A site visit to Westmont College, Santa Barbara California, for the purpose of consulting with chief administrators in the Student Life Office regarding the college's counseling services was made on January 28 and 29, 1999. The members of the visiting team were Dr. Michael Lastoria, Director of Counseling Services, Houghton College (NY), and Dr. J. Michael Doyle, Director of Student Psychological Services at Loyola Marymount University (CA).

Several means were used to obtain the information used in the following evaluation. Prior to arrival on campus, the site visitors reviewed responses to a preliminary set of questions submitted by the Westmont Director of Counseling Services, Dr. Jerry Bokoles. In addition, once on campus, site visitors met with several "focus groups" to discuss their impressions of counseling services at Westmont. The six focus groups meeting with site visitors represented the Student Life Staff, Students (users of services), Students (non-users of services), Resident Directors, Faculty, and the Counseling Center staff. Finally, Dr. Bokoles provided the visitors with recent Center statistics, and the Student Life Office forwarded tabulated results of a "student evaluation survey" conducted earlier in the year.

The following report is a summary by the site visitors of the information obtained from the above resources. This report is not meant to dictate the direction of College policy regarding counseling services on campus. Suggestions in this evaluation are made on the basis of three criteria: 1) what the focus groups communicated were their goals for counseling services, 2) comparative data with schools of similar size and mission, and 3) a general compliance with the national standards for counseling centers published by the International Association of Counseling Services (IACS).

**RELATIONSHIP TO THE UNIVERSITY COMMUNITY**

A substantive theme expressed during conversations among focus groups was the notion that the Counseling Center functions "outside" the mission of the institution. Several factors were noted in support of this claim. First, the Center staffing does not allow for much participation/visibility within the campus community. The Center currently employs four therapists. Three are contracted to provide 10 hours of service per week. The fourth, the Director, is contracted for 16 hours per week. In the spring and fall of
1998 the staff conducted 1162 counseling sessions. Averaged over a 30-week academic year (15 weeks per semester) this amounted to approximately 38 sessions per week. This means that 83% of the therapist’s time is spent in direct service delivery in individual counseling. The National Survey for Counseling Center Directors (NSCCD, 1998) reports that the proportional time spent in actual delivery hours for counselors who are not directors to be considered as having a “full case load” is 62%. This percentage held constant for small (<2500) through large schools (>15,000). This suggests that, while on campus, the Counseling Center staff is overwhelmed with one duty; the in-office delivery of counseling hours. While this may be the intention and desire of the Institution, this does not allow for time to do anything else. Even keeping up with case notes would be problematic.

Second, a message consistently heard from colleagues was “we would like to have them present more in the community.” The difficulty in trying to have a CC staff member present during part of the first-year student orientation, the desire of the Health Center Director to have more collaboration, and the ability to be “known” by residence life staff (who are these people and can I refer students to them?) were all expressed. The RDs believe that the staff is “overworked” and too busy with appointments to do educational outreach. They claim that, apart from the students seen in individual counseling, most students do not know who these people are. The RDs also mentioned good intentions. A plan for a CC staff member to attend a portion of the RD’s monthly meeting happened only once. The RDs cited the counselors’ workload as an obstacle to regular attendance.

Third, faculty mentioned they also would like more interactions with the CC staff. None of the staff members hold faculty status and none regularly attend faculty meetings. However, staff do teach part-time within the College and are compensated separately for this. The faculty believed the standards of confidentiality were high, and incidences of personal communication for the purposes of consultation were rated positively. However, they also noted that, from their perspective, “a number of students don’t know the services exist.” Participation in faculty forum was also noted as a possible opportunity for the CC staff to inform faculty of important student characteristics and change. There appeared to be only a weak relationship between the CC staff and the members of the psychology department. This was something the site visitors found unusual. Apparently, efforts at collaboration and cooperation between these naturally related offices may also be thwarted due to CC staff availability. Further exploration of the nature of this intradepartmental relationship might be helpful.

Fourth, the students also believed that the confidentiality of the Counseling Center was a “plus.” At the same time, however, they noted the positioning of the services in the “lower campus” to be a deterrent to student awareness. Residence Life Staff and the faculty also mentioned the location as a deterrent. The students spoke of a desire to have more contact with counselors. They mentioned more informal opportunities as meaningful. Pizza parties, floor talk, and presence at other campus events are examples the students gave. It appears that the students were saying in so many words “we would like to get to know them more, so we can find out who they are.” (Approachability, confidence level)

Fifth, there are some technical/physical plant considerations that have the unintended effect of keeping the CC staff “apart” from the community at large. The staff mentioned that there were no computers in the counselor’s private offices and that none of the staff had email/internet access within the office area. When we asked faculty or other staff about similar access, most everyone responded by saying that they had desktop computers and interoffice access. While this was apparently an oversight, it nevertheless has the effect of keeping the CC staff “out of the loop” for even the most mundane of intracampus communication.

Finally, the site visitors consider the mission of Westmont College to be different from larger institutions. Taken from the college catalogue is the statement: The mission of Westmont College is to provide a high quality undergraduate liberal arts program in a residential campus community that assists men and women toward a balance of intellectual competence, healthy personal development, and strong Christian commitment. Faculty, staff, and administrators are all encouraged to develop relationships with students beyond the classroom and office. In the case of the CC staff, there appear to be substantial barriers that keep this group from becoming integrated into the Westmont community.
FUNCTION AND ROLES

INDIVIDUAL AND GROUP COUNSELING

The Center provides mainly individual psychological counseling by appointment. Career services are housed in another area on campus. Group counseling is not regularly offered; the last reported group was in the spring of 1997 (perfectionism). This group was a short-term structured intervention. The lack of a group program can be accounted for by the limited contract hours of the staff, rather than to a lack of staff interest. Information on off-campus support groups is available through the Center. Students enter the combined Counseling/Health Center building and request to see a counselor through the receptionist who services both areas. Intake sessions are not normally conducted and students are assigned a counselor through the receptionist. A counselor is present from 10:00 am to 12 noon and 1:00 – 5:00 PM from Monday through Friday. A drop in hour is available from 2:00-3:00 PM Monday through Friday. Rarely is there an overlap of counselor hours. Some students and Residence Life Staff cited a counselor waiting list as a problem. The average time a student had to wait before getting to see a counselor was not an available statistic. It appears that the number of students seen in the Center has gradually risen from 92 in the fall of 1996 to 123 in the fall of 1998. This rise and the hours available for counseling may account for a waiting list and the high percentage (82%) of direct service delivery cited above.

CRISIS INTERVENTION/EMERGENCY SERVICES

During the regular hours cited above, walk-in emergency coverage is available. The lack of overlapping hours, however, makes a crisis intervention response more difficult since the probability of a counselor being “free” is low. It is more likely that one student would have to be abandoned in session to free a counselor to respond to a regular hour crisis. For emergency response outside regular hours students are told to contact the RD, to phone the CALL-LINE, or to phone 911. In the interview with the Center Staff, we were informed that many of them give their pager number to the students they are seeing.

Psychiatric evaluations and hospitalization are handled through outside referrals. The Center Staff have ample contacts to help facilitate this process in the event of an emergency. Dr. David Hernandez, Health Center Director and physician is available for referral for the more common psychotropic medications.

OUTREACH PROGRAMMING

The outreach services offered by the Center Staff are limited. Educational presentations are listed among the opportunities in the Center’s brochure, but are limited to the “availability of staff.” Independent seminars have been done on relationships, eating disorders, and body image groups. The staff has also presented in faculty forum. But these offerings are few and far between. The staff would clearly like to do more in this area. This fall the staff participated in a “Sexuality Panel,” presented and sponsored by the Student Life Office. However, each “after hour” service must either be contracted hourly or done on a volunteer basis. This would severely limit any expansion of services in this area.

CONSULTATION SERVICES

During the focus group interviews the participants who had contact with the Center staff generally reported the contact as positive. This was true of the faculty, the Chaplain’s Office, and the Health Services Office. However, as noted earlier, the staff’s presence at the RD monthly meeting (a favorable time for consultation to occur) was discontinued due to the staff’s counseling load. Faculty and others appeared to desire more availability from the CC staff for purposes of consultation.
RESEARCH EVALUATION

The Center is involved in the Institutional Survey of seniors. However, currently, no separate evaluation of counseling services by students is done. A student evaluation survey is presently being developed.

ETHICAL STANDARDS

STAFF TRAINING

Training regarding ethical and legal issues is provided to all support staff. No student receptionists are used.

POLICIES

Staff members follow the ethical guidelines of the American Psychological Association. Currently, there appear to be no Counseling Center policies in written form. The Center has a statement of informed consent signed by students, which includes an explanation of the limited nature of confidentiality. A release of information form exists when contacting anyone about the treatment of a student.

CASE RECORDS

Sample case records were not examined as a part of this visit. It was reported that student case records include intake form, signed progress notes for each session, information the student gives the therapist and a copy of a signed release of information when necessary. Active client files are kept in a centralized locked cabinet. Only counselors have access to the file cabinet.

COUNSELING PERSONNEL

The professional Counseling Center staff appears to be highly qualified to perform their responsibilities. Three of the members are licensed Clinical Psychologists and the fourth member is a licensed Marriage and Family Therapist. The training and experience of the staff at Westmont (<2500 students) is above the average when considering schools of similar size and mission.

The support staff is shared with the health center. The secretary/receptionist appears experienced and well trained in her duties.

The team did not ask what provisions are available for informed legal counsel. In small schools this may be handled through the College attorney or through the State Attorney General’s office via a request through the Student Life Office.

RELATED GUIDELINES

PROFESSIONAL DEVELOPMENT/TRAINING

A limited budget is provided for professional training. The NSCCD (1998) reports an average dollar amount available to professional staff for conferences as $700 per staff FTE and $1100 for director FTE.
This would translate into $965 dollars as an average figure for the 1.1 FTE at Westmont. This figure is offered for comparison purposes.

The center staff meet once a month and often do case study and discussion at this meeting. The center staff at most colleges and universities meet once a week. This limited time reduces the support and development opportunities in house for the staff. However, the staff appears to have a comfortable collegiality when together and support for one another and their work was apparent to the visitors.

STAFFING

The Counseling Center is significantly understaffed when compared to schools of similar size and mission. As mentioned earlier, the 82% direct delivery load rate is indicative of a staff that is overworked. The NSCCD (1998) suggests a 1:750 ratio of mental health professionals to FTE students. The survey also shows an average of 2.3 professional counselors on staff for schools comparable to Westmont’s size (<2500). At present this results in a “default model” for the Counseling Center. It is similar to what might be accomplished by an independent contractor. While there is nothing inherently lacking in the individual therapy provided by such a model, it appears “less” than what the community is hoping for from its Counseling Center. Counselors are essentially hired to provide clinical hours, paid an hourly wage, and are able to do little else.

PHYSICAL FACILITIES

The Counseling Center shares office space with the Health Services of the College. The individual counseling offices (2) appeared comfortable and adequate for their purpose. Center staff suggested that improved soundproofing was an issue for one of the offices. The waiting area was not separate from that of the Health Center and this created an awkwardness for some students. Also, the counselors coming to the waiting area to meet the student added to this feeling of being “singled out for psychological services.” It was suggested to have a separate waiting area not in view of the other, or to have the counselor call to the desk to have the student sent back for their appointment, instead of being met in the waiting room. The Center staff acknowledged these issues and believed that at least a temporary solution would not be difficult to accomplish.

BUDGET

The purpose of the site visit is not to comment on budget matters to any great degree. However, it became clear to the visitors that the Director was not responsible for planning, and submitting for approval, the Center’s budget. Perhaps this is because the Director has very few contract hours (16) and the budget, being managed by the immediate supervisor, is done as a “relief from duty.” Nevertheless, this procedure leaves the Director with little sense of control over the operation of counseling services under his/her direction. It was made very clear that the relationship between the Director and his immediate supervisor is a very positive one, and that budget requests were always handled in a supportive way. Yet, it still appears to be frustrating to the Director to have to tell staff members with a request that “I think it will be fine, but let me check on it and get back to you.” The matter is one more of a sense of control than one of dollars and cents.

STUDENTS PERCEPTION OF SERVICES

The response from the student focus group that had used the services (a group of 6) was mixed. However, we suspect the sample was skewed do to the overrepresentation of members of a psychology class (3 of the 6) who were given an assignment to attend several counseling sessions to get a first hand experience. The site visitors found this class assignment to be ethically questionable and, at the very least, overly taxing of a staff that was working hard to serve the regularly referred students. The students in the class informed us
that the Center staff was aware of the project. However, we did not ask the Center staff about the project during our later meeting with them. The students from the class told us of their class “debriefing” of the assignment. Enough negative comments were a part of the class that we believe this group of students was predisposed to seeing the counseling services in a negative light. The other three students in the focus group were not pleased by the presence of the psychology class members. One of these students approached a site visitor after Chapel the next day and wanted to make sure that we knew the other students “had an axe to grind.” For this reason, we are cautious about placing too much emphasis upon this group’s feedback. However, the other three students appeared quite pleased and grateful for their counseling experience. The non-user student focus group (only three students) was generally neutral in their comments. One, who was an RA, mentioned a desire to have the counselors more accessible as a resource for floor programming.

Another source of feedback on student’s perception came from the Evaluation of Services survey sent out by the Student Life Office during the fall semester. Question #10 of this survey asked students to comment either positively or negatively about their experience with the Counseling Center. Of the 21 responses recorded (4 male, 17 female) 7 of the responses were of a negative nature, while 14 of them were positive. The NSCCD (1998) reports that for small schools (N=39, <2500), the approximate percentage of “positive ratings” for counseling center staff were 71% reporting positive ratings above 90%; 13% reporting ratings of between 85-90%; 16% report positive ratings of between 80-84%. The 67% positive rating for counseling staff is lower than all of the small schools reporting. This data must be interpreted cautiously, however, since one of the negative ratings involved the difficulty in scheduling a follow-up appointment because of counselor unavailability, and another negative rating was from a disgruntled psychology student from the previously mentioned “class assignment.” At the time of this writing, the remaining data of the student evaluation survey had not been received. A continuing effort to gather data on student outcome and satisfaction will render this present data more meaningful. The present sample may lack the representativeness needed for sound decision making.

STAFF FACULTY PERCEPTION OF COUNSELING SERVICES

Faculty and staff were for the most part positive about the contributions of the Center staff when citing particular experiences of working together. The one group that appeared to feel less than positive about the Counseling Center staff’s effectiveness was the RDs. This group, first of all, believes that the staff is overloaded and unavailable to them and to students. Some, but not all of the group, have little confidence in the staff to help students with significant problems. The site visitors believe that some of this criticism may stem from a lack of support for this group; a group that wants more from the counselors, but is not getting it. Perhaps the situation is exacerbated since several of the RD staff have been trained as professional counselors and they may be carrying a burden that they would like to be relieved of. Whatever the case, we believe that this relationship needs to be further explored and understood. The RD staff represents a vital connection between the counseling center of a small school and its students.

STRENGTHS

The Counseling Center of the college has a highly trained staff with a strong commitment to Westmont and its mission. In light of the limited resources, this group of individuals has made a concerted effort to offer a quality service to its students and the Westmont community. The staff appears to understand the problems and challenges placed before them. They are not unaware that changes may be needed and they genuinely wish to seek the improvement of their services to the Westmont students.
RECOMMENDATIONS

1. CONCEPTUALIZATION

The site visitors have the impression that the Counseling Center and its services have evolved in a manner dictated by one who must "put out fires." Part-time staff was added as small amounts of money could be released. The newly acquired individuals were immediately given the task of seeing as many students as possible in individual counseling sessions. This independent contractor model served its initial purposes well. It does not require the Board of Trustees, or the Administrative Council of the College to approve a new position; it merely requires the releasing of an amount equal to a part-time salary without fringe benefits. It was a creative solution at the time. However, it appears that the community is saying that it would like the Center to be something more than it can presently be. The focus groups appear to be saying that they would like a Counseling Center that has a stronger presence on campus. They would like a Center staff that is more integrated in the community. They want the staff to not only do therapy (which is vital), but they want them to educate, to consult, to support in crisis more than they have been able to do. Essentially this desire for change represents a paradigm shift that has been embraced by many of the colleges and universities across the country. The shift is one of a specific focus on individual counseling delivery hours to one of a "counseling center model." The reason that this shift in thinking is presented as a recommendation is because it will take a shift of this magnitude to bring about the changes needed in the Center. The college decision-makers must decide the direction it would like to see the Counseling Center develop. We believe this shift in thinking is at the heart of any meaningful future planning. Should the college desire to continue with the independent contractor model, it would most likely continue to add part-time staff to absorb the increase in demand for counseling services; an increasing demand that is a top concern of counseling center directors across the nation (NSCCD, 1998). Should the college wish to pursue a counseling center model, structural changes would be necessary. In light of what we have heard you tell us, we would recommend that Westmont College shift to a counseling center model for the delivery of counseling services.

2. BUDGET

The Center needs greater funding. Specifically, it is recommended that the College consider a full-time director to coordinate its services. Given that 3 of the 4 staff members are currently female, the director could be either female or male. If a full-time salary can not be allocated perhaps a ¾ - ¼ combination could be made with the other ¼ time coming from teaching (if the psychology department were in need of an applied member). But at the very least a person be dedicated ¾ time. It is important that the director have faculty status, and that the director’s full time commitment is to the college. The current staff may need to be restructured to accomplish this. A solution offered by the present staff was to increase (perhaps double) the hours of each member. We do not recommend an all part-time staff. The staff needs leadership and someone to represent its concerns to the community. Two people can effectively share leadership, but we believe that two people will have necessarily divided interests within themselves. This is not a criticism, but more of an observation.

The Center Director should be placed in control of a dedicated budget for the Counseling Center.

3. PHYSICAL FACILITIES

We believe something should be done to address the waiting area concern mentioned earlier. If expanded space is not available, then the Counseling and Health Center staffs could work together to find an acceptable solution.
Computers and internet/email access should be provided for each counseling office.

Soundproofing should be added where needed.

4. RESIDENT DIRECTORS

We believe the feedback received by the Resident Directors is significant enough to warrant a follow-up. We recommend that the Center staff meet with the Resident Directors in an effort to understand their concerns and to be able to share some of their own. We would see this as an opportunity to promote a stronger working liaison with this important group.

If possible, allow for the Director's presence to be resumed at part of the RDs monthly meetings.

5. EVALUATIONS

Student evaluations of counseling services should be conducted with every student who receives services. Survey on counseling outcomes as well as student satisfaction would lead to an increase in accountability that would prove helpful to both the Center and the community at large.

RESPECTFULLY SUBMITTED,

Houghton College, Houghton NY

Loyola Marymount University