

FERRIS STATE UNIVERSITY

PERSONAL COUNSELING CENTER

Why Counseling?

Hey Everyone,

I hope this newsletter finds you well and you have been surviving the heat over the last number of weeks. My apologies it has been some time since I last wrote one of these. Vacation was great but coming back meant a lot of catch up with different things, so I have not had the time to sit down and write. Writer's block has also been a bit of a problem. I hope you enjoyed our guest written Newsletter from Kaylee Keena offering a student's perspective on all of this. If anyone has discovered any awesome new memes, good things to binge on Netflix, or done anything worth humble bragging about recently please share, I would love to hear from you.

This week's topic I thought it might be interesting to answer the question, "Why Counseling?". What reasons do people go to counseling for? What kinds of things can I accomplish if I went to counseling? When do I know if I should seek counseling? I thought it might be fun to talk through what a typical session of counseling could look like as well as do an overview of the common reasons people seek counseling and what kinds of outcomes my clients have achieved.

So first, what does a counseling session look like? When you seek services with the Personal Counseling Center, your first session is an intake. The goal of this initial session is for the therapist to better understand what brings you in for counseling and try to assess your needs. I typically ask basic questions like "what brings you in for counseling?" or "What can I help you with?". This gives me a first indication of our direction and I can start working on a basic outline of a treatment model in my head. Are they seeking counseling because you are feeling anxious? I will need to spend time understanding what makes my client say they are anxious (symptoms, severity, frequency). I will also ask questions to start to understand their themes of anxiety. Are they a perfectionist with anxiety tied to their performance? Are they socially anxious? I will ask more follow up questions to better understand the context of their experience with anxiety. With some of this base information I can put together a rough idea of what our counseling sessions will look like. I also ask some other non-related questions. I assess for client safety and the safety of others. I ask about drugs, alcohol, and medication. People are vastly more complex than just anxiety, so I also ask about interests, self-care practice, and other fun things to get to know them better. I like to understand what interests I share with my clients, so we have something to talk about as we get to know each other. This first session is as much about my client

getting to know me as it is me getting to know my client. I want to establish a therapeutic relationship and help them feel comfortable.

We talk about treatment options in our first meeting as well. The PCC uses a stepped care model of care which means we try to pair the least restrictive means of treatment with what our client is seeking. If you are incredibly busy with other commitments maybe individual counseling is not going to be a good fit as it clashes with your schedule. Maybe one of our group offerings or Therapy Assisted Online would be a better option.

The last thing we discuss in an intake session is I set counseling goals with the client. This helps me understand what has to happen for the client to feel counseling was successful. It gives us something to use when we measure progress in therapy. Clients often set a couple of goals that we keep in mind and help inform my overall treatment plan.

For most follow up individual sessions we work on achieving counseling goals. The session typically starts with some small talk about how you have been since our last session. We go over any homework that was assigned (I always give counseling homework, it's important) and any areas of progress the client has noticed since our last appointment. We will then typically transition into the "meat" of the session. I am a Cognitive Behavioral Therapist (CBT). There are many theories in counseling, (if you are interested look them up [HERE](#)) CBT is my theoretical orientation. With CBT we spend most of the session looking at how your thoughts are causing issues. If I am treating anxiety for example, I will spend time with the client exploring thought patterns that cause them to feel anxious and behave anxiously. We will work to understand how these thoughts started and have been reinforced historically. With different techniques we work to change these thoughts into more helpful ones. I also like to include psycho-educational pieces into my treatment. As my client I want you to understand the basic neurology of what is causing you to feel this way and how your thoughts work. I like to talk about relevant psychological concepts and make a connection between these concepts and your behavior. If I can successfully increase your awareness to these connections, it can give you the ability to change your behavior, thoughts, and better manage your emotions. Another big part of counseling is giving you tools to better manage your mood and help you reach your goals. There are many skills that counselors like to use and teach that can help with mood regulation or behavior modification. These conversations will look different person to person and session to session. At the end of the session I typically like to ask what was helpful and assign homework to help you continue to make progress on your goals during the week.

We will regularly check in on progress made toward your goals in counseling. Once you feel you have reached your goal and do not have anything else to work on, we will close counseling. We have one last termination session where we can review your progress and how you accomplished so much. We also talk about maintenance behavior. When we talk about maintenance, we look to create new habits that help cement these new changes in place.

There is no wrong reason to seek counseling. I have seen clients struggling with a wide spectrum of concerns and problems. Understandably, most of my clients seek counseling because they are

struggling with their mental health. However, you don't have to be struggling with mental illness to seek counseling. I have had clients come to counseling wanting to talk about their relationships, roommate issues, concerns about their friends, drug or alcohol issues, exploring sexual orientation or gender, trying to break bad habits, the list is long. Counseling is effective because it is a place you can go and talk with someone who is objective. We (the counselor) don't know you so we have no skin in the game. You can trust we won't lie to you and we will try to give an outside perspective. I tend to shy away from the idea that therapists give "advice". I am not my client and it would be irresponsible to tell my client what choice to make in a situation. Instead I try to focus on giving objective feedback. I listen for what my client is saying and reflect that back at them. I also look for inconsistencies in people's thought process that could be causing issues. I can assist making a pros and cons list or laying out options, but ultimately, I rely on my client's choice being the best one for them.

There is one major thing I want to address that I often encounter with clients that return to counseling. The idea that if you have completed counseling you can't go back is silly. I have had several clients come back in for counseling upset that they "have to return for therapy". They feel they have "failed" or somehow regressed in their progress. **Growth is not a straight line.** Life happens and it is perfectly ok if you need/want to come back in for a check in to process something going on. I challenge anyone who has ever told themselves they can't come back in for therapy to show yourself more compassion. I would much prefer a client come back in for a session or two to get back on the right track, than you wait and things get worse and your small issue now becomes a major crisis. There is no shame in going to counseling for any reason.

This year is going to look different in our office. We are going to continue to offer virtual counseling to those that prefer it. For those who want to come into the office (much like everywhere else on campus) everyone is going to wear a mask. It will be different, I have never practiced therapy before while wearing a face mask. I promise to continue to offer the best therapy that I can in light of all of our new challenges. I care about my clients. I care about helping you reach your goals and live your best life. This is literally the reason I am drowning in student loan debt; I want to help you. I will leave you with one last metaphor that I like to use when clients feel bad for counseling. The comparison I like to make is that of a medical doctor. If you break your arm, you should go to the doctor and get it fixed. Chances are you wouldn't ignore it, you wouldn't tell yourself it isn't that big of a deal. You likely wouldn't say "well lots of people have health problems and I don't want to waste the doctor's time". If there was a bone sticking out of your arm, I sincerely hope you would go address that situation. Treat your mental health the same way. If you are sad, or struggling, don't tell yourself you are "overreacting" or that you should just get over it. Don't use the excuse "well there are people out there who have it worse than me so I am not going to go to counseling." This is a free service at Ferris. It is literally my job 40 hours a week to help you solve problems. Please take us up on it. Your homework this week: If you are already in counseling or have been in therapy before reflect on your experience. Did you reach your goals? Could it be time to check in and make sure you are on track as you get ready for this upcoming year? If you have never been in therapy before think about if it might be worth checking out. What kinds of things in your life do you want to work on? What stopped you from seeking counseling? You all deserve to be happy.

Take Care of Yourself and Wash Your Hands,

Andy