

THE BICOCCA COUNSELLING SERVICE

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According to the British Association for Counselling and Psychotherapy (BACP) (2010):

Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be 'sent' for counselling.

By listening attentively and patiently the counsellor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly, possibly from a different perspective. Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Counsellors do not judge or exploit their clients in any way.

University counselling services have increasingly emerged as one of the most important resources of guidance and support for students

They have progressively widened their range of intervention from more common issues related to the management of the difficulties with exams . . .

... towards broader areas covering personal and relational issues that can indirectly affect academic careers, often slowing them down or even blocking them, or even the students' integration in the academic environment

***anxiety,
procrastination
avoidance behaviors***

...

Access to these services is placed generally between **2%** and **4%** of the university population, without major differences between the various countries, and with a prevalence of women which, however, is not particularly marked and seems to reflect some cultural features of the context (Raunic et al., 2008).

Ethnic minorities and students who come from foreign countries don't ask for support to the counselling services as often as their native colleagues (Nilsson et al., 2004)

In our experience the ratio between students that receive a treatment in the counselling service and the general university population is about 1% of the students population

Even though some data indicate that the need for support expressed by the university students is increasing ...

(Eisemberg et al., 2007)

... only a small part of them ask for help within the counselling services. It is unlikely that these people receive treatment in other services . . .

... probably their issues are not addressed at all ...

(Hunt & Eisenberg, 2010)

The limited number of students looking for support within these services is to be found in some of the barriers that characterize the relationship between the juvenile population and the services of mental health

Why?

Personal characteristics of students, such as an **overestimation of their own self-efficacy**, the tendency to deny the difficulties or to try to handle them by themselves

(Kahn and Williams, 2003);

The **fear** of access to psychological services for **shame**

(Komiya, et al., 2000)

The **lack of knowledge** about the service among students and teachers and the difficulty of access and book an initial interview (Setiawan, 2006).

Specificity of University Counselling Services:

brief cycles of intervention (from one to 12 sessions, individual and/or group meetings) **to ...**

approach problems in an educational rather than a clinical environment (perceived as more familiar)

talk about their own experiences and questions

explore their own inner world, establishing links between internal and external aspects of their current development state: boundary between crisis and change

discuss their own choices and try to re-orientate them towards other directions which may not have been considered beforehand:

consider the possibility of long-term psychological support. If there are any traces of psychopathological disorders, counselling can be used to advise the student to seek pharmacological assistance

The introduction of psychological counselling services in Italian universities (Adamo, Giusti, & Valerio, 2003) began in the 1980s with the creation of three centres situated in different parts of Italy: in Pavia (1981), Bologna (1983) and Naples (1984).

These services flourished over the following 20 years and 67 out of 80 Italian universities currently have psychological counselling services for students.

What about Milano-Bicocca?

BRIEF HISTORY

1999 Milano-Bicocca University is born

2004 survey in the medical student population to explore the perceived need of tutoring and counselling service

2005 the first counselling service (SACSUM) was opened at the Medical Faculty

2008 SACSUM service is expanded to cover the needs of the Educational Science Faculty

2008 December the Psychological Faculty approve the CCPSU (the counselling service for psychology student)

2009 March the CCPSU service is opened

2009 June CCPSU & SACSUM find a common agreement and coordinate & co-operate to manage the counselling needs of Milano-Bicocca student:

2013 January CCPSU & SACSUM are unified in a common service the **Bicocca Counselling Service** articulate in two sites

Therefore ...

students from the different faculties are addressed to one of the two sections (one at the school of medicine, one at the psychology department) according to criteria agreed upon by the chiefs of the two sections:

students from the Faculties of Educational Sciences, Mathematical, Physical and Natural Sciences, Statistics and Medicine can benefit the SACSUM counselling service

while students of the faculties of Psychology, Economics, Sociology and Law can take advantage of the CCPSU service

The two sections have different clinical background:

CCPSU operates according to a brief psychodynamic model (Adamo et al., 2010)

SACSUM provides a cognitive-relational intervention (Rezzonico & Meier, 2010)

BUT

they share the same general not- pathologizing attitude in doing the intervention, are problem-oriented, try to support the maturation of the students, helping them, by focussing on the meaning of the current impasse, to identify alternative developmental routes, better suited to their own personal aspirations and inclinations.

Counsellors – psychologist, cognitive or psychodynamic psychotherapist - are well trained (and regularly supervised) to identify at risk situations

SERVICES PROFILE

CCPSU: 1 to 4 individual sessions, 50 min each, weekly, follow up possible with a three months delay from the first cycle (1-4 sessions). English sessions possible for ERASMUS students. Recently activated a group intervention

SACSUM: up to a maximum of 10 weekly or fortnightly sessions, focused on the redefinition of the students' difficulties and on emotion regulation (the ability to handle stressful situations are positively associated with personal well-being as Gross et al., 2003, Gross 2007 state). English sessions possible for ERASMUS students. Group intervention on anxiety management up to four times each year (4 three hours sessions of cognitive intervention)

An example: the SACSUM COUNSELLING PROTOCOL

Identification of the most critical personal themes

Teaching of self-observation techniques to increase awareness of dysfunctional cognitive, behavioural and emotional schemes

Exploration of alternative emotion regulation strategies and cognitive re-evaluation of the situations (reappraisal);

Development of goal-oriented problem solving strategies

Reprocessing of shared achievements and of any aspects that need further investigation

The possible readdressing to more appropriate services, if required by the student or if the clinical problem can't be addressed within the limits of a counselling treatment

a routine outcome evaluation started in 2010

CLIENTS

Year	INDIVIDUAL	GROUP	
2009	72	20	92
2010	112	20	132
2011	116	61	177
2012	85	74	159
TOT.	385	175	560

Psychology	33%
Economy	3%
Law	1,4%
Sociology	2,2%
Natural sciences	11,1%
Educational sciences	17,3%
Medicine	30,5%
Statistics	1,5%

MORE FREQUENT

EXAMS ANXIETY

ATTENTION PROBLEMS

PROCRASTINATION

EMOTION DISREGULATION

TRAUMATIC EVENTS (e.g. severe illness, mourning, domestic violence, car accident)

SEPARATION PROBLEMS

INTERPERSONAL PROBLEMS

COUNSELLING EFFECTIVENESS

An example . . .

45 STUDENTS COMPLETED THE SACSUM COUNSELLING CYCLE

PRE-POST EVALUATION

-CORE-OM

-Clinical Outcomes in Routine Evaluation

-depression, anxiety, physical problems, trauma, close relationships, social relationships that converge in 4 subscales that measure symptoms, general day-to-day functioning, overall subjective wellbeing and risk to self and others

-SCL-90-R

-psychiatric self-report inventory, which measures the self-reported severity of various psychopathological symptoms

-ERQ

-measuring reappraisal and suppression

Results showed a significant reductions in reported symptoms and in the general level of psychological distress:

CORE-OM

- Effect size ranging from 0.53 to 0.66

SCL-90-R

-Effect size ranging from 0.35 to 0.64

ERQ

- Effect size 0.33 for reappraisal

(Strepparava, Bani, Zorzi, Corrias, Dolce, Rezzonico, 2013)

THANKS

and

a DREAM ...



