

UNIVERSITY OF WASHINGTON
FACULTY COUNCIL ON STUDENT AFFAIRS

The Faculty Council on Student Affairs met at 8:30 p.m. on Tuesday, **January 8, 2002**, in 36 Gerberding Hall. Chair Lee Nelson presided.

Approval of minutes

The minutes of November 8, 2001 were approved as written.

Presentation on the Student Counseling Center in Schmitz Hall, and on mental health services offered on campus – Counselor Maurice Warner

Counselor Maurice Warner of the Student Counseling Center in Schmitz Hall spoke with the council about the Center's services available to matriculated undergraduate students at the University of Washington.

Warner said the Student Counseling Center provides, as its core service, "short-term mental health care for matriculated students." (By "short-term" is meant care or treatment that can be completed in an academic year.) Some 900 students used the Center's services last year. The range of mental health complaints and disorders is vast: from depression and anxiety due to being away from home for the first time (for an extended period); to sexual and emotional abuse; and, at the extreme, to incipient schizophrenia or psychosis. Students who require specialists and/or long-term care are referred to outside providers.

With respect to crisis response, Warner said the Student Counseling Center comes in immediately, in the event of suicide or accidental death, and provides support to those most closely affected. Follow-up sessions routinely occur in such cases. Students faced with the accidental death or suicide of a loved one or a classmate are often undergoing their first encounter with death. They have many questions, such as: How do I deal with this [experience of anguish and dismay]?

An important distinction to bear in mind, with regard to what the Student Counseling Center does and does not do, is that it provides professional advice, but it does not "come over and solve the crisis or the problem for the student." If a faculty member contacts the Center, and asks what he or she should do about a student's problem, the Center will provide the best possible professional counsel, but the faculty member and student will still have to decide what course of action they want to take to address their problem.

"We see lots of progress here," said Warner. He said it is exciting to see students work through crises and get back on track in their student lives. "Most students we see are not mentally ill, and only need short-term help."

Warner said the Center has an all-professional staff composed of Ph.D. psychologists (he is the sole exception, having a Master's Degree in Psychology, and a Ph.D. in another field), a formal internship program, seven students in training, and students working in part-time programs leading up to their internships.

Warner said the Student Counseling Center is in a "good news/bad news situation." The good news is that the Center has a clear mandate: to help students achieve and sustain the mental health they need to succeed both personally and academically at the University. The bad news is the difficulty in making students aware of the Student Counseling Center. Towards that end, Warner said, "We try to go directly to the students. We provide educational programming in venues such as Mary Gates Hall. We provide career counseling services. And even within classes, we conduct career counseling testing with respect to

such qualities as leadership. We also do special programming for any student group that needs our services (such as fraternities and sororities). Mostly, this kind of service is initiated by our receiving a request; this programming service is performed free of charge.”

Warner said there are a lot of students who, for various reasons, have no interest in availing themselves of the Center’s services. Sometimes this is because of cross-cultural reasons: Asian students, to cite but one example, are less inclined than white Anglo-Saxon students to seek out psychotherapy. The psychological bridge they have to cross to accept such treatment is formidable; it is not natural to them culturally. (Though suicide is far more natural, and accepted, in their culture than it is in America.) It is in part because of the stigma attached to talk therapy that the Center offers several kinds of therapy.

An alternative therapy that has been exceptionally well-received is “light therapy” (for which at present there is no charge). Upwards of 150 students in the last year alone have used the Center’s “light box” to combat Seasonal Affective Disorder (SAD). Approximately 20% of the population in the Pacific Northwest suffers to one degree or another from SAD. (The body reacts strongly to the volatile light conditions that prevail at this latitude, and bio-feedback methodologies are extremely helpful in treating disorders created by this rapid flux in light.)

Bio-feedback therapy is often effective in treating stress and anxiety in students, whether test-related stress, or stress of a more general nature. Warner said many students are more comfortable with technologically-supported therapies than with talk therapy. A student from New York City who was profoundly distressed by the events of September 11, and who did not respond to more conventional therapies, responded very well to bio-feedback therapy. The technologically-supported therapies do not carry the stigma that talk therapy carries for many students.

Warner emphasized that bio-feedback and other methodologies are not replacements but adjuncts for talk therapy. “People can be helped to manage their own depression,” he told the council. “They can actually train the brain to focus in a much improved manner, say, in reading a book.” He said, “Just taking medicine doesn’t help with specific problems. Talk therapy is the best path to resolution.” But some people, he noted, need both medicine and talk therapy, or both technological and psychological treatment.

Sometimes the Student Counseling Center sends students to the mental health services in Hall Health Center. Particularly, if students need medication they are sent to Hall Health Center; the Student Counseling Center does not administer medication. On the other hand, the Student Counseling Center offers career counseling, which is not available at Hall Health Center. Those students requiring both talk therapy and medication often use the services of both Centers.

A determining factor in deciding to which Center a student will go, in addition to the factors stated above, is the cost of the services offered. Warner said he agrees with Kravas, who said the services should be free (and, at the very least, as Kravas noted, the first session – or “intake session” – should be free), but the fact is that the services are not free. For those students with appropriate insurance, one-half of the first 10 sessions is covered. Otherwise, full fees are charged.

The “intake session” at the Student Counseling Center is \$15. All subsequent sessions are \$30. (And, as Kravas pointed out, these fees “are just the beginning for the student, financially.”) The sessions at the Student Counseling Center are, however, considerably less expensive than the same services at Hall Health Center. (The standard rate for psychotherapy in private practice is between \$75-\$125.) Warner said that approximately 17% of the Student Counseling Center’s budget comes from these student fees. At a time of constricting budgets, he said there is no alternative to raising student fees other than eliminating personnel. “Our state funds, at the present time, only cover salary,” he said.

Warner said the Student Counseling Center and Hall Health Center have a good relationship, and will send students to one another when that seems the best course to take, and when the student's finances are consonant with such a recommendation.

Asked about the career counseling that the Center offers, Warner said it is a very important service. "Many students don't know what careers they want when they come to the University, which I think is a good thing," said Warner. "If they did know at that stage, it would most often mean that it was someone else's choice, and not their own, as to what their career should be. We work cooperatively with the career planning people at Career Services to work with students in a comprehensive way so that they can make organic choices about their careers."

Asked about the Student Counseling Center's relationship with the residence halls, Warner said there are three aspects to that relationship: 1) training; 2) outreach services; and 3) crisis intervention. There is not, however, any "ongoing relationship" between the Center and the residence halls.

Asked about the Center's use of the Web, Warner said that, because all information and all therapy rendered by the Center – all dialogue between therapist and patient – is strictly confidential, the use of the Web cannot be considered. The Web's effectiveness as a tool for therapy would be questionable at best, Warner observed. The direct interaction of therapist and patient is crucial.

Feetham said many departments in the University do not realize that the Student Counseling Center provides invaluable service to academic units. She knows of several instances in which academic units with crisis problems were quickly and effectively assisted by the Center.

With regard to action taken following a tragic crisis in an academic unit, Warner noted that, after a student suicide, the Center recommended changing the environment in which the suicide occurred. This was done, and the change proved to be salutary for all concerned.

Asked about the Center's use of group therapy, Warner said this is done occasionally, but not normally. He said the Center now has services for substance abuse – not patterned after the 12-step model – designed to train people to manage, but not to eradicate, their substance abuse. Because of their age, and thus – in most instances – their relative newness to substance abuse, students are not yet ready for "abstinence programs."

The one truly disappointing part of the services offered by the Student Counseling Center, said Warner, is the cost that students must be charged. It is especially unfortunate that many students cannot afford to take as many sessions as they want and need. Some out-of-state and foreign students, for instance, have exacerbated stress because of financial pressures (higher tuition and other costs), stress made worse by their inability to afford the therapy they need. Unfortunately, owing to continued budget constrictions, the cost of therapy at the Student Counseling Center is likely to rise, and not decline, in the foreseeable future.

Review of Faculty Councils – FCSA Chair Lee Nelson

Nelson said the Senate Executive Committee (SEC) has assigned a subcommittee, composed in part of all faculty council chairs, to assess the efficacy of the current faculty councils and special committees, and to make recommendations to the SEC in Spring Quarter for reaffirmation or reconstitution of the current council structure.

Nelson asked council members what reflections they had on the structure and efficacy of FCSA. It was suggested that the council might be more proactive, and make recommendations to the Senate Executive Committee. Nelson asked the council what sort of time frame it thought would work best for sending a

recommendation to the SEC. It was decided that the council would discuss a possible recommendation in midwinter and that, if a recommendation were agreed upon, Nelson would take it to the SEC at its next meeting, either in late winter or in early spring.

Next meeting

The next FCSA meeting is set for Tuesday, February 5, 2002, at 8:30 a.m., in 36 Gerberding Hall.

Brian Taylor
Recorder

PRESENT: *Professors* Nelson (chair), O'Neill and Nicholson;
Ex officio members Baker, Feetham and Kravas.
Guest Maurice Warner, Counselor, Student Counseling Center

ABSENT: *Professors* Karmy-Jones, Lehman, Schwartz and Williams;
ex officio members Bennett, Clark, Godfrey, Hatlen and Martin.