

Faculty Options for Dealing with Students at Virginia Tech

Virginia Tech Incident Review Panel

Monday, June 10, 2007

I. Introduction

I am Dr. Christopher Flynn, a licensed clinical psychologist, employed as Director of the Cook Counseling Center at Virginia Tech. In my capacity as Director, I supervise the professional activities of a multidisciplinary team of mental health professionals including psychologists (6), counselors (5), psychiatrist (1), nurse practitioners (2), a post-doctoral fellow in counseling psychology, pre-doctoral interns (3), and classified staff (4). We provide a range of mental health services to the 26,000 or more currently enrolled students at Virginia Tech.

I have been asked to address (1) the number of students who seek services at the Cook Counseling Center each year, (2) the diagnostic categories into which these students are distributed, and (3) the mental health resources that we may utilize for treatment, and what prompts a referral to an external resource.

II. Students Seeking Counseling

In the academic year 2006-2007, the Cook Counseling Center provided services to over 2,500 students, which is roughly 8.5% of the student population at Tech. These students were seen in almost 10,000 individual or group appointments in the center for an average of four sessions per student. Of the students seen in the center for counseling, almost 20% were referred to our psychiatric staff for medication evaluation and treatment.

More of the students seeking services were upperclassman (25% juniors and seniors) than freshman (15%), sophomores (18%), or graduate students (17%). A greater percentage of women (58%) than men (42%) sought services despite higher enrollment of males at Tech (58% male, 42% female). Women are twice as likely to seek counseling as are males (11%, 5.7%) and this is consistent with national trends. The racial and ethnic profiles of students seeking counseling are generally consistent with the racial and ethnic profiles of the whole student body.

Any student at Virginia Tech is eligible for services if they have paid the student health fee.

III. Diagnostic Categories

The concerns that students bring to counseling range from developmental concerns of adapting to college life to severe mental illness. As students are seen, they are assessed for signs and symptoms of diagnosable mental illness including whether they are depressed, suicidal or homicidal. Diagnosis often determines the degree to which their academic performance may be affected, whether they will need medication to assist in their functioning, and the frequency with which they may need to be seen in counseling.

For students being seen in counseling at Virginia Tech, the most common concerns lie outside of a diagnosable mental illness. Students will consult with staff regarding many developmentally appropriate concerns including homesickness and adjustment to college, change in relationship status with significant others,

friends and parents, illness and death in their families, and a range of academic concerns including time management, study skills, and stress management.

In the area of mental health, the most common classification system was developed by the American Psychiatric Association and is published as the Diagnostic and Statistical Manual of Mental Disorders (1994), now in its fourth edition, and is commonly referred to as DSM-IV (text revision in 2000). Utilization of the diagnostic categories allows for consistent and appropriate diagnosis across clinicians and diagnoses guide appropriate treatment protocols.

There have been large scale epidemiological studies across the United States that have looked at incidence and prevalence of mental illness across the country and this research enable us to anticipate the likelihood of encountering a particular problem in our clinical work. For example, we know that the most common diagnostic category among women is the presence of an anxiety disorder, while among men it is a substance abuse disorder.

Of the concerns that meet the diagnostic criteria of DSM-IV, among the categories most commonly seen among students are the following:

- Mood disorders including dysthymia, major depression, and bipolar disorder (35-40% in Psychiatry). Students with mood disorders are assessed for suicidal ideation and level of intent.
- Anxiety disorders including social anxiety, generalized anxiety disorder, panic disorder, and post-traumatic stress disorder (15%)
- Adjustment Disorders (follows exposure to identifiable stressor, e.g., breakup with partner) with anxiety or depression (15%)
- Attention deficit disorders with or without hyperactivity (19%)
- Body Image disturbances (Body Dysmorphic Disorder) and eating disorders (Anorexia and Bulimia Nervosa) (3-5%)
- Abuse or Dependence on Alcohol or other substances (5%)

More rare are students who may have a disorder with psychotic features including schizophrenia, schizoaffective disorders, or more severe variants of depression and bipolar disorders.

However, the typical time of first onset for many of these severe problems is during early adulthood so students with severe mental illness may present at the counseling center during an initial experience with psychosis.

I should note as well that students who may leave school during an initial period of severe illness are likely to return to school once stabilized on medication or following intensive treatment. Indeed, many students who were once considered unable to attend college are now able to do so successfully with medication, counseling, and accommodations. Counseling center across the United States now see students who have been treated previously for significant concerns including severe depression, autistic spectrum disorders, and eating disorders. Recent surveys of counseling center directors conclude that the severity of mental health concerns among college students continues to be on the increase.

IV. External Resources and Relationship to Cook Counseling Center

It is the mission of the Cook Counseling Center to provide counseling and psychiatric services to the student population and to assist students to be successful in their academic pursuits. The vast majority of the students seen in the Cook Counseling Center can be treated successfully within the structure of the Center although there are students whose needs are beyond what the Center can meet. It might be helpful to see the counseling centers as analogous to student health centers where most care can be given in-house but where the needs for specialists or hospitalization must be provided by external resources.

The most obvious example of a need for an external resource is when a student is sufficiently ill to require hospitalization. Students who are acutely suicidal, psychotic or unable to function may require hospitalization and the counseling center staff is involved in the hospitalization of between ten to twenty students yearly. Where a student is hospitalized depends on the nature of the disorder, whether they have insurance or not, and whether they

are willing to go to the hospital of their own volition or require an involuntary commitment.

In general, for students who have insurance and are willing to seek hospitalization, there are generally sufficient psychiatric beds available in the New River Valley/Roanoke area. Students who are without insurance or require involuntary hospitalization must be referred to state facilities; the admission to state facilities is controlled by the local community service board's emergency & assessment services, known as ACCESS. If a staff member of the counseling center feels a student is in need of hospitalization because of danger to self or others and is unwilling to go voluntarily, ACCESS is called and their emergency staff responder conducts an evaluation and then decides whether to seek a temporary detention order from a magistrate (see Virginia code 37.2.809).

The staff members of the Cook Counseling Center may also refer students for specialized care if the acuity and severity of their presenting problems exceeds the capacity of the center. New River Valley Community Services also offers intensive outpatient

services, residential and outpatient substance abuse, and services for adults on probation and parole.

Students who may need to be seen twice weekly or weekly for long periods of time may require treatment by an off-campus provider, e.g. a student with a severe case of bulimia may require intensive outpatient treatment with a specialist in this area. The Counseling Center maintains lists of outpatient providers and their respective specialties. The staff of the Counseling Center may also refer to several community programs staffed by the faculty and graduate students in the Departments of Psychology and Marriage and Family Therapy.