

Outreach as Intervention: The Evolution of Outreach and Preventive Programming on College Campuses

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It is widely acknowledged that demand for clinical services at university and college counseling centers (CCs) has increased over the last several years. CCs have had to adapt service delivery methods to meet the demand for services. One of the more recent developments in CCs lies in providing primary (preventive) interventions to the campus at-large through outreach and preventive programming. These interventions are aimed toward reducing demand as opposed to promoting services and gathering potential clients. This article describes changes in outreach delivery in 3 ways. First, descriptions of some of the more prevalent and proactive outreach activities are given. Brief explanations concerning the increased emphasis on social justice, large-scale events, campus partnerships, liaison programs, satellite offices—embedded models, uses of electronic and technological advances, postvention and community response, and topic-specific programming are given. Second, the changing administrative functions of those in charge of outreach at individual CCs is described. Last, a description of the establishment and ongoing need for a national organization for outreach administrators and professionals is outlined. Recent survey data completed by outreach professionals are also discussed, as are future directions and implications for how CCs quantify training and direct service activities.

Keywords: college counseling, prevention, outreach, clinical

Much has been written about the complex issues, challenges, roles, strategies, and practices that have been present in college counseling throughout its history (Archer & Cooper, 1998; Bishop, 1995; Davis & Humphrey, 2000; Grayson & Meilman, 2006;

Sharkin, 2012). University and college administrators, faculty, and staff acknowledge that counseling centers do not solely exist for the delivery of individual therapy. Although counseling is still a primary function, centers are now asked to perform direct service activities more congruent with a community mental health model in which the campus and institution have psychological needs (Bishop, 2016). To meet the changing needs of students and campus cultures, counseling centers have had to modify how psychological services are delivered (Hodges, 2001). As a result, the function and purpose of college counseling centers have evolved over the past several years (Sharkin, 2012). The types of activities in which counseling center clinicians are engaged have changed as well (Meadows, 2000). Outreach and prevention programming have become more central to the mission of college counseling, in part because the federal government has introduced several programs (e.g., “Not Alone” and “It’s on Us” campaigns), placing a spotlight on outreach and prevention programming in the college context (It’s on Us, n.d.; NotAlone.gov, n.d.).

To meet the growing demands at institutions of higher education, outreach activities, out of necessity, have evolved over time. Previously viewed as an ancillary activity aimed at promoting

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counseling services, outreach has grown into a set of more comprehensive and progressive activities that foster personal growth and wider cultural change on college campuses (Asidao & Sevig, 2014). A recent charge was given to counseling center clinicians, as well as those entering the profession, to understand “that outreach is not just public relations work to bring more clients into the center, but is a public health effort that has the same core objectives as all such efforts” (Bishop, 2016, p. 21). Healthy counseling centers respond to this call by staying “more engaged and connected to their campuses, both to individuals and to multiple systems of students, faculty and staff” (Asidao & Sevig, 2014, p. 132). As the emphasis and demand for outreach within counseling centers has grown, there has been a need to redefine roles and leadership for outreach efforts.

Administrative personnel (e.g., directors, clinical directors, and training directors) responsible for the major functions of counseling centers have long had national and international organizations and conferences supporting their respective activities. Because outreach activities have become more central to the work of counseling center clinicians, more centers are including administrative positions for outreach. To better support outreach coordinators and other interested professionals, the Association for University and College Counseling Center Outreach (AUCCCO) was established in 2009. AUCCCO has afforded outreach professionals a collective gathering place, both in spirit through membership, Listserv, social media, and website activity and in person through the annual conference. AUCCCO strives to meet the needs of outreach professionals by providing resources, support, and data, while continuing to develop models for best practice in counseling center outreach. Since its establishment, AUCCCO has fostered change in how many outreach professionals seek engagement with their campuses. In a recent survey of counseling center directors, 20% reported supporting AUCCCO as member institutions, which compares favorably to percentages reported for the peer organizations designed for clinical and training directors at counseling centers (Reetz, Bershad, LeViness, & Whitlock, 2016). In its first decade of existence, AUCCCO seems to have gained a solid foothold in the counseling center world.

The purpose of the current article is to outline and provide concrete examples of the evolutionary process of outreach in college counseling, including changes in outreach activities, leadership, and the role of AUCCCO. Many of the ideas, concepts, and issues presented lack, in quantity and quality, empirical support or previous citation. Much of the information presented herein is a collection of anecdotes, conference presentations, and interactions in various contexts between outreach clinicians over the past decade. This article is intended to serve as an inspiration, and a direct call, for outreach professionals to be mindful of providing more substantive experimental support for these clinical activities moving forward.

First, the review details examples of how counseling center clinicians are moving from outreach as marketing–public relations activities and toward outreach as primary intervention (prevention). Primary intervention activities focus on reducing the need for counseling services and decreasing mental health stigma on college campuses. These prevention efforts involve increased emphasis on social justice, large-scale events, campus partnerships, liaison programs, satellite offices–embedded models, uses of electronic and technological advances, postvention and community

response, and topic-specific programming. Second, with outreach coordination more germane to counseling center activities, a shift in administrative structures–positions within counseling centers has taken place. As a result, there has been additional support for redefining what constitutes direct service. Last, the article discusses the need for a gathering place for outreach administrators and professionals, like those for other salient counseling center roles. It demonstrates how AUCCCO has impacted the activities of outreach professionals, providing recent data collected from membership institutions. These data demonstrate the large-scale impact AUCCCO has had on psychological service delivery in college counseling centers by shifting how outreach and prevention activities are conceptualized and delivered.

Evolution of Outreach Activities

Counseling center clinicians engaging in preventive functions have widened the variety and type of outreach activities in recent years. This evolution has been driven in part by a development in theoretical–conceptual understanding of outreach. In 1974, Morrill, Oetting, and Hurst provided “Dimensions of a Counselor Functioning,” in which they described the “Cube” for outreach professionals in counseling centers. This model provided a foundation for three main areas in outreach work: the target audience, the purpose of the outreach efforts, and the method for providing outreach. In the 1960s and 1970s, many defined *outreach* in counseling as the marketing of center services and presentations to the campus community about mental health topics and stigma. In 1996, the article “Rounding Out the Cube” (Pace, Stamler, Yaris, & June, 1996) expanded this definition by viewing the campus as a system and advocating for a more interactive, collaborative, and adaptive model that accounts for the evolving needs of campus communities.

Over time, counseling center professionals have been called upon to be more visible and have a greater impact on campuses due to increased public awareness of mental health, national events that influence their work, and increased demand for services. It should be noted that the efforts to include a variety of outreach programming and activities provided by college counseling centers has been described by clinicians, university administrators, and students alike as having a positive impact on campus life. Yet, there is a dearth of information about the efficacy of one service delivery model over another. The authors are currently unable to state which model(s) of primary intervention service delivery is most effective or describe the level of positive impact or the elements responsible for that change. As a result, there continues to be a need to become more strategic, organized, and clear regarding overall goals for outreach. Providing a common definition of outreach can be elusive, because it often is predicated on center resources, leadership, size, mission, and overall scope of practice. However, building on the contribution of previous generations, we can expand the current definition of outreach to include the following: a lens toward social justice, large-scale programming that also incorporates branding or marketing of mental health, partnerships and liaison relationships across campus, new models where counseling center staff are working outside the office, postvention and responding to events that impact stu-

dents, psychoeducational presentations, and advances in technology to reach students.

Social Justice Emphasis

Social justice assumes these positions: that there is an inequitable distribution of power and access to resources; that we are all part of that macrosystem in some way, shape, or form; and that a response to these inequities is necessary to establish more equality within the larger societal system (Smith, Baluch, Bernabei, Robohm, & Sheehy, 2003). Many systemic factors (e.g., physical, spiritual, political, socioeconomic, and organizational) that impact student learning and well-being have been identified (Silverman, Underhile, & Keeling, 2008). Outreach clinicians, along with all counseling center professionals, have been challenged to adopt social justice frameworks in their work (Smith, Baluch, Bernabei, Robohm, & Sheehy, 2003). A supportive campus climate fosters student engagement, which has been found to have positive effects on mental wellness and academic performance (Center for the Study of Collegiate Mental Health, 2010). AUCCCO values diversity and inclusion and views outreach as a key component in creating a safe and healthy community for all students to thrive. AUCCCO's mission states: "AUCCCO recognizes that, as the campus climate has a profound influence on students' lives, outreach services must be informed by perspectives that address the intersection of multiple social identities, promote social justice, and celebrate diversity in all its forms" (Association for University and College Counseling Center Outreach [AUCCCO], n.d.-a). A diversity lens must be integrated throughout all outreach addressing mental health issues, and outreach activities should be intentionally and actively tailored to the needs and challenges faced by underrepresented and marginalized communities on campus. Outreach activities such as large-scale events, campus partnerships, liaison programs, satellite offices, community response, communication through social media, and topic-specific programs are all vital ways in which counseling centers advocate for underserved students, promote inclusion, reduce cultural barriers for help-seeking, and increase access to students who might otherwise never seek counseling.

Many universities have implemented specific programs to support different student communities. For example, the University of Central Florida's (UCF) counseling center holds the Building Leaders and Connecting Knights Institute, a two-day leadership conference aimed at increasing students' sense of connectivity to UCF and increasing retention among UCF students who identify as Black or a person of color, while also fostering students' involvement in on-campus leadership opportunities. This well-attended event was successful in connecting students to mentors, increasing knowledge of campus resources, and providing the space to discuss challenges to Black students connecting socially at UCF. This event has also led to the strengthening of the partnership between the Multicultural Student Center and the counseling center (T. Michaelson-Chmelir, associate director of outreach and community intervention, personal communication, March 29, 2016).

Large-Scale Events

Because the demands for clinical services in counseling centers have increased, there is an added pressure for outreach to make a

larger impact with fewer resources. How does one reach a larger audience with the same amount of time? The professional connection and sharing of best practices in the past 10 years of conferences sponsored by AUCCCO has suggested that counseling centers have grown increasingly sophisticated in the use of marketing, branding, or messaging to advertise services, offer intervention, provide psychoeducation, and decrease stigma. Results from survey data have indicated that the top three sources of information by which students become aware of or more familiar with campus mental health services are friends and fellow students, advertisements, and the Internet (Yorgason, Linville, & Zitzman, 2008). Misperceptions and lack of awareness of counseling services may negatively affect help-seeking behaviors on college campuses (Kahn, Wood, & Wiesen, 1999). National campaigns have inspired many centers to consider a consistent brand of marketing that students will come to recognize and become familiar with over the course of their time in college. One example of national campaigns is the It Gets Better Project. It Gets Better has enjoyed wide-scale success, as evidenced by the creation of over 50,000 videos of support for lesbian, gay, bisexual, transgender (LGBT) individuals, which have been viewed over 50 million times (It Gets Better Project, n.d.). At a more local level, the use of images, pictures, and slogans have helped to normalize and familiarize students with counseling center work on many campuses (Asidao & Sevig, 2014).

For many years, counseling centers have participated in "tabling events," often hosted by other departments such as Student Life, with the goal of sharing information about counseling services to a mass number of students. Often, students have walked by a hundred other tables with a similar mission before reaching the counseling center table. More recently, centers have found value in hosting their own events, often reaching hundreds or thousands of students in a short amount of time. An example at the University of Michigan is called Play Day. This 2-hr event aims to increase awareness and engage students in "play," such as building a Lego structure, making a balloon animal, jumping rope, or spending time with a therapy dog. These types of events not only promote the importance of self-care but also promote the counseling center as a resource, while decreasing the stigma surrounding mental health and providing students with an experiential opportunity.

Campus Partnerships

Addressing the mental health and wellness needs of students cannot be done in isolation, and counseling center staff increase their impact and reach when collaborating with other departments on campus. Building campus partnerships leads to increased participation from students, faculty, and staff; more tailored and relevant programs; and increased visibility for the counseling center and emphasizes that mental health is a component of student success. Collaborative efforts range from one-time events to weekly, monthly, or annual programs of varying size and scope. The University of South Florida, for example, has launched a multidepartmental initiative called Ready, Set, Goal that utilizes social media, web-based, and multimedia interventions to teach students skills they need to reach their academic and personal wellness goals and to increase engagement with university wellness resources (H. Petracco, former clinical director, personal communication, March 22, 2016).

Counseling center professionals have also become more involved in campus-wide committees focused on health and well-being, student development, diversity, retention, and policy development. Bringing the mental health perspective into conversations can lead to better support for students who face unique challenges, such as international students, students of color, or first-generation students. Counseling center staff are also often invited to join search committees for positions in other departments because of the vital role the center has in supporting others who are addressing mental health issues.

In addition to developing strong campus partnerships with staff and faculty, counseling centers have a role to play in supporting student groups focused on mental health and wellness. For example, peer educators through the University of Miami's Counseling Outreach Peer Education (COPE) program provide a key role in decreasing stigma; normalizing stressors; increasing campus dialogue about mental health; bringing a more accessible, open, and empathic face to the counseling center; reaching underrepresented populations; and being a first point of assistance for students in distress. Peer educators report that their college experience is often enriched by their participation in the program, and the counseling center benefits from feedback about student life, the campus community, and increased cultural competency. They also believe that their peer educator program supports student retention efforts (K. Martin, COPE coordinator, personal communication, March 22, 2016). Whereas some counseling centers have their own student advisory boards or peer education programs, others provide consultative services to established student organizations on campus, some of which are associated with national programs and associations. By supporting student-led mental health advocacy, counseling centers help to harness the power that peer influence can have on improving college health.

Liaison Programs

Some campus partnerships have evolved into formal liaison relationships, which often means pairing counseling center staff with various departments on campus, such as colleges–academic units, student affairs offices, residential life, athletics, and student communities. National College Health Assessment data highlight a gap between help-seeking behaviors and those reporting mental health concerns (American College Health Association, 2013). The longer one goes without seeking help, the more university resources are required to support the student who is struggling; therefore, it is necessary to help students recognize when they need help and how to seek out available resources as soon as possible to alleviate their difficulties (American College Health Association, 2013).

The results of a survey of university–college faculty and staff suggest that counseling centers could communicate better about consultation services typically offered by centers in order to increase center use, improve effectiveness of treatment through earlier identification of students needing services, and reduce inappropriate referrals to counseling services (McWhirter, Palmombi, & Garbin, 2000). Campus personnel who interact with students throughout the course of their day on campus are in the best position to notice early indicators of concern (American College Health Association, 2013). Liaison programs are one strategic approach to increasing the reach and impact of counseling

centers on the mental health and well-being culture within the university by encouraging counseling center interaction with key campus personnel who can influence appropriate help-seeking strategies.

Liaison programs provide a structure for organizing and delegating responsibility within counseling centers and provide clarity around goals and expectations with regard to how the center wants to connect with and support campus constituents. The scope of liaison programs ranges from departments' simply having a contact person in the counseling center to having a counseling center professional work closely and continuously with an identified group. This work might involve providing tailored workshops and presentations, training staff and faculty, attending department events, and providing consultation regarding students of concern or community-level issues. Perhaps most important, liaison programs build relationships over time, increasing trust and credibility and creating ease in the exchange of information and resources. With more frequent contact, there is a higher likelihood of consultation with the counseling center, and the quality of the consultation is improved due to knowledge and experience gained about the specific department over time.

Additionally, counseling center professionals benefit from the feedback received from communities they serve, because this helps centers better understand what is going on in other departments and at the university at-large. This information helps to improve outreach and clinical and consultative services by allowing counseling staff to provide contextually and culturally informed services that are aligned with the experience of the university's constituents. Liaison programs also play an important role in the counseling center's ability to reach underrepresented communities that may be less likely to access counseling due to cultural barriers or stigma.

Brigham Young University's (BYU) counseling center has created an effective model of liaison relationships. Two exemplars of this at BYU are the liaison relationships with on-campus housing and the Department of Athletics. For on-campus housing, clinicians attend staff meetings, help with ongoing trainings, and dedicate clinical hours to consultation services for staff with difficult situations. Although there are referrals to counseling that stem from these activities, there are many other situations in which clinicians help housing staff mediate disputes, interact differently with students, and help students navigate through adjustment and developmental issues without utilizing counseling services.

A similar dynamic exists in the BYU Department of Athletics, where clinicians are members of the Sports Medicine team. Clinicians not only educate the department on how to reduce stigma and increase help-seeking behaviors but also help staff understand how their interactions impact psychological distress. One specific example was to implement change in how nutrition and fitness were being discussed with student–athletes. Managed inappropriately and without sensitivity, these discussions could increase the risk of student–athletes' developing clinically significant issues with disordered eating. BYU has found that training Sports Medicine and other staff in this area decreases the frequency of student athletes' presenting to their center for treatment related to eating concerns. These changes enabled a culture shift around the issue of body image and disordered eating, resulting directly from interventions within an effective liaison relationship (T. Golightly,

assistant director of athletics, personal communication, March 27, 2016).

Satellite Offices and Embedded Models

Counseling centers have also increased access to mental health support through the establishment of satellite offices. Often these offices are strategically located across campus in high student traffic areas or embedded in areas of campus that serve underrepresented students, such as at an LGBT queer (LGBTQ) center or a multicultural center. Counseling center professionals might offer clinical services or nonclinical consultation services and hold office hours that range from 1 hr to several days a week.

One of the more visible and utilized satellite office models is Cornell University's Let's Talk program. Through Let's Talk, counselors offer informal conversations, consultation, problem-solving, and advocacy that can either address the student's concern directly or can lay the foundation for a more formal counseling relationship at the counseling center. Students walk in without an appointment, and Let's Talk hours are often offered near communities that historically underutilize mental health services. Students do not fill out paperwork and are able to remain anonymous if they wish. All of these components help increase access to counselors and support while also reducing barriers (Boone & Eells, 2008). Let's Talk, or similar models, have been adapted at more than 50 universities across the nation (W. Wong, assistant director for community based services, personal communication, March 22, 2016). At Montclair State University, for example, they have found that Let's Talk has flourished since it was launched in 2010, growing from two initial sites to seven current sites across the university, including the Student Center, two academic buildings, and two residence halls. On average, these sites are well utilized and seem to capture students who typically would not have come to the center for more traditional clinical services (S. Wadhvani, outreach coordinator, personal communication, March 21, 2016).

Satellite office models have begun to take a broader and larger role at some universities, giving way to the development of embedded models. In 2014, the University of Michigan created three staff positions for "embedded counselors." By fall 2017, the Counseling and Psychological Services on campus had placed a total of 12 full-time embedded counselors in permanent offices in 12 of the university's schools and colleges. Although they join the rest of the counseling center staff for meetings and committee work, their counseling and outreach work is done primarily with faculty, staff, and students in their respective school or college. Other universities that have found the embedded model to be effective are the University of Iowa, Northwestern University, and the University of Virginia.

Postvention and Community Response

When campus crises or other incidents that have a significant impact on the campus community occur, counseling center staff are called upon to respond in the moment and/or in the aftermath to provide individual and group support, be present at meetings within the community, or serve as consultants on emergency response teams. Crisis management protocols are critical to enable the campus community to respond effectively to crisis situations, which often involve acute distress or imminent risk of self-harm

(American College Health Association, 2013). Types of critical incidents might include student deaths; bias incidents; and tragic local, national, and global events. It is essential that all university staff and faculty understand their role within the institution's crisis management protocols and what is expected of them (American College Health Association, 2013). Counseling center staff are often called upon to meet this need by reaching out to impacted individuals or communities, facilitate dialogues or postvention efforts, or inform affected individuals about common responses to critical incidents and provide information about counseling center services. The University of Southern California counseling center has developed a protocol on postvention modeled after recommendations made by the Higher Education Mental Health Alliance. Its response after student deaths may include working with impacted students and parents; consulting with student affairs staff; attending a funeral or memorial service; and providing outreach to support, normalize grief reactions, and focus on coping skills for students in the residence halls or groups of impacted students (K. Greco, assistant director of outreach and prevention services, personal communication, March 26, 2016). Counseling centers may also acknowledge the impact of these events on their websites or other multimedia avenues to inform the campus community of available support and provide a sense that staff are "with" them in difficult times.

Topic-Specific Programs

Whereas counseling centers take a generalist approach to clinical work and see students with a wide range of presenting concerns, outreach efforts focus on a number of mental health issues that are prevalent on college campuses. Increased knowledge and understanding of mental health issues builds resilience and capacity to maintain well-being (American College Health Association, 2013). Resilience factors such as awareness of signs of stress, knowledge of coping strategies, and belief in ability to cope have been associated with decreased symptoms of depression in university students (Sawatzky et al., 2012). Self-management competencies and coping skills strengthen students' resilience and ability to manage the many demands of student life and decrease vulnerability to mental health issues such as anxiety and depression (American College Health Association, 2013). Topics such as suicide prevention, sexual assault, alcohol and other drug abuse, and eating disorders receive special attention through one-time outreach presentations or more comprehensive ongoing programs. One example of this type of programming is Question, Persuade, Refer (QPR), a widely used program throughout the United States. Gatekeeper training through the QPR program has been adopted across many schools to help students, faculty, and staff recognize the warning signs of suicide and know how to connect someone in distress to the right resource, often the counseling center (QPR Institute, n.d.). At Emory University, QPR has been incorporated in annual orientation trainings for residence life staff and support group leaders in the Office of LGBT Life and in annual trainings for faculty-staff across various graduate and professional schools (J. Yang, associate director outreach and consultation services, personal communication, March 26, 2016). Similarly, bystander training such as Green Dot has been implemented at college campuses with the goal of reducing power-based personal violence (Green Dot etc., n.d.).

Awareness weeks that highlight particular mental health issues focus on programming that educates students about the issue, provides opportunities for dialogue, and promotes help-seeking and healthy behaviors. Awareness weeks often include mental health screening events that invite students to fill out an assessment and receive immediate feedback, recommendations, and referrals from a counselor. The University of Virginia hosts a Mental Wellness Screening Day event each semester at the campus student union building that has become well known and draws an increasing number of students each year. In two events so far in the 2016–2017 academic year alone, 260 students were screened and provided with resources for addressing a wide range of concerns, in addition to education and support for improving mental health and well-being (L. Carter, crisis management coordinator and suicide prevention co-coordinator, personal communication, March 28, 2016).

Technology and Social Media

In addition to the numerous ways in which counseling center staff interact with the campus community through in-person outreach activities, centers continue to determine how best to stay engaged with students through advanced technology and social media, which seems to change at a rapid pace. The *Canadian Association of College & University Student Services and Canadian Mental Health Association* (2013, p. 15) has suggested the use of “communication sources and channels that students find most credible and relevant (e.g., messages embedded in faculty communication to students, messages delivered via video blogging, social media, easy to navigate content on the institutional website, etc.)” Counseling centers are creating Facebook pages to educate the community on various health and wellness topics, provide inspirational messages, highlight outreach events, and/or make a statement of comfort to the community when crises occur. More centers are creating YouTube channels to share videos that provide information about staff and services offered or highlight relevant topics, whereas Instagram and Twitter are used to disseminate bits of information to be shared in real time.

Regardless of the communication method, all require people power to post, record, upload, or tweet, and often times this responsibility falls within the realm of outreach. With already limited or at-capacity resources, the thought of maintaining active social media accounts and vibrant websites can seem daunting. Some counseling centers, like the one at the University of Florida, have created staff positions such as web coordinator, whereas others have enlisted the support of graduate and undergraduate students to serve this function. Though a standard approach has yet to be developed, it seems critical that counseling centers acknowledge the benefits of technology and social media, particularly with regard to outreach efforts. Being able to continue interacting beyond the traditional workday, seizing opportunities to connect with the entire campus community, demonstrating that counseling centers are staying current with trends, and utilizing numerous online resources as prevention tools are just some of the ways in which technology and social media are beneficial to this work.

As activities of counseling center–outreach clinicians have evolved to include the aforementioned activities, the time demands, size, scope, and nature of outreach activities have shifted as well. Effective administrative oversight is needed to plan, execute,

coordinate, and budget time as well as financial resources for outreach and prevention. Counseling centers have had to respond to this demand in kind by creating more administrative roles for those asked to lead outreach and preventive programming efforts within counseling centers.

The Evolution of Leadership in Outreach

Throughout the history of college counseling, various leadership roles within counseling centers have developed as new opportunities and challenges emerged. These leadership roles were put in place to help guide the growth as areas of focus began to develop. The 1950s saw the emergence of the Association of College Counseling Center Directors (AUCCCD) as a formal structure. The Association for the Coordination of Counseling Center Clinical Services (ACCCCS) was formed in 1996 when a group of clinical services coordinators and clinical services directors representing colleges and universities from around the country met at The Ohio State University to discuss common interests and concerns. In 1978, the Association of Counseling Center Training Agencies (ACCTA) was created, and most recently, in 2009 the Association for University and College Counseling Center Outreach (AUCCCO) was established. AUCCCO, like the other associations, came to fruition as the result of an increased need within an identified domain. AUCCCO was formed following two successful national outreach conferences hosted by the University of Michigan Counseling and Psychological Services (UM-CAPS). Christine Asidao and Todd Sevig at UM-CAPS came up with the idea of an outreach conference while attending another gathering of counseling center professionals. Asidao and Sevig believed that just as there was a need for congregating professionals for discussions centered on topics related to clinical services and training in counseling centers, professionals with equivalent interests, assignments, and responsibilities for outreach needed a gathering spot to discourse about issues related to prevention (AUCCCO, n.d.-b). Because AUCCCD was the first to form and create a professional identity, it led and modeled the way for ACCCCS, ACCTA, and AUCCCO to form professional identities.

Throughout the past several decades, ACCCCS and ACCTA identified leadership roles and professional titles such as *clinical director* and *training director*, as well as administrative titles such as *associate director* and *assistant director*, within college counseling centers. Outreach has generally been conceptualized as an ancillary service within counseling centers, rather than viewed equal to clinical prevention and intervention. Common practice in outreach involves staff clinicians’ taking on additional roles and titles such as *outreach coordinator* or *outreach specialist* in their specific area (e.g., *sexual violence prevention specialist* or *suicide prevention coordinator*).

David Wallace, who is currently the counseling center director at the University of Missouri, shared, “In the past, outreach was often seen as an afterthought in Counseling Centers, and in some cases, something to be avoided because it would mean an increase in client load” (D. Wallace, personal communication, March 26, 2016). Ten years ago, Wallace had a vision for an associate director for prevention and outreach position at the University of Central Florida. At the time, having an administrator coordinating outreach and prevention services was not the norm. In conceptualizing the position, Wallace shared,

It became clear to me that we had the ability to foster good mental health and to provide support for early intervention if we reached out to others on campus who would help us. We needed to explore ways to empower our whole community: Faculty, staff, students and administrators, by training, partnering and collaborating. In thinking about that, I recognized that in partnering with others as our allies, we could do things for positive mental health far beyond our abilities as a Counseling staff alone. I had a vacant position at UCF, and it made sense to use that situation to establish a new role within the Center to lead us toward these prevention possibilities. I pitched the notion to my supervisor, pointing out the potential impact for student success that could come from such a move, and the decision was made to create a position of Associate Director for Prevention. I saw this as a milestone for the Center as well as a milestone for me, because prevention and early intervention have become themes within my career. We are the campus experts in mental health, and although the demand for counseling services is huge, we have the ability to join with others in a balanced way to make the whole campus a more protective and positive environment by focusing on mental health prevention. (D. Wallace, personal communication, March 26, 2016)

To begin gathering baseline data around how outreach services are conceptualized in various counseling centers and other college wellness areas, AUCCCO created its first-ever national survey, which was released in February 2016 and remained open for 30 days. A question on the survey asked how clinicians are identified in their professional roles within their respective sites. Of the 73 who responded to the survey, 45.21% reported that their title was outreach coordinator, 28.27% reported that their title was either assistant or associate director of outreach or outreach director, and 23.29% reported that they didn't have an outreach-related title (staff clinician or other) but still coordinated outreach services. It appears that the majority of those who responded self-identified as outreach coordinators, yet almost a third reported that they were in some type of administrative role. Although no data from previous years exist to serve as a comparison, it will be interesting to see whether this trend continues as increasing numbers of outreach specialists and coordinators move into administrative roles and are given the title outreach director, similar to training and clinical director colleagues in their centers. What is clear from these data is that there is a growing emphasis on outreach coordination at an administrative level. With the proliferation of these needs for effective outreach administration and programming comes the need for professional support for like-minded and similarly tasked outreach professionals in college counseling centers spread thin geographically.

Evolution of an Outreach Association

The positive advancements that have been made in college counseling service delivery provide credibility through a significant body of published research in scholarly journals, as well as through the development of professional organizations, the adoption of professional standards and accreditation processes, and the establishment of national databases (Bishop, 2016). Like other professional associations, the Association for University and College Counseling Center Outreach (AUCCCO) was formed as a way of bringing together individuals with shared interests to collaborate on moving professional goals forward (Esmaeili, Dehghan-Nayeri, & Negarandeh, 2013). In 2007, several counseling center staff from the University of Michigan were

attending a conference and began a conversation about bringing outreach professionals together in similar fashion. Staff at the University of Michigan Counseling Center created an outreach conference committee to begin planning the first annual National Outreach Conference for Counseling Centers for 2008. In that inaugural year, approximately 100 attendees representing counseling centers from more than 20 states came together to focus on outreach. The conference was so successful that the University of Michigan graciously hosted the conference again the following year, and during that time outreach professionals began asking what more could be offered to support their work. Organizations already existed for other counseling center roles such as directors, training directors, and clinical directors (AUCCCO, n.d.-a). After research was conducted on how other associations were founded, the establishment of a national organization for counseling center outreach professionals, AUCCCO, was announced in 2009. AUCCCO's goals of working toward legitimization of the outreach discipline within counseling centers are consistent with common factors involved in the formation and function of other professional associations.

To begin building a foundation for the organization, prior conference attendees received a survey to identify a name, governing structure, and subcommittees that professionals deemed relevant and important. The first Steering Committee, including 11 outreach professionals representing nine institutions, was established in 2009. During 2010–2011, an AUCCCO mission statement was developed, a treasurer was named, a tax ID number was secured, and two working subcommittees were formed, one focusing on research and the other on website development (AUCCCO, n.d.-a). In January 2015, the Steering Committee met for its first winter meeting, ratified its first governing bylaws, and voted to create a formal board of directors. The Board of Directors has taken leadership in developing the identity and scope of work of AUCCCO. Current priorities include the development of best practices in assessment and in the use of technology and social media; professional mentorship; social justice and diversity; and conference and membership development.

As an association, AUCCCO has grown in membership each year since its inception. In 2014, the Steering Committee, with the help of the Research and Assessment Sub-Committee, rolled out the Member's Only link on the association's website, which included several resources to help those who do outreach in their respective centers. Membership perks also included a mentorship program that matched new outreach professionals with seasoned outreach coordinators–directors. With these additional membership perks, continued interest in conference attendance, and word of mouth, AUCCCO membership doubled during the 2015–2016 year. This growth can be attributed to a continual increase in the need for prevention and outreach services on college campuses. Because outreach services continue to be in high demand in the areas of sexual violence prevention, alcohol and other drug prevention, suicide prevention, and other mental health–related issues, best practice methods are increasingly sought after, particularly programs shown to be effective through research and assessment.

As mentioned previously, AUCCCO recently began to gather benchmarking data to help centers continue to evolve around outreach services. The survey distributed to all interested outreach professionals was developed and administered as a means of increasing understanding of those factors critical to the functioning

of college and university counseling center outreach. The survey had 39 questions, covering the following domains: (a) demographic information about those who lead the outreach services in their centers; (b) how the center collects data for outreach services; (c) the diversity, equity, and inclusion outreach work the center does; and (d) how the center works with interns and trainees who provide outreach services. The survey took 10–15 min to complete and requested one response from each institution, preferably from the person who was identified as the coordinator–leader of the center’s outreach services. A total of 73 counseling center outreach coordinators, directors, and specialists completed the survey. Among participants, 54 (73.97%) indicated current membership in AUCCCO.

The survey and resulting report is modeled after the AUCCCD Director’s Survey, which has been an invaluable resource for counseling centers across the country. Because this report has been updated every year since 2006, the information that has been obtained has helped hundreds of counseling centers through the years acquire much-needed resources and support from their institutions. Similarly, the goal of conducting an annual survey around counseling center outreach is to continue to move the profession toward continued best practice standards as well as to further solidify the professional identity of those who lead and provide the outreach services within their respective centers. As the survey continues to evolve, the information gathered each year will be helpful to counseling center directors and senior administrators as they continue to support outreach programming by obtaining much-needed resources.

AUCCCO takes pride in offering outreach professionals opportunities for networking, leadership, and mentoring. The association serves as a support system for new and seasoned clinicians, offers recent graduates job connections, and serves as a clearinghouse for information related to trends in outreach. The 10th annual national outreach conference was held in 2017 and continues to be a venue that promotes competent, effective outreach while inspiring and motivating outreach professionals in their work. The influence of AUCCCO and the annual conference encourages outreach clinicians to stay engaged in important prevention efforts. As a result, outreach not only promotes counseling services to those in need but serves as a vehicle to promote wellness and healthy campus environments for the betterment of all members of college communities.

Conclusion

In recent years, outreach as an arm of service delivery in college counseling centers has evolved in many ways. How outreach and prevention work is defined, conceptualized, conducted, administered, and shared with colleagues throughout the world has changed the way counseling centers respond to the mental health needs of their campus communities. College campuses seem to be experiencing growing demands for mental health services, as evidenced by more students than ever seeking out counseling services from on-campus agencies. This trend seems to be consistent over the past several years (Bishop, 2016). Some counseling centers have made efforts to manage this growth in demand by including the provision of preventive programming into direct service delivery, which impacts the roles of counseling center clinicians, trainers, and administrators. Outreach clinicians are

being asked to provide primary interventions and take the lead on college campuses for programming related to social justice issues, directing large-scale events, engaging in campus partnerships and liaison programs, working in satellite offices, coordinating students’ use of electronic and technological advances, conducting postvention and community response activities, and creating innovative topic-specific programming. The creation of a supportive national organization has increased the awareness of these activities among counseling center professionals. The developments associated with the evolution of outreach activities have a number of ramifications for the future pertaining to the roles and responsibilities of counseling center professionals.

The first implication is that training programs and internships in college counseling centers should seek to include specific training and supervision surrounding outreach service delivery. Outreach has become a more salient role for counseling center professionals. Like other clinically relevant activities, outreach delivery is a skill that can be taught and learned. It is a skill that requires theoretical and conceptual understanding as well as skilled supervisory experiences in which feedback can be given and growth-promoting activities can be furnished. Outreach knowledge and skill can be acquired but is often neglected by internships and training programs. Although many centers want their internship and professional track applicants to be competent at delivering preventive and outreach programming, often these same centers offer little by way of formal training to acquire these skills. Future directions for the field of outreach include promoting the incorporation of outreach-training models in internship and training programs located within college counseling centers. Another potential growth area is for AUCCCO to work in conjunction with ACCTA to establish outreach-training competencies that could be evaluated by outreach supervisors. Trainees in counseling center settings may need to be given time and attention from counseling center professionals to develop outreach skills. Training directors may need to consider adjusting requirements of practicum, externship, and internship experiences. Training directors could also consider adjusting hour requirements—allotments to allow for more focus on supervising and developing outreach delivery skills in counseling center trainees.

A second set of implications, which go along with the development of competencies, lies in developing an outreach-specific subset of ethical standards and best practices to include in relevant professional ethical codes and literature. As clinicians in college counseling centers become more active in the work of prevention, a set of standards to guide the ethical delivery of primary intervention activities may be necessary. Outreach professionals from college counseling centers of all types, sizes, and locations should work to develop the guidelines. Along with the development of ethical standards, a best practices guide for outreach professionals may be helpful. Best practices guides have aided clinicians in making treatment decisions related to secondary and tertiary interventions. In the near future, outreach professionals from counseling centers of all sizes may need to work toward creating standards that will speak to centers with various roles and scopes of services. It is acknowledged that the demands and effective delivery of outreach programming may differ between smaller sized campuses and larger communities, public and private universities, and other qualitative factors. Best practice guidelines will need to incorporate flexibility in these standards in order for any

center, regardless of size, as well as role and scope of services, to integrate them into current practices. Implementing these practices will require effective administrative support.

Third, there are implications for acquiring appropriate support from counseling center administrators for prevention and outreach service delivery. There are significant and difficult time demands placed on counseling center clinicians, and direct service hours are at a premium. Careful consideration of how to balance the limited hours in a clinician's day is on the mind of all counseling center professionals. Given the limited resources of time and availability, how directors and clinical directors define direct service activities is a relevant issue to juggle in counseling center work. Currently, there is a wide array of definitions pertaining to what responsibilities fall under direct service and how many hours should be allocated for indirect service activities. As it relates to this discussion, outreach and prevention work seems to lack a clear delineation as a direct service. Some centers include outreach under direct service delivery, whereas others are reticent to do so. Future directions in this area will include outreach professionals' working with relevant counseling center administrators to establish clear definitions of direct primary intervention services to strike an appropriate balance of meeting the secondary and tertiary levels of intervention in counseling centers. As mentioned earlier, trainees will need attention and supervision in outreach activities. Supervising student therapists in planning and conducting appropriate preventive activities may also need to be considered as direct service activities for the outreach clinician.

A similar concern to be addressed in the future is that outreach and prevention work extends beyond the typical work day. In a recent communication with a former counseling center director it was noted that administrators may make an unwitting mistake of undercutting the alleged importance of outreach and prevention work by devaluing staff time that occurs "after business hours." With some regularity, outreach professionals spend time in evenings and on weekends conducting their programming, which creates significant inconvenience to professional staff. The director wishing to prioritize primary intervention may need to advocate for staff compensatory or flex time to underscore the importance of outreach and prevention to staff and community alike. Comp or flex time is key to sustainability for outreach programs and clinicians. It is the only way clinicians doing community and prevention work can stay enthusiastic, present, committed, and connected with both clinic staff and community. Issues related to burnout and compensatory hours spent in work activities during these times may need to be advocated and negotiated by the combined efforts of outreach professionals and counseling center administrators (K. Raftery, former director, personal communication, April 5, 2016).

What is more, some outreach professionals are not given financial or work-time support for participating in outreach-related professional development activities. Counseling center funding for professional development is often limited by budget constraints. However, directors of counseling centers often do not hesitate to allow clinical and/or training directors to join national organizations and participate in national conferences for ongoing training and discussion about common issues faced while serving in these capacities. There are some outreach professionals who face some hesitancy from leadership teams about allowing them to participate and interact with a national organization geared toward helping interested and qualified clinicians. There is room for growth in this

area in the coming years. As AUCCCO continues to expand its member services and continues to experience rapid growth in membership and attendance at national conferences, directors may find that it is best practice for outreach coordinators—directors to gain continuing education in this way. If improving or establishing an effective outreach program is a priority within a center, then it is recommended that a director include room in future budgets for participation in these professional organizations and activities.

Additionally, including the professional in charge of outreach and prevention in the leadership team is an area of future growth. As entreated earlier, some centers have included positions of this type in their executive—leadership teams. However, a majority of centers do not include outreach coordinators at this administrative level and may struggle to garnish financial and other supports to effectively run comprehensive outreach programs. Moving forward, more widespread creation of associate—assistant director of outreach positions will aid in helping clinicians and administrators alike in transitioning outreach from its previous conceptualization as an ancillary activity to a direct service activity with equal footing to clinical and training activities.

On a final note, it is worth mentioning that this emphasis on outreach on a broader level is a relatively new direction for service delivery. There is a paucity of empirical support for the efficacy of outreach activities. One future direction for AUCCCO and outreach clinicians lies in collecting qualitative and quantitative data to demonstrate support for prevention work. Just as counseling centers played a large role in the development of clinical outcome measures, they could provide an ideal setting to generate, test, and retest measures that seek to evaluate the impact of preventive activities on the wellness of individuals and the campus community as a whole. Outreach clinicians are encouraged to establish good empirical support through solid analysis. In the future, outreach clinicians could seek to help administrators make data-based decisions on funding and time supports based on data from findings in solid studies about outreach programming. Outreach clinicians may need to provide this type of backing for accountability purposes within their institutions and the counseling profession.

Although there are still areas for future development, it is clear that outreach and prevention has evolved over the past few years. Its importance in the mission of counseling centers has grown. The response to calls from the federal government to do more prevention work as well as the increase in demand for clinical services has spurred the need for this evolutionary process. Counseling center administrators and professionals alike are seeking the best ways to provide that which the campus communities across the world are demanding—safer, healthier, more accepting environments. Outreach has been an effective solution to those problems. The ongoing development of prevention activities and outreach clinicians will continue to be a relevant area of need for counseling centers for the foreseeable future. Changing and adaptive outreach delivery is not only creative but effective and will aid counseling centers to be appropriately engaged and connected with their campus communities.

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