be made without consultation with a professional counselor.

5. Physical Complaints.

Physical distress or complaints which seem to have no apparent cause may be indicative of psychological or stress-related problems. Some physical symptoms of these problems may include a loss of appetite or excessive eating, insomnia or excessive sleeping, or gastrointestinal distress.

6. Traumatic Changes in Personal Relationships.

Personal problems often result when an individual experiences traumatic changes in personal relationships. The death of a family member or close friend, difficulties in marriage or family relationships, divorce, changes in family responsibilities, and difficulties in other significant relationships can all result in increased stress and psychological difficulties.

7. Drug and Alcohol Abuse.

Excessive drinking, drug abuse, or drug dependence are almost always indicative of psychological problems.

8. Career Choice Problems.

It is rather common for college students to go through periods of career indecision and uncertainty. Such experiences are often characterized by dissatisfaction with an academic major, unrealistic career aspirations, and/or confusion with regard to interests, abilities, or values. However, chronic indecisiveness or choice conflict can be a debilitating experience, and many students need assistance in developing alternative goals when previous decisions prove to be in need of revision.

9. Academic Problems.

Many students find the demands of college-level academic work to be greater than anticipated. While it is expected that all students will go through some adjustment periods, those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Frequent absences, failure to complete assignments, repeated requests for extensions, noticeable changes in classroom behavior, and inattentiveness in class are problems which might have a psychological/emotional basis and thus might be appropriate for personal counseling.

The CCSD gets occasional requests regarding testing for learning disabilities. We do not have on staff a professional who has both the specialized skills and the required time that is necessary to conduct such assessments. We can however, provide referral information on where diagnostic evaluations can be obtained.

ADDITIONAL REASONS TO REFER

Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines which may help you to define the limits of your involvement with a particular student's problem. A referral is usually indicated in the following situations:

1. A student presents a problem or requests information which is outside your range of knowledge. Students often present difficult problems, some of which can be complex even for professional counselors;
2. You feel that personality differences between you and the student will interfere with your helping the student;
3. You feel uncomfortable dealing with the issue or problem because of your personal relationship (he/she is a friend, neighbor, relative, etc.);
4. A student is reluctant to discuss a problem with you;
5. You do not believe your counseling with the student has been effective;
6. You lack sufficient time to listen effectively to the student;
7. A student is becoming over-reliant or dependent upon you.

***Are you looking for additional information about mental health issues that affect college students or a way to learn more about what might be happening with a particular student?**

Please visit our website to connect with Ulifeline, or go directly there by using the address below. Ulifeline is a confidential online resource center for college students, faculty, and staff. Access to information sheets, mental health facts, related web-sites, and **online screenings** are available. **The online screenings can be filled out by you, a faculty or staff member, to help you better understand what might be happening with a student for whom you are concerned.**

<http://www.ulifeline.org/schools/siena>

GUIDELINES FOR MAKING A REFERRAL

When you have determined that a student might benefit from professional counseling, we suggest the following guidelines:

1. Get to know the referral sources. Learn the names of staff members in the Center for Counseling and Student Development. This will tend to increase your comfort in making referrals.
2. Use a direct approach with the student and express your concern for his or her welfare. Do not attempt to deceive or trick the student into seeking counseling. Make it clear that this recommendation represents your best judgment based on your assessment of his/her particular concern(s). Be specific regarding the behaviors that have raised your concerns, and avoid making generalizations about the individual. Try to remind students that counseling is a normal, healthy way to develop coping strategies and it does not mean that you think they are “crazy.”
3. Anticipate student concerns and fears about seeking counseling. Be prepared to address them. Some typical issues are presented in the next section.
4. Create a positive expectation. It is important that you firmly believe in the competence of the professional counselor and communicate that belief to the student. A successful outcome is more likely and your credibility is heightened by integrating this measure into the process. The more that you help the student see this as a normal and healthy process, the more likely he or she is to follow-through on your referral.
5. To make an appointment the student can either call x2342 or stop by 110 Foy Hall. Some faculty members have had the student call to make an appointment while the student was in their office. Others have walked the student to our office to make an appointment.
6. Leave the option open, except in emergencies, for the student to accept or refuse counseling. If the student is skeptical or reluctant for whatever reason, simply express your acceptance of those feelings so that your own relationship with the student is not jeopardized. Give the student an opportunity to consider other alternatives by suggesting that he/she might need some time to think it over. If the student emphatically says "no," then respect that decision, and again leave the situation open for possible reconsideration at a later time.
7. Ask the student at a later date what action he/she has taken. Even if the student did not accept your attempted referral it will show your continued interest.

CRISIS AND EMERGENCY SITUATIONS

WHAT TO DO WHEN A STUDENT IS IN IMMINENT DANGER OF HURTING HER/HIMSELF OR OTHERS:

- Do not leave the student alone
- If the student is actually making a threat or made a threat, call Public Safety at **911**

WHAT TO DO IF THE STUDENT IS SO EMOTIONALLY DISTRAUGHT THAT YOU ARE AFRAID THAT THEY MAY BE AT RISK TO HURT HER/HIMSELF OR OTHERS:

- Tell the student that you would like to call the Center for Counseling and Student Development (at x **2342**) to consult with them about how you can best support the student.
- Briefly explain the situation to the secretary or encourage the student to speak with the secretary.
- Offer to walk with the student to the Center for Counseling and Student Development.
- If you are unable to accompany the student, offer to help him/her to contact someone who can, e.g. Public Safety, Resident Director, etc.

FAULTY BELIEFS ABOUT COUNSELING

Students often have a number of concerns about counseling and seeking assistance that, if not directly discussed, can deter them from acting upon a referral. It is useful to anticipate these issues and subsequently to make responses that are factual, encouraging, and appropriate.

Concern:

Only crazy people go to counseling (and I'm not crazy).

Response:

I don't think you are crazy. People go to counseling for all kinds of problems. The Center for Counseling and Student Development sees around 250 students a year for individual counseling.

Concern:

Going for counseling is a sign of weakness. It shows I can't handle my own problems.

Response:

You are capable of handling most of your problems. There are some, however, that are difficult to handle alone. Recognizing when you need assistance, and then getting it, is a sign of good problem-solving ability.

Concern:

Counseling won't work for me. It's not effective.

Response:

There are no guaranteed results, that is true. There is a high probability, though, that counseling can be helpful. It has worked for a large number of students and it could work for you. Give it a try.

Concern:

The counselor will tell other people about my problem.

Response:

What you share with a counselor is considered confidential. Information is not released to anyone (parents, friends, instructors) without your permission.

CONFIDENTIALITY

Professional ethics and New York State law dictate that the sessions conducted by the Center for Counseling and Student Development professional staff are confidential in nature. Information about those sessions or their content will be released only (a) upon a student's written request, (b) in circumstances which would result in clear danger to the individual or others, or as may be required by law. Center for Counseling and Student Development adheres strictly to this policy.

Faculty/staff members often have an understandable desire to know if a student who has been referred to the CCSD has actually attended a session and/or if any progress is being made. We will not acknowledge any contact, or lack of it, unless that student gives us permission to do so.

This policy can at times be a source of frustration for faculty/staff who want some basic information. The desired information can best be obtained directly from the student. We also encourage students to let the referring faculty/staff member know that he/she kept an appointment. Students are not bound by the promise of confidentiality and are therefore free to disclose any information they wish to share.

THE COUNSELING PROCESS: WHAT TO EXPECT

Students who have not been to counseling may want to know what happens on a first visit to the Center for Counseling and Student Development. We follow a uniform set of procedures which make up our "intake" process:

1. The student completes intake paperwork. The paperwork takes approximately 10-20 minutes to complete and includes: basic demographic information (age, major, race, etc.), a checklist of "concerns," the student's goals for counseling, and a description of our confidentiality policy.
2. The student ("client") is introduced to a counselor. All counseling sessions are conducted in private offices.
3. The counselor begins with an intake interview. Typically, the intake will be 45 minutes. Some of that time is devoted to establishing good rapport and putting the client at ease. The client is encouraged to express his/her concerns. The purpose of the session is to make an initial assessment of the client's concerns, contributing factors, and coping strategies. Rarely do we administer a "psychological test" during a first session. The counselor will determine whether the CCSD can be of assistance; if we cannot, he/she will suggest a referral to the client.
4. The counselor schedules a subsequent session if appropriate. In the majority of cases the counselor who does the intake interview will see the client for later sessions. Exceptions are when the counselor already has a full case load or believes another staff member has skills better suited to the client's needs. The client is not pressured to schedule a second appointment. Typically, we will see a client once per week or once every two weeks for 45 minute sessions.

QUICK REFERENCE
EMERGENCY NUMBERS

Public Safety:

On-campus (from an on-campus phone)	911
Off-campus or cell phone	518-783-2999
Non-emergency	518-783-2376

Albany Mobile Crisis: 518-447-9650

Center for Counseling

And Student Development 518-783-2342

(M-F 8:30 – 4:30)

A Snapshot of College Student Mental Health:

The top five impediments to academic performance:

- (1) stress**
- (2) cold/flu/sore throat
- (3) sleep difficulties**
- (4) concern for friend or family**
- (5) depression/anxiety disorders**

16% of students reported being diagnosed with depression.

13% of students reported experiencing an emotionally abusive relationship in the last school year.

**SOURCE: Spring 2005 ACHA-NCHA Reference Group. Data set of 54,111 students and 71 schools.*

Selected Statistics from the American College Health Association Fall 2007 National College Health Assessment (20,507 respondents)

Within the last 12 months, the following percentage of college students reported experiencing:

Anorexia	1.8%
Anxiety Disorder	13.1%
Bulimia	2%
Depression	18.9%
Seasonal Affective Disorder	6.8%
Substance Abuse Problem	3.6%
Feeling things were hopeless	61.5%
Feeling so depressed it was difficult to function	43.2%
Seriously considering attempting suicide	10.3%
Attempting suicide	1.8%

*16% of college students reported that they were diagnosed with depression; of those 16%, 39.2% said they were diagnosed within the last 12 months.