



2013 Sponsored Presentations

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:: Summaries ::

Each year, CCAPS sponsors several programs for continuing education credits for psychologists. At this year's convention in Las Vegas, we sponsored 28 programs. If you couldn't make all the programs you wanted to attend or weren't able to attend the convention this year, you can still find out more about some of the quality presentations that were sponsored. Below are descriptions of several presentations from this year's convention.



College women's eating and body-image problems: Developmental, educational, counseling approaches

Alan M. Schwitzer

The need for campus professionals to address gender-related concerns is well-established. Among these, eating and body-image problems are prevalent among college girls and women. By far, the most common college eating problems are those not meeting anorexia or bulimia criteria, but still causing distress. In turn, this ACPA 2013 Convention CCAPS Sponsored program presented extensive research and detailed best practices for identifying, understanding, educating, and counseling women with these problems, known as EDNOS.

The program was connected to the 2013 ACPA Conference critical issue of advancing student learning and wellness, through the competency of advising and helping, especially as applied to the roles of counseling and psychological services, health center, and other student development

personnel. The program's audience was counseling, health, and other student development personnel interested in female student needs.

Counseling and student services professionals respond increasingly to gender-related counseling needs and development concerns (Arnstein, 1995; Carter & Parks, 1996; Choate, 2008). Among these concerns, Park (2007) referred to eating disorders as "one of the most troubling," especially for girls and women (p. 158). Internationally, eating problems are among the 10 most common causes of psychological distress in young adult women (Mathers, Vos, Stevenson, & Begg, 2000). On college and university campuses, with large concentrations of female students, the high incidence of eating disorders is especially well-documented (Gallagher, Golin, & Kelleher, 1992; Koszewski, Newell, & Higgins, 1990; Miller & Rice, 1993). In addition, although eating concerns historically were associated with primarily with European American girls and women on campus, these problems now appear among various ethnic populations (Becker et al., 2003); Cachelin & Streigel-Moore, 2006; Tsai et al., 1998). In fact, Rich and Thomas (2008) recently found few differences in disordered eating symptoms among African American, Latina, and European American women in college.

Further, although the major eating disorders, anorexia and bulimia, do occur among college women, by far the most commonly experienced difficulties are the heterogeneous group of less severe problems known as Eating Disorders Not Otherwise Specified (EDNOS) Ash & Piazza, 1995; Klemchuck, et al, 1990; Schwitzer, et al, 2008; Schwitzer et al., 2001). In various studies with college populations, only 6% percent of female students reported concerns about anorexia or bulimia, whereas 25% - 40% reported moderate problems with EDNOS, including body image worries, problems stemming from weight management, and out-of-control eating (Bishop et al., 1998; Schwitzer et al., 2001; Tsai et al., 1998).

Counseling and psychological services professionals, health staff and educators, and student development personnel working with young adult women on campus should have the knowledge and skills to work effectively with these students.

A Conceptual Framework for Practice

The convention program presented a framework for practice with college women experiencing EDNOS. The framework was based on a series of campus research studies published by the presenter and his colleagues (Choate & Schwitzer, 2009; Schwitzer 2012; Schwitzer & Rodriguez, 2002; Schwitzer et al., 2001; Schwitzer et al., 2008; Schwitzer et al., 1998).

Based on confirmed research with campus women, the framework discussed in the presentation was intended to help college professionals understand these students' most commonly experienced: (1) diagnostic features, including primary symptoms, duration and severity, and associated cognitive and behavioral features; (2) co-occurring features, including anxiety and depressive mood; (3) common psychological and developmental themes, including low self-esteem, interpersonal dependency, and perfectionism; common psychosocial, environmental, and

family stressors, including family history and dynamics, school and academic pressures, and psychosocial history; and help-seeking characteristics.

Next, the framework was intended to help participants understand a three-part response plan comprising best practices for: (1) preventive programs and responses across campus to forestall the emergence of eating-related problems; (2) intermediate intervention and developmentally-oriented counseling, which is implemented once the problem exists, causes some difficulties for the student, has the potential to grow, but currently falls short of causing clinically significant distress or impairment in everyday life; and (3) psychological counseling intervention for fully developed EDNOS eating disorders, combining enhanced cognitive-behavioral therapy for eating disorders (CBT-E; Fairburn, 2008) and motivational interviewing (MI; Miller & Rollnick, 1991), augmented with interpersonal therapy (IPT; APA, 2000, Neveonen & Broberg, 2005) and dialectical behavior therapy (DBT; Linehan, 199; Wilson et al., 2007).

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References

- American Psychological Association. (2007). Guidelines for psychological practice with girls and women. *American Psychologist*, 62(9), 949-979.
- Arnstein, R. I. (1995). Mental health on the campus revisited. *Journal of American College Health*, 43, 243-251.
- Ash, J. B., & Piazza, E. (1995). Changing symptomatology in eating disorders. *International Journal of Eating Disorders*, 18, 27-28.
- Becker, A., Franko, D. L., Speck, A., & Herzog, D. B. (2003). Ethnicity and differential access to care for eating disorder symptoms. *International Journal of Eating Disorders*, 33, 205-212.
- Bishop, J. B., Bauer, K. W., & Baker, E. T. (1998). A survey of counseling needs of male and female college students. *Journal of College Student Development*, 39, 205-210.
- Cachelin, F. M., & Striegel-Moore, R. H. (2006). Help seeking and barriers to treatment in a community sample of Mexican American and European American women with eating disorders. *International Journal of Eating Disorders*, 39, 154-161.
- Choate, L. H. (2008). *Girls' and women's wellness: Contemporary counseling issues and interventions*. Alexandria, VA: American Counseling Association.
- Choate, L. H., & Schwitzer, A. M. (2009). Mental health counseling responses to eating-related concerns in young adult women: A prevention and treatment continuum. *Journal of Mental Health Counseling*, 31, 161-183.
- Fairburn, C. G. (1995). *Overcoming binge eating*. New York: Guilford Press.
- Gallagher, R. P., Golin, A., & Kelleher, K. (1992). The personal, career, and learning skill needs of college students. *Journal of College Student Development*, 33, 301-309.

- Klemchuk, H. P., Hutchinson, C. B., & Frank, R. I. (1990). Body dissatisfaction and eating-related problems on campus: Usefulness of the Eating Disorder Inventory with a nonclinical population. *Journal of Counseling Psychology, 37*, 292-305.
- Koszewski, W. M., Newell, G. K., & Higgins, J. J. (1990). Effect of a nutrition education program on the eating attitudes and behaviors of college women. *Journal of College Student Development, 31*, 203-210.
- Nevonen, L., & Broberg, A. G. (2005). A comparison of sequenced individual and group psychotherapy for eating disorder not otherwise specified. *European Eating Disorders Review, 13*, 29-27.
- Mathers, C. D., Vos, E. T, Stevenson, C. E., & Begg, S. J. (2000). The Australian Burden of Disease Study: Measuring the loss of health from diseases, injuries, and risk factors. *Medical Journal of Australia, 172*, 592-596.
- Miller, G. A., & Rice, K. G. (1993). A factor analysis of a university counseling center problem checklist. *Journal of College Student Development, 34*, 98-102.
- Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. NY: Guilford Press.
- Nevonen, L., & Broberg, A. G. (2005). A comparison of sequenced individual and group psychotherapy for eating disorder not otherwise specified. *European Eating Disorders Review, 13*, 29-27.
- Park, D. C. (2007). Eating disorders: A call to arms. *American Psychologist, 62*, 158.
- Tsai, C-Y, Hoerr, S. L., & Song, W. O. (1998). Dieting behavior of Asian college women attending a U. S. university. *Journal of American College Health, 46*, 163-168.
- Rich, S. S., & Thomas, C. R. (2008). Body Mass Index, disordered eating behavior, and acquisition of health information: Examining ethnicity and weight-related issues in a college population. *Journal of American College Health, 56*, 623-628.
- Schwitzer, A. M., Bergholtz, K., Dore, T., & Salimi, L. (1998). Eating disorders among college women: Prevention, education, and treatment responses. *Journal of American College Health, 46*, 199-207.
- Schwitzer, A. M., Hatfield, T., Jones, A. R., Duggan, M. H., Jurgens, J., & Winninger, A. (2008). Confirmation among college women: The Eating Disorders Not Otherwise Specified diagnostic profile. *Journal of American College Health, 56*, 607-615.
- Schwitzer, A. M., & Rodriguez, L. E. (2002). Understanding and responding to eating disorders among college women during the first-college year. *Journal of the First-Year Experience & Students in Transition, 14*, 41-64.
- Schwitzer, A. M., Rodriguez, L. E., Thomas, C., & Salimi, L. (2001). The Eating Disorders NOS diagnostic profile among college women. *Journal of American College Health, 49*, 157-166.

Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. *American Psychologist*, 62, 199-216.

Cyber Grieving: Social Media In Addressing Grief and Loss and Inspiring Well-Being in Students

Michael M. Kocet, Kelly Burne, Christina Hale, Peter Max Quinn, and Jeffrey Sarahs

With the explosion of social media impacting society, politics, governments, and the student affairs field, the significance that Facebook, Twitter, and other media formats play cannot be understated. Social Media has even impacted the grieving process of children, adolescents, and adults (Sofka, Cupit, & Gilbert, 2012). Counselors and student affairs professionals who deal with issues of grief and loss in their work with students need tools to effectively assist those who express their grief online, and to ensure that online grief resources and interventions are ethically, professionally, and culturally responsive. In particular, adolescents and college students are turning to social media to express their grief publicly, as well as privately within their social circles. This presentation examined various theories/models of grieving and applied them to social networking settings. It also examined how virtual memorials, cyber funerals, blogs and Tweets all impact how people express their individual and collective grief. This interactive presentation shared various examples of how college students share their grief and loss through their online social communities. This presentation filled a void in grief counseling settings and what student affairs practitioners need to know about assisting their campuses in handling their grief and loss.

Grief is an individualized process. Symptoms of grief and complicated mourning can lead to severe depression, impaired functioning, and physical symptoms such as panic attacks, and heart troubles (Neimeyer, Harris, et al. 2012). It is important to note that cultural differences can significantly impact symptoms of grief and how grief is expressed by students. When it comes to complicated mourning, students may often be afraid to turn to traditional forms of help, and because of these disenfranchised losses (such as infidelity, suicide, and homicide), individuals may be more comfortable seeking assistance through online forms, such as social networks and other virtual groups or communities (Sofka, Cupit, and Gilbert, 2012). This presentation examined the unique needs of grieving college students (Balk, 2011; Servaty-Seib & Taub, 2008) and addressed both traditional (Kubler Ross & Kessler, 2005; Worden, 2010) and postmodern (Neimeyer, et al., 2011) theories of grief and applied them to use in online interventions. College students are especially astute at using social networks for support and community and it was a goal of this interactive presentation to help student affairs practitioners use social media in ways that promote well-being in grieving students.

This presentation used case studies, small/large group discussion, and examination of sample websites, blogs, and social media tools that have been used by college students who have faced issues related to grief and loss.

References:

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|---|--|
| Balk, D. (2011). Helping the bereaved college student. NY: Springer. | bereaved college students. <i>New Directions for Student Services</i> , 121. |
| Kubler-Ross & Kessler (2005). On grief and grieving. NY: Scribner. | Sofka, C., Cupit, I., & Gilbert, K. (2012). Dying, death, and grief in an online universe. NY: Springer. |
| Neimeyer, R. Harris, D., Winokuer, & Thornton, G. (2011). Grief and bereavement in contemporary society. NY: Routledge. | Winokuer, H. & Harris, D. (2012). Principles and practice of grief counseling. NY: Springer. |
| Servaty-Seib & Taub (2008). Assisting | |

Implementing a DBT Program into a University Counseling Center

Amberly Panepinto, Carissa Uschold, & Michelle Olandese

We presented on the Dialectical Behavior Therapy (DBT) program implemented at University at Buffalo Counseling Services (UBCS). DBT has been found to be effective for clients diagnosed with borderline personality disorder and with clients with multiple presenting problems. Given the increasing severity of presenting problems of students who seek treatment at college counseling centers, the UBCS staff recognized the need to help students develop greater skills for tolerating distress, regulating emotions, and navigating interpersonal relationships in order to decrease disruptive, self-destructive, and dysfunctional behaviors that may result in hospital transports, academic failure, or other crises. Implementation of our modified DBT program has also increased staff's ability to attend to the clinical needs of a wide variety of clients, including those with more severe or pervasive psychological and emotional difficulties.

DBT, developed by Marsha Linehan, is an approach to counseling that integrates cognitive-behavioral concepts with Zen Buddhism. DBT takes a dialectical view on reality and human behavior, recognizing "the truth" often encompasses both sides of seemingly incompatible points. Rather than taking an either/or approach, DBT opts for a "this AND that" approach, nicely addressing the often intense internal conflicts that those with severe mental health concerns can experience (e.g. I want to stop the suffering, AND I am afraid to change). An important dialectic is the one between acceptance and change (i.e. in order to change, one must

first accept the situation). Skills training is a key component of DBT. Below is a list of target behaviors and the skills module to address those behaviors:

Confusion about self → Mindfulness
Impulsivity → Distress tolerance
Emotional dysregulation → Emotion regulation
Interpersonal chaos → Interpersonal effectiveness

Traditionally, DBT incorporates weekly DBT individual therapy, a weekly skills training group, a weekly consultation group for therapists, between session phone coaching, and an evaluative component. We discussed the various modifications made to maintain the fidelity of DBT treatment, while working within the policies, values, culture, and structure of our counseling center and the university. Constraints included needing to work within the academic calendar organized by semesters, limited staff time and increasing staff demands, individual session limits (14 per academic year), generalist philosophy of the center, and value of theoretical diversity. Additionally, the DBT training of the staff varied (5 staff members attended 10 day intensive DBT training, all other staff and interns completed online skills training, part-time trainees were trained by members of DBT Team).

The UBCS DBT Program consists of:

- Weekly 90-minute skills training groups on semester cycles
- Individual therapy from center staff
- Skills Coaching between therapy sessions
- DBT Team consultation
- Trainings by DBT Team
- Evaluation

The skills training groups cover abridged versions of each of the four modules, focusing more on skills than other types of psychoeducation. Individual therapy varies in terms of frequency of sessions and theoretical orientation. The DBT Team asks therapists with clients in the skills training group to discuss how the client is utilizing skills. Consultation team meets for an hour biweekly to focus on both administrative and clinical difficulties. The DBT Team provided trainings to the staff about program implementation, Diary Cards, and Behavioral Chain Analysis. Finally, our evaluation consisted of pre- and post-test comparison of the Brief Symptom Inventory to measure overall symptoms and the Life Problems Inventory to measure the four target areas of DBT.

Outcome evaluation of the program found that students experienced decreased symptoms, including obsessive-compulsive behaviors, interpersonal sensitivity, depression, anxiety, paranoid ideation and overall distress. Additionally, DBT target behaviors (confusion about self, impulsivity, emotion dysregulation, and interpersonal chaos) decreased as well. Findings suggest the program is effective for both targeting specific behaviors and overall symptom reduction.

Our findings are consistent with research in that DBT has extensive empirical support in the treatment of borderline personality disorder. The American Psychological Association has designated DBT as an empirically supported treatment for women with borderline personality disorder. Randomized clinical trials have shown DBT has better efficacy over treatment as usual (TAU) for reducing suicidal thoughts and attempts, non-suicidal self-injurious behavior, hospitalization, substance abuse, depression, hopelessness, violence, and anger while increasing treatment compliance and social adjustment (Evershed et al., 2003; Koons et al., 2001; Linehan et al., 1991, 1999, 2006; Verheul et al., 2003.) Additionally, adapted DBT programs have been shown to be effective in a number of settings, including community mental health, inpatient settings, and male forensic unit (Bohus et al., 2004; Evershed et al., 2003; Turner, 2000). Forty-two percent of the participants in the DBT group in Bohus et al.'s study had clinically recovered on a global measure of psychopathology in addition to making behavioral changes traditionally targeted by DBT. Recently, Pistorello et al. (2012) found a DBT program in a university counseling center decreased suicidality, depression, NSSIB, borderline criteria, social adjustment, and need for psychiatric medication with all gains persisting at follow up.

References:

- Bohus, M., Haaf, B., Simms, T., Limberger, M.F., Schmahl, C., Unckel, C., et al. (2004). Effectiveness of inpatient dialectical behavioral therapy for borderline personality disorder: A controlled trial. *Behaviour Research and Therapy* 42(5), 487-499.
- Derogatis, L. R. (1993). *BSI: Brief symptom inventory*. Minneapolis: NCS Pearson.
- Evershed, S., Tennant, A., Boomer, D., Rees, A., Barkam, M., & Watson, A. (2003). Practice-based outcomes of dialectical behavior therapy (DBT) targeting anger and violence with male forensic patients: A pragmatic and non-contemporaneous comparison. *Criminal Behaviour and Mental Health*, 13(3), 198-213.
- Koons, C. R., Robins, C. J., Tweed, J. L. et al. (2001). Efficacy of dialectical behavior therapy in women veterans with borderline personality disorder. *Behavior Therapy*, 32(2), 371-390.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: The Guilford Press.
- Linehan, M.M., Armstrong, H.E., Suarez, A., Allmon, D., & Heard, H.L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry*, 50, 971.
- Linehan, M. M., Schmidt, H., Dimeff, L. A., Craft, J. C., Kantor, J., & Comtois, K. A. (1999). Dialectical behavior therapy for patients with borderline personality disorder and drug-dependence. *The American Journal on Addictions*, 8(4), 279-292.
- Linehan, M.M., Comtois, K.A., Murray, A.M., Brown, M.Z., Gallop, R.J., Heard, H.H., Korslund, K.E., Tutek, D.A., Reynolds, S.K., & Lindenboim, N. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs. therapy by experts for suicidal behaviors and

borderline personality disorder. *Archives of General Psychiatry*, 63, 757-766.

Pistorello, J., Fruzzetti, A.E., MacLane, C., Gallop, R., & Iverson, K.M. (2012). Dialectical behavior therapy applied to college students: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*. Advance online publication. doi: 10.1037/a0029096.

Rathus, J. & Miller A. (unpublished). LPI: Life Problems Inventory.

Turner, R.M. (2000). Naturalistic evaluation of dialectical behavior therapy-oriented treatment for borderline personality disorder. *Cognitive and Behavioral Practice* 7(4), 413-419.

Verheul, R., van den Bosch, L. M. C., Koeter, M. W. J., de Ridder, M. A. J., Stijnen, T., & van den Brink, W. (2003). Dialectical behaviour therapy for women with borderline personality disorder: 12-month, randomized clinical trial in the Netherlands. *British Journal of Psychiatry*, 182(2), 135-140.

Rape as All-Encompassing: The Lived Experience of Sexual Assault Survival for Women in College

Mollie M. Monahan-Kreishman

From the floor of an unlit off-campus bathroom, a sexual assault survivor tries in vain to calm her paralyzing anxiety. Another survivor cannot escape the din of an erupting stadium filled with thousands of college fans cheering for him. Terrorized and traumatized, do we really know what college sexual assault survivors go through after rape ends and life after rape begins?

While there exists a wealth of research on sexual assault, the available information is either positivistic in nature (e.g., Greenfield, 1997; Johnson & Sigler, 2000; Kilpatrick, Edmunds, & Seymour, 1992; Koss, 1988; Tjaden & Thoennes, 2000) or is based on accounts of stranger rape (e.g., Lueders, 2006; Raine, 1998; Sebold, 1999, 2002). The existing works on the topic are essential. However, little is published that shares personal accounts of survivors in college who have been raped by someone they know and also seeks to make meaning of the lived experience.

The purpose of Dr. Monahan-Kreishman's research is to share the powerful and visceral lived experience of sexual assault survival for women in college. Within the professional competency of Advising and Helping, this program will help faculty and staff to better understand, and therefore better serve their students who are living through the aftermath of rape. In terms of the critical issue of Cultivating Critical Discourse, this presentation will start a powerful and compelling conversation on the topic that can be translated and put to use on any college campus. The presenter, a phenomenological researcher with over 15 years of professional experience in student affairs, shares the insight uncovered by her research, and the meaning that

can be made from it. Phenomenological research seeks to show those who are outside the lived experience what it is like inside the lived experience (van Manen, 1990) without actually having to go through it for themselves.

As many as one in four (Geschmay-Linn, 1999; Koss, 1988; Kilpatrick et al, 2007; Tjaden & Thoennes, 2000) women will experience rape or attempted rape in their lifetime. Eight out of ten rape victims know their attacker (Tjaden & Thonnes, 2000). Approximately 683,000 women are raped each year (Kilpatrick et al, 1992). In college, 13.3% of women indicated being raped in a “dating situation” (Johnson & Sigler, 2000). Numerous powerful memoirs have been written by women who have experienced rape at the hands of strangers (Lueders, 2006; Raine, 1998; Sebold, 1999, 2000). While knowing these statistics and reading the memoirs help us to understand the prevalence and certain aspects of the issue, they do not give us insight into the lived experience of sexual assault survival for women in college. This research is a contribution to the existing body of knowledge, and exists as an effort to show the deep pain and compelling resilience of these women and women like them.

This research uncovers the lived experience of six women as they struggled through college after rape. Using their chosen pseudonyms, the experiences of Pink, Beth, Aeryn, Lulita, Sweetie and Chloe will shed powerful insight into the daily existence of rape survivors. Pink was raped by a well-known football player at a neighboring school soon after transferring her Junior year. Beth was raped during new student orientation. Aeryn, as a first-year student, was raped by a fellow honors student, and the future student body president. Lulita was stalked and raped repeatedly by her attacker throughout the first two and a half years of her college experience. Sweetie was a first-year student when she was raped by a popular football player at her school. Chloe was raped in her own bedroom by her ex-boyfriend during her senior year of college. All of these women have different things to share about their experiences surviving rape in college. We will explore their lives after rape, including their challenges and successes. Most importantly, we will do this in a way that will help program participants viscerally connect with the lived experience through the survivors’ words, and the meaning made from them.

References:

Geshmay Linn, S. (1999). An investigation of sexual harassment and acquaintance rape experiences: Cognitive appraisals, internalization of gender-role ideologies, and negative psychological impact. (Doctoral Dissertation: University of Maryland, College Park)

Greenfield, L. A. (1997). Sex offenses and

offenders: An analysis of data on rape and sexual assault. Washington, DC: US Department of Justice, Bureau of Justice Statistics, Office of Justice Programs.

Johnson, J., & Sigler, R. (2000). Forced sexual intercourse among intimates. *Journal of Family Violence*, 15(1), 95-108.

Kilpatrick, D. G., Edmunds, C. N., & Seymour, A. E. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Crime Victims Center.

Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, L. M., & McCauley, J. (2007). *Drug-facilitated, incapacitated, and forcible rape: A national study*. Charleston, SC: Medical University of South Carolina, National Crime Victims Research & Treatment Center.

Koss, M. P. (1988). Hidden rape: Incidence, prevalence and descriptive characteristics of sexual aggression and victimization in a national sample of college students. In A. W. Burgess (Ed.), *Sexual assault* (Vol. II, pp. 3-25). New York, NY: Garland.

Tjaden, P., & Thoennes, N. (2000). Full

report of the prevalence, incidence, and consequences of violence against women. Washington, DC: National Institute of Justice.

Lueders, B. (2006). *Cry rape: The true story of one woman's harrowing quest for justice*. Madison, WI: Terrace Books.

Raine, N. V. (1998). *After silence: Rape and my journey back*. New York, NY: Crown.

Sebold, A. (1999). *Lucky*. New York, NY: Scribner.

Sebold, A. (2002). *Lovely bones*. New York, NY: Little, Brown.

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Ontario, Canada: University of Western Ontario.

Keeping it Sexy: Positive Sexuality Initiatives for Healthier Student Relationships

Scott C. Brown & Dawn E. LaFrance

Hook-up? Friends with Benefits? Abstinence? Monogamy? Student relationships come in all forms. How do we help students keep safe and make decisions that reflect their own values and desires? Colgate has implemented several effective positive sexuality initiatives including a mini-course, “Yes Means Yes” (YMY), that advocates consensual relationships and healthy sexual decision-making. Other initiatives include workshops, mentoring programs, and speakers. This program provided an overview of the initiatives, and concrete strategies to implement positive sexuality programming on your campus.

Sexuality is a central issue for many college students, in both positive and negative ways. Students report sexual assaults, harassment, and rapes frequently on college campuses (e.g., DeKeseredy & Kelly, 1993). With the close connection we have with students, educators have a unique opportunity to influence students to make better sexual decisions. Most campus programming aims to prevent sexual assault by focusing on prevention efforts (e.g., buddy system, never leave a drink unattended) (Breitenbecher, 2000), increasing empathy for sexual assault victims (e.g., Foubert & Newberry, 2006), or empowering bystanders to help their friends during problematic sexual incidences (Katz, 1994). We believe that a comprehensive sexual assault prevention program should also include the examination of sexual identities and desires. College programming “could help young adults identify their expectations about relationships and hooking up, learn how to define their romantic relationships and communicate about expectations, and monitor barriers to making good relationship decisions (e.g., alcohol use)” (Owen et al., 2010, p. 662). Positive sexuality advocates for “an understanding of sexuality as a natural and healthy aspect of human life” (ETR Associates, 2007-2009, para. 2).

One positive sexuality example is “Yes Means Yes” (YMY), an effective, faculty/student/staff led, interdisciplinary five-week positive sexuality course, was designed to improve students’ relationship skills and behaviors. The goals of this student-created sexual education curriculum include the development of healthy sexual identities, including increased comfort making safe, consensual sexual decisions. After four successful semesters of YMY, students began to show more interest in positive sexuality initiatives. In partnership with students, administrators and faculty have continued to offer programs of this nature. “Mini-YMY” curricula have been developed that are 1-2 sessions in length, geared at specific audiences. These shorter YMY versions are intended to begin the dialogue of positive sexuality with various student organizations and help students consider how their actions affect others and the community. Last year, all new members of sororities, two full sorority organizations, three fraternities, and the leaders of the Outdoor Education program participated in “mini-YMY” workshops. We will

offer a similar workshop to all student orientation leaders, as well as new members of both fraternities and sororities, this fall.

We have developed other ways to extend positive sexuality conversations outside of the classroom. A group of students have decided to live together in a positive sexuality theme house where they have regular discussions about positive sexuality as well as sponsor speakers and events. This past year, a violence prevention seminar followed YMY for three additional Wednesday evenings. The Women's Studies Department led an effort among faculty, students, staff, and administrators to create a short "zero tolerance" video focused on sexual assault on campus. This video, which has already been incorporated into campus-wide educational efforts, tells the story of the campus movement in preventing sexual assault and promoting positive sexuality.

To focus on first-year students as they begin their college career, a comprehensive first-year program includes positive sexuality education/training for the orientation leaders, orientation programs that send consistent messaging (e.g., *Sex Discussed Here* program), and invitations to events held by the positive sexuality theme house on campus. A peer education and mentoring program has started with a train the trainer retreat which prepared upperclass students to facilitate positive sexuality sessions with groups of first-year students. We hope that first-year students, as well as other members of our campus community, will have plenty of opportunities to join the positive sexuality movement.

References

- Baxter Magolda, M., & King, P. (2004). *Learning Partnerships: Theory and models of practice to educate for self-authorship*. Sterling VA: Stylus.
- Bogle, K. A. (2008). *Hooking up: Sex, dating, and relationships on campus*. New York University Press: New York.
- Breitenbecher, K. H. (2000). Sexual assault on college campuses: Is an ounce of prevention enough? *Applied and Preventive Psychology, 9*, 23-52.
- DeFur, K. M. (2012). Don't Forget the Good Stuff! Incorporating Positive Messages of Sexual Pleasure into Sexuality. *American Journal of Sexuality Education, 7*(2), 160-169.
- DeKeseredy, W. S., & Kelly, K. (1993). The incidence and prevalence of woman abuse in Canadian university and college dating relationships. *Canadian Journal of Sociology, 18*, 137-159.
- ETR Associates (2007-2009). Resource Center for Adolescent Pregnancy Prevention. Retrieved from <http://www.etr.org/recapp/index.cfm?fuseaction=pages.TopicsInBriefDetail&pageID=61&PageTypeID=1>
- Foubert, J. D., & Newberry, J. T. (2006). Effects of two versions of an empathy-based rape prevention program on fraternity men's survivor empathy, attitudes, and behavioral intent to commit rape or sexual assault.

Journal of College Student Development, 47, 133-148.

Friedman, J. and Valenti, J. (2008). *Yes Means Yes! Visions of Female Sexual Power and a World Without Rape*. Seal Press: Berkeley, CA.

Katz, J. (1994). *Mentors in Violence Prevention (MVP) trainer's guide*. Northeastern University's Center for the Study of Sport in Society. Boston, MA.

Levy, A. (2006). *Female chauvinist pigs: Women and the rise of raunch culture*. Free Press: New York.

Oswalt, S.B. (2010). Beyond Risk: Examining College Students' Sexual Decision-Making. *American Journal of Sexuality Education*, 5(3), 217-239.

Owen, J. J., Rhoades, G. K., Stanley, S. M., & Fincham, F. D. (2008). "Hooking up" among college students: Demographic and psychological correlates. *Archives of Sexual Behavior*, 39, 653-663.

Ritzer, G. (1995). *The McDonaldization of society: An investigation into the changing character of contemporary social life*. Sage Publications: Thousand Oaks, CA.

Gaining Ground on Mental Health Help-Seeking Behaviors: A BGSU Perspective

Laura Saavedra & Ellen Broido

Recently, Bowling Green State University (BGSU) has seen a frightening rise in suicide ideation and suicide attempts amongst its undergraduate student body. This session reported key findings from an assessment of mental health help-seeking behaviors and coping strategies among BGSU undergraduate students. We also discussed how we can use this research to inform practice and develop programs, interventions, and services in various functional areas at our institutions.

According to an ACHA-National College Health Assessment, of the millions of students enrolled in institutions of higher education across the nation, a great many report feeling stressed and overwhelmed by school, engaging in maladaptive coping behaviors, and experiencing depression during their undergraduate education (Eisenbarth, 2012). Research has identified common themes supporting this claim. According to Mowbray et al. (2006), many students experience their first psychiatric episode while at college, and 12%–18% of students have a diagnosable mental illness. "Although student mental health is of particular concern to student affairs and counseling center staff who work closely with students to facilitate their growth and development, the entire institution has, according to Stanley & Manthorpe, a 'role in prevention, providing support, and in offering a range of opportunities to enable students to participate in higher education'." (Kitzrow, 2009). It follows, then, that quality college mental health services must be a priority for all post-secondary institutions.

There is evidence that college counseling centers may be dealing with students with suicidal ideation and potential suicide attempts in nearly one out of every two cases they see (Mowbray et al., 2006). Just last year, Bowling Green State University (BGSU) saw a rise in suicide ideation and suicide attempts amongst their undergraduate student body. In an effort to gain greater awareness of current student mental health needs in a non-traditional way, I administered an assessment of undergraduate student help-seeking behaviors and coping mechanisms. Discussion of mental health issues as well as what people have done to cope can increase the normalization of having a mental health issue and increase the perceived norm of asking for help (Vogel et al., 2007). Chao (2011) found that avoidant coping may also serve as an important source of information about college students' well-being. Coping theorists have long argued that in addition to relying on social support to manage stress, students sometimes use avoidant coping. Thus, through the assessment in this study, I attempt to discover what the most frequent coping strategies are among students.

I chose to evaluate willingness to seek help as one way of measuring environmental wellness efforts at this institution. Thus, I did not specifically focus on students exhibiting help-seeking behavior; I also studied those students potentially having a need but not seeking help. The counseling center does an extensive job in collecting "local" data from clients on individual campuses, however, samples of students who don't come to counseling centers need to be investigated to examine similarities and differences between clinical (those who seek treatment) and non-clinical populations (Soet & Sevig, 2006). Ultimately, the purpose of this program is to help participants understand how students identify the signs and symptoms of emotional distress and the possible contemplation of suicide, as well as the impact of stigma on preventing effective acknowledgement and utilization of mental health services. Lastly, participants also learned how to use our methodology to assess their students' and create a plan of action to help address mental health help-seeking behaviors among undergraduate students on their own campus.

References:

Chao, R. (2011). Managing stress and maintaining well-being: social support, problem-focused coping, and avoidant coping. *Journal of Counseling & Development, 89*(3), 338-348.

Eisenbarth, C. (2012). Does self-esteem moderate the relations among perceived stress, coping, and depression? *College Student Journal, 46*(1), 149-157.

Kitzrow, M. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal (National Association of Student Personnel Administrators, Inc.)*, *46*(4), 646-660.

Mowbray, C. T., Megivern, D., Mandiberg, J. M., Strauss, S., Stein, C. H., Collins, K., . . . Lett, R. (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry, 76*, 226-237.

Soet, J., & Sevig, T. (2006). Mental health issues facing a diverse sample of college students: Results from the college student mental health survey. *NASPA Journal (National Association of Student Personnel Administrators, Inc.)*, *43*(3), 410-431.

Vogel, D. L., Wade, N. G., Wester, S. R., Larson, L., & Hackler, A. H. (2007). Seeking help from a mental health

professional: The influence of one's social network. *Journal of Clinical Psychology*, 63(3), 233-245. doi:10.1002/jclp.20345.

Counselor's Role on a Behavioral Threat Assessment Team

Meggen Sixbey

Media coverage of the University of Colorado student, James Holmes accused of opening gunfire in a crowded movie theater quickly switched focus to the university "Behavioral Evaluation and Threat Assessment team," the university police, and the treating university psychiatrist. It is tragic reminders such as these that the campus threat assessment team and the role of the counselor are becoming a necessity due to the increased presence of troubled, disturbing, and disruptive behaviors in learning and living environments.

There are several model frameworks for threat assessment and intervention teams, all of which indicate the use of a multidisciplinary approach as a best practice model and discuss balancing the rights of the individual with the need of the institution to secure the safety and security of its constituents. Additionally, these model frameworks advocate the use of a comprehensive behavioral intervention and threat assessment model to promote the campus as a culture of awareness and resourcefulness. Ideally, campus efforts to identify early warning signs, prevent disruptive or dangerous behaviors, and educate the campus on available resources promote the institution's educational mission.

Behavioral-health professionals such as mental health counselors, social workers, and psychologists along with psychiatrists or psychiatric nurse practitioners are often asked to serve as active or consulting members of the campus assessment team. These individuals may be members of the campus or contracted members of the community. They serve an important role in assisting the campus assessment team in understanding, assessing and conceptualizing a response to troubled, disruptive or potentially violent persons. In addition to the role the behavioral-health professional plays during a threat assessment team meeting, critical contributions also occur before and after such a meeting. Some of these contributions may include communicating with clinicians about a client of concern, consulting with faculty or staff who identifies a student in distress, or providing outreach and education to departments on clues and warning signs of a troubled and disruptive student.

The presence of behavioral-health consultant on a threat assessment team is recommended and often requires an understanding from the team members regarding the nature and type of contributions which can be made along with the factors that limit disclosure and inter agency collaboration and communication. Examples of such concerns include dual roles, conflicts

related to state statutes associated with confidentiality, ethical standards established by professional affiliation, criteria for clinical action (e.g., involuntary hospitalization), differences between institutional concerns associated with public perception and individual rights associated with mental health law, and capacity for and effectiveness in predicting behavior, particularly violent behavior.

Similarly to the 2012 ACPA program, this program will provide an introduction to some of the factors that define, enrich and complicate the nature and type of contributions a behavioral-health professional makes on a campus multidisciplinary risk/threat assessment team. Additionally, the program will explore with the participants how various behavioral-health professionals across the nation are navigating this complicated role.

Because there are many different learning styles, this program will employ several methods of presentation. Presenters will use a PowerPoint presentation accompanied by a handout outlining the program's agenda. In addition to a didactic presentation, presenters will engage the group in thought provoking discussions through small and large group interactive discussions as well as an extensive and multi-phased case scenario.

Learning Objectives:

- Acquire a basic understanding of the nature and function of behavioral-health/threat assessment in a higher education setting
- Be able to clarify the nature and role of the behavioral-health professional on a multi-disciplinary team
- Be able to identify examples of clinical, ethical and legal issues which affect the role and scope of the counselor's contribution
- Obtain experience through case study simulation in the identification of potential dual role conflicts and constraints on dissemination of information

References:

Jablonski, M., McClellan, G., and Zdziarski, G. (Eds). *In search of safer communities: Emerging practices for student affairs in addressing campus violence* at:
<http://www.naspa.org/safercomm.pdf>

Student Mental Health and the Law: A Resource for Institutions of Higher Education available at:
<http://www.myacpa.org/comm/ccaps/docs/TJFLegalResource.pdf>

Dunkle, Silverstein and Warner, writing in the *Journal of College and University Law* (2008, Vol. 34, No. 3, pp. 585-636)

Sokolov and Hughes (2007, *Risk mitigation through the NCHERM behavioral intervention and threat assessment model*

Desinger, Randazzo, O'Neil and Savage (2008). *The handbook for Campus Threat*

Assessment and Management Teams.
Applied Risk Management: Massachusetts

Bickel and Lake (1999) *The Rights and Responsibilities of the Modern University: Who Assumes the Risks of College Life?*
Durham, NC: Carolina Academic Press.

Psychological First Aid: A Best Practices Model

Meggen Sixbey

The student affair professional is increasingly being called upon to serve in the role of a first responder to students in crises, providing early response and intervention. This may include sitting with a student after they are notified that a family member has died, after a student experiences a sexual assault, or after a student has been witness to a traumatic event. Because of this increased duty, it is imperative that the student affair professional has training in how to respond to such crises.

Many models of crisis response and intervention exist such as the model provided by the National Organization of Victims Assistance, Arnold Lazarus' BASIC ID model assessing general functioning, the Dixon Intervention Model, FIRST Model of Crisis Intervention, or the James Crisis Intervention Model. While these models are sound and noteworthy models of crisis response, the Psychological First Aid model provides a thorough, yet easy to follow and easy to implement approach.

The Psychological First Aid model is an evidenced-informed approach to help individuals in the immediate aftermath of crisis. It is designed to reduce the initial distress caused by traumatic events and to foster short and long term adaptive functioning and coping. (*Psychological First Aid: Field Operations Guide 2nd Edition*). The PFA model is user-friendly and includes basic information-gathering techniques to allow the responding individual to make quick and accurate assessments of immediate concerns and subsequent needs. It operates on the premise that individuals are resilient and will bounce back more resourceful after a crisis, especially when provided compassionate support and proper future preparation at the early stages of a crisis. Additionally, it emphasizes developmentally and culturally appropriate interventions for various ages and backgrounds, which is a critical point of consideration on college campuses.

PFA provides the responder with 8 “core actions” that constitute the basic objectives of providing early assistance: Contact and Engagement, Safety and Comfort, Stabilization, Information Gathering, Practical Assistance, Connection with Social Supports, Information on Coping, and Linkage with Collaborative Services. The goal of each of these core actions will briefly be described here as listed in the *Psychological First Aide Field Operations Guide (2nd ed)*.

- Contact and Engagement: To respond to contacts initiated by the individual in crisis, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.
- Safety and Comfort: To enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Stabilization (if needed): To calm and orient emotionally overwhelmed or disoriented individuals
- Information Gathering – Current Needs and Concerns: To identify immediate needs and concerns, gather additional information, and tailor PFA interventions
- Practical Assistance: To offer practical help to survivors in addressing immediate needs and concerns
- Connection with Social Supports: To help establish brief or ongoing contacts with primary support persons and help sources of support, including family members, friends, and community helping resources.
- Information on Coping: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
- Linkage with Collaborative Services: To link survivors with available services needed at the time or in the future.

This program will provide an overview of common student crises and traumatic life events before introducing the PFA model of responding to an individual in crisis. This introduction will include what PFA is, what professional behavior includes when delivering PFA, guidelines for delivering PFA, and behaviors to avoid. Finally, the majority of the program will address the 8 core actions of PFA and how these core actions can be utilized practically in their student affairs role. It will end with a case scenario allowing participants to utilize the core actions learned.

This program will employ several methods of presentation: PowerPoint presentation, didactic components, interactive group discussions, and an experiential multi-phased case scenario.

References:

National Organization of Victims Assistance, www.trynova.org

Arnold Lazarus' BASIC ID model assessing general functioning,

Lazarus, A. (1997). *Brief but comprehensive psychotherapy: The multimodal way*. New York: Springer Publishing Company

Dixon, S. (1987). *Working with people in crisis*. (Rev. ed.). Ohio: Merrill Publishing Company.

James, Richard K. (2012). *Crisis Intervention Strategies*. (7th Edition). California: Wadsworth/Thomson Learning.

PFA. National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide*. September, 2006.

College Men's Gender Identity Development: Theory to Practice

Keith E Edwards

This session will discuss college men's gender identity development theory from a grounded theory study of college men's experiences as men through a social justice lens. The presenter will share the results and theory from the original study and interviews conducted five years later. Participants will discuss the theory of college men's gender identity development, the intersections of identity, and implications for student affairs practitioners interested in how patriarchy and privilege are learned, reinforced, and perhaps transcended.

Introduction

This session will share an update on a theory of college men's gender identity development (Edwards, 2009). Five years after the initial study participants engaged in interviews to discuss their reflection, experiences as men now, and how participating in a study of this kind affected them. Participants in the study represent a wide variety of social group identities and college experiences, allowing for rich exploration of intersections across identity. The program will explore in greater depth college men's identity through a social justice lens and the longitudinal aspects of identity development in an effort to understand the issues and challenges facing college men both internally and externally in an effort to not only foster men's development, college success, and well-being, but also to address the transgressive ways in which college men negatively influence the campus environment for all students including homophobia, lack of academic success, sexual assault, violence, and campus conduct violations.

Framework

Despite men's history of advantage, recent trends in college male student enrollment, retention, and academic performance have caused great concern for student affairs and academic affairs leaders (Kellom, 2004). Not only is men's academic success at risk, but also men's well-being and survival (Capraro, 2004a; Davis & Laker, 2004). Men in general are three times more often the victims of violent crimes with the exception of sexual assault, suffer greater rates of depression, and are four to six times more likely to commit suicide (Pollack, 1999). College men in particular, tend to consume more alcohol and do so in more dangerous ways (Capraro, 2004b) and are most likely to be involved in campus judicial proceedings (Ludeman, 2004).

Unfortunately, student affairs educators have not been trained to view issues affecting men with a gendered lens (Davis & Laker, 2004). Because student affairs professionals have recognized that many student development theories were developed by looking primarily, and at times exclusively, at White men, they often wrongly assume that student affairs professionals understand men. This androcentric perspective not only doesn't serve men, it also serves to perpetuate the patriarchal system of oppression already in place. A recent trend in college student development literature has been a focus on the impact of social identity groups on identity development (Widick, Parker, & Knefelkamp, 1980), reflecting the failure of many earlier perspectives that dismissed or ignored the experience of individuals from marginalized social identity groups. Recently, O'Neil (2004) and Capraro (2004a), two prominent scholars of men and masculinity, called for exploration of college men's identity development. This session shares the theory which emerged as a result of a constructivist grounded theory dissertation study

and will focus on the updates and longitudinal results. The result of this study are significant because of the emerging theory's potential to inform student affairs practice, fill a gap in the student development knowledge base, and begin to address the social justice issues related to gender, sexism, and patriarchy.

Method

The presenter will give a brief overview of the original and updated research studies and explain the theory of college men's identity development and then explore in greater detail aspects of the theory by sharing the participants perspectives through video vignettes. The videos shared will not be of the actual participants (to protect anonymity) but instead other college men portraying the participants and sharing the participants actual perspectives. Participants will discuss implications in fostering men's development, academic success, and personal well-being as well as how the ways that men consider or don't consider their gendered identity affect them, their male peers, and college women.

Outline

- A. Introductions/Welcome (5 min)
- B. Brief Overview of Original Research Study (5 min)
- C. Brief Overview of Updated Research Study (5 min)
- D. Overview of Updated Theory (10 min)
- E. Participant Perspectives (30 min)
 - a. Video snippets
 - b. Discussion of themes
- F. Discussions of Implications (15 min)
 - a. Implications for college men's growth
 - b. Implications for the campus community
- G. Wrap-up/Evaluation (5 min)

Learning Objectives

The participants will be able to:

- describe a theory of college men's gender identity development.
- discuss longitudinal findings and updates of the original study.
- share perspectives of college men about their gendered identity.
- apply implications on their own campus to foster men's growth and campus community development.

References:

Capraro, R. L. (2004). Why college men drink: Alcohol, adventure, and the paradox of masculinity. In M. S. Kimmel, & M. A.

Messner (Eds.), *Men's lives* (6th ed., pp. 190-203). Boston: Allyn and Bacon.

Capraro, R. L. (2004). Men's studies as a foundation for student development work with college men. In G. E. Kellom (Ed.), *Developing effective programs and services for college men*. New Directions for Student Services (No. 107, pp. 23-34). San Francisco: Jossey-Bass.

Pollack, W. S. (1999). *Real boys: Rescuing our sons from the myths of boyhood*. New York: Henry Holt & Company.

Davis, T. L., & Laker, J. (2004). Connecting men to academic and student affairs programs and services. In G. E. Kellom (Ed.), *Developing effective programs and services for college men*. New Directions for Student Services (No. 107, pp. 47-57). San Francisco: Jossey-Bass.

Edwards, K. E. (2009). "Putting my man face on": A grounded theory of college men's gender identity development. *Journal of College Student Development*, 50, 210-228.

Kellom, G. E. (2004). Editor's notes. In G. E. Kellom (Ed.), *Developing effective programs and services for college men*. New Directions for Student Services (No. 107, pp. 1-7). San Francisco: Jossey Bass.

Ludeman, R. B. (2004). Arrested emotional development: Connecting college men, emotions, and conduct. In G. E. Kellom (Ed.), *Developing effective programs and services for college men*. New Directions for Student Services (No. 107, pp. 75-86). San Francisco: Jossey Bass.

O'Neil, J. M. (2004, July). *New research paradigm for implementing gender role conflict research*. Keynote presented at the

American Psychological Association Annual Meeting, Honolulu, HI.

Widick, C., Parker, C. A., & Knepelkamp, L. L. (1980). Student development. In U. Delworth, G. R. Hanson, & Associates (Eds.), *Student services: A handbook for the profession* (pp. 75-116). San Francisco: Jossey-Bass.