INTRODUCTION TO
STUDENT HEALTH AND COUNSELING SERVICES

History

Student Health and Counseling Services (SHACS) is a department within Grinnell College’s Division of Student Affairs (DSA). SHACS was founded in July, 2010. Prior to that time, and for many decades, the College maintained Health Services, a nurse-directed health department. In addition, and also for several decades, the College maintained a contractual relationship with Poweshiek County Mental Health Center (PCMHC) to provide mental health services to students.

During the 2007-08 academic year, the College conducted an extensive review and consideration of mental health services available to students. Based on the results of that process, the contract with PCMHC was discontinued and counseling services were added and integrated into the College’s existing Health Services, beginning in 2010-11. The name of the department was changed to Student Health and Counseling Services, and the department became psychologist-directed. Nursing staffing remained unchanged, with slightly less than three full-time equivalent* (FTE) nursing positions. Student staffing levels also remained unchanged: Health Services maintained, and SHACS continued, a staff of eight to twelve part-time student drivers per semester. SHACS began with two FTE psychologist positions.

*Note: FTE equivalencies varied, slightly, at Health Services and continue to do so at SHACS. SHACS staff positions are ten- or eleven-month positions, with the exception of the Director’s position, which is a twelve-month position.

Staffing

The current SHACS staff positions are comprised of three registered nurses; three psychologists; one full-time administrative assistant; one very part-time receptionist; between eight and twelve student drivers per semester who work a combined total of 45 hours per week; and from one to three student assistants per semester who provide a combined total of ten hours per week of assistance.

Presently, the SHACS staff includes:

- Donna Briggs: Administrative Assistant
- Diane Burt: Receptionist
- Harriett Dickey-Chasins, Ph.D.: Director/Lead Psychologist
  Licensed Psychologist
Janice Grimes, R.N., B.S.N.  
Licensed Registered Nurse  
Staff Nurse

Kunal Sachdev, Psy.D.  
Psychology Associate

Deb Shill, R.N.  
Licensed Registered Nurse  
Assistant Director/Lead Nurse

Lesa Smith, R.N.  
Licensed Registered Nurse  
Staff Nurse

A.J. Williams, Ph.D.  
Licensed Psychologist  
Training Coordinator/Staff Psychologist

SHACS’ nurses work under the standing orders of our Medical Director, Jerome Wehr, M.D.

SHACS also contracts with Dr. Laura Van Cleve, D.O., for five and one-half hours of psychiatric services per week.

For the Fall, 2013 semester, SHACS’ student employees include:

**Student Assistants**

Emily Clennon, ‘14  
Michelle Kim, ‘14  
Chelsie Salvatera, ‘14

**Student Drivers**

Thomas Auen, ‘16  
Milton Garcia, ‘14  
Ellie Garza, ‘14  
Hayley Hajic, ‘15  
Michelle Kim, ‘14  
Steven Petritis, ‘15  
Matt Schaeffer, ‘14  
Linnea Van Pilsum-Bloom, ‘14  
Ross Voelker, ‘15

**Location**

SHACS is located in the south end of the lower level of the Forum. The Forum was designed as a student union, a function which has since been moved to the Rosenfield Center. Health Services was moved into the Forum in 2004 – as a temporary measure – when the building it had
occupied on Eighth Avenue was razed to create green space next to the East Campus residence halls. The intention at the time was to move Health Services to an appropriate, permanent space before the Rosenfield Center was completed.

The Forum has one accessible doorway, which leads to one of SHACS’ two entrances. SHACS’ spaces are fully accessible, although not ideal, for those whose mobility is challenged and/or who use mobility-assistive devices.

**For Information on SHACS**

Students and others can contact SHACS and obtain information about SHACS using the following resources:

Phone: 641/269-3230  
Fax: 641/269-4988

Student Health and Counseling Services  
Grinnell College  
1119 Sixth Avenue  
Grinnell, IA 50112

[http://www.grinnell.edu/offices/studentaffairs/health](http://www.grinnell.edu/offices/studentaffairs/health)

**Hours**

SHACS is open and provides services to students Monday through Friday, between 8 a.m. and 5 p.m., when classes are in session. SHACS’ clinicians provide a very limited number of outreach services after hours. During August, prior to the beginning of the fall semester, SHACS is fully staffed, with staff members preparing for the coming academic year; providing training and outreach to campus colleagues, Residence Life student staff (Student Advisors), and Hall Wellness Coordinators (HWCs); and participating in New Student Orientation activities.

At any time when SHACS is closed, including College breaks, the campus community can access health and mental health professionals by calling SHACS’ main phone number. SHACS contracts with FoneMed and with ProtoCall for after-hours health and mental health consultation services, respectively. The staffs at FoneMed and ProtoCall have been informed regarding local resources, including campus and community health and mental health care resources as well as the DSA crisis on-call system.
Giving due consideration to the educational directions of your program or service field, to the College’s stated educational goals, and to changes within the College, how would you currently define your department or program mission?

Student health services and counseling services at institutions of higher education in the United States almost universally are tasked with two equally important responsibilities: to provide students with direct services when they are ill or injured; and to educate students in self-care, prevention, and wellness practices. At SHACS, we embrace these dual goals. These responsibilities are constants which underlie our responses to developing professional issues and trends as well as institutional priorities.

College Mission and Priorities

In its mission, the College defines itself as a teaching and learning community in which “knowledge is a good to be pursued both for its own sake and for the intellectual, moral, and physical well-being of individuals and society at large.” At SHACS, we support the fulfillment of the College’s mission to educate students “for the different professions and for the honorable discharge of the duties of life” in two ways: by increasing students’ knowledge of how to maintain their intellectual, moral, and physical well-being (a pretty good definition of integrated health and counseling services, when one thinks about it); and by assisting students in maintaining their well-being, which enhances their ability to learn and succeed.

Several current campus priorities affect SHACS’ work. First, the College has redoubled its efforts to best implement the provisions of Title IX. SHACS staff members have been involved in, and continue to participate in, campus discussions and planning regarding how to do so. In addition, the renewed attention to Title IX has clarified SHACS’ clinicians’ roles as providers of confidential services, in contrast to most other staff, faculty, and students on campus. The campus community’s improved awareness regarding Title IX seems likely to affect the resources sought by students who have experienced sexual harassment, as well as the resources suggested to them by others. This will influence SHACS’ clinicians’ caseloads, although it remains to be seen if fewer or more students seek services at SHACS related to sexual harassment. In addition, along with many others on campus, SHACS’ staff will also continue to educate students regarding the requirements of Title IX.

A second campus priority is a continued focus on the prevention of harm stemming from student misuse of alcohol and other drugs. Again, SHACS’ staff members have been, and will continue to be, involved in related campus discussions and planning. In addition, SHACS is likely to play a substantial part in implementing campus prevention and remediation strategies. Already, we have provided training in motivational interviewing (MI), a technique for fostering substance misuse-related behavior change, to colleagues within the Division of Student Affairs (DSA) and to student volunteers in DSA’s Residence Life program. It would be natural for SHACS to train others on campus in use of MI. In addition, SHACS would also be a natural, and important, place to offer a brief, structured substance misuse intervention such as BASICS. While those who are not mental health professionals can provide such interventions, many students’ substance misuse is related to coping deficits and/or to mental illness. For these students, MI and brief, structured interventions to promote behavior change are likely to be helpful, but
insufficient, treatment. SHACS’ clinicians already provide such students with appropriate treatment and referrals: the increased campus focus on harm reduction is likely to increase SHACS’ provision of related services. In addition, it is possible that SHACS’ clinicians will be required to screen every client for substance misuse, which would require significant changes in SHACS’ nursing services.

A third area of campus attention is improving the College’s student retention and graduation rates. Among other factors that impede student success, physical and mental illness, as well as severe life stressors, are notable. To support other campus initiatives to improve student retention and graduation, SHACS’ staff will continue to engage in primary prevention and wellness education in addition to treatment of student illnesses.

Finally, the campus community continues to focus on defining and measuring learning outcomes. SHACS will increase assessment of our student-clients’ learning at SHACS in a manner that reinforces and enhances that learning.

National Trends

Nationally, students continue to use health services in high numbers and the demand for counseling services continues to increase. The rates and severity of student illnesses and mental illnesses continues to grow. Students also present with significant financial, family, and other stressors. College and university health and counseling services are providing more outreach and prevention services; counseling services report pressure to treat more students, and to use a brief therapy approach, in order to try to meet demand for services. Perhaps in response to these trends, increasing numbers of campuses are developing case manager positions to help at-risk students utilize appropriate resources, enhancing student wellness, academic success, retention, and graduation. Many health and counseling services are facing static or reduced budgets while being asked to provide more services. This has led some to move to charging students for some services, most often health services, and to billing third-party payers. The debate regarding merging health and counseling services continues, with a slight increase in campuses merging these services.

Many of these trends are evident at SHACS. Three years ago, counseling services were added to the College’s existing Health Services and the department became SHACS, an integrated health and counseling service. Our clinicians’ ability to collaborate across disciplines, within the department, enhances our ability to provide timely and appropriate treatment and referrals to our student-clients.

While SHACS’ budget has not decreased, neither has it increased during the past three years. SHACS’ services are in high demand. During the 2012-13 academic year, 81.1 percent of enrolled students had at least one nursing appointment at SHACS and 21.7 percent had at least one counseling appointment; comparable levels of service have been provided each year of SHACS’ existence. Our “no-show,” or missed appointment, rates are negligible. Many of our student-clients present with complex, often chronic health and/or mental illnesses, and they are often significantly lacking in resources. SHACS’ clinicians spend substantial time
communicating and collaborating with colleagues, on and off campus, regarding at-risk students and student care.

SHACS’ nurses refer many students off campus for medical services which are beyond the scope of their licensure. SHACS’ psychologists refer many students off campus for longer-term therapy and, often, for brief therapy, during much of the year when our capacity can not meet demand. Each year of SHACS’ existence, our clinicians have worked to increase our outreach services and their impact.

SHACS’ Mission

Given College priorities, national trends, and demand for services at SHACS, our mission is as follows:

• to assess, treat, and/or refer students for issues related to their physical and mental health;
• to educate students on appropriate physical and emotional self-care and on maintaining their physical and emotional wellness;
• to educate students on navigating the health and mental health care and health insurance systems;
• to engage in outreach/primary prevention for students as well as the broader campus community

Underlying this mission are commitments to continuing to meet high demand for SHACS’ services and, in particular, providing timely services to students at risk; providing as much positive impact as possible with existing resources; and collaborating with colleagues to support student health, wellness, retention, and graduation. Increases in services related to substance misuse and harm reduction seem likely.

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Explain how the department or program provides the best possible educational experience for students who comprise the department’s or program’s clientele, giving particular attention to student learning outcomes.

SHACS engages in primary, secondary, and tertiary prevention. According to Australia’s National Public Health Partnership (2006),

The goal of primary prevention is to limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health.
Secondary prevention aims to reduce progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

The goal of tertiary prevention is to improve function and includes minimization of the impact of established disease, and prevention or delay of complications and subsequent events through effective management and rehabilitation.

SHACS’ main constituency is the College student body. SHACS provides secondary and tertiary prevention services only to students. Primary prevention services, which both enhance SHACS’ services to students and support health and wellness for the entire campus community, are provided, often, to College staff and faculty members as well as to students.

SHACS’ primary prevention services encompass a wide range of activities. Examples include:

- Distribution of educational publications to students, students’ families, and College faculty and staff. Just a few illustrations of many such publications include letters and emails sent to students and their families regarding SHACS’ own services; newsletter content provided to volunteer student Hall Wellness Coordinators (HWCs); maintenance of SHACS’ web page (http://www.grinnell.edu/offices/studentaffairs/health); and flyers and brochures distributed as, or during, outreach activities.

- Educational events provided to students, faculty, and staff. Examples include health- and mental health-related trainings for volunteer student staff members in Residence Life; suicide prevention trainings offered to students and to staff and faculty members; “tabling” for students on health-, mental health-, and wellness-related topics; participating in panel discussions; and sponsoring and collaborating in topical outreach activities. While most of SHACS’ educational materials and speakers originate at SHACS, we also employ outside speakers and materials developed elsewhere.

- An annual influenza prevention campaign and inoculation clinic provided first to students, then to faculty and staff members.

Until recently, learning outcomes goals for participants in SHACS’ primary prevention efforts have been “understood” but not clearly defined or operationalized, either for ourselves or for participants. The SHACS staff has started to define learning objectives and to assess learning outcomes for our primary prevention activities. While learning objectives will be specific to the nature and focus of each primary prevention “program” – “programming” covers many different types of outreach – the broad goals of SHACS’ primary prevention services are increasing students’ (and others’) knowledge and skills regarding:

- physical and emotional self-care
- (use of) campus-based services (both SHACS’ and those of other departments and programs)
• (use of) community-based health and mental health services

• health insurance

SHACS’ secondary prevention services currently are provided to students as part of nursing and counseling direct services. I.e., students who present to SHACS’ psychologists or nurses with particular complaints may also be screened for other issues. Such screening is provided routinely during counseling urgent care appointments and intake appointments (students’ initial counseling appointments). SHACS’ nurses provide secondary prevention screenings based on their clinical judgment, depending on individual student-clients’ circumstances. Treatment of issues identified through secondary prevention efforts is provided in accord with student-clients’ wishes. Learning objectives and learning outcomes related to secondary prevention services are specific to the individual student-client. They are incorporated as part of the treatment plan, which may be more or less formal depending on the student’s and on the clinician’s approach to treatment.

SHACS’ clinical staff members are in the process of considering the pros and cons of providing routine screenings for particular issues during nursing appointments, such as alcohol abuse and dependence screenings.

SHACS’ clinical staff members provide tertiary prevention as direct services to students who seek treatment for physical and mental illnesses and other problems.

SHACS’ nursing tertiary prevention services include:

• Nursing assessments and treatment of minor illnesses and injuries

• Referrals for more extensive and/or specialized medical treatment

• Dispensation of over-the-counter medications and Plan B

• Testing (urine pregnancy, urinalysis, HIV, monospot, AccuVue Strep A, hemoglobin, blood glucose)

• Influenza inoculation clinics for students and for staff and faculty

• Additional inoculation clinics, as needed, for students and for incumbents of certain College staff positions

• Routine allergy injections for students

• Assisting students in scheduling appointments with health services providers in the community and region
• Annual or biennial hosting of an HIV testing clinic conducted by the AIDS Project of Central Iowa

• Collaboration and support around health-related issues for the Athletics Department

• Implementation of Occupational Safety and Health Administration requirements within SHACS; Workers’ Compensation initial assessments and referrals for staff and faculty

• Provision of health aids on loan (i.e., crutches, basin)

• Education on management of chronic conditions and symptoms; recovery from acute illness; prevention; and self-care practices for the enhancement and maintenance of wellness

SHACS’ psychologists’ tertiary prevention services include:

• Crisis intervention

• Urgent care (triage)

• Clinical assessment and diagnosis

• Time-limited individual and couples therapy

• Psychoeducational groups and group therapy

• Referrals for more extensive and/or specialized mental health services

• Assisting students in scheduling appointments with mental health services providers in the community and region

• Education on management of chronic conditions and symptoms; recovery from acute illness; prevention; and self-care practices for the enhancement and maintenance of wellness

SHACS contracts with a local psychiatrist who provides five and one-half hours of services per week at SHACS. The psychiatrist’s services include case consultation with SHACS’ clinicians; psychiatric evaluations; and medication management.

As with secondary prevention, learning objectives and learning outcomes related to SHACS’ tertiary prevention services are specific to the individual student-client.

The SHACS staff also engages in significant other efforts, and provides ancillary services, which support and enhance our primary, secondary, and tertiary prevention services. These include:
• Providing transportation for students to medical and mental health appointments and to pharmacies within Grinnell

• Keeping up to date on, and maintaining good working relationships with, community health and mental health care providers

• Consulting (see below)

• Providing wellness-related trainings to faculty, staff, and students

SHACS’ clinicians do a great deal of consulting with College faculty and staff as well as with students’ friends, parents or other family members, and off-campus health and mental health care providers. With the permission of students or their legal guardian(s), these consultations are about specific student situations and needs. Without such permission, SHACS’ staff members maintain confidentiality but still do a great deal of more general consultation about such issues as when to be concerned about a student, how to assist a student, resources available to students, etc.

Many factors contribute to the SHACS staff’s efforts to provide the best possible educational – and therapeutic – experience to students. First, we hire carefully. Our staff members are chosen for their professional competence, qualifications, and ability to address our student-clients’ needs. In addition, SHACS employs staff members who are skilled in establishing rapport with students; who celebrate diversity; who are multiculturally-aware and competent; and who can and will educate while also providing direct clinical and administrative services. SHACS staff members strive to stay abreast of improvements and other developments in the field of student affairs and in their respective fields – health care, mental health care, and administration. Staff members routinely engage in professional development activities, including self-directed reading and attendance at regional and national professional conferences.

SHACS’ nurses and psychologists each maintain State of Iowa licensure and practice in accord with their professional codes of ethics. These codes provide an excellent foundation for providing high quality services to College students. SHACS’ clinicians also maintain membership in appropriate professional organizations, including the American College Health Association, the American Psychological Association (APA), the Society for Indian Psychologists, Student Affairs Administrators in Higher Education (NASPA), the Association of Counseling Center Training Administrators (ACCTA), and the Association of University and College Counseling Center Directors (AUCCCD) and take advantage of the on-line and other resources they provide. Our staff members consult as needed with colleagues within and outside of SHACS; with our Medical Director; and with specialists available through our professional memberships.

Finally, SHACS’ staff members regularly communicate, network, and/or collaborate with students, student leaders, faculty, and staff. These efforts help us stay informed regarding student and campus developments; foster additional cooperation and collaboration when needed; and help us know and understand the community we serve.
Explain how you evaluate student achievement of learning outcomes and how the results of this assessment are integrated into department or program planning processes.

Until very recently, the SHACS staff has primarily assessed student learning outcomes in relation to our secondary and tertiary prevention efforts: i.e., direct clinical services. This assessment has been qualitative and conducted in accord with the nurse’s or psychologist’s clinical style and judgment. Such assessment is useful clinically and is an aspect of best practices within our fields. For instance, asking a student-client in a follow-up appointment how he/she/zi responded to an intervention offered in the last appointment reinforces any learning which has occurred and provides guidance to the clinician for further interventions. Similarly, much valuable information is shared, and learning reinforced, within the course of a single appointment, simply as part of the provision of direct services.

SHACS has also obtained qualitative, anecdotal information on student learning outcomes by soliciting feedback from student leaders, members of the SHACS Advisory Committee, DSA colleagues, and others. In addition, former SHACS clients sometimes spontaneously provide feedback about their experiences at SHACS.

What SHACS has not done until this semester is to 1) assess responses to our primary prevention activities; or 2) conduct formal outcome or satisfaction assessments of secondary and tertiary prevention services. This semester, we have begun conducting follow-up assessments after our more formal primary prevention activities and collecting data on attendance at all primary prevention activities. We will also conduct satisfaction surveys of our student-clients and explore the feasibility of conducting outcome assessments given current resources.

As we gather more assessment data on responses to SHACS’ services, they will be used to refine the services we provide and for programmatic and department-wide planning. In addition, SHACS is just beginning to mine the data available to us through our electronic medical records and scheduling software. While it is quite clear to us that we see many students for upper respiratory infections and anxiety, to name two common presenting issues, we would like to better use our data for timely primary prevention efforts; to determine best use of our resources; and to identify particular sub-populations of students, and particular issues, for which we could tailor specific services.

In what ways does the work of your department or program reflect and foster understanding of the diversity of our society and on campus?

Celebration of and sensitivity to issues of diversity are necessary in all of SHACS’ services and activities. The SHACS staff strives to maintain the highest level of awareness of the visible and invisible diversity around us; to use professional development and other resources to continually enhance our multicultural awareness and competence; to be aware of our own ignorance and
biases; and to consult with appropriate colleagues to enhance our knowledge and awareness. We strive to avoid doing any harm, in any way, including and particularly through ignorance or bias related to cultural differences. This year, SHACS will be increasing our own in-service training and one area of focus will be multicultural competence.

The SHACS staff considers issues of diversity when developing primary prevention materials and activities. We have discarded some ideas for programming because they had the potential not just to expose students to new information and ideas, but to deeply distress or offend some students based on cultural or other issues. In providing secondary and tertiary services, we are attentive to and guided by each student-client’s expressed self-identity and cultural identity. We strive not to make assumptions and our interventions are guided both by best professional practices and by exploring cultural fit with each student-client. Our direct services also sometimes involve helping students specifically with issues related to diversity, either because students have experienced ignorance or discrimination by others, or because they wish to make changes related to their own ignorance or biases.

SHACS staff have also assisted colleagues with education and training activities related to issues of diversity, such as a Residence Life-sponsored panel on micro-aggressions.

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What is the extent of departmental staff involvement in college courses, non-departmental programs, interprogram or interdisciplinary collaborations, or college governance? Assess how such commitments have enhanced or limited the department or program.

SHACS is involved in continuing and ad hoc activities outside the department, both within and beyond the Division of Student Affairs.

College Governance

SHACS staff members sit on the Harm Reduction Committee, the Wellness Committee, and the Emergency Response Committee. In addition, SHACS staff members participate in the Task Force for Safety, Responsibility, and Prevention, which will continue to meet this academic year, and the Eating Disorders Task Force, which meets only as needed to adjust protocols.

Non-Departmental Programs and Interprogram and Interdisciplinary Collaborations

The SHACS staff participates in monthly meetings of the entire DSA. The Director/Lead Psychologist also attends semimonthly meetings of the DSA Deans and Directors. The Assistant Director/Lead Nurse and Director/Lead Psychologist participate in the campus Care Committee, which meets weekly.

The SHACS clinical staff collaborates a great deal with other members of DSA, particularly Residence Life and the Office of International Student Affairs, especially before and at the start of the academic year and the start of spring semester. These collaborations include planning;
trainings; and outreach. SHACS also participates in DSA-sponsored panel discussions and other outreach, upon request, throughout the year. In addition, SHACS collaborates regularly and frequently with the Wellness Director. Examples of shared Wellness-SHACS programming include 1) influenza inoculation clinics for students and for faculty and staff; and 2) tutorial outreach, in which SHACS’ psychologists pair with the Wellness Director to provide wellness education in first-year tutorial courses, routinely reaching over 120 new students per year. SHACS’ clinical staff also collaborates with the HWCs, a Wellness program, on both SHACS’ and the HWCs’ educational efforts.

Other ad hoc programs and collaborations occur more occasionally: with Admissions, for instance, or with the Office of Off-Campus Studies.

College Courses

SHACS staff members have not developed and taught classes, but do guest-teach upon request. Most frequently, requests have come from the Wellness Director.

Collaborations Enhance SHACS

SHACS’ involvement in all of these collaborations enhances our own services. Collaborating with campus colleagues helps us stay aware of issues and developments affecting students and prospective students; provides collateral information on student-clients; and helps us prepare for and contribute to meeting campus challenges. Collaborations with DSA colleagues and with the Wellness Director, in particular, help all of us maximize resources and avoid duplicating our efforts.

We also believe that SHACS’ campus collaborations allow us to help faculty, staff, and students maintain awareness of health, mental health, and wellness considerations in campus planning and initiatives. We learn a great deal from all of our campus colleagues, as well.

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In what ways is the mission of your department or program supported by other departments/programs? What factors have contributed to good collaboration across departments/programs? In what ways does your department/program mission support the DSA mission/values/vision and the mission of the College?

Support

SHACS is well-supported by the other departments within the Division of Student Affairs. DSA colleagues publicize and promote SHACS’ services and programming; share resources ranging from art supplies to professional development; provide much useful information; and offer helpful counsel, support, and humor. There is a constant bidirectional flow of student referrals between SHACS and most of the other DSA departments and programs, particularly Residence Life, the Office of International Student Affairs, Student Success and Academic Advising, and
the Center for Religion, Spirituality, and Social Justice. Although SHACS is housed in a “satellite office” away from most of the rest of DSA, DSA colleagues strive to ensure that the SHACS staff and those at the other “satellites” are included in the full process of the Division. Similarly, SHACS receives great support from the Wellness Director, who also publicizes and promotes SHACS’ services and programming, shares information, and offers support, resources, and good cheer.

Others on campus support SHACS by providing services to SHACS’ student-clients and/or referring students to SHACS and by promoting SHACS as a campus resource. These include, but are not limited to, the Department of Intercultural Engagement and Leadership; the Center for Careers, Life, and Service; the Athletics Department; the Office of Financial Aid; Posse Mentors; individual faculty and staff members; the Math, Reading, and Writing Labs; the Science Learning Center; and the Student Government Association (SGA) and other student groups. Other departments and programs support SHACS by providing the resources and support services on which we depend: notably, Information Technology Services, which manages the technical side of SHACS’ electronic medical records and scheduling system; Facilities Management, which supports and maintains our facilities and some of our equipment, of tremendous importance to a department that must provide health and mental health services in a clean, safe, and appealing environment; and Communications, which has helped to upgrade some of SHACS’ publications.

Factors Contributing to Good Collaborations

The predominant factor which has contributed to good collaborations between SHACS and others on campus is our shared concern for providing excellent support and education for our students. In addition, SHACS has a genuine interest in collaborating as much as we are able, and a strong desire to support and assist our campus colleagues. We try to offer respect, civility, positivity, good communication, and a pragmatic and solution-focused approach, and we tend to receive the same in return.

In promoting health and wellness for students, SHACS also broadens many of our educational services for the entire campus community. In addition, we provide some services specifically for campus colleagues, such as influenza inoculations, consultations, and trainings for faculty and staff, and we hope these services encourage others to see us as a resource for the campus community.

SHACS’ Mission in Relation to Those of the Division and the College

SHACS’ mission, and our efforts to fulfill it, support DSA’s mission to advance “…the College mission and strategic plan by intentionally fostering and proactively promoting student learning and development.” DSA’s mission notes that Grinnell is a “…residential liberal arts college community, where self-governance and personal responsibility are hallmarks.” At SHACS, we support DSA’s mission both by providing students direct health and mental health services and by educating them in maintaining their health and wellness, all of which supports student learning. One could say that SHACS’ primary prevention services proactively promote student learning, development, self-governance, and personal responsibility, and that our secondary and
tertiary prevention services foster student growth in these endeavors by helping students maintain the wellness needed for each of these activities.

Just as we do in supporting DSA’s mission, SHACS supports the College mission by helping students prepare and maintain themselves for learning in all the ways set out in the College mission: “…for the different professions and for the honorable discharge of the duties of life;” in an environment in which we believe that “…knowledge is a good to be pursued both for its own sake and for the intellectual, moral, and physical well-being of individuals and of society at large;” in a “…lively academic community of students and teachers…from diverse social and cultural circumstances;” preparing students “…who can acquire new knowledge, and who are prepared in life and work to use their knowledge and their abilities to serve the common good.” The better able students are to maintain and enhance their own health and wellness, the better able they are to engage in such learning and to put what they learn to good use.

DSA’s core values, with which it carries out its mission, include:

- Student-centeredness
- Diversity, social justice, and global citizenship
- Being curious, learning, thinking critically, reflecting, and pursuing passions
- Relationships, collaboration, and partnerships
- Providing challenge, support, empowerment, and accountability to students and colleagues
- Integrity, honesty, authenticity, well-being, and personal responsibility
- Hard work, dedication, and positivity

While an important component of SHACS’ responsibilities is providing students direct health and mental health services, all of those services are:

- collaborative
- conveyed with – and as – education
- provided within a developmental orientation and approach

SHACS strives to express and model the DSA core values, and to support and encourage them in our student-clients. We partner with our student-clients, beginning where they are, and over the course of their experiences with us we help them develop increasing competence and confidence in their self-care, attention to wellness, and use of health and mental health services. Growth in all of these areas allows students to better engage in responsible self-governance and enhances their general development and learning.

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If the department or program is adding new activities, programs, or services, please explain how they will be staffed within the existing complement of staff. If the department or program is retaining activities or programs with consistently low involvement, explain any reason for their retention.
Tertiary Prevention Services

SHACS’ tertiary prevention services are highly utilized. SHACS’ psychologists’ direct service schedules are full for most of the academic year. SHACS’ nurses’ schedules vary, depending on student health needs, but tend to be increasingly full.

The only adjustment we are making in SHACS’ tertiary prevention services this semester is an increase in our group therapy services. This involves offering more psychoeducational, psychotherapy, and support groups as well as educating and acculturating the campus community to the great potential utility of group therapy. Increasing our group therapy services is viewed as desirable for two reasons: first, group therapy is a treatment of choice for a number of mental health-related issues; and second, a higher number of students can be treated at SHACS through group therapy than if SHACS only offered individual therapy. In any given semester, if SHACS’ therapy groups fill and run, there will be a slight decrease in individual therapy services. If a group does not fill and run, the psychologist(s) who would have led the group fill the group time with individual clients, instead.

In the future, SHACS hopes to offer a doctoral psychology internship program. This would require a decrease in secondary and tertiary prevention services by our psychologists and would require additional staff (interns), but would result in an increase in all of our counseling services, as well as many other benefits. The discussion of Goal 6, later in this document, as well as accompanying materials, will describe the internship program further.

Secondary Prevention Services

SHACS has not engaged in much secondary prevention outside of that which occurs during tertiary prevention services. It would be a useful service to offer students screenings for certain health and mental health issues, such as depression, tobacco use, and sexually-transmitted infections. However, it is considered poor practice to conduct screenings where follow-up services are unavailable, and SHACS has not had sufficient staff to provide such follow-up services. Thus, since SHACS’ inception three years ago, SHACS’ leadership has chosen to focus to a great extent on primary and tertiary prevention services. If future staffing levels allow, SHACS would like to provide more secondary prevention services.

If it becomes College policy to screen certain categories of students routinely for substance misuse, as seems likely, at SHACS and/or elsewhere, we can expect an increase in students with identified needs for treatment. To meet such needs, SHACS will either have to increase its counseling staff or will have to reduce other counseling services.

Primary Prevention Services

SHACS is engaged in a threefold approach to adjusting our primary prevention services. First, we are increasing our training services for faculty, staff, and students so that others on campus are better able to assist students. Recent examples of such trainings include motivational interviewing trainings for DSA colleagues and for student staff (Student Advisors and HWCs); and suicide prevention trainings for faculty, staff, and student staff members. A very satisfying
side-effect of these services is that such trainings provide life skills, such that skills taught so that participants can assist current College students can also be used throughout participants’ lives, on and off campus. These training services are delivered as part of SHACS’ mission of services for students, but have a much broader impact.

Second, SHACS is gradually increasing its primary prevention services. To do so, there is a very slight decrease in SHACS’ clinicians’ availability for tertiary prevention services. It seems clear, based on national and campus trends, that there will continue to be high demand for SHACS’ tertiary prevention services, regardless of how much primary prevention we provide. However, we hope that SHACS’ slightly increased investment in primary prevention services results in increased wellness practices across the campus community. Along with our increase in primary prevention services, the SHACS staff will increase assessment of the impact of these services.

Finally, SHACS has reduced the outreach we offer under our own auspices, which has tended to be underutilized. For the current academic year, we are publicizing our ability to offer prepared outreach presentations on topics such as flourishing at college, stress management, and helping a friend in need. We also advertise ourselves as very willing to develop new presentations as much as possible within the constraints of our other work. We encourage DSA colleagues, leaders of student organizations and teams, and other campus colleagues to include SHACS’ outreach presentations as part of their in-service trainings and services to the campus community. We hope, in this way, first, to reduce any perceived stigma related to attending outreach events in which SHACS participates; and second, to make more efficient use of our clinicians’ time and efforts.

As noted previously, the SHACS staff frequently collaborates with the Wellness Director and Wellness program in our primary prevention services. This partnership supports SHACS as we engage in our current threefold adjustment in how we provide these services, enhancing our ability to offer slightly more trainings and educational opportunities to students, faculty, and staff. We look forward to continuing these collaborations with Wellness and hope to increase our shared planning, programming, and other efforts.

Administrative Support Services

SHACS’ part-time Receptionist position was a new addition this academic year. While the position was approved within DSA and by College administration, no new funding was provided. The position is funded from within SHACS’ existing budget, which decreases our ability to fund other initiatives, such as educational materials or specialist services. This has not reduced current services so much as it has limited, somewhat, our ability to expand upon them.

Funds which had previously been used to pay part-time Student Clerks (for receptionist duties) are now used to pay for SHACS’ Student Assistant position, which is new this academic year. SHACS has had a constant need for more person-hours to devote to projects such as improving our web page and social media presence, summarizing health and mental health-related research, identifying and procuring good health promotion materials, etc. The incumbents of the Student Assistant position will address needs at SHACS which have gone unmet; have more opportunity
to use a greater range of their skills than did our Student Clerks; and gain valuable public health experiences.

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**Explain how you evaluate the department’s or program’s achievement of management goals and objectives. What means are used for short-term and long-term planning? How is assessment of the operation of the department or program integrated into planning?**

SHACS’ short-term and long-term planning is conducted in consideration of a number of factors: SHACS’ incidence rates of student-client diagnoses during previous semesters and academic years; response to specific campus situations, such as influenza infections among students (contagion control) or a widely-known student crisis (increase in demand for urgent care); College planning (i.e., changes in enrollment, summer programming, etc.); regional, national, and international events which affect College students; professional standards, best practices, and trends; input from DSA and other campus colleagues; and awareness of regulatory changes and other relevant events. SHACS strives to anticipate issues which will influence the health and wellness of College students and to provide primary, secondary, and tertiary prevention services accordingly, maintaining concurrent short-term and longer-term perspectives. There is enough flux in campus events and priorities that we do sometimes need to make mid-stream adjustments in our short-term goals.

SHACS’ Director and Assistant Director collaborate and plan goals for the year during the summer months. These goals are discussed and amended with the entire SHACS staff during a half-day retreat in August, prior to the beginning of the fall semester, and again in January, before the start of the spring semester. In addition, in accord with the factors discussed above, short-term goals may be shifted over the course of the year.

SHACS’ staff members develop personal goals, in consultation with their immediate supervisors, that take both their own professional development goals and SHACS’ organizational goals into account. This occurs in May, as part of the Human Resources Department’s annual performance evaluation process for all College staff, and in August, as part of a DSA planning process.

Continuing assessment of SHACS’ staff members’ progress toward goals and the entire staff’s progress toward goals is conducted in a number of ways. The Assistant Director and Director provide frequent feedback to the staff members they supervise on an as-needed basis. Weekly planning and review meetings are held by the nursing staff; the counseling staff (in conjunction with case consultation); the Director and Assistant Director; the Assistant Director and the administrative support staff; and the entire SHACS staff. An annual report is prepared for the Vice President of Student Affairs at the conclusion of each academic year; this is an opportunity to review, evaluate, revise, and set new goals.

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What are the ethical principles, professional standards, statements, or codes that guide the department or program and its staff members? What are the crucial legal issues, if any, faced by the department or program? How does the department or program ensure non-discriminatory, fair, and equitable treatment to all constituents?

Ethical Codes and Professional Standards

SHACS’ nurses are licensed and practice under Iowa Code:

http://www.state.ia.us/nursing/ia_law/655_admin_code.html

As do our psychologists:


These documents are the legal requirements and professional standards for our fields and offer thorough considerations and guidelines toward ethical and high quality practice.

In addition, as Student Affairs professionals, SHACS’ staff members are guided by 1) the College Student Educators International (ACPA)/Student Affairs Administrators in Higher Education (NASPA) Professional Competency Areas for Student Affairs Practitioners; and 2) the Council for the Advancement of Standards in Higher Education, or CAS Standards.

As SHACS works to develop a doctoral psychology internship program, we are doing so in accord with the Association of Psychology Postdoctoral and Internship Centers (APPIC) membership criteria and with APA internship accreditation criteria. It will be important to the internship program’s success to become an APPIC member, and we will build the internship to meet APA accreditation standards because they provide an excellent foundation for an ethical, sound, and thorough training experience.

Legal Issues

There is considerable discussion in the professional literature and on the listservs of college and university health and counseling professional organizations regarding the relationship of client records and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and applicable state codes, which vary somewhat in their approaches and policies regarding privacy protection of student-clients’ health and counseling records. Both Iowa Code and the APA Ethical Principles and Code of Conduct require that confidentiality of client information be maintained in all but a small set of clearly defined circumstances. In the rare event that a SHACS client’s records are requested and 1) the student-client is unable or unwilling to authorize release of his/her/hir records; and 2) the records are not being requested to facilitate emergency health or mental health care, the SHACS
Director and Assistant Director carefully consider the requirements of HIPAA, FERPA, Iowa Code, and APA’s Ethical Principles and Code of Conduct and seek all appropriate consultation in the process of deciding whether or not to provide such records.

As, and if, the Affordable Care Act (ACA) continues to be implemented, it will significantly affect College students’ insurance coverage. This will have a small impact on where College students obtain a few medical services (i.e., SHACS charges at-cost fees for certain medical tests and inoculations, and under ACA some of these may actually be free of charge when they are provided by physicians and billed to the students’ insurance plans.) The ACA will also affect which insurance plans students use, where those plans are based, and what they cover. (Will the average student’s available network of “preferred providers” – with their concomitant lower co-pays – grow or shrink as the insurance marketplace adapts?) The impact of these changes is uncertain. Insurance coverage is an important, and often limiting, consideration for students referred to off-campus services by SHACS’ clinicians.

Equitable Provision of Services

SHACS strives to ensure non-discriminatory, equitable, and fair treatment of each of our student-clients in several ways. First, we do practice in accord with our professional codes of ethics, which offer stringent related guidelines. Second, for resources which are limited, such as influenza inoculations, we advertise widely in advance and provide the resources in a “first come, first served” fashion. We also attempt to provide services adequate to meet demand so that all students who desire them can receive them. However, SHACS’ ability to provide adequate services is limited, particularly our mental health services. This is a troubling situation, although certainly not unique to SHACS. When our psychologists’ case loads are filling or full, which students are referred to off-campus services, and on what basis? Which students have the opportunity to receive psychiatric care at SHACS free of charge, and which must pay at least a co-pay for psychiatric services received off campus? These decisions are governed to a large extent by clinical judgment; by student-client preference (i.e., if the student asks to be referred off campus, we will do so); and, to an unfortunate degree, by timing.

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As you look ahead to the next five-year period, what if any resource needs (personnel, equipment, space, operational funding) demand attention? What goals or objectives for the next five years could be met within existing resources? What goals or objectives would require additional resources?

SHACS can more or less maintain its current services, perhaps implementing slight adjustments relative to each other in our levels of primary, secondary, and tertiary prevention services, with our current levels of personnel, funding, and space. All of our goals for the next five years require increased resources.
Goal 1: Maintain Current Levels of Tertiary Prevention Services

A minimal goal for SHACS over the next five years is to maintain our current high volume and quality of health and mental health treatment services for students. Based on current trends and depending on potential service adjustments, we may need to increase nursing hours. We have a definite need for additional counseling staff now.

As currently staffed and with our current clinical load, SHACS’ psychologists can just barely keep up with emergency and routine services. SHACS’ individual counseling services are brief and many students are referred into the community for longer-term therapy, which they may or may not pursue. Reducing SHACS’ counseling services is an unappealing option because referral and treatment resources in the community, while quite good for a small town in rural Iowa, are still too few to meet demand. SHACS is in the midst of a survey of counseling and health and counseling centers at our peer institutions. While we have not yet received responses from all of those institutions, SHACS appears to be more lightly staffed than most of those which have responded.

Students, and the faculty and staff members who work with them, would be better served by increasing funding and staffing for counseling services at SHACS. Currently, SHACS has space available for an 80 percent FTE counselor. It would be extremely helpful for that to be funded as a permanent, part-time position. It would be better, of course, to receive funding for a full-time position; this would require increased space for SHACS.

Goal 2: Improve Privacy at SHACS

SHACS experiences three privacy challenges. First, SHACS’ reception and waiting areas are small and there is no way to provide both adequate waiting room seating for students and adequate privacy at our front desk. This is a potential liability risk. Second, we have no private space in which to provide light therapy. Students receive light therapy in an open area near SHACS’ student restroom. Third, too much sound transmits through our office doors and through the walls between offices. We continue to experiment to try to improve each of these situations, but what we really need is more space.

Goal 3: Increase Psychiatric Hours at SHACS

It is difficult for students to access timely psychiatric services in the community; SHACS’ psychiatric hours are so heavily used that it is difficult for students with acute conditions to be seen as swiftly as is sometimes needed. While it would be difficult for SHACS to obtain or to afford all the psychiatric time needed by our students, adding several more hours per week would be desirable.

In order to increase SHACS’ psychiatric hours, we would need an increase in operating funds and additional nursing hours. (While working at SHACS, the psychiatrist is supported by a SHACS nurse, who is unable to see students for nursing appointments during that time. Increasing psychiatric hours without increasing nursing hours would result in decreased nursing services.)
Goal 4: Increase Counseling Urgent Care/Triage Appointments and Decrease Wait Period for Counseling Intake Appointments

While few university and college counseling centers meet all of their students’ mental health needs, SHACS is not adequately staffed to provide timely enough intakes. A reasonable goal would be to have at least one intake appointment available within 4-5 business days of a student’s request for an appointment. Similarly, SHACS provides two, half-hour urgent care/triage counseling appointments per day. During much of the academic year, this is inadequate, resulting in SHACS’ psychologists becoming over-scheduled (i.e., all students who truly need urgent care are seen, regardless of our schedules).

These issues could be resolved by reducing other counseling services (i.e., decreasing individual, couples, and/or group therapy and focusing primarily on intake and referral) or by increasing our counseling staff.

Goal 5: Add Biofeedback and Other Self-Help and Wellness Resources

Biofeedback, relaxation, and other wellness-related tools and resources would be a tremendous adjunct to SHACS’ current health and mental health services. They would also appeal to many Grinnell students, including some who may be less comfortable receiving more traditional talk therapy or continuing treatment from a SHACS nurse or psychologist. Because our current space precludes our offering such services, we have not researched or planned what tools and resources might be offered. However, examples include biofeedback machines, which could aid in treatment of issues such as migraines and stress; listening stations for using and downloading relaxation guides; and space for meditation or yoga.

The purchase and maintenance of biofeedback and wellness resources would require increased equipment, operating funds, and space but not necessarily, in and of itself, increased staffing.

Goal 6: Add Doctoral Psychology Internship Program

SHACS was conceived with the notion that having a doctoral psychology internship program would benefit the College in many ways. Over the past three years, the pros and cons of adding such a program have been explored, and there is support within SHACS and DSA, and from senior leadership, for proceeding. Adding the internship will increase the counseling program’s clinical hours, which will help us address Goals 1 and 4, above. However, we will be unable to begin the internship program until we have College commitment to move SHACS to a larger space by the time the first intern cohort would begin.

Adding a doctoral psychology internship program will require increased funding, staff (interns), and equipment. However, as materials included with printed versions of this report indicate, in addition to the many other benefits an internship program would provide, an internship would be a relatively low-cost way in which to increase SHACS’ counseling services.
Space

A common theme runs throughout almost all of SHACS’ five-year goals: the need for larger and more functional space.

SHACS’ most pressing goal for the next five years is to increase our space:

- SHACS’ nursing exam rooms lack adequate space and equipment (for example, they do not have sinks)
- Our space for medical supplies and equipment and our nursing lab and “clean/dirty utility” space are all far too small
- There is no space to add biofeedback or other wellness equipment or programming
- There is no private space for light therapy
- Our Administrative Assistant has no work space for non-computer work (inadequate counter space, no room for a table)
- We can’t do a lot more to improve privacy in our waiting and reception areas, although we continue to experiment with different approaches
- We can’t launch the doctoral internship program
- We can add only a part-time additional counselor (if funded)