

# ACCCCS 2021 Conference Program Descriptions

## Monday, May 24th 12:45-1:45 EST (1CE)

Keynote: ACCCCS Founders Panel: Understanding Our History to Prepare for Our Future

## Monday, May 24th 2:15-3:15 EST (1CE)

### 1. Inclusive Action Team (IAT): Addressing Systemic Racism in UCCs

Presenters:

Cynthia (C.J.) Swanlund, Psy.D. - Western Washington University

Nikki Cassidy, Psy.D., MA - Western Washington University

In Fall 2019, Counseling Center staff at Western Washington University established the Inclusive Action Team (IAT) to better address systemic racism and dismantle white supremacy and anti-Blackness within our Center's treatment model and conceptualization of health and wellness. IAT consists of an individual and a systemic component that mutually inform our cultural humility practices. The individual component comprises regular weekly staff meetings centered on critical conversations regarding power, privilege, and oppression that pertain to the educational materials (books, podcasts, etc.) chosen as the topic for the academic quarter (previous quarters material included Me & White Supremacy and the Scene on Radio "Seeing White" podcast series). The systemic component includes a collaborative analysis and restructuring of our Center's healing practices to better support BIPOC students through culturally-informed practices. IAT utilizes cultural humility and liberation psychology as overarching frameworks. There are two recurring themes in both components of IAT. The first theme is the responsibility of mental health providers to translate values of inclusion and equity into concrete actions to dismantle systems of oppression. The second theme is the role of oppression and inequity in the onset and maintenance of mental health concerns. We invite you to join us in a roundtable discussion about the possibilities and challenges of addressing systemic oppression and anti-Blackness in UCCs with models that historically have not centered the experiences and healing of BIPOC students.

### 2. Developing Data Dashboards for Clinical Services and Staff Activities

Presenter:

Jim Dolan, Ph.D. - University of Michigan

Data is an important part of telling your center's story. This program will look at the use of data dashboards to inform campus partners and your staff about your center's clinical activities using data dashboards to quickly communicate data about important service metrics. This program will also show how data dashboards can be used in supervision to inform staff about their activities related to the agency and individual expectations. Finally, there will be a demonstration on how to use Google Sheets to create a data dashboard.

**Tuesday, May 25th 12-1:30 EST (1.5CE)**

**Barriers to Decolonizing Collegiate Mental Health**

Presenters:

Michelle DeBellis, MA, LPCC-S - Columbus College of Art & Design

Shivani Copal Edwards, MSW, LISW-S, LICDC-CS - The Ohio State University

Randy E. Patterson, Ph.D - University of North Carolina at Greensboro

Elizabeth Parks Aronson, Ph.D - Keene State College

Kathrine Fast, Ph.D - University of Hawai'i at Mānoa

European colonization established dominance of euro-centric understanding and approach to mental health. The process of colonization has left deep wounds in generations of the BIPOC community. A euro-centric approach to mental health fails to properly address the impact of colonization and the white-bodied supremacy that is pervasive in higher education. This presentation will focus on areas where collegiate mental health has struggled to adapt systems to a more inclusive way of providing prevention and treatment. These areas are historic/ community contexts, hiring and retention, clinical practice, and inner work for white folks. Each of these areas will be a breakout group where participants can pool the wisdom of the group to develop innovative opportunities to challenge these barriers in their own college settings. In the historic/ community context breakout group participants will discuss how historical and community factors impact efforts to decolonize practice within counseling centers. Each center serves a unique community and coming together to share our understanding of factors that have been barriers or supports to providing culturally appropriate services aims to provide group participants with insight and ideas to move forward to address decolonizing therapeutic practice in their settings. In the breakout group focused on hiring and retention participants will look at the systemic barriers to hiring and retention of a diverse and culturally sensitive clinical staff to appropriately address the range of student identities and needs. Topics may include recruitment strategies and budgets, unconscious racism in hiring processes and credential evaluations, and the role of differential credentialing among cultural groups in the mental health profession. We will also explore barriers to retention, including social isolation, inadequate compensation, career ceilings, distance from immersive cultural communities, and microaggressions in organizational culture. In the clinical practice breakout group, participants will explore aspects of decolonizing therapeutic practice and assumptions. Some of the topics will include indigenous and culturally specific practice in relation to mental health treatment, healing from oppressive systems, focus beyond the nuclear family, identification of power dynamics with identities, intersectionality, agency, and challenging systems that impact our clients. The inner work for white folks group will invite participants to explore ways in which white supremacy and systemic racism show up as barriers to decolonizing mental health practice for white therapists. This break-out group will allow space for white therapists to consider how their own education and practice has been informed by systems of white supremacy and oppression and to explore how they may move toward greater alignment with principles of anti-racism and decolonization.

## **Tuesday, May 25th 2-3/3:30 EST (1/1.5CE)**

### **1. 2-3:30pm (1.5 CE) Diversity Scholars Presentation- The Effects of Client-Therapist Matching: Implications for Sustainability and Recommendations for University Counseling Centers**

Presenters:

Sultan Magruder, Ph.D. - Penn State University  
Kusha Murarka, Psy.D. - University of California, Berkeley

Considering recent racial justice uprisings in the past year, we have been reflecting on critical clinical service decisions that may need intentional anti-racist strategies. The impact of client preferences, specifically client-therapist identity matching, in psychotherapy has been widely studied (Ertl et al., 2019). Although findings have been mixed (Smith & Cabral, 2011), the implications have informed practices in university and college counseling settings, especially as the mental health needs and demand for culturally sensitive treatment increase among marginalized and minoritized student communities. University and college counseling centers have experienced an increasing role in promoting student welfare and development (Davenport, 2009), even absent sufficient resources (Center for Collegiate Mental Health, 2019). Modest increases in staff diversity at counseling centers (LeViness, Bershard & Gorman, 2017) in recent years have made it easier for students to request therapists who match their salient identity variable(s) (i.e. race, ethnicity, gender, sexual identity). However, the cultural taxation (Padilla, 1994) experienced by staff from these sought after, under-represented groups draw into question the efficacy and sustainability of this practice (Pedrotti & Burnes, 2016). Further critical examination regarding the implications of therapist-client matching can serve to inform the work of clinical coordinators/directors tasked with managing these complex systems with increasing clinical and administrative demands. Please join us for a presentation and thought-provoking dialogue that ultimately seeks to understand ways to mitigate demands that may adversely impact clinical services and staff with underrepresented identities. We hope to generate solutions to this issue that has been observed in college/university counseling centers through an anti-racist and equity-based lens. Questions to consider: (1) What are the factors that influence therapist-client matching requests? (2) How does client-therapist matching relate to clinical outcomes, and what impact might it have on system functioning? (3) What impact does client-therapist matching have on staff from under-represented identity group(s)? (4) What impact does client matching have on staff from the dominant identity group(s), including as it relates to their multicultural development?

### **2. 2-3pm (1CE) From Clinical Director to Director and Back: Lessons Learned**

Presenters:

Lisa A. Ferdinand, PhD - University of South Florida  
Daniel M. Paredes, PhD - Wake Forest University

Counseling centers have historically struggled with having few opportunities for career advancement (e.g., Wachowiak et al., 1979). Typical "career ladders" include moves from core clinical staff into a limited number of assistant/associate director roles. Those seeking further advancement can seek out director roles. Although the director role has been associated with specific skills, including leadership skills (e.g., Grant et al., 2004), the clinical director is often tasked with serving as the leader of the counseling center in the director's absence. The success of clinical directors in these interim roles may depend on a variety of factors, including the degree to which the director responsibilities aligns with their professional values, length of time in the interim role, differences in leadership styles among the clinical director and outgoing and incoming directors, staff dynamics prior to the transition, cultural identities of the staff and administrative team, and the politics of the counseling center and larger institution (e.g., Colbs, S.

L., 2012; Duffy et al., 2012). In this discussion, panelists will share about their experiences as clinical directors who transitioned into the director role and then back into their roles as clinical directors. Panelists will highlight how the above-mentioned factors impacted their experiences, and will specifically attend to how their identities as People of Color may have also influenced their experience of these transitions, as well as staff reactions to their leadership role transitions. Finally, panelists will offer strategies that they found helpful in navigating the transitions and engage participants in questions and discussion.

### **Wednesday, May 26th 12-1:30 EST (1.5CE)**

#### **Chart Audits: Ethical considerations & practical implementation of non-punitive approaches**

Presenters:

Betsy Aspinwall, Psy.D.—Western Carolina University  
Deborah Baker, Ph.D.— University of North Florida  
Shivani Edwards, MSW – The Ohio State University  
Cynthia (C.J.) Swanlund, Psy.D. –Western Washington University  
Kristee Treadwell, Ph.D.—Auburn University  
Lisa Viator, Ph.D. – Texas Tech University

The use of Chart Audits as a form of compliance regulating and ethical cross-check can be a valuable tool for any University Counseling Center. We'll explore ethical codes of each profession and discuss the importance of record maintenance and chart audit as a best practice. We'll provide examples of why, how and when different centers design and implement their own chart audits and share examples of templates and audit outcomes. Participants can expect to explore different methods of auditing charts and providing feedback to staff.

### **Wednesday, May 26th 2-3:30 EST (1.5CE)**

#### **1. Social Justice Initiatives at Counseling Centers: Ethical Considerations, Challenges and Opportunities**

Presenters:

Lisa A. Ferdinand, PhD - University of South Florida  
Marceline L. Bamba, PhD - Oregon State University  
Aaron Brink, PsyD - University of North Carolina at Charlotte  
Chaney B. Cook, PsyD - University of Denver  
Mary Anne M. Lacour, PhD - University of Delaware  
Tania C. Wismar, PsyD - Drexel University

The call for mental health organizations generally (e.g., Vera & Speight, 2003) and counseling centers specifically (e.g., Smith et al., 2003) to engage in social justice work is not new. However, this call has been heightened for many counseling centers by the increasing diversity of students and staff at counseling centers (Center for Collegiate Mental Health Annual Reports 2016, 2020), documented mental health disparities among students of color on colleges campuses due service utilization differences (e.g., Lipson et al., 2018), and ongoing racial violence across the nation and within institutions of higher education (Sangaramoorthy & Richardson, 2020). The diversity of students, trainees, and staff at counseling centers invites consideration of multiple social justice and ethical issues by counseling center administrators, as ethics and social justice often intersect in training and practice contexts (e.g., Toporek et al, 2012). At the client level, these include ensuring competent treatment for diverse client populations (e.g., competent treatment of oppression-based trauma, use of affirming interventions for students who identify as gender minorities, etc.), minimizing microaggressions that occur during the treatment process

(e.g., misgendering clients, dismissing or minimizing client experiences of oppression), ensuring equal access to comprehensive services for all students (including identifying and addressing policies and practices that may reduce access for some groups), and attending to the mental health and wellness needs of students who may be underutilizing services. In addition, counseling centers that have training programs must avoid engaging in the harmful and inadequate supervisory practices that are frequently reported by trainees who hold diverse cultural identities and worldviews (e.g., McNamara et al., 2017; Patallo, 2019). Furthermore, as employers of mental health professionals who hold diverse and intersecting identities, anecdotal data from listserv discussions and similar sources suggest that counseling center administrators are increasingly seeking to examine and address behaviors between and among staff that are oppressive, as well as system-level policies and practices (e.g., hiring and promotion practices) that may uphold rather than dismantle oppression that is embedded at the organizational level. Finally, many centers are grappling with their role in highlighting oppressive practices within the larger institution and using their roles as mental health professionals to advocate for institutional change through advocacy efforts. During this panel discussion, a culturally diverse group (gender, race/ethnicity, nationality) of clinical directors who work in a diverse range of counseling center settings (integration, size, student and staff diversity) will share their experiences with implementing social justice initiatives. Each panelist will: (a) briefly describe their center's context, (b) describe the initiatives attempted, (c) discuss outcomes achieved, and (d) highlight the challenges, opportunities, and lessons learned. Each presenter will also share how their intersecting identities may have impacted the process of implementation, as well as their experience of the process of engaging in this work. Participants will be invited to engage panelists through questions and discussion.

## **2. A Stepped Care Approach to Attention Problems and ADHD in College Students**

Presenters:

Mike Ghali M.D. - Florida Gulf Coast University

Joshua Hersh M.D. - Florida Gulf Coast University

College students commonly present to University Counseling Centers with focus complaints and these students often seek evaluation and treatment of Attention Deficit Hyperactivity Disorder (ADHD). Evaluation of focus complaints and ADHD can be time intensive and there are concerns about abuse of stimulants on college campuses. Universities have varying approaches to evaluation and treatment of focus complaints and ADHD. The presenters will discuss a stepped care model of evaluating focus complaints and treating ADHD. This model is currently being used at Florida Gulf Coast University Counseling and Psychological Services. It was developed to save time and resources, improve credibility, and prevent stimulant misuse and abuse on campus. The stepped care model is called the SAFE method (Stepped Care Approach to Focus Evaluation). It was developed over 15 years by the staff psychiatrist at Florida Gulf Coast University, Dr. Josh Hersh M.D. Dr. Hersh has worked with college students for 15 years at 3 universities counseling centers and has treated thousands of students with focus complaints and ADHD. Step 1 of the SAFE model involves an online interactive student course called the FOCUS Intervention. Step 2 of the SAFE model involves the SAFE ADHD evaluation that can be completed by any clinician. The SAFE ADHD evaluation helps to screen out the factors and diagnoses that contribute to focus problems. Step 3 involves an online course on prescription stimulants that include the risks and benefits and how to take stimulants safely on a college campus. Step 4 involves an online course for prescribers on the SAFE model. The SAFE model is currently being studied in an IRB approved research study at Florida Gulf Coast University. The SAFE method is currently free for counseling centers and students and can be adapted to fit the needs of different universities. Some initial data has been collected. The presenters are seeking to gather more data from other universities.

## **Thursday, May 27th 12-1:30 EST (1.5CE)**

### **A Clinical Directors Guide to the Clinical Load Index (CLI)**

Presenters:

Natalie Hernandez DePalma, Ph.D.- Pennsylvania State University

Brett Scofield, Ph.D.- Pennsylvania State University

Carefully developed by CCMH with support from AUCCCD and IACS, the Clinical Load Index (CLI) is defined as the “clients per standardized clinician”, which represents the annual “load” that a clinician bears on behalf of the center. In this workshop, the following content will be presented: (1) the development of the CLI; (2) findings related to center CLI scores and treatment dosage/outcome; (3) results of how the CLI related to different center practices and characteristics; and (4) the implications for alignment between stakeholders’ expectations and actual service delivery capacity. The Clinical Load Index (CLI) was developed by the Center for Collegiate Mental Health (CCMH) with support from the Association for University and College Counseling Center Directors (AUCCCD) and the International Association of Counseling Services, Inc. (IACS) to inform the complex administrative, funding, and policy decisions related to the resourcing of mental health services in colleges and universities. Carefully designed and measured across a period of 18 months, the CLI provides a standardized and comparable metric that represents the demand/supply characteristics of a center. Specifically, the CLI is defined as “clients per standardized clinician” (per year) and is intended to convey the annual “load” that a standard clinician bears on behalf of the center and institution. For example, a CLI score of 50 (annual clients per clinician) is dramatically smaller than 250. Consequently, a center with a CLI score of 50 will likely be able to provide longer-term, developmental counseling, while also providing a full range of adjunctive services. However, a center with a CLI score of 250 will be severely limited in their ability to provide ongoing treatment and will likely function as an evaluation/referral service with minimal follow-up care for a significant portion of students seeking services. In the current workshop, the development of the CLI will be discussed, including the specific demand/supply metrics that centers must collect in order to calculate the CLI. The national landscape of CLI scores from 567 centers will be reviewed, and the statistical associations between center CLI scores and treatment dosage/outcome will be outlined. Next, attendees will be provided a tour of the CCMH CLI website that offers tools to compare a specific Center’s CLI score with the national sample of counseling centers. Finally, the following implications from the CLI findings will be presented: (1) helping centers advocate for resources with administrators; (2) improving institutional transparency regarding the philosophy of funding decisions, so stakeholder expectations and actual service delivery are aligned; and (3) offering considerations for future directions of CLI research.

## **Thursday, May 27th 2-3 EST (1CE)**

### **Membership Updates: Accessing our collective wisdom to understand where we are and inform where we go**

Presenter:

Ryan P. Niehus, Psy.D. - Montana State University

Counseling centers are continuing to encounter challenges in their efforts to provide accessible and effective mental health services to students across an increasingly complex psychological, cultural, and sociopolitical landscape. Over the past year, these challenges have been exacerbated by the COVID-19 pandemic and a multitude of racial and sociopolitical events. Clinical directors carry a unique responsibility to develop and tactfully implement strategies and solutions to address the changing mental health needs of today’s college students. This program

will be comprised of two formats, a didactic presentation and a small group breakout session. The didactic portion will provide attendees information derived from the annual ACCCS member survey and the selection of literature cited below. Following that presentation, attendees will divide into smaller discussion groups by institutional size to allow members an opportunity to solicit and develop ideas from colleagues to assist in addressing the challenges mentioned above.