

## Counseling Centers from a Multidisciplinary Perspective

Compiled and Edited by Andrea K. Greenwood, Ph.D.  
Psychologist at Counseling Services, SUNY Buffalo

As the Commission for Counseling and Psychological Services of ACPA is making a priority of more fully representing the range of professionals working in college and university counseling centers, we wanted to create a feature article that would compile the unique perspectives of professionals from a variety of disciplines who work in these settings. We value all of the contributions of professionals in college mental health, and realize that our commission is currently over-represented by psychologists, and want to highlight the perspectives of other professionals who join us in this work. To that end, we invited a number of our colleagues to write some reflections and share some thoughts on how they, as a professional from their particular discipline, contribute in unique and important ways to counseling center work. Some of the contributors shared more about the roles they play in their setting, while others speak more to a perspective from their discipline, but each highlights the value of a multi-disciplinary approach to our work. We hope that their comments challenge you to appreciate the unique perspectives of each of your colleagues, and encourage you to engage in conversations with non-ACPA member colleagues about joining ACPA and the Commission for Counseling and Psychological Services as a valuable professional from any of our disciplines!

**Submitted by Liz Snider, LCSW-R, Social Work and Group Programs Coordinator, Counseling Services, University at Buffalo:**

When I first considered applying for the Social Worker/Field Educator position at University at Buffalo's Counseling Services (UBCS) I wasn't sure how it would be different. At that time I had worked in the community for about 12 years. I loved being a Social Worker and I especially loved the feeling of community I had working with other social workers. I also treasured being a field educator and each year, mentoring and training social work intern students. I wasn't sure of what I might be giving up taking a job where I was the only social worker, and I was especially anxious about working with all psychologists. Up until that time, UBCS had been primarily staffed by psychologists and was an APA training site. But the appeal of working at a university and developing a social work intern unit was strong. Over the past 4 years I have come to realize that the similarities and differences I have with my colleagues are many. What I have also come to realize is that many of those differences don't stem just from the fact that they were trained as psychologists and I was trained as a social worker. They are also influenced by the fact that I am a native Buffalonian, a lesbian, an adopted child, a female, single, an ENFJ (on the Myers-Briggs) and an extroverted, external, processor.

As a social worker, who was initially trained to be a family therapist with much emphasis on system's theory, I feel like I often bring a different view to how I assess and work with my clients. I often try to help us see all the systems that are impacting our clients, both from the perspective of how the different systems might be getting in the way and how the systems might serve to help. Advocacy has always been a role I enjoy, and as a social worker in a university setting, I see the opportunity to advocate as a role that can be helpful, but has to be very deliberate as well. I believe my colleagues will come to me when their role with their client doesn't seem absolute and when they want some perspective on how stepping out of a traditional role might impact their work.

One of the most significant things I bring to UBCS is the opportunity for master's level social work students to complete an internship at our center. It is a great internship opportunity, exposing SW interns to clinical work at an interdisciplinary site. It is an internship where they can really learn if they want to be a therapist, and how to be a social worker, within a clinical setting. As social work interns increase their professional identity, learning what social work skills you have and how you want to apply them, can seem overwhelming. My interns struggle with balancing the desire to practice "therapy" with also integrating other, more traditional social worker roles. Counseling Services is

a great place to develop therapy skills, assessment skills, advocacy skills, and diversity skills, just to name a few.

Another way I feel my social work skills or values impacts my work is through my training in systems theory. Not only do I look at and interact with my clients through that lens, I also approach administrative and committee work with the same view. We are part of a bigger community at the university and we need to be aware of how we impact other groups on campus, what our power to influence is, how we need to be inclusive, and how we need to know our community and all the diverse people in our community.

In conclusion, the differences and similarities I bring to my work as a university counseling center social worker permit Counseling Services to be able to provide more diverse services to a community that continues to become more diverse itself. I've always believed that a counseling organization must be reflective of the community it hopes to serve, I believe that by having psychologists, social workers, psychiatrists, social work interns, mental health interns, pre-doctoral psychology interns and psychology practicum students, University at Buffalo Counseling services is then able to offer all the needed diversity to best meet the needs of our community.

**Submitted by Bob Spinelli, M.D., Retired psychiatrist from Center for Counseling and Development, University of Delaware:**

Though recently retired, for the past 28 years I was a practicing psychiatrist at the University of Delaware, the latter third period as part of the Center for Counseling and Development. I was first drawn to the university setting out of a desire to try and help those struggling with the developmental issues typical of this life phase, as I'd struggled quite a bit myself during a similar time.

While I was educated as a physician initially, much of my psychiatric specialty training involved a team approach, so it was comfortable for me to continue that paradigm with the Health Service, and later, the Counseling Center staffs. Each staff member had a particular set of skills and level of experience and I felt we complimented and supported each other well with genuine mutual respect.

My role involved psychiatric/medication evaluations and follow-up medication management mostly. However, I also provided some therapy as well as secondary supervision of predoctoral interns. One of the things I felt strongly about was educating those under my care about the rationale, expected benefits and common potential adverse effects of medications in the hope that they could make a reasonably informed consent regarding the decision to try medication. I've striven for a kind of partnership between these students and myself towards a common goal of improvement.

Lets not kid ourselves. Medication is no panacea, but it can be helpful in alleviating overly distressing symptoms and hopefully better enable students to work on the underlying issues contributing to their stress via therapy.

While I recognize that it would not be suitable for many of my psychiatric colleagues, I've not regretted choosing a career as a university psychiatrist.

**Submitted by Oula Majzoub, M.Ed., Teaching Fellow, Counseling and Human Development Center, Kent State University**

I hold a Masters degree in counseling, and I am currently a doctoral student in counselor education specializing in the area of college and career issues. I work as a teaching Fellow at the Counseling and Human Development Center at Kent State University.

The Center is a training facility for masters and doctoral students enrolled in the counseling and counselor education programs at Kent State. Our Center offers the following clinical services, to students, faculty, and staff at Kent State University as well as to the community: Individual, career, group, couples, child and adolescent, and family

counseling services, parent education, and outreach and consultation. The Center is run by a director holding a Ph.D. in Counselor Education, five teaching fellows enrolled in the Ph.D. Counselor Education program and holding masters degrees in counseling, and a senior secretary.

As a teaching fellow working at the Center, I have clinical, administrative, and research related responsibilities. My clinical responsibilities include conducting intakes, providing consultation to the practicum students, providing crisis interventions and handling emergencies as they arise, conducting groups, training/supporting/supervising practicum students as needed, and meeting with clients. My administrative responsibilities include developing new counseling programs and providing training to the practicum students to be able to conduct those programs, following up with existing programs, conducting orientations to the new practicum students, auditing clients' files, serving as a liaison between practicum classes and the Center, collaborating with other centers at Kent State University, and performing outreach both on campus and in the community. I also do presentations about different counseling topics on campus. Since conducting counseling-related research is part of the center's mission, I am expected to be involved in research at the Center.

The Counseling Center has been in existence for over 20 years. We serve approximately 1200 clients every year of which 75% are students.

### **Submitted by Nancy Nutt, Program Director of Wellspring Health Education Program, University of Delaware**

Wellspring is a full-service, collegiate health education program. We service the undergraduate student body, principally. Our focus is to do health promotion with the student body, and primary prevention when needed. We center our work on those health issues and developmental issues that are most salient to the traditional college-aged student, namely stress, nutrition, fitness, sexuality, substance abuse, tobacco/smoking, body image, and disordered eating.

Wellspring employs a number of different methods or techniques to promote healthy behaviors among the student population. Passive outreach is done campus-wide and to specific groups at risk via the internet, other campus media outlets, and through postings and mailings. Active outreach is provided by the Wellspring Professional Staff, and also by peer educators through a group called The Promoters of Wellness (Pow!), which Wellspring professionals administer, train, and supervise. Furthermore, Wellspring's professionals and students are active on a number of campus-wide, multi-disciplinary councils and coalitions which function on campus to provide a concentrated focus for certain more prevalent health concerns.

Wellspring also is a little different than most traditional college health education programs as it holds the responsibility of providing the student body with sexual assault/rape crisis services. This is accomplished through the management and oversight of a volunteer service, Sexual Offense Support (SOS), which provides a 24-hour hotline, and other related services.

Wellspring is also unique to other collegiate health education programs in that it is administered as an affiliated program of the Center for Counseling and Student Development (CCSD), not the Student Health Services (SHS). All three programs regarding student health, however, are funded through the same means. Funds are generated from a mandatory student health fee, and then they are divided to support the health, counseling, and health education services of the University.

Wellspring has been in existence in some form or another for 25 years at the University. Initially it was developed and administered by the SHS. In the Fall of 1995, administrative responsibility for the Program was switched to the CCSD. As I was hired in October 1995 as the Wellspring Program Coordinator, I have always worked for Wellspring under the administration of the CCSD, but as a result of joining the office at the significant time of the switch, I was privy to much of the changes that occurred as a direct result of this change.

As with any significant change, there have been both benefits and draw-backs. On the more positive side, Wellspring was fortunate NOT to have to relocate its offices from the Student Health Services building when the

administrative move took place. Remaining in the SHS allowed Wellspring to continue to work hand-in-hand with the doctors and nurses and lab technicians that were needed for some aspects of the one-on-one student counseling that Wellspring provided. Most notably among these at the time was Wellspring's Pre- and Post-HIV test counseling service. If we had not remained in the SHS, students would have had to travel from building to building to have the mandatory counseling, get their blood drawn for testing, and then return to a different building yet again to receive their results. This would not have positively affected compliance with the testing procedure.

Remaining in the SHS building has also afforded the Wellspring staff to have a hands-on knowledge of the changes that occur in the services provided and/or procedures followed to access health care on campus. Additionally, we know personally the doctors and nurses that we ultimately refer students to for clinical follow up. And, theoretically, we have the ability to have a more coordinated working relationship with the clinical departments that are more relevant for some of our outreach work, such as Women's Health Services.

I say theoretically because in actuality, I feel that this is one of the areas that the administrative move has more adversely affected over time. Wellspring has become somewhat isolated from the SHS. Whereas in the past the health education program would take some of its guidance about what was needing to be promoted on campus from what the SHS professionals were encountering clinically, that connection has for all intents and purposes been lost. There is some minimal duplication of prevention services or messages as a result, but the bigger fear is that there may be some issues that are not sufficiently addressed at all. Also, in what I feel is a response to wanting to continue to provide some prevention outreach on campus, the SHS has developed its own newsletter for prevention purposes. Wellspring has been asked to submit certain articles for the newsletter, but I often find myself wishing that there was more mutual collaboration in this effort. After all, nobody is going to criticize positive new efforts in health promotion or prevention directed at the student body, and in some instances, duplication of prevention services is a plus (for instance, in providing safer sex tools to a larger population, and access to these tools in multiple places on campus). However, might it not be a better use of professional resources to coordinate or centralize these types of activities? In any case, Wellspring will begin this year to hopefully re-create more positive coordination between its health promotion efforts and those of the SHS.

Related to this but from the opposite perspective, Wellspring has not begun to handle more of the health promotion needs of the CCSD. In my impression, there has been only a small amount of ground made in creating enhanced collaboration of services with the CCSD. This may be the result of training and perspective differences between the two department's professionals. Wellspring professionals, after all, are primarily health educators, if not purely by training, then most certainly by practice, not counseling service providers. Promotional outreach on mental health issues, especially diagnosable diseases, may often require presentation by fully knowledgeable and trained mental health practitioners. Or, it could be simply the result of staffing issues. Wellspring is a small department, only two professionals, and we draw on trained student help to extend our services to the larger campus body. Following the recommendations of collegiate health education literature, we stick to those health topics which are always identified as pertinent and timely to the traditional college-aged population's issues and development. This leaves us with limited professional resources to be able to extend our promotional services to the issues of growing concern in college mental health, such as depression and anxiety. We do, however, continue to place extreme importance on other issues of psychological wellness which more closely overlap with our traditional health education outreach, such as Eating Disorders and Sexual Assault.

What seems to work well with Wellspring being an affiliated program of the Center for Counseling and Student Development is that we are able to promote the services of the Center more consistently and to a wider audience than they would be able to accomplish themselves due to the primary emphasis on outreach in our daily work. Furthermore, we as staff members are able to be a resource to Center staff on the best ways to outreach to students and affiliated departments. Lastly, our more regular and consistent exposure to the student body may allow us to interact with students under more 'normal' circumstances, and certainly in a less crisis-oriented fashion, than the CCSD staff is afforded. This may just provide us with practical information about how students at the University of Delaware live, and what they are encountering that we can then share with the counseling staff in a way that they might not as easily come by if we were not part of their unit. Hopefully they find this information helpful to their clinical perspective.