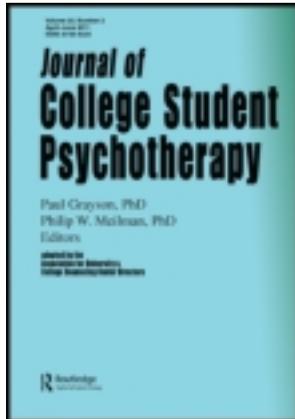


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Christine Asidao^a & Todd Sevig^a

^a University of Michigan, Ann Arbor, Michigan, USA

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Reaching In to Reach Out: One Counseling Center's Journey in Developing a New Outreach Approach

CHRISTINE ASIDAO and TODD SEVIG

University of Michigan, Ann Arbor, Michigan, USA

Counseling centers need to be engaged and connected on their campuses, both to individuals and to multiple systems of students, faculty, and staff. Building a campus-wide “community of caring” or “web of caring” is essential to a strong, healthy, and vibrant counseling center. This article describes one university counseling center's transition to a new way of approaching outreach. The University of Michigan Counseling & Psychological Services (UM CAPS) undertook a challenge in 2006 to reach in, a self-examination process, in order to reach out in new ways to promote mental health on campus.

KEYWORDS *college student mental health prevention, education, outreach, prevention, reaching in*

Outreach is central to the mission of any thriving counseling center. Reaching out to students has the benefits of showing them they matter and belong at the institution, providing education and prevention, and demonstrating that the counseling center can help on their pathway toward mental and emotional health. These are just a few of the messages conveyed when a counseling center gets outside of the office and engages with students. We believe the combination of clinical service with this focus on prevention and education, in the context of student development theory and practice and a focus on a diverse community, is what constitutes the unique nature

Christine Asidao is currently affiliated with Northeastern Illinois University, Chicago, Illinois, USA.

Address correspondence to Christine Asidao, PhD, Student Health and Counseling Services, Northeastern Illinois University, 5500 N. St. Louis Avenue, D-024, Chicago, IL 60625-4699, USA. E-mail: c-asidao@neu.edu

of the counseling center profession and the contribution it can make to a campus. Reaching out helps create connections and contributes to a campus-wide culture of health and caring, promoting a sense of “we’re all in this together.”

Spano (2008) outlined how the field of positive psychology can contribute to a healthy community. He posited that campus communities are only as safe as their ability to sustain a culture of caring. That caring can be enacted through wisdom and knowledge, courage, humanity, justice, temperance, and transcendence (Spano, 2008). These qualities can be viewed as metagoals, whether direct or indirect, for counseling center outreach services.

Although the overall role and goals of counseling center outreach may remain unchanged, the needs that outreach addresses on college campuses have changed dramatically over recent years for three reasons: (a) an influx of students coming to campus with mental health problems, (b) an influx of diverse cohorts of students on campus with different needs and ways of processing information, and (c) increased attention paid to student mental health issues by many different entities on campus. These three broad factors led us to pause and reflect on our outreach program—what we called a reaching in process—and to re-emerge with new answers. In short, we *reached in* in order to *reach out* in new ways that meet the needs of students, faculty, staff, and parents/friends/loved ones. By engaging in this process, we were able to define new directions for our counseling center.

CURRENT PSYCHOLOGICAL NEEDS OF COLLEGE STUDENTS

Recent broad reviews of rates of college student mental health issues point toward serious health difficulties for many students (e.g., Benton, Robertson, Tseng, Newton, & Benton, 2003; Suicide Prevention Resource Center Report, 2004). In a survey from our campus conducted in 2012–2013, 24% of students reported thoughts of harming themselves, 65% reported mild to severe difficulty staying motivated for classes, 27% reported some history of abuse in their family, 67% reported mild to severe difficulties with sleep, 58% reported feeling isolated and alone, 71% reported feeling shy around others, 77% reported some dissatisfaction with their weight, 15% reported currently engaging in self-injurious behaviors, and 26% reported mental health issues as interfering with their academics (UM [University of Michigan] College Student Mental Health Survey¹). Collectively, these numbers highlight the seriousness of students’ concerns and the importance of providing both direct clinical services to counseling center clients and outreach services for those who may not come in for professional assistance.

REACHING IN TO REACH OUT

The University of Michigan Counseling & Psychological Services (UM CAPS)² undertook a challenge in 2006 to start examining new ways of promoting mental health on campus—a “reaching in” process. We did this in order to address a growing dilemma, shared by other campuses, of increasing numbers of students coming to campus with mental health problems yet no systematic initiatives being developed to respond to them, and also the challenge presented by the influx of diverse groups of students. We were relying too much on individual client work and on answering individual phone calls from faculty, doing Web site work, and then offering “presentations” when we had available time. Although these are all necessary activities at any counseling center, we had a sense that we could, and should, do things differently.

We started with the premise that it might be possible to create a campus “buzz” around reducing stigma, that university members with varied roles on campus could be part of this effort, and that actively engaging students in systematic ways would strengthen a web of support and enact a community of caring. In short, we wanted to accomplish the goals outlined by Spano (2008).

Increasing awareness through educational programming, providing tools to faculty, staff, and students on how to help themselves and friends, increasing our presence on campus, and reaching out to students who did not seek support on their own were, we believed, important in meeting the mental health needs of our campus’s students. Accordingly, UM CAPS has worked closely with academic and student affairs units, student groups, and other mental health sites on campus to create an environment in which stigma about seeking help is reduced; faculty, staff, and fellow students can more readily recognize warning signs and refer students for help; and “friends look out for friends.” The goal has been to create a “web”—in the original sense of the word—so no students who want or need help are left to struggle on their own.

We undertook the challenge of creating an overall umbrella campaign consisting of messages revolving around the concept of “do something,” which aims to increase college student mental health awareness across the UM campus. Since its inception in 2007, it has become essential to UM CAPS’s branding and identity. We now discuss specific efforts that are part of this outreach campaign.

TABLING EVENTS

The campaign of “do something” was introduced as a tabling event in 2007, in which UM students were encouraged to engage with CAPS staff through a fun, quiz-type format, to learn about specific UM student mental health

data (from the UM survey noted earlier) and general college suicide statistics (from the Suicide Prevention Resource Center report noted earlier). These events allowed us to connect with students in an interactive, nonthreatening, stigma-reducing manner while at the same time imparting knowledge about University of Michigan-specific student mental health data. Since their inception, UM CAPS tabling events have grown into larger events, with new elements, that have increasingly attracted diverse students. Two specific additions are “Semester Survival” and “do something and Play Day.”

“Semester Survival,” occurring in April each year, is the hallmark event for the CAPS Student Advisory Board (CAPS SAB), a diverse group of undergraduate and graduate students who work closely with the Director and Assistant Director of Outreach and Education around college student mental health. The entire CAPS SAB help plan the event, whose goal is to increase wellness and well-being for all UM students during final exams. Activities include goody bags filled with wellness-focused items (e.g., play dough, inspiring messages, bubbles, food), petting therapy animals, hula hooping, music, Legos, and arts and crafts. Over 300 students have participated in each of the 2-hour events, reporting very positive reactions. Comments have included “this is exactly what I needed” and “I haven’t done this since I was a kid!” and students were seen texting each other to come to the event.

The event “do something and Play Day” was created in Fall 2011 to connect with students located on North Campus, which on the very large UM campus is geographically separate from the Central Campus. CAPS collaborated with student groups and the four main North Campus Schools (College of Engineering; Schools of Art and Design; Architecture and Urban Planning; and Music, Theatre and Dance) to host an event in which students could drop by, for as long as they wished, to engage in wellness activities such as free massages, petting a therapy dog, eating free pizza, learning how to juggle or knit or make balloon animals, and creating a craft. The event has been so successful that there have been requests from other UM schools to create a similar event for their students. Since its inception we have hosted a Play Day every semester, with extremely positive feedback from students and attendance of around 1,000 students each time. Comments have included, “this is the best thing that has happened recently,” “you should do this more often,” “amazing, it’s so relaxing,” “I love it—I was having a really crappy day and now I feel better,” “I have midterms coming up and I was able to enjoy myself and be a kid again,” “I wasn’t expecting this, it’s a great stress relief,” and “I feel so much better than I did before, I’m so happy.”

QUESTION, PERSUADE, AND REFER

Over the years, the UM community had requested CAPS workshops and presentations focused on helping students who might be suicidal or in distress. After researching several systematic, college-appropriate programs focused

on suicide prevention, CAPS chose in 2006 to proceed with Question, Persuade, and Refer (QPR), a well-received, ongoing, community-based suicide prevention program. QPR is a nationally recognized, empirically based program, an emergency mental health intervention for persons who feel suicidal created by Paul Quinnett, first described in 1995 in a number of presentations and publications by the QPR Institute (www.qprinstitute.com). A behavioral intervention focused on getting a distressed individual referred for professional help, it teaches front-line people (e.g., faculty, staff, friends) how to recognize the warning signs of suicide, including verbal, behavioral, and situational clues, and provides guidelines on how to *question* persons about suicidal thoughts, *persuade* them to get help and *refer* them for help. Since 2006, approximately 5,000 faculty, staff, and students have participated in the training on our campus.

Participation in QPR training has yielded results. On a number of occasions faculty and staff have used the knowledge and skills learned from the program to question a student in distress, persuade them to get help, and eventually walk the student over to CAPS to talk with the Counselor on Duty (the crisis counselor). Ratings of the QPR training have consistently averaged ~1.7 on a 5-point scale of 1 (*excellent*) to 5 (*poor*). Here are sample comments:

- “I feel more prepared to deal with this if it comes up, and feel that I have resources available.”
- “A way for me to be a part of the “safety net” for U-M students.”
- “Now I feel more like I could actually be proactive if I’m ever in this situation.”
- “As a director of a unit, I will assist my staff in knowing how to address a troubled student. I will also help my staff understand their boundaries. I see myself using QPR at work and in my personal life.”
- “I believe it can help with my working with residents in the hall. The training taught me signs to watch for and how to help those residents who may possibly be suicidal. I believe the training has made me a better asset to the residence halls.”
- “As a staff member working with students, residents, and families living on North Campus, I come across situations and incidents that relate to mental health issues and concerns. This training has given me the insights as to how best I can be of assistance to residents.”
- “I work with undergraduates and have done so for many years. Twice, I have been involved with students who were possibly considering suicide. One of them did contact me after being hospitalized, thanking me for my help and explaining that he was no longer in danger of hurting himself. Because I work closely with students I may indeed face situations. Because of this seminar I feel better equipped to be of help.”
- “This should be part of emergency preparedness across the campus for all folks.”

As such testimonials indicate, QPR enhances the community of caring and the idea that all of us, within our varied roles, are able to rely on one another to provide a safety net for UM students.

MITALK

MiTALK is an interactive, multimedia Web site that CAPS introduced in the Fall 2007.³ Developed at the insistence of students and through the collaboration of counseling center staff, other academic and student service units, and students, MiTalk provides UM students with knowledge and skills to get help or to help friends who may be in distress because of depression, anxiety, social identity, trauma, stress management, or other mental health concerns. One of the goals of MiTalk is to provide mental health and wellness information to the 40,000 students who do not use CAPS clinical services. MiTalk allows for ready accessibility to CAPS services in a creative, destigmatizing, and student-focused way, extending the “safety net” to undergraduate and graduate students who do not access CAPS in the more traditional sense. Thus, a student who experiences a mental health problem and wants information, guidance, and steps to try on his or her own would benefit from perusing MiTalk; if in-person clinical services are needed, the student is then guided to contact CAPS.

SUICIDE PREVENTION—A NEW LOOK

In the summer of 2012, a small team of CAPS staff met to brainstorm and expand outreach efforts around suicide prevention. In our “reaching in” discussions we challenged ourselves to go beyond the usual means of suicide prevention. The UM College Student Mental Health Surveys (using in part the Counseling Center Assessment of Psychological Symptoms [CCAPS]) find the percentage of suicidal ideation to be 18–24% for the general student body, and from CAPS clinical data (via Titanium database using the CCAPS) around 30% for clients coming in for counseling. We asked ourselves if we could reduce these numbers of students who had suicidal ideation. After several ideas were proposed, one was launched during Fall 2012: “Messages of Hope.” Starting that year, the tabling activity mentioned earlier focused on students sharing positive messages of hope, written on colorful Post-It notes, with other students who might be feeling suicidal. Students readily engaged and shared their messages, others took photos of the displayed messages to forward to friends, and several expressed how helpful the activity was in increasing knowledge about suicide prevention and helping them feel like they were “doing something.” Examples of the brief messages were:

- “You are not alone.”
- “Just be yourself.”
- “Love who you are.”
- “You are even stronger than you think.”
- “Don’t panic.”
- “Love life—be brave.”
- “You are beautiful.”
- “Hold on—it gets better.”
- “Hope”
- “Believe in yourself.”
- “You’re unique.”

Throughout the 2012–2013 year, CAPS staff continued expanding the Messages of Hope project; the Post-Its turned into a permanent art display incorporating wooden tiles, and culminated in an end-of-the-year tile unveiling event and a new video with music donated by recording artist Brian Vander Ark. In addition, we increased QPR trainings, connected with university departments and units on how they could connect with their specific students in the effort, and worked closely with the CAPS Student Advisory Board. We plan on monitoring via our surveys and clinical data the rates of suicidal ideation in the coming 3 years to see if this new approach has had the intended effect of reducing rates of suicidal ideation.

VIDEO WORK

Outreach efforts have also expanded into the use of video technology. We have created a CAPS YouTube channel (www.youtube.com/user/UMCAPS) that organizes our videos into “playlists,” for example, play day videos, how-to videos, student stories, men’s issues, a “stop student suicide” initiative, and videos of group facilitators talking about their group. The use of video allows us to connect with students on a variety of topics and with various groups. As of this writing, we have had over 70,000 views. There is a wide variability in the number of “views” for each video depending on the intended audience and how specific the content is. The top 5 videos reflect a nice range of these two foci (audience and content):

1. Progressive Muscle Relaxation
2. A student story (actor reading from a transcript of an actual student’s experience) on “depression”
3. How to make an initial appointment at CAPS
4. A vision for student mental health for the UM campus
5. An introduction to our Wellness Zone (biofeedback, massage chairs, Xbox gaming system, etc.).

ORGANIZATIONAL SUPPORT

In order to have a vibrant outreach program encompassing multiple prevention and education efforts, we believe it is imperative to have administrative support within the counseling center, student support, and support from faculty, staff, and the higher administration. Within CAPS, outreach is part of the mission statement and every staff member's work contract, a specific work team for outreach is in place, and the yearly budget includes outreach as one of the major line items. A permanent Assistant Director of Outreach & Education is a member of the CAPS Administrative Team. We believe student support is also crucial, and so CAPS's Student Advisory Board was created in 2008. The board focuses on UM student mental health awareness, with a specific focus on outreach and prevention efforts. The board has written and produced three videos focused on making an appointment, helping a friend, and talking with a professor about mental health affecting one's coursework. It has also created and developed the Wellness Zone (a stress management area within CAPS) and advised CAPS leadership on how best to engage with students. Finally, we have appreciated the support of faculty and staff throughout the university and the university higher administration, who have seen the value of our prevention and education services and provided additional and new funding to support our efforts.

REACHING IN TO REACH OUT—A NATIONAL PERSPECTIVE

One facet of our "reaching in" was to recognize the importance of outreach and prevention for the counseling center profession as a whole. Clearly, counseling center professionals need to be able to connect with colleagues at other institutions, both to find support and to learn innovative outreach practices from one another. In May 2008, UM CAPS accordingly launched the National Outreach Conference for Counseling Centers. The goals of the conference are to bring together representatives from counseling centers across the country to explore the opportunities and challenges facing counseling centers on college campuses and to celebrate and learn from colleagues who have created innovative outreach programs. Since that first conference, a formal association dedicated to outreach was established—the Association for University and College Counseling Center Outreach (AUCCCO), analogous to the organizations for directors, clinical directors and training directors.⁴ Through AUCCCO, a formal venue now exists in which professionals dedicated to outreach and prevention can gain support, build connections, and apply best practices to our respective college and university communities. At the most recent conference, for example, attendance was approximately 100 counseling center professionals representing colleges and universities throughout the country. Examples of conference programs included:

1. Digital outreach: creating relevant and engaging Web sites and Facebook pages for university counseling centers using a collaborative approach
2. Bridge the divide between you and your student audience: suggestions from students and counseling center staff
3. Enhancing stress management skills in college students
4. Using mobile handheld technology to assist with outreach to multicultural millennials
5. Old school tools with millennial rules

COMPETENCY AREAS FOR OUTREACH WORK

As in clinical work or training, the area of college counseling center outreach and education needs a compilation of standards and competency areas. There are some related guidelines (e.g., APA multicultural competency guidelines), yet more specificity regarding outreach services is needed. Below we offer some tentative competency areas, based on previous writings and the experiences of CAPS staff in providing outreach services:

General Group Skills

These include skills in group facilitation and presentation delivery and in workshop design. Being able to connect with communities, not just individuals, is pivotal to this work. The ability to weave in and out as both participant and observer is crucial to both connecting with communities and facilitating change. Brooks-Harris and Stock-Ward (1999) provide terrific guidelines on how to engage students in a group setting with well thought out workshop design.

Identifying Outreach Needs

Identifying needs is particularly important when working with students. The basic questions, “what are you interested in?” and “what would be most helpful to you all?” are a far better approach than simply delivering, for example, the standard stress management program.

Multicultural Competency

It is important to work effectively with diverse groups of students. Knowing the cultures and particular needs of students based on gender, race, sexual orientation, national origin, and ability/disability status is key to any service delivery. This is an area requiring both individual competency and “agency diversity competency,” that is, individual staff members have a responsibility

to become multiculturally competent, and so does the agency to provide visible, sufficient support to multiple groups on campus. Multicultural competency can be achieved through professional development, a mission statement addressing diversity that is used as a daily guide in agency work, and support for the agency's internal diversity. Also key is having staff who have a solid understanding of their own values, beliefs, and multiple social identities and who are able to engage across diverse populations and topic areas.

Evaluation

Quick, effective, targeted evaluation of outreach efforts is recommended to see if the original goals based on the needs assessment are achieved. Evaluation can inform future outreach and education work and is also a way to help students reflect on their experience, increasing understanding, and informing future action.

Training Others in Effective Prevention and Outreach

This involves building on whatever academic training interns have had prior to coming to the counseling center, developing effective seminars for interns throughout the year, and serving as models and mentors for interns.

Effective Use of Technology

This refers to using technological services in order to meet student needs, for example, "interactive Web sites." This category also refers to using technology such as social media and podcasts for delivery of information.

SELF-ASSESSMENT

It is essential for counseling centers to evaluate their outreach efforts, their success in regards to prevention, awareness, and education. Important questions to ask are: "can we better meet students' needs?" and "can we reach diverse groups in a more engaged manner?" We suggest considering the following areas:

1. *Is there administrative support at your center for prevention efforts?* How is outreach valued at your center? Are time, money, and appreciation dedicated to outreach efforts? Is outreach built into staff members' schedules and not just an add-on or something engaged in when clinical work is less pressing?

2. *How would you describe your center's connections with faculty?* Centers need to think about day-to-day classroom interactions with students, professors, and graduate student instructors. It's important to assess if counseling center outreach adequately trains faculty on identifying students in distress and making helpful interventions.
3. *How would you describe your center's connections with other campus units?* Does your center connect with various units on campus who are dedicated to serving students? Are resources shared on how they can respond to students in distress?
4. *How would you describe your center's connections with students?* Student voices are critical in advancing the outreach mission of your center. Does your center have a student advisory board of diverse undergraduate and graduate students who can provide input on the prevention, awareness, and education efforts of your agency? Is your center connected with key student groups who have a broad reach across campus? Have you provided them with tools on how to help themselves, their friends, and their student group?
5. *What is your vision in regards to outreach promotion?* We believe that vision starts with a sense of wanting things to be different. Counseling centers should ask themselves, what do we want to be different? For UM CAPS, the answers involved gaining an understanding of a public health approach to mental health, using a community orientation to accomplish the work, and drawing on college student mental health data to increase awareness.
6. *What are your Web site/technology resources?* Do you have staff who have the expertise, and the time in their work-lives, to devote to technology? Social media approaches, within the limits of confidentiality (real or perceived), can be highly effective in meeting the needs of today's students. An element involved in this is how to use technology to further engage instead of overloading students with digital information.
7. *Is your center connected to national outreach efforts?* Has your center joined the Association for University and College Counseling Center Outreach (AUCCCO)? Are resources provided for staff to attend the annual outreach conference to learn of emerging best practices for counseling center outreach?

NOTES

1. The UM College Student Mental Health Survey is a multiyear project involving a randomized sample of UM students. Phase I N = 939, Phase II N = 2,358, and Phase III N = 2,215. Data reported above are from Phase III which was conducted November 2009–January 2010.

2. See the CAPS Web site at caps.umich.edu.

3. See the MiTalk Web site at mitalk.umich.edu.

4. See the Association for University and College Counseling Center Outreach Web site at auccco.com.

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