

**PROGRAM REVIEW
COUNSELING SERVICES PROGRAM
APRIL 2008**

Gary N. Howells, Review Committee Chair, Professor of Psychology

Max Barroso, Vice President, Associated Students, University of the Pacific

Nikki Hinshaw, Area Coordinator, Housing and Greek Life

Delores McNair, Assistant Professor of Education, Benard School of Education

Danny Nuss, Coordinator, Educational Resource Center

Edie Sparks, Senior Associate Dean, College of the Pacific and Associate Professor

Barbara Thomas, Director, University of San Francisco Counseling Center

I. Program Review Process

In October, 2007, Dr. Elizabeth Griego, Vice President for Student Life assembled the following committee to conduct the review of the Chaplaincy Services Program:

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The Committee first met on October 30 with Dr. Griego and Dr. Stacie Turks, Director of Counseling Services. The Committee was made aware that this was possibly the first program review that had ever been conducted on the Counseling Services Program. The Committee had previously received the Self-Study report completed by Dr. Turks and her Counseling Services staff. Dr. Turks provided a brief overview of the Self Study and arrangements were made to meet again with her for a more detailed presentation with time for questions. The Committee divided up areas of responsibility, based upon relevant areas outlined in the Council for Advancement of Standards in Higher Education (CAS) Guide for Counseling Services.

The Committee met with Dr. Turks on November 6 at which time Dr. Turks provided more details and responded to questions that Committee members had about the Self Study report and the services and difficulties experienced by Counseling Services. The Committee set out to focus on the following areas for the Program Review: Organization & Management: Human Resources, Equity and Access/Diversity, Campus and External Relations and a combined look at Facilities, Finances, and Legal/Ethical Issues. A subcommittee of the Program Review Committee addressed each area. In December through February, the subcommittees conducted interviews with various constituencies. In March, survey data was collected from students, faculty and staff. The Program Review Committee met on January 22 to share preliminary results of the subcommittee work. At this time it was decided that members of the committee should meet with the IFC in person. On March 6, the Program Review Committee met as a group together for the final time to engage in an active discussion on what issues needed to be given priority in the final report.

Bernie Kramer, Administrative Assistant in the Office of Student Life, scheduled interviews with members of the University community. Ms. Kramer also assisted the Committee by scheduling meeting rooms, arranging for speakerphone services for unavailable Committee members, and contacting other universities for needed information.

Many individuals in the University Community, as well as some off-campus individuals or organizations were contacted for interviews and other information as part of this review process. These individuals and organizations are identified within the various subcommittee reports.

II. Structure and Focus of the Report

It should be noted that this Program Review report only loosely follows the outline for the CAS Standards as the scope of Counseling Services at Pacific. Every attempt has been made to be sure that the critical issues of the CAS Standard have been addressed in this report. The Program Review Committee, after reading the Counseling Services Self-Study report and meeting with Dr. Stacie Turks, decided to focus the bulk of their review on the following areas: Organization & Management: Human Resources, Equity and Access/Diversity, Campus and External Relations and a combined look at Facilities, Finances, and Legal/Ethical Issues. These areas were chosen because they are areas that might be most helpful to the Counseling Services program. Each of the highlighted recommendations made in the CAS Self Study were also considered in depth. The Committee also took the somewhat unusual step of conducting a convenience sample of Pacific students and an electronically available survey of faculty and staff directly involved with students. The decision to add this information came after we determined that we were unable to access data from a survey of student users of Counseling Services because the developer of the survey was no longer available to make the survey accessible.

The **Self-Study Report from Counseling Services** suggested six areas of priority. These items are addressed in more detail in various sections of the report. These six areas of priority are listed below along with brief summaries of the Committee's responses. The Committee has also included numerous additional recommendations in the separate sections of the report.

1. **Provide competitive salaries.** Service to students, risk management, intern training, and resources to the campus at large are negatively impacted without sufficient Counseling staff. Continued collaboration with Human Resources to reclassify the job grades in Counseling Services and support increased salaries is needed. Additional funding from the Institutional Priorities Committee is the best way to provide the needed resources.
 - The Committee **strongly affirmed this recommendation**, recognizing that additional full-time staff and intern positions should be the **highest priority**—many problems identified in the report stem directly from this issue. Competitive salary levels impact both on the ability to attract new staff, as well, as the ability to retain present staff and to decrease the wait time for students to gain access to services.

2. **Additional Resources for Psychiatric Hours.** With the documented evidence of more students coming to college on psychotropic medication, it is highly likely that Pacific students would utilize more hours with the psychiatrist if they were available.
 - The Committee **affirmed this recommendation** because additional hours would make psychiatric services more available for diagnosis and prescribing psychoactive medications. Furthermore, having “drop in” slots available when the psychiatrist is on campus would reduce the need to have the Health Services Director write prescriptions based on limited information. The Committee acknowledges that the hourly rate for psychiatry is quite expensive, but so is the possibility of a malpractice suit.

3. Take Steps to Ensure Staff Retention and Lower Staff/Student Ratio

- The Committee **affirmed this recommendation**, which is also related directly to the salary one above. Students' number one complaint regarding Counseling Services is the wait time to initially begin therapeutic services (even though the wait is similar to other university counseling services). The difficulties encountered in filling the vacant psychologist staff position represents part of the problem but we cannot easily get around the IACS guideline that Counseling Services needs five full-time staff positions (including the director) to effect an adequate staff/student ratio.

4. Direct Access to Legal Counsel. Approval for direct access for the Director to university legal counsel, in cases of court ordered access to student therapy records, is needed.

- The Committee acknowledged the value of direct access to legal counsel but did not find that direct access to the University's retained counsel (who lacks specialization in mental health law) to be of any advantage and also found that the present procedure for access to the University attorney is not unusual in universities with Pacific's structure. The Committee's recommendations for increasing access are covered in more detail in the body of the report.

5. Yearly Training for Student Life Staff regarding confidential protocols for notification of Student Mental Health Emergencies

- The Committee acknowledged the importance of confidentiality in clinical settings, particularly involving mental health issues. The Committee **supports broadening training to annually** include all groups on campus, including Student Life staff is helpful, especially given regular turnover and different ethical and legal guidelines.
- However, the Committee had an overall concern that the right of students to approve the access to or the release of information in their records is being ignored. Students are, for the most part, adults and should have more say what information can and cannot be released. The Committee recommends modifying existing consent forms to allow access under conditions that students can specify, as some other universities have done

6. Repetitive Training for Health Services Front Desk Staff regarding Counseling Services Policies. Ideally, Counseling Services should have sufficient administrative support so that Counseling Services Desk Staff can always handle Counseling Services clients. Since this is not the case, training time should be allowed for Health Services Desk Staff to review Counseling Services protocols and to become more familiar with the electronic scheduling system used by Counseling Services (Titanium).

- The Program Review Committee acknowledge that having both a fully-trained desk staff person and a separate waiting area for Counseling Services clients would be an ideal arrangement. However, neither is likely to happen with current funding restrictions. Some additional training of Health Services desk staff is recommended, especially, with regard to reading appointment times and available slots in Titanium format, as well as providing desk staff with a simplified written protocol for handling routine issues at the front desk.

III. Areas focused on in our review process:

Part 1: MISSION

Counseling Services (CS) must incorporate student learning and student development in its mission. CS must enhance overall educational experiences. CS must develop, record, disseminate, implement, and regularly review its mission and goals. Mission statements must be consistent with the mission and goals of the institution and with the standards in this document. CS must operate as an integral part of the institution's overall mission.

The mission of CS is to assist students to define and accomplish personal, academic, and career goals. To accomplish the mission, the scope of CS must include:

- **high quality individual and group counseling services to students who may be experiencing psychological, behavioral, or learning difficulties**
- **programming focused on the developmental needs of college students to maximize the potential of students to benefit from the academic environment and experience**
- **consultative services to the institution to help foster an environment supportive of the intellectual, emotional, spiritual and physical development of students**
- **assessment services to identify student needs and appropriate services and referrals**

Note. The Committee did not focus on the mission area and did not have any recommendations to add beyond the self-study.

Part 2: PROGRAM

The formal education of students consists of the curriculum and the co-curriculum, and must promote student learning and development that is purposeful and holistic. Counseling Services (CS) must identify relevant and desirable student learning and development outcomes and provide programs and services that encourage the achievement of those outcomes.

Relevant and desirable outcomes include: intellectual growth, effective communication, realistic self-appraisal, enhanced self-esteem, clarified values, career choices, leadership development, healthy behaviors, meaningful interpersonal relationships, independence, collaboration, social responsibility, satisfying and productive lifestyles, appreciation of diversity, spiritual awareness, and achievement of personal and educational goals.

CS must provide evidence of its impact on the achievement of student learning and development outcomes.

Note. The Committee briefly reviewed the program area and did not have any recommendations to add to the program description provided in the self-study. With regard to the area of *providing programs and services*, we provide recommendations under the heading of **Diversity**. With regard to *effective communication*, we address this area in more detail under the heading of **Campus Relations**.

Part 3: LEADERSHIP

Effective and ethical leadership is essential to the success of all organizations. Institutions must appoint, position, and empower Counseling Services (CS) leaders within the administrative structure to accomplish stated missions. CS Leaders at various levels must be selected on the basis of formal education and training, relevant work experience, personal skills and competencies, relevant professional credentials, as well as potential for promoting learning and development in students, applying effective practices to educational processes, and enhancing institutional effectiveness. Institutions must determine expectations of accountability for leaders and fairly assess their performance.

Note. This section was not identified as an area for major focus. However, several members of the Committee interviewed Dr. Turks, as well as individuals above and below her on the organization chart. These included the Vice President for Student Life and the Dean of Students, as well as individuals on Dr. Turks' staff. The self-study report materials prepared by Counseling Services were also reviewed. Dr. Turks appeared to be fully qualified and to be meeting the CAS assessment guidelines for management of Counseling Services.

The Committee did note that there was some tension between the Director of the Counseling Center and the Director of Health Services. Some solutions for this tension are included in recommendations made by the Counseling Center Self-Study and the Committee has made some further recommendations contained in other sections of this report. The Committee concluded that the Dean of Students is aware of all of the issues and has an excellent grasp on the dynamics involved in dealing with the heads of two programs sharing the same common space, but with different missions. At times in the past, this situation was handled by the appointment of a single medical director over both programs. The experiences with that administrative approach indicate that it is less desirable than the current arrangement. Issues can be resolved by some changes and by the head of the programs working with the Dean of Students. The Committee's recommendation is that the current leadership organization remains in effect.

Part 4: ORGANIZATION and MANAGEMENT

Guided by an overarching intent to ensure student learning and development, Counseling Services (CS) must be structured purposefully and managed effectively to achieve stated goals. Evidence of appropriate structure must include current and accessible policies and procedures, written performance expectations for all employees, functional workflow graphics or organizational charts, and clearly stated service delivery expectations.

Evidence of effective management must include use of comprehensive and accurate information for decisions, clear sources and channels of authority, effective communication practices, decision-making and conflict resolution procedures, responsiveness to changing conditions, accountability and evaluation systems, and recognition and reward processes. CS must provide channels within the organization for regular review of administrative policies and procedures.

Note. The Committee did not focus on the Organization and Management areas and did not have any recommendations to add beyond the self-study.

Part 5. HUMAN RESOURCES

Counseling Services (CS) must be staffed adequately by individuals qualified to accomplish its mission and goals. Within established guidelines of the institution, CS must establish procedures for staff selection, training, and evaluation; set expectations for supervision, and provide appropriate professional development opportunities. CS must strive to improve the professional competence and skills of all personnel it employs.

Members of the Committee met with the Counseling Services Director and with Counseling Services staff. The conclusion from these meetings was that the staff was a highly dedicated group, stretched thin by the inability to fill the empty full-time position. Dr. Turks has worked hard to argue for more competitive salaries for the staff members. The reported “10th-50th percentile for staff therapists is considerably below the salary goals in other parts of the University. Not only should specific incidents like Virginia Tech cast a light on the importance of sufficient staff for mental health issues, but also recent studies have shown that more and more students with significant mental health issues are now becoming students on campuses throughout the United States. While there may be little specific data on this, conscientious parents are likely viewing private, student-oriented campuses as more appropriate environments for their children with stabilized, long-term issues. A full-time staff to student ratio of 1:1500 is the level required for IACS accreditation. Pacific is currently closer to 1:2200.

The assistance of pre-doctoral clinical interns is helpful, but must be considered in addition to basic numbers—not in place of full-time staff. The Counseling Services Director and the Student Life Division have been very interested in having Counseling Services qualify for APA accreditation as a pre-doctoral clinical internship site. This would be prestigious and the required standards would help guide a quality program. At this point in time, without the staff position being filled, it is impractical to proceed with an accreditation application. In fact, even if a psychologist could be hired, it would be prudent to wait until at least the end of a full year to insure that Counseling Services actually has a stable staff, with one full-time supervisor for each of three pre-doctoral students. Preparing a failing application is still a considerable staff time expenditure and the effect of not passing would delay the process further.

One idea is to consider adding MFT Interns to Counseling Services. MFT Interns can be supervised by a psychologist and may further assist in ways of reducing current staff overload.

The problem of competitive salaries is discussed throughout this review. The previous psychologist filling the now empty position left as soon as he qualified for licensure. It is quite possible the only serious candidates for the position at Pacific might be similar or might be the spouse of a graduate student taking a temporary job.

Program Review Committee Recommendations for this area:

- Delay seeking the APA accreditation application until the psychologist position is filled and stabilized.
- Student Life and Counseling Services meet with representatives of local programs offering MFT training to explore the feasibility of adding MFT Interns to assist Counseling Services staff.

Parts 6, 7, and 8: FINANCIAL RESOURCES, FACILITIES, TECHNOLOGY, EQUIPMENT, and LEGAL RESPONSIBILITIES

Part 6: FINANCIAL RESOURCES

Counseling Services (CS) must have adequate funding to accomplish its mission and goals. Funding priorities must be determined within the context of the stated mission, goals, objectives, and comprehensive analysis of the needs and capabilities of students and the availability of internal or external resources.

CS must demonstrate fiscal responsibility and cost effectiveness consistent with institutional protocols.

Part 7: FACILITIES, TECHNOLOGY, and EQUIPMENT

Counseling Services (CS) must have adequate, suitably located facilities, adequate technology, and equipment to support its mission and goals efficiently and effectively. Facilities, technology, and equipment must be evaluated regularly and be in compliance with relevant federal, state, provincial, and local requirements to provide for access, health, safety, and security.

CS must maintain a physical and social environment that facilitates optimal functioning and insures appropriate confidentiality.

Part 8: LEGAL RESPONSIBILITIES

Counseling Services (CS) staff members must be knowledgeable about and responsive to laws and regulations that relate to their respective responsibilities. CS staff members must inform users of programs and services and officials, as appropriate, of legal obligations and limitations including constitutional, statutory, regulatory, and case law; mandatory laws and orders emanating from federal, state/provincial and local governments; and the institution's policies.

CS staff members must use reasonable and informed practices to limit the liability exposure of the institution, its officers, employees, and agents. Staff members must be informed about institutional policies regarding personal liability and related insurance coverage options.

The institution must provide access to legal advice for CS staff members as needed to carry out assigned responsibilities.

The institution must inform CS staff and students in a timely and systematic fashion about extraordinary or changing legal obligations and potential liabilities.

Persons Contacted for the purpose of this report:

Dr. Corey Brink, Psychiatrist, Counseling Services
Jane Lewis, Assistant Vice President of Human Resources
Sally Berry, Human Resources
Joanna Royce-Davis, Dean of Students
Kathy Hunter, Director, Cowell Wellness Center

Psychiatric Services

One concern presented to this review committee involves the limited number of hours for psychiatric services. Currently, Dr. Corey Brink is providing psychiatric services for a total of four hours per week as a consultant earning an hourly rate. Dr. Brink did acknowledge that four hours a week is not enough time. However, he said that he is unable to work for more than the four hours each week due to commitments in his private practice. Dr. Brink did indicate that a new psychiatrist, with adolescent/young adult qualifications, is being added to the practice of his group and could probably work, if hours are available. Psychiatry time is very expensive (actually more so than in the Bay Area, but the higher rates in the Northern San Joaquin Valley is that there are relatively few psychiatrists available).

Another concern presented to this committee relates to prescription refills. Problems appear to have arose in two different circumstances: (a) students were told to go to the Director of Health Services for a prescription because a psychiatrist was unavailable or (b) students were unable to get an appointment in a reasonable time with the psychiatrist and were told that they needed to see the Director of Health Services. While prescriptions have been filled, the Director of Health Services has reportedly been frustrated by not having access to all of the information needed in the students' Counseling Services records. Dr. Turks states that she provides all of the information that her university counseling services organization guidelines identify as necessary for a prescribing physician. At least part of the issue is that the Counseling Services records, contained in Titanium (the software program being used) do not appear to be able to limit access to therapeutic notes and, therefore, raises confidentiality issues.

Since the psychiatrist (Dr. Brink) is only available four hours each week, concerns were raised that students could not get in to see the psychiatrist for prescription refills. Dr. Brink noted that his hours are scheduled for him (usually as intakes or medication follow ups), and there is typically no time available to squeeze anyone in who needs an urgent appointment. However, extensive questioning of Dr. Brink indicated that the larger problem might actually involve students missing follow-up appointments and allowing their prescriptions to run out or having had a prescription in the past and now want to reactivate the earlier prescription. If enough time has passed, Dr. Brink feels that it is medically necessary to meet with the student for re-evaluation before a prescription is written.

The wait time to initially see the psychiatrist for an intake appointment was presented to this review committee as a concern. Waiting 2-4 weeks for an initial appointment is viewed as excessive to a student who is having problems and sees one-third of their semester going bad before getting a medication. This wait time is not unique to Pacific. However, this wait time appears to be consistent with private practice psychiatrists in the local area (San Joaquin County and Sacramento). In most instances, such a wait is not life-threatening, however, in the case of a student with a history of severe emotional problems, who thought they could get away from home and now be all right, without their medication, it could be a very serious problem. The 2007 survey of the American College Counseling Association found that about 23% of the clientele of Counseling Services are now on medication. It is highly doubtful that four hours a week is sufficient with the profile of today's college students.

This committee does acknowledge that many strengths were identified related to psychiatric services. Specifically, the psychiatrist believes the CS staff does an excellent job of identifying students in need allowing the maximum use of his time. Further, he reports that the counselors and therapists do a great job. No concerns were raised related to psychiatric facilities or technology.

Salary

Salary for counselors and psychologists was presented as a concern because CS has found it difficult to fill open positions. Feedback has indicated that salary could be a major factor why. Specifically, there is a belief by Dr. Turks that tragedies including the Virginia Tech shooting have recently put a large demand on counseling services in Higher Education. She reported that both the University of California and California State University systems have been offering prospective therapy staff salaries with which smaller private universities cannot directly compete. In return, this demand might be causing salary discrepancies between private and public institutions pushing Pacific out of competition.

Therefore, this committee approached Human Resources (HR) with a survey request. Already working a salary survey of “like schools”, the committee asked Human Resources if the survey umbrella could be widened to include a comparison of “unlike” schools (namely schools in the California State system).

Human Resources spent considerable time and effort gathering information that was requested by the review committee with respect to a salary survey. Information was gathered from a variety of sources including AICCU, CUPA, SHRM, Salary Wizard, ONet and a number of colleges and universities. Even with this extensive list of sources, HR explained that only a limited amount of information was available.

From the information that HR was able to gather, they believe the counseling department at Pacific is competitive among “like Schools”. These “like schools” consist of other private institutions with similar enrollment and budget to Pacific. It was explained that Pacific pays counselors and staff psychologists in the “10-50 percentile,” when compared to other “like schools”.

Even though the committee had asked HR to conduct a similar study with “unlike schools”, this task proved challenging and did not produce extensive information. There are many reasons why comparing Pacific to “unlike” schools is not feasible. Specifically, job titles and descriptions do not seem to match those at Pacific; other institutions have various budget and enrollment numbers, different staff sizes and other differences that make comparisons difficult. Furthermore, HR explained that many state schools do not participate in salary surveys making the information nearly impossible to obtain. Further, the California State University system already has set salary scales that minimize their need to participate in salary survey projects outside the state system.

Human Resources did recognize that discrepancies in pay might actually exist between Pacific and “unlike” schools. However, information available at the time of this survey did not show any significant differences. If there is in fact a recent demand driving up counseling service salaries in the state system (maybe as a result of Virginia Tech) those wages won’t appear in survey reports for about a year. There is a lag in reports and salary changes don’t tend to appear in surveys for at least a year.

Facilities

One possible concern with facilities involves the waiting room area. The common waiting area, shared by counseling and health services, could act as a deterrent for some students. This Committee did discuss the facilities with students and staff without the waiting room area being presented as a concern. Among students who might have been clients of Counseling

Services, it appeared that the wait time to get a first appointment was more important to them than having a separate waiting area. One advantage to CS having a separate waiting area might have been eliminating sharing of the waiting area staffing Health Services, thereby having CS student clients only met by CS-trained personnel.

Legal Responsibilities

One of the biggest concerns presented to the review committee of this section involved the Director of Counseling Services having direct access to legal council. A recent review indicates that a majority of directors at counseling centers do have direct access to legal counsel. However, it must be clarified the survey found that many of the schools with direct access have in-house legal support that does not require hourly fees. Pacific does not have in-house legal support, making every contact with the counsel billable. Currently, to seek legal advice the director of CS must contact a vice president and together make a request for legal support. The basis for having direct contact between the Director of Counseling Services and the University attorney was to insure confidentiality. A second issue is that the University attorney is a specialist in protecting the University. He is not an expert on mental health law. This current process seems to be working for routine legal matters, such as response to subpoenas. A response is typically received within 24 hours. For more complex matters, contact with an attorney specializing in mental health matters is likely necessary. At least initial advice can be obtained from contact with professionals in the clinical directorate of the American Psychological Association, the California State Psychological Association or through specific counseling services organizations.

Finally, the review committee identified the availability of significant opportunities for staff members to obtain legal training on issues ranging from confidentiality to HIPAA and FERPA. Counseling Services also subscribes to professional publications that address legal concerns. While Counseling Services staff, including waiting area staff receive this training, as well as being aware of specific procedures for communicating with and making appointments for student clients, Health Services waiting area staff may not receive regular training in Counseling Services procedures when they are covering the waiting area in the absence of Counseling Services staff.

Program Review Committee Recommendations

- Strongly supports adding additional psychiatry hours. Dr. Brink and Dr. Turks should work together to determine how many hours are necessary and what is the best approach to obtain additional psychiatric funding. Although Dr. Brink could be replaced with a psychiatrist who could accommodate additional hours, another option would be to hire another psychiatrist.
- Psychiatrists in private practice phone in simple refills. Recommend that, when additional time is available to have one slot available for brief contact rather than all time slots being filled weeks ahead OR arranging for phone in refills, possibly through the Director only. These steps would reduce the need for the Health Services Director to be regularly involved in the prescription refill process.
- Continue conducting salary surveys for at least one year in case recent demand is causing salary discrepancies for both “like” and “unlike” schools. This should be a continual process.

- Develop other incentives to attract potential CS employees besides salary. These might include a clinical faculty title.
- It would help to survey students regarding facilities (especially the waiting room) in case this is deterring students. A survey should include a broader sample of students than just those who are clients. This is especially true if features or offerings of Counseling Services are discouraging participation by certain ethnicities or religions.
- Gain additional information regarding how other counseling services directors are responding to legal issues when there is not in-house legal counsel. Identify an attorney with mental health expertise and prepare for the contingency that, in *specialized* circumstances, approval could be obtained for a consultation.
- Continue to explore professional associations and organizations that offer legal support for counseling programs in higher education.

Part 9: EQUITY and ACCESS

Counseling Services (CS) staff members must ensure that services and programs are provided on a fair and equitable basis. CS facilities, programs and services must be accessible. Hours of operation and delivery of and access to programs and services must be responsive to the needs of all students and other constituents.

CS must be open and readily accessible to all students and must not discriminate except where sanctioned by law and institutional policy. Discrimination must be avoided on the bases of age; color; creed; cultural heritage; disability; ethnicity; gender identity; nationality; political affiliation; religious affiliation; sex; sexual orientation; or social, economic, marital, or veteran status.

Consistent with their mission and goals, CS must take affirmative action to remedy significant imbalances in student participation and staffing patterns.

As the demographic profiles of campuses change and new instructional delivery methods are introduced, institutions must recognize the needs of students who participate in distance learning for access to programs and services offered on campus. Institutions must provide appropriate services in ways that are accessible to distance learners and assist them in identifying and gaining access to other appropriate services in their geographic region.

Part 10: CAMPUS and EXTERNAL RELATIONS

Counseling Center Program Review

Campus & External Relations Report

Persons Contacted for the purpose of this report:

Chief Mike Belcher, Public Safety Director	by Max Barroso, ASUOP VP
Pacific Students (few responses)	by Max Barroso, ASUOP VP
Amber Brackett, Intake & Referral Officer, Crisis Dept, St. Joseph's Behavioral Health	by Dr. Gary Howells, Chair
Marla Ford, Consortium Coordinator for SJ Co Mental Health Services	by Dr. Gary Howells, Chair
Kathy Hunter, Director, Cowell Wellness Center	by Edie Sparks, SAD, COP
Marilyn Javier, Nurse Practitioner, Cowell Wellness Center	by Edie Sparks, SAD, COP
Alison Dumas, Assistant Director, SUCCESS	by Edie Sparks, SAD, COP

Dr. Bruce Peltier, Professor, School of Dentistry
Mary McGuire, Mc George School of Law
Resident Assistants
Peggy Rosson, Assistant Dean of Students
Steve Jacobson, Asst VP, Housing & Dining Services
Mylon Kirksy, Associate Director, Housing &
Greek Life
Mary Ann Pearson, Student Victim Advocate, Cowell
Wellness Center

by Edie Sparks, SAD, COP
by Edie Sparks, SAD, COP
by Nikki Hinshaw, Hsng/Greek Life
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**Council for the Advancement of Standards in Higher Education (CAS) Self-Assessment
Guide for Counseling Services: CAMPUS AND EXTERNAL RELATIONS**

Counseling Services (CS) must establish, maintain, and promote effective relations with relevant individuals, campus offices, and external agencies. Where adequate mental health resources are not available on campus, CS must establish and maintain close working relationships with off-campus community mental health resources. (p. 27-28)

Quality of Service Provided

Discussions with the parties listed above revealed that the Counseling Center is generally thought of as a highly valuable service department on campus whose counselors and staff work hard to provide the best possible care for Pacific students.

Internal partners specifically cited the “great care and concern” evident in the treatment of students by the counseling staff, “outstanding” grief counseling, and overall professionalism of the counseling center staff as strengths. Some of the people consulted specifically cited the effective leadership provided by Dr. Turks, the helpfulness of interns, and the sophisticated way in which the counseling centers own receptionist (Lindsay) skillfully handles discussions with students and faculty/staff. Dr. Turks was described as a “great work partner” who has made important contributions to improving the Counseling Center as well as campus life more generally.

Overall, internal partners expressed universal appreciation of the presence of highly qualified psychologists on campus during this period in higher education history when increasing numbers of students arrive on campus with serious mental health issues.

Although few undergraduate students on the Stockton campus were willing (reluctant to reveal that they had utilized the Center’s services) or able (because they had not utilized the Center’s services) to contribute specific insights to this report, those contacted provided favorable reviews of the Counseling Center’s services. R.A.s (simultaneously students and staff) who were interviewed reported using counseling services for themselves to help with balance, motivation, and feelings of depression and said they were comfortable with the services they received. However, they also reported a reluctance to utilize group sessions provided by the Counseling Center since privacy was not guaranteed and since they might find themselves in the uncomfortable position of joining a group that included a resident with whom they worked.

Graduate students on the Stockton campus reported a perception that counseling services were for undergraduates. Most thought they did not need the services because they were more mature and had developed the requisite coping skills that undergraduates often did not possess.

Some surmised that there might be a stigma attached to being a graduate student in need of counseling services.

Responsiveness, Access

For the most part, internal partners reported ready access to counseling center staff when needed. Reportedly, students on the Stockton campus generally enjoyed minimal wait time to see a counseling staff member. Staff from various partner departments reported that counselors were “willing to work with ...[them] to assist in getting help to students in need.” When asked, counseling center staff was willing to participate in campus wide events. Interns, in particular, were cited as especially accessible and able to offer their services for various committees, programs, and training. The individual and distinctive expertise of interns was seen as a particular strength, which results in the introduction of special programs and opportunities, such as the Safe Zone program.

Many internal partners expressed approval and admiration for the introduction of counseling center interns and acknowledged that national accreditation for the counseling center was a valuable goal that would support the expansion and strength of the intern program. This is a practical solution to the difficulty of trying to locate permanent counseling center staff. On the other hand, some drew attention to the shortcomings of a staffing plan, which included continual turnover of interns since long-term student clients were forced to re-adjust over and over again to new counselors.

One exception to the overall positive feedback about access was the wait time to see a Psychiatrist. Evidently this is a uniform problem on the Stockton, Sacramento, and San Francisco campuses. One of the most important consequences of this is delayed access to prescription psychotropic drugs. The Counseling Center in Stockton has worked around this problem by relying on the Director of the Cowell Wellness Center to prescribe “meds” in the absence of the psychiatrist, but this has led to other problems (please see Communication below). The lack of male and Asian counselors was specifically cited as a hindrance to “access” for those students who might feel uncomfortable speaking to a woman counselor or who would benefit from a counselor whose ethnic/racial background mirrored their own and informed the approach a counselor might take to discussing culturally-rooted stressors or challenges.

Outreach

During the Program Review Committee’s interview with Dr. Turks, she reported that previous efforts to initiate “outreach” programs (recommended by an external consultant) had failed to draw sufficient numbers of students and absorbed significant staff resources and so a decision had been made to provide “reactive” rather than “proactive” outreach services.

This approach drew specific criticism from a variety of internal partners who cited a need and desire for the Counseling Center to initiate a broader range and greater number of outreach programs for students that can be offered with greater frequency. In particular, outreach programs focused on alcohol/substance abuse (a current campus concern), alcohol tendency screening and depression screening were all cited as clear needs. Others cited the need to poll students to assess group-counseling needs on campus.

It is worth noting that the *CAS Self-Assessment Guide for Counseling Services* specifically states “CS should establish relationships with a wide range of student groups (e.g. student government; gay, lesbian, bisexual, transgender groups; fraternities and sororities) to promote visibility and serve as a resource to them.”(p. 28) Likewise, it advises CS to “establish

close cooperation with . . . specialized student services (e.g. services for students with disabilities, international and minority students, TRIO programs, women, veterans, return adult students).”(p. 27-28)

The fact that this committee had a hard time getting feedback from current students about the Counseling Center may highlight a failure to reach out to such student populations (in addition to underscoring that privacy prevents many students from sharing).

A particular group of students on the Stockton campus who expressed an interest in greater outreach to them by the Counseling Center were those undergraduate and graduate students working in staff positions in the residence halls. They felt that when they had had the opportunity to collaborate with and learn from counselors, it had been extremely helpful. For this reason they sought expanded outreach programming to them as front-line staffers to students as well as to the students with whom they worked. Some expressed a particular interest in having special opportunities designed to support their mental health even as they worked to support the emotional and mental well being of the students they serve. It was suggested that a group session designed to provide this form of support and to help them navigate the twin demands on them as students and as staffers supporting other students might be especially useful.

One particular concern expressed by graduate students in this position is that they did not always have access to Counseling Center services. It was reported that if a Graduate Resident Director chose to take the medical package offered as a part of his/her compensation as a staff member, he/she was no longer eligible for the student plan, including access to counseling services.

Outreach to other staff members on campus was also considered an area for improvement. For example, closer collaboration with Public Safety officers, perhaps in the form of a resource person, who could accompany officers in a crisis response situation, was viewed as desirable.

In general, several internal partners consulted for this report identified a need for additional programs and outreach to faculty and staff on campus. The CS self-study itself identifies an increase in the number of calls it received directly following the Virginia Tech incident. This tragedy highlighted for many faculty the need to better understand the psychological and emotional health challenges faced by increasing numbers of our college students today. The general upswing in the population of college students being treated for significant mental health disorders, identified over and over again in the interviews conducted for this report, highlights the need to ensure that faculty and staff with “front-line” responsibility for students’ well-being are prepared for the new challenges that the changed student population presents. Increased involvement by Counseling Center psychologists, certainly in new faculty orientation (where both the Counseling Center and Public Safety staff were noticeably absent this last year) but also in providing additional support services through seminars, workshops, etc. conducted for faculty and staff about how to deal with challenging students/student behaviors is being called for.

The *CAS Self-Assessment Guide for Counseling Services* specifically states “CS should foster relationships with academic units and with campus professionals in admissions [and the] registrar’s office . . . where appropriate”(p. 28). It also states “CS should work closely with the chief student affairs and chief academic affairs administrators to insure the meeting of institutional goals and objectives”(emphasis added, p. 27). It appears that partnerships with

some of these internal customers have not been pursued. In particular, Counseling Center collaboration with academic units and academic affairs administrators could be expanded and improved substantially. This would support expanded involvement with faculty as well.

Students at both the Sacramento and San Francisco campuses reportedly enjoy more limited access to counseling services and would benefit from expanded outreach by the Stockton Counseling Center staff. Personnel on both campuses expressed an interest in greater collaboration with the Stockton counselors, believing that such a partnership could be mutually beneficial.

A. Mc George School of Law

Two years ago, the Stockton Counseling Center staff initiated visits to the McGeorge School of Law in Sacramento demonstrating an impressive willingness to stretch their services to address unmet student needs within the university. Collaboration with Dr. Turks and other Stockton counselors was described as extremely positive and professional.

Reportedly, the number of law students in need of counseling (and health center) services is growing and currently is not being met by the number of hours provided by Dale Brody, MFT, Psy.D., a local therapist, and the Stockton Counseling Center staff in their periodic visits. Because of a general trend upwards in the number of students needing special accommodation and/or students with significant mental health issues and because the first year of law school is extremely stressful, Mc George is interested in expanding the counseling services available to its students. One indication that stress is a problem that needs addressing on the Sacramento campus is that student demand for appointments with the counselors significantly increases around exam periods and the number of available appointments is not accommodating all students.

It was also reported that currently there are no counseling-related or mental health oriented educational outreach programs on the Mc George campus but such programs “would be a good idea.”

B. Dugoni School of Dentistry

Of specific interest at the Dental School campus in San Francisco was increased access to someone who could prescribe psychotropic drugs. Presently, Dental Students’ counseling needs are provided by a Psychologist on the Dental School Faculty, Dr. Bruce Peltier. Psychiatry appointments are referred out to a local San Francisco provider and students typically wait one month before they can procure an appointment.

Exchange of ideas, expertise, training, and seminars between the San Francisco psychologist and Stockton psychologists was viewed as a desirable outcome. Although the Sacramento campus does not presently have an on-site psychologist, collaboration with their psychiatrist already exists and could be a first step toward a three-campus integration of mental and emotional health services. Such expanded partnerships might deepen the expertise that can be provided to counseling center interns and could serve to enrich and coordinate the types of services the university provides to its students at all three campuses.

C. External Groups

Contact with Stockton mental health providers external to the campus confirmed that outreach to such partners would help the Counseling Center to improve the service provided to students. This was underscored by the fact that the staff at St. Joseph’s Behavioral Health—the mental health center where students in crisis are transported—did not know who to contact at the Counseling Center on campus when questions about student patients arose; likewise, Counseling Center staff did not know who to contact at the St. Joseph’s Behavioral Health department if the need arose. Better face-to-face contact and connections with this external partner seems well worth pursuing; the Intake and Referral Officer at St. Joseph’s consulted for this report agreed.

In addition to improving the service and care provided to our students, collaboration and contact between the Counseling Center and St. Joseph’s Behavioral Health could potentially benefit counseling interns. Participating in professional development colloquia, etc. might be possible. In addition, participating in development opportunities conducted for the medical and therapeutic “public” in Stockton by the San Joaquin County Mental Health Consortium might benefit the Counseling Center interns and perhaps even the staff. Such opportunities might include lecture series, seminars with professional medical educators, and workshops such as the all day WRAP (Wellness Recovery Action Plan) session focused on providing people recovering from mental health issues with the tools they need for completing their recovery process.

Communication

Communication with internal and external partners was an area of weakness identified over and over again by those consulted for this study. Protecting student privacy above all else rather than sharing information about clients judiciously with appropriate partners to ensure the best care was cited over and over again as a barrier to maximizing the partnership between the Counseling Center and other campus and non-campus providers to support student well-being.

Evidently this has been a contentious issue for some time and stems from the Director’s desire to follow HIPAA guidelines as well as professional association standards protecting student privacy.

Yet many examples emerged where internal and external professionals alike cited a lack of information about a student’s mental health history as a factor in their inability to provide the best care possible. E.g. Cowell Wellness Center medical staff forced to treat a student’s physical symptoms without a thorough understanding of the mental health component(s) of the problem; health center director asked to prescribe anti-depression medication on the recommendation of a counselor without being given access to the student’s mental health records; a public safety officer who contacts a student drinking in public, pours out the alcohol, and releases the student without knowing or noting that the student has a mental health disorder exacerbated by alcohol; a student seen at the Counseling Center for cutting themselves, but because they are not perceived to be a danger to themselves or others no other staff is given notification. External partner St. Joseph’s Behavioral Health also identified a lack of information about students’ medical/insurance/family as limiting their ability to provide the best and fastest care to students admitted to their facility because the patients were often unable to provide such information themselves when they arrived.

Interns and counselors who used “coded” language or broad generalities to answer questions from internal partners about the mental health history of a student client, an unwillingness to share medical records even with other licensed health professionals, and an

unwillingness to share select information with internal partners in other campus offices to whom the counseling center might otherwise be able to make a helpful referral, were all cited as examples to illustrate how improved communication would enhance the way we care for the emotional and mental health of our students.

Considerable confusion was reflected in some of the comments gathered for the report: What information could or could not be shared? What can or should be done if a student is in immediate crisis and only one person is on call for the counseling center? Who should be called if a student is hospitalized for mental health issues at night or after business hours? What is considered “private” information? Why do referrals only go in one direction with the counseling center (i.e. should they or could they also refer student clients to other offices on campus better suited to provide particular kinds of services)?

Overall, focusing on improved communication, clearer cut rules (and explanations why) about the kinds of information that can be shared, and a more open attitude toward mutual understanding of students’ needs and the services that would best serve them, would improve all other areas of the counseling center’s performance: the quality of service, responsiveness, access and outreach.

Results of the All-Stockton-Campus Faculty/Staff Survey

The Committee developed a survey to gather some basic information about faculty and staff experience with the Counseling Center. Michael Rogers at the Institutional Research Office formatted the survey for Internet use. The Survey in the appendix was sent out as a URL link in the Campus E-News, on at least two consecutive editions. The link was also e-mailed to all faculty and staff via an e-mail list maintained by the Marketing Division. Sixty Stockton campus faculty or staff responded and 55% (33) of these reported having contacted the Counseling Center for any reason. Forty three percent had sought out advice to provide a student and 62% suggested that a student seek assistance from Counseling Services and all of the faculty and staff were satisfied with the responses to their requests for information or advice. About 62% of the sample had suggested that a student seek assistance. Of these referred students, most did not provide any additional information to the faculty/staff member, but about 28% had expressed some dissatisfaction. This finding was consistent with additional comments provided by some interviewees, suggesting that the results were mixed.

With regard to the availability of printed material advertising, only 16% gave an unqualified positive response. Most of the responses (67%) reported that they were unaware of any Counseling Services information available or posted around their Departments. About 60% reported being more vigilant after the Virginia Tech shooting. About 30% thought it would be a good idea for a Counseling Services staff member visit to their Department could be helpful. More (about 42%) wanted a visit to their Department to describe how they could assist a student and that a brief stress management or conflict management workshop for students in their living groups could be helpful.

Finally, over 58% of the faculty and staff respondents indicated that since the Virginia Tech shooting, they are more vigilant in watching for student problems. The good feature of this is that such vigilance may provide the possibility of early intervention. However, this is only going to be likely if faculty and staff know what to do and act AND if there is an adequate number of staff available to promptly see and triage for those needing immediate assistance.

Due to the relatively small sample size, the survey may not have been as helpful as it could have been. The survey results did underscore the need for regular contact between Counseling Services staff and Departments. The availability of a poster for Counseling Services offerings may be helpful and these could be located in Departmental common areas, as well as common areas in living groups. It is apparent that most faculty have not seen Counseling Services brochures, nor are they apparently regularly displayed where students might pick them up without feeling singled out as a “stress case” by a well-intentioned faculty member.

Probably of most significance was the 28% dissatisfaction feedback rating. This is not brought up to be critical of Counseling Services. Likely, it would be similar on every campus. What is important about it is that it backs up Dr. Thomas’ suggestion of the need for a student survey that goes beyond assessing Counseling Services student clientele (which may provide too rosy a picture, since those students found their way to become clients and likely were returning regularly for services). We need to know more about the student who needed services but may have been turned off by what friends told him, or by the procedures for making an appointment or by not having a therapist that they were able to feel comfortable with because of gender, ethnicity, or whatever. Counseling Services needs information as much about the needy students who don’t become regular clients as they do about the ones who did.

In fact, based on the 2007 survey of the American College Counseling Association, that over 91% of universities now find more students with severe psychological problems and over 87% of universities noting increases in students arriving already on medication, NOT identifying and NOT getting these students to access services when needed is a VERY serious problem!

Self-Study Recommendations for this area:

- Greater Access to Consulting Partners
 1. Service to students is negatively impacted without sufficient access to a Registered Dietician.
 2. Additional funding from the Institutional Priorities Committee is the best way to pay for the needed resources. It is imperative that mental health resources remain a funding priority for Pacific.

Program Review Committee Recommendations for this area:

- Increase the number of counseling staff persons—according to IACS guidelines, there should be FIVE full-time therapists (including the Director) to effectively handle the student needs for the Stockton, McGeorge, and Dugoni campuses.
- Expand outreach to student organizations; work collaboratively to identify problems that need addressing on campus
- Launch a proactive outreach program aimed at “problem” areas identified on campus (including the Sacramento and perhaps even the San Francisco campus)
- Seek expanded integration/collaboration with academic units and officers to enhance support services, training and outreach to faculty
- Query other student service offices on campus about their needs and work collaboratively to pursue appropriate programming
- Seek a partnership with each of these offices, determining opportunities for sharing information, providing referrals, etc.
- Explore ways to expand access to psychiatrists on all three campuses

- Provide access to mental health records for any university personnel asked to prescribe mental health medications
- Seek an expanded collaborative relationship with appropriate personnel on Sacramento and San Francisco campuses; integrate interns into plans
- Seek a more collaborative relationship with community mental health partners; integrate interns into these plans
- Design a clearer communication plan for situations involving mental health crisis involving students, including clearer ways to share pertinent medical information with St. Joseph’s Behavioral Health doctors
- Consider ways to integrate alcohol/substance abuse specialists into staffing plan
- Orientation is an excellent time to connect with and provide information to parents; however, students are often on overload. Staff visits to individual living groups with short presentations after they have been in school for 4-5 weeks and are experiencing stress of homesickness, relationship breakups, and impending course deadlines may be more effective.

Part 11: DIVERSITY

Within the context of each institution's unique mission, diversity enriches the community and enhances the collegiate experience for all; therefore, Counseling Services (CS) must nurture environments where commonalities and differences among people are recognized and honored.

CS must promote educational experiences that are characterized by open and continuous communication that deepens understanding of one's own identity, culture, and heritage, and that of others. CS must educate and promote respect about commonalities and differences in their historical and cultural contexts.

CS must address the characteristics and needs of a diverse population when establishing and implementing policies and procedures. (CAS manual, p. 28 – 29)

Counseling Center Program Review

Accessibility: Multicultural Perspective Report

Persons contacted for the purpose of this report:

Serjio Acevedo, Director, Multicultural Affairs
Daniel Nuss, Director, Disability Resource Center
Ines Ruiz-Huston, Director, CIP
Analiese Richard¹, Assistant Professor – Anthropology

by Delores E. McNair
by Delores E. McNair
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Access in relation to students with disabilities

There were no concerns raised regarding students with disabilities. However, it is important to note that the respondents gauged their perspective primarily on “not hearing any complaints” from students. It is not clear whether or not the current location presents barriers for

¹ Dr. Richard was contacted in relation to her role as advisor to Native American student groups at Pacific. She indicated “...I’m not sure I can provide any feedback about accessibility to students of color because I’m not familiar with Counseling Services and have never had occasion to refer a student there” (email, 12/13/07).

students with mobility or visual impairments. It may be helpful to survey students who are not using CS to assess perceptions among students with disabilities.

In terms of the location in general, there was a strong identification among respondents between Cowell Wellness (CW) and CS. This was seen as a positive trait; the location was not seen as a barrier to overall access. The location and relationship with CW was considered a benefit in that students might not feel stigmatized about going to CW/CS; as one person noted, “This is a small campus and things get around.” The current location appears to offer students a sense of privacy.

Access in relation to students of color

Respondents indicated students they work with have reported positive interactions with CS and that students are getting their needs met. There was consensus that it would be helpful to have a CS professional with an Asian American background who could support the population of Asian American students on campus; there was a sense that the family pressures these students face may not be understood by non-Asian professionals.

Suggestions for strengthening programs for students of color included developing partnerships with student groups to offer programs. The Director of Multicultural Affairs suggested: “During the cultural heritage months we’re going to invite others on campus to present programs. I would like to encourage CS to submit a program during Asian/Pacific Islander month: For example, *“How to Change Majors without Disappointing Your Parents.”*”

There was a strong sense that collaborating on outreach events with student groups could improve attendance and ensure the program meets students’ needs.

On page 40 of the program’s self-study report there is a description of student use of counseling services by ethnicity; the descriptive statistics are compared to the overall campus population. While the report suggests, “The rank order of the ethnicity of the client population roughly mirrors that of the campus population,” a further examination indicates that students are not using the services in proportion to their representation. For example, white students appear to be overrepresented in terms of the population served (56% of clients but 45% of campus population) and Asian students appear to be underrepresented (17.9% of clients service but 30% of campus population).

Access in relation to students who identify as LGBTQI

Programs for students who identify as LGBTQI were consistently described as “top-notch” and “outstanding.” There were no major concerns about the ability of CS to meet the needs of this community. One respondent did indicate that the Safe Zone training efforts may need to be better coordinated with the Pride Center. There was a sense that this training is often assigned to an intern and the level of commitment/collaboration can vary substantially each year as the interns change.

Self-Study Recommendations for this area:

No self-study recommendations for this area

Program Review Committee Recommendations for this area:

- Continue to diversify counseling staff (including support staff, paraprofessionals, and professional staff)
- Expand outreach to student clubs and other offices on campus (such as Multicultural Affairs and residential life)
- Develop collaborative programming that addresses specific cultural needs of student groups
- Consider alternative approaches to training opportunities, such as Safe Zone, to increase collaboration and ensure consistency from year to year
- Conduct an accessibility audit of the space to ensure it is physically accessible to students who use wheelchairs or have other mobility concerns, are substantially overweight (i.e., do chairs fit all students?), and students with other disabilities.

Part 12: ETHICS

All persons involved in the delivery of Counseling Services (CS) must adhere to the highest principles of ethical behavior. CS must develop or adopt and implement appropriate statements of ethical practice. CS must publish these statements and ensure their periodic review by relevant constituencies.

The Committee, as part of interviewing found no issues in this area beyond those provided in the Counseling Services self-study.

Part 13: ASSESSMENT and EVALUATION

Counseling Services (CS) must conduct regular assessment and evaluations. CS must employ effective qualitative and quantitative methodologies as appropriate, to determine whether and to what degree the stated mission, goals, and student learning and development outcomes are being met. The process must employ sufficient and sound assessment measures to ensure comprehensiveness. Data collected must include responses from students and other affected constituencies.

Counseling Services has been doing assessments of their client population. The information being collected appears to be appropriate. However, the individual responsible for the data entry and analysis is no longer with the program and there does not appear to be anyone who can access the data for any further inquiries than was already included in the self-study.

Program Review Committee Recommendations for this area:

- Identify a staff member or obtain outside technical assistance to access the data base of student client information so that more detailed questions can be answered from the data
- If the data cannot be accessed, then set up a different system for data storage and analysis that will permit future access

IV. Conclusion

The Committee found that Counseling Services is being administrated effectively and staff are dedicated. In focusing on Organization & Management: Human Resources, Equity and Access/Diversity, Campus and External Relations and a combined look at Facilities, Finances, and Legal/Ethical Issues, the committee did not wish to imply that other areas should be ignored. The Committee determined that increasing Counseling Services to a full-time staff of five and increasing salaries of therapy staff in order to attract professionals to fill empty positions and to insure retention of existing staff is a major priority. Student concerns of delays in getting initial appointments and concerns that Counseling Services could provide increased outreach into the University community, including McGeorge and Dugoni, would be addressed by increased staff. Other issues that were considered of immediate importance included funding of additional psychiatry hours, which would address both student concerns of reasonably rapid availability but should also decrease the need for Health Services to provide backup prescription writing. There are most certainly ways in which communication can be improved and this includes giving students more of an opportunity to have information shared, if they desire. The Committee examined the long-term goal of having Counseling Services certified as an American Psychological Association pre-doctoral internship site and concluded that current conditions are not right for proceeding with site accreditation, although this could remain a longer-term goal.

APPENDICES

Appendix A: Comments by Dr. Barbara Thomas, Counseling Center Director, at the University of San Francisco

Dr. Thomas agreed to join the Committee and she participated in Committee meetings via speakerphone connection and she spent an entire day on the Pacific Campus visiting the Counseling Services and interviewing key staff members. She also met with Committee members on the day she was on campus. Dr. Thomas is the only member of the Committee who has had direct experience administrating a Counseling Center and her oral input in discussion was extremely helpful. In addition, she prepared the following written comments:

1. Confidentiality and sharing of records: This is a very sticky topic and every director I know plays it somewhat differently. The issue of litigation is different from loss of license and that seemed to get lost in your discussion. Whether or not a university would defend a therapist successfully does not necessarily resolve the loss of license issue. It is much like winning the criminal suit and losing the civil (e.g., OJ). With that in mind I always weigh what am I most likely to be sued for and how will the state board react. I share information as required by law e.g., abuse and/or as permitted by license e.g., danger to self. However, I believe that a release signed as a matter of course and part of the intake procedure is advisable. In my experience most students are far less concerned about this than we are as practitioners. The release could have an "opt out" phrase that allows students who do not want information shared with Health Services on an any other than already allowed basis to indicate this.

How this all dovetails with the Titanium system I am uncertain but it is legal and professional protection via informed consent and student signature.

A related discussion was that proposing a "troubled student panel" or student of concern committee or some other like named body. The national standard as it relates to Counseling Center involvement in such groups, as culled from the Association of University and College Counseling Center Directors and International Association of Counseling Centers, is that representation be limited to providing general mental health direction and NOT include any sharing of information related to clients without explicit release to do so, again with the exceptions previously mentioned. The Counseling Center rep. can, however, take information back to the treating clinician if the student is a current client.

2. Re: access to University Counsel legal I would reiterate that I do not believe a general practitioner, even one as skilled as Michael Vartain, can adequately address the concerns of Counseling Centers. In the past I have utilized my membership in various professional organizations to consult with the attorneys they have on retainer. This has included APA, CAMFT, OCCDHE, and CPA. While I have found their input helpful it is not always in agreement. If there is a serious threat of suit APA has advised that the institution retain a specialist in mental health litigation to advice clinicians. I like that idea.

3. In review of the existing staffing at the center it was clear that IACS guidelines were marginally met (1 clinician per 1,000 students). Despite the prestige and increased recruitment potential inherent in APA internship accreditation I would advise against pursuing it at this time. It is an enormous undertaking and will demand the attention of the applicant for many months. This is best addressed once staffing is complete.

4. If not already in place I would encourage the center to create a student "experience" survey to replace the satisfaction survey, one that would entail specific outcome achievement and could be administered on line via Survey Monkey. This would provide more useful data as services are evaluated. Additionally, the funds should be made available to include the use of the Outcome Questionnaire-30, a nationally validated assessment instrument. The cost is minimal, \$200/year, and the expense of a PDA to complete at intake and subsequent sessions. Both of these additions would be relatively easy to implement and would greatly enhance the outcome data the center would be able to share. Finally, I would identify only a few (20%) longer than one hour, outreach programs to evaluate, and have specific learning outcomes set for them that are not satisfaction measures. The loss of time in completing forms is seldom offset by the information gained.

5. Staffing is always an issue but the concern re: front office procedure would be reduced by having an office assistant dedicated to the mental health clinic. Those services should not be required to take a back seat to the medical arm and the need for "ongoing" training of dual role personnel would be eliminated.

6. Struggles with filling group therapy options are noted in Stacie's report. This is the NORM within college and university counseling centers and should NOT be viewed as a deficit. Furthermore, it is often a waste of time and of money to promote groups when the history (and surveys) tells you they are not desired by the students. In this case even if you build the field they may not play. In lieu of this approach it is recommended that groups be formed from the existing clientele as session limits are reached. In the case of a wait list groups can be offered as an alternative. Finally, if there is a shared trauma, e.g., sorority member death, within an intact group then that therapeutic option may be appropriate

Barbara Thomas, Ph.D.
Director
USF Counseling Center
415-422-6352
thomasb@usfca.edu

Appendix B: Campus-wide Survey of Faculty and Staff

1. How many years have you been a faculty or staff member at Pacific? _____

2. Have you ever contacted the Counseling Center for any reason (e.g., directions, information about services, help for yourself in dealing with a student, etc.)?

Yes No No, but I considered it on one or more occasions

3 Have you ever contacted the Counseling Center **for information about how you might personally help or give advice** to a student? Yes No

If so, how satisfied were you with how this was handled?

1 Either I did not receive a reply or the information from Counseling Services was insufficient

2 I received an adequate follow up from Counseling Services

3 I received a lot of helpful information from Counseling Services

4. Have you ever contacted the Counseling Center **for information about making a referral** of a student for services? Yes No

If so, how satisfied were you with how this was handled?

1 Either did not receive a reply or received insufficient information from Counseling Services

2 Received an adequate follow up from Counseling Services

3 Received a lot of help from Counseling Services

5. Have you ever **suggested to a student** that they should seek assistance from Counseling Services? Yes No

If so, how satisfied were you with how the process was handled?

1 Student reported back in some way indicating dissatisfaction

2 Student did not report back to me

3 Student reported back in some way indicating satisfaction

6. Have you ever made **specific referral** of a student to Counseling Services (i.e., called Counseling Services and provided them with the student's name and other information)? Yes No

a. If so, what did your learn from the student about how the process was handled?

1 Student reported back in some way indicating dissatisfaction

2 Student did not report back to me

3 Student reported back in some way indicating satisfaction

b. If so, what kind of follow up response did you receive from Counseling Services?

1 Thought I should have gotten feedback from Counseling Services

- 2 Received no response from Counseling Services but understood that I would not
 - 3 Received follow up information or additional requests for information from Counseling Services
7. Has the Virginia Tech shooting increased your awareness of the importance of monitoring students for mental health issues
- 1 No
 - 2 No, I feel that I was already monitoring student activities sufficiently
 - 3 Yes, I feel that I am watching more closely and am more likely to contact Counseling Services if I have a concern
8. Please indicate whether you would like to see the Counseling Center do any of the following (check all that apply)
- 1 A Counseling Services staff member make a visit to my Department or unit to describe in person the services that are available to students
 - 2 A Counseling Services staff member make a visit to my Department or unit to describe in person the services that are available to students
 3. A Counseling Services staff member make a visit to my Department or unit to describe in person what faculty or staff could personally do to assist students during stressful times
 - 4 Counseling Services should offer brief stress management or conflict management workshops to students in their living groups or at the Counseling Services center
 5. Other. Please e-mail me with additional suggestions that do not fit the format of this survey (ghowells@pacific.edu)

Thank you for participating in this survey. It will help us a lot with the Program Review Process

Appendix C: Student Survey of Knowledge and Experience with Counseling Services

The purpose of this survey is to provide information to the Counseling Services Review Committee about student's impressions and experiences with counseling services at Pacific. Please take a few minutes to fill it out and return it to the envelope provided.

1. What is your year in school?
2. What is your gender? M or F
3. What is your ethnicity?
4. Have you ever contacted the counseling center (e.g., information about services)?
Yes No No, but I have considered it
5. If you were facing distress how likely would you be to contact the counseling center?
 - 1 Would not consider it
 - 2 Not likely
 - 3 Likely
 - 4 Definitely would
6. Have you ever contacted the counseling center seeking advice or treatment?
Yes No

If so, how satisfied were you with the service?
 - 1 The help and information was insufficient
 - 2 The help and information was adequate
 - 3 The help and information was very helpful