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# Counseling Psychology Within the University: A Study of Roles and Functions

Justin T. Sokol

**Abstract:** The purpose of the current article is to review the roles and functions of counseling psychologists who provide services within college and university counseling centers. The philosophy and definition of counseling psychology are provided, followed by a chronological review which traces the evolution of campus counseling centers over time. The article concludes with a description of current issues and challenges facing campus clinics. Roles and functions have evolved in many ways over the last fifty years and in order to remain effective, counseling psychologists must continue adapting to the changing dynamics of the college student population.

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Counseling psychologists are involved with a wide variety of practices and function within a number of settings. New professional roles have emerged over the course of time, typically as a direct result of changing societal needs. One constant has been the employment of psychologists within college and university counseling centers, the practice setting that will be the focus of this paper. Before examining this venue, a general description of the philosophical approach and definition of counseling psychology will be provided to help understand how practice at the university level fits into the larger mission of the field. Next will be a review of the roles and functions for psychologists who practice within campus clinics. Finally, the paper will conclude with a discussion of current issues and challenges university counseling centers face, followed by a short summary.

## PHILOSOPHY AND DEFINITION

To understand the roles and functions of psychologists who operate at the university level, it is important to recognize the larger scope of the profession as a whole. Murdock, Alcorn, Heesacker, and Stoltenberg (1998) identified the following philosophical perspectives that set counseling psychology apart from other specialty areas of psychology: (1) an emphasis on working within a developmental perspective across the full range of psychological functioning, (2) working with assets and strengths across all levels of functioning, (3) use of relatively brief counseling and treatment interventions, (4) a broad focus on person-environment interactions, as opposed to exclusive attention to either the person or environment, (5) an emphasis on educational, vocational and career development, (6) a stress on prevention and psycho-educational interventions, (7) an essential commitment and valuing of the integration of individual and cultural diversity and the vital importance of



multiculturalism within US society today, and (8) an essential attitude of critical and scientific inquiry accentuating the importance of evaluating and improving services and emphasizing the integration of science and practice. In summary, the philosophy of counseling psychology comes from a strength-based approach which emphasizes prevention, brief treatment, and the recognition of multicultural issues. This philosophy clearly influences how counseling psychology is currently defined.

According to Division 17 (Society of Counseling Psychology) of the American Psychological Association (APA), the most recent definition of counseling psychology (APA, 1999) is as follows:

Counseling psychology is a general practice and health service-provider specialty in professional psychology. It focuses on personal and interpersonal functioning across the life span and on emotional, social, vocational, educational, health-related, developmental, and organizational concerns. Counseling psychology centers on typical or normal developmental issues as well as atypical or disordered development as it applies to human experience from individual, family, group, systems, and organizational perspectives. Counseling psychologists help people with physical, emotional, and mental disorders improve well-being, alleviate distress and maladjustment, and resolve crises. In addition, practitioners in this professional specialty provide assessment, diagnosis, and treatment of psychopathology. (APA, 1999, p. 589)

This statement reflects an ambitious specialty that offers a wide range of services (e.g. psychotherapy, research, education, supervision, etc.) to a variety of populations (Baker & Subvich, 2008). Counseling psychologists operate in a number of settings including universities, community mental health centers, Veterans Administration clinics, hospitals, independent practice, business organizations, and consulting firms. Surveys of Division 17 members consistently show that the largest number (roughly 40%) of counseling psychologists are employed at the university level (APA, 2000; Fitzgerald & Osipow, 1986; Gelso & Fretz, 2001; Watkins, Lopez, Campbell, & Himmell, 1986). Although many serve as professors and researchers, others are direct providers of counseling services. Before focusing on such providers, a brief discussion of the history behind college counseling centers is in order.

## EVOLUTION OF ROLES AND FUNCTIONS

In 1951, the term “counseling psychology” was introduced at the first national conference hosted by Division 17 (Super, 1955). It is no coincidence that university counseling centers were founded shortly thereafter. Inspired by the guidance movement of the early 20<sup>th</sup> century, the end of World War II, and funding from Veterans Administration, campus clinics provided career and vocational counseling to returning veterans and students (Cooper, Resnick, Rodolfa, & Douce, 2008). By this point in time, psychometric tests of vocational interest, aptitude, and ability were well developed (Baker & Subvich, 2008). However, career concerns were not the only issues facing veterans; many experienced difficulty transitioning from war to civilian life. Counseling psychologists were required to expand their focus beyond vocational guidance.

During the 1960’s, counseling psychology continued to develop as a profession. Leaders from Division 17 gathered again in 1964 for a second national conference (Munley, Duncan, McDonnell, & Sauer, 2004). Among the topics of discussion were training issues, practicum/internship sites, and required coursework curriculum for doctoral studies. As university counseling centers became more involved with training and supervision, the number of sites increased. It was around this same time period that new counseling methods and theories gained momentum (Baker & Subvich, 2008). Up until this point, counseling was primarily focused on matching skills and interests with careers (i.e. career and vocational guidance). Nondirective approaches (e.g. Carl Rogers) became popular, as they attempted to account for the adjustment of the whole person (Cooper et al., 2008). Such approaches were very different because the client was in charge rather than the counselor. Although vocational guidance was still the primary focus at this time, personal counseling emerged.

The 1970’s and 1980’s were viewed as a period of time when university counseling centers became broader in scope (Cooper et al., 2008). Psychologists began to work with clients experiencing interpersonal difficulties rather than focusing solely on career counseling. Doctoral programs continued to be established throughout the US as psychotherapy services improved. At the same time, the number of campus clinics grew and took on new roles including outreach/prevention programs and campus consultation. Advances in psychometric tools also led to the expansion of diagnosis and assessment.

Demand for services continued to rise during the 1980’s and 1990’s as students began paying more attention to their own mental health concerns (Gallagher & Bruner, 1994; Stone & Archer, 1990). Changing attitudes and perceptions towards mental health from society at large was



likely a contributing factor. Unfortunately, resources were limited (Stone, Vespia, & Kanz, 2000) and university counseling centers faced constricted budgets (Cooper et al., 2008). Thus, brief therapeutic models and group therapy were introduced. Psychologists began to consult with agencies outside the university (e.g. community mental health clinics) for additional support due to the high volume of clients that appeared. Referrals became yet another important function of campus clinics.

Today, university counseling centers take on many of the roles previously mentioned. In summary, these include career/vocational counseling, individual/group psychotherapy, training and supervision, outreach/prevention, consultation, and referrals. Different programs operate on different models and size (both of the university and the counseling center) typically has an impact on the amount of resources available (Bishop, 2006; Stone, Vespia, & Kanz, 2000). Although considerable variation exists among college counseling centers, there is no question that many currently face a host of challenging issues (Benton & Benton, 2006; Cooper, 2004; Cooper et al. 2008; Grayson & Meilman; 2006; Kadison & DiGeronimo, 2004). It is worth taking a brief look at what these issues are and how campus clinics are dealing with them.

### **ISSUES AND CHALLENGES**

By its very nature, college represents a time of tremendous change for students. Each semester brings with it new classes and teachers, friends and lovers (Grayson & Meilman, 2006). Roommates come and go as students move from one housing location to the next. It is also a time in students' lives when a series of normal developmental changes are underway including identity formation, the establishment of intimate relationships, and the selection of a career path, just to name a few. While some adjust well, others struggle with all that is "college life." Fortunately, counseling services are available to those who experience difficulties. As mentioned previously, today's college students are more likely to seek out mental health resources than they were in years past (Bishop, 2006). This could be due to a number of factors including the destigmatization of mental health concerns and an increase in outreach and prevention programs provided on campus.

For today's college students, developmental issues are still germane but clinicians must also brace themselves for a variety of other issues. Depression, sleep disorders, substance abuse, anxiety disorders, eating disorders, impulsive behaviors (including sexual promiscuity and self-mutilation), psychotic breaks, and even suicide are no longer anomalies;

they are a part of college life (Grayson & Meilman, 2006; Kadison & DiGeronimo, 2004). Research findings appear to support this belief.

Benton, Robertson, Tseng, Newton, and Benton (2003) conducted a study to explore the severity of problems among counseling center clients across a span of 13 years. They found that from 1988 to 2001, the number of students seen for depression doubled, the number of suicidal students tripled, and the number of students seen following a sexual assault quadrupled. Even before results of this study were published, staffs and directors of college counseling centers reported seeing clients who were more distressed and disturbed than in years prior (O'Malley, Wheeler, Murphey, O'Connell, & Walso, 1990; Robbins, May, & Corrazini, 1985). A more recent poll found that 85% of directors reported seeing an increased number of clients with severe psychological problems compared to previous years (Gallagher, 2004). Findings such as these have led researchers to further investigate causes for the rise in psychological disturbances among college students.

Are today's college students experiencing more severe forms of psychopathology or are the observed findings a byproduct of a changing college student population? Rudd (2004) believes the latter has contributed to observed trends. First, not only has the sheer number of college students increased, today's students are more likely to seek out mental health services (Bishop, 2006). If there are more students seeking counseling, it seems logical that the number of students seen for depression, suicidal ideation, and sexual assault has increased. Additionally, advancement in medicine has made it possible for many students to manage mental health problems and do well enough to attend college (Kadison, 2006). Because of these factors, it makes sense that the number of students appearing in campus clinics is on the rise.

Unfortunately, as the demand for services and volume of clients has increased, the amount of available resources has not changed (Archer & Cooper, 1998; Bishop, 1995; Cooper et al., 2008). University counseling centers are often asked to do "more with less" which has led to variations in policies and procedures. For instance, the use of brief therapies and group counseling are two methods employed to offset the increased number of clients (Murphy & Martin, 2004). However, many students need more assistance than traditional counseling services can provide (Medalie, 1987). Thus, the utilization of referral sources outside the institution is another way services are delivered to students in need (Cornish, Kominars, Riva, McIntosh, & Henderson, 2000).



## CONCLUSION

In conclusion, counseling psychologists practice in a number of different settings and provide a vast array of services. A high percentage of counseling psychologists operate at the university level by providing direct counseling services to students. Roles and functions have evolved over the course of time to meet changing needs of the clients served. Today's counseling psychologists must be prepared to work with students experiencing severe psychological disturbances in addition to those experiencing normal developmental difficulties and vocational concerns. Limited resources and increased demands require practitioners to balance a busy schedule, become more efficient, and utilize brief forms of treatment. Just as they have in the past, campus clinics must continue to be flexible in adapting to with the changing dynamics of the student population and society at large.

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