

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 led 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 would 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

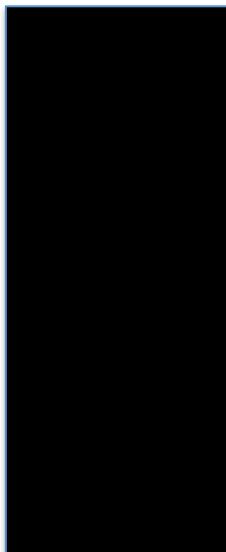
Notes from discussions with counseling center directors

Appalachian State University, North Carolina

Enrollment, Fall 2013

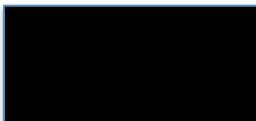
- 17,838 total
- 16,025 undergraduate
- 1,813 graduate
- 2,883 first-time freshmen

Staff



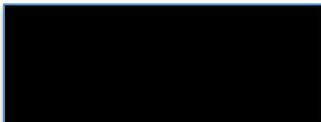
, ABPP - Director, Psychologist
D. - Senior Associate Director, Director of Clinical Services,
Coordinator, Psychologist
y.D. - Psychologist
h.D. - Associate Director, Director of Training, Psychologist
MD - Psychiatrist
y. D. - Coordinator of Eating Concerns Program, Coordinator of
reach
psychologist
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



Administrative Support Associate
Administrative Support Associate
rk Administrator, Coordinator of Special Projects

Appalachian State University, North Carolina

Name & Title of person contacted: Dr. [REDACTED] Director, Counseling & Psychological Services (also President of Association [REDACTED]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. [REDACTED] 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.

*Appalachian State University
Page 2*

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 threats.

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.

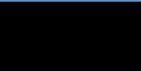
Counseling & Psychological Services also works closely with Disability Services, Academic Support, campus ministers.

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.

*Appalachian State University
Page 3*

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.

[REDACTED] mentioned 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.

[REDACTED] 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
Counselor/Training Coordinator
Intern
g Intern
Intern
Psychiatrist (part-time)

Administrative Staff

 Administrative Assistant

Longwood University

Name & Title of person contacted: [REDACTED] *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?

[REDACTED] *is very proud of her individual and group counseling services. Their counseling 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.*

[REDACTED] *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 and 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

[REDACTED] Ph.D., Licensed Psychologist - Director
[REDACTED] Ph.D., Licensed Psychologist
[REDACTED] Licensed Professional Counselor
[REDACTED] Ph.D., Licensed Professional Counselor
[REDACTED] Ph.D., Licensed Psychologist
[REDACTED] Ph.D., Licensed Psychologist

Administrative Staff

[REDACTED] Office Coordinator

University of Richmond, Virginia

Name & Title of person contacted: [REDACTED] *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 programming. 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.

University of Richmond

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 threat 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 admissible 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)

[Redacted] Director of Counseling and Psychiatry Services
[Redacted] Assistant Director for Prevention & Community-Based Services
[Redacted] Therapist
[Redacted] Therapist
[Redacted] Psychiatrist
[Redacted] Senior Staff Psychologist at CAPS
[Redacted] Senior Staff Psychologist at CAPS
[Redacted] CMHC. Urgent Care Coordinator
[Redacted] Staff Psychologist at CAPS
[Redacted] V - Senior Staff Counselor
[Redacted] MSW, LICSW - Triage Counselor for CAPS
[Redacted] Staff member at CAPS
[Redacted] LIC, NCC - Men's Outreach Coordinator and a Senior Staff
[Redacted] Marketing Director for the Center for Health & Wellbeing at
[Redacted] oversees Safer Sex and Sexual Health Education and Training
and coordinates the [Collegiate Recovery Community](#)
Annie Cressey, Med - Health educator

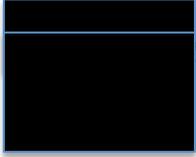
Redstone Office (satellite campus)

[Redacted] D - Assistant Director for Training and coordinator of the
[Redacted] Redstone
[Redacted] Counselor at CAPS Redstone
[Redacted] CMHC - Staff counselor and case manager at Redstone Office
[Redacted] Senior Health Care Counselor at the Redstone office.
[Redacted] Staff Counselor at CAPS Redstone
[Redacted] CMHC - Senior Staff Counselor at CAPS Redstone

Interns

[Redacted]

Administrative Staff



BA
SW

University of Vermont

Name & Title of person contacted: [REDACTED] 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 Counseling & Psychological Services*

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

.D. *Licensed Psychologist*

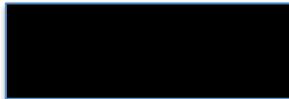
D. *Licensed Psychologist*

MEd., M.S., *LMHC Licensed Mental Health Counselor*

D., *LMHC Licensed Mental Health Counselor*

Pamela Basham, 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*

Coordinator

University of West Florida

Name & Title of person contacted: [REDACTED] 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 - biofeedback, 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"

University of West Florida

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

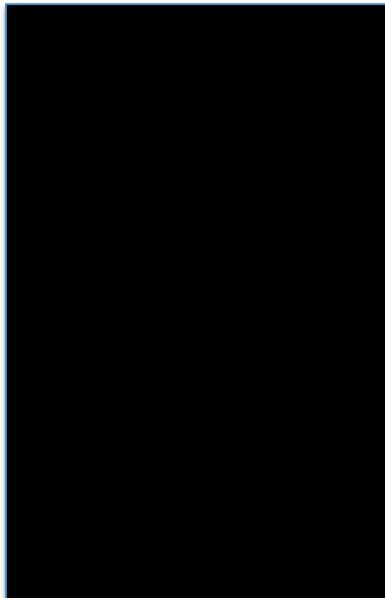
Other:

"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,
Associate Director for Clinical Services
Ph.D, Clinical Psychologist, Associate Director for

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

linical Social Worker, **Clinical Case Manager**
Coordinator of Friday Clinical Consult

Psychologist, **Coordinator, Supervision of Supervision**
ical Psychologist, **Coordinator of Psychology Practicum,**

Psychologist - **DBT Specialist**

Kristi M. Vera, MSW, Licensed Clinical Social Worker - Coordinator for Groups

Contract Employees

Dana Blockmer, Ph.D, LCP, CC-AASP
[REDACTED] her, Ph.D, LCP
[REDACTED] BA (ABD)

Administrative & Office Staff

[REDACTED] Administrative Assistant, MCV Campus

Virginia Commonwealth University, Virginia

Name & Title of person contacted: [REDACTED] 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”.*