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Welcome to our new VISIONS format. I would love feedback from you about our venture into a more cyber-friendly version of your ACCA newsletter. I am learning this format as we go so if any of our more tech-saavy readers have suggestions they would be most welcome. As always, you may reach me via email at [cindyboyle@yahoo.com](mailto:cindyboyle@yahoo.com) with "VISIONS" as the subject title. Our next edition will be coming out February 23rd, 2011 so keep your submissions coming for that edition.

Cindy R. Boyle  
VISIONS Editor

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## When Face to Face is Too Scary: Campus Online Question & Answer Pages



by Brian Van Brunt, EdD

Today's college students come to school with an increasing array of worries, questions and difficulties. Counseling centers, faculty advisors, resident assistants and student affairs personal are often on the front line of trying to address these concerns with students in direct conversations. Occasionally, students have difficulty engaging in these conversations face to face. They may find the issue too embarrassing to share. They may not be sure what kind of response they may receive. They could be too rushed or overwhelmed to schedule a time to talk.

Counseling Centers recognize some students don't feel comfortable coming into therapy. Maybe the student has had a bad experience before. Perhaps the issue is too personal for them to talk about face to face with another person. Some may be willing to come to therapy, but are having trouble making that first step towards setting up an appointment.



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That's where an online Question and Answer page can help.

The concept has been around for decades (e.g. Dear Abby, [www.goaskalice.columbia.edu](http://www.goaskalice.columbia.edu)). College students post a health or mental health related question (either through email or an anonymous submission page) and a member of the clinical team responds within a stated time frame. Questions are often about how to help friends in trouble, requesting details about counseling services, or embarrassing questions they wouldn't ask in person. The online format is attractive to students as it is available 24/7 and gives them a sense of anonymity.

### **Example Questions and Answers**

**QUESTION :** I'm scared because I turn 21 in January and I will be able to get drunk whenever I want. I have a bad history with alcohol. I crave it. I can never tell what my personality will be when drunk. I'm happy, sad or angry. When I am sad or angry, I will do things that I regret in the morning. What should I do?

**ANSWER :** It's a healthy sign that you are scared about turning 21 because it means you recognize the problem and struggle you have with alcohol. The personality changes you have noticed, the regret, and the shame are all red flags for you about drinking. You have taken a huge step in admitting these things. I encourage you to make an appointment with a counselor who can help you get a handle on coping with the urge to drink and who can help you explore further all your behaviors connected to alcohol. Our Counseling & Testing Center number is 745-3159. Also, student Health Services on campus has lots of information on alcohol and cutting back/stopping. I am sure it was not easy to submit your question. I urge you to pursue getting help.

**QUESTION :** My friend is very depressed, almost to the point of suicide. What should we do?

**ANSWER :** It sounds like you and your friends are very concerned about the welfare of your friend. You are right, it does sound like she is depressed. Symptoms of depression include withdrawing from activities that you used to enjoy, feeling helpless and hopeless, interference with sleep (either too much or too little), interference with appetite (either too much or too little), tearfulness or irritability, having a difficult time being motivated, and having a difficult time with concentration. It would be best to get your friend to counseling as soon as possible. In order to set up an appointment just call our office at 745-3159 between 8 a.m. and 4:30 p.m. Monday through Friday---or we can see her immediately if there is a crisis. If you believe your



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friend is about to harm herself please inform a staff member if she lives in the residence hall, our office, or the police.

**QUESTION :**Is masturbating a sign of mental illness ?

**ANSWER :** Simply stated, masturbating **MIGHT** be considered a sign of poor mental health if it is done excessively or it is done in an inappropriate setting or context. Otherwise, masturbation is considered to be a **NORMAL** activity. Most people do masturbate, and younger people masturbate more than older people, generally speaking. Most people, when they masturbate, do it privately. Most people do not miss class, work, or avoid friends and family just so they can masturbate. Excessive masturbation could be a sign of addiction, impulse control problems, and/or poor psychological development. What is excessive? That is hard to say. Some people may simply have more energy and interest in sexual stimulation, and three times a day may be normal. For others, once a week would be normal. It would be considered excessive if the person is masturbating due to a rich fantasy life, if the person is pulling away from work, school and social life just to masturbate, or if the person is masturbating as a form of aggression (exposing themselves while masturbating). I hope this gives you the information you are seeking. If not, write us again or call and make an appointment.

### **Concerns**

Ok, we've all had concerns about starting this kind of page. What if you log-on Monday morning to find the message "I'm having a desire to kill everyone at the school with a bomb-I'd like to talk to someone soon" ---Friday 5:05 pm. What if you get 30 questions posted on a Tuesday night? What if a student says they are going to kill themselves-how will you reach out to them if you don't know who they are? What if your department is already too busy with face to face contacts and there is no time to run something like this? What if everyone in town starts to use our site, not just our students?

Here's the thing. Students will always have these questions and they are often unwilling to bring them to therapy; regardless of whether there is a forum to address them or not. The student whose friend is depressed and suicidal will still be out there struggling with how to help. The student turning 21 will still have trouble with alcohol. The student with the masturbation question will still wonder if masturbation equals mental illness. The point is, at least they have a place to ask the question. I'd hope our clinical training would allow us to say



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something helpful, albeit briefly and online, to push the question asker a little closer to help.

If a stray community member or someone from cyberspace asks a question---count it towards your future karma by doing a little "above and beyond" the call of duty. Or send it to me and I'll answer it for you ([brian.vanbrunt@wku.edu](mailto:brian.vanbrunt@wku.edu)), just give me 24- 48 hours ☺.

I'd encourage you to look at developing this resource at your college. An online question and answer page attempts to provide some information to these students looking for help. While it is not perfect, this resource does provide a way to reach out to students who are scared, lonely or worried and unwilling to come into the office in person. While it can be some work to get it up and running, we've found the investment of time and resources well worth it.

### **Eight Ways to Do a Question and Answer Page Well**

**(It's a chaotic and disordered world out there...there can't always be 10 )**

1. Have a clear statement about what is ok and what is not ok to post. Include restrictions regarding names or identifying information. Include information about how to contact the office directly for emergencies and how to contact help after normal business hours.
2. Establish a time frame for responses and stick to it. If you promise to have a response in 24-48 hours, make sure to respond during that time frame. If you respond weekly, stick to that.
3. Design a system with your IT department so you can screen questions privately and re-word them if the content is inappropriate.
4. Use an anonymous submission form. Emails to an anonymous account still can still be traced back to the student in question.
5. Answer questions with general concepts and redirect folks to the appropriate resources for referral. Some therapists in the office will be better with answering online questions. Use them to give examples/training to other staff on the best way to respond.
6. Work within your scope of practice. Don't try to answer questions outside your area of expertise. Find a local resource to provide an answer for the question or point the person asking the question in the direction of the appropriate resources.



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7. If a student disagrees with an answer or tries to continue a lengthy dialogue through the online Q&A page, it is important to be polite and set boundaries with them. Consider a response like this one. "I hear what you are saying and would like to talk to you more either in the office (give location and times) or you can contact me through email (give your email)".

8. When first starting the page, questions may come slowly. Consider advertising this new service or talking about it in Psych 101 classes, orientation programming or RA training.

## Defining the Solo Counselor's Role on Campus

by Marcia Hanlon, LCSW

Flying Solo was a hot topic at the ACCA conference in St. Louis. For the Thursday evening theme dinners, it was the first sold-out ticket!



OK, actually there were no tickets sold. But of the 8 theme conference attendees could choose to sign up for, Flying Solo's sign-up sheet was close to being filled within the first two hours of the conference! Any of the theme dinners provided a great opportunity to casually gather together, get to know one another, share a meal and talk about the topic. Flying Solo's Thursday evening dinner included 15 people - the maximum our chosen restaurant could handle in one sitting -- and four other people who enjoyed each other's company at another restaurant.

From our discussions at the restaurant, as well as in a workshop session for Flying Solo Friday afternoon, we learned that no two solo counselors' job description, work schedule, or location were the same. Some work 12 months, some 9 months. Some full-time, some part-time. Some are housed in the Wellness Center, others in the Career or Advising Centers. Some are considered administrators in Student Life on campus, others are outside contractors. Some teach classes as well as counseling, others do only therapy hours.

The variations in the role of the solo counselor seem to indicate a range of views and a range of administrators' commitment to counseling services. So if there is a lesser commitment on your



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campus to counseling services (assuming the money to fund follows the perceived value), how do you gain a foothold for establishing a more complete counseling program?

There often is a gap between the expectations of counseling on campus and the realities of what one counselor can do. In an article about accreditation standards for counseling centers, Boyd, et al. states that the roles and functions of a college counseling program should include:

- Individual and group psychotherapy
- Response to crises and emergencies
- Outreach and preventative programming
- Consultation services for campus personnel
- Establishment of referral networks
- Method of program evaluation
- Research
- Training of interns and/or other campus personnel



The reality of what solo counselors - or small centers - can and do do on their campuses varies greatly from what the expectations may be for a full-service counseling center. Therefore, it's essential for the solo counselor to know clearly the standards and expectations for counseling on his/her campus. Since solo counselors cannot provide the full services of a mental health clinic, it's important for you to:

**Define your role**, or clarify your supervisor's definition of your role and your priorities. This is so that everyone knows the limitations of your services. More importantly, if you define your mission, you can prioritize and realize successes, instead of always feeling like you aren't doing enough.

**Build support amongst colleagues** for what you do and the challenges you face. Having successes with the students referred by faculty and staff, particularly Student Life staff, are the best advertisements for the effectiveness and value of what you bring to campus. Having colleagues believe in - and are willing to speak up for - your work and your value on campus can support efforts you make to expand your staff.

**Develop a good working relationship** with your immediate supervisor, often the Dean of Students. Don't assume s/he knows much about counseling. Make every effort to educate him/her



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about how you do your job, the time it takes, the liability risks, the needs of the students, the availability - or not - of off-campus resources, etc.

**Let administrators know what you do.** Our confidentiality cloak often renders us invisible on campus. Therefore, it's important for you to communicate with administrators your overwhelming schedule at times (without whining). Share an example of case management that goes far beyond a 50-minute counseling session. Use the language of administrators - statistics and risk management - to help them pay attention and understand.

It's easy to get caught in the rush of back-to-back counseling sessions and feel like we're never doing enough. Some of the solo counselors who shared their stories at the ACCA conference seemed to be in no-win situations. If we can step back and lay some of the foundation work listed above, then we won't be so alone in our solo status.

#### References

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Vespia, K.M. (2007). A National Survey of Small College Counseling Centers: Successes, Issues and Challenges. *Journal of College Student Psychotherapy*, 22(1), 17-40.

## Student Leadership Through Interpersonal Growth Groups

by Cayla S. Bland and Virginia D. Nielsen

Higher education plays a vital role in shaping and developing the next generation of leaders. Creating high quality leadership programs and activities can have a great impact on the future of our society and is essential for an undergraduate institution.

Eich (2008) reviewed successful leadership programs at four universities and found that flourishing programs included the following characteristics: 1) participants who were involved in building and sustaining a learning community; 2) student-centered experiential learning activities; and 3) research-grounded continuous program development. Leadership programs that created a supportive learning community used small group activities to build relationships between administrators, faculty, and students. The most effective group activities were those



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that were experiential in nature and that provided opportunities for self-reflection and self-discovery. Furthermore, students gained leadership skills by being able to observe experienced faculty and staff as well as being able to interact with other students from diverse backgrounds. Universities that were involved in on-going program development based on research were found to be the most effective at leadership development.

With this in mind, a Mid-Western university counseling center collaborated with student development administrators to provide a group counseling experience as a pilot for developing undergraduate student leaders. Student leaders are involved in a variety of complex relationships, therefore it was decided that providing a group experience based on Yalom's (2006) interpersonal growth group model could help encourage relationally strong leaders.

Although Yalom's group model is well researched, there were no studies found applying it as a way to increase leadership abilities of Undergraduate students. The goal of the group was to help student leaders become more self-aware of their own interpersonal strengths and weaknesses, as well as learn how to better relate to their peers' interpersonal styles thus resulting in greater leadership abilities. Yalom's group model provides all three characteristics of Eich's (2008) successful leadership programs including a supportive community, experiential learning, and a well-researched effective model for interpersonal growth.

Five undergraduate student leaders agreed to participate in the six-week interpersonal growth group. The members were all Caucasian and included four females and one male in their junior or senior year. All were involved in leadership roles working directly with residential students, including mentorship and planning various campus programs. When asked what they would like to get out of the

group, members stated they wanted to have a better understanding of how they relate to others, as well as a better understanding of how others perceived them.

Using Yalom's interpersonal approach to group counseling, the group facilitators provided a caring atmosphere, emotional stimulation, and meaning-making in order to cultivate safety and opportunities for experimentation with new behaviors within the group process. Specifically, group members were encouraged to become more authentic vulnerable as they related to each other. Additionally, group

and facilitators attended to the development of therapeutic factors such as the installation of hope; acceptance of change; universality; understanding how the family of origin helped shape current perceptions of self and others; cohesion of group members; and learning new interpersonal ways





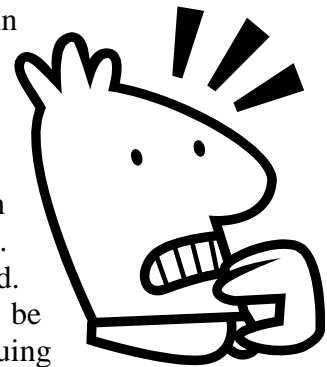
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of relating.

Throughout the group process, several themes emerged that related both to members' interpersonal styles as well as their leadership roles. The first commonly reported theme was fear of being vulnerable or authentic about their personal lives while functioning in their leadership roles. Specifically, members perceived campus leadership - while rewarding - to be like a "fishbowl," where their personal and leadership qualities were closely scrutinized. Members worried that if they were found lacking their positions could be negatively impacted. Moreover, members feared that if they revealed their personal worries and insecurities, they would not be seen as capable leaders, but judged as spiritually deficient or exposed as not "having it all together." The concern, they all disclosed, was that in trying to maintain the appearance of infallibility, they were presenting a facade and not being their true selves, which was something they concluded was undesirable. On the other hand, members recognized that the pressure for perfection was both external and internal. Members held high expectations of themselves to be role models, have it all together, and be perfect. Several came from families who held them to high standards, while others filled family roles of unusual responsibility and caretaking. Overall, the members reported distressing tension between wanting to explore their "real selves" and fearing what may result interpersonally if they did.

A second theme for members was feeling isolated and lonely in their leadership roles. Members were surprised to realize they were not alone in this experience. The group facilitators invited members to share their experiences about isolation, loneliness and fear related to student leadership. As a result, members reported feeling less isolated and more hopeful that there might be others outside the group with whom they could also share their need for affiliation and understanding. Group cohesion and safety increased as a result of this common bond. Members commented "I now understand that I really don't have to be afraid/feel alone/be angry all by myself." Members also reported valuing the development of group cohesion and wanted to learn how to create that with their own student groups.



A third theme concerned members becoming aware that fears and worries in their personal lives were reflected in the way they conducted themselves in their leadership roles. Some fears had been learned in their family of origin while others were a result of personal trauma or interpersonal wounds. Some fears included dealing with confrontations, the acceptability of emotions, and the need to rescue others. One member stated after a confrontation between two other members that it was difficult to let the conflict play out as she



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felt anxious and a strong desire to jump in and create peace between the members. The member disclosed a story about a similar situation where two residents were arguing and the member felt anxiety combined with a strong desire to make peace. The member observed that peacemaking was not bad, but that in a leadership role it has to be done at the appropriate time and for the "right reason" - not just because the leader wanted resolution of conflict. The member stated she learned that allowing confrontations and conflict while facilitating it well was actually more beneficial than just trying to stop the discord altogether. She also stated she learned by observing the group process that just because two people are arguing does not mean they will argue forever, nor that they necessarily disrespect each other. The student reported this significantly decreased her fear about conflict-resolution duties in her leadership position.

Similarly, another member who was highly parentified in her family of origin became aware of "rescuing" behaviors when the group confronted her about this. The group contracted with her to verbalize whenever they observed this behavior in the group. The member not only received feedback from the group on her rescuing, but also was invited to disclose what was "really behind the rescuing." Her disclosure was affirmed and appreciated by other group members who incidentally shared similar tendencies. The member eventually reported having recognized the behavior outside of the group and took steps to use a more effective response in the situation. The member reported mixed feelings about not rescuing others, but stated the awareness was helpful and she now realized that there were more options for how to interact with others. She also realized that she was capable of those other actions, which helped reduce her fears.



Overall, members reported favorable experiences in the group. They increased self-understanding of how their interpersonal styles impacted their leadership abilities. Through the group experience, members became more hopeful about trying new behaviors in their daily lives. Members were also able to become more vulnerable, authentic, and real in both their personal life and leadership roles, while still holding some reservations about whether any negative consequences would occur. Members came to believe authenticity could be an asset to their leadership role rather than a liability. Overall, members cited greater empathic responses for themselves and others, better leadership self-efficacy, and increased self-awareness.

When asked what was most helpful about the group process, members stated that the interpersonal focus allowed for insight and confrontation of their interpersonal styles, as well as support and encouragement to try new behaviors in their everyday lives. Universality, hope, and group cohesion were also strong factors in members learning that others shared common



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experiences, that others could be trusted to help, and that they could learn new ways of relating. Additionally, members stated it was helpful to observe the group facilitators as they reported a greater understanding of their leadership roles, and gained new understanding of how to use more process-oriented skills instead of relying on problem-solving alone.

In conclusion, the positive feedback from this pilot suggests a need for further exploration of interpersonal growth groups as a possible innovative, cost effective, and systemic intervention for undergraduate leadership development. Currently there is no literature that implements Yalom's interpersonal growth group model with undergraduate student leaders. Further scientific research is warranted in order to support this model as research-grounded effective undergraduate leadership program.



#### References

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