A QUALITATIVE INQUIRY OF PSYCHOLOGISTS' EXPERIENCES IN COLLEGE COUNSELING: IMPLICATIONS FOR STAFF TURNOVER AND RETENTION

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS,

THE STATE UNIVERSITY OF NEW JERSEY

BY

MARGUERITE SUMMER

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY OCTOBER 2017

APPROVED: _____
Brenna H. Bry, Ph.D.

_____
Cary Cherniss, Ph.D.

DEAN: _____
Stanley B. Messer, Ph.D.

© Copyright 2017 by Marguerite Summer

Abstract

This dissertation aimed to explore the work experiences of psychologists employed in college counseling centers and highlight factors contributing to staff turnover and retention. In this exploratory study, ten staff psychology clinicians were interviewed. In addition to looking for themes about the nature of the work experience for psychologists in this setting, several common rewards and challenges emerged which were connected to the particular population and university context. For descriptive purposes, participants were also surveyed using the self-report Maslach Burnout Inventory (MBI). The qualitative results were analyzed through Grounded Theory Methodology. The participants' responses highlighted the many institutional levels and players that interact in the university setting to determine the experiences of psychologists in counseling centers. Tremendous energy was reportedly spent to manage the volume of students wanting to be seen at the counseling center and "stay afloat" in the face of limited staff resources. Overall participants found role overload, competing institutional goals, shifts in the nature of counseling center services, and limited opportunities for advancement to be the major challenges of practicing in the university setting. Despite the challenges of the organizational context of the university as a treatment setting that were discussed, potent rewards of the work were reportedly role and task variety, feeling a strong connection and support with other staff, witnessing rapid change from the students, and having a stable income. Participants' responses on the MBI survey were consistent with how they described their work experience; they felt a strong sense of personal connection and passion for the students, felt that their work had a positive, visible impact, but were exhausted by the demand for services and the mismatch in resources. Major themes that

emerged from the interviews closely aligned with organizational factors contributing to burnout found in the literature, most specifically in Cherniss (1981; 1995) and Maslach and Leiter (1997). Implications for university administrators and future research, such as clarifying the competing institutional goals and the role and scope of counseling center services, are suggested with the aim of contributing to the knowledge that could be utilized to increase retention of psychologists.

ACKNOWLEDGEMENTS

I am thankful for my family and friends, who have supported me in so many ways during challenges and growth. Thank you to my mother and father, who have provided for me in love and resources. They have always encouraged me to strive for excellence and have led by example in their own passionate professional dedication. I am grateful to them for the opportunity to pursue my own professional calling. A special thanks goes to my husband Eric, who has provided me with confidence, hope and strength, cared for me, and made me laugh at all the right moments.

I would also like to thank the faculty, supervisors, and staff of GSAPP for their dedication to student learning and personal development. I would like to extend a special thank you to my advisor and dissertation chair Dr. Brenna Bry. She has helped me to discern a vision of my dissertation and carry it through to fruition through her invaluable guidance and genuine curiosity. She has also assisted me throughout the years in making good decisions for my career and conveyed a belief that I would succeed. I would like to thank Dr. Cary Cherniss for his wise advice and encouragement of my growth, creativity, and good judgment. Through his writing and teaching, my interest in organizational systems and community psychology has been piqued and developed. As both Drs. Bry and Cherniss imminently retire from GSAPP, I hope they can feel the depth of the positive impact they have had on the students they have mentored. I would also like to thank Sylvia Krieger and Julie Skorny for their kindness and invaluable contribution to the operation of GSAPP and forward progress of its students.

I would also like to thank the interviewees who graciously volunteered their time to be a part of this study. Their openness, honesty, and expertise have been instrumental

in making this dissertation possible. I hope that I have represented their voices accurately, and that in aggregate, this dissertation will serve them and their institutions in improving both their lives and the experiences of university students.

TABLE OF CONTENTS

PAGE

ABSTRACT....ii

ACKNOWLEDGEMENTS....iv

CHAPTER

I. INTRODUCTION....1

II. LITERATURE REVIEW....3

College Mental Health Services....3
Challenges for College Mental Health Services....4
Staff Turnover and Retention....6
Organizational Factors That Impact Retention and Turnover....8
Personal Factors That Impact Retention and Turnover....10

III. METHODOLOGY....12

Participants....12
Personal Characteristics....12
University and Center Characteristics....13
Measures....16
Procedure....17
Data Analysis....18

IV. RESULTS....21

Maslach Burnout Inventory....21
Rewards and Advantages of the Setting....23
Role and Task Variety....24
Teamwork and Intimacy Among Staff....27
Witnessing Rapid Change....28
Stability and Work-Life Balance....30
Challenges and Drawbacks of the Setting....31
Role and Task Variety....31
Competing Institutional Goals....34
Shift in the Nature of Counseling Center Services....43
Limited Opportunities for Advancement....49
Counseling Center Level....49
Personal Development Level....57

V. DISCUSSION....61

Rewards and Advantages of the Setting 61
Role and Task Variety 61
Teamwork and Intimacy Among Staff 62
Witnessing Rapid Change.....62
Stability and Work-Life Balance 63
Challenges and Drawbacks of the Setting 63
Role and Task Variety 63
Competing Institutional Goals 64
Shift in the Nature of Counseling Center Services 66
Limited Opportunities for Advancement 67
Implications for Psychologists and Universities.....68
Limitations 72
Implications for Future Research.....74
Conclusions.....74

REFERENCES 77

APPENDICES 82

APPENDIX A: Informed Consent Form 82
APPENDIX B: Email Advertisement.....86
APPENDIX C: Open-Ended Interview Protocol.....87
APPENDIX D: *Maslach Burnout Inventory: Human Services Survey* 89

LIST OF TABLES

PAGE

1. Maslach Burnout Inventory Scores.....23

Chapter I: Introduction

Mental health problems frequently emerge in young adulthood (Licht, Hull, & Ballantyne, 2014), coinciding with when many individuals are enrolled in college. College counseling centers are often the closest and most accessible treatment setting that can manage student crises as well as provide treatment that may prevent mental health problems from worsening and resulting in student enrollment attrition. The effective staffing and organization of college counseling centers, including doctoral level psychologists, are essential to providing continuity of care for the student population, in which mental health problems are prevalent.. However, "[t]here is a high rate of staff turnover, disrupting care" (NAMI, 2012, p. 15). Thus, care can be compromised by frequent changes in the clinician roster.

Though there is a strong literature in staff turnover in business (e.g., Maslach & Leiter, 1997), there is relatively less literature regarding staff retention and turnover of treatment providers in mental health settings. What has been written is most frequently about social workers, child welfare workers, and Master's level therapists (e.g., Ellett, Ellis, Westbrook, & Dews, 2007; Selden, 2010; Thompson, Amatea, & Thompson, 2014; Woltmann et al., 2008). Very little is known about clinical psychologists' turnover in college counseling.

This dissertation aimed to gather evidence about the nature of working as a psychologist within a university setting. This study examined the emergent advantages and drawbacks for psychologists in this organizational context, relating to issues of staff retention and turnover. In creating a preliminary understanding of these psychologists' work experiences and implicating what factors in this setting may be contributing to

employee retention and turnover, the goal of this study is to contribute to knowledge that could be utilized to increase retention of psychologists.

A qualitative interview-based inquiry of psychologist clinicians at college counseling centers was an appropriate method for gaining a greater understanding of the nature of the experience of working as a psychologist in this particular setting and factors that affect turnover and retention. Smith et al. (2007) stated that "previous national surveys of college counselors have consisted primarily of rating scales that do not allow respondents to raise their own concerns. We, therefore, believed it was essential to ask counselors open-ended questions regarding their own opinions" (p. 66). A quantitative dissertation study of community college counselors conducted in 2008 stated that future "research designed to assess how counselor perceptions about organizational climate, job satisfaction, and job stress directly influence recruitment, retention, absenteeism, and counselor turnover is also warranted" (Borne, p. 147). This study used both a quantitative rating scale and an interview with open-ended questions.

Chapter II: Literature Review

College Mental Health Services

College mental health clinics, often called college counseling centers, have been in existence for the past century. Princeton is credited with establishing the first mental health services for its students in 1910 (Kraft, 2011). The American College Health Association formed a Mental Health Section in 1957, and today, most colleges and universities have developed mental health programs commensurate with the size of their student bodies. In 2011-2012, 4,706 degree-granting colleges and universities existed in the United States (National Center for Education Statistics, 2015). As of 2006, there were approximately 2,200 psychologist members of the American Psychological Association subdivision for professionals from college and university counseling centers (Kraft, 2011). Additionally, many psychology doctoral students train at college counseling centers and/or spend their internship or post-doctoral training time in this setting.

Culturally, attending college has become more and more socially expected and encouraged in the United States, and enrollment in college has increased exponentially on the national level in the past 50 years, from 3.6 million students in 1960 to 18.2 million students in 2008 (Kraft, 2011). In 2013, it is estimated that over 17 million undergraduate students attended American colleges and universities (National Center for Education Statistics, 2014). Thus, college counseling centers are in close proximity to and may potentially be utilized by millions of American young people.

Mental health problems are prevalent among college students, and the on-campus counseling center is likely the most accessible resource for help. A 1995 study found that

10-15% of college students were accessing mental health services each year (Kraft, 2011). In 2011, a review article of data collected from multisite college counseling center clients and staff stated that “[e]vidence abounds that college students face severe psychological problems” (Locke, Bieschke, Castonguay, & Hayes, 2011, p. 233). For example, Locke et al. (2011) reported that 8.3% of college students have been diagnosed with or treated for depression and 6% of students have seriously considered suicide, with 1.3% having attempted suicide. Anecdotally, "college counseling centers originally established to address normal growing pains" are now inundated not with mild developmental problems but "more severe, more emotionally disabling conditions" (McWilliams, 2004, p. xi). Adolescence and young adulthood is the time in which most psychological disorders emerge; “Longitudinal studies monitoring children through young adulthood indicate that psychological disorders are ‘very common’ with more than 70% being diagnosed by age 30” (Licht et al., 2014, p. 550). In 2013, the American Psychological Association reported that young people, ages 18-33, have poorer skills for managing stress than older groups; “Younger adults are more likely to rely on unhealthy behaviors like drinking alcohol and smoking for stress management” (Licht et al., 2014). Thus, there is evidence for the need of well-staffed and well-run college counseling centers to meet the needs of this group. The campus counseling center may be an individual’s first mental health agency and in many cases the closest, most visible, and most easily accessible crisis and treatment center.

Challenges for College Mental Health Services

College counseling center psychologists may be managing very serious, legally concerning, and potentially high profile student incidents such as attempted or completed suicide, threats of violence toward other community members, or sexual assault. Psychologists at college counseling centers may be simultaneously managing student crises, providing ongoing care for seriously ill students (e.g. Bipolar Disorder, Depression, PTSD), and planning for prevention, psychoeducation, and outreach activities (Kraft, 2011). Meanwhile, university funding for college mental health services has become increasingly limited, and “many college mental health services today are understaffed to meet student demands for service” (Kraft, 2011, p. 481).

Some authors have provided recommendations and guidelines for improving the quality of college counseling services and have emphasized the need to adequately address "pressing issues", including the increased workloads for counseling center staff and administrative pressures to "do more with less" (Smith et al., 2007, p. 64). College counseling center directors and staff have increasingly had to market the usefulness of the counseling center and collaborate with other offices on campus in order to argue for the importance (and thus funding) of the counseling center within the university (Smith et al., 2007). A 2011 survey of 765 current or recent college students conducted by the National Alliance on Mental Illness (NAMI) sought to assess if colleges are meeting students' mental health needs and what improvements may be necessary in order to support their well-being and academic success. NAMI (2012) concluded that the need for mental health services for students has been on the rise and that many colleges have tight budgets for providing services. Additionally, this study found that "[t]here is a high rate of staff turnover, disrupting care" as well as “a cap or limit on mental health services and

supports and staff available" (NAMI, 2012, p. 15). Waitlists, limits on services and staff availability are listed as reported barriers to treatment (NAMI, 2012). Thus, care can be compromised by frequent changes in the clinician roster and limited resources.

Staff Turnover and Retention

Staff turnover is not only disruptive to clinical services, but also costly for the organization. Although some authors argue that turnover can produce positive gain for the organization (e.g. weeding out poor performers), staff turnover is "generally, viewed as a negative outcome with considerable psychological and financial costs involved" (Koslowsky & Marom, 2004). Staff turnover costs include "hard" dollar amounts to advertise for the position and pay overtime for staff coverage of the vacancy and also "soft monies" spent on orienting and training new staff, not to mention the intangible but powerful stress on remaining staff to fill in during the disruption (Selden, 2010, p. 71). Many authors, such as Cherniss (1980) have also observed the high cost of staff turnover on client services and psychological distress on remaining staff required to "break in" a new employee when little time is spent by a manager to orient him or her (p. 133). Cherniss (1980) notes that adverse effects on the staff and the organization as a whole due to staff turnover can be subtle but impactful.

Overall, staff turnover of direct-care employees (not only psychologists) in mental health organizations is at a concerning level, at approximately 25-50% per year; in comparison, across all business sectors, the average employee turnover rate is closer to 15% annually (Selden, 2010). Many authors have expressed concern about 25-50% turnover rate of mental health workers (e.g., Woltmann et al., 2008). Although very little

research has been done regarding staff turnover in college mental health centers, there is anecdotal information that many college health services have struggled with “the issue of faculty and staff care” (Kraft, 2011, p. 479).

The engagement of the clinical staff and changes in the staff roster in college counseling centers are likely to impact the treatment offered to clients and client outcomes. In a nutshell, “employee retention is the corollary of client retention” (Brooke, 2006, p. 21); a satisfied employee is more likely to be able to satisfy the needs of the clientele. However, only recently have studies began to emerge attempting to capture the effect of clinician turnover on treatment delivery. Woltmann et al. (2008) studied the effect of staff turnover on implementation fidelity in 42 evidence-based treatment implementation teams between 2002 and 2005 in public sector treatment centers. The turnover rate over 24 months was inversely related to fidelity scores, and qualitatively, 71% of participants (clinicians) indicated that turnover was a relevant factor in implementation. Relatedly, Ellett et al. (2007), who also believed that “staffing problems impact the safety and permanency of children and families” being served, theorized that employee turnover and retention have an impact on the clinical population (child welfare) and conducted an exploratory qualitative study on the perspectives of child welfare workers (the staff) (Ellett et al., 2007, p. 276). Thus, there is growing evidence that employee turnover has a negative impact on clinical services and suggests a need to explore this area further in additional mental health settings. Previous literature points to the use of a qualitative inquiry, as conducted by Ellett et al. (2007), to allow for the enrichment of the understanding of what factors influence psychologists to stay or leave the college counseling setting.

Organizational factors that impact staff retention and turnover

Many authors have theorized that a key contributor to staff turnover in human services professionals is “burnout” resulting from stressors in the workplace (Cherniss 1980; Maslach & Jackson, 1981, p. 99). Maslach and Jackson (1981) created a quantitative rating scale to measure burnout, a concept that had been described previously in qualitative interviews. In their seminal article on the construction, reliability and validity of the Maslach Burnout Inventory (MBI), Maslach and Jackson (1981) state that burnout is a factor in job turnover, as well as absenteeism and low morale among staff. Maslach and Jackson (1981) conceptualize burnout of human service professionals as threefold, involving increased feelings of emotional exhaustion, negative or cynical attitudes towards one’s clients, and negative evaluation of oneself and dissatisfaction with one’s work on the job. Burnout among human services professionals has been well documented across clinical settings and can lead to deterioration in the quality of care or service that is provided by the staff (Maslach & Jackson, 1981).

Conversely, research has been done among human service providers regarding what organizational factors, such as co-worker and supervisor support, protect against burnout and thus bolster staff retention (Cherniss, 1995; Thompson et al., 2014). For example, Cherniss (1995) interviewed teachers, nurses, therapists, and lawyers to discern from their narratives what factors contributed to their experiences of burnout. Cherniss (1995) found themes among interviewees indicating that risk for burnout was increased when human service professionals did not feel valued by the organization, when they felt they had little autonomy over their work, and felt that there were few opportunities for

personal growth or development of their interests within the work. Most of the interviewees in Cherniss's (1995) study cited "bureaucratic hassles" as their primary reason for leaving, as well as "excessive red tape" and "interference from others" (p. 136). From this inquiry emerged recommendations for how organizations can reduce risk of burnout; these so called "antidotes to burnout" including organizational support for continued learning, congenial colleagues, and positive recognition and feedback from superiors, to name a few (Cherniss, 1995, p. 145). These factors are aggregated and spoken about as "organizational culture" by some authors, such as Williams and Glisson (2011), who found that organizational culture is a significant moderator of staff turnover in mental health organizations (p. 1871). There is evidence that therapists working in community or institutional settings experience significantly higher levels of burnout than therapists in private practice (Thompson et al., 2014), also suggesting that organizational factors may contribute to psychologists leaving their positions in institutional contexts.

Despite the available literature regarding antidotes to burnout that can serve as a guide to managers and leaders of mental health centers, staff turnover remains high and continues to impact service delivery. Woltmann et al. (2008) suggested that the evidence-based treatments themselves be adjusted in response to the "turbulent behavioral health workforce" (p. 732), rather than further exploring how organizations might adjust or attempt to mitigate clinician turnover. Selden (2010) and Kraft et al. (2011) also advocate for greater attention to be paid to improving staff retention in the mental health sector in order to improve the satisfaction of workers and the efficiency and quality of health care services provided. Authors such as Selden (2010) and Williams and Glisson (2011) called for further study of employee turnover and retention of clinical staff in

mental health settings and its consequences (on clients and on the staff). Additionally, some researchers suggest that work-setting factors alone do not fully explain negative outcomes for mental health professionals (Thompson et al., 2014).

Personal factors that impact staff retention and turnover

Researchers have examined what individual characteristics might buffer counselors against job stress. Koslowsky and Marom (2004) described an organizational psychologist's task as examining the role of stress as both a consequence of individual *and* organizational factors, as well as a causal predictor of job performance and certain behaviors, such as withdrawing cognitively from the job (p. 84). Research in the past two decades exploring the influence of certain individual demographic characteristics (e.g., gender, age, length of time working in the field or position) have produced mixed and inconclusive findings (Thompson et al., 2014). Thompson et al. (2014) examined the contributions of counselor gender, years of experience, and perceived working conditions, personal use of mindfulness, and personal use of coping strategies in predicting burnout in a national sample of 213 mental health counselors. In this study, counselors who reported fewer maladaptive coping strategies, higher mindfulness attitudes, and more positive perceptions of the work environment reported less burnout, suggesting that the way the individual perceives and reacts to stress in the work environment (known as the transactional stress model, proposed and developed over many years by Richard S. Lazarus and colleagues) is more salient in relationship to burnout than demographic characteristics (Thompson et al., 2014, p. 74).

Maslach and Jackson (1981) found that particular personal variables varied on certain subscales that contribute to experienced burnout, such as Marital Status being significantly related to the Emotional Exhaustion burnout subscale. They found that people who were single or divorced scored significantly higher on the Emotional Exhaustion subscale than people who were married (Maslach & Jackson, 1981). Married individuals may get greater emotional support from their spouses protecting them somewhat from burnout; however, being married may also contribute to an employee's decision to stay in or leave his or her job due to practical concerns of one's personal life (e.g., partner is a freelance worker and the couple needs steady income and health insurance through the university). In conclusion, there are mixed findings regarding the role of personal factors in staff turnover and retention. However, there is a "body of evidence suggesting that job stress and staff burnout in human service programs adversely affect the helping process and the welfare of clients" and is costly to the organization and the service provider (Cherniss, 1981, p. 29).

The purpose of this study, using the existing literature as a foundation, was to understand what organizational and personal factors may be contributing to the turnover and retention of psychologists in college counseling centers. Ten psychologists who currently work at college counseling centers were interviewed and completed a burnout rating scale. The semi-structured interview data was analyzed using Grounding Theory Method, due to its ability to allow nuanced themes to emerge from the qualitative data. Through better understanding the experiences of psychologists working in this treatment setting, this study was designed to contribute to the body of literature that may improve retention of psychologists in college counseling centers.

Chapter III: Methodology

Participants

Personal Characteristics. The sample included ten participants, seven women (70%) and three men (30%). The participants were doctoral level psychologists currently practicing in a college counseling center who had been doing so for a minimum of one year. The sample included five psychologists who had earned a Clinical Psy.D. (50%), two who had earned a Clinical Ph.D. (20%) and three who had earned a Counseling Ph.D. (30%). The participants reported that their ages ranged from late 30's to late 40's. The sample included individuals from a variety of ethnic backgrounds including Caucasian, Hispanic, Asian, and Southeast Asian and represented nationalities from the U.S., Europe, and Canada. Nine of the ten participants (90%) reported having a spouse or long term partner and seven of the ten participants (70%) reported having school aged or infant children.

Although study participation did not require the psychologists to be licensed, all ten participants (100%) were licensed. The participants had finished their doctorate between six and 17 years prior to the interview, with an average of 12 years of post-doctoral work experience. The participants had been employed at their current counseling center for between one semester and eight years. Overall, the average length of employment at the current counseling center was five years. Nine of the ten participants (90%) had worked previously at one or more counseling centers at other universities for a range of one to 15 years prior to their current position. Overall, prior to beginning working at their current counseling center, the participants had worked at an average of

two previous college counseling centers for an average of three and a half years total (including doctoral level practica and internship positions).

Of the participants, eight of ten (80%) were full time employees at the counseling center. Two participants (20%) were half-time employees and had been so for several years, concurrently working in private practice or providing childcare. Two of the full time employees reported having a small private practice outside of the counseling center.

Six of the ten participants (60%) had an additional title in addition to being a clinician and considered a staff psychologist at the counseling center. One participant (10%) was the center Director, four (40%) were Assistant Directors, and one (10%) was the Director of Training. Psychologists were not excluded from the study if they also occupied another title at the counseling center, but were included based on considering themselves a staff psychologist. All participants who had an additional administrative or supervisory role reportedly spent at least half of their time weekly providing direct clinical service.

University and Center Characteristics. All of the participants were visited in person by the study investigator at their counseling centers, which were located in three different states in the Northeast of the United States. Eight universities were represented in total, as two participants were interviewed at two of the counseling centers. Of these eight universities, five (62.5%) were located in urban environments and three (37.5%) were located in suburban environments. The smallest university represented had a reported 4,000 students and the largest approximately 40,000 students. However, the majority of the universities represented have between six and ten thousand students

enrolled. All of the schools represented offered undergraduate and graduate studies. Six of eight (75%) universities were private institutions and two (25%) were public.

The counseling centers varied in terms of campus setting and departmental organization within the university. Of the eight total counseling centers, two (25%) were located within student dormitory buildings, five (62.5%) were located in a building that housed multiple student services (such as the financial aid office or medical services), and one (12.5%) had its own facility that was not physically shared with other services. Departmentally, there was a variety of arrangements within the sample; while all of the counseling centers ultimately fell under the auspices of the “Student Life” division, or some similarly named division of student affairs, there was variation in the organizational structure. At four of the eight universities (50%), the counseling center was combined with or considered a part of health services; in three of these instances, the counseling center was housed in the same building or even in the same office suite as the medical health services. At the other four universities (50%), medical health services was considered a separate entity from counseling services and was located in a physically separate and unconnected space.

The counseling centers ranged greatly in terms of number of staff. The smallest counseling center was reported to currently include three psychologists and the largest to have 11. Five of the eight counseling centers (62.5%) reportedly included additional interdisciplinary full or part-time staff, such as social workers, psychiatrists or psychiatric nurse practitioners. Five of the eight counseling centers (62.5%) reported having an active pre-doctoral psychology training program.

Although not all participants could offer specific information about the utilization of counseling services, many participants did. Some offered data that had been collected by the center in the previous academic year, and some offered data that had been collected (e.g., number of office visits) in the previous semester of the current academic year. Participants reported that between five and 20 percent of the student body had accessed services in the counseling center, with an unknown additional number of students being served by outreach events around campus.

The counseling centers varied greatly in terms of their official session offerings, ranging from an unlimited number of sessions to a six session limit for students. Some counseling center staff reported that they did not advertise a “hard” session limit to students, but tried to wrap up their work within six to eight sessions or by the end of the semester. One participant reported that instead of imposing session limits, the center staff typically reduces sessions to 30 minutes every other week or terminate if the student is improving, to manage the influx of students wanting services. The participants were asked about wait times for students to receive services during busy times of the year. Participants at two of the eight universities (25%) reported that they have not had to implement a waitlist for students to receive services and instead refer students to community providers if staff caseloads are full. Five of the eight counseling centers (62.5%) reported a one to six week waiting list in the previous semester for students to either be seen for an initial intake appointment or be assigned to a counselor after intake. At the remaining counseling center, the participant reported, alternatively, that instead of starting a waiting list or referring out, the staff adds hours to their schedule in order to accommodate the demand.

Procedure

For the purposes of this study, the researcher recruited participants through a network sample using the snowball technique. Initially, the researcher contacted psychologists who are known to her that work in college counseling centers. These psychologists were then asked if they knew of other psychologists that they would recommend for participation in this study. These psychologists forwarded an email advertisement (see Appendix B) to their contacts to see if they were interested in taking part in the study. Psychologists (not previously known to the researcher) who were interested in participating contacted the researcher themselves. Ten staff psychologists (excluding post-doc trainees) in the United States with at least one year of work experience at a college counseling center were recruited.

Once potential participants expressed willingness and met eligibility criteria, the researcher scheduled an in-person interview. All interviews were conducted in a private location chosen by the participant. All participants preferred to be interviewed for this study during their school's winter break while classes were not in session and there were fewer students on campus. Participants were informed of the nature of the study and possible risks and benefits of the study prior to beginning the interview and were given the opportunity to voice questions or concerns, or withdraw at any time. Participants' name and place of work was not recorded during data collection, and they were informed that any identifying information that they stated during the interview would be redacted.

The participant then signed the informed consent (see Appendix A) to agree to be a volunteer for the study. After the consent process, participants were interviewed using the semi-structured interview protocol (Appendix C). The interview took on average 55

minutes to complete. Interviews were recorded by permission of each participant. The recording was only identified by the participant's unique identification code to assure confidentiality. After the interview, participants were asked to complete the Maslach Burnout Inventory-Human Services Survey (Appendix D). Although all participants granted permission to be contacted again in the 2 weeks following the interview for further questioning if needed, the need did not arise and none were contacted a second time. All interviews were transcribed and any identifying information was eliminated. Audio recordings were destroyed upon completion of the transcription.

The researcher stored the signed informed consents in a separate locked filing cabinet to protect the confidentiality of the participants. Participants were assigned a unique identification code only known by the researcher. The researcher will be the only person who will have access to this data. The transcripts of the interviews, the self-report survey, and the researcher's interview notes will be securely and confidentially maintained by the researcher in a locked filing cabinet for three years after the completion of the study. After three years, the researcher will destroy all research materials.

Measures

Semi-structured interview protocol. The interview protocol (Appendix C) included inquiries about some of the participants' demographic information, details of the counseling center and students served, as well as open-ended questions regarding their work experience in this setting. Interview questions focused on the overall advantages and disadvantages of the experience of working as a psychologist in this setting organized around four key subcategories: a) organizational factors contributing to

employee retention b) organizational factors contributing to employee turnover c) personal factors contributing to employee retention, and d) personal factors contributing to employee turnover.

Maslach Burnout Inventory. Following the interview, participants were asked to complete the Maslach Burnout Inventory-Human Services Survey (Cronbach's Alpha > .80) (Maslach & Jackson, 1981). The Maslach Burnout inventory is a self-report questionnaire that measures the participant's experience of factors contributing to burnout and is "recognized as the leading measure of burnout" (Maslach, Jackson, & Leiter, 1981, p. 1). The questions are categorized as assessing Emotional Exhaustion, Personal Accomplishment, and Depersonalization toward the work or clients (Maslach & Jackson, 1981). Participants are asked to respond to symptoms of burnout on a Likert scale in terms of frequency (how often) and intensity (how strong). The MBI has strong convergent validity; MBI scores have been found to be correlated with behavioral ratings made independently by an observer (the individual's spouse or co-workers) (Maslach & Jackson, 1981). Higher burnout scores are also correlated to the amount of time spent in direct contact with clients in carrying out job activities. Maslach and Jackson (1981) also found that higher burnout scores on the MBI were correlated with expressed intent to leave one's job within a year, more frequent breaks and absenteeism from work, and problems in relationships (e.g., withdrawal) outside of work. Maslach and Jackson (1981) also clarified that the MBI has discriminant validity with measures of general job dissatisfaction.

Data Analysis

Transcribed interviews were analyzed qualitatively using Grounded Theory Methodology (Corbin & Strauss, 2008). This methodology examined similarities and differences in interviews from all participants to help the researcher build themes emerging from the data. The three step analysis of this methodology involved open coding, axial coding, and selective coding of the interview data.

Open coding involved the researcher breaking the interview transcript into units, "delineating concepts to stand for blocks of raw data… [and] qualifying those concepts in terms of their properties and dimensions" (Corbin & Strauss, 2008, p. 195). Breaking the data into manageable pieces allows for interpretation by creating conceptual names that represent ideas within the data (Corbin & Strauss, 2008). Concepts within the data were considered within the four main categories of interview questions (organizational and personal factors contributing to staff retention and turnover, respectively) as well as more broadly in examining psychologists' experiences in this work setting.

The next step in data analysis was axial coding, which is defined by Corbin and Strauss (2008) as the "crosscutting or relating concepts to each other" (p. 195). This step involved not only relating concepts to one another, but also integrating them to build themes emerging from the data (Corbin & Strauss, 2008). The axial coding process addressed relationships between parts of the data across participants and clarified what relationships were appropriate based on commonalities between the responses from different participants (Corbin & Strauss, 2008). In this step in the data analysis, themes with varying levels of linked sub-concepts began to emerge (Corbin & Strauss, 2008).

The final step of analyzing the interview data according to the Grounded Theory Method was selective coding, the process by which the researcher integrates the data to gain perspective on how the themes in the data reflected multiple core categories or concepts (Corbin & Strauss, 2008). This step allowed the solidification of major themes that represented underlying core concepts across interview questions, with robust support from multiple participant examples. In short, this process allowed for the data to then be used to provide information on the overall summary of psychologists' perspectives on working in college counseling centers and provide suggestions for future research. Along with the analysis, the researcher considered how her background and personal factors may have influenced the data collection and emergent themes.

In additional to the interview data, the demographic data and self-report data on the Maslach Burnout Inventory-Human Services Survey (1981) was analyzed and considered. The survey responses were analyzed quantitatively by scoring each survey in accordance with its three scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Scores on these sub-scales were averaged across participants and compared to a normative distribution of mental health professionals provided by the scoring manual. The analysis of this data provides another source of information that summarizes the psychologists' work experiences and personal reactions in college counseling centers and links to factors contributing to staff turnover and retention.

Chapter IV: Results

In this section, a summary of the participants' responses is presented. Interviewees were given the opportunity to answer open-ended inquiries about their experiences working in the college counseling setting. They were also asked specific questions about the areas of focus in this study, particularly the rewards and challenges of the setting and organizational and personal factors that may be related to staff turnover and retention. Participants also completed a human services burnout inventory, the summary of which will be presented in this section. This section begins with the quantitative results and then describes the qualitative results, organized by the main themes found in the study, beginning with rewards and continuing with challenges of working in this treatment setting.

Maslach Burnout Inventory

All ten participants (100%) completed the Maslach Burnout Inventory at the conclusion of the interview. The rating scale was scored by the researcher and will be reported in aggregate as means. Burnout is conceptualized as a continuous variable, ranging from a low to moderate to high degree. It is not viewed as a dichotomous variable that is present or absent (Maslach, Jackson, & Leiter, 1981). The scores for each subscale are considered separately and are not combined into a single total numerical score; however, a degree of burnout is reflected in the average of the range (low, moderate, high) of scores on the three subscales (Maslach, Jackson, & Leiter, 1981).

On the continuum of burnout, the participants' responses overall indicated an average degree of burnout (an overall reflection of the three subscales) in comparison to

other mental health workers (psychologists, psychiatrists, psychotherapist, and counselors). However, considering the nuances of the subscales is a more reflective descriptor of the sample. The Emotional Exhaustion subscale assessed feelings of being emotionally overextended and exhausted by one's work; while the group's responses in aggregate fell within the cutoff of the average range, it fell at the cusp of the high range. The researcher noted the wide range in responses between individual participants on the Emotional Exhaustion subscale, with one individual scoring in the low range, two individuals in the average range, and seven individuals in the high range. The Depersonalization subscale measured a detachment or coldness toward the clients: the group's responses in aggregate fell in the low range, meaning that overall the participants in this sample felt more personally connected and compassionate toward their clients than the mental health workers in the normative sample. The Personal Accomplishment subscale assessed the feeling of competence and successful achievement in the participant's work: the group's responses in aggregate fell in the low range, indicating a high level of sense of competence and achievement in work with the clientele. It is of note that all 10 participants (100%) scored in the low range (high level of personal accomplishment). In summary, participants overall experienced a high-average degree of emotional exhaustion, a low degree of depersonalization toward their clients, and a high degree of personal accomplishment in the work. The participants' responses on this survey overall were consistent with many of their narratives, that they felt a strong sense of connection with the client population, that they felt a sense of accomplishment in helping students stay enrolled or overcome challenges in the short term, but that tight resources left them exhausted in the face of the volume of client inflow.

Table 1
Maslach Burnout Inventory Scores (in aggregate)

	Emotional Exhaustion Subscale	Depersonalization Subscale	Personal Accomplishment Subscale
Sample mean	20.1	2.9	42.3
Mean of normative distribution	16.9	5.7	30.9
Level of experienced burnout*	Average**	Low	Low
Sample range	7-26	0-6	34-48
Range of experienced burnout*	Low-High	Low-Average	Low
Sample standard deviation (SD)	5.9	2.2	3.6
Standard deviation of normative distribution	8.9	4.6	6.4

* As compared to normative distribution of mental health professional in Maslach, Jackson, & Leiter (1981) *Maslach Burnout Inventory Manual* (3rd ed.). Scores are considered low if they are in the lower third of the normative distribution, average if they are in the middle third, and high if they are in the upper third of the normative distribution.
**This Emotional Exhaustion subscale mean fell within the average range, but at the cusp of the high range.

Rewards and Advantages of the Setting

From the interview data, four main themes emerged regarding what participants felt were rewards or advantages of working in the college counseling setting. These themes centered on role and task variety, intimacy and teamwork among staff, witnessing

rapid change in the clientele, and job stability and work-life balance. Each of these themes will be examined in detail with salient participant examples.

Role and task variety. Six of the ten (60%) participants endorsed the opportunity to "wear many hats" in their role as a staff psychologist as a positive experience and one that may be especially emphasized in the college counseling setting in comparison to other mental health treatment settings. One participant for example, who had been previously in private practice, stated that "being in private practice was hard to just sit still all day and do one thing." All of the psychologists (100%), even participants that did not have an additional title or leadership position, reported having responsibilities greater than just clinical work, citing other important tasks like supervision and training, outreach and presentations/workshops, and center operations. One participant described the variety of responsibilities she managed as a clinician and the assistant director in the counseling center:

> So the assistant director oversees the functioning of this office. Overseeing the therapy, making sure students get to the right place, supervising the staff, supervising the trainees, interns, externs, psychiatric residents. So it involves a significant administrative piece. And more of the meetings and sitting on committees and communicating with administration of the university. But I'm still very connected to the clinical work that goes on here. I manage high risk students and the operation of the office, the scheduling.
>
> *So how do you feel about having to or getting to wear multiple hats?*

> I love it!…I've thought about private practice. And the idea of being in an office seeing clients hour after hour, that would not be for me. That would be tough. I like it, I like having to have different things every hour.

This participant and the others in this subgroup clearly stated that they enjoyed role and task variety and that the extent of the variety may be unique to the university setting. Not only did these participants indicate that role and task variety was intellectually interesting, but in many cases it also provided a sense of ownership and pride in their center. One participant said:

> I like the opportunity to wear different hats... I'm in charge of the software for us... So there's this other side of my brain that gets activated dealing with that. I also run the training program. So I like, that's yet another aspect that feels very different from just the one-on-one clinical work. I like the clinical work, but I couldn't just do that all the time. So I like having the different hats. So I guess there's a sense of power? I know if I was somewhere else just doing the clinical I wouldn't be able to run things like I am able to do here. So I like that capacity.

Other participants also articulated a satisfaction derived from having a pulse on the operations of the counseling center, as well as doing clinical work and supervising.

Outreach and participation in events outside of the counseling center was another way in which participants experienced a varied and stimulating work experience. One participant summed up, "I think another advantage is that your tasks tend to vary. So you're not only doing clinical work, but you also get to do outreach, which puts you in a completely different mode…keeps it interesting." She continued, "I get to interact with a lot of other people on campus. So for me personally, it's been a good balance. I like that.

I like getting out and about and being involved in a lot of initiatives." The opportunity to work outside the counseling center at events on campus was a positive for many participants since it allowed for a sense of being part of the larger university community and the opportunity to reach historically underserved students.

Collaboration with other university offices emerged as overall a positive work experience for seven of ten (70%) participants. Even staff members who did not have formal administrative positions were active in collaborating with other offices, such as residence life, deans' offices, career services, health services, diaconal services, disabilities services, or the center for diversity. Despite some challenges regarding working with other university offices that will be discussed in a later section, these participants described their relationship with university faculty and administration as "great" or "on very good terms." Again, the nature of the counseling center's position in a broader, complex setting and the often small staff compelled but also allowed the participants to play many roles outside of the counseling center as well as inside of it. For example, one participant shared:

> "I work very closely with the Assistant Dean. Because we're such a small university, we wear several hats. So I work on the LGBTQ Initiative, the Safezone, I also do a lot of Title IX work with her, same person. I chair the Mental Health Task Force with a lot of the same people. So we have a very good relationship in that regard. I think as far as, you know, sometimes it's too good so they'll just send us students without calling."

Four participants (40%) also identified that collaborating with other offices, being out on campus, and understanding how the university functioned on a greater scale led them to

feel “like you’re connected to a bigger community” which they found interesting, gratifying and exciting.

Participants, even ones at universities that had specialty programs or certain academic foci, valued the opportunity to work with clients from a wide range of backgrounds and presenting problems. All of the participants stated that the counseling center served students that represented “the whole gamut” of individual backgrounds and clinical issues. One participant stated: “So if you like working with a diverse population in terms of presenting issues, cultural backgrounds, socioeconomic, all of that, then I think this setting is a good one.”

Teamwork and intimacy among staff. Eight of ten (80%) of participants felt a strong sense of teamwork with other counseling center clinicians, which was reportedly a mitigator of stress during demanding workload periods. When speaking about this advantage of their counseling center, they did so with confidence and pride. For example, one participant stated, “the big [reason I am still working here] is that we’re a great team. I love that aspect of our work together.” Some participants articulated that they believed such a strong sense of teamwork was derived out of necessity to “stay afloat” given limited staff and resources; however, it left these participants feeling a sense of comradery and proud that “we really take care of each other and fill in for what needs to get done.” Another participant said that despite a “really bad” “really really tough” previous semester, “at least though we felt like we all were working together and we all had each other’s back… Everyone was working their butts off… So that helped. We all had shared experiences.”

Five of the ten participants (50%) highlighted intimacy with and support from other staff members as an important factor in what kept them working at the counseling center. One participant said, “I’ve had very close connections to a number of staff… I consider a few of them my close friends.” Another participant felt that “because of the smaller setting, we build that family vibe.” Another participant emphatically stated, “I really love working here… And one of the things that I enjoy most is the relationships among colleagues, the way people interact in a supportive way.” The other participants who highlighted this advantage as one of the important reasons for their staying at the counseling center described their colleagues as “trusted”, “amazing”, and “sensitive” to one another.

Witnessing rapid change. Seven of ten participants (70%) found working on a short term basis with the clients for whom that length of treatment was appropriate to be very rewarding. These participants reflected that it is rewarding for them to witness many of their students make progress and positive changes in merely a few weeks or months. They found that, in part due to the developmental level of the college population, their clients were able to meaningfully address an important issue that had brought them to the counseling center within a handful of sessions or one semester. One participant stated that “even [sic] in the short term work, [I] get to see how much they change and the impact” of counseling. Participants often commented that they believed that the possibility for rapid change was enhanced by the student’s developmental level (“a time of such shifting, change, and transition”), an openness to change, and wish to forge a stronger identity that often accompanies being in college. Some participants also felt that it is easier for clients in emerging adulthood with many adaptive capacities (in order to have

gotten to college) to change in comparison to other settings, such as community mental health centers with the severe and persistently mentally ill. One participant said, “I like working with a higher functioning crowd. The progress is a little more significant and concrete.” Another participant highlighted the personal reward she experiences from working with this population and witnessing rapid progress, saying

> I find over and over again that it’s an age when people are really curious, really open to their own development. It’s an intelligent population, students are very intelligent. They can work really hard, and I feel like that allows therapy to have an impact, which is very reinforcing, you know?

Another participant shared a similar perspective, saying

> I feel like this age range is very dynamic, and they’re going through a lot of changes, a lot of transformation, so I think the counseling can be also quite dynamic as a result and can be very rewarding to see a decent amount of change within a relatively short amount of time.

Many participants referenced the “vibrant” spirit of a university and the “atmosphere of constant learning and growth and research” as a reward of the treatment setting and something they enjoyed. Some participants noted that this atmosphere set the stage for a parallel process in the counseling center; one stated that he finds it “tremendously exciting at times, when one of your clients comes in and says ‘I published this or that’ or ‘I just finished a dissertation’ or just got a fellowship. It’s tremendously gratifying.” Another participant described the pride she felt in getting to witness the creative projects of her clients on display around the university, such as art in display cases or an on-campus fashion show as their final project; “I *love* the students.” she said,

"It's really nice to walk around and see the different displays of what they do, and it's really amazing [work]." Another participant also said that is was "amazing" to be able to witness students from disadvantaged backgrounds who were struggling when they came to the counseling center complete their degree and graduate. Another participant described her sense of astonishment and excitement even to see her clients pass their classes and complete a difficult or uncertain semester.

Three of the ten participants (30%) also felt that the spirit of the university setting described above allowed for relatively rapid and innovative program development in the counseling center. These participants shared that during less clinically busy times of the year, they were given the leeway to create new outreach programs and rapidly implement them in the campus community, which was rewarding, especially if the development of a program involved a personal interest. Challenges to program development will be discussed in a later section.

Stability and work-life balance. Five of the ten (50%) participants identified that the work-life balance of the counseling center was a significant advantage for them, in comparison to past personal work experiences and the knowledge of other settings. These participants said that working during business hours only was important to them, their partners, and family life. Firm boundaries between work and home life was reportedly possible (e.g., "you do get your down time at the end of the day. You're not taking work home with you."). After hours on-call responsibilities were limited or non-existent. One participant called the quality of life "excellent" in terms of work hours per week, night and weekend availability required, benefits, and paid time off. Two of the ten participants (20%) stated that there was an explicit focus on staff self-care at the counseling center.

Three participants articulated that despite the intensity of the semester, winter and summer academic breaks allowed “a chance to refresh.” Another participant said that she felt that the university environment was a “calmer” and “nice environment” in comparison to a hospital or community clinic, which was an advantage for her.

Five of ten participants (50%) discussed that the stability of the work and pay at the counseling center was an advantage of working there. At one of the counseling centers in which two staff members were interviewed, counseling center staff could become tenured (i.e. like university faculty), providing added job stability. Two of the participants focused on the monetary stability provided by working in the counseling center, in comparison to private practice in which they had worked in the past and struggled with referral inconsistency and fee collection, which led to inconsistent pay. One participant put directly, “you’re not getting rich working in college counseling. It’s a tradeoff between consistency of being paid.” For this participant, the predictable structure of her work hours and paycheck were important to her family life.

Challenges and Drawbacks of the Setting

Role and task variety. Role and task variety discussed above was viewed as an advantage, but was concurrently viewed as a challenge by six of the ten (60%) participants. These participants found switching between their “many hats” “demanding” or “very demanding” and requiring flexibility and creativity in order to juggle the multiple balls in the air. One participant said that it can be overwhelming and give a sense of “pressure on the staff” that “people are involved in a lot of different things”, especially during times of high clinical demand. Another participant explained, “we’re

not only seeing clients, we wear so many different hats. We're supervising, we're training, we're covering the front desk, outreach… it's very demanding. Certainly more demanding than a private practice would be, and the pay is not as good." This participant also articulated the intellectual and emotional challenge for clinicians having to rapidly switch between roles. She said,

> We have to go from a session where we maybe assess for suicide, to quickly move on to doing an outreach on stress management, for example. So it's very quick transitions into different things. There's no time for sitting with what just happened and processing what just happened. We have to move quickly.

Another participant, represented the level of passion that many of his colleagues share for the work, but also the exhaustion of being pulled in many directions:

> We work really hard to make sure that our students get the best care and that we're responsive to all our constituents throughout the campus. I think our director has made outreach and community relations really a priority, and I think most of us are 100% behind that, but doing good clinical work and taking care of all the responsibilities related to doing good clinical work like documentation and follow up and referrals and being attentive to objective ways that we are measuring people's progress *and* doing good outreach and maintaining good community relations, and relating well to administration *and* developing more programming, having an eye towards the future. Doing all those things well can be really demanding.

One participant called herself "a jack of all trades" "out of the necessity", based on what she and the three other counselors at her center are expected to provide for students and

university staff. Another participant agreed that “you have to be able to roll with a lot of different demands in a given day.” Other participants described a similar experience of needing to remain intellectually and emotionally agile and energetic in order to fulfill all of the tasks and roles of the counseling center with a small staff. Another stated that in order to “manage competing demands” of an “extremely busy” counseling center, the staff must be well organized and strategic in prioritizing tasks. Five of the ten participants (50%) discussed how the shared responsibility of attending to crisis walk-in or “urgent” clients (without a formal coverage schedule, but on an as needed basis) was an additional stressor, and, similarly to intense clinical periods, required the postponing of other important tasks until later (e.g., session notes, preparation for a presentation).

Some participants found that having many roles inside and outside the counseling center, not only as a clinician behind closed doors, created uncomfortable interactions with students at times. “[Working here] requires getting used to dual boundaries. You see the students. Unless you’re locked up in here, you’re going to run into your clients…You can’t really get away with not seeing them, especially if you’re doing outreach.” This participant emphasized the importance of being flexible in such situations in order to have a positive presence on campus, build trust and rapport with students outside the center, and represent psychotherapy as approachable, “contrary to what you’re trained a lot of the time, to be stand-offish in public” if you see your clients. Another participant compared working on campus to “like being in a really small town”, which led to challenges navigating frequent client run-ins, “navigating dual roles” and “uncomfortable encounters.” She found herself in a dilemma stemming from the counseling center being an organizational part of the Student Affairs (or a similar name) Division. She stated that

"sometimes we're asked to participate in some events that are not really things that we should get involved in", such as handing out over-21 bracelets at a campus festival or serving students food at a student affairs event. This participant felt that given the sensitive nature of the therapy relationship that the counseling center staff should be exempt from working at such events and having to do so was a drawback of the university setting for her.

Competing institutional goals. Multiple examples emerged in the interview data regarding competing or incongruous goals of the university (the funding source) and the counseling center (the service provider). Participants shared examples of challenges and frustrations that they experienced as a result of this disconnect between systemic levels. This overarching theme will be examined in terms of four components, based on the ways that participants described the conflict between the counseling center and the university at large: worldview (wellness vs. productivity), liability vs. privacy, conflict over funding/resources, and difference in view of what role the counseling center should play. All of the included counseling centers were housed within a division of student affairs, which is embedded in many levels of deans, chancellors, vice presidents, president, and board of trustees or the like. While the institutional structure at every university is slightly different, participants were asked to consider how being a part of this organizational structure impacted the counseling center. One participant aptly noted that she felt the counseling center was supported within her division (Student Affairs), but "in terms of the larger institution I would say that there are some times that it feels like what we need more of in the counseling center is not given a priority." Several

participants described how they experienced challenges or conflicts that derived from a difference in values between themselves and higher levels of the institution.

Two participants juxtaposed how the counseling center staff and the university administration could either be on the same page about student wellness or not. When asked to describe the culture of his university at large, the first participant stated that "there is really an effort to create an atmosphere of student wellness, not just academics" and "there's been an eye on prevention." In contrast, the second participant explained

> There tends to be a little bit of a conflict in terms of the general idea of how to approach students. Maybe like a value system in the sense that… from the academic side, and especially certain programs that are quite rigorous, the message kind of conflicts with our message in the sense that, students are often being told 'Don't expect to sleep' or 'Work through the night'. Basically that you're expected to… neglect is maybe a strong word…
>
> *Sacrifice?*
>
> Sacrifice your mental health or your health in order to perform or produce. And so our message is quite the contrary that your health comes first. So there can be this sort of tug of war there….where sometimes it feels like not everyone's on the same page, or may have different priorities. And that's where sometimes it feels like maybe you're beating your head against a brick wall. There's not a lot of give.

Two other participants also discussed that they felt that their clients' academic program requirements were so demanding that the students' health and wellness was compromised. As illustrated by the above example, these participants experienced

frustration that some of their efforts to care for students were squelched by the competing goal of other parties in the university.

Three of ten participants (30%) identified that in collaborating with university offices outside the counseling center, they experienced challenges regarding information sharing. Overall, these participants felt that at times the university's priority was to protect its liability and participants were asked to share confidential information about students that is prohibited by HIPAA. One participant explained that the university administration acts partly in the best interest of the student, but also out of a "protective responsibility to the institution." "I'm not gonna break HIPAA to protect the institution. I can't do that. But they don't have to worry about that. So, it gets complicated", she said. This participant expressed feeling very conflicted in situations in which she was asked by university administration to disclose information, and reported consulting with the APA ethics board "to figure out what is my responsibility in this complex situation." This participant also felt that this particular challenge is unique to universities as a treatment setting, as the treatment provider is embedded in an institution that may not even be familiar with HIPAA laws and does not share a priority on patient confidentiality. Additionally, she noted that in high risk case situations, university administrators have questioned her about what clinical decisions she had made and when; "We are open to a lot of scrutiny" in the university environment, she said. Another participant stated that the university administration "expect us to share information even though they know about confidentiality." Another participant felt that while overall having the counseling center embedded within the university hierarchy "does more good than harm", he acknowledged that "it creates tension around privacy." Not only were these participants

frustrated with the lack of understanding from their university colleagues, but they reported sensing their colleagues' frustration with them.

Another conflict that emerged in the participants' narratives revolved around funding and a difference in view of what services (or how much) the university should provide to its students. In all of the included counseling centers, students that were eligible for services at the counseling center received them free of charge. In all cases, funding for the counseling center was determined by an outside body, either a board of directors or the university administration at large (e.g., the president and provost). One participant noted that while her college's medical health services were funded through a health fee collected from students, "we are funded differently"; the counseling center budget was determined, "managed and administrated by the division and the college."

Six of the ten participants (60%) stated that they experienced the counseling center as underfunded, under-resourced, or understaffed. In four of these cases, the counseling center had lost a staff member and the position had not been replaced at the time of the interview. One participant connected underfunding to staff turnover, explaining that the center director, in his quarterly and annual "reports, he's always highlighting how more revenue would help with people staying on. And trying to advocate for our needs with the Board of Trustees by showing them our utilization data." This way of obtaining funding, in turn, created tension between the director and the staff, as she illustrated:

> When the numbers show that the utilization goes down, I think our director gets very frustrated. Because then he will have a hard time advocating for resources. So while we can sort of take a little bit of a breath of fresh air, he's pressuring us

> to figure out why we're not seeing as many students. And when we're seeing a lot of students and we're overwhelmed, he's happy! So it's a little bit hard.

This participant felt that staff turnover due to low pay and the demanding work negatively impacts students because "there's no continuity. Their therapist keeps changing." Another participant, a clinician and the center director, clarified that she does not believe that there is an attitude of deprivation or malicious intent toward the counseling center in regard to budget, but rather she believed that the college does not have the money on which to pull. She explained that the provost, who oversees budgeting "is very supportive of the counseling center. That being said, we have zero dollars to work with. Like I have *no* money to work with at all." The vice provost she also called "very supportive, but sometimes he just looks at me and is like 'I have no place to get this [money] from.'" She explained that she does not have enough funding to provide basic office supplies or hire a guest speaker to teach a professional development topic to her staff and trainees. She described feeling embarrassed at how low the salaries of her staff are and frustration over what staff she is able to attract and keep at that level of pay. "One of my staff members is a brand new psychologist", she said, "And she could definitely make more money elsewhere. And I think she's going to figure that out really soon."

Money and manpower were not the only resources that participants highlighted as being strained. Four of the ten participants (40%) discussed having space constraints, that their staff was bursting at the seams in the allotted space provided by the university. One participants said, "We need more space. We're really tight on space. Every hour it's an effort to make sure everyone has a place to see a client. We're crammed in here like sardines." Another participant noted that if the counseling center were to receive funding

to hire a much needed additional staff member, that person would not be able to have an office within the counseling center because “we are simply maxed out on our space here.”

Participants described various ways in which the counseling center was managing to operate with limited resources. “We partner with student groups to cover the cost of advertising because the clubs have their own budget to do that kind of stuff. So we find ways”, one participant said. Other participants described ways in which the center staff adapted to having an inadequate to student to counselor ratio: for example, only offering counseling services to full time students, cutting down to 30 minute sessions, or reducing session frequency to every other week were “a way to handle the fact that we just don’t have a lot of people here working.”

Four of the ten participants (40%) discussed feeling that university faculty and administrators wanted them to play a role that misaligned with how they saw themselves and what services were appropriate. This disconnect between counseling center staff and their “referral source” created frustration, increased demand on the participants’ time, and a feeling of being misunderstood. Three participants (30%) stated a belief that campus colleagues had a basic misunderstanding of what the counseling center staff can provide. One participants said that “a lot of people don’t know what we do. I think that can be a disadvantage. And it’s not from a lack of trying and getting our message out there… but I think there’s staff and administrators and faculty that don’t fully grasp what our function and role is here.” Another participant agreed that there is a “disconnect about what goes on in counseling for some departments”, and stated that she had begun in the past 2 years to do presentations to faculty and students to “de-mystify the counseling center.”

Another participant felt that this issue had been effectively addressed with campus colleagues, which improved the work experience for her as referrals were more appropriately made. She said, “I think offices have a better sense for what we do here”; previously, “there were so many more walk-ins and urgents because all the RA’s, the RD’s, dean of students would send students and say ‘They’re urgent!’ maybe because they’re tearing up about a loss, or something like that.” She reported that after a concerted ongoing effort on the part of the staff and the center director, that campus colleagues developed “a better sense for how we work. So things don’t have to be as chaotic here.” Similarly, another participant was reportedly in the middle of this effort, trying to train campus colleagues to be able to tolerate student emotions and use their own problem solving skills rather than send students urgently to the already strained counseling center. She explained,

> I’m doing a training right now with all these different faculty about being comfortable to sit with students’ emotions and not defining every feeling that they have, even if it’s an intense feeling, as an emergency. Because sometimes the faculty will be like ‘Wow, you’re super anxious. I definitely cannot address this. Let’s go to the counseling center *right now* and tell them you need a crisis appointment!... Then it’s a crisis and everything gets crazy here. ‘Oh my god, we have to push everyone out of the way to see this person who’s ‘in crisis’’, and then it’s like but really they’re just a little bit anxious.

These participants found that reducing the number of inappropriate urgent referrals was a priority in protecting the resources of the already “booked solid” staff.

Another value conflict or competing institutional goal that arose in these participants' narratives alluded to a difference in understanding of the intended function of the counseling center. One participant summed up the debate over what should a university counseling center provide. She said,

> I think universities can have different theoretical positions on if the counseling center [should] help tide people over in the meantime who are more concerning and they get another [outside] therapist or they *really* want us to work on people's emotional issues. If they really want us to be a clinic that's solving people's emotional issues then we'd need a lot more resources.

In this instance, the participant was clear on her administration's position, that the function of the counseling center is to manage risk, treat low severity clients on a short term basis, and ultimately refer out moderate and severe client that "really need more" care than the counseling center can provide. Although she is clear on her administration's position, it conflicts with her wish to be able to continue relationships and work with students once the connection has been made. She said,

> It's frustrating not to be able to provide what our students need… to not be able to meet with somebody who really needs that, and to have to manage the referrals, and they run into difficulties, like financial for example, that is very difficult. That is the main struggle.

This participant summarized what may or may not be as explicit at other universities; Has the university administration clearly considered what services (and how much) the counseling center should provide for its students? Is the counseling center staff on the same page? If not, the staff may be more frustrated, discouraged and personally affected

emotionally, which will be discussed further below. Conversely from the above example, this underlying conflict between levels may not be explicitly discussed at all, but play itself out in interactions and morale of counseling center staff. For example, one participant said, "There is sometimes a lack of understanding of what the counseling center does. I think they don't really get the fact that we're providing *actual* mental health care." She discussed that she sensed that campus colleagues misperceived the seriousness of the work done at the counseling center. She said emphatically

> Sometimes they'll make these passing comments and I think 'What?!' Comments like 'It's not like we're their sole mental health provider.' And I'll be like 'No, we *are* their mental health provider. We're all psychologists. That's what we do… This isn't academic advising!

Again, this participant alludes to a misunderstanding or difference in opinion between university administration and counseling center psychologists over whether the main function of the counseling center is to be students' main mental health provider or their link to providers outside the institution whenever possible (or both). This question of what treatment services a student's educational institution should provide may reflect the conflicting overarching goals of the higher institution and the counseling center: to provide education and to promote wellness and emotional health respectively. One participant stated that she believed that "this school doesn't see the financial gain in funding us better", perhaps reflecting this difference in view. This conflict and a shift towards referring out affected many of the participants' work and emotional experiences.

Shift in the nature of counseling center services. Several participants reflected on ways in which the counseling center's focus or role has shifted in the past few years.

They discussed shifts in the type of services provided, from longer term counseling to short term, and an increased demand for time to be spent on crisis management, triage, referral, and case management instead of psychotherapy. When the student demand for services increases, “if your staff can’t increase”, said one participant, “then the model changes, which is what’s been happening [here].” “The job has changed”, she continued as she reflected on her 11 years working at college counseling centers, “and the requirements and the skills needed for the job has changed.”

Three participants (30%) discussed how they saw more of their time being spent on crisis management, triage, and case management than they had in the past. One participant reflected that in her experience, “college counseling in the past was more supportive, longer term, less crisis oriented” than it has become. She stated that when a student has a complex or severe presentation such as “substance abuse, eating disorders, personality disorders, something more complicated, we’re referring out, because the volume is *so* high. Last semester was gnarly. We see emergencies every week.” “We joke that we’re like an ER”, said the same participant, due to multiple hospitalizations of students in the past semester and “multiple [crisis] walk-ins per day.” She said that if her center were to receive funding to hire an additional staff member, that person would “need to be really adept at crisis intervention and risk assessment.” more so than long term therapy skills. This participant saw it as a positive that the counseling center has a higher “visibility” on campus than in the past, that students who need the help are coming. However, she noted the trade-off in the work experience of having more referrals than staff to see them:

> We see four, sometimes… five intakes a week… Plus emergencies. So it's just so busy and so intense that we can't see students in a long term way. Though we might generally like to! That would be our preference, but again we can't always do that.

Thus, for the limited staff to "stay afloat" with the volume and severity of incoming cases, the approach of the counseling center had to shift toward referral and short term services for non-severe clients, which in this case was 6 sessions.

While not all of the counseling centers had a hard or soft session limit, all of the participants (100%) conceptualized their clinical work as short term. Current and future staff "have to be adept at short term models", one participant said, "it's almost more like a community mental health center in many ways than a traditional college counseling model to be honest." Another participant shared that at his center, the staff focus on "determining what's the shortest amount of time you can do something meaningful" with each student; in this case, there was a 6-8 session limit range, which "put the onus on the provider to determine 'what's really needed here'." At the time of the interviews, two of the eight counseling centers (25%) were currently in the process of imposing shorter session limits. A participant at one of these centers that had recently begun to impose a 6 session limit stated,

> In the past here there was more luxury to do more longer term work… That's not the case now and going forward… Very much short term counseling, assessment and referral, triage and case management. Which I think is probably happening across the country… the approach of college counseling centers is probably shifting quite a bit.

Imposing session limits as well as eligibility limits was seen as necessary in “meeting the demand” of the number of students wanting to be seen. Eligibility limits were requirements such as being a full time student or undergraduates only, as a response to “really struggling with how to handle the amount of students that were coming in.” One participant noted that, since roughly 10% of the student body is in contact with the counseling center, “it doesn’t take much to create capacity issues.” To adapt to the demand, he stated that “We’re always looking for ways to be more efficient but keep up quality of care… We can’t do as much as we’d like to for each student because we just don’t have the resources.” Another participant acknowledged “the parameters of what we can provide”; while she felt that the quality of short term psychotherapy offered at her center was good, for “a student requiring a higher level of care beyond what we can provide, there are challenges” such as insurance issues, access to care, available and appropriate referrals. “We do what we can within our power”, she said. Another participant felt that it was essential for psychologists in college counseling to be flexible and able to adjust to the parameters of the setting. “If you’re locked into people coming in every week” as your way of practicing, he said “then that can be difficult” to adjust to the realities working in a college counseling center. Although this study did not gather data regarding session frequency, duration, and length in counseling centers in the past, based on the responses of the participants, there has been a shift in the clinical work toward shorter treatment duration, frequency of sessions, and session length.

Five of the ten participants (50%) stated that making referrals was a major part of their job. Making referrals reportedly took place upon intake, after a few sessions, or after the allowed amount of in-house sessions had been reached, if the student wanted further

treatment. “We generally aren’t able to meet the demand”, said one participant, “We do often have to refer students out, either because we’re not equipped to provide the level of care that they may require, or there are just not enough of us [staff] and our caseloads are full.” Another participant stated that her center’s approach was to “be more oriented toward crisis intervention and then end the treatment here when things have stabilized instead of continuing to do work.” Two participants stated that there were not feasible referral options in the immediate area around the university, which put extra pressure on the counseling center to accommodate students. Along with making referrals came time spent on case management. One participant stated, “even though we hate to do it, we have to do some case management”, such as making sure students being referred to private providers made it successfully there and helping them understand and navigate their insurance coverage. Another participant agreed that part of her responsibility was to support every student through the referral process. If her center were to receive more funding, she said that they would consider adding a position of case manager to assist in following up with referrals, because “that is a very involved process.” She stated that in the previous semester, she and the other staff used “up a lot of clinical time for that, which we didn’t have a lot of, so we would end up staying late making calls and sorting through all that to get students referred and transferred to treatment.” Of the participants who did make efforts to refer students out whenever possible, some shared reactions to having to frequently send students elsewhere or inform them that they would not be receiving the amount of on-campus services that they’d hoped for.

These participants described feeling a dilemma over having to turn students away or limit what they were being offered when they had started to establish a connection to

the counseling center or needed more than what was offered. One participant discussed having to implement a waiting list post-intake in the previous semester, because she and the other staff could not meet the demand of the number of students that wanted services right away. She described having to inform students of the waiting list and being "'not quite sure how long you'll have to wait.'" as "stressful", "frustrating" and emotionally challenging, mainly because of "disappointing" the students who had had the courage to reach out to the counseling center and disclose about themselves during the intake. This participant identified that she found figuring out how to "do more with less" (serve the students as best as possible with limited staff availability and resources) "really hard", and more stressful than the clinical work itself. "Once the student is in and you're doing the work, for me, that's what makes my day", she said, "But figuring out everything that goes around it is difficult." This participant also shared her reaction to having to end treatment with her short term clients.

> I would say 90% of them want long term therapy. So I don't think we can meet their needs. I think their needs are that they would need to work with someone for as long as they need to. So I think a lot of them leave feeling like 'ehhhh.'
>
> *Like 'Ehhh, we just started?'*
>
> Yeah.
>
> *And how does that impact you?*
>
> It's hard! I think I feel guilty for leaving them. I see potential for more work. I feel like we do a good job of planting seeds for them to maybe continue with someone else, but sometimes it feels a little bit like a tease…'Here's what I can offer, but… it's done.'

Additionally, three participants (30%) discussed their anxieties around scrutiny from administrators.

Of these participants, two of them highlighted a poignant fear that the counseling center would even be eliminated from campus. One participant shared that despite the counseling center's need for more funding and staff, he is careful not to ask the administration for too much, for fear of "ruffling feathers." "I have seen other centers that have been outsourced", he said, "I don't want that to happen to us." He described another university he was aware of at which the counseling center was moved into the university hospital and insurance and a fee structure was introduced. "I'm concerned about something like that happening here", he said, "…if that happened I think we'd lose a lot of students." Another participant described a strong focus on efficiency at the counseling center as a way to make best use of the manpower that they had available and show their funding source (university administration) that

> Even with what we're doing with the high efficiency… we still have periods that we can't get people in as quickly as we'd like. So the same administration that decides how much money we get is often involved in sending students to us and wishing they could get them in quicker. So they feel it too."

He stated that his counseling center uses evidence based treatments only and measures clinical outcomes as ammo to advocate to their funding source. He stated that this shift in approach (from longer term counseling and having a waiting list to "high efficiency" short term, evidence based treatment), which had taken place in the past 1-2 years, impacted the staff and who has stayed. He said, "some people [sic] have just adapted more readily than others to the busyness. Some, really many of us, would prefer a slower

pace but many recognized that we couldn't survive the way we used to work." He felt that "doing all these things to be efficient" and "manage the flow" was partly in an effort to keep the counseling center within the university. He spoke of another university that "farmed out their counseling center to a private outfit rather than trying to manage all these issues themselves." "We have to keep up the efficiency in order to survive", he said, "There's still a lot of counseling centers where they're doing it 'the old fashioned way'. I don't think there's anything inherently wrong with that, but it's just not going to work, the way the world is going." These examples further underscore the conflict that the center staff may find themselves in: while much energy is spent to justify to administration why the counseling center is worth funding, if they keep asking for more staff and more resources, the counseling center could be viewed by administration as more trouble than it's worth, threatening the staff's jobs and the care of their constituents.

Limited opportunities for advancement. Multiple themes emerged regarding ways in which progress or advancement was stifled at both the counseling center level and the personal level for the participants. Many organizational factors which will be discussed played a role in the work experience of having limited ability to progress forward.

Center level. Six of the ten participants (60%) described experiences in which the work of the counseling center was inhibited or slowed down due to the hierarchy of the university and many layers of approval needed. They shared how the "many cooks in the kitchen" outside of the counseling center complicated their efforts to deliver services as well as recover from staff turnover. Relatedly, the "political" climate of universities also was seen as a factor in impeding or slowing down the counseling

center's work. These participants illuminated that there are many players outside of the counseling center influencing and negotiating its direction. As discussed above, these other players may have different goals (e.g., reducing cost) and professional training (e.g., business, education) than the counseling center staff, differences that require time and energy to negotiate and take time away from providing services and innovating. One participant explained that for the counseling center to change one of its policies, "everyone involved in the division of student services, the various levels, you need to have input."

Participants provided some examples of ways in which they felt that the many levels of approval needed outside the counseling center slowed down the innovation and delivery of clinical services. One participant stated:

> As much as there's been support for our counseling center, there's still working for an institution, there's still a lot of bureaucracy. So that's something that, at times, may feel a little bit stifling. If there's certain projects that you want to carry out, or a need that you see, where you could do something to serve the students, but if you don't have that backing from [outside] of this office, then it can be difficult.

Another participant described a similar experience; despite appreciating being part of the larger campus community and the collaborative resources, he felt that "getting the right approvals" "can slow us down" when it comes to program development. He described feeling slowed down by the "different levels of approval that are needed" in things like outreach outside of the counseling center, public health campaigns, getting raises and hiring. Another participant, attempting to creatively work around budget constraints on

hiring another staff member, identified money from a charitable donation that could be used to create a post-doc position at the counseling center. However, in trying to implement her proposal, she ran in to road blocks getting multiple people at the university to agree that this would be a beneficial use of funds. She said, “the vice provost is really into it, but he has to keep asking everybody, ‘do you think this is a good idea?’ There’s somebody who’s in charge of development, do they think this is a good idea? And so I see that his power is actually not so amazing, his level of power.” This participant felt that the number of levels of approval needed to take action on behalf of student mental health was “a level of complexity in a college counseling center” that is distinct from other treatment settings. Another participant agreed, and added that there is a “very political climate.” “Universities are unique settings”, she said, “They’re very hierarchical and you’re working with faculty as well as administrators… Be prepared for a very political environment at times, and that part of your role here will be to navigate that”, which she called “really interesting” “but also really challenging.” She reflected, relating to staff turnover, that “if people are not ready for that or not ready to work within that environment, they don’t stay for very long.” Another participant disclosed that she preferred being part time, in part, because “I don’t have to deal with the politics as much… deal with administration and go to stupid meetings” compared to her full time colleagues.

Slowdowns in hiring due to institutional hierarchy and procedure was discussed by five of the ten (50%) participants, which made recovering from staff turnover difficult for the remaining staff. “At [this college], things take a long time to happen”, one participant said, “So they kept saying ‘We’re gonna hire someone’. They always say

that." Meanwhile, this participant's counseling center had been operating for the previous semester at a loss of one and a half time clinical staff members (a loss of over 25% of the clinical staff). With the same number of students needing services, the remaining staff worked overtime and were "slammed" and "exhausted" because replacement clinicians had not been approved by university administration. She described hiring for the counseling center a "long, slow process" and elaborated

> "They have to be interviewed by the Dean [of Student Affairs] and the VP. They look at the three candidates and then the President of the college has to look at the three candidates. And then it's a negotiation. We might like a certain candidate, but they might like somebody else. So, you know, then it's a negotiation. Yeah. That's why things don't move. We can't just advertise, interview, and say 'Ok. This is who we want to hire'.

Another participant described the same "complicated" "convoluted" way that hiring and changes are made at her university and stated that the counseling center staff has "input" but "less autonomy" over hiring replacements. Another participant, whose counseling center was one clinician down for one full academic year, agreed that "the bureaucracy" slowed down hiring a replacement and noted the significance of this delay when there is such a small staff. She said, "When you have five staff members, a whole year without one of them is quite a lot to make up for in terms of the services that you can provide." Similarly, another participant recounted that in the previous semester, a staff member in the counseling center left; the administration "froze the position to figure out what to do with it, but didn't let us hire another full time clinician." The center director had to "fight[sic] vehemently that we needed funding for the moment" in order hire a temporary

part-time replacement to serve the inflow of students wanting services. “They still haven’t replaced the position yet”, she said, “… we all cover to make it work…We’re able to stay afloat if somebody leaves. Obviously it’s not easy.” Another participant explained that after one of the full time staff members at his counseling center retired, the university administration told the remaining staff that they would not approve a replacement; at the time of his interview, they’d been operating one clinician down for one semester which was “really busy and difficult.” “I could feel the strain”, he said, “More days that not I felt exhausted leaving here.” This participant, like others in similar situations, described feeling compelled to still provide the same quality and promptness of care to students despite the counseling center staff “having to scramble” to absorb the departing staff’s client load and other responsibilities such as supervision and liaising to outside offices. In this case, instead of implementing a waiting list for students to receive services, he and the remaining staff gave up their lunch to fit in more clients and reduced session length (to 30 minutes) and frequency (every other week) where possible. Recognizing that it may have been difficult for students to bring themselves to the counseling center in the first place, he felt compelled to accommodate them as quickly as possible despite having a caseload “at full capacity.” He said, “It’s sort of like we don’t want [the students] to know that we’re struggling in terms of making sure that the services get met to the level they always have.” Because of the demand for services and limited staff, this participant stated “that is our biggest [challenge], making sure we’re getting students in” in a timely manner. For these five participants, administration outside of the counseling center played a significant role in the remaining staff’s ability to recover from staff turnover.

While all of the ten participants discussed that their relationships with university administrators were important, three (30%) participants focused on how turnover of administrators had a strong impact on the counseling center and what resources it was allocated. These participants highlighted that university deans, vice presidents, and presidents also leave their jobs! The fit between the administrator's personality and value system (and possibly view of psychotherapy) and the counseling center leadership had tangible consequences in the counseling center. For example, one participant stated, "The [university] president is new this year. And from what I can tell so far, [the counseling center] doesn't seem as valued as it has been in the past. We're struggling a little with that." He gave examples of ways in which the counseling center and its staff felt less valued; the new president had cut their budget and decided to move the counseling center from its current location to "the very end of campus" without informing the staff (the participant reported that he was informed of this news from a student who had heard it). Conversely, another participant spoke of how a new Vice President of Student Affairs at her university "really emphasized the importance of having a strong counseling center, enough staff, and that led to the expansion of services here."; in this case the personality or values of a new administrator had a positive impact on the counseling center and its staff. Another participant spoke of repeated turnover of deans, four deans in the seven years she had worked at the counseling center. When asked if she felt that the counseling center was supported and given adequate resources by the university administration, she replied "I think it depends on who the dean is." She continued, "and the [counseling center] director's relationship with the dean. (Sigh) I don't know if we're supported. I really don't. They talk it, but over the years they've said 'We have two more [hiring]

lines for you', but those lines have never been filled." This participant also identified, however, that other university departments may be affected by the same hierarchical factors and administrative turnover. She said, "I don't think it's always personal. I don't think the administration is out for us. I think there are some budget constraints. I know of other departments that are four full staff down. So it's not just us." However, another participant stated that "there are other offices on campus that are still getting everything they need and functioning well, and we're not", leaving him feeling undervalued by university administration.

Four additional participants (50% total) also described feeling personally compelled to provide the same level of care for students while operating with fewer staff and fewer less resources. One stated, "our mission is to be available to meet with all of [the students] that want to", but with an "understaffed" counseling center, working toward the mission left this participant "incredibly busy" and "exhausted." One participant said that the counseling center is "the only place that all of these people are going to come, if they don't have pre-existing care, which most of them don't. So that means we are accessed *a lot*. And also that we have this ethical, professional responsibility to make ourselves available." In these instances, participants reported that personal sacrifices of their time (e.g., working late, more hours) and self-care were made in order to maintain the level of care and availability for students. For example, one participant said "we'll give up our lunch hour to see two additional students for half an hour in that time." Another participant stated that she worked 11 extra hours each week in the previous semester. Another participant who had worked overtime the previous semester stated that she was so drained by the work that "there was not a lot of time for

your personal life other than to just rest and recoup on weekends." Six of the ten participants (60%) endorsed that they have been asked or expected to provide the same amount or more services with less staff, funding, and/or resources than they had in the past. These participants endorsed that figuring out how to "do more with less" required energy, strategy, and constant management. One participant stated that perhaps the dedication of the staff actually worked against their campaign for more resources. "We're constantly complaining that we need more staff, but I think part of [not getting] it is that we keep doing a fairly good job." Additional ways that the participants were personally affected by institutional constraints will be discussed below.

Participants' responses highlighted how time and energy spent advocating for renewed funding as well as meeting the clinical demand, took time that could not be used for program development, greater outreach, and innovation at the counseling center. Although all the participants acknowledged that there were some quieter times of the year (academic breaks, summer), during the academic semester all of the participants described their center's workload in a similar fashion, such as "extremely busy", "slammed", "booked solid", "gnarly", "intense", "stretched", "short staffed", or "very understaffed." One participant stated, "I think we're respected and utilized and people see us as important. It would be nice to be compensated in a good way from the university, but we're often fighting for money and budget." Another participant noted that the need for (and thus funding for) the counseling center's electronic scheduling and record keeping software is "questioned every year" by administration. Not only did this stance toward the counseling center increase stress and decrease morale, it may also prevent the staff from having the time and ability to innovate. One participants stated that she read on

college counseling listserves about new ideas for programs and projects "that I could never dream of because I don't have the money for it."

While being embedded within the university structure provided some advantages discussed previously, such as a sense of community and stability, these participants highlighted ways in which the governing levels above the counseling center created obstacles for the staff, especially in recovering from turnover, and led to and work experience of greater frustration and exhaustion. While other university departments may experience similar challenges, as a treatment setting, college counseling centers may be unique from others in managing this set of organizational factors. Negotiating the hierarchy and efforts to secure renewed funding reportedly took up time that could not be used for innovation at the counseling center and individual career development.

Personal level. As was introduced above, six participants (60%) described how being asked to provide the same or greater clinical services with fewer staff and resources than in the past caused personal drain and frustration. One participant said, "Our budget gets smaller every year. And we are constantly saying 'this is what we need' and we are careful about what we ask for. And I've yet to see a 'Great. You're doing good work and here's why you're getting all that [funding].' It's always like 'Can you do more with less?' And that becomes very difficult." As discussed previously, when the demand for services was high, staff members often worked more hours, gave up their lunch time, paperwork time, worked from home, or came to the counseling center on additional days. One participant said,

> I would say we experience the pressure to do well that students do… We work really hard to make sure that our students get the best care and that we're

> responsive to all our constituents throughout the campus… You find yourself putting something during what's supposed to be administrative times and it's like 'I guess I'm going to stay late to do notes.'

This participant commented on the conflict that the staff often finds themselves in, being advocates for self-care to students but compromising their own self-care at times to meet the demand. He shared that it is "tough" to find "that balance" "between wanting to push ourselves and push ourselves and push ourselves, but also not wanting to be bad examples" of self-care. The university environment, while inspiring and energizing, can also created a "pressure" "to be successful, to always be doing more, to come up with new ideas. To help every student you see to your fullest" for this same participant. Another participant called meeting the demand of the job with limited resources "depleting."

Five of the ten (50%) participants discussed ways in which they felt opportunities for career advancement (in terms of promotion and personal interest) were limited or capped at the counseling center. One participant said "there aren't as many opportunities for advancement. Especially given that we're a smaller counseling center, so that may be seen as a disadvantage" of working in this setting. Another participant stated that while he was not currently thinking of leaving his counseling center, "when things weren't as good in the past I might have said more opportunity for growth or promotion" was a consideration in contemplating leaving. Another participant, explained why she left a previous counseling center where she was working as a staff psychologist: "There was no room for me [to advance]", she said, "Even though I felt connected there and I felt very loved… there was no possibility for financial development, gain at all" because the

university capped her salary and there was no position to advance to besides the director who was young and had no intention to leave. She moved to a new counseling center to become the director (with clinical responsibilities), and found herself in the same predicament when trying to attract candidates for the vacant position of assistant director: "they will also see that there is also not that much room for advancement because I'm new and I'm young enough where I'll be here for a while." Another participant noted, "it's very common that psychologists end up in administrative roles a lot of times because before there's really nowhere else to progress." He described often witnessing staff psychologists hit a ceiling in terms of career advancement and taking directorial positions in the counseling center because it was the only opportunity to earn more money, even if it did not interest them, was not a good fit, or they did not have the management training be effective. Another participant found herself in just this position, she was "overqualified to be a staff psychologist"; in order to earn more money, which she desired, she would have to take on a directorial position. Six of the ten participants (60%) stated that low pay was a disadvantage of working in the university setting and was a challenge to staff retention. One participant stated that at her counseling center, "the salaries are embarrassingly low." As the Director, she realized that recruiting at this salary level would be limited. "I could never have this be a place where a person's family is established on this salary. That, to me, truly limits the number of candidates that I can have."

Of these participants, some described how due to the various demands of the counseling center and its small nature, their development of professional interests also ran up against a ceiling. One participant happened to be resigning from the counseling

center the very week of her interview. She shared that her main reason for leaving was a desire for “professional growth” that she felt she could not develop enough within the parameters of the counseling center. She explained about her center, “there aren’t as many opportunities for advancement and if you’re wanting to expand on your skills set, after a certain point, it can feel like you’ve really outgrown your position.” She elaborated,

> If you want to specialize in a certain branch of psychology or treatment modality, you can do that in a college counseling center but only to a certain extent. Because your cases will still be short term. And you still have to function within this setting and keep your different roles here, because all of us share in the crisis counseling and outreach, those kinds of things. At least here, you can to a certain extent create your own niche, but after a certain point it’s hard to grow it beyond [the parameters of the setting].

Another participant agreed, saying “we have specialty backgrounds, but we can’t necessarily work with that specialty because again we’re just so busy and we have a short term model.”

Chapter V: Discussion

This exploratory study has met its objective of gathering detailed qualitative information regarding the work experiences of psychologists in the college counseling setting and highlighting main themes of rewards as well as challenges to be considered. While the researcher has attempted to present the nuances of individual responses discussed above, common themes emerged from the interviews. How the themes are closely reflective of the relevant literature will be discussed. In addition to discussion of these themes, the limitations of this study are described. Lastly, implications for psychologists and universities and for future research are considered.

Rewards and Advantages of the Setting

Four main themes emerged as advantages or rewards of the treatment setting; these themes mapped closely onto experiences reported as buffers to burnout across settings described by Cherniss (1980, 1981, 1995) and Maslach and Leiter in their 1997 book *The truth about burnout: How organizations cause personal stress and what to do about it*.

Role and task variety. First, participants found it a unique advantage of the college counseling that they could, and perhaps had to given the small number of staff, “wear many hats” in their work. The variety of tasks and roles was often experienced as exciting, collaborative, and gave a sense of ownership over the operation of the counseling center; this is consistent with Cherniss’s (1995) finding that a feeling of autonomy over one’s work is an antidote to burnout. Other authors such as Allen and Bryant (2012) agree that job experiences are enriched by task variety, autonomy, and

feeling that one's tasks have a significant impact, which leads to an increase engagement and motivation and buffers against turnover.

Teamwork and intimacy among staff. Second, the participants often found that being a "jack of all trades" and "pitching in" given limited resources created a sense of teamwork and intimacy among the staff. Teamwork, synergy, and a sense of community with other staff have been found to be inversely related to burnout (Maslach & Leiter, 1997). Cherniss (1981) also found that the negative effects of stress that occur in human services can be mitigated by an experience of technical and emotional support from co-workers.

Witnessing rapid change. Third, participants highlighted how the developmental level of the client population as well as the spirit of the university setting allowed for rapid and concrete change to occur in treatment even in short periods of time. Universities may be a unique treatment setting in this regard, in their capacity to more frequently and visibly gratify psychologists for the impact of their work (e.g., witnessing a client pass the semester or graduate). "'Task significance'", "the degree to which the job has a substantial impact on the lives of other people" has been found to be positively correlated with the Personal Accomplishment subscale of the MBI, a buffer against burnout (Maslach & Jackson, 1981, p. 107). Conversely, Maslach and Jackson (1981) found that workers who did not have feedback about how effectively they were performing their job scored higher on the Emotional Exhaustion and Depersonalization subscales and lower on Personal Accomplishment. Witnessing rapid change and concrete accomplishment as well as feeling connected to the larger institution's spirit of innovation and learning was a potent reward of working in this setting for the

participants. Maslach and Leiter (1997) found that teamwork and a sense of community are buffers against burnout, as well as the freedom to innovate and use one's own judgment.

Stability and work-life balance. Participants also noted that in comparison to other treatment settings, they felt that the college setting provided a desirable stability of pay and benefits as well as a good boundaries in work-life balance. Allen and Bryant (2012) noted that how pay is administered (e.g., consistently vs. late or inconsistently) can have an effect on employee turnover through employee's perceptions of how much they are supported by the organization.

Challenges and Drawbacks of the Setting

Four important main themes regarding challenges of working in this setting emerged from the participant responses, with some rich subthemes.

Role and task variety. First, although considered an advantage by some, role and task variety was also experienced as a disadvantage by others. Cherniss (1981) stated that "'role overload' probably is the most obvious type of conflict experienced by staff in human service programs. The demand tied to the role exceeds the role player's time and effort" and decreases the individual's ability to cope with stress (p. 81). This problem has also been called "role conflict", when "the worker is expected to do either too many tasks or tasks that conflict" (Cherniss, 1980, p. 136). The participants in this study described their many tasks and how some of their tasks conflicted (e.g., not being able to both see more new intakes and give current clients adequate attention). Cherniss (1981) notes that if providing adequate care for all clients for which one is responsible is not an attainable

goal, the provider is likely to have personal reactions such as withdrawal from work, which contributes to burnout.

Competing institutional goals. Second, participants gave multiple types of examples in which challenges emerged as a result of competing goals between the university at large and the counseling center. Participants experienced conflicts (overt and subtle) with administration regarding funding, confidentiality, worldview (productivity vs. wellness), and views on to what degree the counseling center is or should be the main treatment facility for students. Differences in "the professional conception of service delivery and the bureaucratic conception" of it "makes clashes inevitable. When they occur, the helper's professional autonomy and self-esteem are threatened, contributing to stress and burnout" (Cherniss, 1981, p. 89). Maslach and Leiter (1997) found that conflicting values were a strong contributor to employee burnout and provides this succinct summary of this phenomena:

> A worker may be caught in the organization's own conflicting values, which often reflect a discrepancy between the lofty mission statement ('We provide customer service of the highest quality') and the actual company goal ('We provide the bare minimum of service in order to keep costs down'). (p. 17)

This quote, although stated generally to apply across setting types, so closely describes the value conflict experienced by many of the participants.

Although not all the participants felt their counseling center was underfunded or understaffed, they all described the high work demand created by the volume of students wanting services and some discussed the personal impact of feeling obliged to still maintain a high volume of services and excellent level of care despite depleted resources.

Maslach and Leiter (1997) found the personal consequences of work overload ("doing more with less") to be a common phenomenon:

> We have to do too much in too little time with too few resources. It is a matter not of stretching to meet new challenges but of going far beyond human limits. Downsizing in an organization rarely includes reducing its mandate, so fewer people have to get the same amount of work done in less time… The faster pace hurts quality, disrupts collegial relationships, kills innovation—and brings on burnout." (p. 11)

According to Maslach and Leiter (1997), attempts to maintain or increase productivity with a smaller staff through smoother work flow and increased efficiency rarely works: "Increased productivity is more often achieved because employees work harder for longer hours" (p. 39). "Such long, intense workdays deplete energy. Individuals give up personal time and commitments to help the organization appear more productive. But the productivity gains are illusory and temporary" (Maslach & Leiter, 1997, p. 41). The individual cost on the staff is significant. The participants responses reflected this problem: "under the constant pressure to reduce costs… often what appears to be cost reduction is actually just a shift in responsibility from the employer to the individual" (Maslach & Leiter, 1997, p. 41). "It is this sort of chronic emotional stress that is believed to induce burnout" (Maslach, Jackson, & Leiter, 1981, p. 10).

Maslach and Leiter (1997) underscore the importance of considering value conflicts between employees and management. "A short-term survival-and-profit value system is going against values that the most dedicated employees hold about their work. What people find especially aggravating is that often organizations emphasize a

dedication to excellent service… while they take actions that damage the quality of the work" (Maslach & Leiter, 1997, p. 55). In this case, while the university is likely not aiming for profit, there may be a cost cutting mindset toward providing student services (as it is primary an educational institution, not a healthcare institution). Maslach and Leiter (1997) also state that direct-care employees are most affected by disappointed clients; employees "rarely see a direct benefit to themselves in the money being saved by the organization when it downgrades the depth of its services. Instead they are painfully aware of the shortfall in services for the customer and the constraints on their own career development" (p. 57). The responses in this study are consistent with work-place phenomena found by these authors in other types of work settings.

Shift in the nature of counseling center services. Perhaps as a fallout out of the competing goals or conflicts that were discussed, participants described the changing nature of the counseling center's role, from a more long term treatment facility in the past, to a greater focus on short term therapy, crisis management, triage, referral, and accompanying case management. For the limited staff to "stay afloat" with the volume and severity of incoming cases, the approach of the counseling center had to shift toward referral and short term services for non-severe clients. In addition to shorter treatment duration, frequency of sessions, and session length have also been decreased in response to "meeting the demand" of the number of students wanting to be seen. These shifts in the nature of the job were seen as a necessity for the survival of the counseling center, not necessarily as a preference of the staff. McWilliams (2004) points out that although housed within educational institutions, college counseling centers are not immune to the cultural and political healthcare changes that are happening in our country. "As efforts to

reduce medical costs have led to a brutal contraction of psychotherapy in the United States," she writes, "pressure for work in the short term or on an infrequent basis has overwhelmed agencies, hospitals, [and] counseling centers." (2004, p. xiii). Psychologists "in the business of trying to help people with complex psychological miseries struggle to do the bare minimum" in what McWilliams calls a "nonfacilitating environment" (2004, p. xiii). For the psychologists in this study, there was a mismatch not only between resource supply and the demand for services requested by students, but in some cases also a mismatch between the kind of psychotherapy they have been trained to and may prefer provide and what is realistic given the nature of the demands in this setting.

Limited opportunities for advancement. Lastly, themes emerged regarding ways in which progress or advancement was limited, both on the personal level and the counseling center level. At the personal level, the reportedly low salary and typically small nature of counseling centers limited opportunities for career advancement within the center. Allen and Bryant (2012) noted that the pay itself may not be the direct driver or correlate of turnover, but rather that the pay level may signal to the employee how much the organization values them (or does not), which contributes to job satisfaction and turnover (p. 80). It is unclear whether in this study it was the actual level of pay or the perceived "organizational support" that the salary represented that was a more potent drawback for participants (Allen & Bryan, 2012, p. 80).

The demand of the volume of students and role overload left little time or energy for the development of personal interests during the school year, which was described by Cherniss (1995) as a contributor to burnout. At the center level, participants highlighted how the many levels of approval at the university, slowdowns in replacing lost

counseling staff, administrative turnover, and time spent advocating or justifying funding were stifling or limiting factors in the staff being able to effectively adapt to the volume demand and recover from turnover. This finding is consistent with Cherniss's (1995) findings that "bureaucratic hassles", "excessive red tape" and "interference from others" were direct contributors to burnout and employees leaving their jobs (p. 136). Again, organizational slowdowns in hiring for the position of a lost staff members not only overload the remaining staff and affects them personally, but ultimately harms the students' care. "Personnel management", such as hiring, is a "critical administrative concern" that affects "the delivery of service in clear and direct ways" (Cherniss, 1981, p. 35).

Although the literature acknowledges that personal characteristics such as "personality traits, career-related goals and attitudes, previous experience, and the quality of the person's life outside of work all influence job stress and the way in which one copes with it", this results of this study point more towards organizational factors as an area of potential improvement (Cherniss, 1981, p. 23).

Implications for Psychologists and Universities

Expanding the knowledge base of what factors positively and negatively affect psychologists' experiences working in college counseling centers helps us to understand what specific factors are impacting staff burnout, service delivery to clients, and ultimately employee retention and costs to the larger intuition. In examining the factors that are important to these psychologists, there is the potential to improve not only their job performance and personal well-being but also the effectiveness of care.

As the themes that emerged in this study so strongly map onto the factors related to burnout presented in literature about other settings, many of the recommendations of previous authors are relevant and worth considering. Maslach and Leiter (1997) advocate for organizational management to simply pay attention to these issues. “Burnout deserves serious attention. The emotional and financial costs are too high for it to be ignored” (Maslach & Leiter, 1997, p. 21). Employees are a “valuable resource to be protected, developed, and nurtured”, and burnout should be taken seriously by the organization at large (p. 60). Other authors agree, and even take their recommendation further, stating that "senior leadership has a greater effect on employee turnover decisions than immediate supervisors" (Allen & Bryant, 2012, p. 92). Senior management’s influence on employee turnover is thought to largely be through how the organization as a whole communicates support (or lack thereof) to its employees through its policies and procedures. Additionally, Allen and Bryant (2012) recommend that senior leadership "provide a vision for the future within the organization, including internal job mobility for top performers" (93). Employees and managers may both benefit from open discussions regarding a positive vision for mental health on campus and how to collaboratively achieve this.

As competing goals or value conflicts with staff and university administrators emerged as a major theme in the challenges discussed, Maslach and Leiter (1997) suggest the explicit discussion of these differences. It is inferred from the participants that in many cases, the differences in goals or values at the different levels of the institution were implied but not explicit. Additionally, consistent with Borne’s (2008) recommendations, “clarifying the role and scope of practice for counselors” may alleviate

pressure on the counseling center and ultimately better serve students. Levels of the university may not be able to agree on their values; however, clarifying differences in and of itself may be beneficial. However, "genuine agreement on central values, difficult as it is to attain, is not enough. Even when everyone accepts the wording of an organizational mission statement, they will encounter serious problems in implementation, especially when money is tight. Cost cutting measures are often directly at odds with enhancing quality of care and welfare of staff members" (Maslach & Leiter, 1997, p. 57). Thus, in order to address these organizational factors, university administration would likely need to take financial action to promote the health of their counseling center and their student body. Maslach and Leiter (1997) advocate for a prevention and long-range approach; investment now cuts costs in the long run. For example, "hiring another staff member now—rather than having one person handle a double load—will prevent a deterioration in the quality of the work and avoid costs of exhaustion and illness" (p. 77). It is a reality that many universities have been operating with smaller budgets after the 2008 recession in the United States, resulting in cuts across the board (Mitchell, Palacios, & Leachman, 2014). However, long term health of the universities' departments requires a different type of thinking. "In the current crisis, organizations are hard-pressed to maintain communities of trust, openness, and mutual respect. First, as they scramble for survival, they take actions that indicate relatively little concern for their employees' welfare. They devote their resources to short-term financial performance rather than to the less clear-cut goal of building organizational community" (Maslach & Leiter, 1997, p. 52). Student mental health is also at stake. Given the prevalence of high profile school shootings, sexual assault, and suicide on college

campus and their connections to mental health, universities may well be more effective at preventing such occurrences if they think in the long term about investment in the counseling center. In a 2012 NAMI survey of 765 college students, 21% found their college to be “not supportive” or “not very supportive” of mental health issues on campus (p.19). One of the top reasons they did not feel their school was supportive of mental health was “there are not enough mental health staff members and/or care available to students. There is a lack of follow up once students access help” (p. 19). One survey respondent hoped that her school would focus more on prevention and creating a community supportive of mental health, “instead of waiting until a student commits suicide to focus on problems” (NAMI, 2012, p. 19). In response to students’ experiences reported on this survey, NAMI (2012) too recommends an “increase capacity, duration, and availability of mental health services and supports” by providing “more long term, licensed mental health counselors to prevent disruptions in care” (p. 14). College counseling centers provide critical support to students and contribute directly to their ability to complete their degree and function in society. Thus, a prevention and forward-looking approach is warranted.

Maslach and Leiter (1997) suggest enhancing or building upon the positive rewards and making efforts to minimizing conflicts between employees and the organization at large, such as reducing work overload, increasing a feeling of control over what type of care is provided, and greater inclusion of individual employees in the organizational decision-making that affects them in the counseling center. Maslach and Leiter (1997) stress the importance of paying attention to burnout and human value; typically, “no attention will be paid to conflicts on the job, or work overload, or other

job-person mismatches until their link to increased costs" is evident, the point at which burnout and turnover is already a well-developed problem (p. 129). Allen and Bryant (2012) also advocate for managers and senior leadership to take an "evidence based approach" to retaining talented employees and improve organizational performance (p.103). "By taking responsibility for dealing with burnout, the organization will be managing in a way that will ensure it has a productive staff for the long term" (Maslach & Leiter, 1997, p. 73). Thus, the themes of this study suggest that university administrators, students, and staff may benefit greatly in the long term from considering the conflicts or challenges faced by counseling center staff and taking a forward-looking preventative approach to staff burnout and turnover.

Limitations

There are several important limitations to this study. The data were drawn from a convenience sample that was recruited mainly through acquaintances of the researcher, which may have led to selection bias. Thus, the data collected may not fully represent the more general population of psychologists in college counseling centers nationally. The researcher was personally acquainted with three of the ten participants (30%), which may have influence what they disclosed in the interview. Additionally, the small sample size of interviewees provides a preliminary understanding of the work experience of college counseling psychologists and factors contributing to employee retention and turnover, and is by no means comprehensive or exhaustive. All of the participants were located in the Northeast region of the United States; the geographic limitations may produce a regional bias in the results that cannot be generalized to all psychologists at university

counseling centers in other parts of the country. Additionally, all of the universities reflected in the study were located in either urban or suburban locations. There were not any rural universities included in the sample, which suggests the possibility that the results of this study are skewed toward a certain type of university setting. The timing of the interviews may have also participants' responses, as all of the participants preferred to be interviewed during an academic break when students were by and large not on campus. Participants described this period as a time to "catch up" and recover from the intensity of the semester. Thus, their responses may have been different than they would have been had they been interviewed during the beginning or middle of the "intense" semester. However, the timing of the interviews in actuality provided the participants the opportunity to reflect on the past semester and the qualitative research design allowed for rich and detailed descriptions of the work experiences of psychologists in college counseling overall, rather than at the moment of the interview. The design of the study allowed for information to be spontaneously discovered through the open-ended questions, but the conclusions drawn from this sample may not be appropriate for all college counseling centers.

The researcher's personal background is also a consideration in the limitations of this study. Having worked in two college counseling centers as a doctoral trainee, she may have had some pre-formed biases or unconscious ideas about what she would find based on her own past experiences in this setting. Thus, this study is through the lens of her eyes and cannot be considered an "objective" or completely bias-free account of the work experiences of psychologists in college counseling centers.

Implications for Future Research

There are several important considerations for future research. First, given the limitations of this study, it would be imperative to investigate this setting with a larger sample size and in other regions of the United States in order to be able generalize more readily to universities across the board. This study did not consider counseling center director's specifically; much could be gained from a qualitative inquiry of their work experiences as the most frequent liaison of the counseling center with higher levels of the university. As the discussion highlighted, the work experiences of psychologists in counseling centers are largely a function of organizational issues. It would be helpful to understand in further detail the perspectives of university administrators in clarifying some of the competing goals and conflicts that arose in this study. Additionally, the research would be strengthened by quantitative data regarding current and past services as well as outcome measurements to substantiate the impact on the clientele of organizational shifts.

Conclusions

This dissertation aimed to explore the work experiences of psychologists employed in college counseling centers and highlight factors contributing to staff turnover and retention. In this exploratory study, ten staff psychology clinicians were interviewed. In addition to looking for themes about the nature of the work experience for psychologists in this setting, several common rewards and challenges emerged which were connected to the particular population and university context. For descriptive

purposes, participants were also surveyed using the self-report Maslach Burnout Inventory. The qualitative results were analyzed through Grounded Theory Methodology.

The participants' responses helped to highlight the many institutional levels and players that interact in the university setting to determine the experiences of psychologists in counseling centers. Tremendous energy was reportedly spent to manage the volume of students wanting to be seen at the counseling center and "stay afloat" in the face of limited staff resources. One participant summed up, that although she planned to stay at the counseling center, "this is a hard place to work." Although "other departments that we work closely with and professors on the whole and students respect us and find us to be a valuable resource", she found that the lack of funding for a greater number of staff made it difficult to contend with "*the volume*" of students and the intensity of pathology given the short term nature of the services offered. Despite the challenges, she said "I *love* the students. It's really nice to walk around [campus] and see the different displays of what they do, and it's really amazing…Otherwise, where would I be? Like in private practice? That would be too lonely… Having colleagues is nice. I really like that." This participant's comments represent some of the major themes presented by several participants. Overall participants found role overload, competing institutional goals, shifts in the nature of counseling center services, and limited opportunities for advancement personally and for the counseling center to be the major challenges of practicing in the university setting. Despite the challenges of the organizational context of the university as a treatment setting that were discussed, potent rewards of the work were reportedly role and task variety, feeling a strong connection and support with other staff, witnessing rapid change from the students, and having a stable income. Participants responses on the

MBI survey were consistent with how they described their work experience; they felt a strong sense of personal connection and passion for the students, felt that their work had a positive, visible impact, but were exhausted by the demand for services and the mismatch in resources.

References

Allen, D.G., & Bryant, P.C. (2012). *Managing employee turnover - dispelling myths and fostering evidence-based retention strategies*. Retrieved from http://site.ebrary.com/lib/rutgersbep/reader.action?docID=10607107

Borne, J. E. (2008). *Analysis of organizational climate factors as predictors of job satisfaction and job stress for community college counselors (doctoral dissertation). Retrieved from ProQuest UMI Dissertations Publishing. (3297177)*

Brooke, M. B. (2006). *Service marketing for a psychotherapy practice: A client and employee retention approach (doctoral dissertation). Retrieved from ProQuest UMI Dissertations Publishing. (3283313)*

Cherniss, C. (1995). *Beyond burnout: Helping teachers, nurses, therapists, and lawyers recover from stress and disillusionment*. New York, NY: Routledge.

Cherniss, C. (1980). *Evaluation and action in the social environment*. New York, NY: Academic Press, Inc.

Cherniss, C. (1981). *Staff Burnout: Job stress in the human services*. Beverly Hills, CA: SAGE Publications, Inc.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Ellett, A. J., Ellis, J. I., Westbrook, T. M., & Dews, D. (2007). A qualitative study of 369 child welfare professionals' perspectives about factors contributing to employee retention and turnover. *Children And Youth Services Review*, *29*, 264-281.

Koslowsky, M., & Marom, M. (2004). Stress measures as predictors of intention to leave and turnover. In Griffeth, R. & Hom, P. (Eds.), *Innovative theory and empirical research on employee turnover* (pp. 83-101). Greenwich, CT: Information Age Publishing.

Kraft, D. P. (2011). One hundred years of college mental health. *Journal of American College Health*, *59* (6), 477-481.

Licht, D., Hull, M., & Ballantyne, C. (2014). *Psychology*. New York, NY: Worth Publishers.

Locke, B. D., Bieschke, K. J., Castonguay, L. G., & Hayes, J.A. (2011). The Center for Collegiate Mental Health: Studying college student mental health through an innovative research infrastructure that brings science and practice together. *Harvard Psychiatry Review*, *20* (4), 233-245.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*. *2*, 99-113.

Maslach, C., Jackson, S.E., & Leiter, M.P. (1981). *Maslach Burnout Inventory Manual* (3rd ed.). Available from http://www.mindgarden.com/117-maslach-burnout-inventory

Maslach, C., & Leiter, M.P. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: John Wiley & Sons, Inc.

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide*. New York, NY: The Guilford Press.

Mitchell, M., Palacios, V., & Leachman, M. (2014) *States are still funding higher education at pre-recession levels*. Retrieved from Center of Budget and Policy Priorities web site: http://www.cbpp.org/research/states-are-still-funding-higher-education-below-pre-recession-levels

National Alliance on Mental Illness (2012). *College students speak: A survey report on mental health*. Retrieved from http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NAMI_Survey_on_College_Students/collegereport.pdf

National Center for Education Statistics. (2015). *Fast facts: Educational institutions*. Retrieved from https://nces.ed.gov/fastfacts/display.asp?id=84

National Center for Education Statistics. (2014). [Table 303.70]. *Total undergraduate fall enrollment in degree-granting postsecondary institutions, by attendance status, sex of student, and control and level of institution: Selected years, 1970 through 2024*. Retrieved from nces.ed.gov/

Selden, D. R. (2010). The effects of staff turnover on psychiatric rehabilitation programs. *Psychiatric Rehabilitation Journal*, *34* (1), 71-73.

Smith, T. B., Dean, B., Floyd, S., Silva, C., Yamashita, M., Durtschi, J., & Heaps, R. A. (2007). Pressing issues in college counseling: A survey of American College Counseling Association members. *Journal of College Counseling*, *10*, 64-78.

Thompson, A.I., Amatea, E.S., & Thompson, E.S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling*. *36* (1), 58-77.

Williams, N., & Glisson, C. (2013). Reducing turnover is not enough: The need for proficient organizational cultures to provide positive youth outcomes in child welfare. *Children and Youth Services Review*, *35*, 1871-1877.

Woltmann, E. M., Whitley R., McHugo G. J., Brunette M., Torrey W. C., Coots L., Lynde D., & Drake, R. E. (2008). The role of staff turnover in the implementation of evidence-based practices in mental health care. *Psychiatric Services, 59* (7), 732-737.

Appendix A

Consent Forms

INFORMED CONSENT AGREEMENT

You are invited to participate in a research study that is being conducted by Marguerite Summer, Psy.M., who is a doctoral student in the Graduate School of Applied and Professional Psychology at Rutgers University. Ms. Summer, the principal investigator (PI), is conducting this study in fulfillment of dissertation and doctoral requirements. If you have any questions about the nature of this study, please ask the PI. You should be satisfied with the answers before you agree to participate in this study.

Purpose: This study examines the experiences of psychologists who are employed at college counseling centers in the United States. This study examines the nature of working as a psychologist in this setting as well as personal and professional advantages and disadvantages for psychologists in this work environment. The purpose of this research is to create a preliminary understanding of the rewards and challenges for psychologists in the college counseling setting in the hope of contributing to knowledge that could be utilized to increase retention of psychologists.

Study Procedures: It is anticipated that 8-10 subjects who are doctoral level psychologists will participate in the study. Each individual's participation will last approximately 90 minutes total, and participation in this study will include one 60 minute initial interview, the completion of one questionnaire, and a 15-30 minute follow up interview within 2 weeks following the initial interview.

Confidentiality: This research is anonymous. Anonymous means that the PI will record no information about you that could identify you. This means that the PI will not record your name, address, phone number, date of birth, etc. If you agree to take part in the study, you will be assigned a random code number prior to your participation that will be used throughout the duration of the study. Your name will not be linked to the code number that is assigned to you and no identifying information beyond the assigned case number will be attached to the recordings, measures, or transcriptions. There will be no way to link your responses back to you. Therefore, data collection is anonymous.

The researcher will conduct all in-person interviews in settings that are private. For those interviews taking place by telephone, the researcher will ask you to find a private setting. You will be asked to report general demographic information, such as your age, gender, identified race, licensure status, and number of years at your current employment. The researcher will protect participant confidentiality by limiting the storage of information that includes some degree of link between your identity and your responses in the study; recorded interviews will be transcribed within three weeks of the interview date. After transcription, the recording will be immediately destroyed. All records will be stored in a locked file cabinet only accessible by the PI and electronic files will be password protected. The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. Your results will be grouped with other participants' responses and analyzed collectively. All

information with a link to your identity (e.g. gender, licensure status) will be reported as aggregates. Information that cannot be aggregated will be disguised to protect your confidentiality. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for 3 years after completion of the study.

Risks: There are no foreseeable risks to participation in this study. Participants may experience minimal distress or discomfort in response to being asked to discuss work experiences that may have been unpleasant or difficult. **You may cease participation in the study at any time.** If you become distressed during the study, please notify the PI immediately so that she may discuss these feelings with you and provide you with referrals to local counseling services if necessary. Please note that in this case, the study will not pay for counseling services and you would assume all financial responsibility for such services. The PI will travel to your preferred location for the interview or schedule a phone call at your convenience. Thus, there are no anticipated costs to you that may result from participation in the research.

Benefits: The benefit of taking part in this study is the opportunity to reflect on your work experiences as a psychologist, which may be a positive and thought-provoking. Also, results obtained from this study could inform the practice of future psychologists and the effort to improve the work experiences and retention of psychologists in this setting. However, you may receive no direct benefit from taking part in this study and there is no compensation for participating. If you wish to be provided with general results of this study, please notify the PI, and this information will be shared with you upon the completion of the study.

Research Standards and Rights of Participants: Participation in this study is **voluntary**. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

If you have any questions, concerns, or comments about the study or study procedures, you may contact the principal investigator at Marguerite.Summer@rutgers.edu or 631-464-0823, Graduate School of Applied and Professional Psychology, 152 Frelinghuysen Road, Piscataway NJ 08854. You may contact the PI's dissertation chairperson Brenna Bry, Ph.D. at BBry@rci.rutgers.edu, 848-445-3977, Graduate School of Applied and Professional Psychology, 152 Frelinghuysen Road, Piscataway NJ 08854.

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732.235.9806
Email: humansubjects@orsp.rutgers.edu

You will be given a copy of this consent form for your records.

Sign below if you agree to participate in this research study:

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

AUDIO/VIDEOTAPE ADDENDUM TO CONSENT FORM

You have already agreed to participate in a research study entitled: "A Qualitative Inquiry of Work Experiences of Psychologists in College Counseling" conducted by Marguerite Summer, Psy.M. I am asking for your permission to allow me to ***audiotape*** your voice as part of this research study. You do not have to agree to be recorded in order to participate in the study.

The recording(s) will be used for ***analysis by the research team only.*** It will not be shared with anyone outside of members of the research staff or used for any other purpose outside of the analysis for this dissertation study. The audio recording(s) will not include your name or any identifying information.

The recording(s) will be stored ***in a locked file cabinet with no link to subjects' identity*** and will be transcribed by the principal investigator ***within three weeks*** of the interview, whereupon ***the recording will be permanently destroyed.*** The PI will maintain transcripts of interviews in password protected files and/or in a locked file cabinets. These materials will be destroyed three years after the completion of the study.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

Appendix B

Email advertisement

Email subject: Seeking psychologists in college counseling centers for study participation

Are you a psychologist working in a college counseling center for one or more academic year? If so, please consider participating in a new study on psychologists' work experiences in this setting. Doctoral level psychologists who are currently employed at college counseling centers are being recruited for a doctoral dissertation study at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. Licensure as a psychologist is not required for eligibility to participate.

Participants will be interviewed about the advantages and disadvantages of their work experiences in the college counseling setting and asked to complete one survey questionnaire.

If you are interested in participating or learning more about the study please contact Marguerite Summer, Psy.M. at 631-464-0823 or at Marguerite.Summer@rutgers.edu for more information.

Interviews will last approximately 60 minutes and be conducted in person or via Skype or telephone if the participant is unable to meet in person. Participants will be asked to participate in a 15-30 minute follow up interview within approximately two weeks of the initial interview in order to further discuss any outstanding interview questions. The follow up interview may take place in person or via Skype or telephone, per the participant's preference.
All interviews will be recorded to ensure accuracy in transcription. All interviews will be held confidential and no identifying information will be attached to interview responses. Participants will not be compensated for this study.

Study on Psychologists Work Experiences in College Counseling
Marguerite Summer, Psy.M.
Graduate School of Applied and Professional Psychology Rutgers University
Piscataway, NJ 08854
631-464-0823
Marguerite.Summer@rutgers.edu

This was approved by the Rutgers University Institutional Review Board for the protection of human subjects on October 21, 2015; approval expires on October 21, 2016.

Appendix C

Interview Protocol

Demographic Questions

1. What is your age? Please do not disclose your date of birth, just an age or age range.
2. What is your gender?
3. What do you identify as your race?
4. What is your marital/family status? (e.g. single, divorced, widowed, married, with or without children)
5. In what year did you complete your doctorate in Psychology?
6. Are you licensed? If so, when?

College and Counseling Center Description

1. What is the setting of university or college counseling center at which you work (urban, suburban, rural)?
2. How many students does the counseling center serve per year? If unknown, how many students attend the college/university overall?
3. How many counselors are there on staff at the counseling center?

Participant's Work History and Treatment Context

1. For how long have you worked at this college counseling center?
2. Is there a particular approach (modalities, theoretical orientation, limits) to psychotherapy at this college counseling center?
3. What has been your training in this/these approaches?
4. Do you feel this treatment approach meets students' needs?
5. Have you or the counseling center leadership changed any aspect of the treatment approach over the course of your employment here?
6. For what lengths of time have you worked in other mental health settings?

Description of Work in this Setting: Advantages and Disadvantages

1. What do you feel are the advantages and disadvantages (i.e. frustrations, challenges) for psychologists working in the college counseling setting?

2. What about working at the counseling center contributes to your staying in this job?
    a. Do you believe that there are any unique, advantageous factors for psychologists about this setting in comparison to other mental health treatment settings in which you have worked?

3. Are there any university-level factors that make this an enjoyable or advantageous place to work when compared with other mental health settings?

   a. Are there ways in which the university administration supports the counseling center? How does this affect you as a psychologist?

4. What about the counseling center is a disincentive to work here for you personally?
   a. Do you find that you experience greater distress caused by the severity of client problems/client behavior or by organizational factors such as workload (quantity and quality), resources, conflicts with administration or colleagues, etc.?

5. What about the counseling center do you believe has contributed to other staff members leaving the organization?
   a. Have you been a staff member that remained when a colleague left the organization? How was the change in personnel handled? How were you impacted?

6. Are there any university-level factors that you feel contribute to employee dissatisfaction or turnover?
   a. Do you sense a reduction in or lack of support of the counseling center from the university administration? How does this affect you as a psychologist?

7. What personal factors have caused you to think of leaving this organization? (e.g. family demands, family location)
   a. Has there been a time when you felt dissatisfied but remained in the job? What kept you from leaving? How do you think your discontent affected you, your colleagues, and your clients?

8. What personal factors influence your decision to remain at this organization? (e.g. need for health benefits or steady income, proximity to family, need for licensure supervision)

9. In this setting, are you able to practice in a way with which you feel personally identified and satisfied? Do you feel your interventions lead to positive outcomes for your clients?

10. What about this particular job or organization attracted you to work here in the first place? Have those things remained present and/or positive as you have been employed?

11. Are there any other reasons that you think attract psychologists to work at this center or in college counseling in general?

Appendix D

MBI-Human Services Survey

Christina Maslach & Susan E. Jackson

The purpose of this survey is to discover how various persons In the human services, or helping professionals view their job and the people with whom they work closely.

Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

Instructions: On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

How often:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How Often	**0-6**	**Statement:**
1. _____		I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How Often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

MBI-Human Services Survey

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How Often 0-6
Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.

(Administrative use only)

EE: _____ cat:_____ **DP:** _____ cat:_____ **PA:** _____ cat:___