



Counseling and Psychological Services Office of the Dean of Undergraduate Students

Frequently Asked Questions about the Protocols and Practices Regarding Leave of Absence and Reinstatement for Health-Related Reasons

Students with disabilities seeking accommodations can find related policies and procedures on the [Inclusive Princeton](#) website.

1. How many students utilize Counseling and Psychological Services each year?

Approximately 1500 undergraduate and graduate students make individual appointments with a clinician at Counseling and Psychological Services (CPS) each year. Students visit CPS for many reasons ranging from adjustment difficulties to relationship problems to serious depression. Some students visit only once while others may return for multiple appointments. The wait time for an initial appointment is generally less than five days. Students who have an urgent need to speak with a counselor may be seen the same day.

2. How many undergraduates take a leave of absence for reasons related to mental health?

Overall, approximately 150-180 undergraduates take a leave of absence in the course of an academic year. They may do so for a variety of reasons and may share some, all or none of the reasons with their dean. Therefore, we don't always know if a student is taking time off for reasons related to mental health. Each academic year from 2012-2017, we know that approximately 30-40 students elected to take a leave of absence for what they described as a mental health issue. In almost all cases, it is the student who initiates the leave of absence.

In 3-5 cases in a typical year, the University will encourage a student who may not be considering time away, to consider doing so in order to address the issues affecting their safety and/or well-being. The overwhelming majority of students with mental health issues are able to remain enrolled and, in fact, do so.

3. How is the leave of absence process initiated?

In almost all cases, it is the student who has decided that taking time off is the best option, and the student initiates a conversation with their dean to put a specific plan in place. Those who are taking a leave of absence due to mental health concerns most often do so for one of two reasons:

- They believe the treatment being recommended requires more attention than is possible while simultaneously being a fulltime student.
- They have been unable to concentrate on their academic work (or otherwise fulfill their academic obligations) and wish to avoid a negative outcome in coursework.

Often, the dean or director of student life (DSL) may have been working with a student who has been struggling to address some serious issues for some time. These issues may be impeding the student's ability to engage or keep up with academic commitments or may be negatively impacting their ability to live within the residential community (e.g. self-harming behaviors, serious drug or alcohol dependency or abuse). In these cases, as the student is preparing to take a leave of absence, the DSL or the dean may request, or in some cases, require an exit consultation with CPS.

4. When a student has decided to take a leave of absence for mental health reasons, what is the purpose of an exit consultation?

If a mental health issue that has led or contributed to the student's decision to take a leave of absence is negatively impacting the student in significant ways, the DSL or dean will ask the student to meet with a CPS clinician for a consultation before leaving campus. The purpose of this consultation, first and foremost, is to determine whether the student's safety is at risk. It is also to help the DSL or dean understand the nature of the issue that has impacted the student's experience and to provide, in appropriate circumstances, treatment recommendations the student can pursue while away from the University. The consultation, along with the treatment recommendations that might follow, are intended to ensure the student's successful return.

In order to allow disclosure of *limited* information from the exit consultation from CPS to the DSL or dean, the student is required to sign an authorization, permitting CPS to share with the DSL or dean a risk assessment and recommendations for treatment. The exit consultation is written by CPS and shared with the DSL or dean. The clinician will also discuss the treatment recommendations with the student.

After a student has taken a leave of absence, the DSL sends a letter to the student confirming and summarizing the recommendations (or, in rare cases, requirements) for treatment to address the issue that contributed to the student's difficulty. If a consultation will be required at the time of the student's reinstatement, the DSL will also indicate this in the letter.

5. Are students ever asked to take time away from the University against their wishes (i.e. mandatory leave of absence)? If so, how often does this occur?

Requiring a student to take a leave of absence is exceedingly rare and only happens when the dean of undergraduate students is persuaded that the student's safety or the safety of others is at *extraordinarily* high risk, and no reasonable modifications or accommodations while the student is in residence can adequately reduce that risk. Such a situation has occurred fewer than five times in the past ten years. Our policies and procedures for such situations focus on maximizing the student's safety, while also considering the safety of the entire campus community. The University takes the position that a student may not unilaterally decide to remain enrolled when the consultation indicates that their life may be at stake.

In such cases, the dean will require that the student be evaluated, as described above, by a CPS clinician. If the student has been receiving treatment at CPS, information from that prior treatment is not disclosed to the DSL or dean. If the student has been receiving treatment from an off-campus counselor and wishes to have that counselor offer their recommendation to CPS, that information is welcomed and is seriously considered as part of the assessment by the CPS counselors. (The student needs to authorize such a disclosure by an off-campus counselor to the CPS clinicians.) The process

used by the dean of undergraduate students in such extraordinary cases takes into consideration all the available information and includes consultation with the student and their family whenever possible. If a student is required to take a leave of absence, he or she may appeal to the vice president for campus life.

6. How does the reinstatement process work?

All students who have taken a leave of absence from the University are contacted by their residential college dean prior to the semester of their expected return. The dean's communication:

- Explains what is required for reinstatement;
- Provides the timetable for submitting forms and other information about financial aid, rooming preferences and course registration;
- Directs the student to the brief on-line reinstatement application.

For the majority of students, the dean will reinstate them after completion of the on-line form. In certain circumstances, such as those described in question #4, when treatment was needed to address the mental health issue that led to the student's departure from the University, the student is asked to have their treatment provider communicate directly with the CPS clinicians. After this communication has taken place, the student meets with a CPS clinician for a reinstatement consultation.

7. Why might a student be asked to meet with a CPS counselor for a consultation as part of the reinstatement process? What information is released to the DSL or dean?

In some circumstances, such as when a student's leave of absence was precipitated or accompanied by a mental health condition that significantly impacted the student's well-being, a DSL or dean will require the student to meet with a CPS counselor as part of the reinstatement process. This consultation serves several purposes:

- It is used to confirm that the student is not at serious risk of self-harm or harm to others.
- This meeting provides an opportunity for the CPS clinician to discuss the progress the student has made in dealing with the issues that led to their leave of absence.
- If relevant, the clinician will use this meeting to recommend and assist in setting up any ongoing support or treatment that may be helpful in maximizing the student's success transitioning back to University life.

Students sign a limited authorization to release information from CPS to the DSL or dean that pertains only to the student's safety risk and progress in managing the issue(s) that led to the student's leave of absence. The CPS clinician will also provide ongoing treatment recommendations if appropriate.

CPS does not share the content of prior counseling sessions, including those with an off-campus treatment provider, with non-CPS staff in the context of a reinstatement consultation. In every case, the reinstatement consultation is only to confirm that the student's safety is not at risk and to assist him or her in coordinating any on-going treatment or resources that could contribute to a successful return.

8. Are most students reinstated?

We expect that all students will be reinstated. In our experience, the overwhelming majority of students who take time off and make progress in addressing their issues while away, return and successfully complete their degrees.

We understand that mental health issues often require attention over extended periods of time. When students are reinstated to the University after time away, we do not expect that they will have always completely or permanently resolved the issues that may have led to their leave of absence. Often students find it helpful to have on-going support when they return to Princeton; CPS and members of the residential college staff are available to help provide that support and connect students to other resources.

9. What support is available for students who return from time away from campus?

In addition to CPS, residential college staff, and ODUS, students may wish to consider connecting with the [Princeton Gap Year Network](#) (PGY), an official student group that seeks to build community and support students returning to campus for a wide variety of reasons.

10. If an exit or reinstatement consultation is necessary, why is the assessment and recommendation of an off-campus treatment provider not sufficient?

The input of an off-campus treatment provider is a very important piece of the safety assessment, but it is not the only factor. University professionals typically have a fuller appreciation for the academic requirements the student must fulfill and the residential environment in which the student lives, which may impact the student's ability to safely resume active student status. Sometimes, the level of care the student requires (e.g. inpatient hospitalization, partial hospitalization, some intensive outpatient programs) is not compatible with being a fulltime student. University professionals are in the best position to assess what is and is not feasible.

11. If a student is not permitted to be on campus for a period of time because their safety is at risk, what kinds of accommodations can be made to help the student complete the term?

In the extraordinarily rare instance when it is not safe for a student to remain on campus (with or without treatment), the student is not permitted to attend classes or live in a dormitory because of these safety concerns. If this occurs for a relatively brief period, the residential college dean works closely with the student to manage their coursework requirements. (What form that assistance might take depends always on the particular circumstances of the student's case). Academic accommodations (provided through the Office of Disability Services) might, in certain circumstances, include note-taking or recording of lectures.

If the student continues to be at extremely high risk (perhaps because of a continuation of dangerous behaviors and/or a refusal to engage in appropriate treatment) for a longer period,

then it becomes less likely that the student can manage their academic obligations. As a dean works with the student during the absence, it may become clear that the student's academic performance is being significantly compromised. If this is the case, the student, in consultation with the dean, may conclude that the best option is to take a leave of absence for the semester and return when the student is able to focus on academics with less impact from a health condition.

All of these determinations are individualized and take into consideration as much as possible the particular student's circumstances. Any student in this situation would be engaged in conversations with the residential college dean about what options might offer the best academic outcome for the particular student.

12. If a student is hospitalized during the term, under what circumstances might he or she not be cleared to return to campus for health-related reasons? Does this happen for many students?

In the overwhelming majority of cases, students are able to return to campus after a brief hospitalization. When a student has been hospitalized for any reason, he or she may return to campus only after a consultation with University Health Services or CPS to ensure that the medical or mental health problem is being well-managed. Most students who have been hospitalized because of an acute suicidal crisis, or other serious mental health issue, can return to campus and resume their studies in the same semester, and many do. Sometimes, however, this is not the case. As in all the University decision-making processes being described, such an exceptional circumstance occurs only when a student's safety is at serious risk. At times, the safest place for a student experiencing an acute mental health crisis is in the hospital.

A post-hospital consultation is required to assess whether the student can safely return to the residential community, and, if so, to determine the necessary supports to foster a successful transition. When the CPS clinicians meet with the student, the student is asked to authorize the *limited* disclosure of information (i.e., risk assessment and recommendations for treatment) to the DSL or dean, so the dean of undergraduate students (or her designee) can determine, based on all the available information, whether the student can safely return to campus.

In extraordinarily rare circumstances, when a student cannot safely participate in the campus community (with or without treatment), and that student is insisting on continuing to participate, the dean of undergraduate students may temporarily require the student to remain away from campus.

13. What about confidentiality? Can information provided by a student to a CPS clinician for treatment purposes be shared with a non-CPS employee without the student's written consent?

Services at CPS fall under the same legal requirements for confidentiality that govern other mental health treatment providers. *Student communications in counseling sessions with CPS counselors are completely confidential, except in cases where there is imminent danger to self or others.* Where a student is asked by a DSL or dean to have a consultation with a CPS counselor,

the student authorizes a *limited disclosure* of information to the DSL or dean to permit the counselor to share *only* the risk assessment and the treatment recommendations with the dean.

14. How are best practices determined with respect to confidentiality, leave of absence and reinstatement? Is compliance with those practices ever reviewed?

We routinely pay close attention to how information is delivered to students so they can clearly understand the scope of (and rare exceptions to) confidentiality, what is actually shared when students authorize a specific disclosure, and how the reinstatement process works when students return from leave of absence. CPS is reviewed regularly by two different accrediting bodies: as part of UHS, by the Accreditation Association of Ambulatory Health Care and, separately by the International Association of Counseling Services. These reviews involve a close examination of all policies, procedures, audits of clinical records and site visits that involve many on-campus interviews.

15. What efforts are underway to raise awareness about mental health issues and to address the concerns students have raised about stress, depression and the stigma associated with seeking help?

The dialogue on this subject has been very productive, particularly because of UHS/CPS's collaborations with the USG and GSG on increasing awareness of mental health issues related to stress, sleep and stigma. UHS and CPS have also been focusing on outreach, and counselors engage with students outside of their offices so students will feel more comfortable accessing services. These efforts are crucial in changing the culture of perceived "effortless perfection." Also, CPS has worked hard to address student concerns about diversifying group therapy options, reducing time to schedule initial appointments, later hours for appointments on certain days and additional outreach and community education programs.

16. Where can students go for help?

There are many resources at Princeton to support students. We want those who are struggling, or who may be helping a friend who is struggling, to know and feel confident that CPS, the residential college staff, and ODUS staff are there to help them navigate and cope with the pressures they may be experiencing. Confidential counseling sessions are treated with the utmost respect. *With very few exceptions*, students who seek help and wish to remain at the University – even those who have exhibited self-harming behaviors – may do so and are supported in every possible way.

December 2018