GAPA

Friday, January 31, 2020

8:30-9:30am, 1110 LNCO

**Minutes**

College of Social Work Academic Advising and Mental Health Presentation

- Elizabeth Perez, Director of Academic Advising

Back ground – 1.5 years ago, College of Social work instituted a major change in the way they offer academic advising and student services. Often at the U, there is a bit of a compartmentalizing between the undergraduate and graduate programs, advisors who are strictly undergrad or grad, don’t really work together, and not a lot of centralization. After conducting a needs assessment, CSW determined that it would be helpful for the CSW to centralize our advising and student services. CSW now has an Advising team that works with undergrad (Bachelors of Social Work, AKA BSW) students, grad (Masters of Social Work, AKA MSW) students, PhD students in collaboration with our PhD coordinator, and Certificate students. Also works with perspective students, and current students. Lots of cross training, and there are lead advisors for certain areas, but all employees are housed together. End goal is for any employee to be able to help any student who walks in.

1. Centralized advising and student services model in CSW
	1. Benefits students and faculty/staff
	2. Proactive/ “intrusive” approach – We don’t necessarily wait for students to come to us and say they failed a class. We have certain in place in order to check in with undergrad and grad students. We send strategic and scheduled check-in emails to students throughout the semester. Personal connections, no template emails. Also check in (email using BCC) with faculty at certain points in each semester, ask for names and Unids of students who they think could use extra support. Faculty will respond with name, Unid, and small summary of why they would like advisors to check in. This process allows us to not wait around for a crisis, but to be on top of the student needs. Faculty will reach out before the request email goes out to them, sometimes.
	3. Mix of appointments, open hours and info sessions -
	4. UOnline for BSW, with MSW coming
2. Social workers (licensed clinical social workers) provide majority (>80%) of mental health services in the US, which means:
	1. In CSW we talk about mental health ALL THE TIME :)
		1. Thus, students possibly more open than in other programs
		2. Less stigma – though dependent on factors like cultural background
3. Mental health is leading reason our students struggle
	1. Low grades/attendance
	2. Conduct concerns
	3. Frequently cited in petition documents
4. Frequently cited concerns include:
	1. Depression
	2. Anxiety
	3. Substance Use Disorder
	4. Personal Trauma (e.g. sexual assault, domestic violence)
5. Student was helped by a social worker, that person changed their life, student now wants to help others
	1. May not have enough time in recovery – Due to the nature of the material, it could have a negative effect on the prospective student, student might relapse if they come to study too soon. Advisors need to have those hard conversations with students to determine if there is a risk to the student’s well-being. These topics cannot be taboo, for the safety of the student. Advisors need to be supportive of student recovery, and if needed, advise/encourage them on if they might need more time before applying. Need to take the ethical approach.
	2. Classroom content and practicum work can trigger students
6. As in every college/department, students are STRESSED and overloaded – Make sure advisors office is a trusted and safe space. Make sure the students feel that they have somewhere to go, and someone to talk to, if they are feeling like they are in crisis.
	1. Non-traditional students
	2. Economic concerns
	3. Drive to achieve
	4. Current students
		1. Immigration concerns, threats to trans community, etc.
7. We don’t have all the answers, and we frequently make mistakes – but what we find helps:
	1. Use Columbia Suicide Severity Rating Scale (C-SSRS): <http://cssrs.columbia.edu/>
		1. Information on the website is free to download, and people with no clinical experience can use it. CSW has additional tools they can send.
		2. We are not afraid to ask about mental health, self-care, suicide. Asking does get easier!
		3. “Are you talking to someone about this?”
		4. “Have you been having thoughts of suicide or self-harm? Harming others?”
	2. Maintain professional boundaries and clear definition of advisor role – We are not their therapist. Don’t try to over-empathize with them, “Oh, honey! My boyfriend broke up with me, too. I know what that’s like.” Just listen to the student, validate, then make the right referrals. This also allows advisors to practice self-care for ourselves.
		1. Refer, refer, refer!
	3. Recover @ the U: <https://attheu.utah.edu/facultystaff/students-supporting-sobriety/> <https://www.facebook.com/RecoverattheU/> – A new University Office, available to all students, located in the College of Social Work. Different facets: registered ASUU student group, recovery community for the University of Utah. Weekly recovery meetings, sponsor sober tailgate events, pro-social activities for people in recovery. College can be a difficult place at all levels, especially during football season, for someone in recovery to feel connected. Be encouraging to recovery students, very important for students to know they can talk to you about it, that you will validate them, and not bat an eyelash. SUD is a disorder like any other.
	4. Practice and discuss case studies with advising team – talk about scenarios that are happening in real time, and how would different people respond. Allows practice and learning from one another.
	5. Invite the experts – staff meeting structure and other trainings
	6. Low grades, lack of attendance, conduct, - all have concrete causes – Never assume laziness, or that the student is not qualified to be in the program, and tell the students exactly that. The student is already embarrassed about why they are there, when they come in to your office. Show support by not beating around the bush, and make sure the student knows they are in a safe space to talk about their lives and resources.
	7. Model self-care throughout the college/department and provide opportunities to de-stress and discuss – Therapy animals during finals week, student groups will put on de-stress events (even as simple as snacks and coloring sheets between classes can go a long way)
	8. Provide space for students to process big events – Elections can be a divisive time, whatever the outcome of the presidential election, there will be people who are emotionally affected, and there were in 2016. We provide a space for students to dialog about that, have a snack, to vent, to feel like they can cry. That has been really helpful with various current events that have come up.
	9. Offices, not cubicles, are crucial for advisors! – Personal space (with a door!) to talk with students is pivotal to creating an inclusive and safe space to talk about mental health. Conversations with students is not just limited to permission codes, and make sure Administration know that.
	10. ODOS BIT Team - Office of the Dean of Students, Behavior Intervention Team has been a really great resource for welfare checks and making sure students are supported. They have people in their office with mental health backgrounds.
	11. Walk students to Counseling Center, requires specific plan in place – Designated person for walking them down, with protocols for a backup designee. Can call ahead to prevent having to announce/discuss situation at the Counseling Center front desk, in front of the waiting room full of students.
	12. Check-ins with students (proactive advising model) – Email or phone call to someone you haven’t heard from in a while, and faculty supplying lists of students who they would like you to check in on, as they might be observing things you are not.
	13. With conduct: don’t forget what you *like* about the student – Student who is going through a major struggle is taking it out on you, or someone in the department, or they aren’t acting/thinking rationally. This mental prep can go a long way, especially right prior to a meeting with them.
	14. Working as a team means no more isolation – this helps! – All are affected by the Title IX disclosures that we get in our offices, the trauma that’s being disclosed to us, can lead to secondary trauma, and compassion fatigue.
	15. Compassion fatigue/secondary trauma is REAL – Self-care to decompress after a hard day of disclosures is crucial. Mental health day is important. Mandatory reporters are required to report, even if what was disclosed doesn’t seem critical.