

## Addressing the Increasing Demands

CCAPS Newsletter  
March 2010

*Many have expressed concerns over increased demands for services. Below are a few submissions from CCAPS colleagues about what is being done at their centers to try to address this issue. Please feel free to follow-up with them via email or better yet, talk to them further in Boston.*



### Counseling and Psychiatric Services (CAPS) at University of Georgia, Athens, GA

Kelly Case-Simonson

We've got a waitlist (as I imagine most do) that gets ordered both by date of intake and by severity. We have a tracking system to rate clients. We've been lucky enough this year to hire a case manager (who helps w/the waitlist; will call to check on clients of higher severity to check on them as they wait; give referrals and touch base to be sure they've followed through on referrals given; and who will do intakes or deal w/walk-ins as needed in addition to regular staff). We've shifted our triage system to try to assign people to triage days and they are responsible for walk-ins that day. They can schedule other appointments that day but need to recognize those appointments may need to be cancelled/rescheduled if they have an emergency that takes precedence. We're also trying to offer more groups and offer some groups that allow for drop-ins and/or that start later in the semester so that people aren't shut out of group options b/c they didn't sign up the first 3 weeks of school.

### Counseling and Psychological Services, Penn State University

Ben Locke

This year we implemented a structured, scheduled triage system (20 minute phone call to determine need). All triage calls are done by senior staff. We cut our wait-time to intake in half, are making better use of intakes/crisis, and are able to provide all clients with a clinical contact by senior staff within 1-2 days.

### Counseling and Mental Health Center, The University of Texas at Austin

Marla Craig

Various sources, including the 2007 results of a large national survey of counseling center directors have reported an increase in the number and severity of students with mental health problems. The Counseling and Mental Health Center at The University of Texas at Austin has implemented a crisis team model to address the mental health needs of students who are high risk and/or present in crisis. The crisis team model consists of 5-6 clinicians scheduled to provide crisis/emergency services to students 8am-5pm, Monday thru Friday. This model provides clinicians opportunity for team consultation prior to assigning the case and throughout the crisis/emergency visit while deciding on treatment planning and disposition. Each crisis team meets the following day for an hour to discuss and debrief the case, review any systemic or procedural issues that might have impacted service delivery, and provide emotional support to clinicians. The clinician who coordinates the crisis teams is referred to as the Crisis & Referral Coordinator (CRC). The CRC's role includes crisis intervention, facilitation of hospitalizations, consultation with Clinical Director and Chief Psychiatrist, interim crisis stabilization and assistance in the coordination of community referrals for clinical staff, and maintenance of a database that tracks high risk

 [What is this?](#)

students. The crisis teams also coordinate with the 24 hour telephone counseling staff who provide after-hours crisis/emergency services to students.

### **Counseling and Psychological Services, California State University - East Bay (Hayward)**

Grace Chen

We haven't made significant changes to our services due to increased demand (we were lucky enough to increase our staff), but we do have continued efforts to serve as many students as possible through multiple modalities. (Student population: ~12,000, Licensed counselors: 6 (5 FTE), Part-time MFT interns: 4)

Because we have a very short-term individual counseling model (10 sessions for the student's whole time at CSUEB), we also offer couples and group counseling.

Relationship concerns are the number one reason students come to counseling, so it makes sense to us to offer couples counseling as a way to address those concerns. We have arranged with the university for a student to bring a non-student partner for a fee (\$25/session; the first session is a "free consultation"). There is a 10-session limit. We have a multidisciplinary staff that includes Marriage and Family Therapists (MFTs) who have strong couples counseling training. Those staff members conduct professional development training on couples counseling for other staff members. This has set the tone for everyone on staff to get interested, excited, and more confident about doing couples counseling and referring individual clients to couples counseling.

We also have 2 ongoing interpersonal process groups (6-8 members) – there is no session limit, so some students find continued support by joining one of the groups. Additionally, because so many students bring interpersonal concerns, group is really seen as a preferred treatment modality. Group is not seen primarily as a way to see as many students as possible -- that IS a nice payoff, but the treatment plan drives group referral decisions more. We also encourage staff to develop new theme groups as themes of client concerns start to form -- currently we offer an "Emotional Balance Group" that is based on DBT group training. This has been very relevant to our student population, and this is the 2nd year it has been offered, and it has been full both years. The group does not target Axis II diagnoses – it focuses on helping students who have difficulty tolerating distress or managing emotions.

### **Counseling and Career Development Center, Grand Valley State University, Allendale, MI**

Eric Klingensmith

Our counseling center has implemented three major changes in the last few years to address increased demands for services. Three years ago we hired an Aftercare Coordinator. She provides follow-up care to our after-hours crisis calls and works with students who have been hospitalized. She also responds to clinical cases that have identified as urgent and consult with faculty members, family members, and students regarding mental health concerns. Secondly, we have expanded group therapy services to include a DBT skills building group and stress management group. Whenever possible, students are referred to group, which often replaces or supplements individual therapy sessions. Finally, we developed a one-credit career exploration class that is taught by our staff and other student affairs professionals. The career exploration class provides an alternative to one-on-one career counseling services that our staff would typically provide.

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