

Slide 1

Ethics, Confidentiality and FERPA:

On Including the Dean of Students as a Member of the Treatment Team

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As we know, confidentiality is the hallmark of the therapy relationship but as we all also know, the problems our student's bring are not always contained in the therapeutic office. They are coming to us telling us about issues in their relationships, academic problems, substance abuse problems and problems in the community that are impacting not only their functioning but their friends, fellow students and the college community. I hope that as we talk we can "problem solve" together about how to manage these issues.

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Presentation Goals

- 1. Participants will gain a working knowledge of FERPA and how it relates to information flow in academic settings
- 2. Participants will understand one model for building teamwork within administration and college counseling centers
- 3. Through the use of a case model, participants will explore various issues that come up around confidentiality and think about alternatives for managing them

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So why are we even talking about this

First a bit of self-disclosure (see why they wanted Ellen here) I am relatively new to college mental health. My first career was working in a psychiatric hospital where everything was done in a team

When I got to Bennington I assumed work would be similar

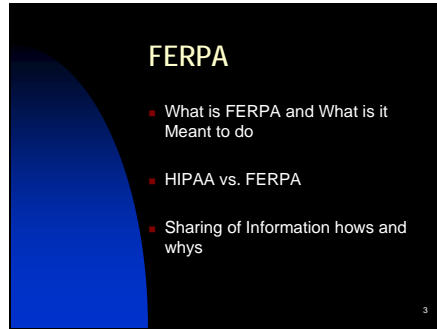
I will never forget first emergency in which I was called in to deal with a very difficult kid and thought I had done this great job. I emailed my boss describing in detail the work I had done only to have her say "that is way too much information".

She was off course right and I am grateful to her since usually I hear about people being pushed to reveal issues that they think are confidential.

However, I am telling you this because it is something I hear about again and again in college mental health and that is the tremendous separation and sometimes distrust between college counseling services and their administration. Usually this conflict appears to be between "administration"s goal which is seen as protecting their academic mission and the community and counseling center staff who see their goal as protecting the student

We am here to argue that these are not mutually exclusive goals and to suggest some ways for managing this.

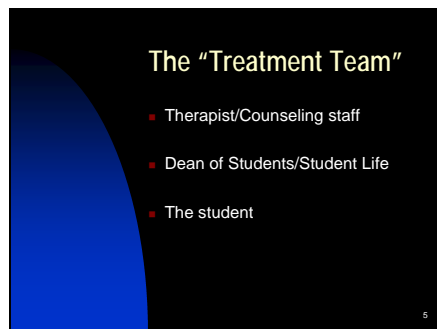
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So we all agree that the main mission of our colleges is academic right? We are institutions of higher learning.

Sure but when we ask our students (or perhaps someone working in student life) what college is about and they will tell you that they are here to make friends to develop a greater sense of self and to get away from their parents

In a few words they are here to grow up and become citizens in a community

So in reality in college academics are not the only priority. Our focus is more realistically the young adult's transition from adolescence to adulthood and that includes academics, social life, physical and mental health.

So as therapists my staff and I certainly are not equipped to deal with all of these aspects. Nor is the student no matter how emotionally healthy always able to navigate this community system. Most of us as therapists work as members of the counseling team. What we at Bennington suggest is that we very transparently work with

the student to incorporate other people in their community and social system into the therapy process only when needed. So when students come in as part of our intake spiel we tell our students the usual limits of confidentiality (harm to self and others) and then remind them that they are part of a community and that they might at times "need our help" to navigate the system. I tell them that I meet regularly with the dean of students and that 99% of time their information and the fact that they even see me will never come up but that there are times when she may mention a student at risk (and what do they want me to do if she does) and that they at any time can request a consult with her around social issues

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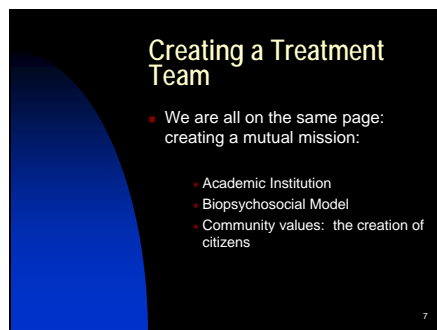
Other "team members"?

- Academic Dean/support
- Residential Student Leaders
- Outside tutors
- Parents
- Faculty

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Same thing at times with these other people but not part of our weekly meeting schedule

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Creating a Treatment Team

- We are all on the same page: creating a mutual mission:

Academic Institution
Biopsychosocial Model
Community values: the creation of citizens

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So the first step in creating a treatment team is making sure we are all on the same page and have the same mission in mind.

Goal of the institution is the maintenance of an academically base community and we all need to agree to this. Other goal's
Goal is to create a system in which all of patient who is a student's biopsychosocial issues addressed: We work to help them mentalize and think about their mind, we work to help them take care of themselves physically (part of our team is dr who is not here) we work to help them learn better study skills and structure we work to help them get along with and communicate and negotiate with peers. We work to help them understand where to go when they can't do these things

A community in which we create an academic/learning environment that is also a developmental environment; helping our students develop their emotional minds in the same way they develop their intellect

Biopsychosocial model as it relates to students: Student's main goal in college is to learn but also to develop in a social system and to become a good citizen

Student's are not our usual therapy model they are kids who until very recently lived in a family system with parents guiding them now "on their own"

They don't know how to be grown ups, citizens, or patient's: Main job of therapy is to help them do this so "rules are different"

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Creating a Treatment Team

1. Establishing shared goals
2. Establishing sense of community
3. Establishing sense of mutual trust

"We are all in this together"

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Creating a Treatment Team

"student at risk committee"

- We are all in this together
- There is no stigma in asking for help
- Transparency

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Student at risk committee needs to be small needs to have "consent" that all are following mission

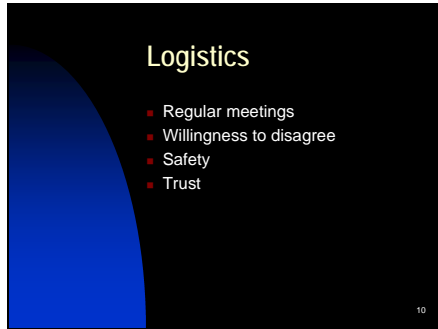
So don't include all staff include directors

Needs to meet with agenda list of specific students by people concerned

Therapist does not acknowledge knows students but code words

Goal is education and information sharing then follow up actions suggested

Slide 10



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Logistics

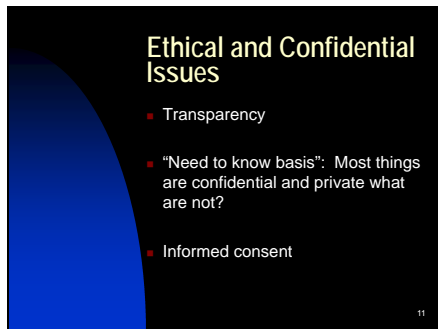
- Regular meetings
- Willingness to disagree
- Safety
- Trust

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What are we and are we not saying: we are not revealing patient private information (unless danger to self or other)
We are not revealing diagnosis or personal history

We are revealing current issues impacting functioning, current needs, what the student is asking for and why are they struggling

Slide 11



Slide 11 features a black background with a blue curved shape on the left side. The title "Ethical and Confidential Issues" is centered at the top in white. Below the title is a bulleted list of three items: "Transparency", "“Need to know basis”: Most things are confidential and private what are not?", and "Informed consent". A small number "11" is located in the bottom right corner.

Ethical and Confidential Issues

- Transparency
- “Need to know basis”: Most things are confidential and private what are not?
- Informed consent

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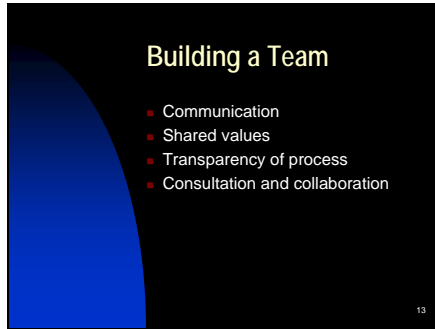
Slide 12 features a black background with a blue curved shape on the left side. The title "Building a Community" is centered at the top in white. Below the title is a bulleted list of four items: "Residential campus", "Community values and principles", "Collaboration", and "Risk management". A small number "12" is located in the bottom right corner.

Building a Community

- Residential campus
- Community values and principles
- Collaboration
- Risk management

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Slide 13

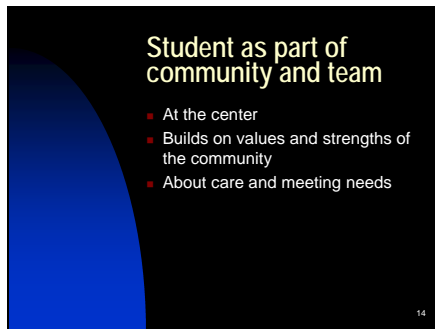


Building a Team

- Communication
- Shared values
- Transparency of process
- Consultation and collaboration

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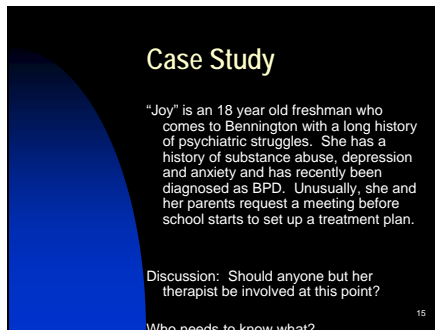


Student as part of community and team

- At the center
- Builds on values and strengths of the community
- About care and meeting needs

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Case Study

"Joy" is an 18 year old freshman who comes to Bennington with a long history of psychiatric struggles. She has a history of substance abuse, depression and anxiety and has recently been diagnosed as BPD. Unusually, she and her parents request a meeting before school starts to set up a treatment plan.

Discussion: Should anyone but her therapist be involved at this point?

Who needs to know what?

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Case Study: "Joy"

- Within her 1st week at Bennington, Joy cuts herself. She also reports that she cannot study and with little discussion on her part she asks for and receives a medical leave.
- This is our first "team meeting" she Eva and her parents meet

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Medical Leave

- Voluntary and involuntary
- Suggested year off
- Team reviews when/how student comes back

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- After a term off she comes back "ready to work on issues". She is set up with 2 x week therapy appointments.
- Discussion: What now?
What does the team need to know

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Joy Continued

- Joy once again begins to struggle.
- She is drinking and not going to classes
- I get a call from her parents informing me that she is not in touch with them
- I get a call from her advisor informing me she is doing badly in her classes

Discussion:
"Students at risk committee"
Who needs to know/do what

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Joy Continued

- Over long weekend joy goes home and gets drunk to the point where she is hospitalized
- When she returns she continues her binge on campus
- Her best friend calls Eva and tells her she is worried about her
- Eva and I meet with Joy who again requests a leave of absence
- Eva, Joy and I call her parents

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Discussion

Issues of confidentiality
Who on team says what?
Medical leave logistics

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Conclusions

- "where do we go from here"
- Questions, Comments, Concerns?

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