



MYTH 1: You have to have a mental illness to go to counseling.

FACT: It's true that some students who have mental illnesses work with counselors to manage symptoms; however, counselors also help students who:

- need to choose a major or career path
- want to understand themselves better
- have difficulty being assertive
- have problems with grades and tests and are experiencing academic failure
- have difficulty juggling school, work, or parenting.
- are trying to fit in and adjust to their new surroundings at Sussex.

MYTH 2: Seeking counseling is a sign of weakness.

FACT: It takes courage to seek counseling. The individuals who enter counseling are taking the first step in solving their difficulties.

MYTH 3: Change is simple.

FACT: Change is not always simple, and therapy is not a "quick fix" solution to your problems. It takes time, practice, patience, and persistence.

MYTH 4: The counselor will tell me what to do and how to "fix" my problems.

FACT: The counselor is here to help you achieve the goals you set and help you resolve your problems. While counselors will NOT tell what to do, they will help you explore the potential ups and downside of your choices.

MYTH 5: The counselors at the Advising and Counseling Center can prescribe medications for me such as anti-depressants for my problems.

FACT: Counselors do not prescribe medications - a psychiatrist or a general physician prescribes medication. The Advising and Counseling Center does not dispense any medications. If you need a prescription drug, you must see your physician. However, if you are thinking about medication, this is something you can discuss with your counselor.

MYTH 6: The fact that I've gone for counseling will become part of my academic record.

FACT: The things you discuss with your counselor and the content of your counseling record are strictly **confidential**. The Advising and Counseling Center does not even acknowledge that you have been seen by a counselor without your written permission. There are, however, a few limits on confidentiality. These limits include: When an individual reports that s/he is seriously considering hurting him/herself or others, if there is an indication of child abuse or neglect, or when there is a court order.