Division of Student Affairs & University Planning
Counseling & Student Development Center
Program Review Report

Section #1: Executive Summary

This program review report represents a summary of the review conducted of the JMU Counseling and Student Development Center (CSDC) between May 2013 and February 2014.

Overview

The program review began with a detailed unit self study and the creation of a self-study report or binder. This binder included such elements as goals and objectives, updated policy and procedures, job descriptions, the results of the SWOT analysis, etc. and is available for review on request. Once this self-study was complete, a committee was formed to review the work of the self-study and to conduct further research into the unit performance in order to determine findings and make recommendations that are designed to assist the unit in improving its overall performance, ability to reach its mission, vision and objectives, and constituent services.

Ultimately, as a result of the study, we see two areas of focus for the best future of the CSDC:

- **Communication** – Informing, educating and even promoting can help address many of the challenges currently being faced by the CSDC.
- **Staffing** – University counseling centers nationwide are experiencing dramatically increased demands both in terms of the numbers of students needing help and the intensity of that need. Problems with resiliency and coping fall in this category. These factors drive staffing needs.

Findings/Conclusions

Staffing and Compensation

1. The CSDC staff is very organized, committed, competent, and efficient. (From a survey respondent: "This is a wonderful resource for students, and I'm always extremely confident that students will be in good care when visiting for services. I was not aware of the many services that are available for faculty/staff, and definitely feel that I could benefit from learning more and taking advantage of these incredible resources.")
2. There is strong morale, cooperation and respect among the staff. (From a survey respondent: "The staff are very passionate and professional with regard to their specialty areas and working with students. They are an invaluable resource to the campus community.")
3. David Onestak is seen as a caring and expert leader.
4. The CSDC staff has faced increasing demands with adaptability and strength.
5. Staff concerns about compensation are at least in part born out by the JMU Human Resources study – that is, compensation is an issue that needs further investigation.
6. CSDC staff members characterize the department as being understaffed, citing offsite referrals and limited outreach as results. In fact, there appears to be general agreement, internally and externally, that the CSDC is currently understaffed.
7. CSDC staff members do not view the department as diverse, citing lack of domestic partner laws and area homogeneity as possible causes.
8. CSDC staff members believe that compensation issues create higher-than-acceptable staff turnover. (Note: Turnover was not studied as part of the report but may be worth future consideration.)
9. Staff workloads are increasing.
10. Case manager[1] positions are being added in the industry with success.

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[1] Case management defined here as "the use of a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive

Students/Clients

11. The CSDC is an outstanding care provider. The vast majority of faculty and staff report feeling confident referring students to the CSDC.
12. Students report strong satisfaction with the CSDC's services.
13. The lack of student "resilience" – as well as its worsening over time – create a higher demand for unit services. (From the Peer Assessment Subcommittee: "What used to be challenging issues for students, now feel like crises resulting in suicidal thoughts or actions, cutting, drug and alcohol abuse, etc. ")
14. Counseling center peers studied reflect that the CSDC's experience of profound increases in both the number of clients and severity/complexity of the issues presented by the clients over the past few years is industry wide. Moreover, such increases have been disproportionately higher than the population growth on campus and have outpaced the increase in staff hired to accommodate the increases.
15. Counseling center peers have responded to increased demand by adding significantly more therapy groups. Several have altered their intake processes and/or limited the number of sessions available to students. The general feeling was that these changes were working, but at a cost to the quality of service they feel they are able to provide.
16. Staff members site both an increase in student mental health awareness combined with a decrease in coping skills as significant negative factors on the demands the unit is facing and will face.
17. There is no data available regarding the level of satisfaction of services students receive when referred to off-campus resources.
18. A center with no student wait-list for counseling services is unique to JMU and comes with significant cost.
19. Students (as well as faculty and staff) do not appear to understand the brief therapy model and why it is employed.
20. Student dissatisfaction is occasionally expressed when referred out or when longer term treatment isn't available.
21. There is a demonstrated commitment to under-represented populations through programming and services.
22. There are existing networks of collaboration for addressing day-to-day mental health issues but not a campus-wide broad proactive vehicle.

Key Findings from the International Association of Counseling Services Review

23. The mission of CSDC is clearly in support of the broader mission of James Madison University and the services are viewed as a valued contribution to the academic success of students.
24. The CSDC staff does provide mandatory assessments and the Associate/Clinical Director reviews the correspondence submitted by students who seek re-enrollment at JMU after an absence granted for mental health reasons only to determine if appropriate treatment was received by the student.
25. The programs and staff of the Counseling and Student Services appear to have several very strong connections within the Division and the University.
26. The CSDC plays a prevention role for students by offering programs and events to enhance their coping skills, resiliency, and wellness. The staff at CSDC also engages in effective consultation and outreach services to the JMU campus community in the interest of students' growth, development, retention, and academic success.
27. Group Counseling is an integral part of the CSDC directs service direct service offerings. The groups range from general counseling groups to groups that have a more specific focus, e.g. GLBT, body image, and stress management. The number and variety of groups is outstanding and a variety of means are used to promote the groups and workshops.

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health needs through communication and available resources to promote quality, cost-effective outcomes." (Fonthill Counseling, 2014)

28. Currently, there seem to be adequate resources for making referrals on and off campus for students who are not served by the CSDC. The Counseling and Psychological Services clinic is available as a low cost and long term on campus referral. The health educators in the Student Wellness and Outreach program at the Health Center accept referrals for students who are or have been victims of sexual assault and/or relationship violence and the CSDC staff refers students who need testing and assessment for possible learning disorders to ISLA, the Interprofessional Services for Learning Assessment. Rockingham Memorial Hospital provides in-patient service and substance abuse programs, and in general CSDC staff is able to make referrals to providers in the Harrisonburg community for JMU students.
29. The training program at the CSDC is very well developed on multiple levels. The CSDC does a fine job of providing substantial training experiences for the senior clinical staff. Each staff member has professional development as part of his/her university contract and the agency pays for a person's license.

External Pressures on CSDC

30. Moving into the new Student Success Center may increase demand for CSDC services.
31. The Dear Colleague Letter/Title IX – may add increasing pressure on unit expectations.
32. Currently there exists no case manager position within the office of the Dean of Students that has the effect of exerting pressure on the CSDC's ability to treat students optimally.

Other Findings

33. All of the directors studied in the peer assessment process reported an increasing reliance on the Dean of Students for leadership in dealing with the complex issues that are presented to threat assessment teams.
34. CSDC staff members believe that current space restrictions and split buildings negatively affect clinical, training, professional well-being, and collaboration.
35. CSDC staff members believe they don't always communicate effectively with the JMU community about the challenges faced.
36. Excessive services prevent CSDC staff from adequately serving its internal constituents. (From the Constituent Perception Subcommittee: "Data suggests that 90% of faculty and staff respondents have not utilized any of the workshop sessions provided by the CSDC in the last three to five years. In addition, numerous workshops (i.e. - time management, diversity awareness, conflict resolution and dealing with difficult people) are duplicated by other departments within the campus community."
37. There doesn't appear to be a long-range plan to look at a more systems-based approach to meeting demands and future student trends.
38. Counseling center peers report positive results from co-location with health centers.
39. The Client Evaluation Survey contains questions worded in such a way as to hinder proper analysis of data (i.e. questions that combine elements with "and" or "or".)
40. CSDC policies, procedures, systems and processes are continuously improved.

Recommendations

1. By June 30, 2015 recommend to the AVP of Multicultural Awareness and Student Health that the university establish a Campus Wide Resiliency Task Force. Such a task force would consist of representatives of CSDC, faculty, Residence Life, Department of Graduate Psychology, etc.
2. During the budget initiative process in January, 2015, submit a budget initiative for two full-time staff positions as determined to be most beneficial by the director. One of those positions should be a Psychiatrist or Psychiatric Nurse Practitioner.
3. During the budget initiative process for January, 2016, submit a budget initiative for one full-time staff position (plus any that were not granted during the January 2015 process) as determined to be most beneficial by the director.

   (Note regarding new positions: The program review committee found that the CSDC has adapted to understaffing by scaling back on student services and by limiting staff member involvement in

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activities outside their office such as involvement in Student Affairs-wide activities and committees. But aspirational pursuits and the true fulfillment of the departmental mission, vision and values will be greatly aided through the addition of staff as recommended here.)

4. By September 1, 2014, in conjunction with JMU Human Resource and in light of the HR compensation study, submit a compensation proposal to the AVP for Multi-Cultural Affairs and Student Health in which, by 2017, CSDC salaries match peer averages as noted in the HR study.[2]

Position	CSDC Chosen Peers	CUPA NFSS (All Public)	CUPA Ave. (VA Higher Ed)	CUPA Mid Atlantic Peers	Official JMU Peer Institutions	Official JMU Peers *60th %	ACHA Public Inst.	HR-BLR VA & Local (Ave.)	*Other-Solicited (Ave.)	JMU Salary (Internal)
Director	$101,793	$81,646	$96,751	$98,194	$94,997	$99,362	----	----	----	
Assoc Director	$79,148	----	----	$71,553	$75,090	$75,956	----	----	----	
Psychiatric Services	----	----	----	----	----	----	$171,667	$147,329	$146,000	
Staff Psychologist	$61,425	$58,008	$62,372	$59,730	$62,655	$59,250	$66,969	$68,728	----	
Staff Counselor	$57,159	53,893	$58,860	$53,146	$49,881	$51,404	$52,878	$49,439	----	
Case Manager	----	----	----	----	----	----	----	$51,210	$48,666	
Staff Psychologist/ Training Director	$66,290	----	----	----	----	----	----	----	----	

5. By July 1, 2015, evaluate/assess the current specialized treatment programs in order to make program improvements and make future plans for the use of such programs.
6. By July 1, 2015, develop and provide a train-the-trainer Resiliency workshop to the leaders of key student groups – Kijiji, MYMom, Frogs, RA's, etc.).
7. After two new full-time positions have been added, demonstrate an increase in staff involvement in student affairs and/or committee-related activities.
8. Currently, CSDC staff members believe they don't always communicate effectively with the JMU community about the challenges faced. By the next program review, make improvements in communication processes such that this is no longer true.

Current CSDC Plans Affirmed by the Committee
- Addressing student awareness of the Center's new location – to include "re-branding" from "Varner House" to the Student Success Center. (CSDC noted planning to consider changing the name of the department as part of this process as part of the branding process.)
- Educating faculty on the center's services – services that are provided and that are not.
- Implementing outreach efforts (to include parents) on the nature of the CSDC brief therapy model.
- Addressing the needs of under-represented students.
- Conducting continuing analysis of the current triage process to assess and analyze average time frame from initial contact and appointment.
- Conducting an analysis of the current Client Evaluation Survey to make improvement on the instrument with a particular eye on the data that is expected and the questions that are phrased to arrive at those results.

IACS Recommendations

(The CSDC completed its self study and review successfully with only a few minor recommendations.)

As a result of its site visit in 2010, the IACS made the following recommendations:

- Add more privacy to the waiting room kiosks. This could be accomplished by installing monitor privacy screens and/or constructing a physical barrier between each kiosk.
    - *CSDC Response*: This was an excellent recommendation from the field visitors, the kind that led our staff to question why we had not already considered the issue. Computer

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[2] It's important to note that university positions and compensation funds are always limited. The program review committee understands that here are no guarantees for compensation adjustments and that many departments on campus are "swamped." However, we believe the CSDC should at least make its case formally.

> monitor privacy screens have been installed on the three computers on which students complete their data entry.

- Include more diversity related literature in the waiting area.

  > *CSDC Response*: The presence of this recommendation in the report came as a bit of a surprise, as a CSDC staff member reported that one of the field visitors commented favorably on the diversity of literature available to clients in the waiting area. In addition to more traditional magazines, our staff has made an effort to purchase periodicals that we felt would be affirming to traditionally underserved populations (e.g. Ebony for African-American students, Out and The Advocate for GLBTQ students, ESPN. The Magazine for male students). We are also in the process of searching for psychoeducational brochures that will reach out to a more diverse audience. From our perspective, a more significant concern regards the absence of diversity that may be present in the Center's artwork, and we will be looking to address this matter in a comprehensive fashion as we make purchases for our new facility.

- Explore ways to downsize the chairs and sofa in the waiting area to provide a less congested feeling.[3]

  > *CSDC Response*: Our staff agrees with this recommendation. in concept, as there are a few occasions each week when the waiting room can feel quite congested (normally when a combination of individual and group counseling clients simultaneously occupy the area). However, because of (1) the planned move to a new facility in approximately two years and (2) the existing fiscal concerns and constraints associated with the current budget crisis in the Commonwealth of Virginia, we do not feel that it would be prudent or politically desirable to expend resources on new furniture at this time. However, we will monitor the area, and if it becomes apparent that the situation is worsening or if clients begin to voice displeasure (up to this point, we have received positive reports of clients' waiting room experiences on our evaluations), we will make necessary changes.

- Initiate discussions between the CSDC training staff and the Graduate Psychology faculty to provide more independent decision making for the CSDC staff in the practicum selection process.

  > *CSDC Response*: Our staff is in agreement with this recommendation and appreciates the field visitors' concern regarding how our relative lack of input in the selection process might negatively impact our Center and its clients. While the Graduate Psychology faculty clearly value the training experiences the CSDC provides to their students and have been respectful and intentional in the students sent to our practicum program, there have been times where a skill- or personality-based deficit has required either significant remediation or the termination of the practicum experience. The CSDC's two practicum coordinators (Dr. Sarah Jones and Tom Metzinger) will be arranging meetings with their Graduate Psychology counterparts and exploring options to increase the CSDC's input and discretion in the practicum student selection process.

- Request that that the Director report any progress regarding compensation equity on the next annual report.

  > *CSDC Response*: A report was generated which compared CSDC clinical staff salaries with (1) JMU instructional faculty who share similar degrees and levels of experience and (2) clinical staff having similar positions at other university counseling centers in the Commonwealth of Virginia. This report was shared with the Associate Vice President (AVP) of Multicultural Awareness and Student Health who responded with genuine interest in and concern about the salary discrepancies. This AVP had subsequent discussion with both the Vice President of Student Affairs and a representative from Human Resources. While the current budget crisis will likely prevent immediate action to address salary discrepancy issues, once the fiscal

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[3] It is the Program Review Committee's view that, when the accrediting body is making recommendations concerning furniture, that is evidence that the department is functioning extremely well in the important services areas.

landscape changes, I believe that the University will seriously consider and move to increase CSDC clinical staff salaries.

- Ask the Director to update IACS on the gender and diversity balance among the staff on the next annual report.

  CSDC Response: As noted in the field visit report, the clinical and support staffs' gender imbalance has been addressed. Of more concern at the current time is the racial/ethnic balance, as one of our African American staff members, a sport psychologist, recently left the CSDC to accept a job with the United States Olympic Committee. In the search processes to fill both this position and a new case manager position, active efforts will be made to develop a diverse applicant pool. Given the geographical location of JMU, the diversity balance of CSDC staff will likely be an ongoing issue and challenge.

Section 2: Counseling & Student Development Center (CSDC) - Full Report

1. Program Reviews in the Division of Student Affairs and University Planning (SAUP)

SAUP is committed to the continual review and improvement of its units to support those units and help ensure their effectiveness. This program review report represents a summary of the review conducted of CSDC between May, 2013 and February 2014.

2. Overview

The program review began with a detailed unit self study and the creation of a self-study report or binder. This binder included such elements as goals and objectives, updated policy and procedures, job descriptions, the results of the SWOT analysis, etc. and is available for review on request. Once this self-study was complete, a committee was formed to review the work of the self-study and to conduct further research into the unit performance in order to determine findings and make recommendations that are designed to assist the unit in improving its overall performance, ability to reach its mission, vision and objectives, and constituent services.

Mission

CSDC uses two statements categorized under "mission."

General

To provide a safe, supportive, trusting, and confidential environment which empowers students to develop the awareness, values, and skills they will need to meet future challenges and lead vital, meaningful lives.

Diversity

The staff of the James Madison University Counseling and Student Development Center is committed to the continued development of awareness and appreciation for individual differences within our diverse university community. We strive to promote inclusion and to affirm diversity in its broadest sense by fostering an emotionally safe and respectful environment.

Vision

To foster a healthy, inclusive campus environment that provides all students, staff, and faculty with the opportunity and ability to fully reach their potential.

Values

Integrity: To act in alignment with our highest ideals and be worthy of the confidence and trust that members of the campus community place in us

Excellence: To efficiently and ethically deliver the highest quality clinical, consultative, and training opportunities

Respect: To celebrate the differences among individuals and groups in our diverse campus community and honor the broad array of life experiences from which they arose

Teamwork: To work collaboratively, cooperatively support one another, and deal with conflict in healthy ways

Proactivity: To anticipate the future needs and challenges of the campus community and preemptively develop services, procedures, and policies that will address them

Humor: To fully embrace the wit and playfulness of one another as we pursue a balanced, creative, and productive approach to our work

SWOT Analysis

Key Strengths:
- Staff members pitch in and help wherever needed
- A high number of daily intakes and emergency coverage, walk-ins, etc. (Clinical needs are met in a timely fashion.)
- Intentional and thoughtful allocation of various resources
- Policies, procedures, systems and processes are continuously improved
- Triage system is effective – students are seen quickly and risks are mitigated
- Demonstrated commitment to under-represented populations through programming and services
- Policies and procedures are carefully followed

Key Weaknesses
- Do not attract/maintain a visibly diverse staff and trainees (lack of domestic partner laws, area homogeneity, etc.)
- Poor inter-rater reliability (group referrals, etc.)
- Current space restrictions and split buildings negatively affect clinical, training, professional well-being, collaboration, etc.
- Staff turnover caused by compensation issues
- We don't always communicate effectively with the JMU community about the challenges we face. (In part due to confidentiality requirements, busyness, etc.)
- Understaffed - Offsite referrals (due to limited personnel) limit outreach.
- Client information is underutilized in helping to identify departmental trends

Key Opportunities
- The move to the new Student Success Center (location, space, inter-departmental communication, etc.)
- Technology to expand self-help options
- Integration of President Alger's vision – diversity, QEP, 1st generation students, compensation issues, etc.
- Providing structured groups to allow students to self-soothe/cope with distress
- Two new staff members may meet a wider set of campus needs
- Continued growth of case management position

Key Threats
- Students lack resilience and create a higher demand for services (worsened by high parent expectations)
- Continued disparity in compensation as compared to other state institutions
- Continued disparity in benefits (domestic partnerships) compared to out-of-state institutions
- The new space (increased visibility may increase demand)
- Dear Colleague Letter/Title IX – understanding of mandate/re-victimization of survivors
- New location – walking students over for services
- Increase in mental health awareness/decrease in coping skills

Current Key Objectives

Increase Availability of Clinical and Consultation Services

Long Description: Because of the ever-increasing clinical and consultative needs of the JMU campus community, there are times, particularly during the busiest periods of the academic year, when it is difficult for the CSDC to keep up with the demand. If achieved, this objective would result in (1) an increase in the number of clinical hours available to students, (2) a reduction in the length of time clients must wait for an initial intake and subsequent counseling appointments, and (3) improved client

satisfaction on items of the client satisfaction survey that address the reasonableness of wait times for both intake and follow up appointments. Target Date for completion: Ongoing.

International Student Needs Survey

Long Description: International students commonly experience a host of transitional, academic, social, and cultural stressors at a much more significant level than domestic students. A web-based survey will be conducted to improve clinical, consultation, and outreach services by better understanding the academic, career, personal, and social concerns of JMU's international students. Target date for completion: June, 2014.

Underserved Domestic Student Needs Survey

Long Description: Domestic underserved students (e.g. African-American, Latino/a, LGBTQ students) commonly experience a host of transitional, academic, social, and cultural stressors at a more significant level than majority students. A web-based survey will be conducted to improve clinical, consultation, and outreach services by better understanding the academic, career, personal, and social concerns of JMU's domestic underserved students. Target date for completion: June, 2014.

Military Veteran Student Needs Survey

Long Description: Military veteran students commonly experience a host of transitional, academic, social, and cultural stressors at a much more significant level than traditional college students. A web-based survey will be conducted to improve clinical, consultation, and outreach services by better understanding the academic, career, personal, and social concerns of JMU's military veteran students. Target date for completion: June, 2014.

General Student Body Needs Survey

Long Description: Using a web-based survey of both students and faculty/staff, improve clinical, consultation, and outreach services by better understanding the academic, career, personal, and social concerns of the JMU general student body. Target date for completion: June, 2014.

3. Program Review Committee

The following committee members were selected based on their expertise and potential interest in the review as a constituent or customer of the office of CSDC.

Name	Role/Dept
Brian Charette	Committee Co-chair/University Planning & Analysis
Sarah Sunde	Committee Co-chair/Orientation
Josh Bacon	Internal Analysis Subcommittee Chair/Judicial Affairs
Hugh Brown	Peer Analysis Subcommittee Chair/ORL
LaNita Weisenberger	Constituents Perceptions Subcommittee Chair/CMSS
Scott Coverstone	Constituent Perceptions Subcommittee/Office of Public Safety
Nicole Curtis	Internal Analysis Subcommittee/Rockingham Memorial Hospital
Kent Diduch	Peer Analysis Subcommittee/UHC & Health Sciences
Lennie Echterling	Peer Analysis Subcommittee/Psychology
Paige Hawkins	Peer Analysis Subcommittee/UHC
Lou Hedrick	Constituent Perceptions Subcommittee/OIR
Gregg Henriques	Internal Analysis Subcommittee/Graduate Psychology
Susan Linn	Constituent Perceptions Subcommittee/Office of Dean of Students
Jonny Novgrod	Constituent Perceptions Subcommittee/Graduate Student

| Stephen Rodgers | Internal Analysis Subcommittee/UHC |

4. Industry Standard

The CSDC is accredited by International Association of Counseling Services. The recent accreditation self study and report were referenced in the program review study as the comparative industry standard required for all SAUP program reviews.

5. Research

To research the issues relevant to this study, and in order to develop helpful and accurate findings, the Program Review Committee was organized into three research-based subcommittees including constituent perceptions, internal analysis and peer review.

In addition, the program review committee commissioned the JMU Human Resources department to update a compensation study it had completed earlier for CSDC.

5A. Constituent Perceptions (Appendix A & Appendix D)

The subcommittee focused its research on three populations within the JMU campus community: faculty, staff and students. Data pertaining to students was obtained utilizing an existing instrument administered by the CSDC in the fall and spring academic semesters entitled, Client Evaluation Survey. The survey is an indirect measure that allows students who have utilized CSDC services to reflect upon their perceived quality of the experience.

Results from the Client Evaluation Survey were available for the previous four academic years; therefore, providing sufficient data to establish trends. Survey results were requested in October 2013 and reviewed by subcommittee members for feedback. An analysis report was generated in November 2013 without the use of statistical significance tests – meaning all interpretations were based upon visual analyses of the data.

The decision to use preexisting data from the Client Evaluation Survey was based upon a stated concern generated in the CSDC S.W.O.T (strengths, weaknesses, opportunities, threats) analysis regarding low staffing levels and the correlation to perceived quality of service. Questions included in the Client Evaluation Survey indicate a student's level of satisfaction from pre to post-service; therefore, making it an adequate instrument to provide feedback from a student perspective.

Data pertaining to faculty and staff was obtained utilizing a new instrument created and administered by the subcommittee in January of 2013 entitled, Faculty/Staff Perception and Needs Survey. The tool was constructed in the form of a Qualtrics survey and distributed via e-mail to employees classified as full-time faculty and staff of the university. Full-time employees were selected as the target audience based upon their heightened level of interaction with the CSDC as well as the students who utilize its services.

Creating a new instrument was a collaborative decision of the subcommittee in response to not having any data relevant to user frequency and knowledge of CSDC services as well as perceived quality from a faculty and staff perspective. Questions included in the survey were based upon the need to gather this information as well as suggestions for additional services to satisfy constituent needs. E-mail served as the distribution method to allow survey respondents to provide honest, unfiltered feedback. A visual analysis of the data was used to provide key findings and recommendations.

5B. Internal Analysis (Appendix B)

We wanted to look beyond the stated mission, policies, and statistics and get a staff perspective of what was going on internally in the department. Based on the report of increased numbers and requested need for staff the committee felt that interviewing the staff was the best way to determine how the actual case load and new directions were really working and affecting internal staff.

Based on directors description of the state of the CSDC and the increase in caseload we really wanted to get a general sense of how this was affecting the staff. Also, the move towards a more brief therapy intervention we wanted to determine if staff felt this was in the best interest of JMU's student population.

To complete the subcommittee research, interviews were conducted with full time staff members during the fall semester of 2013. The following questions were used:
- What do you see as the largest challenge to the staff at the counseling center?
- What do you see as the largest strength?
- If you could change one thing about the way the counseling center functions, what would it be?
- "David mentioned that there was a desire for staff to be more involved in activities other than seeing clients individually. What are some of the activities that folks would like to see more of and what are the impediments to engaging in such activities?"
- What do you see as the pros and cons of the "triage approach" to clients?
- Please describe your sense of the climate and work environment at the CSDC. Do people feel connected and that there is a shared sense of camaraderie? Or are there different 'factions' or individuals who feel either disconnected or would like to see the mission of the center enacted differently?
- What do you see as the pros and cons of the "all hands on deck" mentality of the center?
- Do you feel you have the appropriate level of freedom as a professional to engage in the kind of approach that you believe suits yourself and the students best? Or is there ever a concern that you are a bit boxed in by policies or other dynamics that feel overly restrictive?
- Are there any policies that get in the way of counseling your clients/students?
- With decreased resilience and coping skills of the generation, public awareness of mental health, and increasing student body size, and the provision of a new (?larger) space, what are the plans, requests of SAUP, initiatives, $$$$, etc. for the inevitable – increasing demand for services? How can we help?
- Policies: many are actually practice guidelines. Lengthy, 16 pages, 30 pages, etc. Plus 33 full text Virginia Codes in Appendices. I can imagine a difficult orientation for new employees. Could some be shortened as bulleted processes? And Codes and Titanium forms referenced/linked in policy? [e.g. longest Health Center P&P is 2-3 pages.]
- Psychiatric services require counseling. Is there availability for MD consultation alone?
- What is a change needed for the staff of the counseling center to better do their jobs?
- What is service needed or requested by clients that is not currently being offered? Are there obstacles to offering this service?

The following individuals were interviewed:
- ██████████ ciate Director and Clinical Director
- ██████████ aff Counselor and Training Coordinator
- ██████████ Counselor and Outreach Program Director
- ██████████ anger
- ██████████ f Psychologist and Training Coordinator
- ██████████ ff Psychologist, Coordinator of Services for Domestic Underrepresented
- ██████████ aff Psychologist, Coordinator of International Student Services
- ██████████ Psychiatrist
- ██████████ aff Psychologist, Liaison to Athletics
- ██████████ ector

5C. Peer Analysis (Appendix C)

The Peer Analysis Subcommittee was charged with contacting the directors of six counseling centers at peer institutions to examine best practices and determine current trends in university counseling centers. The specific counseling centers were chosen by the Director of the CSDC for the similarity in size of their home institution or for the similarity in types of services they provide. Because the laws governing

counseling centers can vary widely from state to state, half of the counseling centers we interviewed are located in the Commonwealth of Virginia.

The committee met on October 8, 2013 to develop questions to ask the counseling center directors. To develop our questions, we first examined the SWOT and other materials provided by the CSDC. We also interviewed Director David Onestak to get his input on possible questions. We developed and refined our questions over the next week and then started making contact with the directors. The seven questions we developed were as follows:

1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?
2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?
3. How are you partnering with other campus resources to assist you in helping students?
4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?
5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?
6. Do you have any statistics on your services (numbers of clients/counselors, etc.) or a recent SWOT analysis that you would be willing to share with us?
7. Are there other college or university counseling centers doing innovative things that we might want to contact?

Based on the guidance of David Onestak, the following institutions were queried:
- Appalachian State University
- Longwood University
- University of Richmond
- University of Vermont
- University of West Florida
- Virginia Commonwealth University

Appendices

**Counseling & Student Development Center
Program Review
Subcommittee Report – Client & Constituent Perceptions and Needs**

Executive Summary

I. **Introduction**

In support of the periodic program review process administered by James Madison University's Division of Student Affairs and University Planning, this report highlights key findings regarding the perceptions and needs of internal constituents of the Counseling and Student Development Center (CSDC). For the purpose of this report, campus community members are defined as: faculty, staff or students of the university who have either (1) utilized services rendered by the CSDC or (2) are expected to have knowledge of CSDC services given the nature of their role and responsibilities within the campus community.

The Client & Constituent Perceptions and Needs Subcommittee and chair include:
Lou Hedrick, *Office of Institutional Research*
Susan Linn, *Office of the Dean of Students*
Scott Coverstone, *Office of Public Safety*
Jonny Novgrod, *Graduate Student*
LaNita Weisenberger, *Center for Multicultural Student Services* (Chair)

The report addresses two major questions:
- Are internal constituents satisfied with the quality of services provided by the CSDC?
- Are the services provided aligned with the needs of internal constituents?

Accompanying the key findings are recommendations for further examination by the staff of the CSDC in regards to feasibility and implementation.

II. **Description of Research**

The subcommittee focused its research on two populations within the JMU campus community: full-time faculty and staff and students. Student data was obtained from an existing CSDC survey entitled Client Evaluation Survey administered by the CSDC in the fall and spring academic semesters. The survey gathers quality of experience data from students who have utilized CSDC services.

Student Data:

Results from the Client Evaluation Survey were available for the previous four academic years; therefore, providing sufficient data to establish trends. Survey results were requested in October 2013 and reviewed by subcommittee members for feedback. An analysis report was generated in November 2013 without the use of statistical significance tests – meaning all interpretations were based upon visual analyses of the data.

The decision to use preexisting data from the Client Evaluation Survey was based upon a stated concern generated in the CSDC S.W.O.T (strengths, weaknesses, opportunities, threats) analysis

regarding low staffing levels and the correlation to perceived quality of service. Questions included in the Client Evaluation Survey indicate a student's level of satisfaction from pre to post-service; therefore, making it an adequate instrument to provide feedback from a student perspective.

Faculty & Staff Data:
Data pertaining to faculty and staff was gathered utilizing a new instrument created and administered by the subcommittee in January of 2014 entitled, Faculty/Staff Perception and Needs Survey.

The subcommittee chose to develop a new instrument due to limited faculty and staff data related to knowledge and perceived quality of CSDC services. The survey was administered through Qualtrics and distributed via e-mail to full-time classified, instructional and administrative employees of the university. Full-time employees were selected as the target audience because of their heightened level of interaction with the CSDC as well as the students who utilize its services. A simple review of the survey data was used to inform key findings and related recommendations.

III.   Research Findings & Recommendations

Student Data - Key Findings:
With survey response rates between 17% and 20%, the sub-committee is concerned about the validity of the data and cautions use of survey results with any significant confidence in both findings and recommendations. That being said, many of the student responses were overwhelmingly in the "agree" to "strongly agree" range. Strong responses such as these may be used (with caution) as general indicators of student satisfaction and may help to supplement additional data from the overall program review process.

1. Greater than 95% of students surveyed agreed/strongly agreed that the staff and physical environment helped them feel welcomed and accepted.
2. More than 95% of students agreed/strongly agreed that the receptionists were helpful and professional.
3. More than 93% of students agreed/strongly agreed that they were able to get an initial counseling appointment within a reasonable period of time.
4. Greater than 88% of students reported that they were able to schedule additional appointments within a reasonable period of time.
5. Greater than 95% of students felt that their counselor began their sessions on or close to the scheduled time.
6. More than 88% of students feel that their counselor understood their concerns.
7. More than 80% of students felt that their counselor challenged them to explore difficult topics or feeling.
8. More than 95% of students agreed or strongly agreed that their counselor was fully attentive during their sessions.
9. More than 91% of students felt that their counselor was skilled and competent.
10. Over 4 years the percentage of students who would choose their current counselor again increased from 79% to 84%.
11. More than 94% of students agreed/strongly agreed that their information would be kept confidential.
12. More than 78% of students felt better prepared to work through future problems on their own.
13. Over the past 2 years, 69% to 73% of student agreed/strongly agreed that the counseling they received enabled them to tolerate negative emotions when things are out of control.
14. Over the past 4 years, the percentage of students who reported that they would recommend the CSDC to their friends ranged from 89% to 95%.
15. Over the past 4 years, 38-48% of students felt as though they experienced much improvement after CSDC involvement and 43-52% reported at least some improvement. Conversely, over

the same time period, between 8 and 11% of students thought that they did not improve at all after counseling.

Faculty/Staff Data – Key Findings
With survey response rates estimated between 1-2%, the sub-committee is significantly concerned about the validity of the data and does not recommend use of the results to support findings and/or recommendations other than to develop and resubmit a faculty/staff survey, as appropriate and in alignment with departmental objectives.

Recommendations:
1. Continue current practice of revisiting the client survey process and instrument on an annual basis to improve the clarity of questions and increase the response rate. Suggested changes for questions are offered in Appendix I.
2. Consider the development of a client satisfaction survey for students referred to off-campus resources.
3. Continue current efforts to evaluate the triage process in order to analyze levels of satisfaction from a student perspective as well as the average time frame from initial contact and appointment.
4. As discussed in the full program review committee, further development of a resiliency program extended to students and their families is suggested. It is recommended the program include a component specifically geared toward family members in order to educate them on means of being the first line of defense for their student who may be experiencing difficulties coping with stress and/or adversity.
5. Continue efforts to assess the needs and satisfaction of students receiving off-campus services. Feedback (i.e. – survey, interviews) could assist the CSDC in the review of existing and the identification of new community resources. The list could include resources for various student sub-populations (i.e. – first-generation, racial minorities, GLBT, veteran) and socioeconomic levels (insured vs. noninsured).
6. Current student needs assessments that include various populations (i.e. – racial minorities, first generation, veteran, international and LGBT students) are encouraged.
7. Capitalize on the move to a new location in the Student Success Center through re-branding of the CSDC and associated marketing efforts to students, faculty and staff. Integration with Student Success marketing efforts is also encouraged.
8. In answering the question: *Are the services provided aligned with the needs of internal constituents? ,* the sub-committee recommends that the CSDC review the broad array of services it provides in light of its mission and vision and consider a realignment of resources to address other areas of high demand and enable CSDC staff opportunities to engage more fully in the university community.
9. Where appropriate, and in alignment with departmental goals, the CSDC is encouraged to examine existing programs to determine if they are also provided by departments charged with similar initiatives. Discussions regarding potential realignment of resources are encouraged.
10. Consider the development of a faculty/staff survey designed to gather useful data that can be used to further the mission of the department.

The subcommittee respectfully submits this information to the program review committee. We hope our recommendations are considered with compassion for the needs of internal constituents, but just as important, the CSDC staff who provide services which benefit the entire James Madison University community.

Counseling & Student Development Center
Program Review Fall 2013
Internal Analysis Subcommittee report

Introduction

The following committee members made up the internal review sub-committee:
Josh Bacon (chair)
Stephen Rodgers
Gregg Henriques
Nicole Curtis

Description of Research

- How did you determine they type of research you were going to do?
    - We wanted to look beyond the stated mission, policies, and statistics and get a staff perspective of what was going on internally in the department. Based on the report of increased numbers and requested need for staff the committee felt that interviewing the staff was the best way to determine how the actual case load and new directions were really working and affecting internal staff.

- How did you develop your instruments and why did you choose the questions, scales and processes that you did?
    - Based on directors description of the state of the CSDC and the increase in caseload we really wanted to get a general sense of how this was affecting the staff. Also, the move towards a more brief therapy intervention we wanted to determine if staff felt this was in the best interest of JMU's student population.

- o After reviewing CSDC documentations it appeared to be a large amount of policies and requirements. We wanted to ask staff how this affected their day to day work and interactions with students.
- o We wanted to see if staff had any suggestions or recommendations for meeting the increased case load and their thoughts on the current "triage" method of case management.

- What research did you actually do (interviews, surveys, focus groups etc.)?
  - o We completed interviews with full time staff members and asked the following questions.
    - What do you see as the largest challenge to the staff at the counseling center?
    - What do you see as the largest strength?
    - If you could change one thing about the way the counseling center functions, what would it be?
    - "David mentioned that there was a desire for staff to be more involved in activities other than seeing clients individually. What are some of the activities that folks would like to see more of and what are the impediments to engaging in such activities?"
    - What do you see as the pros and cons of the "triage approach" to clients?
    - Please describe your sense of the climate and work environment at the CSDC. Do people feel connected and that there is a shared sense of camaraderie? Or are there different 'factions' or individuals who feel either disconnected or would like to see the mission of the center enacted differently?
    - What do you see as the pros and cons of the "all hands on deck" mentality of the center?

- Do you feel you have the appropriate level of freedom as a professional to engage in the kind of approach that you believe suits yourself and the students best? Or is there ever a concern that you are a bit boxed in by policies or other dynamics that feel overly restrictive?
- Are there any policies that get in the way of counseling your clients/students?
- With decreased resilience and coping skills of the generation, public awareness of mental health, and increasing student body size, and the provision of a new (?larger) space, what are the plans, requests of SAUP, initiatives, $$$$, etc. for the inevitable – increasing demand for services? How can we help?
- Policies: many are actually practice guidelines. Lengthy, 16 pages, 30 pages, etc. Plus 33 full text Virginia Codes in Appendices. I can imagine a difficult orientation for new employees. Could some be shortened as bulleted processes? And Codes and Titanium forms referenced/linked in policy? [e.g. longest Health Center P&P is 2-3 pages.]
- Psychiatric services require counseling. Is there availability for MD consultation alone?
- What is a change needed for the staff of the counseling center to better do their jobs?
- What is service needed or requested by clients that is not currently being offered? Are there obstacles to offering this service?

- When did you conduct your research?

- o During the Fall 2013 semester. See Appendix 1 for the schedule of the day.

- Who did you survey? Why did you choose those people? And why were those constituents' chosen?
  - o We wanted a cross section of the administrative staff with particular emphasis on staff that worked directly with counseling students and were involved with intake and case management practices. Thus, we interviewed the following individuals:
    - ▪ ████████████████ Associate Director and Clinical Director
    - ▪ ████████████████ Staff Counselor and Training
    - ▪ ████████████████ aff Counselor and Outreach Program
    - ▪ ████████████████ e Manger
    - ▪ ████████████████ taff Psychologist and Training
    - ▪ ████████████████ Staff Psychologist, Coordinator of ████████████ mestic Underrepresented Students
    - ▪ ████████████████ Staff Psychologist, Coordinator of ████████████ udent Services
    - ▪ ████████████████ on, Psychiatrist
    - ▪ ████████████████ , Staff Psychologist, Liaison to
    - ▪ ████████████████ Director
  - o See Appendix 2 for responses to questions.

Research Findings
- Very organized, committed, competent, and efficient team was evident during interview process. General sense of optimization of staff and resources to meet extreme demands.
- Need for long range planning and time to look at a more systems approach to meeting demands and future student trends.
- Need for positions to meet increased demands and perform proactive and creative approaches to future student trends.

- Need for students, faculty, and staff to understand brief therapy model and why it is employed.
- Unsatisfied customers when referred out or can't do longer term treatment
- Students need life "coaching" and CSDC doesn't want to do that. However may need mission change.
- Outreach is happening but carefully; increased marketing and awareness means more requests for service, further overwhelming system. Aiming at underserved (LGBT, Vets, etc.)

Recommendations
- **Long Range Planning with Campus Partners**
  - Based on all staff reporting stretched to the limits and not having time to do anything but keep up with case load we recommend time and resources to conduct long range planning to address the increasing needs of mental health services. Recommend bringing in key stakeholders at JMU to participate in this process (ORL, Graduate Psych Faculty, Health Center, Judicial Affairs, Disability Services, Dean of Students). Time to review mission, vision, future trends, best practices, creative approaches (i.e."You got this" program)and with partners brainstorm alternative approaches, proactive interventions, etc.
- **Additional Staffing Needs**
  - In the short term to meet demands we recommend funds to hire positions to most benefit increased demand. Strong need for a case management position with Behavior Assessment Team duties (could have shared responsibilities with dean of students office and CSDC); and clear needs for two additional staff psychologists, psychiatric consultation, and two additional pre-doctoral interns. Recommend these positions have job duties and time to work on proactive responsibilities and alternative approaches to meeting demands of student population. Possibly Psychiatrist or Psych NP/PA (ability to prescribe medication).

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- **Develop Outreach Efforts**
  - o Staff indicated that many of the students who go to the Counseling Center could benefit from an intervention other than counseling. We recommend development and implementation of educational outreach efforts to university community (particularly students, parents, staff, and faculty) on the nature of CSDC brief therapy model. Why and how it is conducted at the center (possible outreach efforts, brochures, etc.). Include what other programs are available to address more minor needs (i.e. stress, relationship issues, poor grades).

Data 1

CSDC Program Review
Internal Review Subcommittee
Thursday, Nov 9. 2013
Roop Hall G25

Interview of internal full time staff members

Data 2

C&SDC Research
January 31, 2014
Interviews: see schedule and questions
11-9-13

Results from notes

Session One
Q Challenge
Space now; to be resolved
S: ███ May need to readdress mission – staff size – restructured to assess and refer vs Brief Therapy. Demands of students.
T: ███ agrees. Years of adjustments to meet as many needs with limits. Wait list changed to triage system plus session limit. Students don't see that. (don't get it – not happy with it) Need more psychiatric provisions - med evaluation only at present – not long term. Students have problems when meds run out from home doctor.
Discussion on Session limit (longer) vs short term/triage/brief model (6 visits) of therapy with a targeted goal of therapy.
Q Pros and cons
Triage method includes uniform intake; computer questionnaire. (Students don't like – wanted personal touch to intake) This method also is uniform as to who is treated in house and who is referred.
Q Coping skills S: not interested in "training"/coaching students. Positions are for traditional psyche work.
Group format for skills deficits: desirable. Not enough staff. Groups of 4-5 desirable. Initiatives? Maybe 3 requested.
All hands on deck activity because of full requests for services. It separates CSDC from rest of JMU- don't get out much. Seldom on search committees, etc. Used to have time for outside work – on ORL committee, etc.
Worried/hesitant about marketing programs because already full and stretched.
Personnel feel freedom for their own style; to use good sense in methods. Good camaraderie. Easy consult among themselves. Walk next door.
Q Policies are extensive.
Most like this as guidelines but feel permission to vary.
Suicide risk extensive policy: T: sees both sides of how to deal.
Considers second eval vs immediate referral to ED (pressure on college

health. He is more liberal, realizes risk exists but doesn't send many to ED because of ramifications to student.

MD visits: not enough time. Short term also. Couple of visits and referral.

Need 2 FT MD's. Could have different level of treatment including coaching and more personal

With time, there are more on BAT radar with ███████████ taxed with this.

Greater than 3 wk wait for MD visit.

Feel little connection on campus. (secluded at Varner?) Suggest Integrative Care Center, more open with campus, include CAPS, etc.

Service not offered: ADHD care, eval and treatment.

Session Two

Q Challenge:

Space. Not together (Roop). Difficult with training and contact with supervisor. Lowered connection.

Demand for service HIGH

Unsatisfied customers: many outsourced, when switched to short term

Pro Con Triage method: works well for CSDC. Quick intake within a week (unless emergency) vs wait list.

Increasing pathology; major complaint/diagnosis, can't do longer term care. If a larger staff, may be able to handle some of these desires

Computer first visit (Intake) takes about 20 minutes and then only 10 minute with clinician. Students expect more with person.

Lacking sense of community with campus. Over time, have pulled back and not out much. Rare to teach part-time. Little marketing – risk of more demand.

Camaraderie: great place to work. Team worked improved. Passionate about training. David great management

Do policies box you in? No, they help with short term limits on visits although can have 2+ longer term students.

? Funds for training - ??

Expanding? No drawback expect personnel.

Need Case Management for Dean of Students and possibly (jointly) with CSDC. Have it but Nina swamped.

Need more psychiatric hours. Must refer to community.

Some efforts on outreach coordinator, Veteran friendly development, self-help resources.

Climate/work environment: warm and wonderful. Really busy though. Not time to get involved on campus. Difficult to have connections within/ not enough time.

But do collaborate within; manage demand thru triage/brief/refer. Efficient (for CSDC) but clients don't like. Referral may be wait of 2 wks. Different expectations. May be adjusting to system.

FT personnel with clients 30/wk

Salaries low enough for turnover, especially to Veterans Admin.

Policies: like guidance. Don't feel boxed in. Makes liability safer. Prefer extensive policy.

Needs/Desires: more support for residents and externs/training programs. Salary. Space.

Session Three (afternoon)

Strength: David's operations and efficiency. Attuned to needs of staff. Forward thinking. Has open door to staff but busy.

Not thoroughly staffed: More MD time. Need IT person.

Recommend change: DELETE after hours coverage. Now 24/7/365 thru police. Would reduce burn-out. Some Universities use call centers.

Challenge: limited/brief contact with student.

Triage model: easier to make plan for student rather than just assign to therapist. This is quicker. Some students perceive this as negative: not same person.

Out on campus: need more time for this; to support student groups, partnerships with other departments. More activity on outside committees. To be able to do staff consultations.

Have two patient meetings per week facilitates staff consulting.

Needs: IT, MD. Case manager. Crisis Management. Longer term work. With MD ▮▮▮▮) everyone get referred out that needs continuing medication.

Retention of personnel is problem: Salary and personal reasons

Would like Pharmacy on campus for student meds (coming to new UHC!)

11-21-13

Meeting with █████████████

Initiatives for more personnel? – not really a plan. "no long term"

CSDC not a typical Student Affairs experience for personnel. The demand level for service prevents. Where does it stop?

Outreach – underserved groups, OIP, LGBT, Vets, etc.

Scope of service: won't always satisfy clients. There are boundaries.

Unable to have longer term, other collaborations and committees on campus.

This is an institutional issue.

If you had to pick one desired position: Case Management for/with the Dean of Students.

SAUP funds CSDC to keep pace rather than planning new services. It is Reactive action rather than Proactive.

Students dissatisfaction: Major complaint (and with parents) referred out – told "could not receive services" But "only 10% are referred out"

Some go off campus for insurance and personal reasons.

Normally it works well with community providers.

Challenge: demand related. Student expectations.

Reactive vs Proactive.

Biggest struggle: personnel hard-working but "not enough" in the eyes of others.

Problems:

Salaries

Burn-out

Need positions: psychologist, MD

Realistic expectations of higher up admin; need understanding.

Communication with and education of campus on CSDC

Training of staff

No big ideas – not enough time for long range planning

████████████ **9:00 am**

Space Issue

-readdress mission: restricted to assessability -> referral

-Brief intervention model

Needs of Univ vs. Counseling
   Ex. Wait list not okay so now triage model

Students needing meds

Triage: More uniform intent (script) <u>15-20 mins</u>
   Brief Model: short term 6-8 sessions average

Like to move to seeing everybody

**More group formats (ex. Skill sessions) -> stress management, anxiety groups
   Program: "you got this"

Has to be done "all hands on deck"
   Cuts us off from JMU
   *We don't get out of Varner House
   We have no open space on calendar
   **We are now mental health professionals; we used to be student affairs professionals

Wait list or Triage

Break room in a new place

Policies: constant consult w/ attorneys

2nd party making evaluation, some of that could be done in house.
We know what is going to happen over at hospital=recommend partial treatment.

<u>No Time</u>
NEED: 2 full time psychiatrists

"someone who can prescribe medication"

Students want and need: ADD and ADHD=Tell me what to do lab

██████████████████ 10:00 AM

-space
-too busy to see each other
-demands really high
-short term and referring out

Triage: works really well
12 a day
Students not happy with referrals
First 20 minutes on computer ("I met with a computer")

*Would be nice to get outside of Varner, meet people
-really enjoyed teaching students
-not enough time to do JMU volunteer stuff

Team: great place to work, continues to improve.
-training is about everything

Policy:
-short term model is limiting (can still meet with two long term)
-sexual assault long term
-we are trusted to monitor our own case load

Suicide:
-David is huge support
-client vs. liability

More clinicians, more interns

**Case manager for Dean of Students
Psychiatric hours

Need: "You've Got It" program
Anxiety groups
Groups for non-clients (International)

All hands on deck
Stressed and Anxiety students

**Coaching, mentoring, freshman course

-opportunity to explain why we do what we do
-more resources for students to help themselves before they come to CSDC.

███████████████████████████████ **11:00**

Clients don't like triage, but it's efficient
Intake: Small room, computer, not what they expected

*Can intake person be their counselor?

-Enjoy and see benefits of getting out more
*Help with retention of staff
"CSDC mission first, if time other stuff"
Had to sacrifice time w/outside are of commitment when clinical load increased.

Policies: Comforting to know there's a protocol (New staff Jerod)
Purposeful policies
Easy to learn with consultation

Needs: Salary-VA difference
Support interns, externs and training

████████████████████████████ **(DON'T KNOW LAST**
~~NAME, AS WRITTEN)~~ **2:30**

+ David strength, very efficient, forward thinking,
Staff
- Not staffed enough, psychiatrist technology person

+ after hours coverage (call center instead)
Another psychiatrist
See people longer, like we want to do

Triage: easier to refer, quicker,
-miss some diagnosis

All hands on deck:
-missing primary prevention
-outreach
-missing JMU bigger community

Very welcoming, friendly
Work hard, play hard

Policies: good balance
Focus on risk/=because most important

Needs: Case manager
Technology
Psychiatrist
Long term care for students

Retention: Salary..
*Pharmacy on campus=in new building/ in March

CSDC Program Review 2013

Peer Analysis Subcommittee Report

The Peer Analysis Subcommittee was charged with contacting counseling centers at peer institutions to examine best practices and determine current trends in university counseling centers and to make recommendations based on the findings. The subcommittee members interviewed six counseling center directors at peer institutions. After the interviews, which are summarized in the appendix to this report, the subcommittee found a number of themes that are listed in the Key Findings section below. The subcommittee used these key findings to develop recommendations for the JMU Counseling & Student Development Center (CSDC). These can be found in the Key Subcommittee Recommendation section that follows the key findings.

Peer Analysis Subcommittee
Hugh Brown, Chair
Kent Diduch
Lennie Echterling
Paige Hawkins

Research description, methodology, and chronology

The Peer Analysis Subcommittee was charged with contacting the directors of six counseling centers at peer institutions to examine best practices and determine current trends in university counseling centers. The specific counseling centers were chosen by the Director of the CSDC for the similarity in size of their home institution or for the similarity in types of services they provide. Because the laws governing counseling centers can vary widely from state to state, half of the counseling centers we interviewed are located in the Commonwealth of Virginia.

The committee met on October 8, 2013 to develop questions to ask the counseling center directors. To develop our questions, we first examined the SWOT and other materials provided by the CSDC. We also interviewed Director David Onestak to get his input on possible questions. We developed and refined our questions over the next week and then started making contact with the directors. The seven questions we developed were as follows:

> 1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?
>
> 2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

3. How are you partnering with other campus resources to assist you in helping students?

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?

6. Do you have any statistics on your services (numbers of clients/counselors, etc.) or a recent SWOT analysis that you would be willing to share with us?

7. Are there other college or university counseling centers doing innovative things that we might want to contact?

Key subcommittee findings

1. Increasing numbers and severity of issues.

All of the counseling centers we contacted have experienced profound increases in both the number of clients and severity/complexity of the issues presented by the clients over the past few years. The increase in numbers has been disproportionately higher than the population growth on campus and has outpaced the increase in staff hired to accommodate the increases. The increased complexity of the issues presented includes increasing numbers of students coming to campus already having experienced significant mental health challenges; and many are medicated for these. There is a general feeling that students are less resilient than they have been in the past and have fewer coping skills. What used to be challenging issues for students, now feel like crises resulting in suicidal thoughts or actions, cutting, drug and alcohol abuse, etc.

2. Creativity in response to increasing demands

Each of the directors we spoke with indicated that they and their staffs have had to be extremely creative in responding to the increasing demands placed on them. Most have responded by adding a lot more therapy groups. Several have altered their intake processes and/or limited the number of sessions available to students. The general feeling was that these changes were working, but at a cost to the quality of service they feel they are able to provide.

3. Location

Several of the counseling centers are co-located with their student health services. In each of the cases where this is true, the results have been very positive. Staff report increased communication between departments and a more efficient ways in which to collaborate to provide more comprehensive intervention for students. The staff members in these centers find it easier to make referrals to each other, to check up on the progress of students and their treatment, to share appropriate medical information, and to provide joint outreach programming.

4. Case Management

Several counseling center directors reported that *case management beyond the time spent in individual therapy has been increasing dramatically. More than one center has added a case manager position to help with the increased workload.

*Case management defined here as "the use of a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes." (Fonthill Counseling, 2014)

5. Threat Assessment Teams

All of the counseling center directors we spoke with are directly involved in some sort of threat or behavioral assessment team that involves professional staff from multiple support offices on campus. Some of their campuses have multiple teams for dealing with different levels of concern. All of the directors reported an increasing reliance on the Dean of Students for leadership in dealing with the complex issues that are presented to the assessment teams. The general feeling was that the teams were very helpful for managing students in crisis, but they were very time-consuming for staff and lessened their availability for individual and group therapy. Additionally, there is an undocumented "feeling" that the presence and public recognition of the teams has lead to more students being identified as in need of intervention from the teams.

Key subcommittee recommendations

After reviewing the SWOT analysis and other documents provided in the program review binder, and comparing those with the subcommittee findings, we have developed the following recommendations for the Counseling and Student Development Center:

1. Increase the use of group therapy.

The JMU CSDC SWOT analysis indicated that the center is understaffed, that the center isn't able to keep up with JMU needs, and that there are currently limited referrals to group programs. Increasing the use of group therapy sessions would serve multiple purposes. The first would be to help manage the increasing numbers of clients experienced by the CSDC. It would also allow counselors more time for individual attention to students presenting more complex issues. Finally, a group format can offer additional therapeutic benefits of peer support, normalization, and cohesiveness. Nearly all of the directors we spoke with noted that this was the key strategy they employed to deal with these same issues. Broad vs specific topic groups are recommended (i.e. general anxiety or adjustment vs homesickness or relationship problems).

A related suggestion is to consider working with the University Health Center and University Recreation on some collaborative group activities that all three departments could use for referral for students with needs that are not specifically mental or physical health issues. Programs of this kind could act as preventative outlets for students who are experiencing physical and mental distress but who have not yet sought counseling or health services.

2. Market the move to the Student Success Center.

There are a number of concerns noted in the SWOT analysis about the CSDC's move to the Student Success Center in summer 2014. Some intentional marketing with students, faculty, staff, and parents will be critical. This will involve some "re-branding" from Varner House to Student Success. A multi-media approach involving posters, newspaper ads, website notices, and social media feeds is recommended. Personal outreach to key referral agents like the staff in Residence Life, Orientation, and Judicial Affairs is also recommended. A widely advertised open house for these staff members would increase their comfort in referring students to the CSDC.

3. Enhance relationship with University Health Center.

As indicated earlier, many of the counseling center directors we spoke with felt that co-location with the student health services was very desirable in terms of providing seamless comprehensive service to students and opening communication channels between the offices. We recommend that the staffs of both departments begin planning immediately for ways they can improve communication, share records as appropriate, and market this enhanced relationship to students, faculty, and staff. Consultation with the JMU legal counsel about how best to share information is recommended. Shared professional development opportunities should be explored. A shared marketing campaign regarding the move to the new center should also be considered to help students, staff and faculty find the centers following the moves.

4. Develop a resiliency outreach training curriculum.

Student resilience is a major issue noted by JMU CSDC staff and by a number of the directors at other institutions. We recommend that the CDSC develop an outreach training program on the topic and target populations for this outreach. This could be a peer or staff delivered program. The program should focus on helping students to recognize when their emotional responses to problems are out of proportion and also on developing effective coping skills.

Another suggestion is to develop some train-the-trainer workshops with established student leader groups (RAs, FROGs, Kijiji, MyMom, etc.) so they could conduct resiliency programs of their own.

5. Examine the H2H: Here to Help curriculum.

We encourage the H2H program facilitators to consider the benefits of focusing on student resiliency as part of H2H. Resilient students enjoy the "ups" and approach the "downs" with faith that they will be ok or even good in the long run. A focus of the program could be helping faculty and staff learn how better to support students through a difficult time and when referral to the CSDC is appropriate. Examining the current objectives and offering H2H as a CFI training as well as a direct program for all academic departments may maximize the impact of staff outreach. Finally, we recommend assessing the objectives and projected outcomes of the H2H program.

Notes

CSDC Program Review
Peer Analysis Subcommittee Report

Notes from discussions with counseling center directors

Appalachian State University, North Carolina

Enrollment, Fall 2013

- 17,838 total
- 16,025 undergraduate
- 1,813 graduate
- 2,883 first-time freshmen

Staff

████████████ , ABPP - Director, Psychologist

████████████ D. - Senior Associate Director, Director of Clinical Services, Assessment ████████ chologist

████████████ y.D. - Psychologist

████████████ h.D. - Associate Director, Director of Training, Psychologist

████████████ , MD - Psychiatrist

████████████ y. D. - Coordinator of Eating Concerns Program, Coordinator of Prevention &

████████████ sychologist

████████████ .D. - Co-Coordinator of Peer Career, Psychologist

████████████ LPA - Case Manager/Referral Coordinator

████████████ h.D. - Psychologist

████████████ Ph.D. - Psychologist

████████████ - Psychologist

Pre-Doctoral Interns
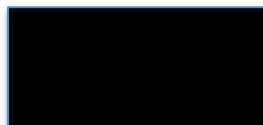
████████████ . Aspinwall, MA

████████████ re, MA

████████████ ore, Med

Administrative Staff
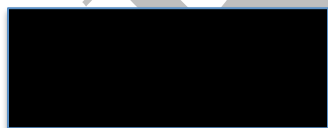
████████████ rative Support Associate

████████████ Administrative Support Associate

████████████ rk Administrator, Coordinator of Special Projects

Appalachian State University, North Carolina

Name & Title of person contacted: *Dr* ▮▮▮▮ *Director, Counseling & Psychological Services (also President of Association ▮▮▮▮ ity and College Counseling Center Directors)*

Date contacted: *November 25, 2013*

1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?

Appalachian State has a very successful group counseling program. ▮▮▮▮ *believes group counseling can be as effective as individual counseling. They have 10-12 groups in the fall semester and 14-16 in the spring semester. There are a number of different kinds of groups – the most popular is the "Understanding Self and Others" which includes students with depression, anxiety, trauma, etc. Other groups include "Painful Past, Promising Future" and groups with more narrow topics – LGBT issues, Transgender issues, Eating concerns. Occasionally they will have a Grief group.*

They frequently have waiting lists for the groups. Groups are very helpful but they tend to start at the beginning of a semester. It is difficult to get students with mid-semester concerns into a group until the following semester.

2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

Yes – both an increase in numbers and an increase in severity of presenting issues. Dr. Jones said that they have 10% more clients this year than last at the same point in time. The number of clients has increased 50% over the last five years. They are seeing many more emergencies, suicidal gestures, students with psychological disabilities (Aspergers) in crisis.

One of the main ways they have managed the increase is the formation of more groups. Another has been to move to seeing clients every other week instead of every week. They also refer more and more students to off-campus providers for assistance. And they still have a waiting list of 55 students!

3. How are you partnering with other campus resources to assist you in helping students?

There are three relatively new intervention teams on campus to deal with student issues. They are coordinated by the Dean of Students.

Early Intervention Team – a group of mostly faculty members who assess student issues that present themselves in classroom/academic settings (students not showing up for class, acting out in class, etc.). This team meets with the student and does an informal assessment of what's going on. Students with apparent psychological needs are referred to Counseling & Psychological Services. There is a counselor on the Early Intervention Team.

CARE Team – made up of representatives from around campus. Chaired by the Dean of Students. This team discusses students whose behavior is extreme or has come to the attention of someone and is deemed concerning. They discuss issues and make referrals and recommend interventions. The Associate Director of Counseling & Psychological Services is a member of this team.

Threat Assessment Team – Chaired by Chief of Police. Director of Counseling & Psychological Services is a member of the team. Threat Assessment Team deals with students who have made treats.

The existence of these teams has been great for creating a safety net for students, but has probably increased the numbers of students referred to Counseling & Psychological Services.

Counseling & Psychological Services also works closely with Disability Services, Academic Support, campus ministers.

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

See above. Counseling & Psychological Services takes the role of advising, consulting, and assessing on each of the teams listed in #3 above.

The Early Intervention Team and the CARE Team have probably intercepted a lot of things that used to go straight to the Threat Assessment Team which has helped that group manage the volume of concerns.

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?

█████ *has added a Referral Coordinator (case manager), a psychiatrist, a new counselor and a pre-Doctoral intern, as well as more groups, but the numbers of clients is outpacing the addition of staff. He even hires part-time staff at peak times of the semester. Some of his part-time staff are up to 52 hours of therapy per week!*

The biggest change has been the move to every-other-week therapy which he does not like at all. He called it the "least worst option."

6. Do you have any statistics on your services (numbers of clients/counselors, etc.) or a recent SWOT analysis that you would be willing to share with us?

Not really, but he did give me numbers earlier.

7. Are there other college or university counseling centers doing innovative things that we might want to contact?

Cornell, Duke, Florida (Therapist Assisted Online, see summary that follows), University of California – but these are all schools that are rich in resources.

███████entioned a think tank at the recent counseling centers directors conference. He said the talk was mostly about the "new normal" which is ever-increasing numbers of students needing counseling services and the increasing severity of their concerns. Counseling Centers across the country are overwhelmed with both the volume and severity of issues presented to them.
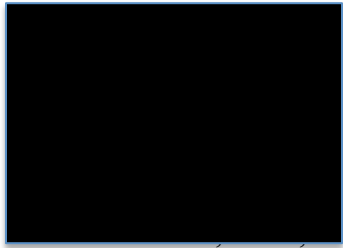
██████also spoke very highly of Dr. Onestak, praising his level-headed and creative approaches to solving problems.

Longwood University, Virginia

Enrollment:

• 4,834 total
• 4,355 undergraduates
• 1,064 freshman

Staff

████████████████ Psy.D., Director
████████████████ nselor/Training Coordinator
████████████████ ntern
████████████████ g Intern
████████████████ Intern
████████████████ ychiatrist (part-time)

Administrative Staff

████████ Administrative Assistant

Longwood University

Name & Title of person contacted: ████████████████ *Director, Counseling Center*

Date contacted: *November 15, 2013*

1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?

████ s very proud of her individual and group counseling services. Their individual ████████ has been strong for many years and they have recently made significant improvements in their group counseling. This is partly a response to the increasing demands on the center.

████████ also very proud of the training program they have for Masters level interns. She said that it is recognized as a leader in the region.

2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

Both! The complexity of issues being presented is a bigger problem. Increasing numbers of students are presenting complex histories and needing a much more complex therapy. The Counseling Center has had to rely more an more on the Dean of Students to help manage severe cases which need more help than the Counseling Center can provide.

One of the ways they have managed the increase in numbers is by providing more group therapy. Their Stress & Anxiety group is their largest and is growing.

They have also changed from a 50 minute intake session to a 30 minute consultation. The goals of the consultation are to assess the presenting problem and to create a treatment plan that may or may not involve therapy in the Counseling Center.

They have also done away with "standing appointments" for students (i.e. every Tuesday at 1:00 PM). Students now must schedule their next appointment when they finish the current one. This has slightly increased the number of days between appointments for students.

3. How are you partnering with other campus resources to assist you in helping students?

The Dean of Students coordinates a weekly CARE group and the Director is a part of that group. CARE focuses on students of concern who are not a threat to the community. This group is made up of professionals from a number of different offices.

The Dean of Students has increased the number of behavior contracts he does with students related to inappropriate or worrisome behavior. Sometimes this involves recommendations for counseling.

Longwood University

The Director runs a weekly support group for students with Disabilities in the Disability Services Office.

The Counseling Center works most closely with Student Health, the Dean of Students, and the Police as necessary.

There is a psychiatrist on contract to come to campus once per week from Lynchburg. It's not enough, but it's a start.

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

Yes. The Threat Assessment Team meets as needed to handle threatening situations. These can be student, faculty, staff or visitors. Professionals from across campus are pulled in as needed.

The CARE team meets weekly to work with students in distress.

The presence and activities of these two groups have increased the awareness of mental health issues on campus and given members of the community a way to identify problems. This has definitely increased the work of the Counseling Center.

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?

They moved to a new, wonderful center 5 years ago. They are now co-located with Student Health and also Recreation. They had big dreams of collaborating across departments but this has yet to be fully realized. Everyone is so busy. All three departments report to an Associate Dean for Wellness which has increased their communication and collaboration.

The Counseling Center has been able to add one new position in the last five years. Very helpful.
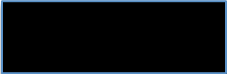
The change from 50 minute intake sessions to 30 minute consultations has been a major and positive change.

6. Do you have any statistics on your services (numbers of clients/counselors, etc.) or a recent SWOT analysis that you would be willing to share with us?

███████ *provided me with her last Annual Report.*

Longwood University

7. Are there other college or university counseling centers doing innovative things that we might want to contact?

██████████ *recently attended a conference with other Counseling Center directors. One of the major themes was "the new normal." Counseling Centers have been trying out new strategies in order to temporarily deal with new kinds of problems. They have been acting as if these problems were somehow temporary. They now see that the problems are here to stay and they need to find strategies to deal with the "new normal."*

She was particularly struck by the Skill to Service statement of the Counseling Center at UNC Charlotte and encouraged me to take a look.

University of Richmond, Virginia

Enrollment

- 4,140 total
- 2,983 undergraduates

Staff

█████████ n.D., Licensed Psychologist - Director
Ph.D., Licensed Psychologist
Licensed Professional Counselor
n.D., Licensed Professional Counselor
.D., Licensed Psychologist
D., Licensed Psychologist

Administrative Staff
█████████ Office Coordinator

University of Richmond, Virginia

Name & Title of person contacted: ███████████ *Director, Counseling & Psychological Services*

Date contacted: *November 6, 2013*

1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?

Networking with other offices - there is a counseling center provider assigned as a liaison to many campus programs out of the CAPS umbrella. Serves as a great outreach. Also serves as a great exposure of the counseling center to the students in alternative environments.
Collaborative staff - not as much subspecialization.
Independent contracting with psychiatrist from in town.

2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

Total student body is around 3900. Over the past twelve years (his tenure at UR) there has been a doubling of visits. There has been an increase in counseling staff from 3.4 to 6 FTEs. There are also two people a week who are independently contracted weekly for services. There is limited group counseling and support groups. There does not seem to be a critical mass. There is a grief, ADHD and substance abuse group.

3. How are you partnering with other campus resources to assist you in helping students? They are officially integrated with student health into a "center for health and well being"

There is a wellness committee made up of the counseling center, recreation department and student health that works to coordinate activities and programing.
Updating the website has been a very good thing. They integrated it with student health. There as a lot of tension and resistance in the process but since there has been a much better awareness of services and utilization of online resources.
http://wellness.richmond.edu/
Bystander intervention group - cross department/program intervention. Intended to make everyone accountable to intervene as and when able. Hope is to create a culture of caring on campus. Early foci: alcohol abuse, hazing, discrimination, eating disorders, depression.
Case manager - housed in the dean's office; serves as a liaison between counseling center, health center and student life. This person keeps tabs on the high risk patients to make sure they are following up with appointments and other aspects of their student life.

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

There is an emergency service. This used to include a phone call to the counseling center first but that rarely worked. Now, if there is a campus emergency, campus police are contacted first. The RAs and ACs are able to access a counseling center person on call at all times.

Most acute referrals are sent directly to the hospital for assessment. There is crisis coverage/available counseling slots every afternoon from 3-5 PM.
There is a treat assessment team - counseling center, student health and dean of students
There is an eating disorder treatment team that meets monthly and can include a mandated assessment.

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?
Increased complexity of issues on campus that are being managed on campus
Managing the increased counseling center staff size - growing pains of department management

Increase in demand. Increased expectations (post Va Tech)
Increase in case management time required by each staff person. Rough estimate is that about 1/3 of time is spent with case management and not face to face counseling.

6. Do you have any statistics on your services (numbers of clients/counselors, etc.) or a recent SWOT analysis that you would be willing to share with us?
No SWOT recently.

No.

7. Are there other college or university counseling centers doing innovative things that we might want to contact?

I would love to have a crisis stabilization unit for those individuals who are disruptive and not stable in their current housing arrangement (dorm or apartment) but not admitable to the hospital.

I would love to increase our wellness mentoring program. St. Mary's College in Maryland has a good program for this where they have integrated services from their recreation center. Athletes are teamed up with students to be a personal trainer.
http://www.collegecounseling.org/wp-content/uploads/ImplementingWellnessProgram.pdf

I would love to have more mindfulness programing - group setting, skill development, to help with stress and anxiety

It would be helpful to be under the same roof as the student health center to better communicate and collaborate.

University of Vermont

Enrollment
- 9,970 undergraduates
- 1,317 graduate students
- 454 medical students

Staff (main campus)

████████ rector of Counseling and Psychiatry Services
████████ tant Director for Prevention & Community-Based Services
████████ rist
████████ rist
████████ hiatrist
████████ ior Staff Psychologist at CAPS
████████ enior Staff Psychologist at CAPS
████████ CMHC. Urgent Care Coordinator
████████ Staff Psychologist at CAPS
████████ W - Senior Staff Counselor
████████ ISW, LICSW - Triage Counselor for CAPS
████████ staff member at CAPS
████████ IC, NCC - Men's Outreach Coordinator and a Senior Staff Counselor
████████ Marketing Director for the Center for Health & Wellbeing at UVM
████████ versees Safer Sex and Sexual Health Education and Training and
████████ Recovery Community
████████ th educator

Redstone Office (satellite campus)
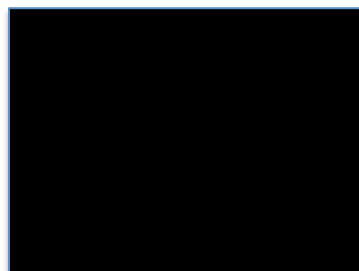
████████ D - Assistant Director for Training and coordinator of the CAPS

████████ nselor at CAPS Redstone
████████ MHC - Staff counselor and case manager at Redstone Office
████████ or Health Care Counselor at the Redstone office.
████████ Staff Counselor at CAPS Redstone
████████ MHC - Senior Staff Counselor at CAPS Redstone

Interns

████████
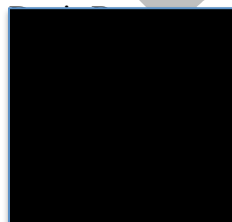
Administrative Staff

████████ BA

SW
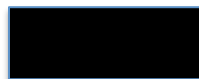
University of Vermont

Name & Title of person contacted: ███████████ *Director, Counseling and Psychiatry Services*

Date contacted: *November 12, 2013*

1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?

Outreach - "Living Well" program focusing on prevention of mental Illness and screening for early signs/symptoms.
Balanced Rapid access and short term counseling - same day appointments staffed by all employees. Each employee has one or two slots available every day. Then they can refer out for long term care or keep the patient. This flexibility has worked well.
Enough providers to have subspecialization
Active group meeting program - even have a recovery housing program - abstinence housing arrangement

2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

There has been an increase over time
To meet this need, there has been an increase in staff, which led to an increase in access, an increase in satisfaction and then another increase in utilization
Some increase in complexity - they have increased their psychiatrist availability to 2.4 FTEs.
These psychiatrists are now housed in the counseling center and not at student health

3. How are you partnering with other campus resources to assist you in helping students?
They are officially integrated with student health into a "center for health and well being"

There are two counseling centers on campus and neither is under the same roof as student health
Having integration has been good for dialogue. Having different roofs has been good to maintain independence.
"Let's talk" consultation services - counseling services away from the counseling center. One site is at the multicultural center, another is at the medical school. Casual setting, less formal counseling sessions. Less intimidating. More accommodating and inviting because it is on 'their turf'.
Mindfulness programing - because of the shared space that the counseling center has in the campus center; allows for mindful eating and mindful recreation programing
looking towards a men's outreach coordinator to help with sexual assault intervention/prevention/education

University of Vermont

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

CARE team - multi disciplined team to monitor students on 'the radar'; serves as a road show for other campus bodies (academic, Greek life, etc.) to inform them of services available on campus.
Threat/Safety response team has informally grown out of this care team.
There is an assistant dean whose primary job is to be a conduit between academics and student life and the counseling center.

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?
Increased complexity of issues on campus that are being managed on campus
Managing the increased counseling center staff size - growing pains of department management

Shared electronic medical record with student health - shared access when appropriate and confidentiality of counseling center records. This has been a contention for both the counseling center and the student health center. The tensions have relaxed as the counseling center has seen the student health center as peers/healthcare professional colleagues. But that perspective has been slow to develop.

6. Do you have any statistics on your services (numbers of clients/counselors, etc.) or a recent SWOT analysis that you would be willing to share with us?

No SWOT recently.
Are working on a few strategic planning Issues:
      binge drinking; psychotropic substance abuse - culture intervention/education
program
      national college depression program - student health center performing depression
screening routinely to aid in early identification and referral
Still feels like collaborative care between counseling center and student health center needs to improve.

7. Are there other college or university counseling centers doing innovative things that we might want to contact?

Cornell started the "Let's Talk" program. But they are very well funded. UCLA has a lot of group programs and wellness programs.

University of West Florida

Enrollment – Fall 2013

- 10,158 undergraduate
- 2,430 graduate

Staff

Ph.D., *Licensed Psychologist, Assistant Vice President, Student Affairs,* ng *& Psychological Services*

, ABPP, *Psychologist, Assoc. Director, Clinical Services/Training Director*

.D. *Licensed Psychologist*
D. *Licensed Psychologist*
MEd., M.S., LMHC *Licensed Mental Health Counselor*
)., LMHC *Licensed Mental Health Counselor*
M.A., LMHC *Licensed Mental Health Counselor*

Part-Time Counselors

C, CAP *Licensed Mental Health Counselor*
PhD, LMHC, NCC - *Licensed Mental Health Counselor*

Interns

Office Staff

Office Administrator

Program Specialist
, *Office Specialist*
oordinator

University of West Florida

Name & Title of person contacted: ██████████ *Director, Counseling Services*

Date contacted: *November 8, 2013*

What do you consider to be the best or most effective part of your counseling center and services and how do you do it?

Providing quality care that enables students to be persistent
Retention of students who seek care
Commitment to prevention services
Qualified clinicians (dedication/expertise in subpopulation)
Masters and PostDoc training program - 3-6 trainees of various levels at any time, effective supervision
Comprehensive approach - biofeeback, living well workshops, group psychotherapy
Flexible to the platforms for reaching students effectively

Living well group, once a week - freshmen year experience classes credit and leadership certificate program encourages students to attend. Racial identify, stress and time management, how has gaming satisfied needs and created dilemmas, etc…
Living well is tailored to the needs of student, 4-year model

In the process of developing a poster campaign on resilience, sleep hygiene - trying to be visible where students already are.

2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

Difficult to answer. As compared to 20 years ago…yes.
Perhaps in the last 10 years
Ebs and flows - her experience has shown that admission requirements have influenced center use rates. Those who were not prepared for the academic rigor suffered.

3. How are you partnering with other campus resources to assist you in helping students?

Didn't get to this question

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

Very positive, increased relationships in a "profoundly good way"
Established trust among colleagues - they view her as reasonable and trustworthy. In return trust is established for her team.

Center is "no longer an isolated whatever anymore"

They realize she and her team can provide guidance, they use her expertise to examine opportunity to reconsider situations.

They are much broader than threat assessment, "care team"
Colleagues have learned that "the magic wand does not exist" - they understand the need for a release of information, just because a student is engaged with the center does not make everything ok
Care team is well respected, students even refer their friends/roommates to the care team

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?

Budgets have not caught up - social psychologist have historically been "teachers" willing to work for less, competing against private and VA's who are paying 30,40 more a year with the same benefits.

In addition, private provides freedom and flexibility - often women in the field who find that freedom appealing
Recruiting and retaining quality staff is a concern

Stigma has been reduced - two years ago 7% enrollment increase and 32% use increase - "how can we keep up with that when there are no additional resources"

no new funds - "what else are we going to do?" = resilience skills, trying to develop an outreach for resiliency
Campus-wide training in psychological first-aid
By stander - reaching out and connecting with others
Challenging students to go against the tweeting/facebook superficial relationships and way of communicating
Distinguish between "life issues" and "counseling issues" = meet demand in the center while changing the culture to build resiliency

6. Do you have any statistics on your services (numbers of clients/counselors, etc) or a recent SWOT analysis that you would be willing to share with us?

SWOT will be emailed to Paige

7. Are there other college or university counseling centers doing innovative things that we might want to contact?

Didn't get time

Other:

"David is extraordinary; a level headed thinker you want to keep around"
Virginia Commonwealth University, Virginia

Enrollment

- 31,288 total students
- 22,000+ undergraduates

Staff
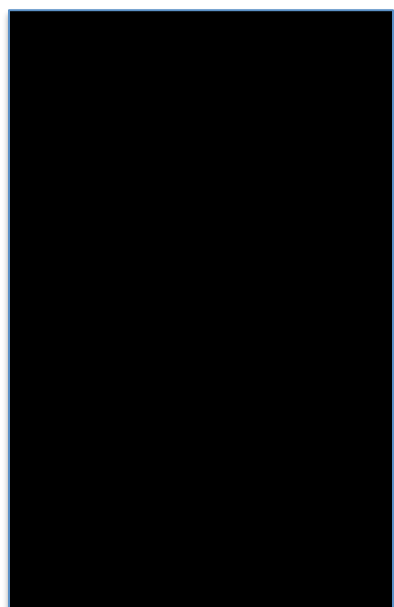
Psychologist**, Director**
'A, DFAACAP- Senior Staff Psychiatrist Joy G. Bressler, Ph.D,
ciate Director for Clinical Services
Ph.D, Clinical Psychologist, **Associate Director for Training**

cal Psychologist, **Coordinator of Outreach**
Substance Abuse Specialist
inical Psychologist, **African American Student Outreach**

linical Social Worker, **Clinical Case Manager**
nator of Friday Clinical Consult
Psychologist**, Coordinator, Supervision of Supervision**
ical Psychologist, **Coordinator of Psychology Practicum, Safe**

Psychologist **- DBT Specialist**
sed Clinical Social Worker **- Coordinator for Groups**

Contract Employees
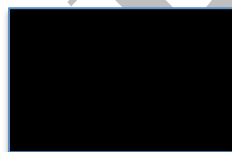
Ph.D, LCP, CC-AASP
cher, Ph.D, LCP
3A (ABD)

Administrative & Office Staff
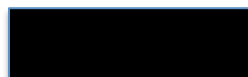
Administrative Assistant, MCV Campus

Final Version: February 24, 2014

Virginia Commonwealth University, Virginia

Name & Title of person contacted: ███████████████ *Counseling Services*

Date contacted: *December 9, 2013*

1. What do you consider to be the best or most effective part of your counseling center and services and how do you do it?

Suicide assessment - They provide focused training and use a CAMS screening tool. They also do excellent outreach to faculty, staff and students engaging them as partners in detection of signs and seeking resources when they believe there may be a concern.

Group psychotherapy - is well received at VCU. At any time there are 10-12 groups with 10-12 students participating. These are general process groups, not topic based. Groups take some burden off clinicians for 1:1 sessions.

Most effective perhaps is their commitment to ongoing professional development and training. Historically, clinicians have not expected the significant mental health concerns seen today on college campuses – preparing new and keep seasoned colleagues sharp, especially in trauma response is key. The Power of a Counseling Center is in its people – resources must be dedicated to staff so that human connections can be made and change can occur – this investment should be a greatest priority – without it, regardless of effort, the center will struggle

2. Are you seeing an increase in either the number of students seeking assistance or an increase in severity of the issues presented? If so, how have you managed the increase?

Absolutely! Adding groups has helped mitigate wait time. Hiring a full time clinical case manager for intake as well as community referral has been essential. In the past three years, VCU has shown a commitment by providing funding for both full and part time staff. Again, Dr. Aziz stressed this as a critical foundation.

3. How are you partnering with other campus resources to assist you in helping students?

Perhaps the most effective partnership has been outreach during faculty meetings. They request time on department agendas and provide skills training to identify and refer a student in distress. Teaching faculty responded well. He's always surprised at the number of faculty who are not familiar with the services they provide. They spend a lot of time processing with faculty example for immediate referral vs. what may not be an appropriate referral.

4. Are you part of a threat assessment team on your campus? If so, in what ways does that team affect your center?

Being part of a threat assessment team has not significantly impacted the center at VCU. He feels fortunate to work with colleagues who respect boundaries and trust that the center is making decisions that are in the best interest of the student and the community. It's a good partnership with only positive outcomes.

5. What have been the biggest changes you have had with your counseling center over the past 5 years and how have you adapted to these changes?

*The increase in demand and severity of issue presenting has been the greatest change and challenge. His advice ... **Retention of staff is crucial**. A competitive salary cannot be sacrificed. The investment of training and networking within a college community is not easily replaced. New staff members are not always well equipped to manage the significant mental health concerns on a college campus today. Not maintaining staff with significant experience, in his belief, is a liability. Again – "the power is in the people".*

APPENDIX 1

SAUP Program Review
Counseling & Student Development Center
Draft Analysis - Client Evaluation Survey Results
Prepared: November 15, 2013

METHODOLOGY
This survey was administered by the Counseling & Student Development Center utilizing Qualtrics and sent to students via email. All students who completed the survey did so anonymously. There were two criteria that had to be met in order for students at the CSDC to receive this survey.
1st - Only students who gave permission for the CSDC to contact them through email were given this survey.

2nd - Students had to have had at least one appointment that year.

QUALIFIERS
There are several factors that should be taken into consideration when interpreting the findings of this data.
1. Depth of Analysis: There were no statistical significance tests conducted in the analyses—all interpretations were based off of visual analyses of the data.
2. Response Rate: There was between a sixteen and twenty percent response rate for this survey, meaning that of the total number of clients at the CSDC, between sixteen and twenty percent are represented in this data. Caution should be exercised when making findings and/or recommendations.
3. Student Demographics: Of those students who chose to respond to the survey, 15% were male, and 84% were female (about one percent did not specify). While JMU's gender demographics have remained relatively constant for the past 4 years (around 40% male and 60% female), the findings mentioned below are not representative of our current student body but focus primarily on White females.

Number of clients, Number of surveys sent, Number of surveys completed

Acad Year	Students Seen	Survey Invites Sent	Surveys completed	% of clients who completed survey
09-10	1,291	1,334	258	19.9%
10-11	1,427	1,503	276	19.3%
11-12	1,383	1,463	295	21.3%
12-13	1,425	1,520	237	16.6%

- The number of students seen in the CSDC each year is different than the number of students who are sent the survey each year for two reasons:
  - Not all students give permission to be contacted via email, and
  - Students who had visits during both the fall and spring will get invitations each semester.

Item1: The staff and physical environment helped me feel welcomed and accepted.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	n/a	n/a	n/a	n/a	n/a	n/a
10 - 11	n/a	n/a	n/a	n/a	n/a	n/a
11 - 12	61.77%	35.84%	1.02%	0.68%	0.68%	293
12 - 13	58.37%	37.77%	3.00%	0.86%	0.00%	233

Summary:

Most students tend to agree that the staff and physical environment helped them feel welcomed and accepted.

- In '11-'12, 97.61% of students either agreed or strongly agreed. In '12-13, 96.14% of students either agreed or strongly agreed.
- There was a 3% decrease in the percentage of students who strongly agreed from '11-'12 to '12-'13, but in this same timeframe, there was a 2% increase in the percentage of students who generally agreed.
- From '11-'12 to '12-'13 there was a 2% increase in the number of students who generally disagreed.
- Less than one percent of students strongly disagrees or thinks that this question does not apply.

Recommendations:

Consider turning this question into two items. One that focuses on staff and the other that focuses on the physical environment.

Item 2: I found the receptionists helpful and professional.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	53.70%	43.97%	1.95%	0.39%	0.00%	257
10 - 11	52.01%	43.96%	1.10%	2.20%	0.73%	273
11 - 12	58.97%	37.24%	3.10%	0.34%	0.34%	293
12 - 13	53.42%	44.87%	0.43%	1.28%	0.00%	234

Summary:

Most students Agreed/Strongly Agreed that the receptionists were helpful and professional.

- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 97.67%
  - '10-'11: 95.97%
  - '11-'12: 96.71%
  - '12-'13: 98.29%
- The highest percentage strongly disagreed in '10-'11.
  The highest percentage strongly agreed the following year ('11-'12).
- Over the past 4 years, less than one percent of students think that this question does not apply.

- The lowest rate of strong and general disagreement was '12-'13.
- Similarly, the highest rate of strong and general agreement was '12-'13.

Item 3: I was able to get an initial counseling appointment within a reasonable period of time.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	64.84%	33.59%	1.17%	0.39%	0.00%	256
10 - 11	60.66%	33.46%	3.68%	1.10%	1.10%	272
11 - 12	65.19%	30.38%	2.73%	1.02%	0.68%	293
12 - 13	54.74%	38.79%	6.03%	0.43%	0.00%	232

Summary:
More than 93% of students Agreed or Strongly Agreed that they were able to get an initial counseling appointment within a reasonable period of time..

- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 98.43%
  - '10-'11: 94.12%
  - '11-'12: 95.57%
  - '12-'13: 93.53%
- This past year ('12-'13) people tended to disagree more than any of the previous years about being able to get an appointment within a reasonable period of time. This seems odd considering that there were the least number of respondents this past year.
- There was the highest rate of strong agreement the year before ('11-'12) when there were the most respondents.

Item 4: I was able to schedule additional appointments within a reasonable period of time.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	57.36%	32.95%	3.10%	0.39%	6.20%	258
10 - 11	56.67%	31.48%	4.44%	1.85%	5.56%	270
11 - 12	63.45%	30.00%	1.72%	0.69%	4.14%	290
12 - 13	57.94%	36.48%	3.43%	0.00%	2.15%	233

Summary:
Greater than 88% of students reported that they were able to schedule additional appointments within a reasonable period of time. The lowest rate of agreement occurred in '10-'11, and during this year about 6% percent of students disagreed, and 5.5% of students did not think this statement applied.

- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 90.31%
  - '10-'11: 88.15%
  - '11-'12: 93.45%
  - '12-'13: 94.42%

- This past year ('12-13), nobody strongly disagreed.
- Over the past 4 years, there has been a downward trend in the percentage of students who thought that this question does not apply.

Item 5: My counselor began our sessions on or close to the scheduled time.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	63.92%	32.55%	1.96%	0.78%	0.78%	255
10 - 11	65.43%	30.11%	2.60%	1.12%	0.74%	269
11 - 12	72.01%	25.60%	1.71%	0.34%	0.34%	293
12 - 13	62.23%	34.76%	1.72%	0.43%	0.86%	233

Summary:
Greater than 95% of students felt that their counselor began their sessions on or close to the scheduled time.
- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 96.47%
  - '10-'11: 95.54%
  - '11-'12: 97.61%
  - '12-'13: 96.99%
- Highest rate of strong agreement was in '11-'12
- Highest rate of strong (and general) disagreement was in '10-'11.
- Up until '12-'13, there was an upward trend in the percentage of students who strongly agreed.
- Over the past 4 years, less than 1% of students thought that this question did not apply.

Item 6: My counselor understood my concerns.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	62.50%	27.34%	5.47%	3.91%	0.78%	256
10 - 11	68.27%	23.62%	4.43%	3.32%	0.37%	271
11 - 12	67.59%	26.55%	2.76%	3.10%	0.00%	290
12 - 13	66.38%	26.72%	3.45%	3.02%	0.43%	232

Summary:
More than 88% of students feel that their counselor understood their concerns.
- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 88.84%
  - '10-'11: 91.89%
  - '11-'12: 94.14%
  - '12-'13: 93.10%

- Over the past 4 years, between 5 and 9% of students either disagreed or strongly disagreed with this statement.
- '09-'10 had the lowest rate of strong agreement, but the highest rate of general agreement out of the past 4 years.
- '09-'10 also had the highest rate of strong disagreement/ general disagreement out of the past 4 years.

Item 7: My counselor challenged me to explore difficult topics and/or feelings.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	53.10%	35.66%	7.75%	1.55%	1.94%	258
10 - 11	55.11%	32.48%	6.93%	2.55%	2.92%	274
11 - 12	57.73%	29.90%	6.53%	2.75%	3.09%	291
12 - 13	51.72%	38.36%	5.60%	1.72%	2.59%	232

Summary:
More than 80% of students felt that their counselor challenged them to explore difficult topics or feeling. Yet, compared to other questions, a smaller percentage of students agreed with this question.

- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 88.76%
  - '10-'11: 81.59%
  - '11-'12: 87.63%
  - '12-'13: 90.08%
- Up until '12-'13, there was an upward trend in the percentage of students who strongly agreed with this statement. There was also a corresponding downward trend in the percentage of students who generally agreed (again up until '12-'13).
- Over the past 4 years, there was a downward trend in the percentage of students who disagreed.
- Between 6 and 9% of students agree and strongly disagree with this statement.
- This past year ('12-'13) had the highest rate of general and strong agreement.

Item 8: My counselor was fully attentive during sessions.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	69.77%	26.36%	1.94%	1.16%	0.78%	258
10 - 11	76.01%	19.19%	2.58%	1.11%	1.11%	271
11 - 12	78.89%	19.03%	1.73%	0.00%	0.35%	289
12 - 13	75.00%	22.84%	1.72%	0.00%	0.43%	232

Summary:
More than 95% of students agree or strongly agree that their counselor was fully attentive during their sessions.

- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 96.13%
  - '10-'11: 95.20%
  - '11-'12: 97.92%
  - '12-'13: 97.84%
- Compared to all other statements in this questionnaire, this was the most overall strongly agreed with statement.
- Between '11 and '13, zero percent of students strongly disagreed.
- Over the past 4 years, there has been a downward trend in the percentage of students who strongly disagreed.

Item 9: My counselor seemed skilled and competent.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	65.10%	27.45%	4.31%	1.57%	1.57%	255
10 - 11	71.75%	19.70%	4.46%	3.35%	0.74%	269
11 - 12	68.51%	26.64%	4.15%	0.35%	0.35%	289
12 - 13	68.80%	23.93%	5.13%	1.28%	0.85%	234

Summary:
More than 91% of students felt that their counselor was skilled and competent.
- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 92.55%
  - '10-'11: 91.45%
  - '11-'12: 95.15%
  - '12-'13: 92.73%
- The highest percentage of students strongly disagreed in '10-'11.
- The lowest percentage of students strongly disagreed in '11-'12

Item 10: My counselor would be my first choice if I decided to return to counseling.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	54.47%	24.12%	8.17%	9.34%	3.89%	257
10 - 11	61.54%	18.68%	9.16%	8.42%	2.20%	273
11 - 12	60.90%	21.11%	11.07%	5.19%	1.73%	289
12 - 13	57.51%	26.18%	6.87%	6.01%	3.43%	233

Summary:
Over 4 years the percentage of students who would choose their current counselor again increased from 79% to 84%.
- Percentage of students that either agreed or strongly agreed:
  - '09-'10: 78.59%
  - '10-'11: 80.22%

'11-'12: 82.01%
'12-'13: 83.69%

- Except for '11-'12, there was about an equal amount of strong disagreements and disagreements.
- This was the most strongly disagreed with statement.

Item 11: I feel sure that information about me will be kept completely confidential.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	69.65%	27.63%	1.56%	0.00%	1.17%	257
10 - 11	70.37%	24.07%	3.70%	1.85%	0.00%	270
11 - 12	74.31%	22.92%	1.74%	1.04%	0.00%	288
12 - 13	74.25%	24.46%	0.43%	0.86%	0.00%	233

Summary:
More than 94% of students agreed/strongly agreed that their information would be kept confidential.
- Percentage of students that either agreed or strongly agreed:
  '09-'10: 97.28%
  '10-'11: 94.44%
  '11-'12: 97.23%
  '12-'13: 98.71%
- This is the second most overall strongly agreed with question.
- Over the past 3 years ('10-'13), zero percent of students did not think that this statement applied.
- In '09-'10, zero percentage of students strongly disagreed with this statement.

Item 12: I am now better prepared to work through future problems on my own.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	36.05%	43.02%	12.02%	3.10%	5.81%	258
10 - 11	33.46%	45.22%	10.29%	5.15%	5.88%	272
11 - 12	42.07%	41.38%	10.00%	1.38%	5.17%	290
12 - 13	35.78%	42.67%	9.05%	2.59%	9.91%	232

Summary:
More than 78% of students felt better prepared to work through future problems on their own.

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- Percentage of students that either agreed or strongly agreed:
    - '09-'10: 79.07%
    - '10-'11: 78.68%
    - '11-'12: 83.45%
    - '12-'13: 78.45%
- There has been a downward trend in how many people generally disagree.
- The highest percentage of students thought this question did not apply in '12-'13.

Item 13: Counseling has helped me improve my academic focus and performance.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	18.29%	35.02%	11.67%	2.33%	32.68%	257
10 - 11	21.17%	33.58%	12.41%	7.30%	25.55%	274
11 - 12	21.03%	39.31%	13.10%	2.07%	24.48%	290
12 - 13	19.05%	35.50%	15.15%	2.16%	28.14%	231

Summary:

While generally more than half students felt that counseling helped improve their academic focus and performance, a relatively high percentage (25% to 33%) thought that this question did not apply.

- Percentage of students that either agreed or strongly agreed:
    - '09-'10: 53.31%
    - '10-'11: 54.75%
    - '11-'12: 60.34%
    - '12-'13: 54.55%
- Students tend to think this question does not apply.
- There has been an increasing trend in how many students generally disagree with this statement.

Recommendations:

Consider revising the question to identify either academic focus or academic performance improvement as a result of counseling.

Item 14: As a result of the work I've done in counseling, I am more likely to stay in school.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	19.07%	24.12%	3.89%	1.56%	51.36%	257
10 - 11	24.91%	20.88%	8.79%	3.30%	42.12%	273
11 - 12	24.74%	24.74%	4.81%	1.37%	44.33%	291
12 - 13	27.04%	20.60%	5.58%	0.86%	45.92%	233

Summary:

There were a high percentage of students who did not think that this question applied.

- Percentage of students that either agreed or strongly agreed:
    - '09-'10: 43.19%
    - '10-'11: 45.79%
    - '11-'12: 49.48%
    - '12-'13: 47.64%
- Students tend to think this question does not apply
- '10-'11 had the highest percentage of disagreement out of the past 4 years.

Item 15: Counseling has helped me become better able to communicate my needs and feelings.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	n/a	n/a	n/a	n/a	n/a	n/a
10 - 11	n/a	n/a	n/a	n/a	n/a	n/a
11 - 12	41.58%	41.24%	7.56%	2.06%	7.56%	291
12 - 13	36.48%	42.06%	8.58%	3.00%	9.87%	233

Summary:
While the past two years indicate strongly indicate that counseling has helped them to better communicate their needs and feelings, there is not enough data to identify any trends.
- Percentage of students that either agreed or strongly agreed:
    - '11-'12: 82.82%
    - '12-'13: 78.54%
- There is not enough data to identify trends.
- From '11-'12 to '12-'13, there was a 5% decrease in the number of students who strongly agreed, and a 2% increase in the number of students who disagreed overall (strongly as well as just disagreed).
- From '11-'12, there was a 2% increase in the number of students who did not think this question applied.

Item 16: As a result of my counseling, I can tolerate negative emotions when things are out of my control.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	n/a	n/a	n/a	n/a	n/a	n/a
10 - 11	n/a	n/a	n/a	n/a	n/a	n/a
11 - 12	23.97%	48.97%	13.01%	1.37%	12.67%	292
12 - 13	23.08%	45.73%	13.68%	2.14%	15.38%	234

Summary:
Over the past 2 years, 69% to 73% of student agreed/strongly agreed that the counseling they received enabled them to tolerate negative emotions when things are out of control.
- Percentage of students that either agreed or strongly agreed:
    - '11-'12: 72.94%
    - '12-'13: 68.81%
- This question has only been asked in the past 2 years.
- This was one of the most disagreed with statements.
- In '12-'13, more students thought this statement did not apply than "disagreed

Item 17: I would recommend the CSDC to my friends.

Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply	# of Respondents
09 - 10	60.94%	28.52%	5.08%	3.91%	1.56%	256
10 - 11	56.41%	32.60%	4.03%	4.03%	2.93%	273
11 - 12	60.82%	31.27%	3.09%	3.09%	1.72%	291
12 - 13	63.79%	31.47%	1.72%	1.72%	1.29%	232

Summary:

Over the past 4 years, the percentage of students who reported that they would recommend the CSDC to their friends ranged from 89% to 95%.

- Percentage of students that either agreed or strongly agreed:
    '09-'10: 89.46%
    '10-'11: 89.01%
    '11-'12: 92.09%
    '12-'13: 95.26%
- The exact same percentage of students disagreed and strongly disagreed in '12-'13.
- Over the past 4 years, there has been a decreasing trend in the percentage of students who disagreed.
- '12-'13 had the highest percentage of strong agreement.

Item 18: Overall improvement level

Year	Much	Some	None	# of Respondents
09 - 10	42.41%	48.64%	8.95%	257
10 - 11	44.98%	44.24%	10.78%	269
11 - 12	48.62%	43.45%	7.93%	290
12 - 13	38.53%	51.95%	9.52%	231

Summary:

Over the past 4 years, 38-48% of students felt as though they experienced much improvement after CSDC involvement and 43-52% reported at least some improvement. Conversely, over the same time period, between 8 and 11% of students thought that they did not improve at all after counseling.

ETHNICITY OF CSDC CLIENTS ('09-'13)
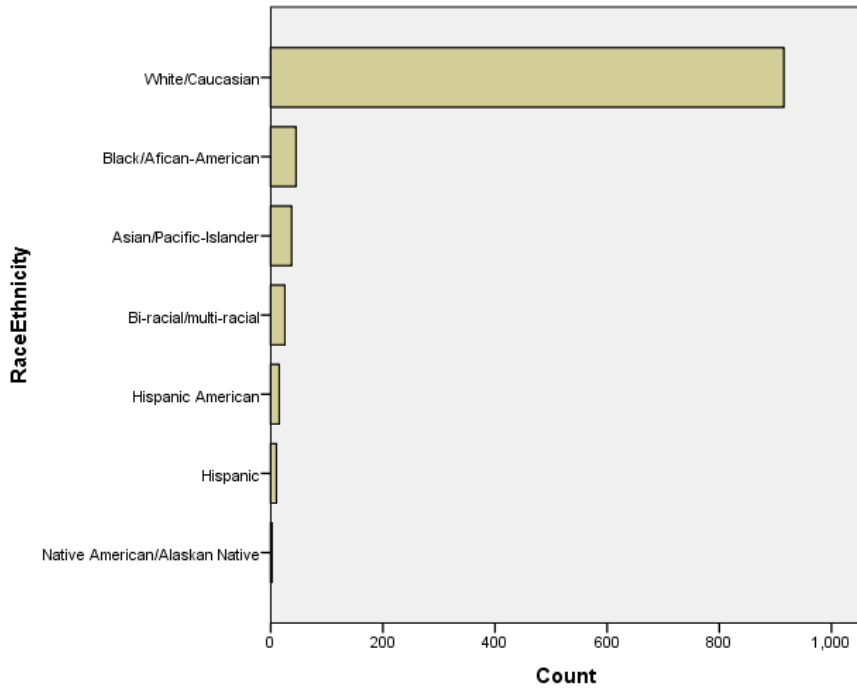
ACADEMIC LEVEL OF CSDC STUDENTS ('09-'13)
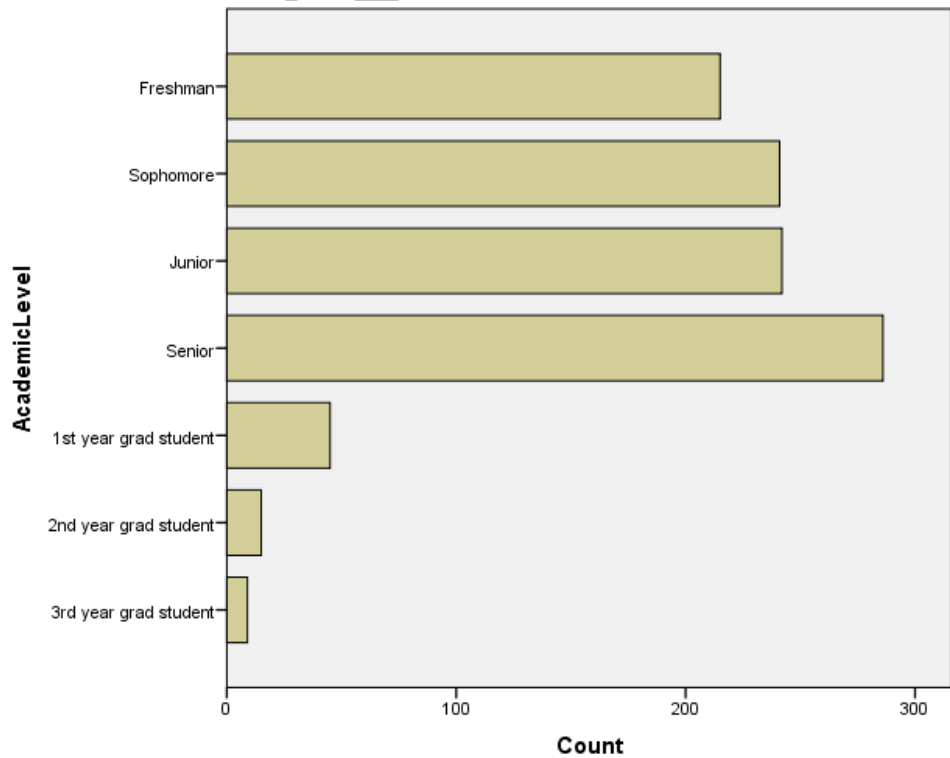
SAUP Program Review
Counseling and Student Development Center
Survey Results - Faculty/Staff Perceptions and Needs
Prepared: January 24, 2014

1. Please select which best defines your position at JMU:

#	Answer		Response	%
1	Teaching Faculty		63	46%
2	Administrative and Professional Faculty		71	52%
3	Classified Staff		3	2%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.56
Variance	0.29
Standard Deviation	0.54
Total Responses	137

2. Please select the option that best defines your years of service at JMU:

#	Answer		Response	%
1	Less than 3 years		33	24%
2	3 -5 years		18	13%
3	6 -10 years		28	20%
4	More than 10 years		58	42%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	4

Mean	2.81
Variance	1.49
Standard Deviation	1.22
Total Responses	137

3. How many students do you refer annually to the CSDC:

#	Answer		Response	%
1	1-2 students		58	42%
2	3 -5 students		22	16%
3	6-8 students		5	4%
4	8-10 students		4	3%
5	More than 10 students		10	7%
6	None		38	28%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	3.00
Variance	4.71
Standard Deviation	2.17
Total Responses	137

4. The CSDC is currently located in Varner House. Are you aware of its new location as of fall 2014?

#	Answer		Response	%
1	Yes		78	57%
2	No		59	43%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.43
Variance	0.25

Standard Deviation	0.50
Total Responses	137

5. The CSDC offers consultation services for faculty/staff who are concerned about unusual, problematic or potentially harmful behavior of students.

Are you aware of this service?

#	Answer		Response	%
1	Yes		105	77%
2	No		32	23%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.23
Variance	0.18
Standard Deviation	0.42
Total Responses	137

Have you utilized this service in the past year?

#	Answer		Response	%
1	Yes		28	20%
2	No		109	80%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.80
Variance	0.16
Standard Deviation	0.40
Total Responses	137

Have you ever utilized this service?

#	Answer		Response	%
1	Yes		51	37%

2	No		86	63%
	Total		137	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.63
Variance	0.24
Standard Deviation	0.49
Total Responses	137

If yes, do you feel better equipped to help students?

#	Answer		Response	%
4	Yes		42	33%
5	No		6	5%
6	Does not apply		81	63%
	Total		129	100%

Statistic	Value
Min Value	4
Max Value	6
Mean	5.30
Variance	0.87
Standard Deviation	0.93
Total Responses	129

6. The CSDC offers outreach services for faculty/staff. Those services include the following workshop sessions: (1) Long Distance (2) Relationships Dealing with Difficult People (3) Assertiveness (4) Diversity Awareness (5) How to Help a Friend with an Eating Disorder (6) Intimacy in Relationships (7) Self-Esteem (8) Time Management (9) Depression in Men (10) Conflict Resolution (11) Understanding Destructive Relationships

Are you aware of these services?

#	Answer		Response	%
1	Yes		64	47%
2	No		71	53%

			135	100%
	Total		135	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.53
Variance	0.25
Standard Deviation	0.50
Total Responses	135

Have you requested any of these services in the past year?

#	Answer		Response	%
1	Yes		8	6%
2	No		127	94%
	Total		135	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.94
Variance	0.06
Standard Deviation	0.24
Total Responses	135

Have you ever requested any these services?

#	Answer		Response	%
1	Yes		14	10%
2	No		121	90%
	Total		135	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.90
Variance	0.09
Standard Deviation	0.31

Total Responses	135

Please select all of the workshops you have requested during the past 3 – 5 years:

#	Answer		Response	%
1	Long Distance Relationships		0	0%
2	Dealing with Difficult People		4	3%
3	Assertiveness		0	0%
4	Diversity Awareness		3	2%
5	How to Help a Friend with an Eating Disorder		6	4%
6	Intimacy in Relationships		0	0%
7	Self-Esteem		3	2%
8	Time Management		6	4%
9	Depression in Men		0	0%
10	Conflict Resolution		7	5%
11	Understanding Destructive Relationships		0	0%
12	I have requested NONE of these workshops		121	90%

Statistic	Value
Min Value	2
Max Value	12
Total Responses	135

7. The CSDC offers online information specifically geared toward faculty/staff about dealing with disruptive, distressed and dangerous students.

Are you aware this information exists?

#	Answer		Response	%
1	Yes		95	71%
2	No		39	29%
	Total		134	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.29
Variance	0.21
Standard Deviation	0.46
Total Responses	134

Have you reviewed this information in the last year?

#	Answer		Response	%
1	Yes		49	37%
2	No		85	63%
	Total		134	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.63
Variance	0.23
Standard Deviation	0.48
Total Responses	134

Have you ever reviewed this information?

#	Answer		Response	%
1	Yes		77	57%
2	No		57	43%
	Total		134	100%

Statistic	Value
Min Value	1

Max Value	2
Mean	1.43
Variance	0.25
Standard Deviation	0.50
Total Responses	134

If yes, did you find the online resources helpful in dealing with disruptive, distressed and dangerous students?

#	Answer		Response	%
4	Yes		62	49%
5	No		7	6%
6	Does not apply		57	45%
	Total		126	100%

Statistic	Value
Min Value	4
Max Value	6
Mean	4.96
Variance	0.95
Standard Deviation	0.97
Total Responses	126

8. Please answer the following questions regarding your perceptions and needs of the CSDC.

#	Question	Strongly Disagree	Disagree	Agree	Strongly Agree	No basis to evaluate	Total Responses	Mean
1	I feel confident referring a student to the CSDC for counseling services.	3	6	35	64	11	119	4.55
2	I am well	6	14	46	48	5	119	4.10

	informed on how to refer students to the CSDC for counseling services.							
3	I would benefit from additional education about the purpose of the CSDC.	6	24	46	13	1	90	3.43
4	I would benefit from additional education about the services the CSDC provides.	6	19	58	21	1	105	3.69
5	The CSDC is a valuable resource to the JMU campus community.	1	2	25	91	8	127	4.79
6	Overall, I receive positive feedback regarding the services students receive from the CSDC.	4	8	36	29	37	114	4.66

7	Overall, my interactions with CSDC professional and counseling staff have been positive.	0	6	36	51	30	123	4.80

Statistic	I feel confident referring a student to the CSDC for counseling services.	I am well informed on how to refer students to the CSDC for counseling services.	I would benefit from additional education about the purpose of the CSDC.	I would benefit from additional education about the services the CSDC provides.	The CSDC is a valuable resource to the JMU campus community.	Overall, I receive positive feedback regarding the services students receive from the CSDC.	Overall, my interactions with CSDC professional and counseling staff have been positive.
Min Value	1	1	1	1	1	1	2
Max Value	6	6	6	6	6	6	6
Mean	4.55	4.10	3.43	3.69	4.79	4.66	4.80
Variance	1.05	1.50	1.55	1.39	0.49	1.73	0.95
Standard Deviation	1.02	1.22	1.25	1.18	0.70	1.32	0.97
Total Responses	119	119	90	105	127	114	123

9. Please include any other comments you have about the CSDC.

Text Response
The staff are very passionate and professional with regard to their specialty areas and working with students.   They are an invaluable resource to the campus community.
This is a wonderful resource for students, and I'm always extremely confident that students will be in good care when visiting for services. I was not aware of the many services that are

available for faculty/staff, and definitely feel that I could benefit from learning more and taking advantage of these incredible resources.

I really appreciated the informational talk given at my department meeting (Math & Stat) at the beginning of the 2013 Fall Semester that made me aware of all that the CSDC provides.

From the time I identify a student in need to the time they actually receive services leaves a week or two gap in which the student's state typically deteriorates further. I wonder if this lag time can be remedied.

not as student oriented as other departments on campus, need to expand personnel and services.

students seem unsatisfied with services and disappointed with experience

I have heard two students complain about the need for someone with experitise on gender identity issues.

Another JMU Service lost in the Long List of JMU Student Services.

There seems to be a lack of resources on campus addressing LGBT concerns and issues faced by LGBT folks at JMU. I feel the CSDC is an important place to offer support to this population. LGBT students face incredible pressure at this point in their lives-- as evidenced by the rates of suicide and other mental health problems. A public presence supporting LGBT students from the CSDC would go a long way to making JMU a more welcoming and healthy environment for all it's students, faculty and staff.

The staff have always been professional and very effective.

I have had good and bad responses back from students regarding services. I think the CSDC is doing a great service to the JMU community. It is a vital campus resource that needs to exist to support our students, faculty and staff.

You need to blast, over and over, the simple information about how to refer a student -- so that it's close at hand to faculty when the need arises. I have that information somewhere here, but can't lay hands on it right now.

At times, it feels to others on campus that the CSDC members are not always willing to partner with colleagues. I think this topic should be addressed and reviewed in the program review. I don't feel that the intention is to do this, but the execution can feel that way. I also think the triage system that is utilized can be daunting for many students; I'm not sure what the solution to this problem is but the perception is not one I feel the CSDC should want for students who experience this.

they have no after hours/weekend options! They instruct faculty to contact the police after hours!!

While I understand the need for confidentiality regarding students referred to CSDC, as a faculty member, I don't always "trust" or "believe" students who say they are "recieving care". I often hope that they are, but I know I cannot call and "ask" if a student is recieving care. That puts me in a difficult situation when they say they are "struggling", I am not sure how much "leaway" I need to give them. Specifically, extra time to complete assignments.

The CSDC does an excellent job of collaborating with the Office of Residence Life in all facets.

I realize that the CSCD is very busy--which is great that your services are being utilized! However, it has come to my attention by several students that sometimes it takes a long time to get an initial appointment. This has caused distress for students in need, since when they actually come to you, they are seeking help as soon as possible. I wonder if there would be a way to get students in more quickly. I understand the challenges you must face with limited resources. Thanks for all you do!

My sense is that the CSDC is understaffed and overwhelmed with requests for services. I perceive it as a hardworking group, but demand is too high for them to provide comprehensive services, and too often students with severe problems need to work with less experienced counselors.

Made a phone call to set up an appointment several years ago and no one ever answered the phone. Finally left a message (which I didn't want to do) and someone called back right away, but I suspect many people don't follow up or decide against service because they don't want to leave a message. (Not sure if the set-up is still like that or not.)

The CSDC is wonderful and fantastic resource on campus; though, it seems that is the first and only resource people (students, staff, faculty, etc.) reference when talking about or to distressed students. I'm sure they are overwhelmed with the number of clients they see each year and wonder how sustainable this is for their staff and business operations.

Needs to raise profile, without simply adding to the e-mail glut faculty receive...other kinds of outreach? visit dept. meetings?

Keep up the awesome work!

I support the increase of resources to the CSDC, particularly in terms of being able to attract and retain qualified LGBT counselors.

"Does my child (or do I) have the psychological preparedness to function at such a place?" should be answered by all contemplating studies at JMU. We simply don't have the resources (nor mandate) to be involved in most remedial/developmental services.

Statistic	Value
Total Responses	24