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Outreach practices of a small college counseling center: A comprehensive model to serve the college community

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Outreach Practices of a Small College Counseling Center: A Comprehensive Model to
Serve the College Community

A Dissertation Presented

by

JESSICA R. FERRIERO

Submitted to the
Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements of the degree of

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College of Education

Outreach Practices of a Small College Counseling Center: A Comprehensive Model to
Serve the College Community

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DEDICATION

To my incredibly supportive and loving husband

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An undertaking of this magnitude cannot be accomplished without the love, support, and encouragement from many people. I wish to recognize a few of their contributions without which this dissertation would not have been possible. To my husband, Greg, thank you for not letting me give up. Thank you for your unconditional love and for your steadfast support throughout this process. I am truly grateful and extremely fortunate to have such an amazing person in my life.

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ABSTRACT

OUTREACH PRACTICES OF A SMALL COLLEGE COUNSELING CENTER: A COMPREHENSIVE MODEL TO SERVE THE COLLEGE COMMUNITY

MAY 2014

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Over the past 10 years college counseling centers (CCCs) have been urged to broaden their focus considerably and to serve the entire campus community due to increases in student mental health issues. Engaging in outreach efforts is one way to address campus wide needs. However, few research efforts have been conducted to systematically investigate how outreach is practiced at a small college. The dialogue around outreach has focused on single programs at large institutions rather than the network of interventions that occur on a campus. The purpose of this study is to understand the web of relationships between a counseling center and the college community. This qualitative case study describes the various outreach activities of a small college counseling center from the perspective of the counseling center staff and members of the college community. Using ethnographic tools (i.e., semi-structured interviews, focus group, and context analysis), this study describes the different systems the counseling center navigates to serve the college campus. The study identifies how members of a counseling center develop a shared pattern of outreach behavior. This study

adds to the literature in several ways: it increases our understanding of how a small college counseling center supports the campus community and provides a model or framework for how outreach is performed on a smaller campus.

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CHAPTER 1

MENTAL HEALTH ISSUES ON COLLEGE CAMPUSES

The notion that student mental health is a growing concern in higher education is virtually undisputed. High-profile media cases, like Elizabeth Shin's suicide at MIT in 2005 and the Virginia Tech shooting in 2007, have sparked national interest in student mental health. Campus-wide problems, such as drug abuse, student attrition, violence, and suicide, are escalating. Accompanying the demands for more campus-wide efforts are increased demands for individual counseling services (Archer & Cooper, 2001; Benton, Robertson, Tseng, Newton, & Benton, 2003; Erdu-Baker, Barrow, Aberson, & Draper, 2006; Farrell, 2008; Gallagher, 2009, 2010; Kitzrow, 2003; Soet & Sevig, 2006; G. Stone & Archer, 1990; Trela, 2008). As a practitioner in the field of college counseling, I have experienced more pressure to identify distressed students, greater requests to participate in academic and student affairs activities (e.g., guest lecture, leadership training, and educational workshops) while managing a larger caseload of students. Research and experience suggest that counseling centers need to find more ways to support the campus community. Outreach is one way a counseling center can address the growing needs of the college community.

College counseling centers (CCCs) play a vital role in the mission of higher education. Counseling centers on college campuses practice psychotherapy within an educational context and have a multiplicity of functions (e.g., crisis management, student safety, counseling, consultations, and training). CCCs serve the student population, the larger institutional mission, and the organization's goals (e.g., enrollment, and retention). Counseling center personnel are in a strategic position to meet the needs of the campus

community by reason of their background and extensive personal contact with students. Counseling centers make valuable contributions to the development of institutional programs and policies (Kirk et al., 1971), facilitate student retention (Bishop & Brennenman, 1986; Gerdes & Mallinckrodt, 1994; Gidden & Weiss, 1990; Sharkin, 2004; Turner & Berry, 2000; Wilson, Mason, & Ewing, 1997), and impact students' academic success (Boyd et al., 1996; Choi, Buskey, & Johnson, 2010).

For decades various associations in the field of college counseling have outlined standards of practice (see International Association of Counseling Services [IACS], 2011; Kirk et al., 1971; Leventhal & Magoon, 1979). Outreach activities are considered a key component in counseling services by accreditation agencies and leading researchers in the field (Cooper & Archer, 2002; IACS, 2011; Kadison & DiGeronimo, 2004). The U.S. Senate (S.2215) and U.S. House of Representatives (HR. 3593) passed a bill, the Campus Care and Counseling Act (2003). The bill amends the Higher Education Act of 1965 and was signed into law by President Bush in 2004 (Sharkin & Coulter, 2005). The statute addresses the increase in student mental health issues among college students and recognizes that without treatment college students are at risk for a number of issues (i.e., suicide, dropping out of college or isolation). The statute demonstrates national commitment to funding counseling centers in order to enhance prevention and research endeavors (APA, 2004; Sharkin & Coulter, 2005).

A report from the Massachusetts Department of Higher Education (2008) on best practices for violence prevention made several recommendations to address mental illness on college campuses. The first was early detection and prevention through accessible mental health services and consultations with faculty members (O'Neill, Fox,

Depue, & Englander, 2008). Promoting prevention and emphasizing community outreach is critical to creating strong mental health services on college campuses (Kadison & DiGeronimo, 2004).

The purpose of this study is to describe how members of a counseling center conceptualize outreach and establish relationships the college community. The literature is full of recommendations for practice, but less is known about which recommendations have been implemented. This study seeks to identify a model of outreach activities performed by a small college counseling center. The goal of the study is to create a map of the relationships between the CCC and the college community from the perspective of the counseling center staff members. The dialogue around outreach has focused on single programs rather than the network of interventions that occur on a campus. Identifying what the network of connections looks like and how the center promotes wellness education and prevention will increase higher education administrators' and clinical practitioners' understanding of how counseling centers can support more of the student population. This qualitative case study provides some much-needed research on outreach practices.

Construct Definition

Outreach is a central construct in this study and warrants specific attention. The International Association of Counseling Services conceptualization of outreach is well suited for this study. Outreach interventions are preventative and developmental in nature. Outreach interventions focus on the “developmental needs of students” and “increase the capacity to engage in a personally satisfying and effective style of living”

(IACS, 2011, p. 168). They enhance students' ability to engage in social and academic aspects of the community by helping them develop skills or knowledge (IACS, 2011). For example, it is not uncommon for students to seek personal counseling for roommate conflicts. An educational workshop on healthy relationships could teach students about communication skills and ways to approach conflict. These skills could help a student form closer relationships, which result in him or her feeling safe to explore different parts of his or her identity (developmental). This type of workshop could also prevent conflicts from arising between roommates if they learn how to communicate effectively with each other (preventative).

Prevention is broadly understood as a way of eliminating or mitigating the cause of a disorder before an illness is fully developed (Coie et al., 1993). The benefit of preventative health care is documented in various branches of medical research (e.g., Cohen, Neumann & Weinstein, 2008; Dixon et al., 2011; O'Brien et al., 2000; Ringash, 2001; Van Citters & Bartels, 2004). For example, screening women at an early age for breast cancer reduces breast cancer mortality rates (Ringash, 2001). There is evidence that outreach increases access to mental health care in underserved populations (e.g., elderly) and improves psychiatric symptoms in clinical populations (Van Citters & Bartels, 2004).

Educational programs are found to reduce levels of distress and increase coping abilities in families of persons with mental illness (Dixon et al., 2011). Educational programs, such as youth mentoring, enhance adolescent girls' self-esteem and academic focus (Kuperminc, Thomason, DiMeo, & Broomfield-Massey, 2011). Outreach interventions that target suicide prevention, depression, childhood anxiety, and early

psychosis are cost effective (Mihalopoulos, Vos, Pirkis, & Carter, 2011). The U.S. Prevention Task Force identifies cost effective prevention programs that reduce mortality rates (e.g., cancer screenings, flu vaccinations, and counseling adults to quit smoking) (Cohen et al., 2008). Similarly, college communities benefit (e.g., increase understanding or change attitudes) from prevention initiatives on campus (Davis & Liddell, 2002; Kuffel & Katz, 2002; Schwartz, Magee, Griffin, & Dupuis, 2004).

Preventative aspects of outreach efforts are those that encourage positive self-appraisal and facilitate psychological resilience. Preventative interventions focus on managing stress before more serious mental health issues develop. An inability to manage stress could result in the experience of anxiety, panic attacks, insomnia, or drug or alcohol abuse. Other preventative activities reduce the risk of student violence, such as identifying distressed students before a student takes his or her life.

Students, peer groups, family members, faculty, and staff may be the targets of outreach interventions on a college campus (Morrill, Oetting & Hurst, 1974). The type of intervention could be indirect and take the form of training workshops and consultations as well as direct support services for students. Training workshops and consultations are aimed at helping other members of the community (i.e., faculty and staff) address problems that impede student success (IACS, 2011). The counseling center could help teach faculty how to identify and support distressed students. Direct interventions are activities that involve interactions with students, like a workshop on healthy relationships. The present study focuses on developmental and preventative dimensions of outreach, the various targets of the intervention, and indirect and direct forms of interventions.

Contextual Factors

There are several contextual factors that may impact outreach practices. These factors are not fully substantiated in the literature (i.e. labeling entire generations of college students is controversial) and should be viewed as tenuous interpretations of the larger discourse on student mental health. First, the college student population is believed to be radically different from previous generations of students. Students of the new millennial are more diverse (Hodges, 2001; Howe & Strauss, 2000). This generation is described as being overwhelmed, disengaged, and competitive (Sax, 2003). Howe and Strauss characterize Millennials (i.e., students born between 1982 and 2004) as special, sheltered, confident, team-oriented, conventional, pressured, and achieving. These students are raised in a more global and technologically advanced world. They have relationships over text messaging, Facebook, and Skype. Students may lack interpersonal skills needed to form face-to-face relationships in college (Elam, Stratton, & Gibson, 2007; Howe & Strauss, 2000). They are described as more psychologically fragile due to over parenting (Marano, 2004). A professor compared survey data from students he had in class between 2005-6 with data from the students he had in class before 1987 (Steward, 2009). This case study describes Millennials as less optimistic, self-confident, interpersonally aware, reflective, self-controlled, and modest (Stewart, 2009).

The millennial generation is therapy wise. Students come to college having been in treatment for a mental disorder or on psychotropic medication (Farrell, 2008; Gallagher, 2006, 2010, 2011; Soet & Sevig, 2006). For example, a study of 939 students at a large Midwestern university found that 14% of the students reported taking psychotropic medication in the past and 30% reported ever have been in counseling (Soet

& Sevig, 2006). In the last two years, directors of counseling centers report nearly 25% of the students who seek counseling are on psychotropic medication, which is up from 20% in 2003 (Gallagher, 2010, 2011). A study of nine CCCs identified that 28% of the students who received counseling (N=5000) had mental health treatment prior to entering college, and 20% of the students were previously medicated for mental health needs (Farrell, 2008). It is possible that the stigma of counseling has decreased, since more students have been brought up knowing that that can talk out their problems in counseling (Berger, 2002). Despite having compelling evidence that generations of students are markedly different, labeling entire generations of students is not without controversy. Not all students fit within the stereotype of “Millennial,” need therapy, or lack confidence and social skills. Believing that everyone acts in the same way based on samples and statistical trends is a reductionist perspective. Nevertheless, this generation of students may experience college differently.

Secondly, the landscape of college student mental health is undoubtedly changing in that students have more complex problems (e.g., family dynamics and developmental issues), and more students are seeking mental health counseling (Benton et.al., 2003; Erdu-Baker et al., 2006; Farrell, 2008; Gallagher, 2006, 2010; Kitzrow, 2003; Robbins, May, & Corazzini, 1985; Soet & Sevig, 2006; G. Stone & Archer, 1990; Trela, 2008). This generation of students experience more severe psychopathology (e.g., suicidal ideation, sexual assault, and personality disorder) than previous generations (Benton et al., 2003; Cooper, 2000; Erdu-Baker et al., 2006; Gallagher, 2006, 2010; 2011, 2013; Pledge, Lapan, Heppner, Kivlighan & Roehlke, 1998; G. Stone & Archer, 1990). For example, directors of counseling centers believe that rates of self-injury, eating disorders,

alcohol or illicit drug abuse have increased (Gallagher, 2010, 2011, 2013). There are increases in depression and suicide ideation among college students (Benton et al., 2003). Universities across the nation report a 40%-55% increase in students seeking help at counseling centers in the last five years (Soet & Sevig, 2006). Survey data of over 96,000 college students indicated within a twelve month period students experienced a range of emotional issues: (46.5%) experienced hopelessness, (84.3%) felt overwhelmed, (57%) felt very lonely, (60.5%) felt very sad, (51.3%) felt overwhelmed by anxiety, (31.8%) felt so depressed it was difficult to function, (8%) seriously considered suicide, (1.6%) attempted suicide and (6.5%) intentionally self-injured (American College Health Association, 2013). More than 75% of lifetime cases of mental illness begin by the age of 24 (National Institute on Mental Health, 2005) and college students are twice as likely to seek counseling while in college than the general population (Soet & Sevig, 2006). It is important to note that not all researchers report an increase in mental health issues or severity and the use of directors' retrospective beliefs about trends in mental health counseling has been criticized (Jenks Kettmann et al., 2007; Sharkin, 1997, 2004; Sharkin & Coulter, 2005).

Third, campuses across the country are seeing an increase in student violence in the form of suicide or harm against others. Suicide is the third leading cause of death for 15-24 year olds (Centers for Disease Control, 2012). Nearly 30% of directors report an increase in student violence in 2010 (Gallagher, 2010). It is estimated that an average of 16 killings a year occur on college campuses in the U.S. (Davies, 2008). Directors of counseling centers report being aware of 133 student suicides in 2010 and 69 in 2013 (Gallagher, 2010, 2013). Moreover, the American College Health Association (ACHA)

2011 survey of nearly 95,000 students from 113 institutions, suggest within the past year of the survey 1098 students attempted suicide and over 6,600 seriously considered suicide. These statistics provide evidence for our growing concern over student mental health.

Colleges are responsible for managing student safety and in some cases have a legal duty to protect students from foreseeable harm based on a “special relationship” between the student and the institution (Kaplin & Lee, 2007). Students who experience acute distress may be a safety risk on campus. The Columbine High School shooting and more recently, shootings at Virginia Tech, University of Central Arkansas, and Northern Illinois are not isolated incidents. Research indicates that the perpetrators of these shootings “experienced mental health problems before their decision to engage in violence” (Jenson, 2007, p. 132). These incidents were highly publicized and do not represent behaviors of all distressed students. Nevertheless, college administrators across the country are acutely aware of issues pertaining to student mental health and safety. Acts of violence on a college campus have a profound effect on members of the community (Flynn & Heitzmann, 2008).

Lastly, it is important to recognize that counseling centers do not operate in a vacuum and are a microcosm of college financial pressures. Each department is pressed to identify how they contribute to the educational mission of the college and how they support enrollment and retention efforts (Bishop, 2010). The value of counseling centers is questioned during fiscal crises (Heppner, Neal, & Hamilton, 1980; Trembley & Bishop, 1974). Counseling centers have been under-resourced for years and continue to struggle with managing the increased demands for counseling (Farrell, 2008; Hodges,

2001). Directors of counseling centers express concerns in a number of areas, such as staffing, workspace, technology, and preventing staff burnout (G. Stone & Archer, 1990). Directors frequently cite low resources and high demands as the reason for limiting counseling services to students (Coranzzini, 1997; Much, Wagener, & Hellenbrand, 2010; G. Stone & McMichael, 1996). Service limitations impact the quality of care (e.g., number of sessions, types of issues addressed, and outside referrals), research productivity, the number of outreach programs and collaboration with other departments (Coranzzini, 1997; G. Stone & McMichael, 1996). Directors report being “in the trenches” because their time is spread thin between leadership, management, and clinical functions (Archer & Cooper, 2001; Gallagher, 2013).

CCCs must provide high quality care to more clients with serious psychological issues and meet the growing needs of the college environment, while continually demonstrating, via research and evaluation, how CCCs serve the mission of the institution in the context of a reduced budget (Bishop, 1991; Cooper, 2000; Coranzzini, 1997; Hodges, 2001; Trembley & Bishop, 1974). As a result, college counseling centers have been urged to broaden their focus considerably and to serve the entire campus community. Outreach is one way to address campus-wide needs.

Significance of the Study

Students’ educational achievement goes hand-in-hand with their psychological and emotional well-being. Students who experience mental health issues are at risk of dropping out of college. Given the importance of retention and graduation rates to college rankings, funding CCCs is important. The College Students Speak (NAMI, 2012) survey

of students diagnosed with mental illness identified that 36% of the students who have a mental illness are no longer attending college due to mental health issues. Moreover, half of the students who have mental illnesses did not disclose their diagnosis to the college (NAMI, 2012). The NAMI study suggests greater investment in mental health outreach is needed to identify and support distressed students before they drop out of college. Moreover, practitioners should adhere to specific ethical standards of mental health care (see ACA or APA guidelines). These standards include both remedial and outreach interventions.

Most mental illnesses are not discrete categories of disease like medical conditions (e.g., diabetes) (U.S. Department of Health and Human Services, 1999). Mood disorders are very common in the college student population. Mood disorders, like depression, exist on a continuum. There is not a direct genetic marker for testing if someone is depressed or anxious like we can test for diabetes (Carter, 2007). Research on how genes and the environment interact to impact behavior is still in its infancy. Neuroscientists have linked some biological dispositions (i.e., dopamine receptors or resting frontal brain electroencephalogram) to behavioral styles in children (internalizing and externalizing behaviors) (Schmidt, Fox, & Hamer, 2007; Schmidt, Fox, Perez-Edgar, & Hamer, 2009), but these gene-environment interactions explain only a small percent of the variance in behavior. More importantly, the presence of a gene does not determine if the gene is expressed (Champagne & Mashoodh, 2009). Most mental disorders (e.g. major depression, generalized anxiety) exist on a continuum and “the dividing line has to do with severity of symptoms, duration, and functional impairment” (U.S. Department of Health and Human Services, 1999, p. 39). Therefore, promoting healthy development and

illness prevention may enhance students' ability to cope with stress and to reduce symptom severity.

Outreach is widely promoted as a preventative and educational tool that can serve the entire campus. Outreach may be more cost effective than remedial services or individual therapy. Fewer resources are devoted to running a workshop on conflict management and communication skills with a group of 30 students than seeing 30 students for an average of three individual counseling sessions. Moreover, not all students who experience distress seek help, and some student groups underutilize counseling services (i.e., international or multiracial students) (Nilsson, Berkel, Flores, & Lucas, 2004; Paladino & Davis, 2006; Yorgason, Linville & Zitman, 2008). Directors of CCCs report that only 13% of the students who committed suicide had gone to the counseling center for support (Gallagher, 2010) and only 11% of the student population actually use counseling services (Gallagher, 2013). A study of students who dropped out of college due to a mental illness, suggests receiving support for a mental illness during college could have helped them academically (NAMI, 2012). Identifying distressed students and supporting them before violence occurs or they drop out is critical. Outreach informs students about the counseling center and encourages them to seek support if needed.

A study at a large university found that 30% of the students did not know about the availability of counseling services (Yorgason et al., 2008). Furthermore, a survey of students across multiple institutions indicated that they did receive information from the college about a number of topics (ACHA, 2011). For example, between 30% and 45% of students reported not receiving information on topics like alcohol or drugs, cold/flu, sexual assault, and stress. However, a much higher percent of students (64-76%) did not

receive information on topics like, eating disorders, grief/loss, how to help other distressed students, sleep difficulties, suicide, violence prevention or relationship difficulty. These findings underscore the importance of better educating students on a variety of mental health issues.

As the numbers of students experiencing severe psychological distress increase, managing the risk of student violence and meeting the campus needs become more challenging. Outreach efforts are cost efficient, yet it is not clear if outreach is used as a tool during economic down times. Furthermore, outreach is multifaceted, but research on outreach describes individual programs or one dimension of outreach. Thus, understanding how college counseling centers conceptualize and practice outreach comprehensively is a salient issue deserving of critical examination.

Theoretical Orientation

The impetus for this study is rooted in developmental theory and my clinical experience. The mental health counseling profession is shaped by developmental theory (e.g. Sigmund Freud's stages of psychosexual development). Broadly, human development is an iterative process of stability and change in the biological, social, and psychological make-up of an individual across his or her life span. Development occurs through transactions between various social-environmental contexts and an individual's biological characteristics (Bronfenbrenner & Morris, 1997). These transactions, referred to as *proximal processes*, are those day-to-day interactions and experiences that shape development (Bronfenbrenner & Morris, 1997).

The bioecological perspective highlights the importance of social contexts, such as family, neighborhood, social class, and race, as they influence developmental processes. However, the theory also recognizes that there are individual differences in response to contextual factors. Development is unique to the individual based on his or her genetic dispositions, bioecological resources (e.g., ability, experience, and knowledge) and reactions to the social environment (i.e., demand characteristics). These three personal components impact the form, content, direction, and power of proximal processes. Proximal processes are nested within the various ecological systems (e.g., micro-, meso-, and exosystems) and shape development across dimensions of time. This process is called the person–process–context–time model (PPCT model) (Bronfenbrenner & Morris, 1997).

Based on Bronfenbrenner’s bioecological perspective, development occurs when a person engages with his or her environment (i.e., parents, peers, or toys). These interactions are mediated by personal characteristics; they are reciprocal and continuous and increase in complexity over time. The comforting relationship between a child and a mother is an example of a proximal process. To elaborate, a mother responds to a crying baby by singing, feeding, or rocking him. This pattern or interaction between the baby and his mother, occur over and over again during the first months of life. The baby learns that his mother responds to his cries. When the baby begins to walk he seeks out his mother when he falls down and cries. As a toddler he turns to his mother for help for a variety of reasons: he wants something (e.g. a snack, a toy), he is frustrated (e.g. he drops his spoon) or he is hurt (e.g. bumps his head and cries). The interactions between a toddler and mother are more complex than between a newborn and a mother. The

interactions between the child and the mother are reciprocal and occur on a regular basis over time (i.e. the mother comforts a crying infant, a hurt baby and a frustrated toddler). The child's capacity to learn is based on his dispositions (i.e. temperament) and bioecological resources. The learning process is stimulated by interactions with the environment, and the series of interactions result in development. The degree and type of development is based on how the child interprets the interactions (i.e., demand characteristics).

Developmental Model and Outreach

Bronfenbrenner's theoretical structure of development is used to frame the present study. Based on Bronfenbrenner's theory, students learn as they experience life within various systems in their environment over time. In considering the specific context of the college environment, students experience day-to-day interactions in a wide variety of settings, such as the classroom, the residential halls, dining hall, extracurricular activities, student services, and at times the college counseling center. The college environment is comprised of numerous settings and systems in which a student interacts. The bioecological model suggests that development during college is a function of interactions between various settings and the interactions of among the settings (Bronfenbrenner & Morris, 1997).

All of the settings in which a student interacts in college make up the microsystem (see Figure 1). The bioecological model illustrates the multiple settings of college life, including residential life, the classroom, faculty and advisors, friendships, student organizations, the counseling center or other support services, and the student's family.

The mesosystem is the relationship or interaction between two or more settings and a student. Living and learning communities are a good example of meosystems. Two microsystems (i.e. Academic Major and Residential Life) work together (i.e. create a mesosystem) to enhance students learning beyond what students might experience if they interacted with each system alone. The various settings within the microsystem are shaped by the exosystem. The exosystems are those systems that indirectly impact a student's development, such as the relationship between a parent's workplace, a parent and the student (Bronfenbrenner, 1994). For example, if the director of a counseling center is focused on remedial interventions, then the counseling center may not provide training to the RAs. The RAs may not be equipped to identify or support distressed students. Therefore, if a student is told to go to their RA for all questions, and the RA fails to identify the distressed student, the student many not seek help until he or she is failing academically. Finally, the macrosystem, although not examined in the present study, is thought to be our cultural blueprint or belief system, opportunity structure and customs (Bronfenbrenner, 1994).

In the ecological model pictured above, the counseling center has the potential to be a microsystem in a student's environment, but rarely is. A student can choose to interact with the counseling center directly by seeking remedial services. Counseling centers that focus on remedial services may see only a small portion of the student body. For example, culture is believed to play a role in students' openness to seek counseling. If a student was raised in a culture that does not view counseling as a viable resource, seeking counseling may carry a larger stigma for that student (macrosystem). Thus, he or she may not be aware or interested in seeking remedial support.

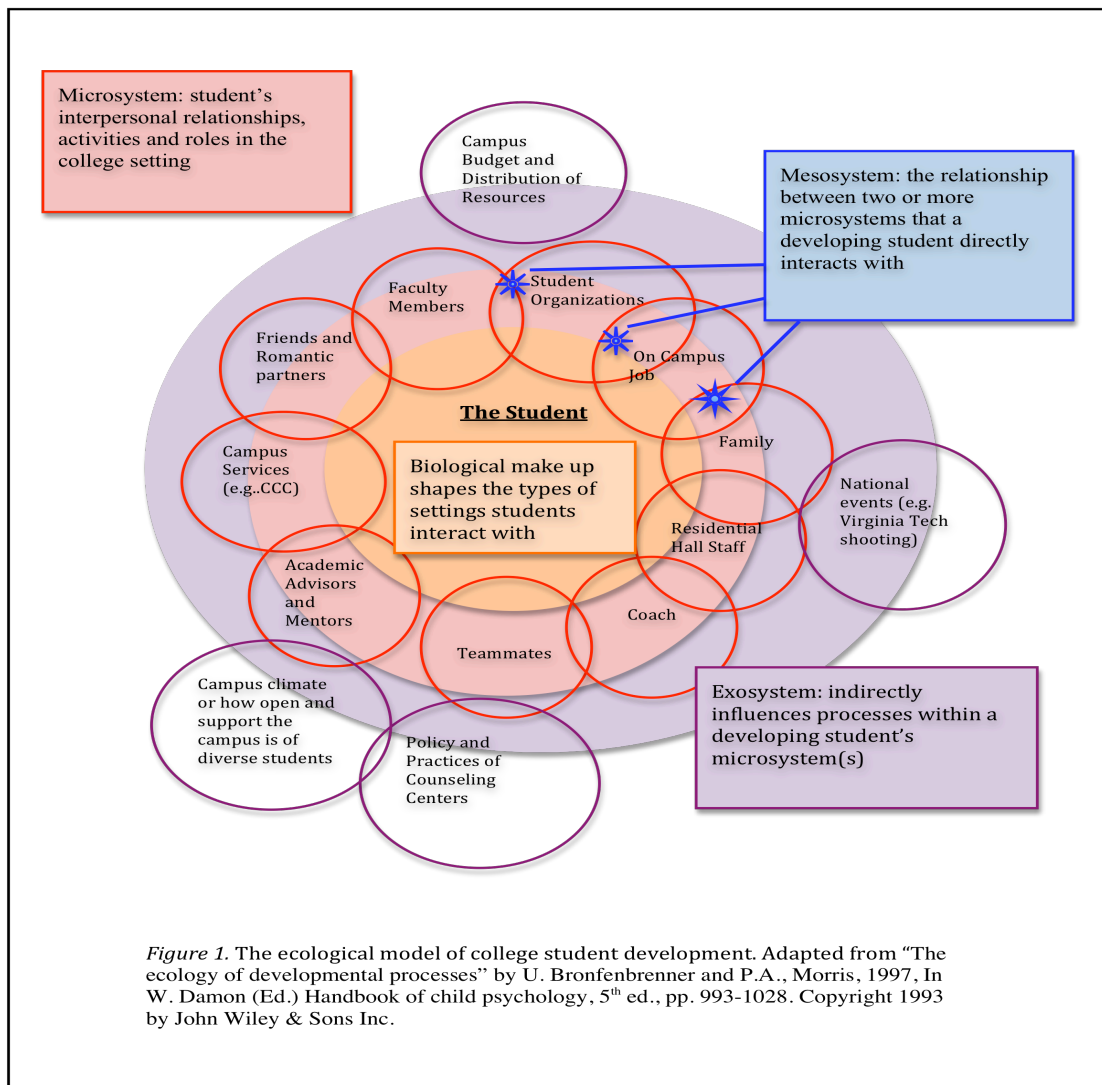


Figure 1. The Ecological Model of College Student Development

Outreach dimensions of counseling centers can be a microsystem, a mesosystem and an exosystem of the college environment. The counseling center can engage in direct outreach interventions with students as a microsystem but can also connect with other microsystems (e.g., parents, faculty) and impact a student through those interactions. For example, students who interact directly with CCCs and their residential halls might experience more support when these two microsystems work

together (i.e. they organize a series of events to educate students on wellness); this relationship becomes apart of the mesosystem. The more connections a counseling center has with other settings (i.e. becomes apart of a developing student's mesosystem) the more students can be directly supported, but for only those students who use the CCC as a microsystem. However, a CCC can indirectly impact students' microsystems through the exosystem. For example, if a student does not directly interact with the counseling center, but he or she often interacts with the basketball team, his or her academic advisor, and family, then the counseling center should form relationships with these microsystems. These interactions could be in the form of educating parents on the challenges of college or collaborating with academic advising on a workshop. If parents are aware of the challenges of college and believe their son or daughter is experiencing stress, they may refer them to counseling (preventative). Likewise, if a counseling center collaborates with academic advising to address the pressures of graduation, the student may learn how to cope with the transition out of college.

Counseling centers enhance student development through relationships that they form with students and with other settings. College students are embedded in a changing system of social influences. Development during college is a result of the interweaving of students' biological characteristics and the college environment. How does a counseling center interact with the complex social system to address the mental health needs of the entire student population? This model indicates that students would benefit most if counseling centers integrate outreach activities into the fabric of the college experience. They can do this by developing a strong presence as micro-, meso- and exo-systems in a student's environment.

Researcher's Perspective

As I have already described, research indicates that students experience more psychological problems in college. As a practitioner in a CCC, I see a large number of students who are psychosocially and emotionally challenged by the transition to college as well as students who have more complex mental illnesses (e.g., bipolar disorder and personality disorders). I have also noticed that the majority of the students who are supported by our counseling center are those who seek individual psychotherapy. I agree with the professional standards outlined by the ACA and IACS that counseling centers should continue to support specific help seekers but should also emphasize outreach.

My experience suggests that college counselors need to think outside the 50-minute therapy session rather than waiting for students to come to them. According to the bioecological model, I believe counseling centers should focus on their role as an exosystem in a student's environment. In many cases this means getting out of the office and informing all members of the community about the signs of mental illness before a mental disorder develops, they drop out of college, or act out violently. Students experiencing mental health issues impact the entire campus community and create what Trela (2008) terms, a circle of distress. I believe the best way to prevent the circle of distress from growing is to enhance outreach practices so that the entire community is supported. Despite having strong beliefs about the importance of outreach, outreach activities take the back seat to individual help seekers. Put differently, as soon as our office gets busy with clients, the director restricts any outreach activities on campus. The tendency to put more resources into individual therapy despite being informed that counseling centers should set aside a "specific percentage of staff time for outreach" is

common (G. Stone & Archer, 1990, p. 547). The dissonance between my beliefs about outreach and how it is practiced has directly led to this research study.

The Current Study

The purpose of this study is to describe how a small college counseling center engages in outreach. The focus of the study is on outreach practices and understanding the meaning of outreach from the view of the CCC staff. This study seeks to learn how members of a counseling center develop a shared pattern of outreach behavior. A descriptive qualitative approach is used in this study because this method captures the lived experiences of the study participants within a real-life setting.

Qualitative research focuses on a single concept, studies the concept in a particular context, collaborates with the participants to interpret themes or patterns in the data, and makes meaning of the themes according to the researcher's theoretical orientation or perspective (Creswell, 2009; Rossman & Rallis, 2003). Qualitative research relies on open-ended questions, interview data, observation, documentation data, and thematic interpretation (Creswell, 2009; Rossman & Rallis, 2003; Weiss, 1994). This research method is interpretive and focuses on explaining the participants' unique epistemology (Weiss, 1994). The goal of qualitative inquiry is to understand behavior rather than to explain it away using a theory or a reductionist agenda.

A case study using ethnographic tools (e.g., in-depth interviews, focus groups, and content analysis) is used to describe how outreach is practiced on a small college campus (less than 3,000 undergraduate enrollment). Outreach practices of small colleges are not well understood; for this reason, a small college in the Northeast was selected for

this study. The study site was selected out of convenience and accessibility. Data were collected from a single institution because this study sought to identify a more comprehensive picture of outreach than a broad understanding of activities at multiple sites.

The ecological perspective was used in the present study to develop a logic diagram or map of the potential relationships between CCCs and the campus community (Creswell, 2009). This study will examine how a CCC is used as a micro, meso or exosystem in a developing student's environment. My experience as a mental health counselor and understanding of the bioecological perspective shape the research questions explored in this study. As an exosystem in a student's environment, a CCC impacts student's microsystems through the policies and practices of the center. In other words, if a director of a CCC believes outreach is important he or she might connect with more microsystems as means of indirectly supporting more students. Thus, this study seeks to explore how a counseling center director's beliefs about mental illness impact outreach practices. This study also examines how a CCC's engages in outreach based on the various systems within a student's environment. In addition, the ecological model (see Figure 1) is used in the data analysis process to help identify various themes and patterns in the data.

The study adds to the literature and our understanding of outreach practices in a number of ways. First, much of current literature has focused on changes to remedial practices or outreach efforts of larger universities (Davis & Liddell, 2002; Ellington, Kochenour, & Weitzman, 1999). Secondly, there is evidence that counseling practices differ between large and small schools (Archer & Cooper, 2001; Auten, 1983; Elton &

Rose, 1973; Warman, 1961). However, most of the research on outreach practices of counseling centers is focused on larger institutions. Lastly, in the wake of the Virginia Tech shooting, a plethora of outreach practices have been recommended, but little is known about how these recommendations have informed clinical practices. Individual outreach programs are documented in the literature (H. Davies, Kocet, & Zozone, 2001; Davis & Liddell, 2002; Harris, 1994; Kuffel & Katz, 2002; Rawls, Johnson, & Bartels, 2004; Roark, 1987; Schwartz, Griffin, Russell, & Frontaura-Duck, 2006; Schwartz et al., 2004), but few studies have been identified that examine all the ways a counseling center engages in outreach.

This study addresses these gaps by looking at how outreach is practiced comprehensively at a small college in the Northeast region of the United States. This study describes the network of outreach practices that occur within an educational context, helps practitioners in the field of college counseling better understand how they engage in outreach on their campus, and identifies how a director's theoretical orientation impacts outreach practices. Lastly, this study draws on the ecological perspective as a tool for assessing the multiple ways that CCCs could have an impact on college life, which could be a useful framework for enriching outreach practices in the field of college counseling.

The follow research questions are explored:

1. How does the director's theoretical orientation or approach to mental health counseling shape outreach practices?
2. How does the counseling center engage in outreach within the college community?
3. What outreach practices are believed to be effective and why?

CHAPTER 2

HISTORY OF MENTAL HEALTH OUTREACH ON COLLEGE CAMPUSES

In reviewing the literature on outreach practices of CCCs, a few themes emerged. First, the history of college counseling has shaped the practice of college counseling today. The role of the CCC changed overtime and became more active in the educational process and more involved in a variety of aspects the institution. In other words, outreach emerged as a result of changes in student needs and changes within the larger social and educational environment. The second part of the literature review focuses on contemporary trends. Much of the current research on outreach came about in response to tragedies, like Virginia Tech. Practitioners and researchers alike have outlined recommendations for addressing today's students' mental health needs. Some case studies describing specific outreach interventions have been published, but there are considerable gaps in the literature with regard to outreach practices. Less is known about how outreach is practiced comprehensively; the majority of the case studies explored outreach at large universities. There is scant empirical research on small private liberal arts colleges. These themes will be explored in this chapter.

Brief History of College Counseling Centers

Counseling centers have been present on college campuses in the United States for over a century. The role and function of the counseling centers has changed over time (Auten, 1983; Bishop, 1995; Kirk et al., 1971; Kraft, 2011; Thrush, 1957; Warman, 1961). Counseling centers were scattered across the United States in the early 1900s. The first documented student health program was established at Amherst College in 1861

(Kraft, 2011). Early health centers focused largely on treating physical illness. In 1910 Princeton University and a handful of others observed that well qualified students were dropping out of college because of personality and developmental problems (Kraft, 2011). Princeton was the first to respond to these developmental problems by creating mental health services for students (Kraft, 2011). Many other colleges and universities were delayed in developing services targeted at student mental health, in part due to the lack of trained psychiatrists and psychologists (Kraft, 2011). CCCs developed in conjunction with the field of counseling psychology (Kraft, 2011; Thrush, 1957).

The end of World War II, coupled with the baby boom of the 1960s, spurred an increase in counseling centers on college campuses (Kraft, 2011; Olson, 1974). The influx of veterans coming to college with profound life experiences sparked national interest in counseling services. Title II of the G.I. Bill outlined the educational rights of veterans. The Veterans Administration created advisement and guidance programs on college campuses (Serow, 2004; Thrush, 1957; Waller, 1944). These offices were responsible for helping veterans choose courses and programs of study in line with their aptitude and ability. Counseling offices were a bridge between the university and the needs of the veteran (Olson, 1974). Other environmental changes fueled the growth of CCCs, such as the mental health movement and the development of counseling psychology as a discipline (Hodges, 2001; Kraft, 2011; Thrush, 1957). By the 1970s two thirds of college campuses had counseling centers (Morrill & Oetting, 1970).

The function of counseling centers changed overtime as well. As the war veterans developed more serious adjustment and interpersonal issues (e.g., marital issues, depression, or post-traumatic stress), the role of the counseling center began to shift

(Thrush, 1957). For example, in 1952 the counseling center at Ohio State University emphasized vocational support, but by 1957, the center focused on therapy and helping students with a range of adjustment issues. This particular center was renamed during that time from Occupational Opportunities Serves to University Counseling and Testing Center (Thrush, 1957).

The function of a counseling center varied by the size of institution (Archer & Cooper, 2001; Auten, 1983; Elton & Rose, 1973; Warman, 1961). Counseling centers at smaller colleges provided more support for adjustment problems (Warman, 1961), offered a larger number of services (Auten, 1983), were more likely to take an administrative role on campus (i.e., a disciplinary role, supported resident halls, student scholarship and loan issues) (Anderson, 1970), and espoused either a vocational model or a psychotherapy model of treatment (Elton & Rose, 1973). Institutions with enrollments of 15,000 students or more adapted either a traditional model (described as having a focus on individual counseling and group therapy) or a research and training model (described as having a focus on publications and smaller caseloads) (Elton & Rose, 1973). Larger schools were more likely to engage in different types of therapeutic services (i.e., group counseling, counseling faculty and spouses of students, and long-term counseling) (Anderson, 1970) and placed a greater emphasis on group counseling and research (Auten, 1983). The size of the institution influenced the type of services offered by the counseling center. There is current evidence that counseling centers at larger colleges continue to differ in some ways from smaller colleges (Archer & Cooper, 2001).

History of Outreach

Historically, counseling centers were isolated from the rest of the college community and waited for students to come to them (Morrill & Oetting, 1970). In other words, they provided remedial services and did not focus on prevention, outreach, or consultation activities (Elton & Rose, 1973; Thrush, 1957; Warman, 1961). Although outreach and prevention were not new ideas, it was not until the 1970s that outreach and prevention were viewed as key functions of counseling centers (Kraft, 2011; Morrill & Oetting, 1970; Morrill et al., 1974). Outreach efforts gained theoretical support from early models of student retention and the inceptions of the “cube” (Morrill & Hurst, 1971; Morrill et al., 1974). The cube model looks at three dimensions of counseling: the target of the intervention, the purpose of the intervention, and the method of intervention. The cube model identifies outreach and developmental activities as environmental variables that impact college outcomes (Morrill & Hurst, 1971). This model describes college outcomes in terms of the interaction between students and environmental variables. This model resembles current retention models (Bean & Eaton, 2001/2002; Tinto, 1993). The cube model provides theoretical support for preventative and developmental dimensions of counseling (Morrill & Hurst, 1971; Morrill et al., 1974; Pace, Stamler, Yarris, & June, 1996).

The emergence of outreach and prevention on college campuses was fueled by professional organizations in the field of counseling psychology (i.e., American Psychological Association, International Association of Counseling Services). In the 1970s, directors of counseling centers across the country developed a set of guidelines or standards of practice (Kirk et al., 1971). These guidelines suggest that counseling centers

have two functions: to provide remedial services and to promote student development. Promoting student development is a dimension of outreach. Counseling centers should focus on solving students' academic problems and promote interpersonal and personal growth (Kirk et al., 1971). The major functions of counseling centers are: to serve students, faculty, and the college community, to train counselors in the field, and to conduct research (Kirk et al., 1971). Principles of good practice for counseling centers were published in the latter part of the 1970s (Leventhal & Magoon, 1979). There were recommendations for staff, research, training, and for the function of the counseling center. These standards suggest that: counseling centers should serve the entire student body, consultation is as important as remedial activities, and counseling is based on the educational model not the medical model of disease. These guidelines mirror today's accreditation standards for university and college counseling centers (Boyd et al., 2003; IACS, 2011).

During the latter part of the 20th century, another important shift in college counseling centers took place. Rather than remaining isolated from other dimensions of college life, counseling centers took an active part in the educational process and became involved in more aspects the institution. CCCs placed more emphasis on preventative and developmental programs as a way to demonstrate their value to the college community (Morrill & Hurst, 1971; Trembley & Bishop, 1974). Directors from all types of institutions believed that consultations with staff and faculty and developmental and preventative activities for the entire student body are important (Auten, 1983; Kirk et al., 1971). For example, there was high consensus that counseling center staff should participate on university committees to improve student life (Auten, 1983). Smaller

colleges were more likely to become involved in all aspects of student life, while larger colleges continued to emphasize individual therapy (Anderson, 1970; Auten, 1983). Directors at smaller colleges perceived outreach as significantly more important (Auten, 1983). Thus, it may be important to examine small colleges to see if they continue to emphasize outreach.

Despite believing that outreach was important, greater fiscal and human resources were devoted to remedial services (Auten, 1983; Lombardi, 1974). Morrill and Oetting (1970) surveyed 397 directors about their outreach programming (e.g., consultations, education programs, training, and published material). They found that nearly 18% of the centers were not involved in any outreach activities, but nearly 80% of the centers reported participating in one or more forms of outreach. It is evident that some but not all CCCs were willing to making changes.

Summary

Counseling centers are unquestionably different today from the way they were during WWII. The historical roots of the college counseling profession shape contemporary counseling practices in higher education. CCCs changed over time to accommodate the demands of the college environment and began to move away from a vocational orientation toward the development of the whole student. Counseling centers expanded the type of services offered to meet student needs, which resulted in a shift toward outreach. Early research identified that the function of CCCs and their views about outreach differed by size of the institution. Researchers argue that adapting to the demands of the college environment and embracing outreach is important (Morrill &

Oetting, 1970; Trembley & Bishop, 1974). “[C]ounseling centers must plan for change in order to remain relevant in higher education” (Morrill & Oetting, 1970, p. 52).

Current State of CCCs

As we move into the 21st century, CCCs are faced with a host of new issues, including changes in the student population, declining resources, and greater accountability (Farrell, 2008; Gallagher, 2006, 2010; Hodges, 2001; Soet & Sevig, 2006; Trela, 2008). Counseling centers are called to re-evaluate their mission, to set clear service priorities, and to allocate resources accordingly (Bishop, 1991). The fiscal realities of today put added pressure on counseling centers to demonstrate, through assessment and evaluation, how counseling is linked to educational outcomes (i.e., retention and grades), institutional goals and the college mission (Bishop, 1995; Bishop & Brennenman, 1986; Bishop & Trembley, 1987; Trembley & Bishop, 1974). Directors of today’s CCCs must maintain a “strong profile on campus” and take an “active role in promoting campus-wide initiatives” (Archer & Cooper, 2001, p. 37).

Typically, counseling centers respond to fiscal pressures by changing remedial or outreach services. Counseling centers have reduced services offered to students (Kadison & DiGeronimo, 2004; Stone & McMichael, 1996), have longer waitlists (Kadison & DigGeronimo, 2004) and have adapted a brief therapy model (G. Stone et al., 2000). For example, larger institutions implemented session limits and made more referrals for students with serious pathology (G. Stone & McMichael, 1996; G. Stone et al., 2000). The number of counseling sessions offered to students has been reduced because the percentage of time spent doing psychotherapy, writing reports, and consultations with

hospitals and staff has increased (Benton et al., 2003). Some counseling centers have responded to the budget crisis by moving beyond remedial and crisis interventions and highlighting outreach and development programs that target more students (Bishop & Trembley, 1974). Other counseling centers reduced outreach, collaboration, and consultation activities (Bishop, 1991; G. Stone & McMichael, 1996), increased their time on crisis work (Benton et al., 2003), performed more outside referrals, and spend more time training staff, and running psychoeducational programs (Gallagher, 2010).

Interestingly, both an increase in outreach activities and a reduction in outreach activities are solutions to fiscal pressures. It is possible that colleges with inadequate counseling services have reduced outreach programming to focus on remedial services. The most common reason for inadequate counseling services is financial support; counseling centers that are underfunded have fewer staff members and spend less time on preventative activities. Counseling center's that experience budgets cuts are likely to siphon funds away from preventative programs and focus on reactive programs that address immediate student needs (Kadison & DiGeronimo, 2004). Yet, it is the shift away from prevention and outreach that leads to more crisis situations and greater demand for remedial services. The quality of mental health services can impact students' ability to obtaining a degree (Kadison & DiGeronimo, 2004). For example, the counseling center at the University of Idaho identified that students who received counseling were more likely to stay in school and reported their academic performance (Kitzrow, 2003).

It is important to note that a discussion of all the ways CCCs have responded to the new demands of the college environment is beyond the scope of this paper. This study

focuses specifically on outreach practices. However, the focus is not so narrow that it examines how outreach serves individual student groups (i.e. racial or ethnic minority groups). In the next section I review the last two themes that emerged from the review of the literature: recommendations for practicing outreach and research on specific outreach programs.

Outreach Recommendations

Current research on college counseling centers focuses on the increased severity of mental health issues, greater demand for services, and student violence. A profusion of recommendations were made after Virginia Tech (over 400) to enhance student mental health and safety (Niles, 2007; Stewart, 2009; Virginia Tech Group Report, 2007). A discussion of the recommendations is limited to outreach efforts. Specific recommendations that target outreach include more education and prevention efforts and greater collaboration between the counseling center and the college community.

Education and Prevention

It is recommended that counseling centers take an active role in educating the community about signs of distress through programs and workshops because the risk distressed students pose to the campus (Farrell, 2008; Fischer, 2008; Flynn & Heitzmann, 2008; Kennedy, 2008; Kitzrow, 2003; G.Stone, 2008; G. Stone & Archer, 1990; Virginia Tech Group Report, 2007). Psychoeducational programs are important because they directly impact student develop and are preventative (Marks & McLaughlin, 2005). Types of programs include: promoting mental health resources, educating parents and

students at summer orientation, having counselors work with resident halls, or teaching a first year seminar on college adjustment (Trela, 2008). Counseling centers should educate through print material, online information, and brochures. CCCs should advertise programs with flyers and distribute material to students (i.e., stress balls) (Kitzrow, 2003; G. Stone & Archer, 1990). Educating students who may not typically be exposed to information on mental health should be emphasized (Kadison & DiGeronimo, 2004; Paladino & Davis, 2006; Pavela, 2009).

It is also recommended that outreach efforts focus on prevention (G. Stone & Archer, 1990). Colleges should recognize that prevention is the best line of defense against violence (Pavela, 2009). Education is a preventative tool. A study of counseling services at mostly large universities suggests that colleges enhance prevention efforts through programming, consultation and training, and better articulation of the scope of services and clinical limitations to the community (G. Stone & McMichael, 1996). CCCs should also have an intimate knowledge of their prevention policies, protocols, and practices by conducting field studies and internal reviews (G. Stone, 2008).

There are various guidelines for implementing preventative programs (Lee, Caruso, Goins, & Sutherland, 2003; McCarthy & Salotti, 2006; Owen & Radolfa, 2009; Roark, 1989; Steenbarger et al., 1995; Winett, 1995). Owen and Radolfa outline four factors associated with successful prevention activities. First, the counseling center is necessary but not sufficient in running prevention programs; other departments should be included. Second, campus collaboration is critical to prevention efforts. Third, prevention efforts must be maintained long term to increase effectiveness. Fourth, the actual space and location of the intervention is important, given the technologically savvy student

population. They further postulate that colleges should enhance the campus climate (e.g., marketing and awareness campaigns aimed at systematic change), nurture interpersonal relationships (education programs aimed at healthy relationships), and empower the campus community to collectively address student mental health needs.

Collaboration

More training and consultation work with non-counselors is needed to create a campus of caring (Flynn & Heitzmann, 2008; McCarthy & Salotti, 2006; National Association of Student Personnel Administrators, 2006; G. Stone & Archer, 1990; Trela, 2008; Virginia Tech Group Report, 2007). Counseling centers are not the catch all for distressed students, and it does not fall solely to the counseling centers to identify and support them. Colleges should create threat assessment teams or campus care teams (Farrell, 2008; Flynn & Heitzmann, 2008; Pavela, 2009; G. Stone, 2008; Virginia Tech Group Report, 2007). In creating campus teams, counseling centers should educate administrators and staff on the nuances of psychological issues and help identify and support distressed students before violence occurs. Resource guides on distressed students may help administrators and faculty understand the scope of mental health issues on campus (Sharkin, 2004). Threat assessment teams reinforce the notion that students with mental health issues are a campus wide concern.

A Virginia Tech panel (2007) recommends that the campus should build a community that promotes wellness. It is important to integrate issues of student mental health and wellness more systematically and to have a more robust and interconnected network of student mental health services (Kennedy, 2008; Kitzrow, 2003; G. Stone &

Archer, 1990). This may include “active campaigns” to encourage counseling and to reach out to the surrounding community for more resources and building a stronger referral network (Kennedy, 2008). More aggressive partnerships with the campus would entail “infusing mental health education throughout the campus environment” (G.Stone, 2008, p. 498) through workshops for faculty, staff, and students, revising first year curriculum, and adding college life courses. These recommendations for outreach are consistent with the ecological perspective and describe the potential network of connections a CCC can have within the micro-, macro- and exosystems. Partnerships between the counseling center and other departments that interact directly with students (microsystems) increase the number of indirect relationships between students and the counseling center (mesosystems), resulting in more opportunities to support the student population.

Summary

It is recognized that significant budgetary issues have stymied the growth of CCCs, particularly during economic crises, like the one we face today. However, practitioners must examine more closely the relationship between resource constraints and counseling practices. Have limited resources prevented the growth of outreach practices or are we unwilling to change traditional models of practice? Do counseling centers continue emphasizing remedial services? To complicate matters, there is evidence that counseling practices differ by institutional size. Unpacking the issues surrounding student mental health and how they are addressed on campus is needed.

Researchers and practitioners alike identify outreach as a key component of addressing mental health issues campus wide. Among the plethora of recommendations, two areas of outreach have been addressed. First, campuses need to raise awareness by educating all members of the campus community on mental health issues that students face. Education is both a developmental and preventative outreach tool. Colleges need to devote more resources to prevention efforts such as more programming, workshops, and print material. Next, colleges should begin to create a community of caring by increasing counseling center consultations and trainings, creating campus response teams, integrating wellness into the curriculum, and providing more collaboration within academic and student affairs departments.

Many of these recommendations are not new; principles of practice and guideline of CCCs from the 1970s highlight the important role that counseling centers have in promoting student development (Kirk et al., 1971). This begs the question: are we practicing what we preach? Studies that explore the various functions of CCCs have grouped individual counseling, consultation work, and outreach programming under the clinical function of a counseling center (Archer & Cooper, 2001). Although directors report allocating significant time to clinical functions, it is not clear how much of that time is specifically devoted to outreach activities (Archer & Cooper, 2001). It has been 6 years since the Virginia Tech shooting. Colleges have had time to reflect and potentially change their own outreach practices and policies. Next, I explore the specific outreach practices documented in the literature.

Specific Outreach Practices

The discourse on student mental health provides some evidence about specific outreach programs on college campuses. Researchers who reviewed the literature on student mental health have identified various outreach practices at institutions of higher education. For example, Texas A&M and George Mason have workshops for recognizing distressed students (Farrell, 2008). Colleges distribute cards with emergency numbers and train faculty and staff on distressed students (Fischer, 2008). Large universities have threat-assessment teams (Farrell, 2008; Fischer, 2008). The counseling center at a university in Atlanta consults with residential life (McLeon, Tercek, & Wibsey, 1985), and the University of Maryland offers a credit course on time management and stress (Kadison & DiGeronimo, 2004).

Kadison and DiGeronimo (2004) queried directors of counseling centers in the United States on various student mental health issues and services (e.g., crisis interventions, counseling, assessment, and outreach). With regard to outreach, directors reported training faculty and administrators on mental health issues, consulting with faculty about distressed students, running programs that build community and prevent isolation, and educating students on mental health issues, such as stress or suicide prevention. Anecdotal data from this study is discussed in the book *College of the Overwhelmed*, but detailed information about the frequency of these activities was not collected. It is also not clear how many of the colleges and universities engaged in these activities.

Discussing all of the outreach practices that are “mentioned” in the larger body of literature on student mental health is not particularly useful to the present study. Many

articles identify colleges that have implemented an outreach program but there is little detail of when, how, or why it was implemented or the nature of the program itself. Furthermore, each intervention is mentioned in isolation from other outreach activities. For example, it is unclear if a particular college with a risk management team is also running workshops on suicide prevention. A potpourri of case studies that examine specific outreach programs was identified within this review of the literature. A literature search using terms like college counseling, prevention, or outreach returns several publications. The majority of publications describe one program that was implemented at one or more institution. The outreach programs fall into similar categories as the recommendations: education and prevention and collaboration.

Education and Prevention

Outreach initiatives include educational programs like a dialogue about mental issues on the campus radio (Johnson, 1976), walking the labyrinth (Bigard, 2009), counselor-in-resident programs (Davies et al., 2001; Harris, 1994; Rawls et al., 2004), and prevention programs (e.g., violence prevention) (Davis & Liddell, 2002; Kuffel & Katz, 2002; Roark, 1987; Schwartz et al., 2006; Schwartz et al., 2004).

Counseling in residence programs (CIRs) are documented in the literature (Davies et al., 2001; Harris, 1994; Rawls et al., 2004). A large university in Central Michigan has a CIR program (Rawls et al., 2004) that focuses on resident hall staff consultations and support. Counselors provide written resources on various mental health issues, train residential life professionals on issues, like homesickness and self-harm, and provide ongoing workshops on wellness and self-care for students and staff. For example,

counselors in the program created bulletin boards on issues like dating violence and eating issues, made presentation in the resident halls, and were highly visible to students to reduce the stigma of counseling. Syracuse University also has a CIR program (Harris, 1994). The counselors are graduate interns who provide crisis work and outreach programming in the resident halls. Davis et al. (2001) describe a CIR program at the University of Arkansas that focuses on individual counseling service and less on outreach and prevention. Outreach was limited to the distribution of pamphlets and flyers (Davies et al., 2001). The program focused on remedial services and did not engage in consultations or educational workshops.

Perhaps one of the better-researched areas of outreach has been a specific prevention program, such as alcohol, or suicide and violence prevention. For example, dating violence prevention programs are found to increase students' understanding and awareness about physical and sexual abuse and change students' attitudes toward dating aggression (Davis & Liddell, 2002; Kuffel & Katz, 2002; Schwartz et al., 2004). Other studies describe the structure and function of prevention programs or the key components of prevention activities (McCarthy & Salotti, 2006; Roark, 1987; Schwartz et al., 2006; Wilbourn et al., 2003; Winett, 1995). A full review of these bodies of literature is beyond the scope of this paper. The purpose of this study is to understand holistically what a counseling center does to engage in outreach.

Collaboration

The last area of outreach addressed in this review of the literature is creating a climate of caring through collaboration. Some colleges have increased consultation

efforts within the college (Ellingson et al., 1999; McLeon et al., 1985; Nolan, Pace, Iannelli, Palma, & Pakains, 2006). For example, informing faculty about mental health services increased the number of students referred to counseling by faculty members (Nolan et al., 2006). One study examined a specific consultation program that targeted faculty by distributing brochures and providing crisis and referral training (Ellingson et al., 1999). Another case study of a large Northeastern university examined collaboration efforts between the Counseling Center and the Office of Multicultural Affairs (Sanchez & King-Toler, 2007). McLeon et al. (1985) describe a multilayer consultation program between counseling center and residential life. Sanchez and King-Toler described how the two offices could work together to address issues of recruitment, retention, and creating a diverse workforce. This study focused on the role of the counseling center as an internal consultant for the institution rather than focusing on student mental health issues. Overall, collaborative programs were found to increase people's understanding of mental health issues and the visibility of the counseling center and made counseling services more accessible (Ellingson et al., 1999; McLeon et al., 1985).

Within this review of the literature, one study examined comprehensively how a college or university counseling center used outreach to address campus wide issues. Cronin (1991) examined outreach at the University of Maryland. The study took place on the Munich campus in West Germany. The study describes outreach efforts targeted at faculty, students, and resident assistants over the course of a year. For example, counselors distributed interest inventories in select courses, had bi-monthly meetings with staff, and published weekly health tips in the staff newsletter. Students were introduced to the counseling center in various ways, including open house presentations,

accepted students were sent congratulatory letters from the counseling centers, they received information on the counseling center in orientation packets, and counseling center staff met all new students at orientation.

Outreach activities targeted specific student groups, such as those in academic jeopardy (Cronin, 1991). Student organizations were sent letters about the services offered at the counseling center. Bulletin boards with information on student issues were visible around campus. The counseling center also organized campus events, like a cook-off, career day, and workshops on AIDS and date rape. Outreach for RAs focused mostly on training and support. The counseling center took a supervisory role with the RAs and offered bi-monthly support and asked the RAs to run a wellness workshop each semester (Cronin, 1991).

Cronin's study comprehensively describes outreach practices, but did indicate how the center works with parents or local health centers. Outreach efforts at the Munich campus are varied and target multiple microsystems of the college (i.e., faculty, residential life). The activities were aimed at informing students about counseling services and identifying and supporting at risk students. These outreach activities are simple and cost efficient strategies (Cronin, 1991). According to the case study, the center connected with as many students as possible, but it is unclear which student groups or ecological systems were left out (e.g., athletics, parents, institutional policy, or budgeting). The article did not collect evaluation data about the programs or the actual cost of running each program. Moreover, the study took place at a branch of an institution in another country and has a combined academic and mental health-counseling center.

This study may not be a good representation of small college counseling center in the United States.

Table 1. Summary of Mental Health Outreach by College Counseling Centers (CCC)

Historical Trends In Outreach	Outreach Recommendations	Specific Outreach Practices
By 1950 counseling centers focused on therapy and adjustment issues	CCC take an active role in educating community through program, print material and online information	There are a number of specific prevention programs, like sexual assault training, dating violence, alcoholic abuse
Larger CCC focus on psychotherapy, training and research	CCC should educate students who may not be exposed to information or underutilize counseling services	A university offers credit for a time management and stress course
Smaller CCC provide more support for adjustment and took on an administrative role on campus	Have counselors teach first year seminars	CCC have distributed material to the campus – emergency cards
	Educate parents and students at orientation	Large universities have threat assessment teams
By 1970s outreach and prevention key function of CCC	CCC should focus on prevention – by having programs like sexual assault training for faculty, students and staff	CCC consult with residential life or have counselor in residence programs
By the end of the 20 th century CCC took a more active role in the institution	CCC should create a campus of caring by working closely with the college and larger community	A University established a Labyrinth on campus to promote wellness
In the 21 st century CCC experience more pressure to provide remedial and outreach services- many CCC see an increase in student psychopathology and have limited resources	Faculty and staff should be trained to identify at risk students and to manage difficult situations	Provide faculty with crisis and referral training
	Have counselors work in the residential halls	CCC train faculty to identify mental health issues
	Establish a Care Team to collect information about at risk students	A university worked with students, faculty and resident assistants (RAs) to promote wellness: distributed information in academic courses, published a newsletter, met with RAs, distributed information to students at orientation, ran a number of programs throughout the year
	Establish a Threat Assessment Team to compliment the work of a the Care Team – respond to students who may be a threat	
	CCC should promote wellness	
	CCC should engage in long term outreach initiatives	

Summary

These aforementioned studies provide a glimpse of what some CCCs have done to embrace outreach (see Table 1 above for a summary). The literature on outreach is more extensive than what was presented here. Table 1 demonstrates that some universities have engaged in outreach according to some of the recommendations outlined in the literature. The most common outreach practices identified in this literature review are counselor-in-residence programs, prevention programs (i.e., suicide, sexual assault), and consultation programs. There seems to be far more recommendations to practice than there are studies that examine outreach practices. For example, I know that campus response teams started popping up on college campus after Virginia Tech. Yet, I did not find any studies that examined how the teams are formed or if the programs are effective. There are gaps in our understanding of how outreach is practiced on college campuses.

Limitations in the Research

In the last decade, research on mental health services focuses on larger institutions. Smaller college counseling centers are virtually neglected in the literature. It is important to examine outreach efforts of CCCs at smaller institutions because of the documented differences between counseling centers at large and small institutions (i.e., resources and staffing) (Auten, 1983; G. Stone et al., 2000). An overwhelming number of studies survey directors of counseling centers (Auten, 1983; Gallagher, 2010; Kirk et al., 1971; G. Stone et al., 2000; G. Stone & McMichael, 1996) or focus only on one outreach program at one institution (Ellingston et al., 1999; Kuffel & Katz, 2002). There is little rich, descriptive information about the holistic outreach efforts of counseling centers.

Furthermore, there is considerable confusion as to how counseling centers respond to fiscal challenges; some reduce outreach while others universities increase it.

Understanding how directors' training and theoretical orientation shape the practices of a counseling center is needed. This study begins to address these gaps by examining the collective outreach efforts within the various systems of a small college campus.

Conclusions and Restatement of Research Questions

The gap between student needs and services will widen if counseling centers continue to rely mostly on remedial treatment. Counseling centers need to shift their focus from a medical model of disease (diagnoses and treatment of the individual help seeker) to a community treatment approach that emphasizes student development within ecological contexts. This shift began to take place in the early 1970s and regained energy in the last decade. For over 40 years, professional organizations and more recently federal policy highlight the importance of outreach services among CCCs. Many directors recognize the value of outreach, but it is unclear if they embrace outreach in practice. Inadequate resources have stymied many colleges from implementing outreach and preventative efforts. Yet, this is not the case across all institutions. It is my belief that if counseling centers cannot demonstrate how they address campus wide issues (student development, retention, and violence) and better serve the student population, counseling centers will continue to be underfunded and undervalued.

Based on the assumption that outreach services are critical to the health of a community, understanding what outreach programs, policies, and practices are in place on a college campus is important for two reasons. First, it could help practitioners

understand how to integrate wellness into the college experience. CCCs should focus on prevention at an institutional level rather than limiting their role on campus as a reactive tool during times of crisis. Secondly, CCCs are not adequately meeting the needs of the community; they are primarily serving 11% of the student population who seek individual therapy (Gallagher, 2013). Thus, it is important to examine how CCC can meet students' needs through the various systems in their environment.

Given the considerable gaps in the literature on small college counseling center practices in general and the lack of studies on how CCCs embrace outreach systemically, more research is need on the function of outreach and its implementation at small colleges. Using a qualitative case study design, the present study has three aims: to understand how the director's theoretical orientation or approach to mental health counseling shape outreach practices, to understand how the counseling center engages in outreach within a college community, and to learn what outreach practices are believed to be effective. This study addresses these aims using the three substantive frames and seven sub-questions (see Appendix A). This study draws on the bioecological model of student development and examines the counseling centers role in the student's environment.

CHAPTER 3

RESEARCH METHODS

A qualitative case study of one small college in the Northeast is used to investigate how a counseling center engages in outreach. This design appealed to me prior to collecting data because it allows me to better understand how outreach is practiced within a particular ecological context or culture. The study design is not tightly figured and scripted, but iterative and non-linear. Learning about counseling centers through dialog and reflection addresses my research question holistically because “interviews provide greater breadth” (Fontana & Frey, 1994, p. 365). This method is appropriate, given my social personality. My experience with active and reflective listening as a mental health counselor compliments this research method.

Previous research on student mental health utilizes quantitative methods by surveying directors’ perceptions of student mental health issues or providing a description of one outreach method. I believe the use of survey methods to explore outreach does not fully capture the rich, complex nature of practicing outreach in a college community. Furthermore, survey research provides a false sense of neutrality between the researcher and the research question. It is not possible to be objective when conducting research (Foster, 1994; Peshkin, 1988).

Qualitative research does not operate on the logic of probability; rather, it operates based on analogy (Rossman & Rallis, 2003). In other words, the purpose of a qualitative study is to describe a phenomenon in enough detail so that the reader can make a judgment about how relevant the data are to his or her experience (Weiss, 1994). As a researcher, I seek to understand the insider’s view or emic view of outreach

(Rossman & Rallis, 2003). However, my understanding of the insider's view is interpreted within my theoretical framework and experience. The underlining schema or pattern of beliefs and actions may be identified, but they are organized within this research study according to the ecological perspective. This study was approved to the Internal Review Board, before I entered the study site.

Study Site

This is a case study of a small, co-educational, private college in the Northeast region of the United States. The co-educational institution enrolls nearly 4,000 full time undergraduate students. The majority of the students are male (80%); the college offers 19 bachelor degree programs and participates in National Collegiate Athletics Association (NCAA) Division III sports. The college was purposefully selected for this study because of the size, access, and location of the college. A random sample of small colleges was not appropriate because the purpose of this study is to understand in depth what is happening at a single location. The study site should not be viewed as an exemplar of how to practice outreach. I merely describe based on Bronfenbrenner's ecological model, how one center engages in outreach.

Gatekeepers at a college or university control access to the institution (Rist, 1981). To bypass the gatekeepers of the study site, I chose an institution I was familiar with and had access to. The college belongs to the consortium of Colleges in the Fenway (COF). I was a counselor at Emmanuel College, which is also affiliated with the COF. The counseling center I worked at maintains relationships with members of COF, making

access to the study site possible. Thus, my role as an insider facilitates this research process (Wagle & Cantaff, 2008).

Center for Wellness and Disability Services

The counseling center is part of the Center for Wellness and Disability Services. The office is located in a main building near the center of campus. The office is nested at the end of a hallway on the ground floor of the building. The counseling center, disability services, and wellness education share an office space and are managed by one person (the director). There is an assistant director for disabilities services, an assistant director for counseling services, and a coordinator of wellness education. The three offices share an administrative assistant. When you walk into the Center for Wellness and Disability Services, there is a large waiting area with a couch, multiple chairs, and two tables. To the left of the waiting area are the counseling center offices, and to the right of the waiting area is the wellness education office and disability offices. The waiting area is a shared space that separates the three departments.

The mission of the Center for Wellness and Disability Services is to “provide comprehensive support to all students around mental health, wellness education, and disability support and accommodations” (Wentworth Institute of Technology, n.d., para 1). Furthermore, the aim of the Counseling Center is to “assist students with their mental health needs so that they may be successful in their academic pursuits” (para. 2). The director states that the mission of the Counseling Center is to “provide students with an opportunity for inner personal growth and development.” The counseling center offers support on a variety of issues, such as anxiety, depression, sexual assault, or substance

use. The center offers individual counseling, group counseling, referral resources, consultations, and training for staff, faculty, and student leaders.

Participants

The director of the counseling center and all six non-clinical and clinical members of the center were invited to participate in this study. The sample is purposefully selected, based on their role on campus. The unit of analysis is the counseling center. First, a series of three interviews was conducted with the director of the counseling center (see Appendix B for interview guide). The director was selected because of her leadership position and influence on the standards of practice and policies of the office. The director is the “sponsor” or “key informant” of the study and who aided my entry into the study site (Weiss, 1994). Particular emphasis is placed upon understanding the director’s theoretical orientation and how her beliefs shape outreach practices. To maintain the anonymity of the director in this report, I use the pseudonym Sarah. Sarah has her master’s degree in social work and is a LICSW (license independent clinical social worker). She spent a number of years working with teens and adult substance abusers at outpatient methadone treatment programs and worked for a short while as a wellness educator at the college. In 2004, she was hired as the Director of Wellness and Disability Services.

There was also one focus group interview with all other members of the counseling center. During the data collection process, the center had a director, two counselors (one is an assistant director), an administrative assistant and two counseling interns (second year master’s students). The two counselors are master’s level clinicians,

one has been working at the center for three years and the other has been working there for four years. One follow up interview was conducted with each of the counselors. Table 2 summarizes employment details and credentials of the participants interviewed in this study.

Table 2. Experience and Credentials of Study Participants

Participant Title	Length of time at the college	Highest Degree/Degree in Progress
Director of Counseling and Disability Services	9 years	MS, Social Work
Assistant Director of Counseling	4 years	MS, Social Work
Counselor	3 years	MS, Social Work ABD – Social Work
Intern	3 months	MS, Mental Health Counseling- in progress
Intern	3 months	MS, Mental Health Counseling –in progress
Administrative Assistant	4 months	MS, School Counseling
Coordinator of Wellness Education	1 year	MA, Health Communications
Director of Student Achievement	5 years	MA, History Ed.D, Instructional Design – in progress

Lastly, other members of the community were invited to participate in the study to enrich my understanding of outreach (Weiss, 1994). A snowball sampling technique was used to identify members of the community to interview, based on the data collected from the focus group and director. Staff members from both divisions of student affairs and academic affairs were invited to participate in the study to develop a range of knowledgeable informants (Weiss, 1994). The Coordinator of Wellness Education was interviewed because the center has a close working relationship with that department. Then the Director of Student Achievement was purposefully selected because a member

of the center mentioned wanting to form a closer relationship with the academic side. These participants were selected based on their conceptual importance and role on campus. For example, the Director of Student Achievement works closely with academic faculty; faculty members traditionally have a weaker relationship with the counseling center. Only two interviews were conducted with non-clinical members of the campus because data from both interviews provided similar perspectives on how the center engages in outreach. In other words, interviews were discontinued because I encountered diminishing returns (Weiss, 1994).

Data Collection

The researcher did not take a passive role in the data collection process. Throughout the data collection process, I was observing, asking questions, writing down analytic memos, and taking field notes. This process was iterative and systematic. Data were collected through a variety of approaches, such as semi-structured interviews, focus groups, and an analysis of material culture (i.e., mission statement, documents, brochures, annual reports, and employment questionnaire). Each interview was recorded using an electronic device and transcribed into a word document. Each participant was asked to complete a brief questionnaire about his or her background and work history (see Appendix C). These techniques provide a “complex tapestry” of data for the final report (Rossman & Rallis, 2003, p. 173).

Through these data collection techniques, I am able to understand the counseling center’s theory of practice and theory of use (Argyris & Schon, 1974). The mission of the Counseling Center as well as the beliefs and/or theoretical framework the director

espouses describes the center's "theory of practice." The theory of use is how the center performs or the physical actions (i.e., brochures, training programs, and therapy sessions) they take to fulfill their mission (Argyris & Schon, 1974).

To capture the director's unique beliefs, in depth semi-structured interviews were used (Rossman & Rallis, 2003; Weiss, 1994). A semi-structured interview allows the director to respond her own way and to take the interview in various directions. In other words, the natural ebb and flow of the interview is preserved. The purpose of this type of interviewing is to capture the participants' perspective on outreach not the researcher's view (Rossman & Rallis, 2003; Weiss, 1994). Tailored interviews provide a full, detailed description of how outreach as a process unfolds on campus (Weiss, 1994).

Focus group interviews are more structured interviews that target a particular topic (Rossman & Rallis, 2003). A focus group is comprised of participants who share a similar characteristic; in this case, they all work in the counseling center (Rossman & Rallis, 2003). The goal of the focus group is to create a permissive environment in which the participants talk freely and interact with each other (Rossman & Rallis, 2003). The interview with the focus group highlighted three areas: beliefs about outreach, outreach activities that they performed in the last year and how they connect with different systems within the institution (see Appendix B for sample questions).

To triangulate how the center engages within the campus community, an analysis of material culture was performed as well as interviews with select members of the college community. For example, a director may say he or she provides stress management workshops, but there is no documentation or materials within the office indicating that training took place. In this example, interviewing another member of the college is

needed to build a thicker description of how the director's models/beliefs are put into practice. Two additional interviews (one with a student affairs administrator and one with an academic affairs administrator) were necessary to further validate the data gathered about the counseling center. These interviews were semi-structured and shorter in length than the interviews with the director. The goal of these interviews is to integrate multiple perspectives of outreach practices because no member can observe outreach in totality (Weiss, 1994). Two non-clinical members of the counseling center were interviewed (see previous section).

Procedures

Data collection took place over the course of the academic 2012-2013 year. I was immersed in the site for a 12-month period. Sarah was invited to participate in the study in person. Once the director agreed to participate in the study, the first meeting was arranged via email (see Appendix E). All three interviews with her took place in her office. During the first interview, I reviewed the purpose of the study, consent and study procedures, and asked her to complete a short employment questionnaire (see Appendix C and D). The director agreed to have the interviews recorded. I recorded the interviews on two devices. At the start of the interview, I briefly introduced myself. I felt comfortable with her immediately because I had met her a number of times at COF meetings. I described my graduate program and my broad interest in college students and mental health on campus. Sharing information about myself is crucial to establishing rapport with Sarah (Fontana & Frey, 1994). I want to be transparent; I want her to

understand my perspective and motives so that she is willing to open herself up and allowing me to understand her point of view.

The first interview focused on getting to know the director's history at the institution, the organizational structure of the office, her theoretical orientation and clinical training. Sarah was asked questions like: What is your educational background? How long have you been at this institution? How do you view mental illness? At the end of the first interview, the subsequent interviews were scheduled.

The second interview focused on the various systems Sarah interacts with on campus and how her clinical orientation or approach to counseling shapes her practice. To build a connection between her theoretical orientation and how she practices outreach, I need to understand the thought process behind her decisions and behavior (i.e., resources allocation, outreach initiatives). Thus, I asked her questions about her policies in the office, staff training, and how she allocates resources (e.g., staff time).

The third interview with Sarah focused on outreach practices over the past academic year. Sarah provided charts and lists of the outreach activities the center engaged in and annual reports from the previous year and described how the counseling center connects with other departments on campus (see appendixes H and G). These documents as well as information about the center online were analyzed as part of the material culture of the center.

At the start of the second and third interviews, I discussed my preliminary interpretations of her beliefs to ensure accuracy. I also followed up with Sarah via email during the data analysis process to ensure that I captured her perspective and

understanding of outreach correctly. I remained in contact with the director for the course of the data collection process (approximately 12 months).

After the interviews with Sarah were completed, I worked with her to schedule the focus group interview. Members of the counseling center were asked to participate in this study via email (see Appendix E). Two counselors, two interns, the director, and the administrative assistant were present at the focus group interview and they all agreed to have the interview recorded for accuracy. Sarah scheduled the interview during a staff meeting so that all members of the center could be present. Sarah introduced me at the start of the meeting. The meeting took place in the waiting area of the Center for Wellness and Disability Services. Sarah did not take an active role during the focus group interview; rather, she allowed the other staff members to discuss their perspective, ideas, and beliefs. The staff members seemed comfortable with Sarah's presence at the interview and were instructed that if there were additional comments, they should email me directly after the interview.

Informed consent was reviewed at the start of the focus group interview, and they were asked to complete the employment questionnaire. Follow-up interviews were scheduled with the two counselors to ensure that I interpreted their beliefs correctly and to ask additional questions about their specific role in outreach.

The first part of the focus group interview targeted the participants' beliefs about outreach and details on events/activities that have taken place over the last academic year. The second part of the interview and the follow-up interviews focused on the various connections the members have on campus, areas of strength and/or weakness in their

outreach activities as well as potential barriers or limitations to engaging in more outreach.

The last part of the data collection process involved interviewing other administrators at the college to get an outside perspective on how the center engages in outreach. Two administrators were invited to participate in the study via email. They were interviewed over the telephone for 30 minutes. Each administrator reviewed consent prior to the interview (sent via email). At the start of the interview, I discussed the purpose of the study, asked basic demographic questions (i.e., full name and job title), reviewed consent, and obtained verbal consent to participate in the study and to have the interview recorded. During the brief interview, they were asked to describe their role with the college and how they interact with the counseling center. I asked questions like: “What departments do you think the counseling center has relationships with on campus?” “Do you think faculty and staff are aware of counseling services?” and “Is there a department that is not connected to the counseling center?”

All of the research interviews were recorded using two devices: notes were taken during the interview, and observations were recorded during each site visit. Process notes were written after each visit/interview and after listening to the recordings. Documents collected during the site visits were examined. The participants were contacted via email or telephone after each interview to clarify/validate any emerging ideas/themes from the interview and to ensure the data are interpreted accurately. After each round of data collection, I spent time working with the data, analyzing the content, and transcribing the tapes. Each participant was asked to share any other insights or comments with me via email or telephone. I spent a year gathering and analyzing data in the study site.

Ethical Issues and Trustworthiness

Potential ethical dilemmas that could arise during the research process are considered (Guillemin & Gillam, 2004). For example, I recognize that confidentiality is important to participants. Participants in this study were informed of their rights to confidentiality and given pseudonyms in the research report to protect their identities. Efforts were made to establish trust with the participants. I explained my interest in the research topic in general and my purpose for interviewing them. I expressed my appreciation for their willingness to join me in a conversation about outreach and for participating in this research project.

Additionally, I took steps to establish trustworthiness and integrity of the data. Creditability is a component of trustworthiness. Trustworthiness can be achieved through prolonged engagement at the study site, external checks on the inquiry process, and triangulations (Lincoln & Guba, 1985). I spent 12 months at the study site gathering and analyzing various sources of data (e.g., interview data, the content of the center's website, print material, and other materials). I was engaged with the data for a nearly two years. I recorded the interviews, transcribed them and reviewed my interpretations of the transcripts with the participants (Lincoln & Guba, 1985).

In an attempt to triangulate the data, I asked the same question in different ways to ensure I captured the participants' understanding of the concepts and to provide internal consistency (Lincoln & Guba, 1985; Seidman, 2006). For example, I asked, "How do you approach counseling?" and later I asked, "How do you approach student mental health issues?" Additionally, interviews with other administrators validated the data collected from the counseling center. For example, the counseling center shared that

they ran a stress group, which was also mentioned by another non-clinical administrator on campus.

Lastly, I recognize that my beliefs about mental health informed my research interest, questions, method, and analysis; “Research processes are necessarily entangled with (my) identity” (Wagle & Cantaffa, 2008, p. 136). My goal is to be subjective by understanding how my research perspective influences the research process so that I move beyond my view and to capture the truths of the participants.

I captured the participants’ views by asking open-ended questions and letting them guide the interview process and evaluate my interpretations of the interviews. I engaged in reflective dialogue, which is central to data integrity (Rossman & Rallis, 2003). I reflected back to the participants my interpretation of their beliefs during the interview. Active listening and paraphrasing helped me understand their emic view and how they make meaning of their experiences. For example, I asked the director to tell me about her approach to counseling, and then I rephrased her response as a clarifying statement (e.g., “So you believe there are a lot of other systems that the student interacts with?”). I believe it is essential to provide the participants with a sense of “agency” and “respect” by giving them “interpretive authority” and by emphasizing reciprocity and reflection throughout the interview process (Rogers, 2000 p. 55).

Data Analysis

The interviews were transcribed into a word processing program. The first step in formally analyzing the data is to reduce the text into manageable categories and themes. This can be done in multiple ways, such as line by line coding or organizing passages on

note cards or by highlighting them (Charmaz, 1995; Rossman & Rallis, 2003). I started with line-by-line coding, using broader categories to separate passages and then organizing passages into themes. Line by line coding reduces interpretation of data, and it forces you to look at a range of themes (Charmaz, 1995). I used various types of coding because performing multiple methods is a way of establishing coding integrity. Line by line coding also brought me close to the data (Rossman & Rallis, 2003). Coding was done by: identifying larger categories and writing them in margins of transcribed word document, highlighting or color coding different themes within in the text, writing phrases on note cards and organizing into piles/themes, organizing the note cards into conceptual maps to provide further understanding of how each theme is related to the category.

I re-read the interview again and again to become immersed in the data. Prolonged engagement with the data leads to insights and is instrumental in interpreting and condensing the data (Rossman & Rallis, 2003). In doing this, I was able to better conceptualize the main categories that emerged from the interview and aided in the creation of a concept map. Creating a conceptual map helped make sense of the data, and I teased out interesting themes. Once I identified a few categories, I re-read the interview notes, looking for evidence of the more subtle themes. Themes were developed based on patterns in the data, my theoretical framework and my clinical experience. To elaborate, I looked for patterns in the data and noticed if a phrase or word appeared a number of times across the interviews. A word or phrase was important if it was grounded in the bioecological model. Similarly, a word or phrase was significant if it resembled my

personal experience at a small college because it indicated another pattern (i.e. shared experiences across counseling centers).

Data Interpretation

Interpretation of the themes and categories described the essences of how outreach is practiced at the institution. The themes and categories used in qualitative inquiry making meaning of the participants' lived experiences. The data captures the lived experience of the participants within this unique context. The rich detailed stories of the participants come to life when it is understood theoretically and within the literature (Rossman & Rallis, 2003).

There are two deductive categories used to organize data on outreach practices. These categories emerge from my theoretical orientation and understanding of the literature. These categories were identified in both the recommendations to outreach and the outreach practices. The first category is *education and prevention* and the second is *collaboration and training/consultations*. These categories represent the etic view and are analyst-constructed categories (Rossman & Rallis, 2003).

There are inductive themes that emerged as a result of the data collection process, memo writing, and concept mapping. The inductive approach identifies "indigenous categories, the emic view- those expressed by the participants" (Rossman & Rallis, 2003, p. 282). The ecological model of the college experience is used to organize inductive themes that emerge during the data analysis process. Throughout the data analysis process, I moved from categories to themes and back while making efforts to write down hunches and ideas. This cyclical process sharpened my understanding of the themes and

made meaning of the data. Many interesting themes emerged from the data analysis process. These themes are explored in how they address the three research questions in the results section.

CHAPTER 4

RESULTS

Research Question 1

The Director's Theoretical Orientation

The first aim of this research study is to understand how the director's approach to counseling shapes outreach practices. A series of three semi-structured interviews with the director of the counseling center and content analysis of the documents/material in the office was used to explore this aim. A clear understanding of the director's theoretical orientation is helpful in order to see how her beliefs guide her actions (i.e. her theory of practice and her theory of use). Understanding the director's orientation is important because it potentially impacts students through their exosystem (e.g. she consults with administrators to change policies related to managing students' mental health needs) and microsystem (e.g. changes how she directly works with a student). The director's orientation is understood by two indigenous categories (developmental and systems framework). These categories became clear through inductive analysis of the director's language and word choice during the interviews and are further validated by content analysis and interviews with other staff members in the counseling center. These two categories describe the emic view of the director. Additionally, two deductive themes (mindful and accommodating of students and mindful of the ecological context) are used to explain how her beliefs about mental illness shape her practice.

Developmental and Systems Framework

As indicated by interview data, the director conceptualizes mental illness from a developmental and systems framework. She is mindful of the developmental changes that students experience during college and how contextual factors, such as family and peer interactions, impact mental illness. Sarah believes that students are developmentally between adolescence and adulthood and thus experience unique challenges during college. She stated:

It's a very interesting time because they are not necessarily adolescents but they are still developmentally in that mindset...and being very aware that developmentally they are still very close to being out of adolescence and that they may not be ready to handle all of those issues...[and] being more *mindful* of our students who are still developing emotionally (Interview 1, May 2, 2012).

The director uses what she refers to as a “comprehensive” framework for understanding mental illness. This framework provides her with a deeper understanding of what might be contributing to a student’s mental health problem. She recognizes that students develop within various systems (e.g., family, peer, and academic) in their environment. Sarah describes her perspective as “systemic, [which] has to do with being a social worker by training.” She feels:

[Social work training is] broader than psychology [in that you] look at people more in the context in which they live and not just look at the illness or their presenting symptoms. You have to delve a bit deeper and find out what else is going on for someone...most students, I feel, are more on that spectrum of maybe having a diagnosis maybe not, but also having lots of other things affecting their symptoms (Interview 2, May 9, 2012).

For this reason, Sarah examines mental illness from multiple angles: medical model, family systems, and social factors. She stated:

We very much try to take into account all of those things that are impacting students on campus, what is going on for them here, at home, are they having trouble making friends or a tough time academically? There is a medical piece, of

course, with disease, but there is also a lot of social factors that go into things as well. We try to gather all of the information for students before jumping to a diagnosis. We are more likely to spend a few extra sessions talking through, trying to find out what is really going on for the student, and trying to look at the whole system they are involved in to find out what may be causing it...before we jump to medication (Interview 1, May 2, 2012).

In summary, the director views mental illness through two perspectives: the developmental stage of the client and the multiple environments within which the client thrives. She feels that to accurately help college students address mental health issues, you need to recognize that in many ways (i.e., emotionally). They are not yet adults, and they are heavily influenced by their family and educational community. Two themes describe how the director's perspective on college student mental health influences outreach. The two themes were identified through deductive analysis of the data. Her attention to students' developmental needs guide how she practices therapy and mental health outreach. Additionally, identification of the ecological context within which outreach is performed mediates how the director engages in outreach.

Theme 1—Attention to Students' Developmental Needs Guide Her Practice

The director used the word “mindful” to describe her attention to the whole student. Based on the developmental needs of her clients, she makes accommodations to her practice. For example, Sarah teaches students skills early in therapy as a way to keep them engaged because she believes, “They want to feel better yesterday.” She stated:

[Students] are not necessarily as patient or as willing to wait [to feel better]. If they come to therapy for the next six months, every week...we found at least that students engage better or are more likely to stay in treatment if they see even small things improving. So although, yes, they may need medication...if we can just, sort of, help them [learn] a couple of basic skills, to get them through so they feel a little bit better, we found them more likely to come back and value

counseling in a way that they may not have been able to do if we didn't give them those skills and let them progress at a slower rate (Interview 1, May 2, 2012).

Sarah does not spend a lot of time in therapy on self-reflection because many of the students leave after a few sessions. She believes it is important to help student see progress early:

By the nature of the students and where they are at developmentally, some stick for a couple of years, but the majority are gone in six or seven sessions. I think you can't afford to take five or six sessions to really explore what's going on before [the student] starts seeing some progress since they will be gone (Interview 1, May 2, 2012).

These two quotes describe Sarah's awareness of students' needs (e.g., to feel better, fast and short attention span for counseling) and changes her approach to therapy (e.g., skills training early in therapy) based on those needs.

The director's beliefs about what impacts mental illness (e.g., developmental stage) shapes how she engages with her clients and with the college community. She addresses mental health issues (e.g., depression) that are relevant to students based on their feedback; she collaborates with existing campus services (e.g., Health Services) to educate and identify at risk students; and she makes information available to students on their terms by using technology. Outreach is not just a program or workshop to educate students on mental health issues. She is always "rethinking" the ways she engages in outreach based on the response from students. Sarah learned that holding a traditional "workshop" for students is not going to work on her campus. She stated:

I look at [outreach] more comprehensively and again part of that is our student body. We have a lot of engineers. We have a lot of computer science majors. We have a lot of students who are socially not joining up with things, and we sort of learned that by trying to hold these big sessions and having two people come, we aren't really touching people....We had to really re-think how we conduct outreach based on that because they aren't coming to programs like sexual assault (Interview 1, May 2, 2012).

Making accommodations means that Sarah reflects on what she is doing, and she is open to making changes to her practice. There have been a number of outreach ideas (e.g., drop in campus center, counseling in residential halls) that Sarah implemented and did not generate much student interest (i.e., few students attended). Sarah stated that she is “willing to change when things aren’t working” (Interview 1, May 2, 2012). She tried drop-in hours in the campus center, weekly hours in the residential halls, and other educational programs. She said, “I think a lot of it is trial and error, but it is also being open to saying, to recognizing when something is not working and be willing to try something different” (Interview 1, May 2, 2012). She believes an important part of outreach is finding mental health topics that are interesting to students, and the best way to find out what is relevant to students is through feedback from students. She believes, “getting that feedback” either through one-on-one contact with students, through analyzing trends in data on the students who seek help, or through connections with student groups (e.g., Residential Advisors) is important to how she engages in outreach. She explains that all members of the office interact with different students, faculty, and staff on campus, and through these connections they are able to get feedback on what mental health issues are popping up on campus. She explained:

I think you have to think about topics that are interesting for more students. So I think it is easy to focus on a topic that we might find interesting as a clinical but that might impact three students... We try to think about what is important to them (Interview 3, May 17, 2012).

This process of rethinking and making accommodations is made clear when she talks about the mental health screening day that her office organized. Sarah organized a mental health screening day on campus but was not getting student participation. She had

to rethink how she educated students on mental health issues. Two years ago she collaborated with Health Services to identify students who might be struggling with depression but not seeking help. More students stop by Health Services on a daily basis than were coming to the depression screening. Health Services asked students to complete a brief depression screening and flagged high-risk students, referring them to the counseling center. Her decision to collaborate with Health Services was discussed in an annual report produced by the counseling center. By collaborating with an existing service on campus, Sarah is able to connect with more students. She stated:

We had mental health screening days. We didn't do one this year, but we were doing this whole thing. We had put up flyers, and we would do this on National Depression Screening Day with all the things, and only three students would come by. It was just great, you know, but we've gotten a lot more students instead by doing this brief screening tool when students show up in Health Services because it's a little less stigma...and more students go to Health Services than were coming to [screening days], so we just had to really keep rethinking what works for our students (Interview 1, May 2, 2012).

The way Sarah uses technology to reach out to students is another example of how she is both aware of students' developmental needs and willing to make accommodations to the outreach process based on those needs. Sarah accommodates students' lifestyles by using technology and social media to connect with them. For example, she stated, "[Students] might respond better to going on their website in the privacy of their own room watching a podcast about depression" rather than going to a program on campus (Interview 1, May 2, 2012). About two years ago, one of the counselors launched a series of podcasts that students can view online. The website lists a number of podcasts on topics, such as time management, art therapy, grief, and yoga relaxation. Annual reports indicate that the podcasts have received over 500 views in the past year, providing evidence that information is reaching various members of the

community. Sarah started using technology as “a way to reach a larger audience of people over time” and because “we are a school of technology, so for us it’s about what’s going to work best for our students” (Interview 3, May 17, 2012). The use of technology is discussed as a goal in previous annual reports as a way of better educating the community of mental health issues.

It is evident that Sarah’s awareness and attention to students’ needs impacts how she engages in outreach. Feedback from the community helps her find ways to engage in outreach that is relevant to her student population. The director’s willingness to use this information and to make changes to how she engages in outreach is important.

Theme 2—Awareness of the Ecological Context Informs Her Practice

Sarah is also aware of the larger landscape of college students and the context in which she practices therapy. She believes the field of college counseling has changed over the past few years. She reports that on her campus the numbers of students coming to counseling “have grown significantly...Students need more services” and that the “caseloads have gotten bigger and more complex.”

I mean, I think this field is changing, not just the mental health field but college mental health and the types of students that are coming to college. There are so many more students coming with a diagnosed disorder, so many more coming on medication than we have seen before, and it’s sort of like what worked 20 years ago when kids were coming down because they broke up with a girlfriend or they were having a hard time. That is so little of what we see now as a counseling center that I think it’s really important to stay on top of those [changes] (Interview 2, May 9, 2012).

Sarah recognizes that treating students with mental health issues is different from treating clients in a community health setting.

[I believe that college students] need more structure and guidance at times or a little bit more understanding, you know. We don't penalize them for not coming in. We do a lot more one-on-one outreach and chasing them down a bit when they don't come in...that you wouldn't necessarily do in an outpatient mental health setting (Interview 1, May 2, 2012).

Because of these differences, Sarah is willing to do things that a counselor would not typically do in a mental health clinic. In other words, Sarah is more flexible with students and does not put restrictions (i.e., session limits) on the therapeutic process. Sarah is “willing to do some added outreach” if a parent or faculty member is worried about a student.

We have the luxury of still [providing therapy] if they still need therapy or would still benefit from it or don't need it but they want it because it is positive for them. We try to not be strict about [session limits]. If a student is having more of a difficult time, [we] have the luxury of saying, “Well, let's do a check in later this week,” and we don't have to meet for 50 minutes, from an insurance perspective...[These] are things that we wouldn't normally do in a mental health facility (Interview 1, May 2, 2012).

Sarah believes that therapists on a college campus “should” make these accommodations for students. She stated that it is important to provide added support “because we are a residential campus, and our students are living here. We can do that, and we should do that.” Sarah stated that counseling centers at larger schools would probably “function very much as independent health center within the campus.” For Sarah, being at a smaller school means:

We have the ability to connect with students. We take referrals [from] parents [and] professors [who] call worried about students, and we reach out to them. You wouldn't do that elsewhere in the community, but they are living on our campus (Interview 1, May 2, 2012).

She believes you need to do what works for your student population.

Sarah is aware of the changes happening on her campus and across the larger population of college students because she stays connected to her field. She attends three

or four professional conferences a year, belongs to professional organizations (e.g., Association for University and College Counseling Center Directors) and regularly interacts with other practitioners in her community (e.g., Colleges of the Fenway Meetings). She believes having professional “interaction has been really helpful, and it gives you a starting point to think about what might work on your campus” (Interview 2, May 9, 2012). Through these professional connections, she is able to see what has worked on other campuses and what has not and brings new ideas to her campus.

In summary, Sarah is mindful of the developmental changes a student goes through, the various systems a student interacts with, and of the larger ecological context of college student mental health. This awareness allows her to make accommodations to her practice so that she can connect with students in more meaningful ways. Sarah is aware that students rely heavily on technology and social media, have short attention spans for counseling, and that students on her campus are goal-oriented and want to feel better fast. Therefore, Sarah uses technology to educate students on mental health topics that interest them; she uses existing student services to outreach to students; and she builds relationship with students groups, faculty, and staff to identify effective outreach practices. Lastly, Sarah considers the context in which she practices mental health counseling; she offers more support to students based on their needs and engages in more outreach when indicated by members of the college community. College counseling centers should intentionally work with parents, faculty, and staff to support student mental health needs.

Research Question 2

Engaging in Outreach

The second major aim of the research study was to understand how the counseling center engages in outreach within the college community. Data from interviews with members of the counseling center, a focus group interview with the counseling center, interviews with various non-clinical staff members of the college, and a content analysis of the counseling center website were analyzed to address this aim. Before we can understand how the counseling center engages in outreach, it is helpful to understand how they define outreach. Therefore, one deductive category is used to broadly describe how the office defines outreach practices. In addition, three inductive themes (Outreach is educational and preventative, Outreach is about layers of prevention, and Outreach is collaborative) expand on the definition of outreach and describe how the office engages in outreach on campus.

Outreach Defined

Outreach is any way to connect with a student outside of the clinical office setting. The director believes that outreach is “not just about hold(ing) a program...Outreach might be something in simple settings sending someone an email...It is anyway to sort of connect with the student and make those connections outside of closed office one on one” (Interview 1, May 2, 2012). One staff member explained that outreach is any “service that extend[s] past the counseling center” or is “anything past this door” (Focus Group Interview, November 30, 2012). Members of the counseling center share the belief that outreach is any way to connect with a student beyond one-on-

one counseling. This broad definition of outreach is transparent in the data. Deeper analysis of the data suggests that the center engages in outreach in multifaceted ways. Three themes are used to expand upon this definition of outreach. First, outreach is an educational and preventative tool. Second, creating layers of prevention within the institution is how the center engages in outreach. Lastly, the counseling center fosters relationships within the educational community to make outreach a shared responsibility.

Theme 1—Outreach is Educational and Preventative

First, outreach has educational and preventative components. The office engages in outreach with the purpose of teaching the community about mental health issues and/or counseling services. The purpose of outreach is “to provide resources and/or support” and is about “education or awareness of an available service” (Focus group interview, November 30, 2012). Another member believes that outreach is “a range of activities to educate the community about common or important areas of need or support and ways to access it.” A counselor elaborates that outreach is anything from distributing “printed material, to face-to-face interaction, and everything in between so technology, of course, emails, podcasts.”

The counseling center engages in outreach as a way of preventing mental health related issues from developing or getting worse. Members of the office engage in outreach to “help people be the best they can be, and if they are having health issues, to have that taken care of in a timely manner, before symptoms become worse or life deteriorates more” (Focus group interview, November 30, 2012). An intern gave an example of how outreach is preventative. He is working with a group for international

students because international students seem to be more “disconnected from the campus.” The intern explains that the group could help international students “feel they have a go-to place for their concerns rather than feeling isolated.” He went on to say that by working with a student group outside of the office, “we can potentially find something that could be an issue and refer them if needed.” In this example, outreach is a preventative measure that targets specific students or student groups. Doing outreach is one way to ensure that students who need support get it, so they can be successful in college.

There are a number of educational and preventative activities the counseling center performs. For example, the counseling center ran a grief group to educate students at the college and around the COF about the stages of grief and coping with losing a loved one. Various members of the office mentioned being on committees (e.g., the Diversity Committee) so that they can build relationships with other faculty and staff who have direct contact with students. These relationships are formed in hopes that faculty and staff will identify and refer at-risk students to the counseling center. For a complete list of outreach practices, see Appendix F.

Appendix F lists the types of outreach programs the center has performed and organizes the outreach by group: Outreach to Students, Outreach to Parents, and Outreach to Faculty and Staff. Information on the table was found in reports (i.e., outreach chart, annual reports), website, and interview data on the counseling center. With the exception of a few student workshops/groups (e.g., stress management for athletes and yoga), the majority of the outreach activities are programs or trainings that the counseling center offers yearly. It is not clear in the data how often the counseling center runs a stress

workshops, yoga, a grief group, or the LGBTQ support group; there is evidence that they were offered in the last year, but the director did not indicate what is offered annually in her outreach charts or annual report.

Theme 2—Layers of Prevention

The counseling center believes that outreach is more than running a program for the college or reaching out to a specific student. The director looks at outreach from a larger perspective and believes that outreach is about creating “layers of prevention” within the institution (Interview 1, May 2, 2012). The center reaches out directly to students and indirectly to students through parents and faculty and staff. In this way, the counseling center has created layers of prevention. The director stated:

There’s a lot of different layers, you know. There is individual emails and phone calls...collaborating with Health Service... We’re having later this semester a 12-hour mental health certification process. We’re pulling in athletic coaches too and other people from the division that come through and some from the sciences as well to be able to get students to us. So, I’m just trying to think about layers of prevention (Interview 1, May 2, 2012).

The center engages in outreach by contacting students directly (e.g., workshops and orientations) and indirectly through other community members (e.g., faculty, parents, and staff). One staff member stated that outreach can be “indirect through others who have direct contact with students...but the student is still the target of the messages” (Focus Group Interview, November 30, 2012). A counselor points out that his role in outreach is not limited to connecting with students. “Secondary to students is supporting faculty and staff as a means of reaching other students. Trying to get faculty and staff a message about what we can offer and how to direct students to us.” The counselor went

on to explain two layers of outreach: individual high-risk students or student groups and outreach in the broader community. A counselor shared:

I think we do outreach in two different ways...one is we use the term outreach when somebody has expressed concern about someone and so we are reach[ing] out to try to respond to the concern...We also do general outreach to the community about our services and about issues we think that could be important to address on campus, like women's health, but I think we do use it in a very specific sense, outreach to the student, and we use it more generally with the community (Focus Group Interview, November 30, 2012).

Creating layers of prevention addresses two major blind spots or limitations of one-on-one counseling. First, outreach to the community is important because many students are "under the radar." The director believes in the importance of engaging in various types of outreach because many students at-risk for developing a mental illness are not coming to the counseling center. She stated:

Think about students who are suicidal, for instance. The majority of them are not clients of the counseling center...How do you touch on people or make information available to students when you don't know who your target is and you can't identify necessarily who are the students? Yes, you can do targeted outreach to students that people are worried about, and every school now has some sort of behavior intervention team to target the students they're most worried about. And that's great, but there are also a lot of students who are under the radar, and you never know what's going to work for them. *So I just try to think about prevention from that larger perspective.* And it doesn't have to be "100 students came to this program, and therefore we've been successful" because the students most at risk...might be sitting in their room with their door closed ..., but they might respond better to going on their website in the privacy of their own room watching a podcast about depression (Interview 1, May 2, 2012).

Secondly, engaging in different forms of outreach is important because the counseling center does not see the majority of the students, but faculty and staff do. Therefore, outreach to faculty and staff (e.g., mental health training) and forming collaborative working relationships (e.g., on Diversity Committee together) is important to identifying at-risk students.

The more we can have [faculty] at least know what to do, who to call, and do a proper referral to us. We have had more and more faculty, because we outreach to them, walking students down, referring the students and calling and email and asking for advice on how to interact with a student and asking about...asking us to outreach to students (Interview 1, May 2, 2012).

The counseling center identified a variety of outreach programs aimed at students as well as outreach practices aimed at other members of the community who have direct contact with students. Some of the community programs organized by the center include Mental Health First Aid training to faculty and staff, Resident Director Training, and the Letting Go presentation to parents at orientation. Programs aimed at individual students or student groups include stress management workshop and the therapy dog, yoga for athletes, an international student group, various educational podcasts, and over 75 outreach emails to individual students (identified as “high risk” by parents or staff). See Appendix F for a list of all the outreach practices identified by the counseling center.

The center’s efforts to build relationships with faculty and staff as a layer of outreach is supported by data from non-clinical staff members of the college. The Coordinator of Wellness Education believes, “There is a lot of collaboration [between the counseling center and other departments] because we are a small school.” She does not see members of the counseling center interacting with faculty specifically but indicated the following:

[Faculty and staff] are definitely aware of the office and that in general [faculty and staff] are pretty good about reaching out when they are worried about a student and getting in touch with the counseling center. We have a care report that they are trained to use, which is an online way of reporting a student and that will go to the committee that will review them, and the committee will come up with a follow up plan (Brief Interview 1, June 18, 2013).

Theme 3—Outreach is a Shared Responsibility

The counseling center fosters relationships within the college community that make outreach a shared responsibility. The counseling center takes a collaborative approach to engaging in outreach. The glue that holds the layers of outreach together is the relationships that are cultivated by the counseling center among faculty, staff, parents, and students. Members of the counseling center intentionally interact with other members of the community; they collaborate on a variety of projects both clinical and non-clinical in nature.

Working with faculty and staff on issues unrelated to student mental health is important because, as a counselor stated, “It puts us in front of people who then get to know us and are more likely to call us for help” (Focus Group Interview, November 30, 2012). The director views these non-clinical interactions as a chance to forge a working alliance with faculty and staff. The two counselors believe non-clinical work is important because “it makes people know us personally, and it makes them more likely to refer to us. It makes us seem less scary,” and it is a form of “customer service” (Focus Group Interview, November 30, 2012).

The director demonstrates how collaboration within and across departments is performed. She is connected to a variety of departments and staff members. She works closely with the Dean of Students, the Director of Community Standards, the Office of Wellness Education, the Director of Housing and Residential Life, the Career Center, Athletics, Admissions, the Center for Learning and Tutoring, the Provost Office, Human Resources, Academic Faculty and Deans, the Legal Department, the Registrar’s office and Student Financial Services. She is also part of the on-call rotation with Public Safety,

the Risk Assessment Team, the Public Safety Meetings, the ADA Committee, the Behavioral Intervention Team, and the Student Affairs Directors meetings. Lastly, she is the liaison for Health Services at Harvard Vanguard, and she has worked to build a good relationship with the doctors and nurses at the hospital. These relationships make it easier to identify distressed students, to support students, and to outreach to students on campus. She stated, “Their clinicians will walk students over if they are worried or tell them to come and make an appointment, and we do the same” (Interview 1, May 2, 2012).

The director maintains these relationships because having connections is important to creating “layers of prevention.” For example, being on the Directors’ Team facilitates both direct outreach to students in the resident halls (e.g., drop-in hours in resident halls) and indirect outreach to faculty and staff who have direct contact with students (e.g., Dean of Students). The director explains the various benefits of being on the Directors’ Team: “It allows greater collaboration so that if I want to do something, like in the resident halls, we have that connection, so there is no fight around that” (Interview 1, May 2, 2012). Additionally, knowing more faculty and staff on campus helps students who need support beyond their clinical needs.

Sometimes we have students that we are worried about. We have an Associate Dean of Students who outreaches to them, a lot of minority students, students that are on probation, and it is a very different mode. Sometimes, I see students on probation, and I think they might benefit from another connection on campus so I refer the student to another person... This gives a student more support on campus... When you have those connections to really utilize people from lots of different areas to connect with students and do some of that outreach if it is not a direct counseling outreach and having a student now connected with the dean who is going to meet with them weekly just to check in... The students find that useful and valuable (Interview 1, May 2, 2012).

The director believes that having these connections makes coming to counseling easier for students. “Faculty are able [to] introduce students to a counselor in person

because of their relationship, which helps put stressed and anxious students at ease. It is a way to make it a little more personable for the student” (Interview 1, May 2, 2012). It is evident that the director forges connections on campus intentionally and with the needs of the student in mind. She realizes that students feel more comfortable when they are introduced to a counselor by name and told that the counselor is a nice person by someone the student trusts. The director created a diagram of the most important relationships she cultivates on campus (see Appendix G). In the diagram she included staff, coaches, parents, faculty, peer groups, and siblings. She puts the student in the middle of the diagram to indicate that these groups are all connected to the student, and because they are connected to the student, she spends time, resources, and energy building relationships with those community members.

Establishing collaborative relationships on campus is a critical component to effective outreach. The director stated:

Having those relationships is so important to outreach because [when] you have those connections with people, they are a lot more inclined to call you if they are worried about a student. The people we know better are now calling more, are walking students down and referring students in a way that those people who haven’t connected aren’t doing as much.... You have to engage in outreach even if you don’t know it’s working because you only know if it’s working when they start referring people down (Interview 3, May 17, 2012).

The more connections a counselor has within the community, the greater the chance of identifying and properly supporting distressed students. These relationships facilitate the outreach process within the community. This is further corroborated by data from annual reports that express an interest in forging relationships with members of the campus, specifically Admission, to better support Veterans, Harvard Vanguard (i.e.,

Health Services) to support depressed students, and the Division of Student Affairs to better support commuter students.

Outreach is a shared responsibility within the counseling center and also the educational community. Despite using the majority of staff resources on individual counseling (70% of their time on 1986 individual sessions in the last year), it is clear in the data that everyone engages in some form of outreach and collaborates with other departments. Sarah stated:

We really try to run the center very much as a collaborative approach ... [Outreach] is not one person's job to do it all There is no one here that just does clinical work. Everyone is doing something else that is related to outreach, like serving on committees around campus, which can be a great outreach ... getting that visibility (Interview 1, May 2, 2012).

For example, interns have co-taught classes in the psychology department, a counselor serves on diversity committee, an intern worked with a professor to offer yoga classes for mental health. Sarah explained, "One of our interns was a yoga instructor, and she is doing yoga for relaxation and stress reduction and offers [a] special session to student athletes."

Within the college community, there are a few groups that serve as an outreach tool (e.g., Directors' Meetings and Risk Assessment Team). For example, the Risk Assessment Team has high-ranking members from various departments across the institution. The director explained the role of the Risk Assessment Team:

There are different people from campus that come together and look at people of concern, and some of them have signs that we need to reach out to them because there is a serious mental health piece, but often times it becomes someone else's responsibility. Because maybe the student has not responded to counseling outreach or has been clear with someone that they do not want counseling and so our director of housing goes, "I know that student....I will check in with her and see how she is doing" (Interview 3, May 17, 2012).

The institution facilitates the process of reaching out through the risk assessment team. Sarah does not organize or run the meeting with the intention of doing targeted outreach. She stated, “We try to say, ‘As a campus, this is everyone’s responsibility’” (Interview 3, May 17, 2012). But she believes that Student Affairs division is more engaged in this process and that the academic side does not reach out to students as much. Because of the close working relationships among members of the institution, they share responsibility for identify at-risk students, and they work together to find the best way to support them. Similarly, a counselor described having a “reciprocal relationship” with departments, like Housing, and staff, like the Dean of Student Affairs (Focus Group Interview, November 30, 2012). These relationships work both ways; they call the center for support, like firing a resident assistant and are accessible when the center outreaches to a student.

Other members of the community have collaborated with the counseling center to engage in outreach, which supports the notion that the counseling center fosters relationships that make outreach a shared responsibility. Other members of the campus have seen the center collaborate with athletics, residential life, the conduct office, other COF schools, health services/Harvard Vanguard, parents at orientation, and faculty departments. They have heard about programs for students on social skills training, stress management, depression, and anxiety, and they do yoga, mindfulness, and trauma. One staff member shared, “Faculty and staff know about counseling services and inform students.” (Brief Interview 1, June 6, 2013). Another member believes the center engages in outreach “comprehensively” and that “really anyone that is connected to a student is connected to the counseling center in some way” (Brief Interview 2, August 12, 2013).

The Coordinator of Wellness Education has collaborated with the counseling center on a number of outreach initiatives, such as the Diversity Committee, stress-free study break zone with therapy dogs, Clothesline Project, parents' weekend and orientation (setting up information tables together). They collaborate on alcohol and drug treatment/screenings assessments, and the Coordinator of Wellness Education consults with counselors on specific students she works with. Additionally, the Director of Student Achievement believes that the counseling center has "done a tremendous job of going into the academic departments." The Director of Student Achievement, who works in academic affairs, stated:

I have fliers and other outreach information here in my center, in my office, from the counseling center that was initiated by them, even if I didn't have a student affairs background, I would certainly be aware of them. I am looking at a magnet right now that they gave to me last year that says, "If you are concerned about a student, contact us" (Brief Interview 2, August 12, 2013).

According to her, the only departments that the center might not connect with are "the physical plant, payroll, and staff that support the institution, like Advancement." This is based on her own experience doing outreach with faculty around student learning. When she tries to set up appointments with faculty, she often finds that the counseling center is already scheduled to come to talk with them. She also sees magnets in faculty offices. She recently walked a student, who disclosed to her suicidal ideation, to the counseling center for immediate support. In this example, the center's relationships with staff and faculty, as a form of outreach, is working to identify and support at-risk students who may be under the radar.

The center engages in outreach comprehensively by forming relationships with various departments within the college community. However, there are a few areas of the

community the counseling center may not be connected to. For example, the director explained, “We don’t work with clubs” or get asked by different student organizations to go talk with them. As mentioned earlier, the center might not be connected with physical plant or other business departments. One counselor shared, he would like a “closer working relationship with the hospital” because they are sending students in crisis there and accessing information about the students or getting them to complete discharge papers is difficult. He went on to explain that he has seen this at other colleges as well. Other members mention wanting a closer relationship with academic departments, like for tutoring or with individual faculty members. Despite the director’s effort to establish a close relationship with health services and other microsystems of the college, there is room for improvement.

Summary

The center operationalizes outreach by “purposefully interact[ing] with people” and specifically identifies three groups of people in the community: faculty/staff, parents, and students (as discussed in the previous two sections). These groups of people create what the director terms: layers of outreach. The type of interaction is always aimed at supporting the student, although this can be done directly (e.g., teaching a student about grief via the web) or indirectly through people who have direct contact with students. The center also uses different media to educate the community. The center distributes magnets to faculty and staff, stress balls to students and parents, has brochures and flyers for different programs, has informational sessions, posts information online, and uses email.

Research Question 3

Effective Outreach Practices

The last research question in this study is partially explained by the data. Data from interviews with members of counseling center and the content analysis provide a weak understanding of what outreach practices are effective. Data from this study is from the perspective of the counseling center and did not provide a clear description of how they determine program “effectiveness”. In fact the term “effective” not directly defined by the counseling center staff, which is a limitation of this study. The counseling center was not tracking outreach practices until this past year. They track the number of “hits” the podcast receive, the number of individual outreach emails, and the number of one-on-one client sessions. They do not record the number of students who attend a group or meeting or the number of faculty/staff/parents who attend workshops. The center does not solicit feedback from the community on their practices to gauge how well the center outreaches to the community or if students benefit from outreach interventions. They recently participated in an external evaluation of their services, but data from the survey were not available at the time of data collection.

The following section broadly describes three key indicators of outreach and some barriers to engaging in outreach that the members encountered. These inductive categories are: engages the community, targets specific students or groups, and is grounded in grass root support.

Key Indicators of Outreach

Engagement of the Community

There are a few key components of effective outreach practices that the members discuss. First, outreach is effective if it engages the community and captures students' attention. One counselor stated,

Variety is the word that popp[ed] into my head. If you keep offering the same package, you are going to keep reaching the same population, and so by thinking about time of day, format of learning styles, and all types of things you can do to capture a bigger audience (Focus Group Interview, November 30, 2012).

This counselor believes that effective outreach programs are offered at times that work with students' schedules, on topics that are interesting to them, and attracts their attention (e.g., pizza). For example, two counselors describe the therapy dog intervention to help students manage stress. The counselors agreed that the program was effective for a number of reasons.

Therapy dog is surprising, and it is definitely variety...It is a clinical interaction, but it is also something people notice and get drawn in, and it is associated with the counseling center.

Members of the center believe this form of outreach educates students about stress and made them aware of the counseling centers services. This program drew students in because "it is out of their element," and it was "not another power point presentation on stress." Therapy dogs are a way for students to learn by practicing or doing something, "the dog captures their attention" and "being around animals lowers your blood pressure."

Targeted Outreach

Outreach programs that target specific students or student groups are effective. One counselor believes outreach programs that target vulnerable student populations, such as transgender students, are beneficial. He stated, “We identify ourselves as allies [to transgender, gay, and lesbian students],” and we “[look] for issues that are relevant to maybe a small number of students but a very vulnerable population of students” (Focus Group Interview, November 30, 2012). Additionally, the center has a podcast on stress that targets athletics. They included students in the video as a way to increase views; this podcast is one of the most popular videos on their website. Some programs aimed at the larger community (no specific audience), like drop-in hours in the resident halls, drinking, and sexual assault training or the mental health screening days “have been a colossal fail” because students do not attend (Focus Group Interview, November 30, 2012).

The center believes podcasts and one-on-one emails are successful because they reach the most students. Emails can be personalized, and they are not intrusive. Podcasts and individual outreach emails are effective because they “have a longer lasting reach. It does not put the student on the spot. They get information about the center, and they can decide to come in now or at a later date.” The podcasts are effective because they have “hundreds of hits,” so they know students are getting information and “students reference the podcast when they come in [for counseling]” (Focus Group Interview, November 30, 2012). The podcasts target student groups by discussing topics that are relevant to them.

Grass Root Support

Relationship building is a critical component to outreach. Members of the counseling center describe how having relationships with various members of the community facilitates the outreach process in a number of ways. First, outreach programs are effective if they have enough “grass roots support.” A counselor described grass root support as:

Getting people, like key stakeholders or leaders in the community, on board [with the program]. Positioning the center in those realms is one way to run successful programs and attract more students... We try to get people on board and make them feel like it was their idea and to feel invested (Focus Group Interview, November 30, 2012).

The center believes outreach programs like the socialization group, are effective because they worked with faculty to get students to join the group. A counselor explained, “Groups have failed if I put up fliers or just send out emails” and do not have “enough grass root support first.” In other words, running a program without support from other members of the community is not effective. The collaborative relationships established by members of the center making executing outreach easier.

Second, forming relationships with various staff and faculty members increases the number of referrals and outreach emails to students. Therefore, the more relationships a counselor has on campus, the more one-on-one outreach they will likely do. The director explained,

I think a lot of the individual one-on-one, emails, connections [are effective] because we get a lot of students that way. It’s interesting. We do this depression screening in conjunction with Health Services. We wound up outreaching to a lot of students through that. It’s hard to know how many of them actually come in because of that. They may come in at a later time, but I don’t know the numbers. It still feels it’s important because every so often we’ve found a student who is really seriously depressed (Interview 1, May 2, 2012).

Lastly, building relationships on campus is important to knowing what face-to-face programs to run. A counselor added,

Sometimes, the most effective outreach is the informal stuff. It is more meaningful. So committee work, as difficult as it is to fit in, it is really important. Not because of the content of the committee...but in those meetings often times before and after people will say I am worried about this kid can I come talk about it or we will have an idea of doing a program (Focus Group Interview, November 30, 2012).

As a result of committee work this counselor was doing, he became aware of the number of transgender students on campus and organized an educational program around that topic. He went on to say,

I think that mainly, the informal coming into meetings and leaving meeting, the committee work that gets us out of our office is incredibly hard to do. I actually don't like it. I would prefer to be in my office doing counseling...but is it good for all of us? It makes us more accessible and more human to the rest of the college (Focus Group Interview, November 30, 2012).

Members of the counseling center may not necessarily enjoy the administrative part of their job, but they believe that getting out of their office, interacting with other departments, and building relationships with people on campus is an effective outreach tool. Doing this type of outreach enhances the number of one-on-one outreach emails to students and increases the likelihood that students will engage in specific outreach programs.

Barriers to Engaging in Outreach

There are a number of challenges to engaging in outreach. The most commonly reported resource constraint was time. One intern shared, "I got stuck, plans halted, and I ran out of time to put something together for outreach." All members of the office believe

that as the semester gets busy, there is less time devoted to outreach programs (e.g. yoga, stress management, dog therapy). “One-on-one outreach to students of concern takes priority over face to face programming...Those are the things that get dropped off the most when we get busy” (Focus Group Interview, November 30, 2012). Face-to-face outreach is something the counselors would do more of, if they had more time, but at end of the semester, the majority of their time is spent on individual counseling sessions. Members of the counseling center point out, “This happens every semester.” The director reports similar issues with time, but even with more time she recognizes that there is a saturation level.

With the clinical work and the administrative work, it’s hard to have enough time to think about it. But I also think that you have to be careful about saturation too, like students; they are really busy...I think that it would be great to offer some more things for students, but I don’t think that more is always better because you can have something all the time, but if no one is coming to it or it’s the same three students coming because they come to everything, then it may not be that effective (Interview 3, May 17, 2012).

The counseling center does not feel staffing or funding inhibits the amount of outreach the office can do. In fact, a counselor stated, “We have resources. We are very fortunate. We have staffing to hold things at night time” (Focus Group Interview, November 30, 2012). The director does not need more staff or financial resources. When they spent more money on events (e.g., \$2,000 on a sexual assault program) the student turn-out was poor. She believes it is more about maintaining connections on campus and finding ways to reach the students that meets their busy schedule. She stated,

I think we are lucky. I would say we are the exception, not the rule. I mean, I think for a lot of centers, because of staffing [shortages], they are really unable to do some of the [outreach] we do. It is not staffing. It is having more time in a given day and being able to plan something you think students will come to (Interview 3, May 17, 2012).

It is clear that time is the biggest resource constraint for the counseling center, even though all members of the counseling center engage in outreach. Interns spend the least amount of time on outreach (maybe 5%-10%), while the counselors report using about 30%-40% of their time on outreach. The director reports half of her time is spent on outreach (committee meetings, faculty consultations, etc.). She feels that as an office “most of our work is one-on-one with clients ...probably 70%.” Last year, they held 1968 individual counseling sessions. It seems despite having some time to do outreach, the influx of students toward the end of every semester takes precedence over outreach.

Another issue is getting students to attend outreach events. A counselor stated, “The desire for outreach and programming and the action is there and we build it, but the return action is not there”; students do not show up (Focus Group Interview, November 30, 2012). She attributed the low attendance rate to the campus climate. “This is not an action-based campus; no one comes to events” and there is stigma with mental illness. “Getting students to respond” is an issue that all members of the counseling center come across when engaging in outreach and is an issue they see with other departments as well (Focus Group Interview, November 30, 2012).

Summary

It is clear that engaging in outreach is not an easy endeavor. There have been many unsuccessful outreach programs (e.g., drop-in hours in resident halls). Those programs may not have been adequately supported from members of the community, were poorly attended, and may not have covered topics that were of interest to the student population. It is important to point out that the counseling center struggles to meet the

demands for individual counseling while remaining committed to outreach. It seems at the end of every semester, more students seek individual counseling and the center has a difficult time meeting students' needs. As a result, they reduce outreach programming. This cycle occurs every semester, despite the fact all members of the office believe outreach is critical.

In summary, there are a number of effective outreach practices. Outreach is effective if it engages students, like dog therapy. Outreach is effective if the program or intervention reaches students, like the podcast or transgendered program. Lastly, outreach is effective if there is grass root support, like the socialization group. More importantly, effective outreach does not necessarily have to be a program; outreach can be forming relationships with other members of the community. This type of outreach may not be directly targeting but acts as a pipeline of information between members of the community who have direct contact with students and the counseling center.

CHAPTER 5

DISCUSSION

This chapter is divided into several sections and begins with a discussion of the study site in relation to trends in college student mental health. Then a review follows of how the study addresses the multitude of outreach recommendations and practices described in the literature. Next, I present a review about what themes were found to be consistent with the ecological model. Finally, implications for the CCC as well as recommendations for future research are identified.

The purpose of this study was to describe how a small college counseling center engages in mental health outreach. Three questions were used to guide this study: How does the director's theoretical orientation or approach to mental health counseling shape outreach practices? How does the counseling center engage in outreach within the college community? What outreach practices are believed to be effective and why?

Trends in Counseling

Consistent with much of the literature on student mental health, in the last few years the counseling center in this study experienced an increase in students seeking psychological support and students presenting with more severe problems. Over the past few years there are a number of ways the counseling center responded to these changes: the counseling center became more clinically oriented (e.g., recording keeping, licensed staff members), added staff members (counselor and interns), and has a greater focus on outreach. Other counseling centers responded to the increase demands for counseling by putting restrictions on services (i.e., session limits or type of client served), adding part-

time staff, increasing outreach programming/training, or providing phone consultations or evening hours (Archer & Cooper, 2001; Bishop, 2006; Gallagher, 2013; Kitzrow, 2003; G. Stone & McMichael, 1996; G. Stone, Vespia, & Kanz, 2000). The CCC in this study does not enforce session limits and is a short-term care provider but allows students to seek counseling as long as they are enrolled in the college. Moreover, this center does not use a third-party billing system; there are no co-pays or fees for service incurred by the student. It is recognized that not all institutions are fully funded this way; some counseling centers rely on health insurance and co-pays.

Next, budgets cuts and downsizing are believed to be an opposing external force for many CCCs. The tension created by the growing demand for counseling and resources constraints is a potential barrier to outreach (Coranzzini, 1997; Farrell, 2008; Hodges, 2001; G. Stone & McMichael, 1996). Interestingly, data from this study did not indicate any financial constraints, which may be a recent trend (Hunt, Watkins, & Eisenberg, 2012). In other words, funding is not a reason for reducing outreach practices at this particular college. It is possible that by establishing an elaborate network of connections within the institution, the counseling center was able to maintain a strong profile on campus. It is also possible that the director was able to balance the resources and needs equation, although this idea was not fully explored in this study. Members of the CCC expressed having an adequate referral network, outsourcing long-term and critical cases to the health center or community clinics (Bishop, 2006; Pledge et al., 1998; G. Stone & McMichael, 1996), and they added a second intern at a much lower cost than a counselor (Kitzrow, 2003). Alternatively, the center could be well funded because upper level administrators believe the importance of mental health to overall academic

success (Hunt et al., 2012). This idea was not addressed in the present study but should be explored in future inquiry.

In addition, the literature points out that counseling centers differ by institutional size (Archer & Cooper, 2001; Auten, 1983; Elton & Rose, 1973; Stone et al., 2000; Warman, 1961). Smaller colleges, like the one in this study, are involved in various aspects of college life (clinical and non-clinical). The counseling center in this study works with various microsystems of the college and performs outreach in a variety of ways (podcast, emails, consultation). All members of the CCC make an effort to build relationships within the community to facilitate the outreach process. Traditionally, this level of involvement on a campus is characteristic of smaller colleges (Anderson, 1970; Archer & Cooper, 2001; Auten, 1983; Elton & Rose, 1973; Warman, 1961).

Lastly, the attitude of the director is a central factor in determining the model of counseling practiced by the center (Oetting, 1970). There is evidence that developmentally-oriented directors are less likely to use the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Hodges, 2001). However, in this study the director considers psychopathology from various perspectives, including a medical, developmental, and systems context. The director treats clients in an educational environment and modifies her approach to counseling based on their needs (i.e., teaching psychoeducational skills early in counseling). There is some support for moving toward a medical model of care, given the chronic and more severe pathology seen in students (Hodges, 2001; Stone et al., 2000). However, a holistic approach emphasizes development across multiple dimensions (i.e., emotional, maturational). Using a developmental and systems framework, like the one identified in this study, might be one

way to connect the services provided by a counseling center to the educational mission of the college. Furthermore, G. Stone et al. (2000) point out that medically trained personal (i.e., a psychiatrist) might not possess the competencies to engage in outreach and programming needs at college and university counseling centers.

The present study highlights institutional size as well as the theoretical perspective of the director as potentially informing the outreach process. Data suggest a strong connection between the director's clinical training, her beliefs about mental illness, and how she addresses mental illness in an educational environment. The director seeks to understand how various aspects of a student's environment contribute to mental illness (family, peer, academic). Likewise, she connects with multiple microsystems within the community to address mental illness. Being at a small college might make forging connections with other microsystems easier. But her perspective on the psychopathology of mental illness drives how she engages with the community. The director believes outreach is essential and devotes a significant portion of her time to these endeavors. In this way the director's theoretical perspective shapes the way the counseling center, as a microsystem, functions.

Summary

In the last few years, the counseling center in this study experienced similar changes as other institutions of higher education. However, budgetary constraints were not an issue. The counseling center is not underfunded. Based on data from non-clinical administrators, the center is a valued department on campus. Perhaps by demonstrating the ongoing need for mental health services, the counseling center was not stymied by

fiscal pressures. The director of this counseling center values outreach and in turn, was able to use outreach as a tool to gain recognition and support. The unrelenting task of integrating education and prevention into the community context is possible if the counseling center director is devoted to outreach.

Outreach Recommendations and Practices

There is limited qualitative or quantitative research data that describe comprehensively how a college or university engages in mental health outreach. Therefore, in this section I discuss how the center addressed outreach recommendations and effective outreach practices identified by researchers in the field. Then a brief discussion of barriers to engaging in outreach follows.

Outreach Recommendations and Effective Practices

Overall, the current study did support a number of outreach recommendations outlined in the literature. It is suggested that CCC educate the community about what to look for if a student exhibits signs of distress (Erdur-Baker et al., 2006; Farrell, 2008; Fischer, 2008; Flynn & Heitzmann, 2008; Kennedy, 2008; Kitzrow, 2003; G. Stone, 2008; G. Stone & Archer, 1990; Virginia Tech Group Report, 2007). Counseling centers should make a strategic effort to make counseling services known to students. For example, this study offers a sexual assault program as a form of violence prevention (Davis & Liddell, 2002; Kuffel & Katz, 2002; Schwartz et al., 2006).

On a summative level, the present study demonstrates the multitude of ways a counseling center can be proactive with regard to student mental illness so as to avoid

potentially dangerous situations (see Appendix F) (Cronin, 1991). The center has fliers, brochures, website, podcasts, stress balls, emails, and magnets (Kitzrow, 2003; G. Stone & Archer, 1990). The center also targeted students who might not typically seek counseling (i.e., international students) and vulnerable populations (i.e., transgender students) (Cronin, 1991; Kadison & DiGeronimo, 2004; Paladino & Davis, 2006; Pavela, 2009; Yorgason et al., 2008).

In taking a closer look at outreach, there are a number of important variables to engaging in outreach. For example, Marks and McLaughlin (2005) believe that distributing information about programs to students and integrating the educational program into academic departments (e.g., offering extra credit) are important. Members of the counseling center in my study believe that collaborating with other departments or having “grass root support”, engaging the community (attract students or cover topic relevant to students), and targeting specify students or student groups are important to outreach. However, there is a critical gap in my understanding of what effective outreach looks like. The counseling center in this study does not assess the benefits or outcomes of outreach endeavors. My experience suggests counseling centers rely on the number of students in attendance as evidence of program effectiveness. For example, tallying the number of podcast hits or individual outreach emails is tracked on annual reports. Furthermore, there was little discussion of racial, ethnic or other diversity issues as a component of outreach. There was some mention of targeting student groups like transgendered students, but more needs to be done to truly know if outreach is serving diverse student populations.

Perhaps the most critical component of outreach is collaboration (Lee et al., 2003; McCarthy & Salotti, 2006; Owen & Radolfa, 2009; Roark, 1989; Steenbarger et al., 1995; Winett, 1995). Counseling centers can build collaborative relationships with members of the community by regularly attending meetings (e.g., the risk assessment team, public safety meetings), working with various committees, and conducting informational/training sessions with academic departments (see Appendix F). When planning an outreach program, it was important in this study to have faculty and staff support from the beginning; it increased student involvement. Although, this study did not address if collaborative relationships were intentionally established to support diversity student groups. For example, does the director specifically connect with a member of multicultural organizations to increase ethnic and racial diverse students' aware of mental health issues and services? Future research should explore how counseling centers, staff with mostly Caucasian women, create an open and safe environment for diverse students.

Lastly, it is evident that CCCs are not a catch-all for distressed students. Colleges and universities should create a campus of caring by addressing mental illness at an institutional level (Flynn & Heitzmann, 2008; McCarthy & Salotti, 2006; NASPA, 2006; G. Stone & Archer, 1990; Trela, 2008; Virginia Tech Group Report, 2007). My study provides evidence that a counseling center can create a campus of caring by engaging in outreach systemically. By creating layers of prevention within the institution, the center is able to address blind spots in mental health services. For example, sharing responsibility for identifying and supporting distressed students reduces the likelihood of students flying under the radar. Programs, like mental health first aid training for faculty, are

found to increase awareness of mental health issues, reduce stigma associated with counseling, and faculty may have greater confidence in their ability to help students with mental illness (Speer, McFault, & Mohatt 2009). Establishing multiple collaborative relationships across the different departments in an institution is a way to create a campus of caring.

Barriers to Outreach

There are a number of potential barriers to practicing mental health outreach identified in this study. Staff members' time, or lack thereof, limits the amount or longevity of outreach initiatives. At this counseling center, and I suspect at other college counseling centers, more students seek remedial services toward the end of the semester. The influx of students constrains staff members' time. As the number of one-on-one sessions increase, the amount of time spent on outreach (any out of office activities) is reduced. Put differently, individual help seekers take precedence over outreach. The literature suggests that more students come to counseling but does not indicate at what points in the semester students seek help. The disproportionate flow of students throughout the semester is perplexing because having time for outreach is not a problem the majority of the year. Future studies should explore ways that colleges have mitigated this rather predictable problem. For example, counseling centers could bring in therapists to "moon light" during the busy times, but is it ethical for counselors to form a relationship with students for a few weeks and then no longer be available?

Another barrier to outreach is finding common ground or reasons for counseling centers to interact with student organizations. This study identified that student-run

organizations and clubs rarely interact with the counseling center. This could be a function of the type of college used in this study. This study examined a counseling center at a school of technology and engineering, which does not have a psychology department or psychology club. Traditional liberal arts colleges have departments and student organizations with obvious reasons to connect with counseling centers. For example, a psychology club might ask a counselor to talk with them about careers in psychology. Similarly, a peer run program like Active Minds (a student organization believed to reduce stigma associated with counseling), might work more closely with a CCC.

Lastly, data indicate that getting students to participate in programs or events is an issue. For example, the center tried walk-in hours in the resident halls and campus center in hopes of reaching more students. More formal versions of these programs have been successful at other campus (Boone et al., 2011; Davis et al., 2001; Harris, 1994; Rawls et al., 2004) but were not successful at this particular college. It is possible the program did not work because they discontinued it after one semester or it may not have been fully executed (e.g., a counselor did not live on campus). Outreach programs should be maintained long-term to increase effectiveness and generate more student interest (Owen & Radolfa, 2009). The center tried to mitigate this problem by offering programs at different times of the day/night to accommodate students' busy schedules. The center also began using technology (i.e., podcasts) to reach students and thinking outside of the box to attract their attention (i.e., dog therapy or yoga). However, it is possible that students are not interested in learning about mental health issues (ACHA, 2011). Perhaps

expanding this study to include aspect of the macrosystem, such as cultural assumptions about mental health, would better explain low student involvement.

Furthermore, the director believes students' busy schedules and the campus climate (i.e., students' attitudes toward campus events) in general influence their participation rate. This is a problem at other campuses as well (Marks & McLaughlin, 2005). Low campus involvement could be a function of the over-committed Millennial student. Students experience more pressure than ever before. Given the paucity of jobs and the competitive nature of the market, students must find ways to stand out to employers. As a result, students must perform well academically, have multiple internships, should demonstrate leadership by engaging in clubs/sports/organizations, and they often have jobs on or off campus to afford tuition.

Alternately, low involvement could be linked to over-programming in student affairs. Interestingly, the director points out that saturation level also impacts students' decisions to attend events. Providing more outreach programs does not necessarily mean more students will attend; it is more about how you send the message, finding relevant topics, and who you target. Smaller colleges are focused on student engagement as a learning outcome of student affairs programs. The trend to educate the "whole student," combined with the pressures to demonstrate their educational value to the institution may result in over-programming. It is possible that at this college, there are simply too many events, and students do not have time to go to all of them. My personal experience at a smaller institution supports this assertion. This may be an important aspect of institutional size to examine in future studies. Next, we turn to a discussion of outreach practices and the ecological model.

Findings in Relation to the Ecological Model

This study provides a rich description of how a college counseling center defines outreach and how the center created layers of prevention within an educational context. The ecological perspective is used to map the potential relationships between CCCs and the campus community (Creswell, 2009). Based on the bioecological model development during college is a result the interactions students have with various microsystems in their environment (Bronfenbrenner & Morris, 1997). For development to occur students need to connect with a microsystem regularly while they are in college. In other words, a one time interaction with the counseling center would not be a proximal process that leads to development. The outreach model discussed in the present study relates primarily to those centers affiliated with similar type institutions of higher education. However, the bioecological model can be modified based on the size and type of institution and the potential microsystems available for students.

In using the ecological framework, a number of propositions about engaging in outreach can be made. First, outreach initiatives should permeate all layers of the institution (i.e., parents, faculty departments, student organizations, residential life, written policy and practices). Second, outreach is a shared responsibility. All members of the community are responsible for identifying distressed students and should be aware of the mental health services and policies on campus. Third, the best way to build layers of prevention is through collaboration. One counselor said it best:

Getting people, like key stakeholders or leaders in the community, on board [with the program]. Positioning the center in those realms is one way to run successful programs and attract more students... We try to get people on board and make them feel like it was their idea and to feel invested.

By establishing relationships with faculty and staff, a CCC can raise awareness and motivate them to engage in prevention. I imagine this level of integration takes time to evolve and requires staff members to remain at the intuitions for a number of years and to have quality face-time with staff and faculty on multiple occasions.

Lastly, mental health counseling at institutions of higher education may warrant a more comprehensive and holistic model of treatment. For college mental health clinicians, the college community is the client. A counseling center as a microsystem of the college only supports only a fraction of the student body. However, if the center is used more consistently as an exosystem they have the potential to reach more students. Yes, we need to support the 11% of students who seek help but if we want to be a resource for the entire campus we need to change how we approach mental illness. After all, college counseling centers are not community health clinics. I have worked with clinicians who do not value administrative duties and prefer to stay in their office counseling. Their argument is that they were trained to provide psychotherapy, not work on committees or attend another student affairs meeting. A counselor in this study explained that he does not enjoy committee work but feels a duty to the campus. In other words, the rules (i.e., schemas for understanding and treating mental illness) that dictate how clinicians treat mental illness should be compatibility with educational institutions. The director in this study would not hire a clinician who was not interested or willing to engage in outreach and work the college community. The values and standards of practice espoused by the counseling center impact how outreach is practiced.

An Ecological Outreach Model

Data from this study support the use of an ecological model to create a campus of caring. The ecological model (see Figure 2 below) identifies three layers or systems that impact student's development (e.g. microsystems, mesosystems, and exosystems). The counseling center uses outreach to connect with students in each system. These systems interact with each other and with the individual student over time. The level of development or type of learning that occurs as a result of outreach will vary based on the biological characteristic of the student (demand characteristic) and the type of relationship the student has with the counseling center. If the counseling center is a micro, meso and exo- system for a student, he or she may experience greater support. However, it is very rare that a counseling center is a micro or mesosystem. To use the ecological model as a tool for approaching outreach, a CCC should evaluate their outreach practices at each layer of the model (see Figure 2 below).

At the basic level, outreach should be examined based on the multiplicity of microsystems a student encounters. The counseling center as a microsystem is mainly utilized as a remedial service to individual help seekers. The CCC is also part of the mesosystem of the college for some students. The counseling center becomes part of a student's mesosystem when two of the student's microsystems (one being the counseling center) interact. The relationship between the student and the two microsystems is a mesosystem; thus reinforcing the student's relationship with the counseling center. The quality of relationship between a CCC and student, as a proximal process, has the potential to increase academic success (Bishop, 1986, 2010).

The counseling center should forge a working relationship with as many microsystems as exist in a student's environment to enhance developmental benefits to students. To name a few, the counseling center should partner with parents, community health clinics, faculty departments, and athletic coaches. Figure 2 (see below) describes the relationships identified by the counseling center in this study. These relationships were found to be critical to outreach in this study.

Data from this study suggest that forming these connections takes time and energy; administrative work is not necessarily what clinicians want to do. These relationships make it possible to share responsibility for identifying and supporting at-risk students. The more people know about student mental health issues, the more likely they are to refer or walk a distressed student to counseling or collaborate with the counseling center to support particular student groups. This web of connections should span across academic and student affairs or any department that has direct contact with students. Connecting these academic silos is critical to effective outreach (E. Stone, 2008).

I recommend CCC identify gaps in their outreach services, based on the connections they have, or lack thereof, with various microsystems. They should generate a short-term and long-term plan to fill these gaps. For example, the CCC in this study has a difficult time connecting with student organizations. As a short-term plan, the counseling center could assign an intern the task of attending a few student senate meetings, meet with student leaders, and identify one event or organization that might have a shared purpose. Perhaps the counseling center volunteers with the Green Team (a student-run environmental club) and in the process talks about the value of giving back to

your community. Longer-term plans might include establishing regular meetings with the most active student groups over the next two years. According to the bioecological model, development occurs over time. Thus, students' interactions with various dimensions of the microsystem should be fairly regular for enduring developmental change to occur (also known as proximal processes) (Bronfenbrenner, 1994). Put differently, students should be exposed to information about mental health in a number of ways and have multiple opportunities to engage in programs or learning opportunities throughout their time in college.

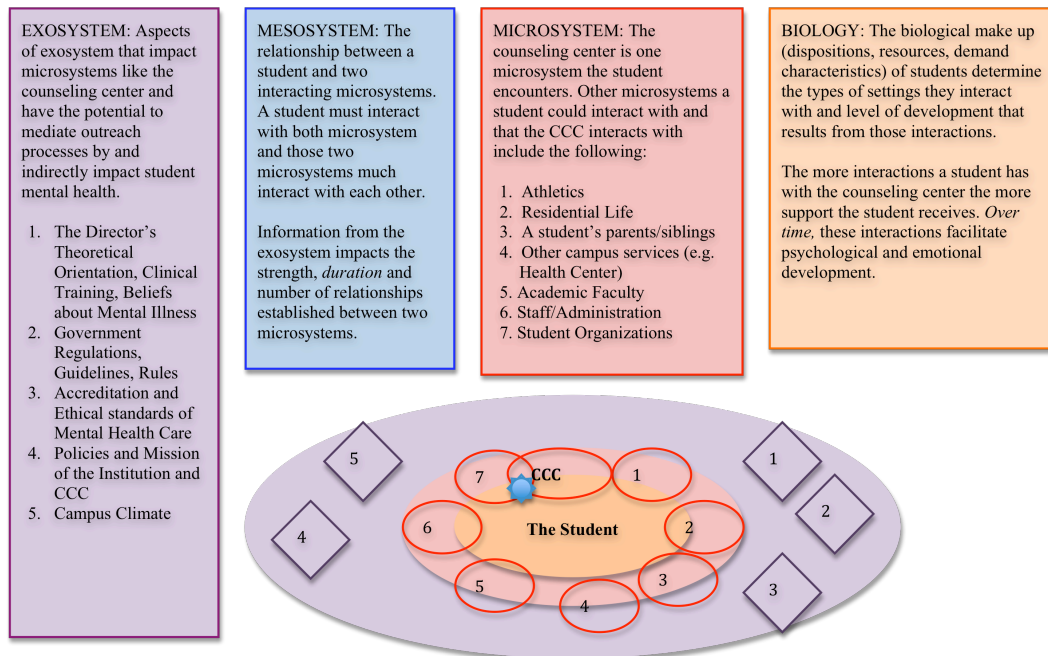


Figure 2. An ecological outreach model for a CCC. Each layer of the model is permeable, in that there are bidirectional relationships between the biological make up the student, his/her microsystems, mesosystems and exosystem. Adapted from "The ecology of developmental processes" by U. Bronfenbrenner and P.A., Morris, 1997, In W. Damon (Ed.) Handbook of child psychology, 5th ed., pp. 993-1028. Copyright 1993 by John Wiley & Sons Inc.

Figure 2. Ecological Outreach Model for a College Counseling Center

The last system explored by this model is the exosystem. The exosystem is made up of ethical guidelines (APA/ACA) of the field, federal and state laws or policies (i.e., Campus Care Act), accreditation standards, and the mission of the college. The

institutional mission is believed to be an important factor in shaping mental health policies (G. Stone & McMichael, 1996). A challenge for many counseling centers is to find ways to support the mission of the college and to provide “evidence” that they are meeting the needs of the community (Bishop, 2010). Training and educational programs offered by a CCC are most congruent with the mission of the college and are a way to endorse the benefit of mental health outreach. This study identified a number of educational opportunities for students, parents, and faculty. However, there was limited knowledge of how this information was communicated to leaders in the community, outside of annual reports.

The counseling center’s ability to impact the way other microsystems function emphasizes the center’s role as an exosystem in a student’s environment. If a counseling center engages in wellness education to change the way other microsystems of the college function (i.e. better identify and support distressed students), then the counseling center has the potential to serve the entire student body. I recommend colleges utilize their counseling centers as internal consultants and health educators if they truly want to support students mental health needs. For example, an additional form of outreach that counseling centers might engage in is drawing on information from other groups on campus outside of academic and student affairs, such as maintenance or facilities departments. Facility workers spend part of their day in the resident halls and might be more likely to see a student hysterically crying in the hallway than the director of counseling services. How do counseling centers work with departments outside of student or academic affairs? As part of the exosystem, counseling centers could train maintenance workers to identify and refer distressed students to the counseling center.

The counseling center could work with the facility department to create a formal referral process.

This study presents a dynamic, holistic, and interactive model of how outreach is shaped by the environment and has the potential to shape the environment. Recently, this model was used for a college mental health program (CMHP) at a McLean Hospital (Piner-Amakerr & Bell, 2012). The McLean study explored ways a hospital could address students' mental needs and facilitate a relationship between the hospital and college. The program has a short-term inpatient unit, partial hospitalization day program, and offers outpatient care. College students seek treatment from CMHP for more complicated psychological disorders (i.e., bipolar, dissociate disorder, eating disorders). The majority of the students receive inpatient care, which is dramatically different from the type of services offered by an on campus-counseling center. However, similar to the approach to mental health described in my study, the program uses a multidisciplinary treatment approach. The McLean study evaluated the gaps in their service to the college student population based on the bioecological model. They identified several goals to work toward. First, they want to adapt their clinical treatment model to address students' specific needs. Second, they plan to strengthen the relationship with the community by providing more educational opportunities, training, and consultations. Last, they want to improve interventions for students by engaging in research.

Some program goals outlined by Piner-Amakerr and Bell (2012) mirror the themes identified in the present study: namely, attention to student's developmental needs and outreach as an educational tool. Furthermore, the McLean study provides encouraging outcome data for student satisfaction with the mental health program. It

seems to embrace the bio-ecological model in a hospital-run, student-focused program provides a bridge between inpatient clinical care and the university. The McLean study is one example of how the ecological model can address mental illness at an institutional level.

Summary

In conclusion, the ecological framework of the study helps explain the process of creating a campus of caring through outreach. In using the ecological model, we better understand how a counseling center interacts with the complex social system to meet the mental health needs of students. This model indicates that counseling centers should incorporate outreach activities into the fabric of the college experience.

Many researchers in the field recommend aggressive partnerships with the campus (Kitzrow, 2003; G. Stone, 2008; G. Stone & Archer, 1990; Virginia Tech Panel, 2007). My study describes a robust network of connections a counseling center has with the community, including residential life, health center, and athletics. This study also highlights areas in the systems that have a weaker connection with the counseling center. More work could be done connecting with student organizations, individual academic courses or diverse student groups. For example, the counseling center could teach a first year seminar on wellness or find ways to link concepts of wellness into math and science courses. This level of fusing would more closely mirror Gerald Stone's (2008) recommendations for having a true partnership between the counseling center and the institution.

My belief is that counseling centers are not living up to their potential. CCCs focus their time and energy on supporting students as a microsystem. It is clear that counseling centers are already hard pressed to meet the demands for individual counseling. Therefore, the purpose of outreach is not to increase the use of the center as a microsystem. The purpose, as I see it, is to work within the college to change the way other microsystems support students. Counseling centers need to examine how they can facilitate student development as an exosystem of the environment.

Implications

Limitations

The results discussed permit an examination of the complexities to mental health outreach practices at a small college. Before moving on to implications of this study, a few words need to be said about the limitations of this inquiry. The first major limitation, depending on your perspective, is the applicability of the findings to other colleges. Data from one CCC are not generalizable to all colleges. However, a case study design is not a limitation if you are interested in a rich description of the thinking and actions of a CCC director or connections between the counseling center and a college. On the other hand, this study focused on a small, mostly male undergraduate college of technology. My opinion is that the ability to generalize is limited, but the rich and elaborate material sheds light on an otherwise neglected area of research.

Another issue has to do with categories and themes constructed by the researcher. I used reliable categories based on the director's comments. Yet, it is possible that other researchers could have developed different themes based on his or her theoretical

framework and thereby constructed different meaning from the data. Furthermore, the reader was made aware of my theoretical perspective prior to engaging in this type of inquiry. It is possible that my bias has colored the way I interpret the connection between the data and the ecological model. My goal was to present my ideology transparently so that the reader could see my logic and deduce his or her own opinions about the themes identified in the data. I used several strategies to ensure the reliability of the findings, such as interview guides, taping the interviews, and transcription of the data.

Lastly, the unit of analysis in this study was the counseling center. Although a few interviews with non-clinical administrators were performed, the majority of the data are from a single perspective. Expanding this study to include perspectives from students, parents, or faculty would describe yet another dimension of outreach and explore how outreach effectively meets students' psychological and emotional needs. Nevertheless, several novel themes were identified in this study. These themes can be woven together using the bioecological model, resulting in a framework for creating a campus of caring.

Strengths of the Study

Qualitative analyses, such as in this study, can provide insight into what kind of outreach is actually happening on college campuses post-Virgin Tech. The study augments our understanding of outreach practices in a number of ways. First, by investigating outreach practices at a small private college, this study shed light onto an area that was virtually neglected. Furthermore, studies examine outreach interventions in isolation of other programs or activities; little is known about what happens at a systemic

level. This study begins to illuminate, more comprehensively, how a CCC serves the campus community.

Research suggests that inadequate outreach programming is an institutional liability (Bishop, 2006). If students are not aware of counseling services, they are less likely to seek support. If faculty or other first responders do not know what to look for in a depressed or suicidal student, then the risk of violence increases. This study highlights a multifaceted approach to outreach so that prevention is a shared responsibility across the campus.

Finally, the prevalence of psychological distress among college students signifies, at the very least, the need for adequate distribution of knowledge of mental health services. However, I argue that college campuses should do more than disseminate information. We should strengthen students' distress tolerance and foster emotional and academic resilience. I believe we can do this by infusing mental health and wellness education into the college experience. By describing outreach using the ecological model, this study provides practitioners with a starting place for thinking about outreach on their campus. Without a comprehensive organizing schema, practitioners cannot be expected to grasp intuitively the demands of outreach. The ecological model helps organize the dynamic concept of outreach in a meaningful way; it translates theory into practical application.

Suggestions for Future Research

It is clear from the literature and the findings in this study that many counseling centers are concerned with meeting the needs of their campus. Future studies should

further examine outreach practices for their effectiveness in minimizing threatening behavior. To secure adequate funding, counseling center personnel or researchers in the field should examine the specific benefits of outreach to the counseling center and institution. Little is known about how much is saved by running a program versus individual counseling sessions. Are faculty better equipped to identify distressed students after a mental health training? How well do leaders on campus understand the policies surrounding student mental health and safety? Are they prepared to respond if a student acted out in violence?

Furthermore, examining how practitioners measure program effectiveness is a topic that warrants further discussion. Are we merely tallying the number of students at an event or do we actually measure some form of learning? Are we effective if we bring more students to the counseling center? What type of students are we capturing by tallying hits on a podcast or by connecting with health services to run a program? How are multiracial or LGBTQ students benefiting from outreach?

Further inquiry into how the macrosystem shapes outreach is warranted. How do students view outreach programs on campus? Are students' perceptions of counseling or the stigma associated with mental illness changing as a result of greater awareness and campus support for outreach? Researchers should also focus on better understanding how to engage students, faculty, and staff in wellness education and prevention. Which students groups are more likely to respond to wellness campaigns and how can a counseling center work the student leaders to broaden their perspective on mental health and wellness education? The concept of cross-teaching or hybrid courses is not new, but

have colleges integrated wellness into this model? Are these courses given equal credit and respect in the academy?

Moreover, would the ecological model be useful at other size and type institutions? For example, what kinds of environmental challenges would counseling center staff find at a larger university? Would faculty welcome the opportunity to discuss student mental health at department meetings? I recommend that a similar study be performed at a larger institution to examine if the same themes would be relevant.

Lastly, students gain knowledge through some aspect of their on-campus experience (i.e., other students, internet, orientation, and faculty) (Yorgason et al., 2008), but are we doing enough for students who live off-campus or marginalized groups? Examining the various ways colleges engage different student groups on and off campus is needed. It is clear this study raises more questions than it answers. Nevertheless, this study contributes, in a small way, to the large discourse on student mental health.

Final Comments

When you think about students who are suicidal...the majority of them are not clients of the counseling centers...How do you sort of touch on people or make information available to students when you don't know who [is] your target? Yes, you can do targeted outreach to students that people are worried about, and every school now has some sort of behavior intervention team to target the students they're most worried about. But there are also a lot of students who are under the radar, and you never know what's going to work for them. So I try to think about prevention from that larger perspective. (Sarah, May 2, 2012)

As I reflect on the themes identified in this study, I am reminded of the words of the director and her concern for students who are under the radar. Despite the lack of empirical evidence to support the claim that mental illness is on the rise, we are clearly still worried about the potential risk these students pose on campus (Sharkin & Coulter,

2005). It only takes one student to act out violently for fear to spread throughout a campus community. As I write these last comments, there have been a number of recent violent acts on college campuses across the country. In the month of January alone, a student at South Carolina State University shot and killed one of his peers; at Purdue University, a teaching assistant was shot and killed by an engineering student; a student was shot and fatally injured at Widener University; and a number of false claims (i.e., bomb threat at MIT, and suspected gun men at University Massachusetts Boston and University of Oklahoma). Campuses have no choice but to respond to these acts of violence, and they turn to the CCC for answers (Ellis & Bothelo, 2014). CCCs need to be proactive rather than reactive; we need to evaluate how we are reaching students who are “under the radar” and start treating the campus.

This study presents themes that overlap quite nicely with the bioecological model of development. The model was not being tested but modified to describe what is actually happening in outreach at a particular college. Thus, I anticipate future researchers, administrators and practitioners will continue to modify Bronfenbrenner’s bioecological model of development based on their campus attributes and resources. I view this research project as a starting place for more rich, exploratory, and descriptive studies on comprehensive outreach practices. Uncovering the nuances to practicing mental health outreach is imperative if CCCs are to meet the grown needs of the college community.

APPENDIX A

RESEARCH QUESTIONS AND SUBSTANTIVE FRAMES

Aim 1: The first aim is to understand how the director's theoretical orientation or approach to mental health counseling shape outreach practices.

Research Question 1: How does the director's theoretical orientation or approach to mental health counseling shape outreach practices?

Data Collection Method: A series of three semi-structured interviews with the director of the counseling center and content analysis of the documents/material in the office.

Aim 2: The second aim of the study is to understand how the counseling center engages in outreach within college community.

Research Question 2: How does the counseling center engage in outreach within the college community?

Data Collection Method: Focus group with non-clinical and clinical staff members, interviews with select members of the college, and content analysis of documents.

Aim 3: The third aim of the study is to identify what outreach practices are believed to be effective and why.

Research Question 3: What outreach practices are believed to be effective and why?

Data Collection Method: Interviews with the director, focus group interviews, interviews with select members of the college, and content analysis of documents.

Substantive Frame One: The director's theoretical orientation

Sub-question: What is the director's theoretical orientation or approach to mental health counseling?

- a. How did she come to this belief?
- b. How does his or her theoretical grounding/model shape this belief?
- c. How does his or her practical experience shape this belief?

Sub-question: What are the director's beliefs about outreach?

- a. How did she come to this belief?
- b. How does his or her practical experience shape this belief?

Sub-question: According to the director, how does the center engage in outreach?

- a. What portion of the center's resources is devoted to outreach?
- b. How does he or she engage in outreach?
- c. What departments, administrators, staff, or student group does he or she intentionally interact with?
- d. What portion of the director's time is devoted to consultation efforts or education and prevention efforts?

Sub-question: Are there areas of congruency or in congruency in the directors' beliefs about outreach and how it is practiced?

Substantive Frame Two: The counseling center's conceptualization of outreach

Sub question: How do (clinical and non-clinical) staff members from the counseling center conceptualize outreach?

- a. How do (clinical and non-clinical) staff members practice outreach within their particular ecological context? Why?
- b. What relationships exist between the counseling center and various departments in the college?
- c. What micro-, meso- or exosystems has the counseling center connected with?
- d. How much time is allocated to outreach across all staff members?
- e. What seems to be missing from this counseling center's outreach efforts and why?
- f. What outreach programs are effective and why?

Substantive Frame Three: The perception of outreach from other administrators

Sub-question: What is presented to the college community about student mental health from the counseling center?

- a. What kinds of flyers, brochures, information packets are distributed and to whom?
- b. What information is available to the public on the college website?
- c. How are workshops or educational programs advertised

Sub-question: How do other members of the community interact with the counseling center?

- a. What types of consultations or staff trainings or meetings occur between administrators/staff/faculty and the counseling center?
- b. Are administrators/staff/faculty aware of the services offered by the counseling center?
- c. Have administrators/staff/faculty made referrals to the counseling center?
- d. What type of collaboration has administrators/staff/faculty done with the counseling center?

APPENDIX B

INTERVIEW GUIDE

Guiding questions for the director:

- What is your approach to counseling?
- What counseling model do you follow?
- What is your clinical background, education, and/or training?
- How did you come to believe in your approach to counseling? Why do you believe it is effective or useful in this environment?
- Are there any experiences that have shaped your approach/belief about counseling?
- How do you define outreach?
- How important is outreach to you and to the field of mental health counseling?
- In a given week what portion of your time is devoted to outreach efforts?
- In a given week what portion of your staff members' time is devoted to outreach?
- What is your operating budget devoted to outreach?
- Do you believe outreach is cost effective? Which programs and why?

Guiding questions for the focus group:

- a. How do (clinical and non-clinical) staff members from the counseling center conceptualize outreach?
- b. How do (clinical and non-clinical) staff members practice outreach within their particular ecological context? Why?
- c. What relationships exist between the counseling center and various departments in the college?
- d. What micro-, meso- or exosystems has the counseling center connected with?
- e. How much of the staff members' (director, clinical, non-clinical) time is allocated to outreach?
- f. What seems to be missing from outreach and why?

Guiding questions for one semi-structured interview with other administrators:

- a. How would you describe your relationship with the counseling center?
- b. Who in the counseling center have you interacted with and at what capacity?
- c. What do you know about the outreach activities of the counseling center?
- d. Have you or anyone in your department collaborated with the counseling center to execute any education workshop or campus activity in the last year?
- e. In your experience and/or opinion what role does the counseling center have in addressing student issues, such as violence, increases in student mental illness, retention?

APPENDIX C

EMPLOYMENT QUESTIONNAIRE

Participant Code: _____
Employment Questionnaire

Please respond to the following questions. If you have difficulty understanding a question please ask a member of the research staff.

1. Are you currently work full-time or part-time?
☐ Full-time
☐ Part-time
2. What is your job title: _____?
3. How long have you been in this position?
4. Please list other positions you have had at this college?

5. How many years have you been employed at this Institution? _____
6. How many years have you worked in higher education? _____
7. What is the highest level of education you have received (check all that apply)?
☐ High School Diploma or GED
☐ Associate's Degree
☐ Bachelor's Degree
☐ CAGS – Certificate of Advanced Degree: _____
☐ One or more Master's Degree(s): _____
☐ Doctoral Degree: _____
8. What is your sex?
☐ Male
☐ Female
9. What is your ethnic/racial background? _____

APPENDIX D

CONSENT FORM

Consent Form for Participation in a Research Study University of Massachusetts Amherst

Principal Investigator: Jessica R. Ferriero

Study Title: Outreach practices of a small college counseling center: Building a comprehensive model of outreach

Sponsor: N/A

1. What is this form?

This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participating in this research study. Participation is voluntary and we encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form, and you will be given a copy for your records.

2. Who is eligible to participate?

Participants are eligible for the study if they are 18 years or older, currently employed at the Wentworth Institute of Technology Counseling Center or identified by a member of the Wentworth counseling center and can provide written or verbal consent in English.

3. What is the purpose of this study?

The purpose of this research study is to understand how your college counseling center engages in outreach on campus.

4. Where will the study take place, and how long will it last?

The study will take place on your college campus. Staff and administrators who volunteer to participate will be interviewed in his or her office on campus for approximately 60 minutes. Most participants will be interviewed once or twice over the course of three months. It is possible that participants may be contacted after the last interview (via email or telephone) to clarify their response to questions. Participants will not be contacted after the study has been completed.

5. What will I be asked to do?

If you agree to take part in this study, you will be interviewed no more than three times over the course for 3 months. Jessica Ferriero, a doctoral candidate at University of Massachusetts Amherst, will interview you. You will be asked to complete an employment questionnaire (what is your age, race and ethnicity, years of experience, educational background). After completing the questionnaire, we will proceed with the first of three 45-minute interviews. During the first interview, I will ask you questions about your role in the counseling center (i.e., what is your parent's occupation, where you are from), your theoretical approach to counseling, your beliefs about outreach, and how you engaged in

outreach over the past academic year. About two weeks after the first interview, you will be contacted to schedule the second interview. At the second interview, you will review the transcribed notes from the first interview for accuracy, and you may be asked more specific questions about outreach practices on your campus and about the various departments and/or student groups you are in contact with.

6. What are my benefits of being in this study?

You may not directly benefit from this research; however, we hope that your participation in the study will advance our understanding of how to better address students' mental health issues during college.

7. What are my risks of being in the study?

This study is not an evaluation of the counseling center and does not impact your employment at the college. There are no known risks associated with this research study; however, a possible inconvenience may be the time it takes to complete the study (e.g., the amount of time required to complete procedures). If you feel uncomfortable responding to any of the questions, you have the right to skip questions or discontinue the interview at any time.

8. How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your study records and audiotapes. Only research personnel will have access to the study records (including any codes to your data), and these records will be stored in a secure location (locking file cabinet). Participants will be assigned research codes to use on all questionnaires and to identify all audiotapes. A master key that links names and codes will be maintained in a separate and secure location. The master key and audiotapes will be destroyed at the expiration of the study. All electronic files (e.g., database, spreadsheet, etc.) containing identifiable information will be password protected, and the computer they are stored on will be password protected to prevent access by unauthorized users. Only the members of the research staff will have access to the passwords. At the conclusion of this study, the researcher may publish his or her findings. Your name will not be used, nor will you be identified personally in any way or at any time. It will be necessary to identify participants in the study by position and college affiliation (e.g., a Department Head from Wentworth College). Data will be evaluated collectively to understand the participants' shared beliefs about outreach. However, because of the small number of participants, approximately 10, there is some risk that you may be identified as a participant of this study.

9. Will I receive any payment for taking part in the study?

NA

10. What if I have questions?

If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Jessica Ferriero at 508-259-0011. If you have any questions concerning your rights as a research subject, you may contact the University of Massachusetts Amherst Human Research Protection Office (HRPO) at (413) 545-3428 or humansubjects@ora.umass.edu.

11. Can I stop being in the study?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

12. What if I am injured?

The University of Massachusetts does not have a program for compensating subjects for injury or complications related to human subjects research, but the study personnel will assist you in getting treatment.

13. Subject statement of voluntary consent

I volunteer to participate in this qualitative study and understand that:

I can withdraw at any time, I will be interviewed by Jessica Ferriero on outreach practices of the counseling center. I am free to participate or not, without prejudice. The primary purpose of this research is to identify outreach activities of the counseling center. I understand that my name will not be used, but my job title or position on campus will be identified, and I have the right to review any information collected as a result of my participation in this study.

I have read this form and decided that I will participate in the project described above. The general purposes and particulars of the study as well as possible hazards and inconveniences have been explained to my satisfaction.

Participant Signature:

Print Name:

Date:

By signing below, I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person
Obtaining Consent

Print Name:

Date:

APPENDIX E

EMAIL INVITATION

Subject: Mental Health Outreach Study
From: Ferrieroj@emmanuel.edu
To: <staff email address>

Dear <staff member name>,

I am a doctoral student at the University of Massachusetts Amherst. I am emailing you to invite you to participate in a research study on outreach practices of a small college counseling center. I am interested in learning about your perspective on outreach and the types of outreach activities you have seen and/or been involved with this past year. Your college counseling center has agreed to participate in the study. A member of the counseling center recommended that I contact you for more information on the outreach activities of the counseling center. I am asking you to participate in a brief (30-minute) interview.

Your perspective on outreach is important to this study and may better inform outreach at your institution or other similar institutions. You may not directly benefit from this research; however, we hope that your participation in the study will lead to advancements in the fields of higher education and mental health.

Please be assured that your responses are completely confidential and will be analyzed collectively for themes and patterns. Your consent to participate will be required if you are interested in meeting with me.

If you have any questions contact me at ferrieroj@emmanuel.edu.

Sincerely,

Jessica Ferriero, M.A., C.A.G.S
Mental Health Counselor at Emmanuel College
Doctoral Candidate UMass Amherst

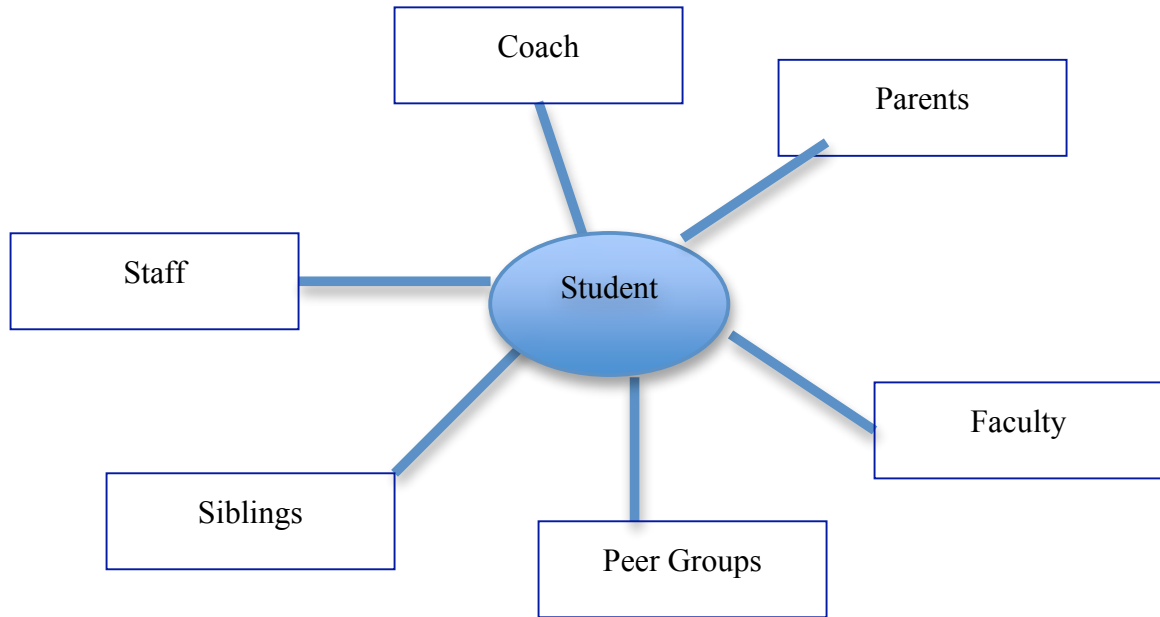
APPENDIX F

OUTREACH PRACTICES OF THE COUNSELING CENTER BY LAYERS OF PREVENTION

Direct Outreach to Students	Indirect Outreach to Parents/Family	Indirect Outreach to Faculty/Staff
<ol style="list-style-type: none"> 1. Email/phone students of concern (on-going basis) 2. Yoga for Athletes (Weekly/2months) 3. International Student Group (programs/yearly) 4. Email to students from PHQ-9 5. Commuter Support Group (spring semester/weekly) 6. Socialization Group (2xmonth/yearly) 7. LGBTQ Support Group 8. RA Training (2hrs/1x/yr) 9. Sexual Assault Presentation to first year students (1x/yr) 10. Probation workshop (2x/yr) 11. Info session at Campus Open House (3x/yr) 12. Teaching First year Seminar (Fall semester) 13. Video podcasts 14. Medical Withdrawal assistance 15. Drop-in Hours (Daily for 1month) 16. Veteran Outreach (yearly/programs) 17. Crisis Management for hospitalized students 18. Grief Group (1x/year) 19. Stress management Seminar and Therapy Dog (yearly) 20. Workshop for athletics on stress and time management 21. Workshop on stress related to career search (yearly) 22. Clothesline project (1x/yr) 23. Drop in hour campus center (offered for a semester) <p><i>* Note: These programs may not be offered every year</i></p>	<ol style="list-style-type: none"> 1. Move in connection to parents (1x/yr- August) 2. Family Orientation-Letting Go presentation (1x/yr- June) 3. Info session at campus open house 4. Accepted students' day (2x/yr) 5. Video podcasts 6. Parent newsletter (summer/yearly) 	<ol style="list-style-type: none"> 1. RD training (1hr/1x/yr) 2. Meeting with Academic Departments about services (1x/yr) 3. New Faculty Orientation (2x/yr) 4. Risk Assessment Team (Thursdays/wkly) 5. Campus diversity Committee 6. Video Podcasts 7. On-going consultation with faculty/staff (weekly 20/month approximately) 8. Mental health first aid certification (1x/yr) 9. Public Safety Weekend Wrap up (Mondays/weekly)

APPENDIX G

DIAGRAM OF DEPARTMENTS/GROUPS THE COUNSELING CENTER INTERACTS WITH THE MOST



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