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.
    - 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.
    - 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.)?
    - 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?
    - 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?
    - 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:
        - [redacted] ssociate Director and Clinical
        - [redacted], Staff Counselor and Training
        - [redacted] taff Counselor and Outreach or
        - [redacted] e Manger
        - [redacted] taff Psychologist and Training
        - [redacted] Staff Psychologist, Coordinator of mestic Underrepresented Students
        - [redacted], Staff Psychologist, Coordinator Student Services
        - [redacted] on, Psychiatrist

        - Patricia Crocker, Staff Psychologist, Liaison to Athletics
        - David Onestak, Director
    - 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).
- **Develop Outreach Efforts**
  - 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

[redacted]

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: [redacted] May need to readdress mission – staff size – restructured to assess and refer vs Brief Therapy. Demands of stu[redacted]
T: (Tom) 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 [redacted] 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.
[redacted]
Needs: IT, MD, Case manager. Crisis Management. Longer term work. Wit[redacted]olleen) 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 [redacted]
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

[redacted] **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) 15-20 mins
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.

No Time
NEED: 2 full time psychiatrists
[redacted]
"someone who can prescribe medication"

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

[redacted] **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.

[redacted] **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

[redacted] **(DON'T KNOW**

LAST THING 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