

# WHAT'S THE POINT OF HAVING A COLLEGE COUNSELING CENTER TODAY?

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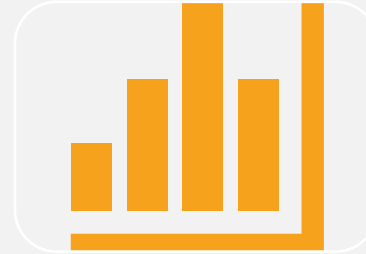


**PART ONE: TRADEOFFS**

# COMPREHENSIVE COUNSELING CENTER MODEL



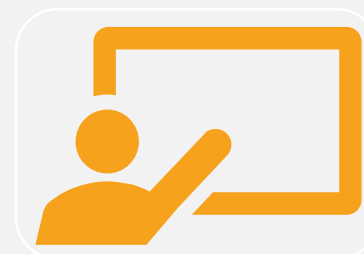
Treatment



Consultation



Training



Outreach &  
Prevention

*"The heart and soul of the CCC concept is the center's outward focus in connecting directly with the campus through its extensive consultation and outreach functions."*

*-Brunner et al., 2017*

# THE “CLINICAL SERVICES ONLY” APPROACH





# THE DOSE-RESPONSE EFFECT

How many therapy visits are needed to make an impact?

## CONCLUSIONS FROM A MAJOR SYSTEMATIC REVIEW\*

### Rapid Responders

- **4 sessions.** The minimum dose. Clinically significant improvement almost never occurs with fewer visits.
- **8 sessions.** By this point the bulk of symptom improvement occurs. Gains plateau after this.

### Gradual Responders

- Need up to **26 visits** to achieve meaningful improvement.

**For both groups:** 1x weekly treatment accelerates improvement, anything less slows gains

\*Robinson, L, Delgadillo, J. and Kellet, S. (2020). The dose-response effect in routinely delivered psychological therapies: A systematic review, *Psychotherapy Research*, 30:1, 79-96.

# QUALITY VS. ACCESS:

(A COMMON TRADEOFF)

## ABSORPTION

- **Emphasis is on access**
- Assign a steady pace of new clients to counselors each week regardless of “openings.”
- No waitlists.

## TREATMENT

- **Emphasis is on quality of care**
- Only assign new clients to a counselor when an opening becomes available.
- Students get a sufficient **dose** to get better.
- Requires either:
  - (a) **Loads** of staffing
  - (b) A waitlist



# A CASE-STUDY IN TRADEOFFS

Stevens 2022-2023

# STAFFING A COUNSELING CENTER

## THEN

- Ratio of one clinician for every 1000-1500 students. Originally proposed in 1982(!) by IACS\*
- Ignores utilization rates:
  - College A meets 20% of its students
  - College B meets 5% of its students

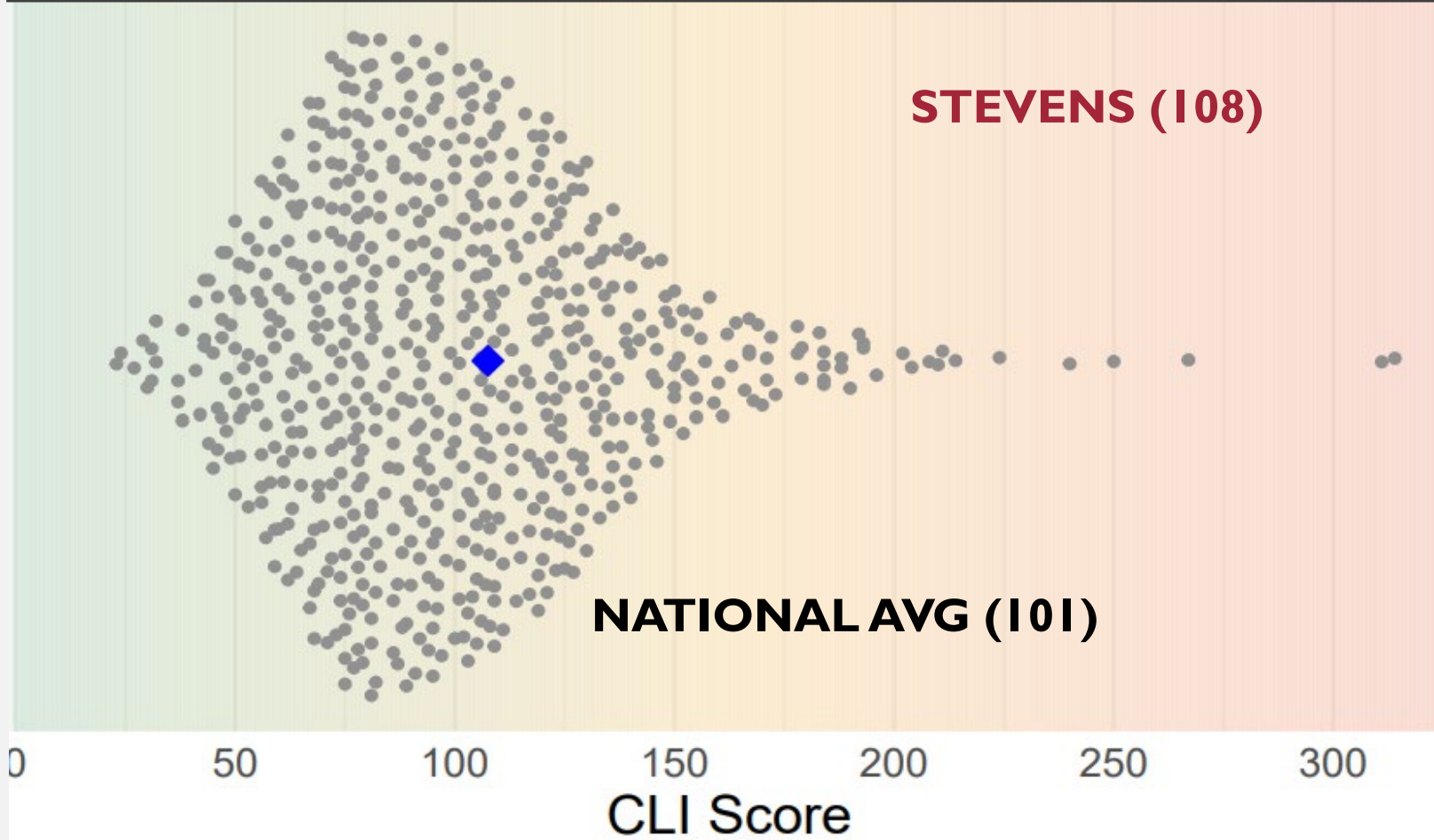
## NOW

- **Every center is different:**
  - Utilization rates
  - Budgets
  - Notions of access vs quality
  - Viable referral options

*\*International Accreditation of Counseling Services*

## 2022-2023 CLINICAL LOAD INDEX

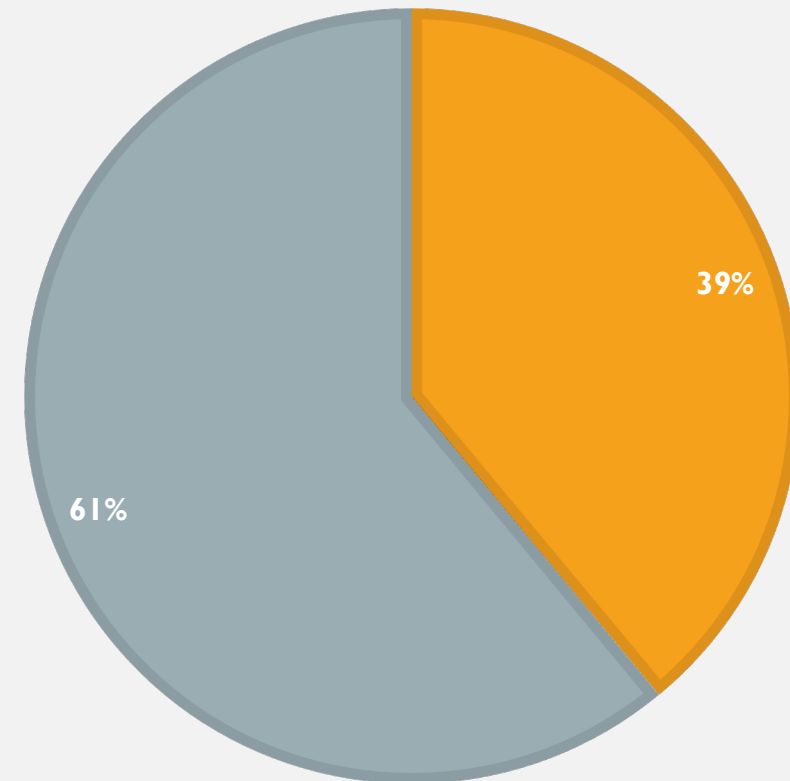
Each dot in the distribution represents the average caseload per 'standard' counselor at different university counseling centers across the country.



## CASE STUDY: STEVENS 2022-2023

- **61%** of student clients received 1-3 visits beyond their initial intro visit
- **39%** of the student clients received at least the minimum necessary dose of treatment. Weekly care was rare.

■ Treatment ■ Case Management



## WHAT HAPPENS WHEN CLI DRIFTS ABOVE 100?

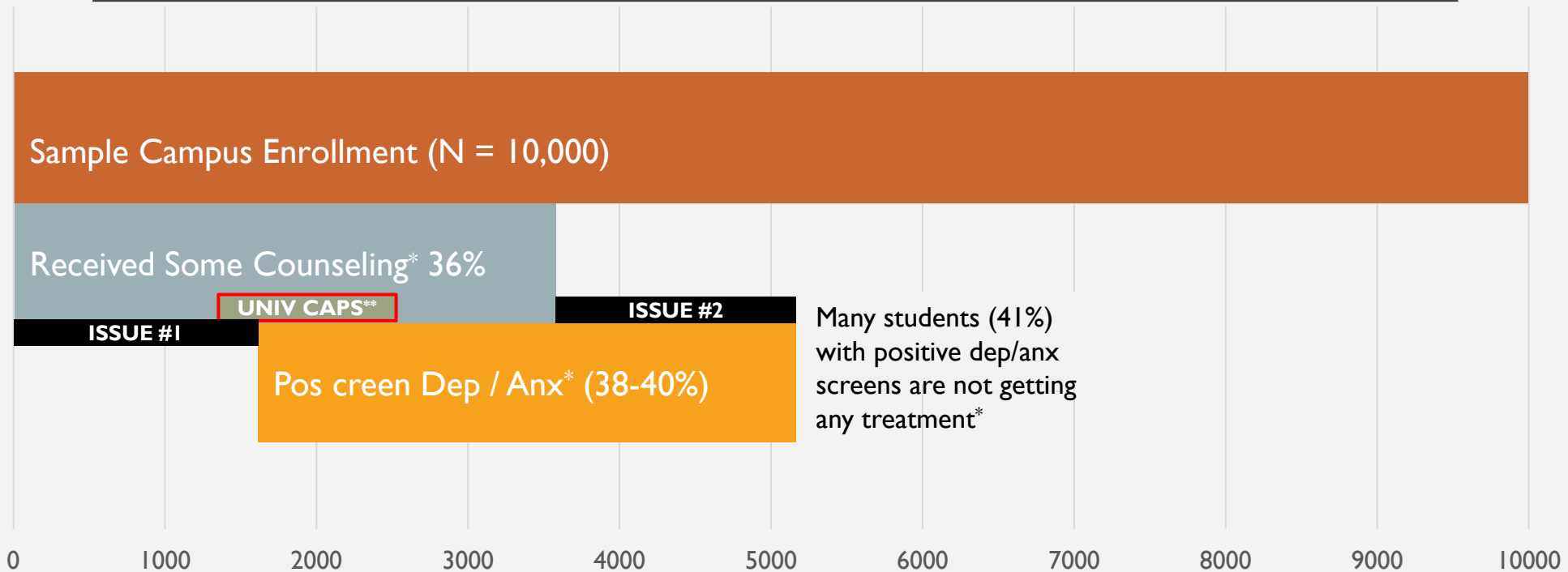
- Either significant waitlists or significantly less “treatment”
- Weekly visits become improbable
- Burnout bc of **overwork** and therapists do this work so they can *build therapeutic relationships and provide sound treatment.*
- Limits on doing anything but counseling (as the year progresses: less outreach, consultation, training).

**BREAKOUT**

# THE BIGGER PICTURE

# TREATMENT NEEDS AND DEMANDS: HOW A UNIVERSITY COUNSELING CENTER FITS IN

Many students (43%) are in counseling yet **don't** screen positive for depression or anxiety\*



\*Based on Healthy Minds Study, 2022-2023 National Dataset

\*\*AUCCCD, 2021-2022 Annual Directors' Survey. Avg UCC utilization of 12.2% (smaller in large schools)



## HOMework FOR ADMINISTRATORS

- Buy a nice lunch for your UCC director and talk about:
  - What % of students helped by your UCC receive an effective dose of treatment?
  - Where does your center fall on the 'absorption' to 'treatment' spectrum?
  - What is your center's CLI? What does it mean for your students & staff?
  - Look at the Comprehensive Counseling Center Model together and consider if the balance of treatment to outreach / consultation / training fits your university's needs

# PART TWO

## TELEHEALTH VS. IN-PERSON: WHAT HAVE WE LEARNED SO FAR?

- Students are reporting satisfaction with hybrid services (Cohen, K.A., Manikandan, D., Jirsa, M., Gatto, A., & Zhou, S., 2023).
- Students are reporting positive results with telehealth services, specifically in terms of how these services address several barriers to in-person services (e.g. **waitlists for appointments, limited appointment times, commuter student, low cost to students**) (Cohen, K.A., Manikandan, D., Jirsa, M., Gatto, A., & Zhou, S., 2023).
- Telehealth also has its own challenges in terms of **technical issues, difficulty delivering services to out-of-state students, and difficulty observing students' emotions.**
- Preference for in-person services may be due to **feelings of discomfort or unfamiliarity with telemental health services, privacy concerns, and lack of personalization as drawbacks** (Hadler, N. L., Bu, P., Winkler, A., & Alexander, A. W., 2021)
- Some findings indicate that students of color prefer digital mental health apps at a greater rate than white students, potentially due to greater stigma toward traditional face-to-face treatments among communities of color. (Ahuvia, I., Sung, J., Dobias, M., Nelson, B. D., Richmond, L. L., London, B., & Schleider, J. L., 2022)

## WHAT CAN COUNSELING CENTERS CONTINUE TO OFFER?

- Collaboration between college administrations/departments to create specific policies that address campus mental health concerns
- Ability for professors and other departments to consult about concerns in the classroom
- Directly address campus crisis situations in person/offer supplemental support to current crisis supports
- Cultivate mutually beneficial relationships within the community in terms of shared programming and resources
- Offer training programs to nearby graduate students who provide additional campus services and help build pools of future counseling center applicants
- Offer campus-wide, in-person programming that emphasizes prevention and connection within the community (e.g. gatekeeper trainings for staff, faculty and relevant students)

PROS AND CONS OF  
YOUR EXPERIENCE WITH  
AN EXTERNAL MENTAL  
HEALTH  
SERVICE/VENDOR (E.G.  
UWILL, VIRTUAL CARE,  
TAO CONNECT, ETC.)

- Students prefer in-person services
- Insufficient amount of time to assess impact/outcomes of new services
- Difficulty with information transparency
- Provides an alternative that takes some of the pressure off of the center
- Onboarding the program into current campus structure takes a significant amount of time

## TRENDS, CONCERNS AND GENERAL ISSUES

- Encourage counseling centers to maintain a manageable, diverse range of services with proper staffing
- Observed a notable increase in crisis appointments (e.g. suicidality, homicidality, other crisis issues) and severity of mental health issues
- Encourage open communication between counseling and administration
- Encourage a regular review of campus mental health protocols/services
- Need for greater awareness of systemic issues affecting student mental health
- Need for greater communication between legislators and college mental health clinicians
- Lack of agreement/awareness regarding mental health services offered across campus departments
- Awareness of how mental health companies offer services and holding them accountable for services offered
- Awareness of changing trends in student mental health (e.g. COVID, over-parentification, difficulty differentiating what is a normal stressor)
- Shifting focus of the counseling center to only providing psychotherapy services and a resulting shift in staffing (e.g. "exodus of doctoral level psychologists")

THE WORST THING  
ABOUT WORKING IN  
COLLEGE  
COUNSELING/STUDENT  
AFFAIRS/MENTAL HEALTH  
RIGHT NOW IS...

- Lack of support, organization, funds and/or direction from leadership/administration
- Administration's/Community's lack of understanding of counseling center's role in community
- Administration's messaging not aligning with mission and services of counseling center
- Inflexibility around WFH policies
- Being unable to support more students
- Managing cases of high clinical severity
- Maintaining proper role boundaries with campus community (e.g. being asked inappropriate requests, high volume of requests)
- Protecting liability of center and staff
- Hiring and staffing difficulties/freezes

THE BEST THING ABOUT  
WORKING IN COLLEGE  
COUNSELING/STUDENT  
AFFAIRS/MENTAL HEALTH  
RIGHT NOW IS...

- Working with a diverse range of clients
- Supporting students through significant challenges (e.g. part of life journey, helping them gain resiliency)
- The work/the diversity of the work is satisfying
- Being part of a supportive, passionate team
- Having a positive impact on the campus community



## HOW TO BEST SUPPORT COLLEGE COUNSELING SERVICES

- Maintain appropriate staff numbers and offer a competitive salary
- Encourage supportive/collaborative departmental relationships to offset burnout
- Offer prevention trainings to staff/faculty around recognizing a student in a mental health crisis
- Seek alternative options/resources for after-hours and weekend crisis coverage
- Regularly provide funding for professional development
- Provide adequate funding of college counseling centers to assist with management of its campus's mental health mission
- Encourage legislators and administrators to seek consultation with counseling center staff to discuss current campus needs and possible solutions
- Maintain awareness of the essential functions that counseling centers provide to the campus

OUTSIDE OF A HIGHER  
SALARY, THE ONE THING  
THAT I WISH I COULD  
CHANGE ABOUT MY  
JOB/ROLE IS...

- Additional staff due to high student-to-counselor ratios
- WFH opportunities
- Running more groups
- 10-month contracts
- Encouragement of stronger team cohesion
- Respect for role
- An increased knowledge of CAPS services and of MH issues
- Less administrative responsibilities and more clinical service
- Training to improve professional performance

SUCCESS STORIES OF  
POSITIVE IMPACTS MADE  
ON COLLEGE CAMPUSES

- Lots of stories of success, small and big.
- Successful programming (e.g. suicide prevention, holistic wellness programs, private teletherapy rooms)
- Productive collaborative relationships with:
  - DEI Offices
  - Health Services
  - Dean of Students
  - Active Minds
  - Great Minds Dare to Care
  - NYU's RADical Health
  - Networks of Local Therapists

## REFERENCES

Ahuvia, I. L., Sung, J.Y., Dobias, M. L., Nelson, B. D., Richmond, L. L., London, B., & Schleider, J. L. (2022). College student interest in teletherapy and self-guided mental health supports during the COVID-19 pandemic. *Journal of American College Health*, 1–7. <https://doi.org/10.1080/07448481.2022.2062245>

Jon Brunner, David Wallace, Lee N. Keyes & Paul D. Polychronis (2017) The Comprehensive Counseling Center Model, *Journal of College Student Psychotherapy*, 31:4, 297-305

Center for Collegiate Mental Health. (2020, January). 2019 Annual Report (Publication No. STA 20-244).

## REFERENCES

Cohen, K.A., Manikandan, D., Jirsa, M., Gatto, A., & Zhou, S. (2023). Mental healthcare on college campuses during COVID-19: Comparing telehealth, in-person, and hybrid modes of delivery. *Journal of American College Health*, 1–9. <https://doi.org/10.1080/07448481.2022.2155469>

Hadler, N. L., Bu, P., Winkler, A., & Alexander, A. W. (2021). College Student Perspectives of Telemental Health: a Review of the Recent Literature. *Current Psychiatry Reports*, 23(2). <https://doi.org/10.1007/s11920-020-01215-7>

Robinson, L, Delgadillo, J. and Kellet, S. (2020). The dose-response effect in routinely delivered psychological therapies: A systematic review, *Psychotherapy Research*, 30:1, 79-96.