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The Evolution of University Counseling: From Educational Guidance to Multicultural Competence, Severe Mental Illnesses and Crisis Planning

Alison Lafollette

Abstract: The role of university counseling has evolved over time out of an educational and vocational guidance background. The original focus of university counseling on transitional issues has been maintained to a degree but has also developed as the needs and demographics of college students have changed. Currently university counseling centers are handling a mental health crisis and learning how to counsel an increasingly diverse population of students. Furthermore in the wake of September 11, 2001 and the Virginia Tech incident, crisis planning/disaster mental health has also become important. As the institutional workload of university counseling centers continues to grow, the author recommends a more preventative approach to mental illness through the fostering of mental health.

The current status of university counseling is a product of the historical, political and social situations of the past. Thus, first, a brief explanation of the historical and philosophical roots of university counseling will be given. Next, the current role of a university counselor will be discussed based on issues that have come to be of importance today. University counselors have been trying to increase their multicultural competence, adapt to the increasing severity of mental illnesses among college students, and plan for crisis/disaster. Lastly, the author will offer some recommendations that may decrease the institutional workload and pressure that university counseling centers are currently experiencing.

HISTORIC AND PHILOSOPHICAL ROOTS

Historic Roots

University counseling traces its roots back to the early educational guidance movement of the 1930s. Since that time, it has evolved as a consequence of various historical events; in particular the Great Depression, World War II, the Civil Rights and women's movements, and the Cold War. The guidance movement of the 1930s and 40s focused on assisting young people with life changes such as leaving home, succeeding in school, and obtaining employment (Sweeney, 2001). During this time, the Great Depression in the U.S. heightened the need for vocational services for citizens and the first attempt to institutionalize these services



was made (Sweeney, 2001). It is in the context of this early guidance movement that soldiers returning home from the Second World War received counseling in higher education as many pursued this opportunity for the first time under the G.I. Bill (Hodges, 2001). Though the university counseling was originally meant more for vocational services, the personal and social concerns of the soldiers inevitably needed addressing and thus the role of guidance counselors in the university setting adapted to meet these needs (Hodges, 2001).

As counselors were adapting to the needs of the veterans of World War II another war was beginning that would help further the field of counseling yet again, namely the Cold War. The National Defense Education Act (NDEA) of 1958 came out of the Congress' desire to identify and prepare the gifted for careers that might be important to the space race (Sweeney, 2001). The NDEA provided funds for guidance and counseling institutes, provided funds for fellowships in counseling preparation, and expanded guidance and testing programs in schools (Sweeney, 2001). The provision for funds came at a crucial time as the population of those attending college became increasingly diverse after the Civil Rights and women's movements. Both movements created a complex social and cultural environment in colleges which led to a need for more counseling professionals with specialized training to keep up with the growing demand for student services (Hodges, 2001). With an emphasis on addressing both personal and vocational needs of students, university counseling began to develop an identity that was separate and distinct from other student affairs units. However, even though university counseling has developed a distinct identity it still has retained an attachment to early educational philosophy (Hodges, 2001).

Philosophical Roots

Early educational philosophy addressed the fact that development occurs along multiple dimensions of the individual during the college years: interpersonal, emotional, physical and spiritual (Hodges, 2001). Before wellness and holistic approaches to helping were popular, university counseling had already begun to emphasize a respect for the student's worldview, as opposed to directing the student from one's own sense of expertise (Hodges, 2001). In addition to a developmental approach, the university counseling setting also took up a person-centered approach, specifically the ideas of unconditional positive regard, recognizing and being sensitive to the uniqueness of each person, and focusing on student self-reflection (Hodges, 2001). The aforementioned developmental and humanistic approaches can still be seen in university

counseling today though there has been somewhat of a shift in recent years toward a medical model. The reason for this shift will be explained in the following section as we address issues that affect the current field of university counseling.

CURRENT ROLE OF UNIVERSITY COUNSELING CENTERS

Increase Multicultural Competence

The multicultural movement in counseling, which has accelerated in the current decade, attempts to acknowledge the differences that exist for people of different races, ethnicities, genders, religions, ages, sexual orientations, etc (APA, 2003). An increasing numbers of multiethnic and multicultural students, lifelong learners and openly gay and lesbian students, among others, are highly visible on today's campus (Hodge, 2001). The ethnic/racial makeup of students currently enrolled is 75.5 percent Caucasian, 5 percent African-American, 6.2 percent Hispanic, 11.6 percent Asian/Pacific Islander, and 1.6 percent American Indian/Alaskan native and the number of minorities enrolled in higher education is on the rise (American College Health Association, 2009). The increasing diversity of the student population is one factor that university counseling centers are beginning to address. In addition, social justice is closely related to multiculturalism as it acknowledges the broad, systematic, societal inequities and oppression that exist while striving to bring equal rights to every individual (Smith, Baluch, Bernabei, Robohm, & Sheehy, 2003).

One of the first recommended guidelines for practicing counseling with regard to multiculturalism and social justice involves becoming self-aware of one's own world view that includes one's values and beliefs. Recognizing that all people are multicultural and thus that all interactions are cross-cultural is an important part of this self-awareness (APA, 2003). Another way in which university counselors can work towards practicing with multicultural and social justice in mind is to collaborate with cultural experts and seek out culturally specific info when working with clients from diverse backgrounds (Smith, 2007). In a recent survey of American College Counseling Association members, 44% indicated that their counseling centers were providing workshops or in-service training in efforts to increase multicultural competency and 22% had recently recruited a racial/ethnic minority or hired a staff member with expertise in multicultural issues (Smith, 2007). The aforementioned efforts are being made in an attempt to deliver therapy that recognizes the influence of culture on an individual seeking therapy. In addition to meeting with an



increasingly diverse student population, university counseling centers are also handling an increase in severe client symptoms.

Treat Mental Illnesses of Increasing Severity

Although the developmental movement within counseling dominated the first several decades of university counseling, the most recent decade has witnessed a dramatic rise in the use of the medical model (Hodges, 2001). This shift to a medical model in some institutions is a result of the increase in recent years of students entering the university system with severe mental illness. According to the American College Health Association (2009), 14.9 percent of students reported a diagnosis of depression in his or her lifetime and out of these 32 percent had been diagnosed in the past school year. Other reports indicate that between 12-18% of university students have a diagnosable mental illness (Mowbray, Megivern, Mandiberg, Strauss, Stein, Collins, et al., 2006). Additionally 41 percent of college students report drinking five or more alcoholic drinks at least once in the past two weeks (National Institute on Alcohol Abuse and Alcoholism, 2009) that is particularly alarming when taken in consideration with the suicide risk that exists among college students. In the past 60 years, the suicide rate among adolescents has tripled and has become the second leading cause of death in college students (Mowbray et al., 2006).

Some suggest that the pressures of getting into college and staying there and a rise in tuition that has forced many students to work while in school have both had negative effects on students psychological well-being (Mowbray et al., 2006) while others suggest it is related to parental hyper-concern that is making kids, and later young adults, more fragile (Cooper, Resnick, Rodolfa, & Douce, 2008). A variety of methods are currently being recommended and put into practice in an attempt to address what some are calling a mental health crisis on university campuses. College centers have implemented various procedures such as session limits, waiting lists, and psychiatric consultation in order to meet the growing demand for services (Smith, Dean, Floyd, Silva, Yamashita, Durtschi, et. al., 2007).

Develop Crisis/Disaster Plans

In the aftermath of events such as the terrorist attacks of September 11, 2001 and the shooting of 32 students at Virginia Tech University there has been an increase in attention to crisis management and disaster mental health on university campuses. One requirement for accreditation is that

counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements (Boyd, Hattauer, Brandel, Buckles, Davidshofer, Deakin, et al., 2003). Furthermore, counseling services should provide emergency services for students who are experiencing acute emotional distress, are a danger to self or others, or are in need of immediate hospitalization (Boyd et al., 2003). However, with the increase in severity of client symptoms it is important that all university counseling services have some plan of action for addressing violence and student suicide. Stone (2008) recommends creating an educational partnership to ensure an accurate understanding on college mental health. The aforementioned need for crisis planning along with an increase in severity of client symptoms and in the diversity of students has placed a great deal of pressure on university counseling centers.

Handle Increasing Institutional Pressures/Workload

In addition to the recent development of the roles discussed above, university counseling centers are still expected to maintain previous roles/functions such as consultation services, outreach, training, individual/group counseling, and evaluation/accountability research on the effectiveness of services (Boyd et al., 2003). Though there is an increase in the demand for services, a recent survey reports that only 5% of university counseling directors say that their current resources are “adequate” (Bishop, 2006). To stay ahead of the growing demand, university counseling centers have had to implement a variety of techniques in an attempt to see as many students as possible, which may or may not sufficiently meet the individual’s needs. Strategies include offering briefer therapies, managing waiting lists, increasing group treatment options, instituting automatic termination policies and having referral sources outside of the institution where students can receive services (Bishop, 2006). Furthermore, another survey indicates that counselors are also spending more than ten hours a week on administrative duties (Smith, 2007) which takes time away from giving students treatment.

FUTURE RECOMMENDATIONS

Given the aforementioned growing demands being placed on university counseling centers, it seems that institutional funding for university counseling centers may need to become more of a priority. The author recommends two ways in which funding may be used by university



counseling centers to adequately fulfill their roles. First, one intuitive way that funding could be used would be to hire a larger staff consisting of more counselors/psychiatrists and/or of more administrative assistants. Increasing the staff size would disperse the workload so that more time could be spent treating students' mental illness, increasing multicultural competency, and developing crisis/disaster plans. Second, additional funding could also be used directly for preventative efforts. One requirement for university counseling center's accreditation already speaks to the importance of preventative efforts. University counseling centers should help students acquire new knowledge, skills, and behavior; encourage, positive and realistic self-appraisal and enhance the ability to relate mutually and meaningfully with others (Boyd et al., 2003). With additional funding university counseling centers would be able to provide more workshops designed to promote the mental health of students. These workshops might focus on things such as interpersonal skill training or might help students identify their strengths and offer suggestions on how students can use their strengths.

CONCLUSION

The role of university counseling centers today now supersedes the original role of providing educational/career guidance and now includes the roles of gaining multicultural competency, treating increasingly severe mental illness, and developing crisis/disaster plans. With the increase of pressure and workload on university counseling centers, either the increase of funding and/or a focus on preventative measures seem to be two probable directions in which these counseling centers may turn. As the college student population transforms so must the field of university counseling to meet the needs of the students and the university as a whole.

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Alison LaFollette received her BA in Psychology from Truman State University. She is currently working on her MA in counseling with a Community Counseling-Adult focus at Marquette University. She hopes to pursue a doctorate and to teach at the university level while conducting research in the field of positive psychology (specifically subjective well-being and character strengths).