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## **CHAPTER 6**

### **WHAT CAN PARENTS DO?**

Your role as a parent at this crucial developmental point is a very complicated one. On the one hand, it is a time to let go with confidence and allow your children to “try on” new identities and interests. They need the opportunity to make mistakes and learn from them. At the same time, you are still their parents and they need your guidance and wisdom to recognize problems and proactively address them. You walk a fine line to balance these two tensions.

The goal now is to balance these opposing needs to help your child navigate through the sometimes-stormy college years and help him or her avoid an academic and personal shipwreck. There is a compelling reason for making this effort – your child’s educational experience depends on it.

As this chapter will explain, you’ll find you can best support your child’s college experience by being aware of the stresses your child faces, by trying a new way of communicating, by encouraging problem-solving skills, by knowing the warning signs of

trouble, by being proactive in identifying a college's mental health resources, and by creating an action plan to handle potential a crisis.

## **BE AWARE**

What do you think is the biggest challenge facing your child today? Is it problems with sexual intimacy? Drug or alcohol use among peers? Choosing a major? Getting along with roommates? Before you answer this question, ask yourself if you have yet asked your child the same question. The best way to find out what is on a person's mind is to ask. It is helpful to read this book and learn about the pressures on college students, but to use that information to help your child grow healthy and strong through the young adult years, you have to take time to find out your child's personal needs, challenges, fears, hopes, and expectations.

College is a time when we are asking our young adult children to think for themselves and to develop emotionally and academically. Yet, a big mistake we (parents, counselors and administrators) make is trying to help, guide and reach conclusions about them without the most important constituent at the table – the college student him- or herself. I guess I shouldn't be surprised when we poll parents at student/parent orientation meetings and find that there is an enormous discrepancy between what parents think their students are concerned about and what students actually report. If you look at the factors that students themselves say impede academic success, they are not the difficulty of classes, or poor scheduling, or bad professors; they are almost always, health/emotional factors.

When asked in the National College Health Assessment in 2002 to name factors that affected their academic performance (i.e., received an incomplete, dropped a course, received a lower grade in class, on an exam, or on an important project), 31 percent said *stress*, 21 percent said *sleep difficulties*, 20 percent said *concern for friend or family member*, 15 percent said *relationship problems*, 14 percent said *depression/ anxiety*, and 10 percent said *alcohol use* [American College Health Association 2002]. Quite clearly, college difficulties are not solely caused by the challenging academic curriculum of higher education. Once you are tuned into that fact, you are in a far better position to be aware and prevent emotional and psychological problems from interfering with your child's education.

#### **Student Thoughts**

*I told my parents I needed to see a therapist when I came home over the summer. They found a good doctor and I started going regularly. They never asked me anything about it. They're very hands off. When I asked them years later why they never asked any questions, they said they didn't want to interfere in my personal business and they figured that if I wanted them to know something, I'd tell them. Looking back now I wish they had just talked to me even to say, "If you want to tell us anything, we're here to listen." I would have liked this kind of opening.*

## **TRY A NEW WAY OF COMMUNICATING**

Now that your child has moved on into young adulthood, there are not many things you can physically do to keep them mentally healthy. You can't tuck them into bed insisting that they get a full eight hours of sleep each night and then prepare a nutritious, well-balanced breakfast in the morning. You can't call their professors to explain circumstances that may have made them unprepared for a test. You can't arrange play-dates so they can make new friends. And you can't sign them up for extracurricular activities so they have a balanced schedule of work and play. So... what can you do?

The parental factor that most directly affects the mental health of a college student is communication. This may surprise you because I'm sure it seems like your college-age children haven't listened to anything you've said for the last few years and it doesn't look promising that they will start again any time soon. But don't give up. College health surveys report that 72.5 percent of students say that they get most of their health information from their parents [American College Health Association 2002]. They do listen, especially if you take time to think about the way you communicate.

Consider that the goal of communication with young adults changes when they are in college. Instead of communicating solely to tell your child what to do, now it's helpful to use your conversations to strengthen your connections. In his book *Worry*, Dr. Ned Hallowell explains why connections are so important to emotional health:

It is made up of the sum of all our connections: connections to our immediate family and extended family; connections to our past and our traditions; connections to our friends, neighbors, and colleagues; connections to institutions, organizations and country; connections to information and ideas and connections to whatever is transcendent, whether we call it Nature or God or some other

name. This entity, the sum of all our meaningful connections, I call connectedness, and it is, in my opinion, the key to emotional health and the surest protection we have against the psychological ravages of worry [Hallowell 1998].

I so often see students who are overcome with worry because they have lost some key element of connection in their lives: relationships ending badly; disappointment at not getting a role in a play; coming out to one's family and feeling rejected; a realization that a life goal (becoming a doctor, musician, lawyer, etc.) is not really what one wants to do. But I've also seen how those with a strong connection to their families are better able to get past difficult periods and move on.

This is especially apparent in students whose family culture is less open to dialogue and conversation. I was recently told about a student from Pakistan who had been talking frequently about jumping from his tenth-story dorm room. When he told a friend at lunch that he "knew how much aspirin you need to take to kill yourself," and then left the room saying he had to stop at the pharmacy, a series of events were triggered. His frightened friend told a professor. The professor had been to a workshop about recognizing students in distress (a community-wide effort to educate faculty and staff). He recognized this as a serious problem and called me for advice. Because we already knew the student and were very worried, I contacted his therapist and we agreed to call the police to take him to the emergency room for an evaluation. It turned out that he wasn't "imminently" planning to kill himself.

The student was furious with me and the police. "Do you have any idea," he yelled, "what it's like in my culture to be hospitalized for a mental illness?" He felt he had

shamed his family name and was horrified that his parents would find out. He experienced this as “being rudely dragged off to jail.” How different life would be for this young man if he had the kind of family connection that would allow him to talk to his parents about the stress he was under.

Here are some communication tips that might help you strengthen your connection and keep your kids talking.

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## **Model Strong Communication Skills**

One of the big challenges your child will face is how to work out emotional differences with peers/ roommates. The way he does this depends largely on how you do this in your family confrontations. If you can’t address things directly with your family members, or if everyone has to bury personal feelings in these discussions, your child will have the same patterns with peers, which increases the risk of developing anxiety/depression/ relationship problems.

That’s why it is very important to model the communication skills that you want your child to learn – and it’s not too late! Through the conversations you initiate, show that it is okay to talk about sensitive and emotional subjects. Show that it is okay to disagree and be upset, but that you can come back and continue the discussion at a later time without damaging or destroying the relationship.

Another way to model the kind of conversation you want your children to have with you is to talk about your own family history. Very often parents decide not to burden their children with information about their own depression or other life challenges, and so the kids go off not even knowing that depression is a part of their family history – yet if one or both parents are depressed, there is a much higher incidence of depression in their children!

Be honest about mental health. Tell your kids if Mom or Dad or Aunt Sally or cousin Karem has gone to therapy or been on medication for psychological problems. Talk about friends who suffered from phobias such as fear of heights or bugs. Talk with empathy and understanding about the value of professional psychological help. These casual conversations help reduce the stigma of talking to you about emotional and psychological issues and seeking your help if needed.

College-age kids today are more sophisticated about mental health than any generation before them, but they still connect many psychological issues with shame and embarrassment. This became glaringly apparent to me when I formed my first eating disorder group at a college. Although I knew, based on the college's own research, that at least four percent of the students had trouble with eating disorders, for the first year and a half of our existence, no one showed up at the meetings. Finally, I decided to change the name from "eating disorders group" to "eating concerns group" to make it sound less stigmatizing. Twenty women came to the next meeting – with "concerns" not "disorders." This simple word change and its dramatic results illustrates the importance of normalizing mental health issues by talking openly and frankly about problems in your family, among your friends, and in the world in general.

Similarly, we should be honest with our children about the history of our own lives that we bring into these interactions. If we were the victims of unwanted sexual advances in college, or had a pattern of drinking too much, this may be the reason we are overly cautious when we see these patterns in our children. Being aware of the triggers for your own strong reactions and sharing some portion of them with your children helps them to understand the basis for your reactions, and it models the kind of open communication that is crucial at this point in time. Most people find that sharing personal and even painful experiences elicits a deeper level of sharing by others. So, if you are open about your own experiences and insecurities, your child may be more likely to share his own.

### **Listen, Listen, Listen**

Most of us have developed the habit of conversing defensively. This means that we do not hear what our children are saying because we're too busy thinking about the flaws in their arguments and planning our response. Just as we stop listening, our children will also stop listening after the third or fourth word of our response because they are busy planning *their* response. I have had countless meetings with families where we could talk till the cows come home and it is quite evident to me that everyone's views are divergent and are going to stay that way.

The best remedy for this ineffective pattern of communication is to learn to be an active listener. Four-time Emmy Award-winning television anchorman, Steve Adubato, explains in his book *Speak From the Heart* the importance of active listening, which I

believe could dramatically improve communication between parents and their young adult children. In a recent conversation, Steve told me: “The key to being a good listener is patience. It’s hard to hold back and let another person make a point. But with effort, we can all learn to focus on what the speaker is saying rather than jumping ahead and anticipating what we think is going to be said. Turn yourself down and wait – don’t interrupt, don’t finish the other person’s sentences, and don’t push ahead in the direction you want the conversation to go. And then when the other person is finished, rather than throwing out a defensive block, you might ask for clarification by saying, ‘What makes you say that?’ Or you might decide to avoid an argument by saying something simple like, ‘I never thought about it that way.’ Such responses don’t mean you agree with the other person, or that you will do what this person suggests; they simply acknowledge that you have heard what the person said. This is a powerful communication tool.”

Here are a few active listening tips adapted from Adubato’s book that will help you keep the lines of communication open:

- Count to two before responding to a statement.
- Don’t jump ahead and finish another’s thought.
- Give people the respect of letting them finish their own sentences.
- Listen in the moment and do not let your mind wander away.
- Listen with empathy when someone has a problem and do not interrupt or jump in with a quick solution.
- Use nonverbal listening techniques, such as establishing good eye contact, leaning in just a bit, nodding occasionally, and smiling at the appropriate time.

- Use verbal prompts, such as “Tell me more” and “That’s interesting.”

Adapted with permission from *Speak from the Heart* (Simon & Schuster/Free Press 2002).

Steve’s advice supports my feelings that come from an old Alcoholics Anonymous expression that says, “Take the cotton out our your ears and stick it in your mouth.” As your child approaches adulthood, it’s time to do more listening and less talking.

### **Student Thoughts**

*Things that seem obvious still should be said. Things such as: “We love you.” “We’re proud of you.” “We’re glad you’re our daughter.” I needed to hear those things when I was in college. But instead I heard, “We expect you to get good grades.” “We know you’re capable of doing better.” “I’m not paying this kind of money so you can party all night.”*

### **Talk About Important Issues Without Lecturing, Dictating, Judging, or Criticizing**

Even when we listen with care, we like to believe that as parents we know what is best for our children. That’s why when your children were younger, you could solve most of their problems by telling them what to do. If they were tired during the day, you told them to go to bed earlier that night. If they got poor grades at school, you told them to give up TV and study harder.

But now, the truth is that sometimes we don't know what's best so it's time to avoid controlling words like *must* and *ought* that shift the dynamics of the conversation back to a parent-young child exchange. It is extremely important to have balanced, open conversations with your child that build a mature relationship and guide (not push) her toward choices that promote strong mental health.

If there is tension in your family because your plans for your child are clashing with your child's plans, your job isn't to make him see that you're right and he's wrong. Your job is to have a conversation that offers your point of view as something to think about. You may feel that the amount of the paycheck is the most important thing to consider. Or, you may feel that the opportunity for advancement within a particular field is vital. There's nothing right or wrong about these beliefs; they are simply your point of view. You can help you child understand your views by presenting them in ways that are not judgmental, critical or dictatorial. If you do this, you'll be able to play a vital support role by listening, asking thoughtful questions, and steering your child in the direction where he is most likely to find his own answers.

Here's a typical scenario of conflicting dreams and how the parent and child might approach it.

Let's say that Frank, John Student's father, is a successful lawyer, and law has been a very satisfying lifestyle for him. His own father had a very difficult and financially shaky life as a musician. So when John shows a strong interest in music, Frank recalls his own childhood and discourages his music studies and strongly advises his son to keep focusing on pre-law. Depending on the way this message is conveyed, this advice can be helpful or an invitation for disaster.

Keeping in mind that part of the journey of being a college student is to try on identities and ideas, if Frank pushes too hard, it will probably lead John in the opposite direction. But if Frank lets John know his personal experience with this and urges John to keep in mind the potential instability of his chosen lifestyle, John has the benefit of the information but still has the freedom to make his own choices. John might make mistakes and poor decisions along the way, at least from dad's perspective, but we all make mistakes and usually learn from them. Because we're no longer in charge, we have to learn how to strike a balance between supporting the things we believe in strongly while keeping an open mind and open ears to the needs and ideas of our children. That is how we can help them to grow.

The goal here is to help John develop a process and philosophy of life that is *his* but also to accept the responsibility of the consequences of those choices. If you can predict where things might lead, or explain what your concerns are – without lecturing, dictating, judging, or criticizing – your children may be more open to considering your ideas.

Or they might not –Diane Sawyer spoke at the Wellesley college graduation several years ago and talked about how important the “detours” in her life were, times when she wasn't focused on a predetermined life plan. Sometimes young adults need to make their own mistakes and learn from them. And no amount of demanding or begging will change that.

## **QUICK TIPS FOR GOOD COMMUNICATION**

Here are some communication tips you can use to help support your child's mental health:

**1. Keep open communication going on a regular basis.** If your child is free with the emails or text messages on their cell phones, and loves to keep in close touch, that's great for both of you. But if your child chooses to try on independence by cutting off daily communication, make an effort to set up a regular "contact" time. You might suggest that every Sunday, for example, you will call to say hello.

Creating a communication routine is good for you because you won't feel intrusive when you call, and it's good for your child because if he were to stay out of touch for weeks on end and then need to talk about a problem, it would be too difficult to break the silence and admit he needs your advice.

**2. Let your child know that she does not have to protect you from her problems.** You might assume she knows this, but it's something you should say out loud. You might say something like:

"I know you expect to do well in your classes and make many good friends, but I want you to know that if you should ever want to talk about a problem, or if you should feel unhappy or sad, I'm here to listen and support you. You don't ever have to hide your feelings from me. Okay?"

This is the kind of message that students tell me means a lot to them, but I've noticed that they are quick to forget those words of support when trouble hits. So, say it once, send them off and then remember to say it again and again as they move through their college years.

**3. Agree to disagree.** When you find yourself going in circles with your child around the same point over and over, it may be time to accept the fact that you may always have different perspectives on the subject. In this case, you might try a new communication approach that does not focus on who's right and who's wrong. You might say:

“Since we probably aren't ever going to agree about this, can we agree to disagree and find some middle ground?”

Sometimes that acknowledgement and suggestion alone will remove some of the emotional intensity. In black-and-white situations like deciding on a course of study, or whether to transfer to another school, or take a junior year abroad, or live at home, in a dorm, or an off-campus apartment, the goal is to think of some solution where you both can feel listened to and respected. For example, if your concern is about academic performance because of a living situation, can you agree to a trial period with some expected results and consequences if the results aren't met? This kind of solution gives you both a part of what you want.

**4. Take a time out.** If emotions get out of hand while talking to your child, you might say:

“We're probably too upset to talk about this right now, let's take a break and come back to this discussion in a while.”

Then set a specific time to come back to the discussion and be sure that you do. If you don't follow-up, it gives the opposite message that you are going to sweep this under the rug or that you don't take it seriously.

## ENCOURAGE PROBLEM-SOLVING SKILLS

No matter how much we educate ourselves about mental health issues and no matter how much we work on our communication skills, our children are still likely to hit the occasional trouble spot during their college years. Life is like that. When this happens, how will they respond? How will you respond?

Like all of us, your young adult children are more likely to feel overwhelmed by daily challenges when they feel powerless. But their ability to feel empowered and to take charge of difficult situations has a lot to do with how *you* react to their problems. Stop and think for a minute: What would be your first plan of action if your child called home right now and told you that she can't study or sleep because her roommate is partying and keeping her up?

You are a loving parent, so of course you want to get involved and help your child with this problem. You might call a college administrator to complain. You might want to talk directly to the roommate. You might call the resident adviser and insist on a room change. But none of these actions are best for your child. If you initiate the calls/contacts/complaints, your child loses a very important opportunity to do this herself.

As you're about to offer a solution, stop yourself. First try to get the facts about exactly what is going on and then help your child brainstorm her own solutions. Teach her to weigh the pros and cons of each option, and then decide for herself what to do – all the while trying your best to keep your answer to the problem to yourself.

This is easier to do when the problem is a typical one like a noisy roommate, but far more difficult when the issues are more extreme (i.e. lifestyle differences such as attitudes about sexuality, sleep patterns, or divergent religious views; and emotional stresses such as eating disorders, depression, or alcohol/drug issues). Yet the same guideline applies. Yes, these issues can be a distraction from academic focus and cause worry or even alarm on the part of your child. But these are issues your children are going to face throughout their lives. They will run into people who aren't reasonable or who have emotional problems in the workplace, living next door, or in the family of their spouse/significant other. Part of being in college is to learn about different philosophies and lifestyles and to learn how to problem solve when the life presents tough problems.

It is important to recognize that these situations as opportunities for learning about how to deal with unexpected events and life relationships. If you jump in to solve it for your child, once again, an opportunity is lost.

Of course, I am not saying that you should stay out of a dangerous situation such as a roommate who is selling cocaine out of your child's dorm room. What I am suggesting is that you help your child think about how to approach this problem and get him to weigh the pros and cons of possible solutions. Let him come up with options:

“Maybe I could tell my roommate that if he doesn't stop selling drugs I will have to report him to the resident adviser.”

“ I could change rooms, but if I do that what will I tell the housing office to justify this?”

“Or, maybe I should call the police.”

Then ask him to evaluate the consequences of each one and decide which is best. This gives your child the chance to problem solve and find a solution that will work for him, rather than relying on your solution.

It isn't easy to hand over the decision-making power. The tendency to become Mr. or Ms. Fixit is strong because it tends to bring you into the more familiar parent/child pattern of relating. It is important to be aware of the need for changing parameters in the relationships and to try to be helpful, but avoid going back to old patterns of relating. When problems pop up, remind yourself that they offer your adult child opportunities to practice mature decision making skills.

## **KNOW THE WARNING SIGNS**

You know your child better than anyone on earth. So even after he heads off to college, you should still keep alert to signs of change, upset, and distress. If you notice symptoms of the following problems (which are more fully discussed in Chapter 4) or simply feel in your gut that something is wrong, don't wait – but don't panic either. Start a dialogue with your child that will open the door to support and help.

### **The Symptoms of Depression**

Major depression shows itself in a combination of symptoms that interfere with normal life functioning. Clinicians believe that depression should be considered when five or

more of the following symptoms (including one or both of the first two symptoms) are present over a two-week period [American Psychiatric Association 2000]:

- Depressed mood most of the day.
- Markedly diminished interest or pleasure in all or almost all activities.
- Significant weight loss when not dieting, weight gain, or decrease or increase in appetite.
- Insomnia or increased sleeping.
- Restlessness or slowing down of body movements.
- Fatigue or loss of energy.
- Feelings of worthlessness or excessive or inappropriate guilt.
- Diminished ability to think or concentrate, or indecisiveness.
- Recurrent thoughts of death (not just fear of dying), recurrent thoughts of suicide, or a suicide attempt.

## **Symptoms of Sleep Disorder**

Sleep problems may be an early signal of emotional upset. Talk to your children about their sleep habits and listen for these tell-tale symptoms:

- Difficulty falling asleep
- Early morning wakening
- Waking up during the night
- Exceptional trouble getting out of bed in the morning

## **Symptoms of Substance Abuse**

The National Institute on Alcohol Abuse and Alcoholism tells parents to watch for these signs of alcohol abuse [National Advisory Council of the National Institute on Alcohol Abuse and Alcoholism 2002]; they are also signs of other forms of drug abuse:

- Lower grades
- Never available or reluctant to talk with you
- Unwilling to talk about activities with friends
- Trouble with campus authorities
- Serious mood changes.

## **Symptoms of Generalized Anxiety Disorder**

There is a difference between normal feelings of concern about college academics and social activities and the kind of worry that accompanied a generalized anxiety disorder. When your child talks to you about college life, listen for these signs that she may need help [NIMH 2000]:

- Constant, exaggerated worrisome thoughts and tension about everyday routine life events and activities, lasting at least six months.
- Almost always anticipating the worst even though there is little reason to expect it.

- Worrisome thoughts accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea.

## **Symptoms of Eating Disorders: Anorexia**

Signs of anorexia are as much in the obvious appearance of weight loss as in what your child says about her eating habits. Watch and listen for these behaviors and attitudes

[American Psychiatric Association 2000]:

- The fear of being fat even when at or below normal weight.
- Refusal to maintain body weight by restricting intake, leading to a weight loss of more than 15 percent of normal body weight.
- A distortion of body size and shape that causes even underweight sufferer to feel fat or obese.
- In women, the absence of at least three consecutive menstrual cycles.

## **Symptoms of Eating Disorders: Bulimia**

Signs of bulimia are tough to monitor from a distance. Still, keep these symptoms in mind when you talk to your child about eating habits [American Psychiatric Association 2000]:

- Recurrent episodes of binge eating (at least two times a week for at least three months)
- A feeling of complete loss of control during the eating binges

- Persistent over-concern with body shape and size
- The person regularly engages in self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain.

## **Symptoms of Suicidal Thinking**

Talking about suicide and other specific changes in behaviors are often an outright warning signs. Pay attention to these signs of potential suicide and take them seriously:

- Talking openly about committing suicide, or talking indirectly about "wanting out" or "ending it all."
- Expressing a sense of hopelessness.
- Withdrawing from friends and social activities.
- Taking unnecessary or life-threatening risks.
- Giving away personal possessions.
- Losing interest in personal appearance.
- Increasing use of alcohol or drugs.
- Having attempted suicide in the past, however half-heartedly.

**BE PROACTIVE WITH THE COLLEGE**

There is approximately a 1 in 2 chance that your child is going to have trouble with depression or alcohol problems at college. While many students get a handle on both of these problems over time, one would think with a 50 percent likelihood of trouble, that families would be paying closer attention to the available emotional/medical resources at the college of their choice.

Sadly, this isn't the case. But you can change that. You can protect your child (even from a distance) by paying attention to the quality of the mental health resources offered by your child's schools. When parents start asking more questions and demanding parity for mental health programs, schools will come to realize that safety and emotional well-being are important considerations for increasingly informed consumers, and will provide appropriate resources to address these issues.

Certainly a school with inadequate chemistry labs or athletic facilities upgrade their resources to remain competitive; however, most schools don't think of their health and wellness programs as primary selling points. But as parents and students become more educated consumers, I believe they should. For most parents, a primary concern is that their child gets a solid education in a setting where he or she will grow and prosper academically and emotionally. With the increased awareness of the pervasiveness of common stress/mental health problems, parents should and will be asking about support resources. Schools that don't provide a supportive, safe environment, will face more scrutiny by families. I believe that a good measure of a quality school is the wisdom to recognize that emotional and academic development go hand in hand.

## **Be Honest**

To help the school give your child the best care possible, you must be honest about your child's mental health history. It is a common, but mistaken, idea that not mentioning previous mental health problems on college health forms affords an incoming student a "fresh start." Coming to college is a fresh start, but the burden of having these problems and keeping them secret ironically often makes them worse. The student feels more isolated and gets the sense that she is "different" and must hide her problems.

Let the college know if your child has had psychological difficulties or needs any special services. This is an ideal opportunity to be proactive. You might say, "Our daughter has had panic attacks in the past and we'd like to know what resources you have to help her if this happens again?" She will not be singled out due to this information; she will not suffer any academic consequences or discrimination. But she will know that there are people at the college who can help her and she will be given the information she needs to manage her own mental health.

College is not a fresh start from mental health issues – they come with the student and need to be acknowledged and cared for especially since the stress of college can make them worse, not better.

You can also be proactive and work with the school's counselors if you notice symptoms of a mental health problem (like those discussed in Chapter 4 and listed later in this chapter) after your child is enrolled in school. Even though your child is an adult and you cannot make the counselors contact your child, you can call and explain your reasons for worry and ask about available support services. This may irritate your child,

but if you explain that you're a thousand miles away and are worried, he will most likely come to see that the call was made out of love. You can then pass on the information you obtained and encourage your child to follow-up at the counseling center.

Getting parental permission to admit and treat mental health problems is psychologically very important for many students. They don't want to admit they aren't strong and independent, but if those who love them give the message that seeking help is not a sign of weakness, but rather a sign of maturity, they are far more likely to take care of their emotional self.

## **Know Confidentiality Rules**

You may be paying your child's tuition bills and providing his or her medical insurance. You may stay involved in your child's life and be proactive about his or her health and education. But it's very possible that you will be left in the dark if your child seeks mental health services at school.

When 18-year-olds got the right to vote in 1972, new federal privacy regulations made students the guardians of their own academic, health, and disciplinary records too. This has had positive and negative repercussions. An article in *The New York Times Magazine* noted that across the country, state courts have found that colleges are now not obliged to protect adult students from their own stupidity. As an example, the article states: "In Colorado, courts concluded that it wasn't a university's duty to keep trampolines off frat-house lawns to prevent drunk students from falling off them. In Louisiana, the courts found that a university had no special obligation to prevent students

from sledding downhill on garbage-can lids and crashing into light poles” [Sontag 2002]. These rules made many states and college administrators assume that the common-law doctrine of *in loco parentis* (legally standing in the place of the parents) was dead.

But uncertainty remains. If the student is responsible for him- or herself, does the school have an obligation to tell the student’s family about physical or mental problems? Of course, college counselors want to have contact with families to provide a better support network for our students but at the same time we recognize this would have a chilling effect on student’s willingness to seek care if they can’t depend on confidentiality. At this time, the rules of medical confidentiality are quite stringent and clear: Unless students are in imminent danger of hurting themselves or others, or are completely unable to care for themselves, doctors and psychologists cannot share clinical information with anyone, parents or college officials, without permission from the students, assuming they are over 18.

Still, college counselors are often caught between a rock and a hard place as we await the outcome of the yet-undecided Shin case mentioned earlier, which may change the present privacy and confidentiality rules. Their \$27 million dollar lawsuit alleges that MIT was negligent for not telling them that their daughter Elizabeth was suicidal. If they should win their case, the rules of confidentiality could change.

But at this time, do not assume that you will be told if your child is given a prescription medication for depression, or if your child is regularly seeing a therapist to address an eating disorder, or is seeking psychiatric consultation for any other reason. This is why it is so vitally important that you develop a strong system of communication with your child so that he will be able to tell you himself if he needs help.

**Student Thoughts**

*What do I wish my parents had done? I would have liked them to reiterate that they thought I was fabulous and would still have thought I was fabulous even if I did poorly in college; that the reason they thought I was fabulous was not related to the fact that I was smart or accomplished; that I was not to blame for any emotional problems that I was having, and that they would help me and be supportive of me getting the best possible care. That's what I wish.*

**CHECKLISTS OF QUESTIONS**

In this information age of increasingly educated consumers, parents can speak with their checkbooks and choose schools that provide the best balance for the psychological needs of their children. Use your consumer power to choose schools that give parity to mental health issues and continue to push for adequate mental health resources in the school you select.

When your child is applying to schools, make an effort to attend the college open houses offered to prospective students and look for signs that mental health is an issue the school takes seriously. Is there a booth set up set up by the counseling center where you can talk to someone? Among the many handouts offered, is there information about counseling services, student health services, and student issues such as time management and stress management?

As you continue to investigate each school, use this list of questions to help you evaluate the resources and activities that help ease the stress of the college years:

- What kind of freshman orientation does the school have?
- Is there a structured way in which students can meet peers?
- How do students choose roommates? How are roommate disputes handled?
- Are there social activities for students on the weekends or does the campus empty out?
- What tutoring resources are available if a student is having learning difficulties in a particular subject?
- How do students get academic advisement for choosing courses and a major?
- Does the school provide resources for student wellness: workshops for dealing with stress, or recognizing depression, or handling eating concerns?
- Does the school's website have links for information about mental health?

Once you've zeroed in on a school (or are down to the final cut), it's time to make direct inquires. To start, call the school's main number and ask for the school counseling service. Tell the person who answers the phone that you have a number of questions

about the school's counseling program and would like to be connected with a person who can answer them.

This simple phone call will give you some insight into the workings of the counseling center. If you get voice mail, or the run-around, or an uninterested person you'll know that this is the kind of response your child will get if he or she ever needs these services.

If your child has a diagnosed mental health disorder, it is very important for you to evaluate the college's counseling services. If you do this when looking for a college, this information will help you and your child choose a place that will give proper support and services. If your child is already in college and has a diagnosed disorder, these are questions you should ask so that you will know what services your child can and cannot count on. If you know the school has very limited counseling services, for example, you'll know that you need to find a psychiatrist in the surrounding town or make arrangements to bring your child home on a regular basis for follow-up with her hometown physician. The goal is to be prepared. As some say, it is best to plan for the worst and hope for the best.

When you do talk to someone from the school's counseling center, these are some sample questions you might ask:

- What are the counseling resources? Is there a separate fee for using them?
- Are there limits on the number of counseling sessions per student?
- Is there a psychiatrist available to prescribe medication if necessary?
- What is the staff to student ratio for counselors? (National average is 1 per 1574)

- How long is the wait-list in November and March (when typically counseling centers are busiest)?
- Does the school have an infirmary where students who need exceptional or extended care can stay?
- Who should a student call if there is an emergency in the dormitory?
- If appropriate: Can my child's medication be monitored and is there a separate cost for that?
- In what circumstances would a student be referred to a health provider or hospital outside the college community?
- What local facilities does the college refer students to?
- What kinds of mental health services outside the college community will the school insurance cover? (Be sure to check with your own provider also. Your child may need to come home to see a participating provider.)
- Have the faculty, staff, and residential staff been trained to identify and properly refer students struggling with mental health issues?
- How does a student contact the counseling service center to make an appointment?
- What are your guidelines on confidentiality? Under what circumstances would I be contacted?

If your child has no history of mental health problems, you might feel awkward asking these questions, both when searching for a college and once your child has landed in a chosen school. Unfortunately, there is still a stigma attached to mental health disorders,

and I know that parents worry that if they ask me about our counseling services I will assume their child has psychological problems and this will send up a red flag marking their child as a high-risk student. They also worry that the this misinformation will somehow get back to professors, coaches, or friends and label the child as a potential “wacko.”

I understand perfectly why they feel this way and I know that it keeps many parents from getting the information they should have. There are two things you should keep in mind if you have these concerns. First, there are very strict confidentiality laws that prohibit me, and every other mental health counselor, from talking to *anyone* about a particular student. I cannot call professors, resident directors, or coaches and tell them to watch out for Johnny because he may be having some emotional problems. Without the student’s written permission, all information is confidential. And secondly, if this does not ease your concern, remember that you do not have to identify yourself to get information. You can call as “Mrs. Smith” and ask these very general questions.

It is vital to have this information at hand in the event of a crisis. When your child calls in a panic with no idea where to turn or what to do, you’ll be glad you’ve gathered this information in advance and know who to turn to.

### **Be Prepared**

Keep these emergency phone numbers on you and give a copy to your child to keep in his or her wallet:

- College health care center
- College counseling center

- College resident director
- College dean of freshmen students (or for an upper classman: the dean of students)
- Campus police
- Local city police
- After hours emergency contact

## CRISIS ACTION PLAN

The phone rings and your child needs emergency help, right now. What do you do?

The first thing to do is to tell your child “I’m so glad you called me. I want to be here for you and help you figure out how to get the help you need.” With that calm, supportive base established, follow these action steps:

**Get the facts.** What exactly is the problem? What are the specific symptoms, behaviors, actions, drug or alcohol abuse or self-medications that are going on right now? When did it start? Whom have you spoken to so far about this among friends, teachers, counselors? How are you feeling right now?

**Acknowledge your limitations.** If your child is at a school far from home, you are not in a strong position to give hands-on help. After listening to the problem, you might say, for

example: “I’ve read about the symptoms of depression and it sounds like you have about 6 of the possible 9 symptoms. I don’t know if you’re depressed, but I think you should go talk to a professional who can help you sort things out.”

**Decide who to contact:** If your child is sounding suicidal and you fear for his safety, you should first assess the level of danger. If you feel it is an authentic, immediate crisis, call the local police in the college community so your child can be transported to the hospital.

If it is a serious crisis, but you feel it can be handled by counselors on campus, make arrangements to get an immediate evaluation through emergency channels. In this case, you have to assume your child cannot make mature or responsible decisions and it’s appropriate for you to take charge, while telling your child exactly what you are going to do. Due to confidentiality laws, when you call for help, you may come up against someone who says he or she can’t talk to you because your child is an adult. If this happens, remember that although health care providers cannot talk to you, you can certainly talk to them. Get the name of the person resisting your request and ask for a supervisor. Explain the emergency nature of your call and aggressively go up the ladder all the way to the counseling director or head of campus security if necessary until you get someone who will arrange for either an immediate evaluation or a transport to a nearby hospital. Then ask for a return call to keep you informed about your child’s status. Although you may not be able to get a medical status report, you can certainly expect to be told if your child is in a safe place.

If the problem is less urgent, but still serious, and you feel your child needs immediate attention, you should encourage him to call for emergency help (or if he is too

distressed, ask him if he would like you to call). Contact the resident director of your child's dormitory (in most schools, this person lives in the dormitory, is on call 24-hours a day and is trained to respond to emergencies) or, if the call comes during "office hours," call the school's counseling center. If your child lives off-campus, he must call 911, or you can call the local city police number.

**Arrange a meeting with a mental health care counselor for an assessment.** If you get the crisis phone call in the middle of the night or on the weekend when the campus health center is closed, arrange for transfer to an off-campus emergency facility. (This is why it is so important to have contact phone numbers on hand before an emergency – it is likely that the panic call will come when the main college switchboard is closed and you cannot easily find the people you need.)

If your child calls you on a weekday, or can wait until the morning, have him call the school's counseling center and ask for an appointment to see a counselor. He will have to explain the urgency of his needs if he wants an immediate appointment.

**Arrange for a return call.** Get your child to promise to call you back when he or she is safe and in the care of a responsible adult.

**Ask your child to give the counselor permission to speak to you.** Because your child is a legal adult, his medical records are confidential. A counselor cannot talk to you about your child's problem unless your child gives written permission.

**Identify the contact person.** Once you've determined that your child is safe and in good hands, find out who will be coordinating care and will be your liaison at the school. If your child is moved to off-campus care (a hospital or local psychiatrist), identify who you can contact for information (with the permission of your child).

**Monitor follow-up.** Make certain that your child's case is not dropped once the emergency passes. He should get follow-up care appointments. There should also be follow-up between all health-care providers both on and off campus.

**Create a timeline to make decisions.** Don't rush to remove your child from the school or to run to his side. You might decide with your child, for example, to wait five days to see how the situation evolves and then see what he wants to do next.

**Decide as a group, what steps to take next.** Ask for a phone meeting with you, your child and the counselor as soon as possible. Talk together to determine the next steps and find out what you can do to help. Discuss if it is appropriate for you to come to the school or for your child to come home.

**Keep in touch** at least once daily to give support, without sounding panicked yourself.

## **RECOGNIZE YOUR LIMITS**

Although strong and open parent/child communication and proactive involvement with the college are absolutely necessary to help young adults avoid mental health problems, you will always walk that fine line during your child's college years between guiding a young adult who needs your help and stepping back to let him or her grow in independence. It's not always easy to do as one former student recently reminded me:

Kaylee had battled an eating disorder during her college years and now, with a satisfying job, is in recovery. Looking back on her situation, she says: "Parents need to understand that unless their son or daughter wants to change, wants to recover, nothing they say will make it happen. No matter how much you talk, argue, plead, or yell at them, it won't work. My sister recently began to have an emotional problem and when I would try to talk to her about it, that's when I realized how frustrating it had been for my parents. It opened my eyes to what they had been through and I realized it was tough."

Yes, good parenting can be very tough.

As you work to give your children the information they need to stay psychologically strong during these difficult years, show them the next chapter. It is written for college students and gives them specific tips to manage stress so they will stand proudly on graduation day with both diploma and good mental health in hand.