Assessing the Potentiality of a Counselor-In-Residence Program at the University of Rhode Island

Sara Atash
University of Rhode Island, saraatash@my.uri.edu

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College counseling center directors are seeing that both the severity and the frequency of mental and behavioral health problems are growing among college students (Gallagher, 2007). Yet, one study showed that of those students who screened positive for depression or anxiety, up to 84% did not seek assistance (Eisenberg, Golberstein, & Gollust, 2007). In response, many colleges have been implementing and evaluating an innovative solution: the Counselor-In-Residence (CIR). By placing counseling representatives directly in the residence halls, schools have realized that they may be able to bridge the gap between the formal counseling centers and the campus community to meet their mental health needs (Rawls, Johnson, & Bartels, 2004). The CIR model aims to offer more opportunities for assessment and referral, provide more familiarity with the counselors, reduce barriers to access, and reduce the stigma associated with mental and behavioral health services. The current study assessed attitudes toward mental and behavioral health needs and treatment options at the University of Rhode Island (URI), as well as attitudes towards the CIR model and its potential implementation at URI.

In the framework of a program development project, this study targeted three key stakeholder groups: 1) campus leaders (faculty and staff) who have a stake in the health and welfare of undergraduates, 2) undergraduate students who have lived in the residence halls, and 3) graduate students in Psychology and Human Development and Family Studies who might serve as the CIR’s. Campus leaders, otherwise known as key informants, were interviewed one-on-one for 30 minutes. Interviews were conducted with faculty from the Psychological Consultation Center (PCC), Residence Life, Human Development and Family Studies (HDF), Counseling Center, and Health Services. Discussion focused on assessing the mental and behavioral health needs of undergraduates living at URI, as well as opinions on the CIR model (pros, cons, and barriers toward implementation). To assess the attitudes of undergraduate and graduate students, two separate anonymous surveys were administered via Survey Monkey.
Participants who completed the survey could enter to win 1 of 25 Amazon gift cards (valued at $20.00 each). Undergraduates who were 18+ and have lived in a residence hall were qualified to complete the undergraduate survey. Graduate students who were 18+ and enrolled in Clinical Psychology, School Psychology, or Human Development and Family Studies at URI were qualified to complete the survey. Questions focused on the mental and behavioral health services on campus and attitudes toward the CIR model.

Results of the key informant interviews and the graduate student survey yielded similar opinions of the CIR model. Pros of the CIR model included but were not limited to: greater visibility, reduced stress of the Resident Advisors, graduate student counselors being seen as more relatable, convenience, increased accessibility, and reduced stigma. Cons were concerns about liability, safety, supervision, documentation, confidentiality, and CIR’s receiving cases they are not equipped to deal with. Potential barriers toward implementation were allocation of resources, funding and integration of CIR into the current residence life model. All key informants believed that there is room for improvement at URI in addressing the mental and behavioral health issues of students. A majority of graduate students reported they would be interested in serving as a CIR if appropriate incentives and supervision were provided.

Regarding the undergraduate survey (N=171), results showed that nearly three quarters of the undergraduate sample have never utilized the mental and behavioral services at URI. A third of the undergraduate sample stated they are not at all aware or are barely aware of the counseling services that are available to them at URI. When asked why they are not utilizing those services the most frequent responses included being unsure of the services provided, not feeling comfortable using those services, and not having the time to go out and make an appointment. Undergraduates and graduates unanimously agreed that going to a CIR model might be less intimidating than utilizing the existing Counseling Center, Health Services, or the PCC for mental and behavioral health services. Yet, undergraduates and graduates both believed there would still be some stigma associated with visiting a CIR.

This project showed there is evident room for improvement in regards to the mental and behavioral health services on the University of Rhode Island’s campus. With proper funding and resources, it is clear the CIR model might be a suitable way to address some of the unmet needs
for mental and behavioral health for URI undergraduates. Further research is needed in order to understand how to make implementation of the CIR model possible, particularly to assess the ways the model might be tailored to URI’s unique needs.
References

