THE FREE-FLOWING COUNSELING CENTER

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ACTUALLY, THE TITLE IS:

The free-flowing counseling center:

A new paradigm for managing high client demand by placing fewer restrictions, practicing less control and offering more immediate and individualized response

OVERVIEW

- The current crisis & its common solutions
- The building blocks of the free-flowing solution
- The fit between the model and college counseling
- A model for the free-flowing center
- Guidelines on implementation

But first, a bit of history

THE MORAL TREATMENT

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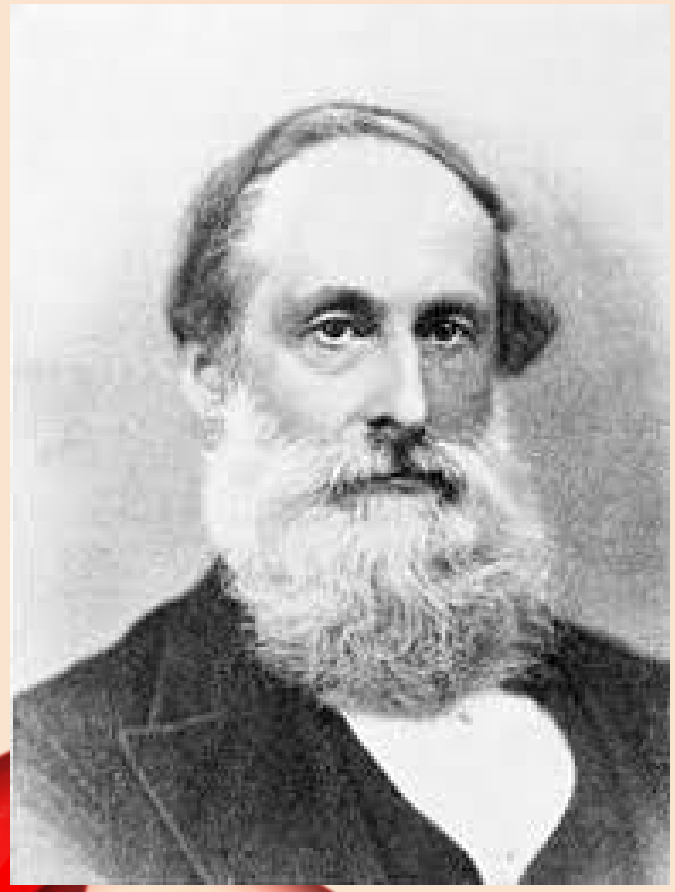
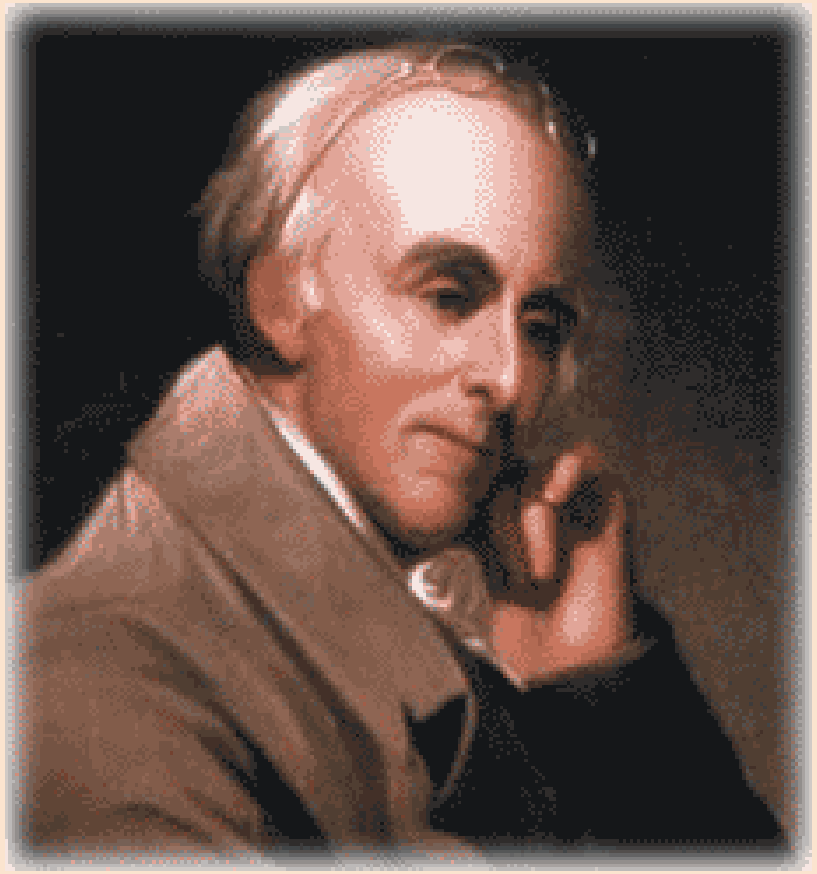
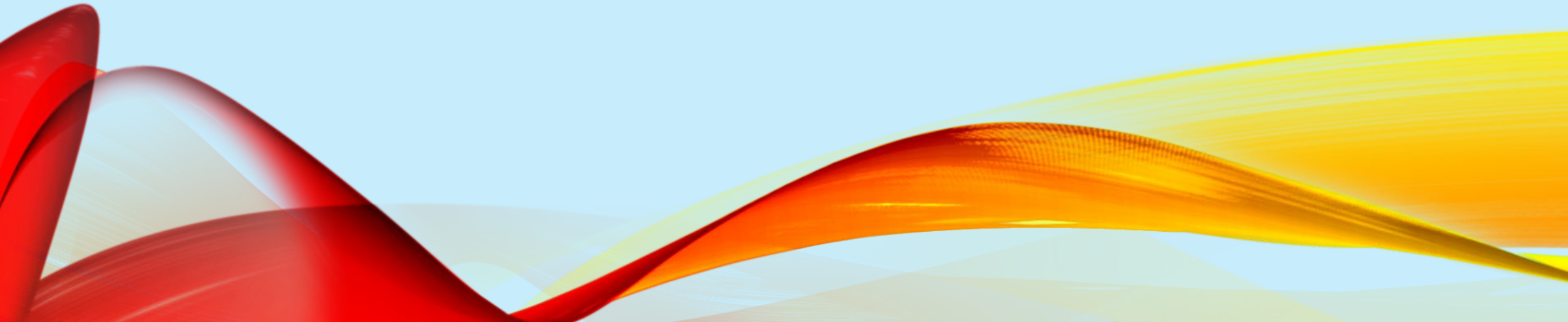




THE MORAL TREATMENT

THE MORAL TREATMENT

THE PROBLEM



THE PROBLEM

A continuous rise in demand for services without an equivalent increase in resources.

MEASURING THE SURGE

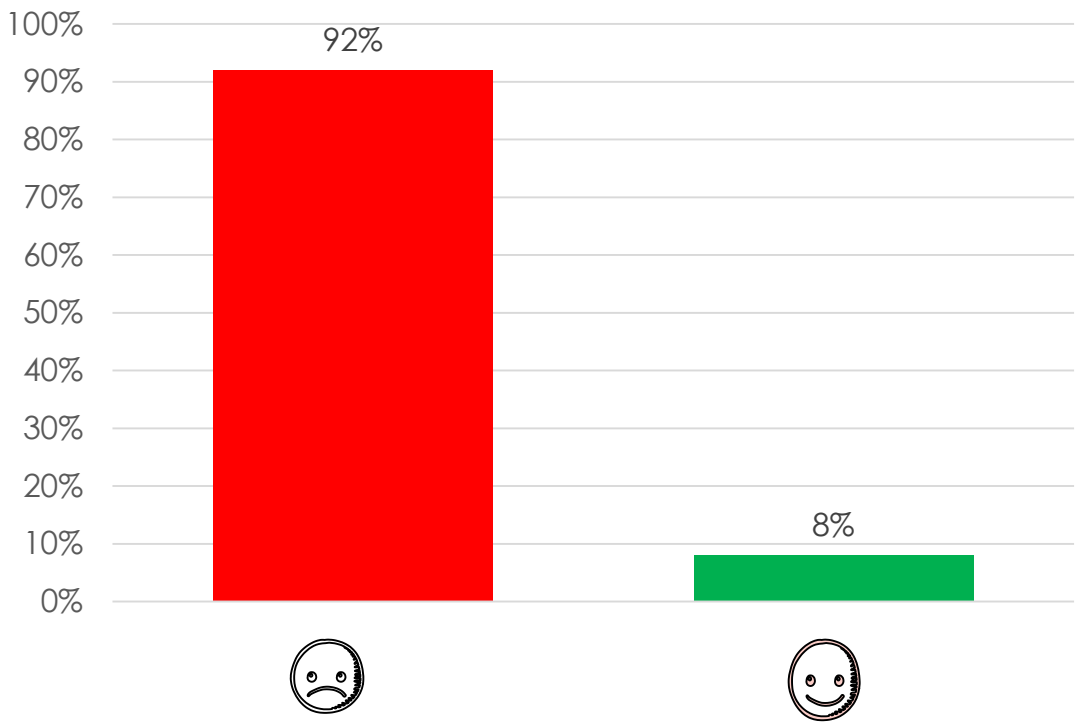
According to the Center for Collegiate Mental Health (2016),

in the five years between 2009 and 2014:

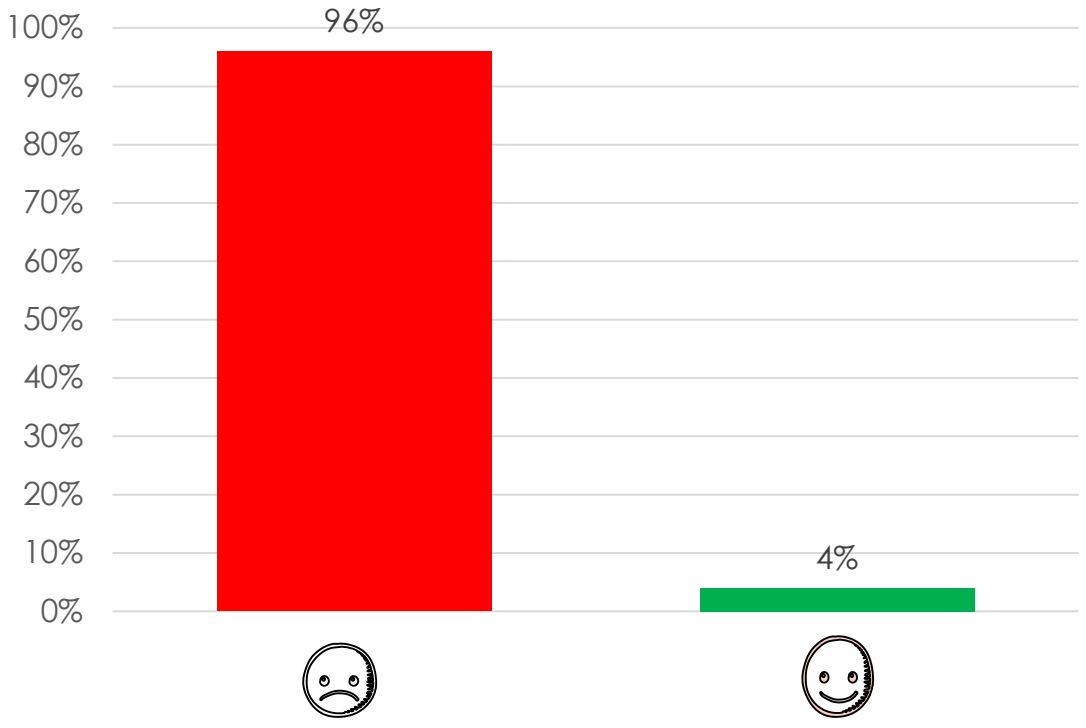
+29.6%

PERCEPTIONS OF SURGE

Director perception of rise in demand



Counselor perception of caseload as problem

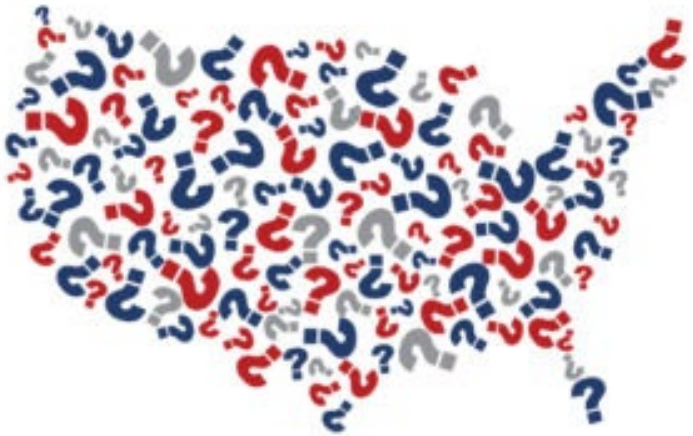


WHY THE INCREASE?

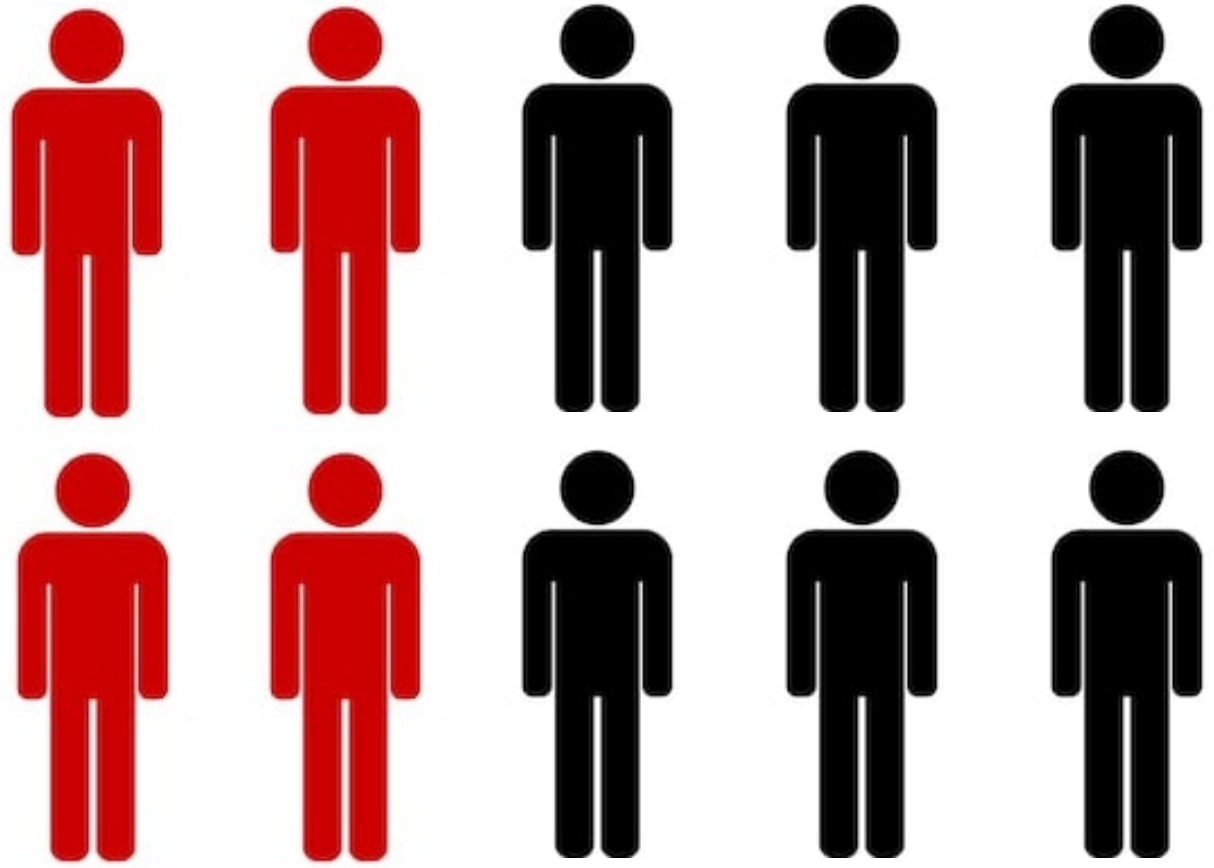
Attitudes

College Population

Overall Population



AND THE REALLY SCARY DATA IS

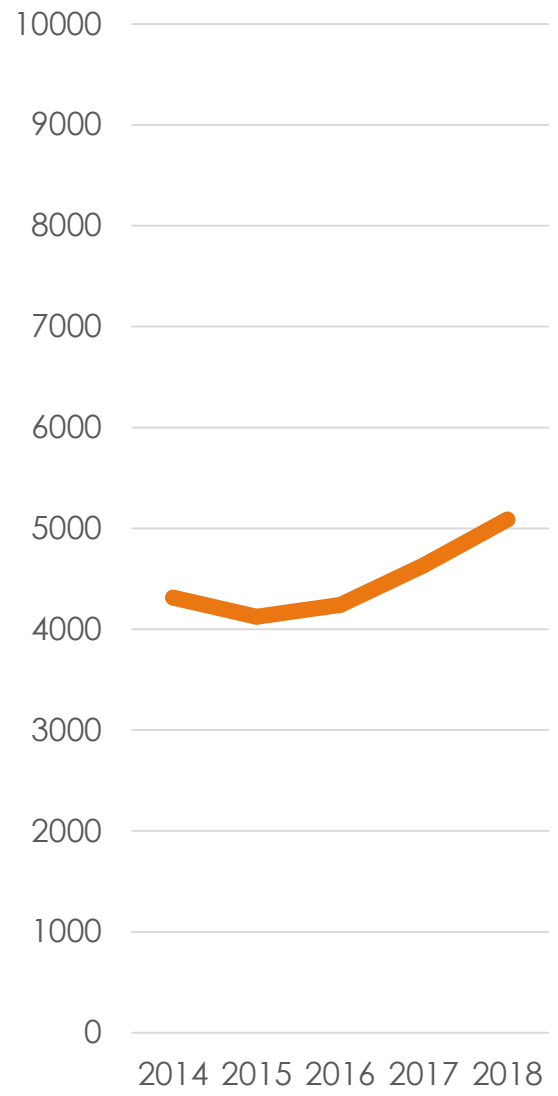


Based on Harrar,
Affsprung & Long (2010)

MEANWHILE, AT OLD WESTBURY

Between 2014 and 2018:

College population increased by 18%

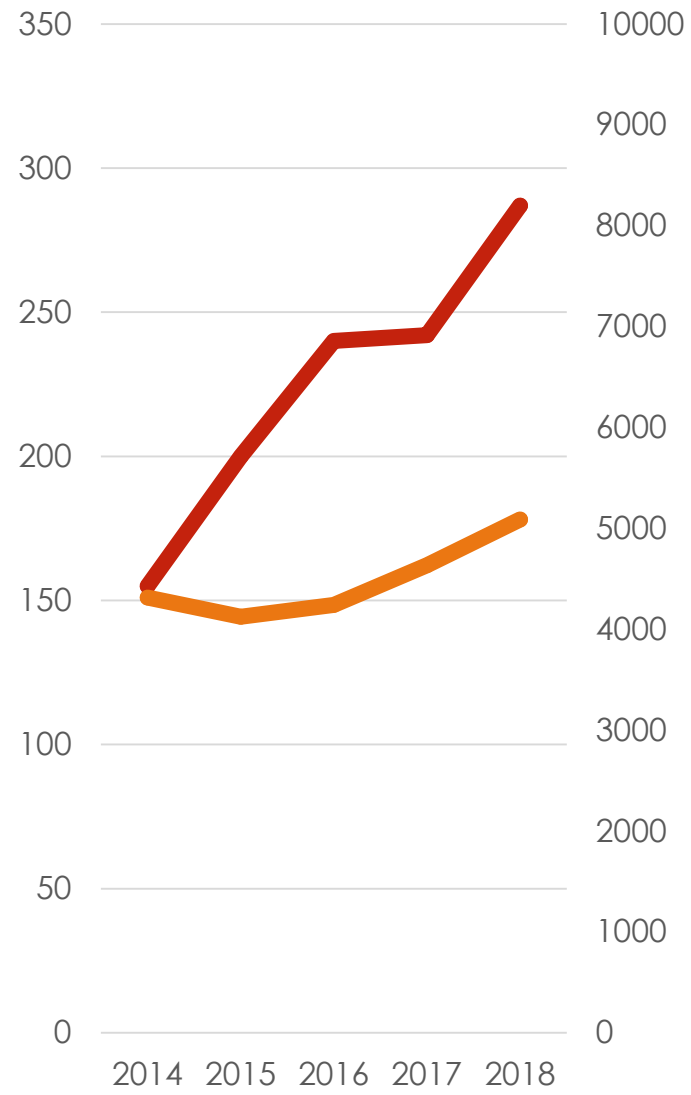


MEANWHILE, AT OLD WESTBURY

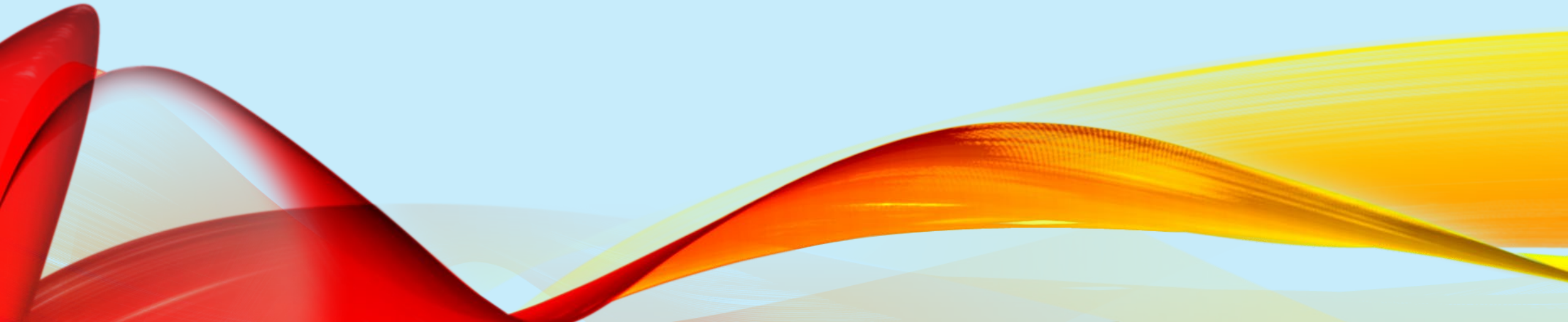
Between 2014 and 2018:

College population increased by 18%

Demand for services increased by 85%



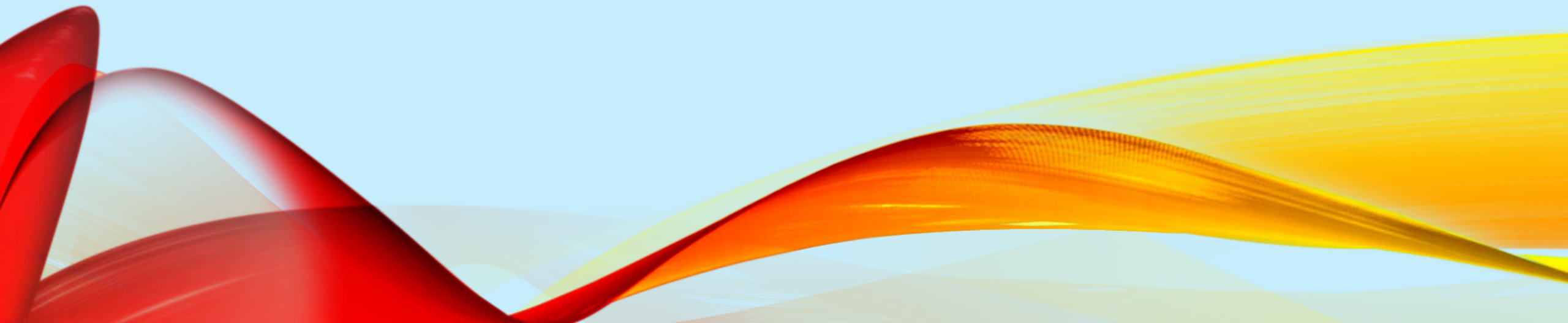
SEVEN SOLUTIONS



… AND THEIR DISCONTENT

Waitlist 	**Triage** 	**Session Limit** 	**Group Program** 
External Referrals 	**Preventative Outreach** 	**Online Solutions** 	?

THE BASIC BUILDING BLOCKS

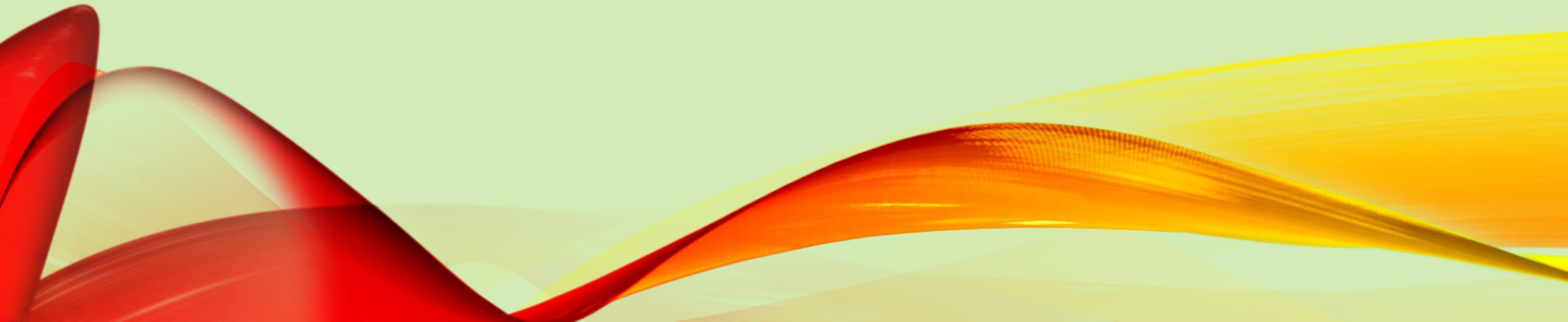


NEW GUIDELINES

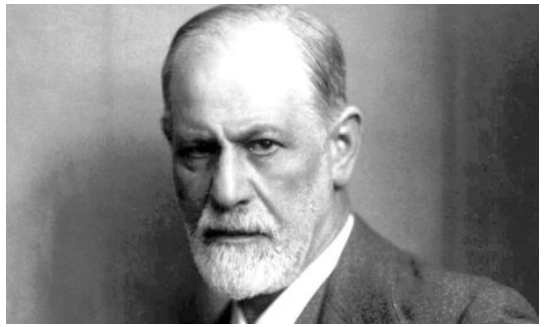
1. Allow for very short treatments
2. Allow for porous boundaries
3. Minimize procedural barriers
4. Respect autonomy and flexibility

FIRST, ALLOW FOR VERY SHORT TREATMENTS

(the ultra-brief default)



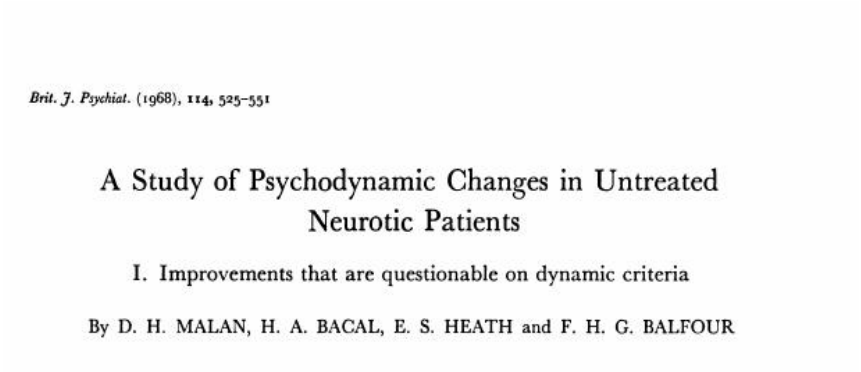
HOW BRIEF CAN YOU GET?



Sigmund Freud

Katharina

Gustav Mahler



Brit. J. Psychiat. (1968), 114, 525–551

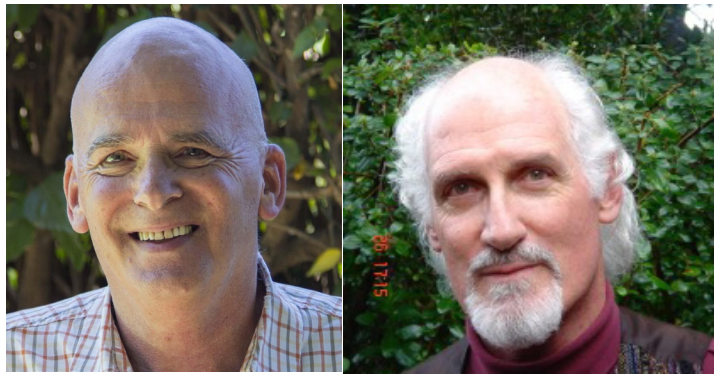
A Study of Psychodynamic Changes in Untreated Neurotic Patients

I. Improvements that are questionable on dynamic criteria

By D. H. MALAN, H. A. BACAL, E. S. HEATH and F. H. G. BALFOUR

Malan et al. (1975)

Change in psychodynamic clients that had no therapy



Talmon & Hoyt (1990)

Single session therapy as focus

A SINGLE SESSION TREATMENT IS NOT

CRISIS SESSION, since the goal is improvement, not a return to equilibrium

TRIAGE, since the goal is not assessment or risk or urgency

RISK MANAGEMENT, since they don't usually focus on reduction of suicidal ideation or other risk factors

SINGLE SESSION THERAPY

The goal of the single session therapy is to focus on a single problem, dilemma or obstacle, and find the focal point (“pivot chord”) that would provide a change.

SINGLE SESSION MINDSET

- Rapid change is not only possible, but actually a common human experience
- Clients are less interested in therapy than therapists
- There is no direct correlation between complaint and duration of therapy
- There is no direct correlation between severity and duration of treatment
- It is the therapist who will communicate how quickly a change can be made
- We need to know less about history than we think we need

SINGLE SESSION - OPENING

1. Offers the possibility of quick change
2. Offers the possibility that change will not occur
3. Tells the client that the therapist will work hard
4. Informs the client that he is required to be active

"We have recently learned that one-third of the people who come to therapy here do so for only one session and very often find it to be helpful and sufficient. Yet I want you to know that if today or at any point in the future you and I find that further work is needed, I will be available and will be glad to see you for more sessions. Is that okay with you? [pause]. Good. Now, what is it that you would like to accomplish today?" (Talmon, 1990, p. 37)

SINGLE SESSION – HOW TO

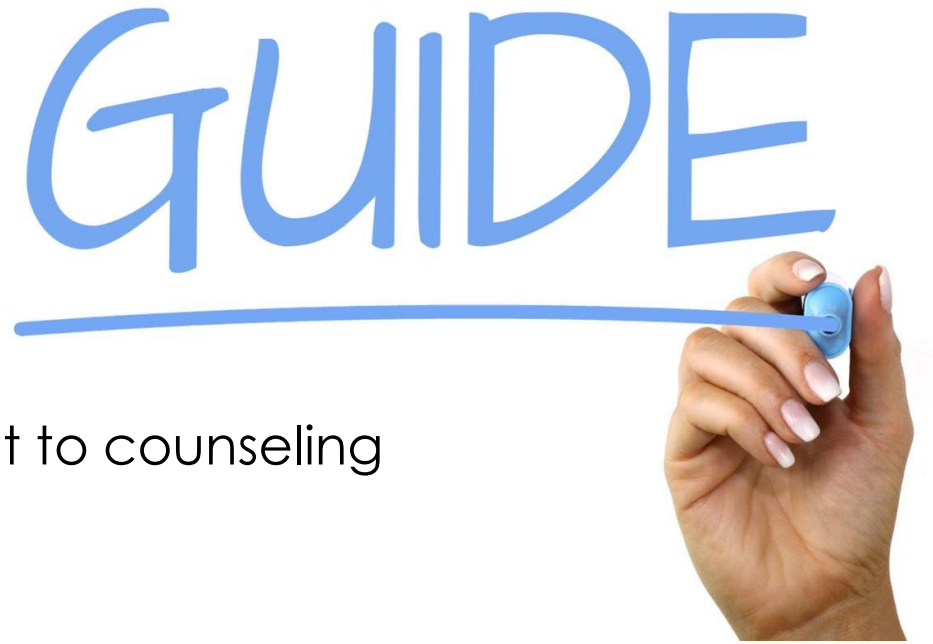
- Identify the focus of the session.
- In case of doubt, think small
- Focus on what, rather than why ("the problem is the problem")
- Move quickly from "problem talk" to "solution talk".
- Focus on future, rather than past.

SINGLE SESSION – HOW TO

- Find a pivot chord. This can be a new reframe, a new behavior (which can be focused), or a new idea. It is the focus of the session, and often in the form of a metaphor.
- Utilization – Build on the client's strengths and available resources.

SINGLE SESSION – HOW TO

- Practice the solution experientially (can be in the form of ceremony, an action, an imagery)
- Feedback:
  - Acknowledgement of problem that brought to counseling
  - Compliment on Strengths
  - Provide a forward moving diagnosis
  - Set a task
- Leaving the door open



SINGLE SESSION THERAPY – REALITY

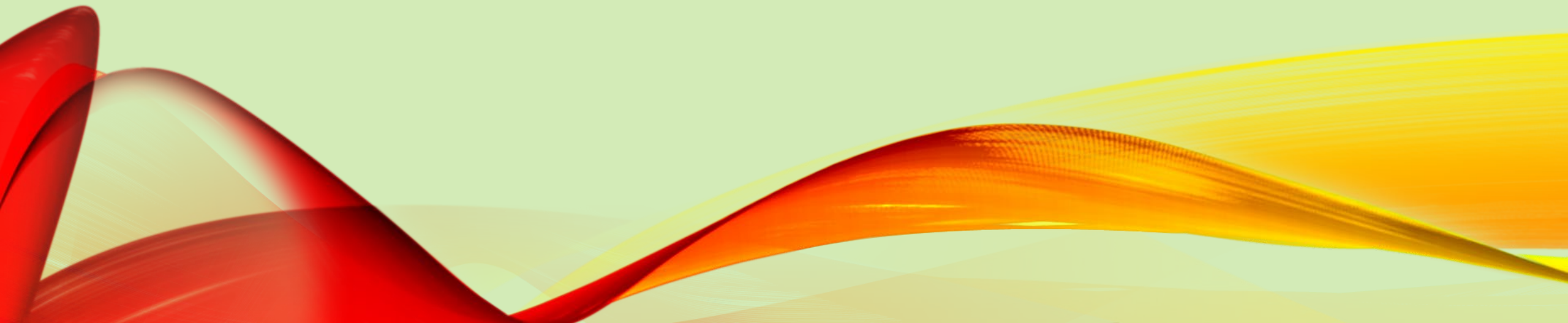
- Single session is the mode number of sessions.
  20-58% of clients will never return to a second session.
- Single Session therapies have been done is Behavioral therapy, Cognitive-Behavioral Therapy, EMDR, Existential therapy, REBT, narrative therapy, psychoanalysis and substance-abuse treatments.
- Does it work? In Hymmen, Stalker and Cait (2013), 74-90% of single session clients were satisfied with their session, and 60% saw the session as sufficient for their needs.

WILL ULTRA-BRIEF THERAPY WORK WITH STUDENTS?

- Clients, at least those who do not expect long therapies, prefer quick cures
- Students are in the midst of rapid development.
- Students expect, and are expected, to encounter new ideas and life situations.

SECOND, ALLOW FOR POROUS BOUNDARIES

(between center and community)



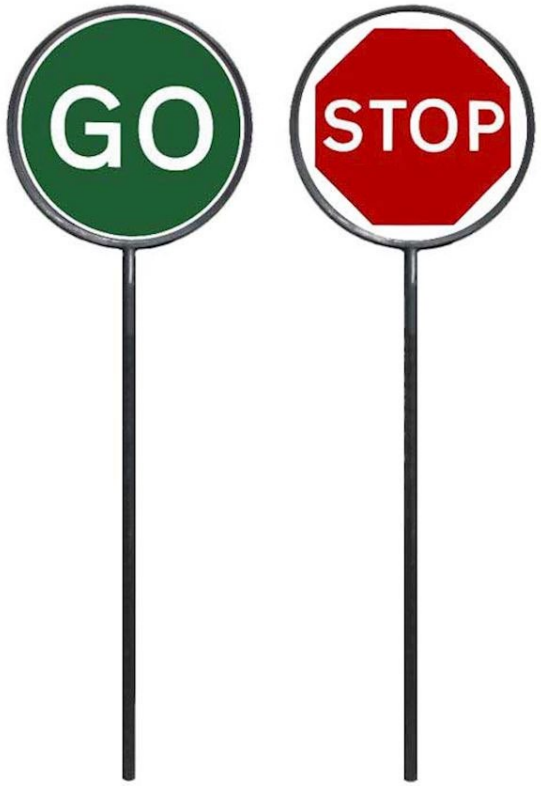
EPISODIC TREATMENT - DEFINITION

(also known as “intermittent therapy” or “discontinuous therapy”)

Definition: A therapy marked by spaces between episodes of intense treatment

WHY EPISODIC THERAPY?

- Healing occurs in the world, rather than in the clinician's office.
- Therapy frequently encounters the "dose-effect"
- The family medicine model



EPISODIC TREATMENT - REALITY

There is a disparity between our model of therapy and our actual therapy, between the occurrence of episodic treatment in real life and in the literature.

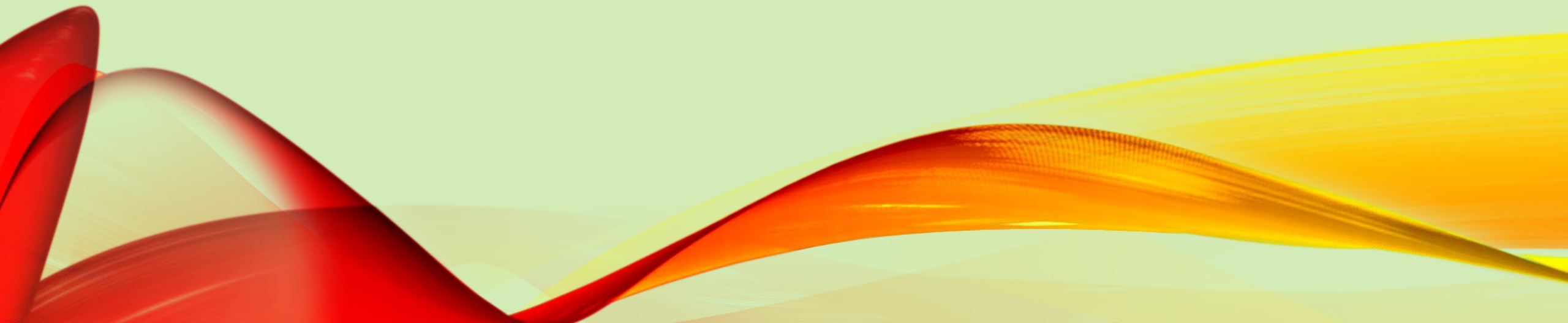
For many clients, episodic therapy is actually the norm

WILL EPISODIC TREATMENT WORK WITH STUDENTS?

- Developmentally, students may be ambivalent about introspection, and more prone to acting out
- Developmentally, students are looking for autonomy from authority
- Developmentally, students are undergoing the second separation-individuation stage

THIRD, REMOVE MOST PROCEDURAL BARRIERS

(things we can learn from walk-in clinics)



WALK-IN CLINIC - DEFINITION

Definition: Treatment centers characterized by immediacy of treatment and lack of procedural barriers

WHY WALK-IN CLINICS?

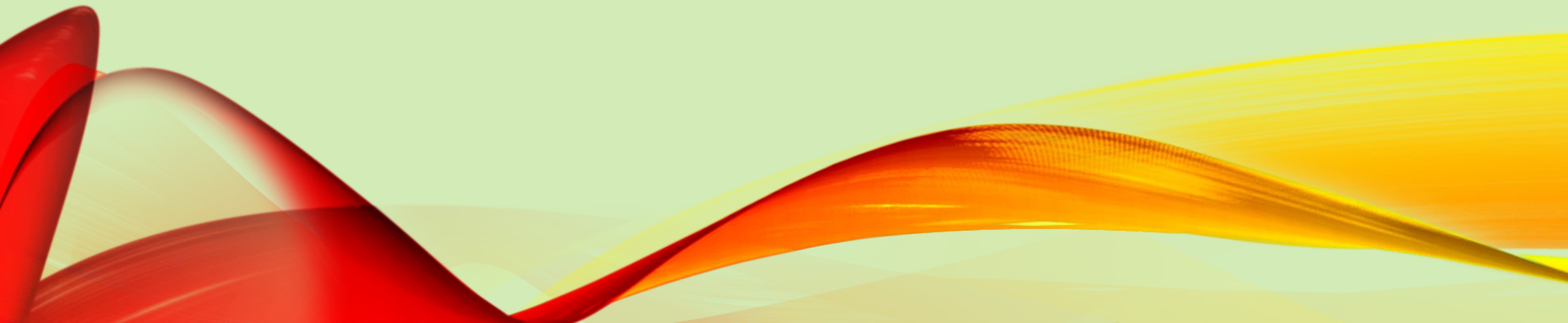
- Many clients will not survive the routine steps necessary for initiating treatment
- Especially useful for clients of disadvantages populations or populations whose culture does not endorse psychotherapy
- Clients will come at the most convenient and opportune time for change
- Most clients want therapy to be as brief as possible
- Rewarding to therapists
- Rewarding for therapists in training
- Serve as a safety valve for communities

WILL A WALK-IN MODEL WORK WITH STUDENTS?

- The Millennial culture stresses instant gratification and availability of services
- Students are used to services being available on a walk-in basis

FOURTH, VALUE AUTONOMY AND FLEXIBILITY

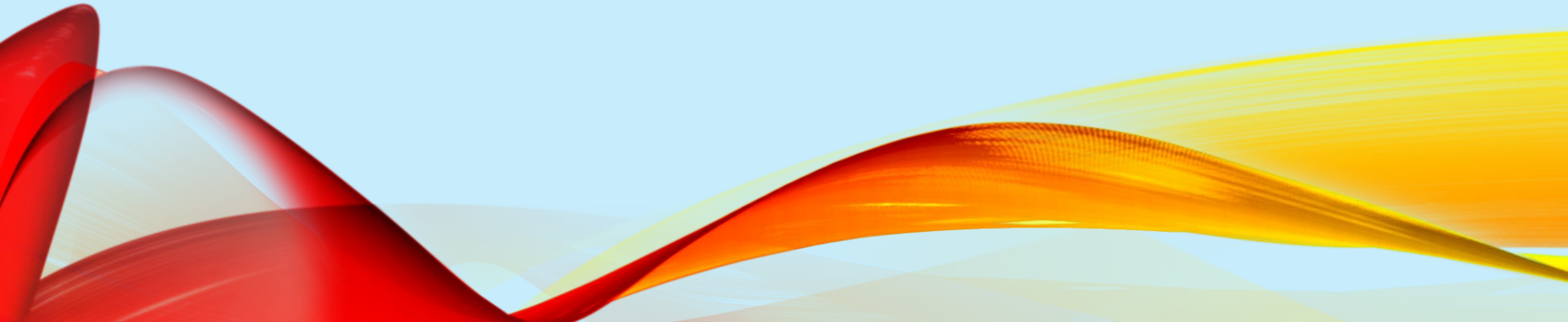
(for both clients and counselors)



WHAT DOES THAT MEAN?

- Respect students' choice of treatment goal
- Respect students' choice of treatment length and rate
- Respect counselors' judgment of treatment needs
- Keep all possible treatment options open
- Accept that student-clinician dyads will have different treatments

THE FIT TO HIGHER EDUCATION



ALL THE BASIC ELEMENTS ARE ALREADY HERE!

COUNSELING CENTER CHARACTERISTICS

Ultra-Brief therapy fits well with our infrastructure

- Student clients do not have the expectancy of long-term treatment through their schools
- We have the economic freedom
- Trainees are often unable to offer long-term treatment

COUNSELING CENTER CHARACTERISTICS

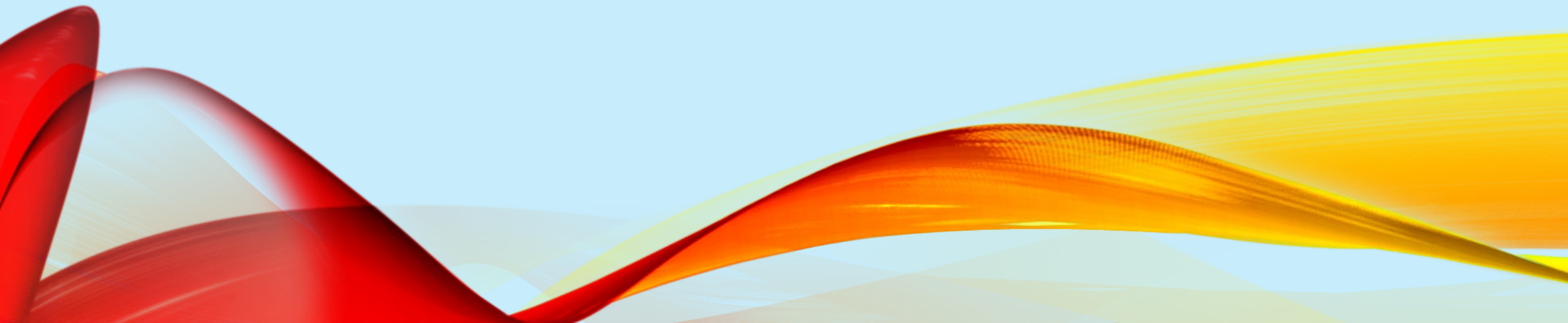
Episodic therapy fits well with our infrastructure

- The division of the year into semesters has the episodic treatment structure built in

The walk-in model fits well with our infrastructure

- Clinics are located near classes and residence halls, making them literally walk-in clinics
- Students are used to services on campus being walk-in, rather than appointment based

A FREE-FLOWING CENTER MODEL



GUIDELINES

1. Convey the expectation of short-term treatment (ultra-brief therapy)
2. Allow for flow in and out of treatment (episodic treatment)
3. Remove as many barriers as possible for treatment (walk-in clinics)
4. Encourage autonomy and flexibility

COUNSELING CENTER

- Center should be located centrally, or possibly in dispersed locations
- Center should advertise as offering psychological counseling, rather than psychotherapy
- Students should be encouraged to come-in or call-in

APPOINTMENTS

- Quick, if possible same-day, appointments
- Minimal paperwork (the bare necessities)
- Elimination of organized intake procedure

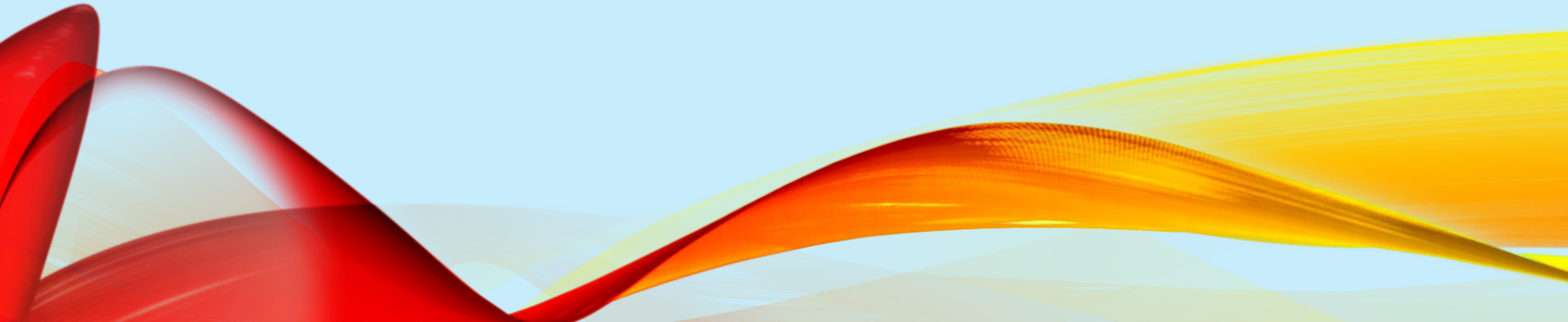
COUNSELING

- The ultra-brief model as default
- Focus on a single issue
- Preference to client autonomy and encouragement of flow between center and community
- No automatic scheduling
- Other modalities are not eliminated

OBJECTIONS

1. Will it fit students with severe or chronic problems?
2. Will it fit students with suicidal, homicidal or other risk factors?
3. What about resistance?
4. With so few limitations, won't centers be flooded?
5. With such quick and unexpected work, won't staff burnout?

AN ACTION PLAN



FACTORS THAT WILL ENHANCE MODEL FIT

- Cohesion and trust among counseling center staff
- Small to medium sized counseling center
- Flexible and active therapeutic orientations

STEPS FOR CHANGE

- Get the support from high administration
- Get the support of staff
- Learn
- Start small and gradual
- Accept that there is a learning curve

Questions?
Comments?
Ideas?

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