

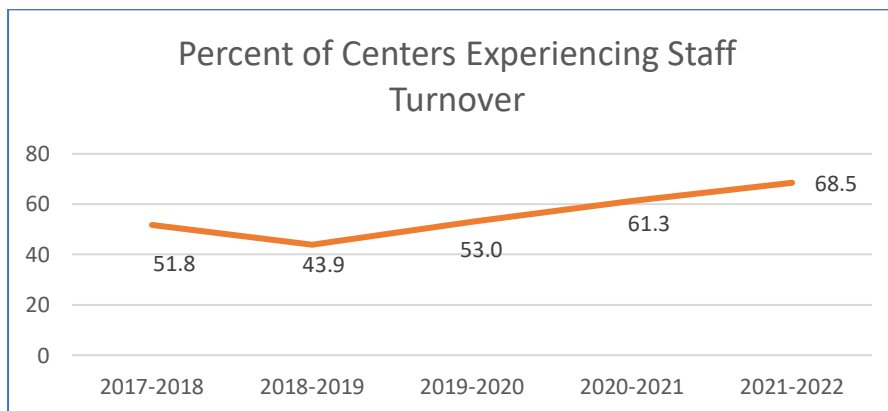
Why Counseling Center Staff Are Leaving and Why We Should Take Notice

Kimberly S. Gorman, Ph.D. & Brett E. Scofield, Ph.D.

The Association for University and College Counseling Center Directors (AUCCCD) and the Center for Collegiate Mental Health (CCMH) share and collaborate on data regarding counseling center trends. This blog, the first featuring our partnership, focuses on counseling center staff turnover. As part of the annual renewal process, CCMH requested turnover data from its member centers in Summer 2022 while AUCCCD requested turnover and recruitment data from its membership during the Fall of 2022. The data reflects information from the 2021-2022 academic year.

As many colleges and universities shifted in the Fall of 2021 to resume in-person operations, the utilization of counseling center services rebounded from the momentary decline experienced after the onset of COVID-19. In fact, the AUCCCD Annual Survey indicates 85.5% of centers saw more clients than the prior year, while 69.6% of centers provided more appointments in 2021-2022¹. Additionally, CCMH found the average Clinical Load Index (CLI) score (average annual standardized clinician caseload) of centers increased by approximately 18% from 2020-2021 to 2021-2022, which was partly accounted for by a rise in demand for services.

As utilization of services rose, counseling centers were concurrently managing increases in staff turnover. While several industries also faced turnover difficulties,² the five-year trend in the AUCCCD annual reports (see <https://www.aucccd.org/public>) indicates the rates of centers experiencing any staff departures was at the highest level in 2021-2022 (see figure below).



The impact of turnover can vary significantly depending on the size of the staff. For example, a center with three clinicians will have substantially different challenges adjusting to the loss of staff when one clinician leaves compared to a center with thirty clinicians. Thus, another, and maybe more helpful, way to capture staff turnover is to calculate the percentage of staff who left

¹ Gorman, K.S., Bruns, C.M., Chin, C., Fitzpatrick, N.Y., Koenig, L., LeViness, P., & Sokolowski, K. (2023). *Annual survey: 2021-2022*. Association for University College Counseling Center Directors. <https://www.aucccd.org/assets/documents/Survey/2021-22%20Annual%20Survey%20Report%20Public%20FINAL.pdf>

² Ariella, S. (2023, February 7) 27 US Employee turnover statistics: Average employee turnover rate, industry comparisons, and trends. Zippia.com. <https://www.zippia.com/advice/employee-turnover-statistics/>

a given center over the course of the year. Both CCMH and AUCCCD asked their respective members to report the percentage of positions with turnover this past year. The results were comparable, indicating that the number of clinical staff positions turning over in 2021-2022 hovered around 18%. That is, nearly one in every five positions was vacated at some point last year.

When evaluating the repercussions of staff turnover, it is important to consider that each departure causes a unique and significant impact on the center and its operations depending on the role of the employee. For instance, when a clinician resigns, clients must be reassigned and clinical care consequently can be disrupted; when a director departs, the impact is experienced across the entire counseling system, including campus partners. Thus, when assessing the magnitude of counseling center staff losses in 2021-2022, it is vital to contemplate the effect on clinical services, systemic processes, and institutional memory based on an individual’s distinct position.

For the past three years, AUCCCD has tracked the reasons for turnover within counseling centers. Low salary (34%) and work conditions (32%) were the top two reasons for leaving in 2021-2022 (and were in the top three reasons across all years). However, in 2021-2022, a new significant reason emerged that revealed clinicians are completely leaving the counseling center field (20%). This is particularly concerning as it implies that departures that involve staff exiting the profession of collegiate mental health can create subsequent recruitment problems, leading to smaller pools of candidates applying for counseling center positions.

Additional data compiled by AUCCCD showed 78.1% of directors had difficulties recruiting for the open positions available in their centers in the past year (as compared to 51.3% in 2020-2021)³. As the table below demonstrates, the primary recruitment challenges include having neither adequate quality nor quantity of applicants in hiring pools. In fact, directors reported for every doctoral position that was available in 2021-2022, the average candidate pool was 3.3 applicants, while masters’ positions included an average of 7.3 candidates. Approximately 54% of centers failed to obtain a representative pool of applicants. When a search commenced and an offer made, 54.5% were refused due to low salaries.

Percentage of Centers Having Recruitment Problems in 2021-2022

Recruitment Problem	# of Centers in Sample	# of Centers Having Difficulty	Percent
Did not have adequate number of qualified applicants	235	174	74.0%
Did not have adequate number of applicants	235	156	62.1%
Offer was refused because of low salary	235	128	54.5%
Did not have representative pool	235	127	54.0%
Offer was refused for other reason*	235	52	22.1%

*The ‘other’ category was used to highlight low salary as a reason not just for the refused offer but a difficulty in having any candidates to interview. Other situations included hiring freezes and administrative restrictions on the hiring process.

³ Gorman, K. S. Bruns, C.M., Chin, C., Fitzpatrick, N.Y., Koenig, L., LeViness, P., & Sokolowski, K. (2022). *Annual survey 2021 Association for University College Counseling Center Directors*. <https://www.aucccd.org/assets/2020-21%20Annual%20Survey%20Report%20Public%20Survey.pdf>

The findings highlight the importance of improving efforts nationally in recruiting and retaining counseling center staff, as turnover can negatively impact the clinical services provided to students, and conversely, the clinical system and work conditions can cause staff to leave. Prior to the onset of COVID-19, demand for college counseling center services nationally was increasing at over five times the rate of institutional enrollments⁴. More recently, the 2021-2022 AUCCCD Annual Report notes clinical staff provided more appointments than the prior year. The ramification of increased demand for services without a comparable focus on adequately staffing counseling centers has been a shift in clinical models to urgent care practices⁵ and rising caseloads of clinicians⁶, leading to poorer clinical outcomes and less treatment provided to students receiving services, including those with critical identity and safety concerns often prioritized by institutions⁷. Consequently, when students experience less improvement during their treatment at counseling centers, they are more likely to drop out of school during services⁸.

AUCCCD asked members in 2019 what strategies they used to manage increased utilization⁹; the findings are displayed below:

Methods Used by Centers to Manage Increased Demand

Method	# of Centers	Percent
Clients were triaged in terms of urgency/severity	230	48.2%
More groups were offered	145	30.4%
Establish a wait list	123	25.8%
Additional clinical staff hours were funded on temporary basis	120	25.2%
Most (or all) clients had an appointment every two weeks	184	38.6%
More clients were referred off-campus for services	154	32.3%
Outreach activities were reduced	145	30.4%
Non-essential meetings were cancelled	82	17.2%
Center staff routinely skipped their lunch breaks	81	17.0%
Center staff routinely came in early or stayed late	76	15.9%
Administrative time was reduced	73	15.3%
Appoints were often spaced to once every three weeks or less	72	15.1%
The length of appointments were reduced (e.g., to 30 min)	65	13.6%
More students were put into existing groups	54	11.3%
Additional trainees were recruited	43	9.0%
Additional clinical staff hours were funded on permanent basis	27	5.7%
TOTAL # of CENTERS REPORTING: 477		

Many of the methods commonly used are demand management strategies that reduce the timeliness of routine care (e.g., wait list), the ability to conduct core services (e.g., outreach), and practices that promote healthy work environments (e.g., boundaries with schedules and taking a lunch). It is critical for counseling centers to monitor the approaches they utilize to cope with

⁴ Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108).

⁵ Center for Collegiate Mental Health. (2019, January). 2018 Annual Report (Publication No. STA 19-180).

⁶ Center for Collegiate Mental Health. (2020, January). 2019 Annual Report (Publication No. STA 20-244).

⁷ Center for Collegiate Mental Health. (2022, January). 2021 Annual Report (Publication No. STA 22-132).

⁸ Center for Collegiate Mental Health. (2023, January). 2022 Annual Report (Publication No. STA 23-168).

⁹ Gorman, K. S. Bruns, C.M., Chin, C., Fitzpatrick, N.Y., Koenig, L., LeViness, P., & Sokolowski, K. (2021). *Annual survey 2020 Association for University College Counseling Center Directors*. <https://www.aucccd.org/assets/documents/Survey/2019-2020%20Annual%20Report%20FINAL%204-2021.pdf>

increased requests for counseling, given many strategies might unintentionally impair the health of a workplace, which is one of the primary reasons staff exit a counseling center role.

Key Takeaways

Staff who work in counseling centers find great satisfaction in their work with students and colleagues/campus partners. Center staff frequently cite the ability to work with the college student population, the teamwork/collaboration, the diverse responsibilities of outreach and consultation with campus partners, and the opportunity to provide training and supervision to the next generation of clinicians as primary reasons for working at a counseling center. In fact, many counseling centers have training programs that cultivate these values early in a clinician's professional development and inspire them to choose long-term careers in college counseling center settings. Counseling centers should be mindful about their specific operational decisions and how such choices might negatively impact these valued opportunities for clinicians, especially given their critical role in recruitment and retention of staff members.

Staff turnover also affects clinical services and vice versa. Given the reciprocal relationship between clinicians and clients, if there is a high degree of turnover within a center, clinical services can be continuously disrupted. For example, when staff leave, client care is redistributed to those clinicians remaining at the centers: clients have to 'start all over again' with a different counselor who is 'starting new' with several different clients at once. Clinical systems have to adjust to manage the supply/demand imbalance and ensuing increased counselor caseloads, leading to less treatment for students, poorer clinical outcomes, greater risk of student clients withdrawing from the institution, and more unhealthy work environments, which in turn, reinforces the cycle and influences the decision for more staff to resign from their roles.

College counseling centers provide essential and effective locally informed/tailored care to students that significantly improves their wellbeing and prospects of persisting in school¹⁰. Thus, it is imperative to address the turnover and recruitment difficulties emerging in the counseling center profession that can hinder the value of these crucial services. Salary and healthy work conditions are clearly vital to retaining and recruiting staff, which help prevent negative impacts to the clinical system, client care, and educational outcomes for students. While the answer to this situation might be quite simple (increased salaries and staffing), the reality is the answer is much more complex. AUCCCD recently released a position paper that provides guidance for universities to navigate through these challenging concerns. This blog and the framework offered in the position paper are intended to offer thoughts that address the turnover and burnout difficulties increasingly impacting counseling centers staff, and consequently, the students receiving care. The paper is available at:

<https://taucccd.memberclicks.net/assets/documents/PositionPapers/Navigating%20a%20Path%20Forward%20for%20Mental%20Health%20Services%20in%20Higher%20Education%20%283%29.pdf>

¹⁰ Center for Collegiate Mental Health. (2018, January). 2017 Annual Report (Publication No. STA 18-166).
Center for Collegiate Mental Health. (2022, January). 2021 Annual Report (Publication No. STA 22-132).

Kimberly S. Gorman, Ph.D., is the Director of Counseling & Psychological Services at Western Carolina University. She also serves as the Survey Coordinator for the Association for University and College Counseling Center Directors.

Brett E. Scofield, Ph.D., is the Executive Director of The Center for Collegiate Mental Health. He also serves as the Associate Director of the Center for Counseling and Psychological Services at Penn State University.