

# Recruiting and Sustaining Members of Your Outreach Community: How to Establish and Keep Effective Liaison Relationships

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BYU  
COUNSELING AND  
PSYCHOLOGICAL  
SERVICES



# What we're discussing today

- Origins of BYU-CAPS liaisons
- Formal Relationships: Housing and Athletics
- Informal Relationships: International Student Services, Multicultural Student Services, Colleges/Advisement Centers
- Bumps in the road
- Brainstorming/Application



# Origins

- BYU-CAPS: large center in a large, private university
- Functions like many counseling centers
  - We see nearly 1 in 10 students for services each year
  - We wrestle with reaching underserved populations on campus
- This creates a need services beyond therapy



# Beginnings in Residence Life

- Presented in 2011 (iOutreach conf.)
  - Mid 1980s - Teaching course for continuous RA development
  - Expanded to RHA course
- Instructors consistently fielding questions and consulting
  - Mid 1990's – housing approached CAPS about dedicating time to Residence Life
  - 2000 – fund a full-time faculty position



# One-person model

- Continued for 9 years
  - Office space in Residence Life
  - Almost all clinical hours dedicated to issues in residence life
- Effective in many ways with significant downsides
  - Created an identified go-to person; not great at incorporating CAPS resources
  - Created a two-way communication funnel (difficulty working with CAPS faculty/admin. for larger needs)
  - Led to burnout/isolation



# CH-ch-ch-changes

- Needed to restructure
- Developed a liaison network:
  - Directors (as needed)
  - Residence Life coordinators, faculty liaisons, & CAPS Clinical Admin. (bi-annually)
  - Housing area staff & CAPS faculty (weekly)
  - CAPS faculty coordination meeting/course development (bi-weekly)
  - Training opportunities



# Residence Life Liaisons

## CAPS

Director

Clinical Directors

CAPS Faculty Liaisons



New  
Heritage



Helaman  
Halls



Wyview

## Housing

Director of  
Residence  
Life

Area  
Managers

Hall Advisors

Resident  
Assistants



# Nitty Gritty

- 21 clinical hours divided equally by 3 faculty members (visibility and availability increased significantly)
  - Teaching responsibilities divided by housing areas
  - Consultations in housing areas and in CAPS
- Crisis response now a team approach
  - At-risk/disruptive students are more quickly identified
  - CAPS and Residence Life administration involvement increased and better coordinated
- Increased integration in both departments
  - Faculty and Residence Life better able to tailor RA training
  - More capable of involving all of CAPS faculty/resources
- Student Outreach Council involvement





# So we got to thinkin' ...

- If this works so well in one area, what about others?
- Developed additional informal relationships
  - Women's Services and Resources
  - Multicultural student services
  - International student services
  - Colleges and advisement centers
  - Dean of Students/code of conduct



# Less-formal relationships

- CAPS Administrators approached administrators in the other departments
- Justified grumbling about barriers to referring students to CAPS
- Internal decision to give some hours to build and maintain liaison relationships
- Using a one-person model for these departments (low visibility/availability)



# Structure

- Varies by department need
  - Maintain 3:1 (advisors:faculty)
  - Two to three CAPS faculty members
- CAPS faculty involvement
  - Attend staff meetings as invited
  - Consultations with faculty/staff
  - Triage/unscheduled visits
- Two-way communication
  - Policies and procedures



# Advantages/Disadvantages

## Formal Agreement

- Clinical hours justified
- Requires funding/administrative cooperation
- Consultations more frequent and effective
- Almost like an “in-house” psychologist
- Part of the culture
- Mentoring structure
- Fewer problems with “fit”

## Informal Structures

- Pushed aside when clinical demand is high
- No funding needed
- Natural development of relationship
- Requires individual initiative
- Personality clashes
- Flexibility

# Lessons learned

- Administrative bumps
  - Some faculty prefer not do outreach...and the feeling is mutual
  - Personality clashes with faculty
  - Helping liaisons catch the vision
  - Wide variety in organizational cultures/structures
  - Varying emphases on wellness
  - Ethical/legal considerations (FERPA)
  - Upper-level administration political/values conflicts
  - SHC, Dean of Students/code of conduct
  - Time commitment



# Informal to formal...

- Recent example with Department of Athletics – a very underserved population on campus
- Relationship existed
- Big vacuum
- In-house model to liaison/consultation model
- Broaden their thinking about psychological services
- Infused into athletic department culture



# Using experience

- Create a sustainable structure
  - 1 vs. 3 person model
- Involve administration at all levels
- Know current culture/structure and generate ideas on how to help where it falls short (trust and control issues)
- Identify ethical considerations (confidentiality)
- Be proactive
  - More than reaction to demand (outreach/teaching; consultation; committee assignments, crisis response; therapy)



# Activities



- Athletic Department funding for one position and space in athletic facilities
  - 1 faculty focused triage/consultation contact
  - 3 faculty divide the clinical work
- CAPS faculty responsibilities
  - Teaching responsibilities/preventive programming
  - Walk-in hours
  - Members of sports medicine team (credibility, visibility, availability to coaches, trainers, administrators and student-athletes)
- Trainee involvement in clinical work/supervision





# Incorporating our team

- Coaches/other administrative meetings
- All split teaching responsibilities as qualified
- Walk-in hours (coaches, trainers and student-athletes)
- Committees:
  - Sports medicine
  - Nutrition team
  - ADHD/LD assessment team



# Brainstorm



# Application

- How effective are your liaisons?
- What's working, and what isn't?
- How might the clinical structure need to change to help make them more effective?
- What are some of the areas at your institution that may be currently underserved by your center?
- What relationship/small connection could you use to build a bridge?
- How might your administration help you with this?

