

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?

