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Keywords

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Alyson M. Pompeo, Leslie Kooyman, and Gloria Pierce

This article examines how traditional college-age women adjust to the campus environment, including alcohol usage and sexual risk-taking, from a developmental/feminist perspective. Interpersonal adjustment, alcohol usage, and sexual risk-taking are explored, with consideration for physical and psychosocial consequences. Recommendations for counseling, including an illustrative case example, are provided.

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Traditional college-age women (18–24 years old) make up 57% of the college population (Marklein, 2005). This population is seeking to adjust to campus life, which involves increased alcohol usage and greater sexual risk-taking behavior. Today, college students are engaging in more casual sexual interactions, which typically involve alcohol use, resulting in increased sexual risk-taking among this population (Lambert, Kahn, & Apple, 2003). College-age women comprise the largest age group of all females reporting alcohol dependence and alcohol abuse (Substance Abuse and Mental Health Services Administration, 2007). In addition, as women currently comprise 57% of the college population (Marklein, 2005), estimates predict that this male-to-female ratio will only widen as women will become an even greater majority of college undergraduates (National Center for Education Statistics, 2005). College-age women also report the highest rates of sexually transmitted diseases (STDs), as a result of unprotected sex, compared with all other female age groups (Centers for Disease Control and Prevention [CDC], 2009).

Alcohol usage and riskier sexual encounters can result in health consequences, identity confusion, low self-esteem, and a sense of discouragement

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among college women (Gilmartin, 2006; Paul & Hayes, 2002). Because young women tend to define themselves through social connections and meaningful personal relationships, college counselors should take these dynamics into consideration as they search for better ways to counsel and understand this majority college population.

This article examines the unique experience of the traditional college-age woman. It gives attention to the psychological development of women along with the interplay of the campus culture, including alcohol and sexual risk-taking. Resulting health and psychosocial issues are also explored. These important factors are then considered to best counsel college women, including specific recommendations for the college counselor.

PSYCHOLOGICAL DEVELOPMENT OF WOMEN: A RELATIONAL AND FEMINIST PERSPECTIVE

An understanding of the psychological development of women is an important consideration when counseling this population. An explanation of the origin of gender differences in psychological development is provided by object relations theory (Chodorow, 1978), which posits that because the mother (a woman) is the first object of a child's attachment, separation from her is necessary for a boy's identity development. A girl's identity, conversely, develops within the maternal bond; therefore, a young woman's sense of self is threatened by separation, whereas a young man's is threatened by attachment (Tavris, 1992). Thus, whereas independence is central to a young man's development, interdependence defines a young woman's development, as she tends to define and judge herself in terms of her ability to care. For young women, intimacy is the backdrop for all stages of growth (Gilligan, 1982).

As recently as the year 2000, psychologist Jeffrey Arnett used the term *emerging adulthood*, typically extending from 18 to 25 years of age, to describe the developmental period between adolescence and young adulthood as distinct and different from both the teenage years preceding it and the young adult years that follow. Three decades earlier, however, Perry (1970) focused on this very group in his landmark study of college students. Perry found that cognitive development of college students progressed from absolutist to relativist thinking and then to a contextual orientation in which choices were made with the awareness that there are various "truths" and points of view. This more fully personal position and commitment can be seen in the changing perspectives of young women who move from an ethic of absolute care—the imperative of "never hurt others"—to recognition of the need for personal integrity in their relationships.

Relational cultural theory expands on the work of these theorists and applies them to the lives of young women. Miller (1976) asserted that connectedness is vital for the emotional health of young women and that isolation causes

distress that manifests itself in various ways, such as risky sexual behaviors, eating disorders, and alcohol and drug abuse. Thus, attempts to connect can be extremely beneficial because they can provide a sense of community and affiliation that alleviates feelings of alienation and loneliness and helps young women cope with the difficulties, problems, adjustments, and transitions of their college experience. Groups can be particularly helpful in the stage of feminist identity development called *embeddedness-emanation* (Downing & Roush, 1985), in which young women seek understanding and support exclusively from other women.

In fact, a number of research studies have shown that differential socialization practices “channel the development of internalizing behaviors in girls and externalizing behaviors in boys” (Broderick & Blewitt, 2010, p. 262). Girls are not encouraged to lead and direct interaction in play groups but are rewarded for dependency, whereas boys are rewarded for high levels of activity and discouraged from compliant behaviors. Tannen (1990) referred to these patterns as *boy culture*, the culture of status, and *girl culture*, the culture of connection. They continue into emerging adulthood in the form of social pressure by peers, including the pressure for young women to engage in romantic or sexual relationships and for young men to be “players” in the sexual arena (Stepp, 2007).

Current literature focuses attention on gender when exploring developmental and psychosocial issues of traditional “dorming” college women. Pipher (1994, 1996) and Stepp (2007) believed that modern culture itself poisons healthy female development by dehumanizing sex and separating it from emotional warmth and commitment. Young women and girls are greatly influenced by the media, which bombards them with largely unattainable ideals of beauty and thinness. Thus, a veritable “developmental Bermuda triangle” (Pipher, 1994, p. 19) is created that results in eating disorders, addictions, demoralization, self-hatred, and suicide attempts. Because gender is such an important variable to examine when looking into psychological health in college students (Frey, Tobin, & Beesley, 2004), this article emphasizes the importance of relationships and connections for the mental health of college women and advocates for a relational perspective when counseling this population.

COLLEGE WOMEN AND PSYCHOLOGICAL HEALTH

College marks a major change in the academic arena accompanied by significant psychosocial change. For many residential (dorming) students, the move to campus life marks the first time they have lived away from home and parental comforts. First-year college women have reported significantly lower overall adjustment to college than their male counterparts (Enochs & Roland, 2006). This means that even though the initial college year can be an exciting time and an opportunity for growth, it can also be a time of adjustment challenge, especially for young women who may need special consideration. During this

potentially difficult time of transition, college counseling services can be of critical support.

The importance of strong relationships is connected to an increased amount of social support, feelings of connectedness, and psychological health. In addition, social connectedness is identified as a main variable in the prevention of depression and low self-esteem (Williams & Galliher, 2006), a finding compatible with the relational perspective. The transition to college life weakens relational ties, and some are lost completely. Some long-distance romantic relationships result in breakups; everyday contact with parents is reduced to semester-break visits, and close childhood friends may become pen-pals for the next few years. Unfortunately, these reductions in strength or losses of relationships occur when students are most vulnerable—in times of difficulty and transition, such as going away to college. Because women define their inner selves through their relationships with others (Miller, 1976), the loss of these relationships can threaten women’s sense of self. Thus, it is extremely important to form new relationships and make social adjustments in college.

The shorter the amount of time since the relationship separation, the greater the psychological distress of the student (Frey et al., 2004). In other words, the most intense distress might be expected to occur within the first year of college. When assessing for the level of psychological distress of female college students presenting for appointments at college counseling centers, the relationship between level of distress and year in school should be considered. College counselors should be aware that newer students are potentially at greater risk for high levels of psychological distress. This characteristic is important for college counselors to remember as first-year students become clients and also when determining target populations for outreach efforts.

Peer and Community Relationships

Recent separations from home relationships, relationship losses, and the stress of transition point to the importance of forming new relationships when arriving at college for the first time. College women who report stronger levels of peer and community relationships show a decrease in psychological distress (Frey, Beesley, & Miller, 2006). Among college men, community relationships are a predictor of a decrease in psychological distress, but peer relationships are not. Thus, both college men and women have a lower risk of psychological distress when they have strong community relationships. Interestingly, however, peer relationships are a factor in decreased psychological distress for women, but not for men (Frey et al., 2006). Perhaps one reason for this difference is the pressure placed on men to be part of larger community connections, such as sports or politics, as opposed to smaller, more intimate relationships, which are expected of women. From an early age, this differential socialization practice influences the development of males and females (Broderick & Blewitt, 2010), which includes the societal encouragement of females to show dependency and

compliance to males, while males are encouraged to lead and be highly active (Tannen, 1990). These social pressures follow into adulthood, as females are encouraged to enter into romantic relationships and males are encouraged to have more numerous interactions with less attachment (Stepp, 2007).

Male and female preference, whether societally based or ingrained in nature, may also play a role in relationships. For instance, Frey et al. (2004) found that men prefer to participate in group or community relationships, whereas women enjoy and psychologically benefit from both one-on-one and community relationships. Regardless of the reason for this difference, one thing seems clear: Women have more relational opportunities that can lead to improved psychological functioning compared with their male counterparts. As college counselors work with these women, focusing attention on these relational domains may help improve psychological health.

The strength of these relationships is further evident in the finding that peer and community relationships have an even greater effect on college women's psychological health than parental attachment (Frey et al., 2006). Whereas insecure parental attachments are predictors of increased psychological distress, secure peer and community relationships are significant enough to have a much greater effect on psychological health. It is interesting that a relationship as impactful as the parent-child relationship can be overshadowed by peer and community relationships. Perhaps one reason for this is that college dorming causes the amount of parental interaction to be diminished. In place of this parental relationship are now peer and community relationships. Having lived with and been influenced by parents daily, this parental relationship was once a core one. Yet, residential college students will now experience far less parental contact and instead experience new daily interactions with peers (e.g., roommates, floormates, classmates) and community (e.g., college sports teams, clubs, sororities). For college counselors, it is critical to understand the magnitude of having—and lacking—these peer and community relationships.

It is known that college women are especially affected by relationship breakdowns and rejections, because they can be psychologically wounding (Jordan, 2001); yet, in addition to actual relationship rejection and breakdown, it is also important to consider the effects of the perception of such a rejection. College women who experience expectations or perceptions of rejection from others or who have intense reactions to being rejected are at an increased risk of developing depression (Mellin, 2008). This idea illustrates the crucial role that relationships can play in psychological health. It is interesting to consider that an individual's expectation or perception may cause as much psychological harm as a rejection itself. In addition to the potential depression from rejection expectation or perception (Mellin, 2008), there is also a connection between feelings of rejection and a decrease in interpersonal functioning (Downey, Freitas, Michaelis, & Khouri, 1998). Decreases in interpersonal functioning may be in the form of feelings of insecurity of the relationship, misperceptions

and distortions of the relationship, and feelings of mistrust. This decrease in interpersonal functioning can cause a strain on the relationship. As a result, these expectations and perceptions of rejection can have the power to elicit actual rejection and relationship breakdown. Therefore, it is important that college counselors assess for not only the actual presence of relationship rejection, but also client expectations or perceptions of rejection.

College Women and Body Dissatisfaction

College women are dieting at an alarming rate, with 83% indicating the use of dieting to lose weight (Malinauskas, Raedeke, Aeby, Smith, & Dallas, 2006). Body dissatisfaction is an important piece to consider when looking at the mental health of college women. The transition of moving to college and searching for new relationships and connections may increase the desire to be accepted by peers, and, as a result, body dissatisfaction may become an issue for many women.

Dieting by college women is related to increased occurrences and increased severity of eating disorders, body dissatisfaction, and emotional distress (Ackard, Croll, & Kearney-Cooke, 2002). An increase in dieting frequency can also cause psychological disturbances, such as depression, low self-esteem, problems regulating mood, feelings of ineffectiveness and insecurity, and unrealistic perfectionist expectations. According to Ackard et al. (2002), dieting is also associated with relationship issues, such as a lack of trust in interpersonal relationships. Counselors should be aware that some college women with body dissatisfaction are suffering from a lack of relationship trust and support. A relational perspective emphasizes the importance of relationships and connections (Miller, 1976), and, furthermore, college women who have strong peer and community relational health have decreased psychological distress (Frey et al., 2006). If some college women are lacking these supportive relationships and connections because of their own body dissatisfaction, a psychological distress cycle may begin. For instance, as college women lack relationship support and validation, their body dissatisfaction and psychological distress may increase, causing even greater distrust in relationships and perpetuating the cycle. Cook-Cottone and Phelps (2003) advocated for prevention programs that focus on enhancing women’s physical self-concept and deconstructing and critically analyzing the thin ideal promoted by the media and other components of the culture. Their model calls for college women to “meet in small groups and work with a group leader (e.g., the college counselor) in identifying social influences on the women’s experience of the body within the context of cultural pressure, norms, and media” (Cook-Cottone & Phelps, 2003, p. 88). Thus, group work again is seen as a powerful force for therapeutic interventions with women (Yalom, 2000).

COLLEGE ENVIRONMENT OF INCREASED ALCOHOL USE AND SEXUAL RISK-TAKING

While traditional college-age women (18–24 years old) are facing the aforementioned interpersonal psychosocial issues regarding feeling connected to others, adjusting to a new life as a college student, managing the new influences of peers over parents, and perhaps struggling over body dissatisfaction, they are also influenced by the environment of the college campus that may encourage a more progressive and perhaps developmentally challenging climate of increased alcohol usage and sexual risk-taking (Kooyman, Pierce, & Zavadil, 2011). The traditional college-age woman is engaging in riskier alcohol usage and sexual behaviors that may be compromising her health, psychological well-being, and developmental growth (Cooper, 2002; Lambert, Kahn, & Apple, 2003).

Each year, the American College Health Association (ACHA) conducts the National College Health Assessment (NCHA). In surveying college students, some surprising results emerged regarding the use of alcohol by female college students (ACHA, 2011). A total of 59% of college women reported using alcohol in the last 30 days. Interestingly, 95% perceived that their friends were using alcohol. This is significant in that one of the greatest influences on heavy drinking (five or more drinks during the same event at least 5 different days over a 30-day period) is the perception of others' drinking habits. The perception that students are drinking more, despite the reality, results in students drinking more to adhere to perceived peer norms (Perkins, Haines, & Rice, 2005). In addition to these findings, college women who drink heavily tend to receive positive social acceptance from men (Young, Morales, McCabe, Boyd, & D'Are, 2004). This peer influence and the desire to be socially connected, as discussed earlier, may be encouraging women to drink more in order to gain social acceptance from men. Binge drinking (consuming five or more drinks during one event) is a great concern on college campuses. In the NCHA survey, 30% of college women reported having five or more drinks from one to six times during the last 2 weeks. College women who reported drinking alcohol also reported "doing something I later regretted" (35%), "forgot where I was or what I did" (30%), and/or "had unprotected sex" (16%).

In a large-scale survey of college students, Knight et al. (2002) found that 31% of college students met the criteria for a diagnosis of alcohol abuse, and 6% met the criteria for a diagnosis of alcohol dependence. In a study examining the academic consequences of alcohol use, approximately 25% of college students report missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall as a result of drinking (Engs & Diebold, 1996; Presley, Meilman, Cashin, & Lyerla, 1996; Wechsler, Lee, Nelson, & Kuo, 2002).

Sexual risk-taking is engaging in sexual behavior that puts one at risk for diseases or infections as well as at risk for psychosocial harm. In studies and reviews of the literature, there is clearly a positive correlation between consistent alcohol use over time and sexual risk-taking among college students (Cooper, 2002; Griffin, Umstatted, & Usdan, 2010; Kaly, Heesacker, & Frost, 2002). In the NCHA survey (ACHA, 2011), 66% of college women reported having had one or more sexual partners in the past year. Of these sexually active female students, approximately 40% reported not using condoms during vaginal intercourse. A significant number of women, therefore, are more vulnerable to STDs.

In considering the physical health consequences of sexual behavior, STDs are one of the major health concerns in the United States today, with young people, ages 15 to 24 years, accounting for almost half of all new STD infections (Weinstock, Berman, & Cates, 2004). In addition, adolescents and young adults, ages 13 to 24 years, represent about half of all new HIV infections (Hall et al., 2008). Chlamydia, gonorrhea, human papilloma virus, syphilis, and HIV/AIDS are the diseases that can most adversely affect the health of female college students. In 2008, women, ages 20 to 24 years, and adolescent girls, ages 15 to 19 years, had the largest reported number of chlamydia and gonorrhea cases when compared with any other age group. In addition, the syphilis rate among women increased 36% from the previous year (CDC, 2009). Untreated STDs are estimated to cause at least 24,000 women to become infertile each year in the United States. These statistics are of concern in the context of the casual sex culture on college campuses in that 40% of sexually active college women are not using condoms for protection (ACHA, 2011).

Two common predictors of sexual risk-taking behavior among college women are alcohol usage and perception of peers' behavior. College women who are drinking more and perceiving peers to be having riskier sex (e.g., unprotected sex, more sexual partners) tend to engage in riskier sexual behavior (Kaly et al., 2002). Lambert, Kahn, and Apple (2003) also found that female college students who engage in heavier or binge drinking are more likely to engage in riskier sexual behavior. Downing-Matibag and Geisinger (2009) found that psychological disinhibition (primarily produced by alcohol usage) was a significant factor in sexual risk-taking and that 80% of respondents reported that alcohol usage was involved in their casual sexual experiences.

With regard to psychological well-being, Grello, Welsh, and Harper (2006) found persistent depressive symptoms related to engaging in casual sex among young adult females. Paul, McManus, and Hayes (2000) found that lower self-esteem and higher levels of guilt and anxiety are associated with casual sex among female college students. Developmentally, women are seeking greater social connectedness and positive relationships, yet operating in a college campus environment of casual sex and heavier drinking. This combination of interpersonal and environmental influences creates psychological distress in women, yielding depressive symptoms and low self-esteem.

IMPLICATIONS FOR COUNSELING WOMEN

When counseling women, there are specific characteristics of the population that should be considered. For instance, the connection between gender (Frey et al., 2004) and relationships (Frey et al., 2006) may have a great impact on psychological health and recovery. These are significant issues that counselors should consider and explore in the session. Being aware of the effect of relationship issues on the psychological distress of women will help counselors to understand and explore the root of the presenting issue, and, even more so, this knowledge can be a part of the client's treatment. Understanding the psychosocial issues of women and how relationships are an important factor in the client's mental well-being is important to the course of therapy. This knowledge and counseling perspective can be used as tools for improved client growth and functioning by repairing or adding relationships in her life—beginning first with the counseling relationship and then her relationship with herself.

Utilizing group counseling for women can also be a helpful tool. Yalom (2005) viewed the idea of group therapy as a source of interpersonal learning by considering the group as a place where members can learn to relate better to others and transfer these skills and new outlooks onto their everyday lives. Gaining these new perspectives in the group may even hold the power to increase healthy relationships and thus self-esteem and interpersonal functioning. As a result, great growth can take place by combining a relational-cultural perspective with women's group work.

A paramount quality of any group facilitator is to have a strong appreciation and understanding for the many variables that affect group dynamics and the development of the group. It is this knowledge and understanding that will help allow the facilitator to make the best choices for the group to promote optimal growth and healing (Schiller, 2007). Having a better understanding of the role that relational health and relationship breakdown can play on women's groups can be a great strength by choosing to lay a framework for the group around a relational-cultural perspective. Group work from a relational-cultural model has shown strengths in working with women's groups (Schiller, 1995, 1997) and, even more broadly, groups that experience oppression as a large aspect of their identity (Schiller, 2007). Still, counselors should be cautious against incorrectly assuming that all women will identify with a relational-cultural perspective. One must always be sensitive for cultural variations that may present specific needs that a relational-cultural model in group work may not embrace.

Although there are some special considerations to make when counseling women, it is also important to remember that no two women are exactly alike. The background and culture of women should be considered. For example, women of color appear to experience additional barriers to mental health care, related to their cultural beliefs, and special consideration may need to be given by counselors (Talleyrand, 2011). Also, the current life phases and situations

of each woman should be taken into account. For instance, counseling women in career transition may warrant attention, including their current social and economic situations and how these may add complexity to the course of therapy (Ronizio, 2012). Briggs and Dixon (2013) even described the importance of considering a woman's identification with spirituality as having an implication for counseling. Overall, the best course of therapy will be determined by a collaborative relationship between the client and counselor to determine the best course of therapy.

COLLEGE WOMEN AND COLLEGE COUNSELING CENTERS

There are also some specific counseling implications to consider when counseling college women at college counseling centers. College counseling centers are a great resource for students who experience psychological distress. In fact, the 2011 National Survey of Counseling Center Directors (Gallagher, 2011) showed that 10.6% of college students sought counseling at their campus counseling center—an increase from 9% in 2008 (Gallagher, 2008). The need for these counseling centers was supported; 95% of college counseling directors reported a continued increase in the number of students seen with severe psychological problems. Interestingly, more women than men hold positions in college counseling centers; 55% of center directors and 69% of professional staff are women (Gallagher, 2008). Perhaps this trend, along with the idea of the relationship as a critical aspect to counseling, illustrates the importance of relationships to women.

Influences of psychological distress appear to be different for college women than for their male counterparts (Frey et al., 2004; Frey et al., 2006). These findings are in line with the relational perspective that women have unique needs compared with men (Jordan, 2001; Miller, 1976). As Lewis and Tucker (2002) stated, “The inherent individualistic focus present in most forms of counseling may not meet the needs of some college students” (p. 161). As women present at college counseling centers, their unique needs are necessary to consider. From a developmental perspective, college student development has been defined as more complex than simple change (Pascarella & Terenzini, 2005). Viewing this population from a developmental and relational perspective allows the counselor to understand the important role that relationships—and lack thereof—can have on the client's development, including sexual risk-taking and alcohol use behavior. In addition, it is important for counselors to assess not only for actual relationship breakdown and rejection, but also for any perceived or expected rejection, because this can lead to psychological distress and even actual relationship rejection (Mellin, 2008).

Because there continues to be an increase in the number of college students with severe psychological problems who turn to campus counseling centers (Gallagher, 2008), it is important that college counselors appreciate

the unique situation of their clients. It is critical to realize that the cause of presenting issues, such as depression and anxiety, eating disorders, alcohol use, and sexual risk-taking, may be related to a lack of peer support (Frey et al., 2006), loss of home relationships and separation (Frey et al., 2004), body dissatisfaction (Ackard et al., 2002), and feelings of campus connectedness (Williams & Galliher, 2006).

CASE ILLUSTRATION WITH RECOMMENDATIONS

The client described in the following case study, Caroline, is fictional and not based on an actual client.

Caroline, a 19-year-old first-year female college student, presents at the college counseling center with homesickness and loneliness. She denies any thoughts of self-harm or harm to others. Her main complaint is that she misses her family and home friends and is having trouble making friends on campus. She says that she feels as though no one likes her and often does not even like herself, especially the way she looks. She believes that she has no friends and no one with whom to talk. She also says that these feelings of loneliness and sadness are causing her to not want to attend any social events and to neglect her studies. In addition, she confesses having thought about how going to some parties and drinking to get drunk and having casual sex might help her to be more popular; after all, she says, “everyone drinks and has casual sex.” She even explains that the couple of times she has drank heavily at parties, the college men there seemed to like her better.

In Caroline’s situation, it can be seen that a major cause of her presenting issues is her loss of close relationships, especially as she describes her “homesickness and loneliness.” As discussed previously, women may often define themselves through their relationships with others (Miller, 1976), and, as a result, it is easy to understand how a disconnect or absence of relationships can cause psychological stress (Jordan, 2001). Furthermore, Caroline is a first-year college student, and, as such, she is at the highest risk for psychological distress as a result of her overall college transition and home relationship disconnections having occurred most recently (Frey et al., 2004). It is important for a college counselor to be aware of Caroline’s feelings of loss and disconnectedness. On a positive note, it is also important to be aware of Caroline’s conscious decision to reach out for help and a new relationship connection by presenting for counseling. In cases such as this, the counselor–client relationship will be an integral ingredient in counseling.

A college counselor needs to appreciate that this may be the first time that Caroline has lived away from her family and friends. This is an important question to ask her. If it is her first time living away, it would be beneficial to discuss with her how starting college can be a major time of transition and that she is not alone in how she feels. In fact, it is typical for college women to experience more

difficulty in overall adjustment than that experienced by college men (Enochs & Roland, 2006). Normalizing her experience may bring her some comfort. Yet, if Caroline notes that she has lived away from home before for an extended period, this past experience can also be discussed. What was the same or different? What coping mechanisms did she use to help during that transition?

Because Caroline also expresses beliefs of not having any friends or anyone to talk to, these beliefs may need to be verified. Often college women do have relationships and connections to turn to but cognitively distort this reality. If this is the case, education and identification of cognitive distortions may be useful, along with correcting these distortions. The effect of Caroline's perceived relationship rejections on any of her actual relationships should also be explored. Even if it is determined that she does have supportive relationships, there is a potential that her perceived rejection of these relationships could reduce her interpersonal functioning (Downey et al., 1998), thus resulting in actual relationship rejections (Mellin, 2008). Finally, increasing Caroline's social connections can be an important part of treatment. Because, compared with men, women have more relational opportunities that lead to improved psychological health—both peer and community connections (Frey et al., 2004)—treatment should work on ways to increase these connections.

In this type of situation, the college counselor will also want to assess for Caroline's potential alcohol and sexual risk-taking behaviors. Because she describes her beliefs that everyone around her is drinking to get drunk and having casual sex, challenging these beliefs through social norms education could be helpful. Caroline would not be alone among her college peers in her perception that students are drinking more than they really are, which could easily cause her to increase her drinking to keep up with perceived peer norms (Perkins et al., 2005). In addition, her perception that she is more socially accepted by college men when she drinks—a belief that is not uncommon by college women (Young et al., 2004)—could cause her to increase her drinking to feel social acceptance and connections. Caroline's sexual risk-taking behaviors may also be affected by her perception that all of her college peers are having casual sex. This, coupled with her alcohol misperceptions, may lead to a dangerous combination because both alcohol use and perception of peers' high sexual risk-taking can greatly influence risky sexual behavior (Kaly et al., 2002; Lambert et al., 2003).

Correcting Caroline's misperceptions through psychoeducation could prove beneficial in the course of treatment. Through programs such as social norms marketing campaigns, college student misperceptions and beliefs have been corrected in relation to peer substance abuse (Arbour-Nicitopoulos, Kwan, Lowe, Tamna, & Faulkner, 2010; LaBrie, Hummer, Grant, & Lac, 2010). These new beliefs also have the power to reduce student substance-use behaviors (Scribner et al., 2011), causing a potential reduction in sexual risk-taking behaviors, because there is a connection between heavy alcohol use and sexual risk-taking (Lambert et al., 2003). These findings support the belief that changing Caro-

line's perceptions of peer alcohol use and sexual risk-taking may also have the power to change her behaviors.

Caroline's successful treatment will include attention to her relationship loss and disconnections, college adjustment struggles, and potential self-defeating thoughts about herself and her relationships, and assessment of her alcohol use and sexual risk-taking behaviors. Treatment recommendations and strategies will include normalizing her experience as a college woman; discussing coping mechanisms; correcting cognitive distortions; increasing her peer and community connections; participating in alcohol and sexual risk-taking psychoeducation; and, of course, building the client–counselor relationship.

CONCLUSION

Traditional college-age women face many unique challenges as their psychological development meets the campus environment. For college counselors, treating this vulnerable population can be exciting as well as challenging. Yet, with a good knowledge base about and plentiful resources for this population, a college counselor can begin to help clients to fully enjoy and benefit from their college experience. Thorough treatment will take into account the many factors unique to a college woman's experience. Understanding of female psychosocial development, a relational perspective, social issues, and alcohol and sexual risk-taking behaviors will all aid in a successful counseling outcome. Finally, as clients realize that their counselor has an understanding and appreciation for their specific challenges and environment, the counseling relationship should strengthen—and the benefit of that to the counseling process is no secret.

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