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CCAPS Newsletter

November 2007

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From the Editors

CCAPS Newsletter
November 2007

Welcome to the fall edition of the CCAPS newsletter. We realize that it's been a fast-paced year so far on many campuses, and encourage you through the busy end of the year activities ahead.

One of our features in this Newsletter is Religious Expressions in Times of Stress: A Brief Review of the Psychology of Religious Coping and Its Applications in Clinical Settings written by Luis G. Cruz-Ortega of the University of Central Florida. The essay is a brief review of how psychological theory provides a framework for conceptualizing the role of religion and spirituality in coping with distress. The author's intention is to motivate counselors to pay closer attention to the assessment and integration of spirituality and religious resources in their clinical work.

Another special feature is entitled Reflections from Early Career Professionals, edited by Jane Bost of the Newsletter Committee of CCAPS. This fall, we invited five mental health professionals working at three different university counseling centers to reflect and share what it means to be an early career professional. Our hope is that it encourages us all to revisit the excitement and passions which drew us to our professions, and thoughtfully consider what it takes to sustain and nurture our own healthy lives.

Thank you to Jonathan Kandell for his From the Chair column. We are also re-printing his Open Letter to AUCCCD (Association of University and College Counseling Center Directors) which was written in response to the recent pressure for campuses to institute mandated student assessments. For those who have not yet reviewed the letter, it provides an excellent summary of the issues and concerns which challenge our profession as well as students as we seek to create and sustain safe campuses.

Please review the Committee Reports for an update on what's happening with the CCAPS elections process, as well as updates from the Program, Job Search Workshops and Continuing Education committees. Our directorate is working hard to ensure that the upcoming ACPA Convention in Atlanta is another excellent opportunity for professional development, renewal, and connection.

Finally, please share the link to the CCAPS website, information about the Newsletter, and the special invitation in this Newsletter, CALLING ALL GRADUATE STUDENTS AND INTERNS: PLEASE JOIN US IN CCAPS! with young professionals so that we can let them know about all the ways that CCAPS can be an important part of learning about counseling center work. We enrich our profession as we invite and encourage new members, and graduate students and new professionals have so much to offer us – we just want to make sure that they know they're welcome and appreciated in our ranks!

Thanks go again to David Gilles-Thomas for his work in formatting and uploading this newsletter! Have a wonderful winter - we're excited to look forward to spring and the upcoming ACPA convention in Atlanta.

Andrea Greenwood, Ph.D.
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University at Buffalo

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From the Chair

CCAPS Newsletter
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If your experience this fall has been like mine, you have been extremely busy and are ready for the semester to end. My center has seen a 20% spike in help-seekers over last year, and reports are that many center are a seeing a similar or greater demand for services. These figures, of course, say nothing about the increasing levels of distress we are seeing. At the same time many, perhaps most, counseling centers are facing questions about their operations and their ability to ensure campus safety. The shootings at Virginia Tech have created an uncertain time for all of us.

One article in the current newsletter is an Open Letter from me, as Chair of CCAPS, defending our sister organization, the Association of University and College Counseling Center Directors (AUCCCD), from attacks by an opportunistic for-profit company looking to take advantage of the VT tragedy. While these challenges have always existed, the level of danger and vulnerability seems particularly high these days. The aspects of our work that make it attractive to us (freedom, security, variety, relatively healthy population) also make it attractive to others. It's often difficult to look around us when the client demands are so high, but it's critical that we see the larger picture and prepare for it.

My goal here is not to depress you. My intent, rather, is to show why, as an organization, we need to support each other and our profession. As detailed in the last newsletter, CCAPS was remarkable in its efforts to help our colleagues at VT. We must continue to look out for each other, share our knowledge and experiences, and strengthen our organization.

To that end, I encourage all of you to vote in the upcoming CCAPS election. We will be electing a new set of Directorate members soon to work with our current Chair-Elect, Chanda Corbett. Chanda will be taking over the Chair duties at the upcoming convention in Atlanta (insert shameless plug about coming to convention here!).

Speaking of convention, we are in the preparation stages already and look to have a great slate of programs, roundtables, and CE workshops available! Registration for the convention and hotels is now open, so if you haven't yet done so, you may want to book early. For those concerned about the cost of last year's lodging, etc., I'm happy to say that the hotels are much more reasonable, not to mention convenient (no more shuttle buses!). I have fond memories of the last Atlanta convention (1999) and am definitely looking forward to getting together with all of you there.

Have a great end to the semester and holiday season! I'll be back in touch before the convention!

~ Jonathan Kandell
Chair, Commission for Counseling and Psychological Services

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Open Letter to AUCCCD

CCAPS Newsletter
November 2007

Jonathan Kandell, Ph.D.
Chair, Commission for Counseling and Psychological Services
American College Personnel Association

The following letter was written in response to an attack on the Association of University and College Counseling Center Directors (AUCCCD) and counseling centers as a whole by a for-profit company called the Professional Services Group, Inc. (PSG). Following the tragedy at Virginia Tech, PSG contacted the Senior Student Affairs Officers (SSAO) at many campuses promoting their assessment products. PSG's idea, in order to increase campus safety, was to require each student to complete one of their assessments each semester (at $16 per instrument) before the student could register for classes.

AUCCCD responded to PSG's efforts by posting an open letter to SSAOs and "members of the campus community" on their website, expressing their concern over mandating such assessments and raising the issue of how difficult it is to predict violent behavior. PSG then wrote back to SSAOs blasting AUCCCD, claiming that the Directors group was "endangering" students and campuses by their opposition to mandatory screening of students.

After becoming aware of the situation and doing some research of my own, I felt compelled to write my own open letter in support of AUCCCD and challenging PSG's assertions. After running the letter by the CCAPS Directorate I had a copy posted on our website (link on the CCAPS homepage). I also sent it to the AUCCCD list to enable directors to read it. The letter, reprinted below, provides a history of what happened and my thoughts and reactions to the situation. These events remind us that we must remain ever vigilant in protecting our profession.

An Open Letter to the Association of University and College Counseling Center Directors,
the Professional Services Group, Inc. and the Higher Education Community

"First, do no harm"

I am writing this letter to express my concern and dismay over the recent interchange involving the Association of University and College Counseling Center Directors (AUCCCD) that has occurred over mandatory campus screening of students. This open letter is an attempt to elucidate my concerns about this issue and to support the efforts of those who work in my chosen field, college and university counseling centers. This letter also represents the official position of the Commission for Counseling and Psychological Services (CCAPS) of the American College Personnel Association.

I have more than 20 years experience working in counseling centers and am currently the Chair of the CCAPS. While AUCCCD is comprised of counseling center directors, CCAPS is the primary organization for counseling center staff at all levels. Most of us work for our AUCCCD colleagues; some of us are directors ourselves and members of AUCCCD.

Upon hearing about this argument I had some initial reactions. I've waited to respond, however, until I

did some research of my own. My goal was to attempt to figure out what each side was saying, and to put the situation in context. The following is my understanding of what is happening.

History

1) At the Annual Convention of the American Psychological Association in 2005, Dr. Koltko-Rivera introduced the College Entrance Psychiatric Screen (CEPS) as a method for screening entering freshmen at colleges and universities for "serious psychiatric disorders." This instrument, which later evolved into the College Student Psychiatric Screen™ (CSPS™), was "originally developed in 2002 for the U.S. Department of Defense as a way to screen for serious psychiatric disorders among potential recruits." [1] Dr. Koltko-Rivera concludes the presentation by saying, "My organization, Professional Services Group, Inc., is interested in partnering with college and university counseling centers to conduct ***predictive*** (emphasis added by me) validity trials with an enhanced version of the CEPS."

I do not know if a partnering occurred with any campus counseling center, but I would think that if it had, Dr. Koltko-Rivera would have mentioned it. Given that this partnering likely did not occur, and Dr. Koltko-Rivera himself saw the need for such predictive validity trials, this raises concerns for me when he states, "because campus-wide mental health screening would be an effective means of forestalling shooting incidents …" [2] In my careful review of the information presented on the PSG website, I have not found any mention of any predictive validity studies or results, or, in fact, any validity or reliability studies beyond the initial work. If Dr. Koltko-Rivera desired such trials to measure the efficacy of his instrument in "the real world," and if these trials did not occur, or did not provide the expected data, how can he now claim that his (or any other) campus-wide screening instrument "would be an effective means of forestalling shooting incidents?"

2) In a "White Paper" dated April 27, 2007, 11 days after the shootings at Virginia Tech, Dr. Koltko-Rivera presents his argument more fully for widespread use of the CSPS™. Included in this piece is the following quote (bolding is original, underlining by me), "**The CSPS™ identifies the likely presence of five categories of major psychiatric disorders, each of which <u>may</u> result in the extreme violence seen in school shooting incidents.**" When does "may result in … violence" become "would be an effective means of forestalling shooting incidents?"

3) Around the same time, PSG releases a pamphlet aimed at campus administrators entitled, "Taking Steps to Help Prevent the Next Campus Shooting Incident: The Application of Psychological Screening Technology." [3] In this pamphlet PSG makes the argument for mandatory screening of all college students, a proposal stated even more strongly on the PSG website, "If local laws make it possible, we recommend that colleges and universities require all students to complete the CSPS™ as a condition of enrollment on an annual basis." [4]

4) On July 12, 2007 AUCCCD reacts to this call for mandatory campus screening by releasing a statement on their website. [5] This statement, also targeted to administrators, notes that "some individuals and companies are marketing assessment instruments to screen students for mental health concerns to 'prevent' another violent incident from occurring" and raises several concerns about the prospects of mandatory assessment. The statement does not mention PSG or any specific individual/organization. It does, however, suggest that administrators should think carefully before instituting such a screening.

5) In response to AUCCCD's statement of caution regarding mandatory campus screening, Dr. Koltko-Rivera posts a response of his own dated July 27, 2007. [6] The main points of this reply are then sent to "members of the higher education community" (primarily upper-level administrators) in the July 30, 2007 letter I mentioned above. [2] In my opinion, Dr. Koltko-Rivera's tone in these rebuttals escalates significantly and appears defensive. In both replies Dr. Koltko-Rivera states that AUCCCD advises against (or does not recommend) campus-wide mental health screenings. This is not necessarily the case. Again, AUCCCD does recommend caution, but does not rule out the use of campus-wide screening. AUCCCD seems to be saying that we should not overreact to the shooting at Virginia Tech and look for easy answers via a mandatory mental health screening of students. We should, instead, think carefully as to whether this is the road, as counseling center and campus professionals, we wish to travel.

Thoughts

Given the above sequence of events, several thoughts run through my mind:

1)   I appreciate PSG's right to create a screening instrument, and to make a profit from it. I even allow for their right to market such an instrument in an appropriate manner. I personally, however, find the timing of PSG's marketing blitz in the immediate wake of an unspeakable tragedy to be opportunistic at best, manipulative and crass at worst.

2)   The CSPS™ was created in 2002 to screen for serious psychiatric disorders among military recruits. As with screening among police officers, I not only have no concerns about the need for such screening, I laud PSG for developing such an instrument. In 2005 a version for college students was created, and then released in 2006. I can understand the desire for a new market (especially with declining military recruitment numbers), but the campus population has at least some major differences from those in the military. If someone will not only have access to firearms, but will be required to carry one (or more), and to use them, I certainly would want to be as careful as possible in determining the emotional stability of the person. Mandatory assessment in this case is completely warranted, or as Dr. Koltko-Rivera likes to say, "**Screening makes sense**." On the other hand, I don't believe that the requirement to carry a textbook or laptop equates to the requirement for carrying a gun.

3)   When the CSPS™ was developed and presented at the 2005 APA convention, no mention of it's utility in preventing violence (or any mention of violence at all) was made. Only in the materials after the Virginia Tech shootings is such a claim made. Since there do not seem to be any predictive validity tests to determine the efficacy of such an instrument in the field (as opposed to the norm group), it makes me wonder about the true efficacy of the instrument. I certainly do not claim that the instrument has no value. In fact, it could be a very helpful tool. What troubles me is that it has not undergone the independent scrutiny that such instruments need (e.g., not in Buros' Mental Measurement Yearbook), especially when it is being suggested that every college student be forced to take it "as a condition of enrollment on an annual basis." [4]

4)   Dr. Koltko-Rivera implies an understanding of the college counseling environment by virtue of his having "had the privilege of serving on the counseling center staff of a great university and a small college." [2] A review of his vita, however, shows his college counseling center experience limited to a practicum course at the New York University counseling center and a one-year, part-time position at the counseling center at Manhattanville College (1989-1990). While having any counseling center experience is certainly better than none, I find it difficult to believe that Dr. Koltko-Rivera has a better sense of what is needed on campuses than those who have spent their careers helping college students, such as the members of AUCCCD and CCAPS.

5)   Finally, I started this document with the quote, "First, do no harm." The message that it sends is the fundamental principle of healers, one that is learned through training and is part of, directly or indirectly, the ethical codes of all the healing professions. Assessment instruments, when used appropriately, can be powerful tools in the diagnosis and treatment of many psychological conditions. However, what is often ignored is the realization that assessment is not a "neutral" activity, one having no impact on the person being assessed.

Rather than a neutral act, assessment is an intervention into a person or a system. Some simple examples of this include: 1) the individual who knows the facts but does poorly on tests *due to the act of testing*, and 2) the "Hawthorne Effect," a phenomenon first demonstrated at the Hawthorne automobile plant that demonstrated that the simple act of observing and measuring a worker's performance, no matter what changes were made in the environment to impact said performance, increased production. As with Heisenberg's Uncertainty Principle, the Hawthorne Effect shows that the mere act of observation alters that which is observed.

The above is not to suggest that we should never observe or assess. As counselors, we are continually assessing our clients, whether it's through the counseling interview or by an assessment instrument. Even mandatory screening, as in the case of the military recruits noted above, can be useful. However, simply screening everyone in a predominantly healthy population so as to find those who fit a certain unhealthy profile seems to me to be a dangerous practice.

One danger is the inevitable possibility of the instrument producing "false positive" results, in other words, one where the student does not have a serious psychiatric disorder, but the instrument says they do. Dr. Koltko-Rivera claims that his instrument provides <u>fewer</u> "false positives" than other instruments. This may be true, but he does not present any comparisons to other instruments. But let's assume that

Dr. Koltko-Rivera's claim is true, and that the rate of false positives is .1%. What this means is that aside from the students who would legitimately test positive on one or more of the scales, .1% of the students forced to complete the test (35 on my campus alone), ones who do not have the serious psychiatric disorders Dr. Koltko-Rivera discusses, would then be followed-up by counseling center staff for further assessment and possible treatment. To me, this is a PR debacle of the first order. Many students don't trust mental health professionals easily. This would be proof that their suspicions were right. A student might easily factor the requirement of being screened into their enrollment decisions and vote with their feet.

Of course, this does not even account for students who, generally being adolescents and young adults in the throes of questioning authority, may very well "fake bad," "fake good," or answer completely randomly, that is, if they complete the instrument at all. Since the screening is "mandatory," what is the consequence for not completing it, or failing to complete it in an appropriate manner? Dr. Koltko-Rivera suggests that students should not be allowed to register or attend classes. Is this an appropriate consequence for this "crime?" Since we are considering screening all the students, because there <u>may</u> be some who could shoot someone, what about screening all the faculty and staff, as well? Considering the incidence of psychological disorders throughout all members of the population, to be safe, shouldn't everyone on campus be assessed for serious psychiatric disorders and forced to quit their job if they refuse the screening, or refuse treatment if one of their scales exceeds the cutoff? Why should we treat students any different than we treat ourselves? In fact, this line of thinking argues that, if we really want to feel safe, all members of our society should be screened for psychiatric disorders. Violence is certainly not limited to campuses, or those aged 18-22.

My other concern relates to the whole notion of labeling. Labeling has been shown to have a detrimental impact in many situations, including the classroom and the mental health professional's office. One of the reasons that we don't give our clients test results without a professional interpretation is that the scales (e.g., Schizophrenia, Psychopathic Deviance) can easily be misinterpreted. To insist that all students should take instruments that risk their being labeled with a psychiatric disorder, when no indication for such action is warranted, to me seems the antithesis of the "First, do no harm" doctrine. Labels, especially psychiatric diagnoses, can stick with the student throughout the remainder of their lives. Assessment and intervention is appropriate when the likely gain outweighs the cost. It is not appropriate to find the proverbial "needle in the haystack." Similar to treating the water supply with antidepressants because some sufferers of depression may not be taking their meds, forcing assessment on all just to ferret out a few, whose psychiatric disorder only "<u>may</u> result in the extreme violence seen in school shooting incidents," to me seems to be a very high cost to pay.

Ultimately, no one wants a repeat of the Virginia Tech tragedy. We should all be concerned about the welfare of our students and our campuses. To engage in knee-jerk reactions due to fear, however, seems the exact opposite of what intelligent and rational people should do. My hope is that cooler heads prevail from what has become an ugly situation.

Jonathan Kandell, Ph.D.
Chair, Commission for Counseling and Psychological Services
American College Personnel Association

<u>References</u>

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2. Koltko-Rivera, M. E. (July 30, 2007). <u>A letter to the higher education community</u>.
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3. Professional Services Group, Inc. (2007). <u>Taking steps to help prevent the next campus shooting incident: The application of psychological screening technology</u>.
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4. Professional Services Group, Inc. (2006-2007). Recommended use of the CSPS™.
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5. Association of University and College Counseling Center Directors. (July 12, 2007). <u>AUCCCD statement on campus safety</u>.

Link

6. Koltko-Rivera, M. E. (July 27, 2007). <u>College and university student mental health screening as a means to increase safety from targeted violence: A response to the AUCCCD statement on campus safety</u>.
Link

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Reflections from Early Career Professionals

Edited by Jane M. Bost, Ph.D.
Associate Director
The University of Texas at Austin Counseling and Mental Health Center

This fall, five mental health professionals working at three different university counseling centers paused in their busy schedules to reflect and share what it means to be an early career professional. Some responded to stimulus questions and others shared general thoughts and feelings. All endorsed feeling energized about their work with clients, acknowledging that this can also be challenging and stressful. Each shared ways they implement self care---whether viewing that as a "radical act" that must be a central aspect of one's life---or prioritizing sleep, exercise and/or "down time". Thoughts about career development, the importance of connection with colleagues and other personal connections, ongoing learning about oneself as well as financial and academic stresses were addressed as well…..so, without further ado, we salute these individuals for their accomplishments as well as their willingness to share the following reflections….

Cathleen T. Connolly, Ph.D., Counselor
First year post-internship
University of Central Florida Counseling Center

1) As an early professional, what have you learned already?
I've learned that I need to be savvy in how I market myself to clients and employers. I've learned that I needed my graduate schooling as my foundation but need to be proactive and creative in thinking about what my career will look like.

2) What do you wish you'd known?
I wish I had had a better idea of the financial strain of completely finishing my degree and working towards licensure. When I entered my program, I think I had a vague notion of when I would finish but didn't completely understand the pre-doc internship process and the difficulty in finding work that qualified as post-doctoral supervision hours. I think in my naivety I had pictured that psychologists were easily employed and well-paid (from movies and TV shows!) and was surprised by how that isn't always the norm in the field.

3) What's the most satisfying and challenging thing about your career?
Most satisfying- helping someone find peace, acceptance, and growth in their life.
Challenging- I think I am still surprised on certain days by the amount of emotional energy clients can take from me and how I need to be diligent about replenishing it.

4) What "feeds" you?
I like thinking and talking to others about challenging and complex cases. The personality, dissociative, and somatization disorders fascinate me. I'm not sure about how effective I am in working with them, but they definitely fascinate me! I also get excited about working with performance enhancement issues with

athletes and performing artists.

5) How are you exercising self care?
I make sure to set limits on my time- the end of the work day is the end of the work day. I try not to bring home work or stay late at work. When I leave, I exercise by walking/running outside or playing volleyball with co-workers to relieve tension and stress. I also make sure to get the amount of sleep I need each night to function, which ends up being between 8-9hrs, so most nights I'm in bed by 10pm.

6) What would you have done differently so far?
I'm not sure because I used to say if I had known how stressful the final 2 years of graduate school/internship were going to be, I would have thought twice about getting my Ph.D. Now that I have it, I'm not so sure about that and realize that I learned some important personal lessons during my graduate school years. So, I guess I'm trying to be more proactive in gathering information about job and career choices and making more informed decisions about my future.

Pius Nyutu, Ph.D., Counselor
First year post-internship
The University of Texas Counseling and Mental Health Center

1) As an early professional, what have you learned already?
I have learned that even though I have completed the training part, there is still a lot to be done that causes stress such as job search, adjustment to a new job, preparing for licensure, and developing stability. I have learned to stay motivated, trust my intuitions, be conscientious, consult when in doubts, and stay connected.

2) What do you wish you'd known when you started out?
I wish I had a clear understanding of the time it takes to complete the training program, the efforts it takes at different levels, to meet requirements, and that the profession is all about the love for the work and not the money.

3) What is the most satisfying thing about your career? The most challenging?
It is very satisfying to work with students and to see them make positive and meaningful changes due to strategies they developed in counseling. Currently, it is very challenging to live separately from my family.

4) What "feeds" you in your work?
I am fed by self motivation, interest in the things I do, and a wish to make a difference. I am happy to work in a supportive environment and together with good colleagues.

5) How do you exercise self care?
I have not been able to do as much as I used to do when I was in training. Whenever possible I like to take a walk, do dance exercises, visit places of interest, and dine out. On evenings and weekends, I like to put my work aside and just stay in the house watching TV or talking on phone.

6) What would you have done differently so far?
It is hard to tell since I just started recently. Maybe stay close to my family and also join a gym.

Donald Domenici, M.A. Counselor
First year post internship
The University at Buffalo Counseling Services

Reflections on being a new professional:

The most satisfying aspect of my career thus far is being able to perform interesting and fulfilling work and connect with colleagues who share my passion for counseling and for helping others. Having caring and supportive colleagues allows me to maintain a fresh perspective and is essential to my self-care. I value being able to turn to my colleagues throughout the day for consultation, emotional support, or just to share a laugh. A cooperative work environment is essential for me to feel comfortable, regardless of the type of work I am doing. It is such a joy knowing that I can always count on my colleagues for

understanding and assistance when I am in need of it, and knowing this makes me want to do the same for them. Hobbies and social support (outside of work) have also been a significant part of my self-care. It has also been exciting to gradually integrate hobbies and other personal interests (e.g., music, poetry) into my work as a professional, and it helps to work in a setting where this is supported (or even encouraged, as at times I have been challenged by colleagues to do so even more!). If there is one thing I would have done differently so far, it probably would have been to find a way to finish my dissertation sooner. I had always heard that it was more difficult to finish while on internship or while working a full-time job, but I didn't fully understand how true this was until leaving graduate school. I sometimes feel that I would enjoy my job even more if I didn't have this task hanging over my head. At times, thinking about "not quite being done" gets in the way of feeling fully content and appreciative of where I am at.

Heather Davies, LMSW, Social Worker
Third year post degree
The University of Texas at Austin Counseling and Mental Health Center

As someone who works predominantly with survivors of interpersonal violence, I wrestled a lot in my first couple of years out of grad school with feeling like I couldn't handle this field. It often felt like everyone else was doing just fine managing the emotional and physical toll of this work and that something must be wrong with me that I couldn't "hack it." What I eventually came to recognize for myself was that I CAN do this work and do it well if, and only if, I shift the lens through which I view self-care. I found that, for me, self-care can not be an after-thought, a reactive response to save a sinking ship, nor a mere activity scheduled into my day here and there to appease my emotional self. Self-care, instead, must be a guiding philosophy, a flame that begins and ends each day, a compass that guides even the smallest daily decisions, and an embracing love of the self that is ever-focused on nourishment and nurturance. As I have settled into this lens over time, I have come to view self-care as a radical act – an act that empowers the individual from within over the tug and pull of the systems without.

The systems within which we often work and the field of mental health as a whole, is replete with the Martyr and Rescuer archetypes which I carry strong versions of myself. In working with so much of the suffering and pain of others (not to mention my own), I have struggled with the seductiveness of these energies, finding it hard to give myself permission to contain them, set limits, and thrive. When I choose self-care over the tentacles of the unintegrated or shadow martyr and rescuer, I am saying "YES!" to a greater flow of my own energy, vitality, and passion and "NO!" to depletion, burnout, and secondary trauma.   I have learned that my identities as social worker, therapist, advocate, and trainer are only a few in a vast sea of other identities that I carry. When I privilege these four over the others, I quickly fall out of balance and into a state of overexertion, exhaustion, and soul-drain.   Self-care has become the banner that I wave with clients, colleagues, and friends. It is a banner that has moved me from a place of just surviving my life to one of vibrant, empowered, thriving!

Euna Oh, Ph.D., Staff Psychologist
Second year, post-internship
The University at Buffalo Counseling Services

1) As an early professional, what have you learned already?
I think I've learned so much about my vulnerability as a person and as an early professional while working as a full time clinician in the past year. Identifying my own vulnerability really helps me work with students in a clinical setting because it makes me easier to empathize with students' vulnerability. In addition, I have learned that I am different from others. I was trained in a doctoral program where there were so much diversity in terms of nationality, ethnicity, gender, and sexual orientation. In that program, I believe that my difference was not as visible as it is now. Currently, I am working at a clinical setting where there are some diversity in terms of race, gender, and sexual orientation. However, I am the only one with a different nationality. This past year while I was working at this current clinical setting, I actually learned that I think differently, I act differently, and I feel differently than most of my colleagues. This learning experience was exciting, while some other aspect of this learning experience was draining and challenging.

2) What's the most satisfying and challenging thing about your career?

The most satisfying thing about my career is to be able to receive instant reward from my work and use my career as a primary resource to grow as a person. Specifically, it is extremely valuable to be able to witness the growth of my students each week. Sometimes, it is very challenging to see the pain in my students, but having the moment of sharing and witnessing the pain in others seems still very therapeutic and powerful for me. I also realized that providing therapy for others can be very therapeutic for myself. I am learning a lot about myself by observing other's strengths and vulnerability and I am still excited about exploring more about who I am.

The most challenging part of my career is that I feel limited sense of accomplishment primarily because of limited sense of responsibility and autonomy as a beginning clinician. I understand it's too early in my career to feel a sense of accomplishment. But, I am unsure what it would mean to feel accomplished as a clinician. Becoming a well known psychologist? Or Writing a book? Having many clients? I don't have an answer to this, but I'd like to find out answers eventually.

3) How are you exercising self care?
I maintain a healthy and close relationship with my significant others including family and my partner. They are my greatest social support and they help me feel taken care of by others. Also, recently, I made an effort to reconnect to my close colleagues and friends from schools. It felt so good to initiate contacts and to feel reconnected to my good old friends. This was my gesture to show my gratitude toward people who have played a big role in my growth throughout my academic career. This was my gesture to take a good care of myself when feeling lonely and isolated.

Editor's Concluding Comments: As I was reading these early professionals' reflections, the thought hit me that these voices are *already* molding the future of mental health at university counseling centers. I was struck by their honesty, wisdom and insight…. their growing pains, struggles and growth edges brought back familiar memories. My hope is that their vibrant passion for their work will remind us all why we're doing what we're doing. May we "listen hard" to them, learn from them, mentor them and promote their sustainability. They are our future!

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**Religious Expressions in Times of Stress:
A Brief Review of the Psychology of Religious Coping and Its Applications in
Clinical Settings**

*CCAPS Newsletter
November 2007*

Luis G. Cruz-Ortega, LMHC, NCC
University of Central Florida

Recent surveys continue to show the importance of spirituality in the lives of most people in the United States (Baylor Institute for Studies of Religion, 2006), particularly when the term is distinguished from religion to emphasize the personal experience of the sacred (Zinnbauer et al., 1997). A recent national survey found that the majority of college students see spirituality as an important aspect of their search for identity, meaning, and purpose (Lindholm, 2007). These findings suggested a need for increased attention to the role of spirituality in campus life. In addition, the psychological literature consistently shows that religion and spirituality appear to have a meaningful role in the coping process, especially for oppressed populations, such as women, ethnic minorities, the elderly, and the poor (Pargament, 1997). Thus, it makes sense for university counseling center clinicians who are committed to human diversity to understand the role of religion and spirituality in the coping process and to be able to integrate students' religious resources into counseling.

This essay provides a brief review of how psychological theory provides a complementary framework for conceptualizing the role of religion in coping with distress. It also provides some examples of interventions that integrated the students' cultural and spiritual traditions in the counseling process. There has been a significant increase in the psychological study of religious coping in the past decade, which is impossible to review here[1]. The intention of this article is to motivate counselors to pay closer attention to the assessment and integration of spirituality and religious resources in their clinical work. It is important to note that, while there seems to be an increasing distinction between *religion* and *spirituality* in the psychological literature, for most people these two terms are inseparable (Zinnbauer et al., 1997), thus will be used interchangeably.

For many, religion provides a way to understand the world, themselves, and their relationship with others. Religion appears to be particularly meaningful in times of significant distress; when individuals are facing events that they cannot control. Death, bereavement, and trauma are examples of periods when individuals face their mortality and fragility. During these times, individuals find in religion a way to make sense of the stressful event, to gain a sense of control, to obtain comfort, to find social and spiritual intimacy and support, and to achieve life transformation (Pargament, Koenig, & Perez, 2000). Even though the evidence for the role of religion in physical health appears to be inconsistent (Powell, Shahabi, & Thoresen, 2003), there is strong evidence for the protective role of religion in psychosocial health (Ano & Vasconcelles, 2005).

Traditional psychological fields of inquiry, such as personality psychology, cognitive psychology, and coping theory have provided a way to understand the function of religion in human life through empirical research, while the multicultural movement, with its emphasis on understanding the client's worldview as a prerequisite for ethical practice, has facilitated the study and integration of spirituality in the counseling process. These models provide a theoretically and empirically sound framework for the

study of the role of religion in times of stress and the integration of religious coping in the counseling process to facilitate adjustment.

Meaning is a central construct in psychology and it is one of the main psychological functions of religion (Pargament et al., 2000). Religion is linked to meaning because it provides a lens to understand and interpret the self and the world. When people confront problems that are relevant to their religious domain (e.g., births, marriage, vocation, death, illness, tragedy), their religious schema simplifies and shortens their coping process through the provision of religious problem-solving heuristics and the integration of these experiences into the existent schemata (McIntosh, 1997).

Even though there seems to be little agreement on what exactly constitutes meaning, two cognitive aspects of meaning appear frequently in the coping literature: making sense, or "meaning-as-comprehensibility," and finding benefit, or "meaning-as-significance" (Davis, Nolen-Hoeksema, & Larson, 1998). Making sense refers to the extent to which the situation fits the individual's worldview or orienting system. According to Wortman, Silver, and Kessler (1993), "the impact of life events may be determined by whether they can be incorporated into an individual's philosophical perspective or view of the world" (pp. 363-364). Finding benefit, or "meaning-as-significance," refers to the value or worth of the situation in the individual's life.

Park (2005) suggested a model where religion can be understood as a meaning-making system that grounds the coping process in times of stress. This model suggests that religion influences adjustment and health by informing the global beliefs and goals that provide the basis for individuals' attributions about stressful events. She argued that people reduce their distress by reformulating their religious attributions about the events until they fit their religious meaning-making system. For example, they may find peace by seeing the death of a significant other as God's will and as an opportunity to strengthen their faith. This way they conserve what is significant for them (e.g., a world where God is in control). They could also cope by changing their religious meaning-making system in order to reformulate their attributions about the event in a way that makes sense for them, and by doing so, transform what they hold as religiously significant. For example, they may review their beliefs about God's role in the world. This process appears to be bi-directional: New attributions have an impact on the meaning-making system and changes in this system affect subsequent attributions. Park's meaning-making coping model retains both meaning-as-comprehensibility and meaning-as-significance and suggests that both processes are strongly related to adjustment after a stressful event.

Meaning and religion appear to be particularly significant when individuals face trauma and loss. Most people in Western society tend to have a benevolent notion of their world where events tend to be perceived as predictable and ordered (Janoff-Bulman, 1992). Trauma and loss often threaten these assumptions, causing a "crisis of faith" for many (van der Kolk, 1987) as they face "the terror of their own vulnerability" (Janoff-Bulman & Frantz, 1997). People who have experienced a traumatic event can no longer assume that what they do will guarantee what they get in life. Their world ceases to have order, and they are able to see its randomness, often prompting individuals to ponder existential questions they had not considered previously.

Similar to the Meaning-Making Model of Coping with Stress (Park & Folkman, 1997), Jannof-Bulman and Frantz (1997) observed that traumatic events can lead to a re-evaluation of one's life. They suggested that meaning-making often involves a reevaluation of what is significant in life, often affecting daily life and relationships. This may include an increased awareness of the value of every moment, greater appreciation for the beauty of the small things in life, or a commitment to show love and care to family and friends. Often, spiritual coping with trauma also involves a sense of connection with something greater than the self through community involvement (e.g., the victim of crime who becomes an advocate for others).

Recent studies have suggested that religious coping strategies appear to be stronger predictors of adjustment to negative life events than general religious orientation measures, such as intrinsic and extrinsic religiosity, and nonreligious coping activities, such as focusing on the positive and problem-solving (Pargament et al., 1992; Pargament & Park, 1997). Hence, Pargament (1997) and Park (2005) suggest that the specific religious strategies that people use to cope with stressful events mediate the effects of religion on adjustment. Although there is conflicting evidence regarding the effect of religion and religious coping on adjustment and health (Ano & Vasconcelles, 2005; Powell et al., 2003; Thompson & Vardaman, 1997), the literature consistently shows that some forms of religiousness (e.g., intrinsic religiousness or religion as an end in itself) and positive religious coping methods (e.g., seeking

a stronger sense of connection with God, seeking God's love and care) are protective factors in times of stress and are related to greater psychological adjustment and stress-related growth (Ano & Vasconcelles, 2005; Park & Cohen, 1993).

Nevertheless, various religious coping strategies have been linked to decreased health, increased mortality, poorer quality of life, depression, and grief, among other detriments (Park, 2007). Seeing the stressor as punishment from God, attributing it to the Devil, and wondering if God has abandoned him or her are some examples of religious coping strategies that have been consistently linked to negative psychological and physical health outcomes. Counselors need to be able to recognize these coping strategies, which might be linked to avoidant coping patterns or pessimistic attributional styles and hamper growth and adjustment.

Pargament and Park (1997) identified various determinants of the level and form of religious coping. The first one is the availability of religion to the individual. People for whom religion is an important aspect of their meaning-making system are more likely to understand a stressful event through a religious lens and to cope using religious methods. Second, if people participate more often in religious groups and institutions they will be more likely to utilize those resources in times of need. Third, the solutions offered by the meaning-making system must be compelling to the individual as he or she faces a particular stressful situation. Religious coping appears to be particularly compelling at times what people hold as significant in life is threatened, i.e., the more stressful the event, the more likely it is that individuals will use religious coping strategies (Pargament, 1997). Finally, it is important to remember that these resources appear to be more significant to oppressed groups.

Thus, if spirituality is a central part of a client's life, the application of spiritual strategies to cope with daily life stressors might be compelling. For example, I worked with a client who self-identified as Pagan. He reported symptoms of generalized anxiety that were getting in the way of his academic performance. An exploration of his spiritual life revealed that, in his busyness of late, he had been feeling disconnected from himself and his spirituality which used to bring him a sense of groundedness. He reflected on the elements of rituals that were meaningful for him. He decided to go to an open space, filled with trees, and silently contemplate its beauty as a way to restore what he felt missing. He later reported how much he had enjoyed doing this under the rain (water was a powerful religious symbol for him). He returned to this experience later to find a sense of grounding while facing daily life stressors, such as taking a test or thinking about the future. In addition, while reducing his anxiety, this practice also strengthened his spiritual life as he experienced an enhanced sense of meaning and transcendence.

In my practice, I sometimes encounter clients who are oppressed by guilt, fear, or helplessness that are often related to thoughts or behaviors that are not congruent with their religious tradition or spiritual values. Sometimes, this experience relates to a maladaptive interpretation or application of their religious beliefs, and often, their religious orienting system provides a way to restore balance. For example, a client came to counseling feeling depressed. She reported frequent brooding about past decisions that were incongruent with whom she thought herself to be. Her rumination about these events had taken a toll on her energy, motivation, ability to concentrate on her academic work, and her self-esteem. An exploration of her religious tradition (mainstream Protestant) led to a discussion of her view of God as loving and her belief in the Christian doctrine of grace. This belief in God's acceptance and forgiveness was contrasted with her brooding about past "sins." Her religious tradition also offered rituals of purification and communion that sought to restore a sense of intimacy with God and herself. Through participation in communion, confession through prayer, and contemplation of sacred Scriptures, she found a renewed sense of self, closeness with God, and her depression lifted.

As it was previously discussed, there are negative religious coping strategies that are consistently associated with poorer psychosocial and physical health. The following experience is an example of this: A middle-aged Puerto Rican male came to counseling struggling to make sense of the unexpected events that had led to his separation and impending divorce. He was a first-generation immigrant and his religious beliefs reflected a form of *Espiritismo*; a syncretism of Taino, African, and European (Catholic and Protestant) spiritual-religious practices (Torres Rivera, 2005). An assessment of his religious attributions about the event revealed that he thought that his partner was under a spell (*un trabajo*) devised by his romantic rival. Thinking about his current situation as the work of *malos espíritus* (evil spirits), he remained helpless and afraid. Through Socratic questioning, we focused on exploring his beliefs of how much influence evil spirits might have on human behavior and the rituals that might enhance his sense of spiritual safety and groundedness. This led to his thinking about the power of his own spiritual rituals to protect him from others' *mala voluntad* (bad will). Through consultation with family

and friends, he found a prayer for protection that he said daily as part of his spiritual practice. This prayer became part of his home altar, which also included an image of *la Virgencita* (Virgin Mary). He also decided to do a *limpieza* (spiritual cleaning) of his home. He used incense and candles to enhance his sense of spiritual protection. These rituals restored a sense of empowerment and safety and his anxiety began to diminish[2]. I have found similar themes in my work with several Cuban-American clients, though their narratives reflect the language of their spiritual tradition: *Santería.*

These are examples of the application of religious and spiritual resources in common clinical situations with individuals from diverse cultural and religious backgrounds. There is a growing pool of research studies that provides information about the application of various religious coping strategies with populations with diverse cosmologies and cultures facing a variety of stressors. Nevertheless, when the counselor does not have enough information about the client's religious tradition, the application of principles from coping theory might offer a heuristic to make hypotheses about process and outcome. For instance, coping theory suggests the need for fit between the coping strategy used and the stressful event that the individual faces. In other words, applying problem-solving strategies to situations that are controllable often provides a greater likelihood of adjustment than applying these strategies to uncontrollable situations. Similarly, applying emotion-focused strategies to uncontrollable situations often provides a greater likelihood of adjustment than applying them to controllable situations (Folkman, Lazarus, & Schaefer, 1979). This also suggests that the outcome of the coping process is not the only indicator of positive adjustment (Pargament, 1997). A person who is facing a terminal illness is not able to change the outcome, but the coping strategies he or she uses can have an impact in the individual's quality of life. The counselor can also consider whether the coping strategy reflects an internal or an external locus of control. Spiritual goals and coping strategies that are self-determined instead of externally imposed appear to be reliable predictors of adjustment and psychosocial health. Finally, the counselor can also consider if there is congruence between the client's religious narratives and his or her goals and coping strategies. Greater congruence and decreased distress can be achieved through changes in beliefs, goals, and/or coping strategies.

The availability and significance of religion as a meaning-making system and its potential role in promoting or hampering adjustment underscores the need to consider this human dimension in clinical assessment and therapeutic work—work that would be consistent with a multiculturally competent counseling practice. Cognitive psychology and coping theory offer meaningful frameworks for this integration; illuminating how religion is expressed in times of stress. For many, religion and spirituality offer compelling ways to conserve or transform what they hold as meaningful in life and it is this search for significance that is often the heart of the counseling process.

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[1] Pargament's (1997) seminal work "The Psychology of Religion and Coping: Theory, Research, and Practice" provides a solid foundation for those interested in integrating religious resources in counseling.

[2] See Torres Rivera's (2005) article for a study of Puerto Rican *Espiritismo* and its implications for mental health and counseling.

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CCAPS Committee Reports

CCAPS Newsletter
November 2007

Continuing Education Committee
Marilia Marien, Chair

The Continuing Education Committee is beginning the work of reviewing programs to determine eligibility for continuing education credit. We have a diverse and interesting pool of programs and are looking for 2-3 people to help out.

Volunteering to review entails reading about 66, brief, one page descriptions of the proposed program. You will be provided with an outline of what we are looking for in a program we sponsor for CE credit and asked to give your opinion about whether the program should or should not be offered for CE credits. Our goal is to have the reviews done and a list of final programs delivered to the ACPA main office by December 13th.

Please let Marilia Marien know as soon as possible if you are interested in joining our CE review efforts Once she receives your name, you will then receive an email from Peter Brown (ACPA home office) giving you access to the programs to be reviewed. She will also follow up with an email explaining how to navigate the online review page (very easy and user friendly!).

At the ACPA Convention, the Continuing Education committee will be looking for volunteers to help with distributing and collecting CE packets for all of the approved sessions. If you are attending the convention and are willing to participate in this important CE function, please contact Marilia Marien.

Job Search Workshop Committee
Vivian Yamada, Chair

Two sessions of the "Job Search Strategies for Counseling Center Professionals" workshop will be held in the 2008 ACPA Annual convention. The dates and times are March 29 at 5 pm and March 31 at 12 pm. The workshop has the flexibility to address job search and internship search issues, so please encourage all students who might be interested to come. We will also be looking for volunteers to serve as panel members for this workshop. Please contact Vivian Yamada if you are willing to participate as a panel member.

Programs Committee
Myra Waters, Chair

We had great support from the program committee: Kelly Simonson, Craig Woodsmall, and Laura Lyn (past program chair). Thanks also to the additional volunteers who reviewed programs with a critical eye: Vivian Barnett, Sue Stock, Thomas Berry, Phyllis Weatherly, Jocelyn Buhain, Oula Majzoub, and Janis Booth.
Six of 8 proposed roundtables were accepted by general programs: Suicide prevention and assessment, Small college issues, Self-care, New professionals, First generation college students, and Mid/senior

level career issues.

Additionally, CCAPS has agreed to co-sponsor two programs with the Health and Wellness commission:

- Stress Reduction Skills Online: Using Technology to Promote Student Coping
- Yoga and Mindfulness Practices: Interventions for Health and Wellbeing

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Elections Committee

Mark Your Calendars! The CCAPS elections are tentatively scheduled for late November/early December. To be eligible to vote, you will need to be an active ACPA and CCAPS member. We have an excellent slate of candidates! Be on the lookout for more information and details.

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CALLING ALL GRADUATE STUDENTS AND INTERNS: *PLEASE JOIN US IN CCAPS!*

CCAPS Newsletter
November 2007

Please forward this article to any graduate students or interns in mental health fields.

Why should graduate students get involved in CCAPS?

- *Get an edge on your competition for College Counseling Center internship and professional positions*

- *Great place to network with mental health professionals (psychologists, social workers, counselors) who work in counseling centers*

- *Keep up on current issues affecting Counseling Centers nationally*

- *Opportunities to get involved professionally at a national level*

- *Get rejuvenated about your career by the energy at the annual convention*

What is CCAPS?

The Commission for Counseling and Psychological Services (CCAPS) is a division of ACPA – College Student Educators International. It provides a professional home for many professional and graduate students who are interested and involved in counseling and psychological services in higher education. The mission is to maintain the voice of helping professionals focused on serving college and university students in a mental health setting.

General Benefits for Graduate Students

If you have interest in working in a Counseling Center setting, CCAPS provides a wonderful point of professional connection and support. As highlighted above, CCAPS provides many means for networking with Counseling Center professionals. Opportunities for connection and involvement include volunteering on committees that are active throughout the year, a formal mentorship program where you can be matched with a Counseling Center professional further along in their career, and eligibility for the Joan Dallum Graduate Student Research Award. Because CCAPS values the student perspective, its Directorate Board also has a seat for a Graduate Student Representative.

Look for these opportunities at the ACPA Annual Convention

The ACPA Annual Convention, which will be held from March 29-April 2, 2008 in Atlanta this spring, provides an excellent format for getting to know other Counseling Center professionals through formal and informal activities and to meet potential employers. In the past, the convention served as a fertile job search forum. With the advent of internet based announcements and applications, fewer students seem to take advantage of this opportunity, so those who can have a distinct advantage. A couple of key Convention meetings, which foster fun and informal contact, include the CCAPS Open Meeting and the

CCAPS Social. Last year, 15-20 Counseling Center position announcements were made at these meetings and only 2-3 potential candidates attended each. Imagine the advantage you would have at such a meeting.

Additionally, at the convention CCAPS offers a workshop, "Job Search Strategies for Counseling Center Professionals." Issues related to searching for professional jobs or internships are appropriate for this workshop which allows plenty of time for questions from audience members. Past attendees have commented that this workshop had value beyond the helpful workshops provided by their own graduate programs or internships, because they gained different perspectives from the multiple centers represented in the convention workshop. Counseling Center employers with openings often attend this workshop as well to announce their positions. This spring the workshops will be held on 3/29 at 5 pm and 3/31 at 12 pm.

Lastly, although the call for proposals has already passed this year, the ACPA Annual Convention provides opportunities for presentations either to the Counseling Center community or to other departments within higher education.

How do I join CCAPS?

To join, CCAPS you must become a member of ACPA. ACPA membership information is available through the following website:

http://members.myacpa.org/Scripts/4Disapi.dll/4DCGI/acpajoin/intro.html?Action=join

To become a member of CCAPS, please indicate your membership request on your ACPA membership application or go to the following website after becoming an ACPA member:

http://www.myacpa.org/comm/ccaps/join_ccaps.cfm

We hope to see you in March!