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CAMPUS SAFETY & MENTAL HEALTH
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>> Hello, and good afternoon everyone. Thank you again for joining us for today's webinar. My name is Jessica Zavala and I have the pleasure of welcoming you on the behalf of the Ohio Program for Campus Safety and Mental Health to today's webinar. Before introducing our presenters, I do have a few quick announcements to share.

In regards to today's presentation, we're really hoping to have an interactive discussion. So we do encourage you to feel free to post them in the Q&A and or the chat function throughout the presentation. Finally, this webinar will be recorded and a video will be made available for viewing on our YouTube channel.

And then finally, regarding our webinars, we invite you to view our website and or follow us on Twitter for additional detaials regarding our webinar series, so please be on the lookout again for details for even our spring offerings via our listserv as well as our Twitter and web page.

And now I have the pleasure to introduce our presenters for today. We are very excited to have Dr. Katharine As well as Dr. Brittany Sommers to join us for our presentation today. Katharine is the director of the counseling center at Cleveland State University. She leads the CSU suicide prevention task force, and has received the Garrett Lee Smith campus suicide prevention grant.

She served as president of the Ohio Psychological Association, and is currently on the Policy and Planning Board, of the American Psychological Association. Katharine is passionate about creating a positive organizational change and maintaining access to mental healthcare for university students, and Dr. Brittany Sommers, she received her doctorate in counseling psychology from Andrews University.

She has experience working with diverse clients in community and university settings. Currently she is a psychologist at the Cleveland State University's' Counseling Center, where she offers individual and couples therapy. She coordinates the group offerings and provides training and supervision. She also sees clients at the DeBalzo, Elgudin, Levine, Risen LLC., in Beachwood, Ohio, which specializes in treating concerns.

Excuse me, sexual concerns. Her clinical interests include emotion regulation, mood disorders, relational concerns, non suicidal self injury, tolerance, self injurious behavior and religious identity formation. She is chair of the Ohio Psychological Associations' early career committee

and as president elect of the Cleveland Psychological Association. So without further ado, I will turn it over to Dr. Katharine And Dr. Brittany Sommers, thank you.

>> Really, thanks so much, Jessica. We're really glad to be here, Brittany, and I are excited to talk a little bit about our experiences with this transition during the pandemic, and particularly how we use crisis leadership principles and how we became a more adaptive team even before the transition.

>> Wonderful, so good to be with you all, thank you for that introduction, Jessica. A few tech things as Jessica mentioned, we do have both the Q&As and chat open right now. So we'll definitely be throwing out some questions and encouraging you to participate by chat at the end of our talk here today.

Well, I think I have the ability here to give you permission to speak and we'll do that for all of our attendees here at the end so that we can have a more open discussion but for now you're all muted, so you don't need to worry about background noise.

But as a first question before I share what we're planning to present here, Katherine and I are hoping that this is a space today that offers some time for reflection, and maybe some helpful frameworks to think about the transition you and your own centers made in March. We know that this looks different based on different settings, but imagine that there are some things in common in our experiences as well.

So if you wouldn't mind throwing into the chat, we're curious what would you like to gain from spending this hour together, are there certain things you're hoping to hear? From us about because we can be flexible and make sure we're touching on some of those pieces throughout. But what we have planned is to start with talking about what our team look like before 2020 happened, because part of our story at the center is that we are a pretty adaptive team and there had been a lot of groundwork for that prior to this transition.

And then we'll talk about what March look like for us and what crisis leadership skills were needed and how we apply those. And then we'll end with a discussion around how can you take some of the principles we've discussed and maybe apply it with your own team going forward.

How did our experience, how are they similar, how are they different? Why don't you just add in a slide description as well here our slides today and throughout the presentation have a dark blue background here and the image of a wave that's like cresting or crushing here and that'll be true throughout the presentation.

It looks like from the chat I'd like to better understand crisis leadership principles mentioned and how I can integrate that into my own leadership style and responsiveness. Thank you Emily and

then also learning new leadership strategies and language to support staff. And understanding why certain leadership techniques are being used from Amber.

So I think we will definitely get to that at least in the second portion today.
>> So I wanna start back about five or six years ago with how we became an adaptive team because I think that was one of the things that really allowed us to pivot quickly in March and to continue to pivot throughout the year.

So, in 2014, this was before I came to CSU, we had Cleveland State University's population was about 17,000 students, a lot of first generation students, a lot of kind of blue collar background students, very hardworking, lot of graduate students in there. We had six full time licensed staff working at the counseling center, two interns, and one or two practicum counselors and that was about it.

So about half, what we should have according to sort of what most counseling centers in Ohio have now and there was a long waitlist about a three month wait about 60 people on the wait list at its height. And there was no direct service requirement so different staff would see seven clients in a week or 10 clients in a week.

Nobody was seeing much more than 12 clients in a week and they were busy with a lot of administrative work and felt pretty full. So we had four or five long standing groups running at the time and therapy was long term. So as soon as the client walked in the door and got in they were a client until they graduated and they could be seen weekly for four years, so that was the model back in 2014.

So at that time before I started, Bruce Manipachi was the director for a year, and he hired part-time counselors who got rid of the wait list for us, a lot of clients. And we started the first session limit of 16 sessions, so when I came in in 2015, there was a clear mandate that we wanted more change, more quickly.

So the vice president for student affairs at that time said. Welcome to CSU. I want to see in four weeks from you, a new service delivery model. So I got to know CSU, I got to know my staff really, really quickly as we had to develop this new service delivery model that would get rid of the waitlist and keep it away.

So it was an interesting time. But I was able to kind of use that time deadline, as you'll see, to help us create change in a productive way. So some of the strategies I used, the first thing that comes up when you're trying to create change is resistance, of course, because people really value a lot of what they have in the current system.

And so the initial response is wait, don't change things. I like a lot of the things the way they are now. So we got together and talked about what are the things that we're gonna lose if we change our model. So people talked about the potential for burnout.

The concern about if we see clients for shorter, are we really helping them? The clients we're seeing don't have access to other mental health care. It's hard for them to get it in the community. They may not have insurance. So these were all the things we named. And that was a really discouraging first meeting, actually, I went home and thought, I'm gonna fail at this.

I'm not gonna keep this job. It's not gonna work out. But the next meeting, I came back in and said, well, is there any reason we would want to make this change or is this just top down? But the staff really got on board there and said, we don't want to waitlist either.

We want to see all the students at CSU who need to be seen. And so we really got together around a purpose and a value on access and wanting to see the whole community and get rid of barriers to care. We're pretty social justice oriented. So that also drove our conversation and helped us change our model from more of a private practice model to more of a community mental health or public health model.

We did have to identify competing commitments. I usually talk about this as managing the tensions between two things, that we're never gonna get the perfect ratio or perfect middle point. But we were managing tensions between clinical needs and training needs, between access to care and length of treatment.

So these are tensions we're always managing. But naming them and then figuring out where we're gonna position our operation on that line was something we could collaborate on together. So I think keeping it a collaborative process allowed people to honor the losses from change and move forward together positively without getting too overwhelmed.

At the same time, we did have to maintain the heat on it at a productive level with a clear deadline. The vice president said if you don't design the model, I will design one for you for you to implement, so that pretty much drove us to keep going and design a model.

This is one of my favorite concepts in leadership. This is from the Heifetz book, The Practice of Adaptive Leadership. So the productive zone of disequilibrium is where you get people off their center, so there's disequilibrium. They know they need to make a change, but you don't go so far that they quit or stop working or call in sick all the time or get burned out.

So, the staff had actually been talking for about five years before I started about how to manage the increased demand. They really had done a lot of homework about what are other counseling centers doing? What are the other options? What are the decision points? And so, what they really needed was just that heat to get in that zone where we have to do this now together.

And if there are details we need to figure out that we can't come to consensus on, I said I can make that decision. And if it's the wrong decision that doesn't work well, we can change it. So everything is we're gonna commit to it. And then if it doesn't work, we can tweak it and change it.

So keeping people in this productive zone of disequilibrium was really helpful. What we came up with at that time, so five years ago, was that we would cut our sessions down to really short term, which at that time, we described as 10 to 12 sessions, we now describe it as 8 to 10 sessions.

So depending on how tight the year is, we have a range. We switched to phone screenings instead of just putting them on the waitlist until they could get an intake. So we commit to having a phone screening with the student within two to three business days of when they call.

We talked about absorb your own clients. And the staff were very much against that, so we didn't go that way. We still have a client assignment list that we manage, but we manage that every day. So if a student is screened today, they're gonna get assigned a therapist tonight.

And Kea will call them tomorrow to get them scheduled for intake. We wanted to make sure that if there was any delay, it wasn't on our part, that we were responsive and quick. I did set expected clinical hours for the first time, I set them at about 15 hours a week.

It's now a little bit higher than that. And we started advertising specific walk-in hours to let people know hey, we're here for crisis. And so we were really successful in increasing access, having people come in for crisis walk-in more. And we really changed the narrative on campus. It used to be, the Counseling Center is really great.

The therapy is really good quality, but you can't get in. Now the narrative is they're very responsive, just give them a call. They're right there, you can get in quickly. So we really changed that narrative and became a team that can make changes quickly.
>> So I came to the counseling center a little bit after this big change had been made.

So I've only been here under what we call the new model. But I've witnessed kind of our ongoing efforts to be able to, we use the word pivot a lot, to be able to pivot quickly and to stay adaptive. So I wanted to talk about a few of the principles that guide that and how that looks for our center.

So the first is that we take a very experimental approach. This is true when we're in non-crisis times. We know that in crisis times we sometimes need a pretty decisive solution. But when we're not in crisis, we want to take this attitude of, hey, we're trying things out.

Some things will work, some things might not, we might need to adjust. And having that be a pretty collaborative process by taking that experimental framework that allows for curiosity. It frees people up from the frozenness that comes with a lot of pressure. And it allows space to get things wrong.

And so, we have this regular habit of tweaking our operations together. Sometimes that's due to external pressures. Sometimes that's due to internal things that we notice. And then we also have kind of a ritual where each semester, we take some time to reflect at the end of it.

So twice a year, and we start by having a time where we all as staff and trainees tell the story of the semester. So how did we experience the semester qualitatively? What stands out? What were the hard points, the low points? What did we do well? And then we have another meeting where we talk about the numbers and the data and how demand played out over the semester.

And different things like that, what utilization looked like. And so, that way we have this nice blend of both. What did we experience qualitatively? What do the numbers show? What do we need to do to tweak to move forward? And sometimes we get it right and sometimes we don't.

So just as some examples of that, one thing we tried was a few years ago, we tried adding in an assessment practicum for our doctoral level trainees. We thought we kind of had the framework for that. And we tried it and it didn't fit well. It required way too much.

Prep work and training on our part for the outcome for the student. So we dropped that pretty quickly. Whereas a push that we've made recently in over the last two to three years is to really build our group program and make it a group's first model where students are equally preferred at least to group and individual therapy.

And that has gone well and has grown quite a bit. And so we just kind of try things out and have that experimental approach going next as a staff culture, we engage this whole people. Brené Brown calls this rumbling with vulnerability, this idea that you are engaging pretty authentically in the space.

We know that we bring a lot of diverse experience and diverse identities into the space as our staff. And so, if we can engage authentically that makes it easier when we need to pivot. And we're pretty aware of our own individual strengths that sometimes come from specific work that we've done with different strength inventories.

But also just through self reflection, and through giving reflection to other, to colleagues as it's appropriate and so. I think we're engaging from a space that we can be motivated from and is pretty congruent from for each of us in terms of our values and motivation. And similarly to that then another principle is that we try to stay pretty connected to our purpose, it can be easy to get caught up in the weeds, protocol and policy.

But we try to take this broader framework. We, at least once a year, if not twice a year, have staff retreats where we talk about either our values as a staff, or review our mission statement and from that what's really surfaced is that. As a staff culture right now, we all have a very strong value on providing access to care.

That comes as Katharine mentioned from our social justice framework and knowing the needs of the students that we have, and that we also really care as a staff about quality training. Training is a big emphasis of our time in our center as well. And so that allows for when we need to pivot we kind of already have that centering point of shared values.

And then another thing in common in our approach, I don't know for me I'd come from a practice where. Really the client that's in front of you is your client. And that's sort of the end of it. And at Cleveland State, we really take more of a public health approach, where we're trying to attend to the mental health needs of the whole campus in some capacity or another.

And so that keeps us in a similar mission as well. I wanted to check in here before we move into talking about March. It doesn't look like we have any questions yet but always feel free to jump in. And then post those, but I did want to add in that another person posted that they were interested in learning about differential impact for persons of color of leadership styles.

So we can integrate some of that as well. So moving from kind of this is what helped us be adaptive in the past, then March hits, right. And this transition happens for all of us. So, just a little bit more context about what this looked like for us and our center.

As Katharine mentioned, we have about 17,000 students, they're urban first-gen, a lot of diversity and identities represented. In terms of our staff, we had five psychologists, one social worker, two administrative positions, and then about six students, two of those being interns. We also have part time psychiatry and psychiatry residents on our staff.

And we were running a approximately 10 groups depending on how you count it at that point. And so that's where we were at and then the way March played out for us is that. Cleveland State as with other centers started to attend to this narrative around, hey, this, we might need to be making some moves for safety here soon.

And we got word like that second week of March that maybe Cleveland State would be moving towards remote work and remote learning. And we were actually initially told on Thursday that by the end of the following week, we would need to be remote. And then overnight, someone on campus got diagnosed with COVID.

And that move the time frame up and we were told that by the end of Monday, we needed to be working all remotely. So that ended up being our we kind of had four days of crisis there to figure out we had done no remote work before and we needed to be set up technology.

And otherwise, so Katharine's gonna talk about how she manage that.
>> Thanks, Brittany. So some of the principles I drew on from crisis leadership at this time were to prioritize. What needed to be done first, next and after that, so I was only working on one thing at a time, and then delegating because I couldn't do all of the work that needed to be done myself.

And then once I delegated just trusting completely the person I had delegated to because I did not have time to look back. I had to keep moving forward with my own pieces. Over communicating what we were doing was another principle. And then using the strengths from Gallup meeting the needs of followers.

So trying to make sure our needs were met as we went through the crisis together. So a lot of you are probably familiar with Gallup's strengths-based leadership, in this book they go over the four needs of followers. So trust, meaning followers need to have a leader they trust.

So, I knew that my team needed me to be trustworthy to be able to manage this crisis, lead and not lose any essential parts of the process as we went forward. Compassion, having empathy for how people were feeling and what was going on in their own lives. Stability, this was one I focused on quite a bit, in terms of just creating a container for my staff to sort of go through this process in a way that was manageable and felt okay.

And then hope, trying to make sure my staff knew that we were gonna get through this together, we could do this, and we were gonna be successful, and we tried. I also was, at the time, listening to. Some US Navy SEALs who were seal commanders in Iraq and Afghanistan and retiring from the military went on to become leadership consultants and writers and teachers.

So I had Jocko Willink and Leif Babin's in my ear literally as I was commuting to work and listening to their book on Extreme Ownership, which was, again, that trust piece sort of taking the whole thing on my shoulders and saying, okay, I'm gonna do this. I'm gonna manage this crisis and some of their some of their principles were prioritize, delegate, trust, and over communicate.

So I'll show you what I did. Specifically from my perspective that first day, March 12th, I held a meeting on Zoom. Some of my staff were at home, some were in the office, but we all met on Zoom for the first time together as a staff. And that was the first of thousands of meetings on Zoom, and it was just to help prepare them emotionally, practically, how we're gonna do this together.

I didn't want to be just making decisions in a vacuum and hoping everybody was okay. So it was just kind of the beginning of creating that container so that we could go through the experience together. Then I really had to just start making a lot of major decisions.

So I needed to delegate tasks and make decisions quickly. The very first thing was the infrastructure. We couldn't work remotely without the tech in place. And so that first week, Thursday, Friday and Monday, my priorities were to get the tech in place so that people could work remotely from home.

In a very practical sense, after that I needed to make decisions about our clinical services. And after that decisions about our training program, so I came in on that Sunday, it was March 15. And I had that day to make decisions to help us transition. I did a three way phone call with some of my staff so that I could consult about those big decisions.

I was feeling a lot of the weight and wanted to make sure I wasn't the only one, sort of making these decisions on my own. So we decided to keep all of our trainings working, to have a supervisor on call at all times, by phone for our trainees to contact us.

We decided to continue group counseling, and discontinue assessment. As I was doing this, I really wanted to make decisions based on our values. So our value was access and to continue client care, even during the pandemic and through the transition to remote learning. We didn't want to abandon our clients in any way and because our clients don't have much access to care.

Otherwise, we really felt the pressure to make sure we were there for them, to continue our work. So I think the staff you've kind of sent me the message that we were all gonna pull out the stops and do everything we could. And that was helpful for me.

And then we also looked at our trainees' abilities. We had amazing current trainees. And so the decision to let them continue seeing clients online and move to tele-health for our trainees, was partly based on our knowledge of those trainees' skills and our faith in them.
>> Dr. This is Jessica.

I actually had a question and I know Dr. Sommers had talked about the demographics of your students, mainly being urban and first generation. And I think you were just starting to get into it. But I'm also curious in terms of the change in your service delivery. Were there challenges to getting your students on board, to this great change in service delivery?

And if so, I'm sure there were if you could share them.
>> Thank you. Yeah. So one of the challenges we had that first week was people weren't necessarily familiar with or comfortable with Zoom or teleconferencing for their counseling sessions. So a number of students opted to do phone first, and then we did a lot of encouraging to get them to use Zoom.

And so we actually came up with talking points to use with our clients. We wanna make it as much as possible, like it would be if we were across from each other in the room. Let's try it out, if you don't like it, we can go back to phone or if we have tech issues, but we kind of got them in the experimental mindset with us.

Let's see if it'll work for you. We also did a lot of craft in the email, we would send them with the Zoom link to join us we would talk about, try to be in a private space. Sometimes students don't have private space in their house. A lot of students are sitting in their cars or they're outside for their therapy session, that's fine wherever you're comfortable.

So we did a lot of tips and hand holding and kind of encouraging them, until we got all of our clients except maybe one using the teleconferencing pretty quickly. They still have issues sometimes with finding a private space and we're just very flexible in working with them around that, to do what we can for them.

And make sure that's working.
>> Another piece with that too is that a lot of our students don't have consistent access to technology or to Internet. And so, that's where we were in a little bit of a be flexible while the campus stepped in to help get people access to hotspots or laptops or some of those pieces.

And it seems like Jennifer threw in here that they had some of the same concerns around finding a private space which we kinda continue to navigate together.
>> Yeah, yeah.
>> And it appears as though she actually even added a follow up that, while there was some concerns about finding the space.

That other students actually found it to be beneficial, because there is now no longer a barrier to transportation, so, thank you.
>> Yeah, we've actually had fewer no shows because they don't have to drive to campus and find a parking spot or take the bus. So for our students telehealth is sometimes the most convenient way to get there.

So what I did that Sunday, March routine I was creating instructions for all the staff and trainees, so I either created them myself or delegated them. So that all the staff would have the same set of instructions for telehealth. So we all watched the same two webinars on how to do telehealth.

We all read the same three documents and we came and talked about it in a staff meeting. We designed a telehealth consent form that we all use, a designed instructions for your first telehealth session, so that whatever our staff or trainees were doing, they had an instruction sheet.

We all have the same instructions. And if we found, this isn't working, we could tweak it. And then we would all be doing the same thing again, just making it work better. Managing suicide risk and hospitalization plan, was also a part of that, of course, as we moved to telehealth.

So week one, all clients were either met by phone, online or were called to schedule, reschedule for the following week. And we really focus our priority on learning telehealth and getting familiar with the online platform. And then week two, all client sessions were held by phone or online and group counseling actually resumed that second week as well.

So throughout this time, I was also really working to instill hope, making sure that my team knew that I had complete faith in us to adapt and be successful. And again, telling that story that we're good at this, we're good at adapting. And we met every day for two weeks, one or two times a day on Zoom.

And again, we were tweaking our process, we were supporting each other, giving each other telehealth tips and Zoom tips. Checking in on well being and just doing that tweaking of the

experiment. So that's what we were doing. It was a four day or two week, sort of intense time period.

And what I want you to do is think back to your own transition to telehealth and remote. If you were, working at that time and think about how you felt. And then if you're comfortable putting it in the chat, a feeling word or a phrase, for how it affected you, how you felt at that time.

For me, I'll take a phrase from my Navy Seal leaders, the fog of war was one of my experiences. There was so much stimulus, that it was hard to focus. I kept thinking of other things I needed to do or think about or something I hadn't nailed down or wrapped up or delegated yet, so I had to re focus pretty consistently to finish a task.

I felt pretty overwhelmed and tensed. I felt lonely at times, that Sunday by myself in the Counseling Center was sort of a pivotal day for me to get everything nailed down. Our Counseling Center was moving a lot sooner and faster to remote work. CSU seemed to really put one to protect us, which was great.

But it meant that I didn't have that many resources from other Counselling Centers' help. I felt kind of alone in my leadership role with the complexity of the whole project on my shoulders. I also felt really exhilarated that we were accomplishing each task and really making it work.

And I felt so confident in my team and closer to the team than usual. So what are folks posted in the chat, let me-
>> I'll read a little bit of what they posted. Someone said, hey, it showed them that universities can move fast when there is appropriate motivation and support.

And that thought was kind of encouraging, but it stated a bit now, which has been sad.
>> Yeah, yeah.
>> Which I know we experienced as well
>> Yeah, that's great
>> Am gonna continue sharing and so I can talk about what things look like for me, from the Staff psychologists group coordinator perspective.

I was thinking about reflecting on those needs of followers and kind of grouped these things that way. One was that, trying to work towards stability in the midst of so much global uncertainty then. And so, Just in terms of my own caseload, tried to hold meetings with clients as scheduled, whether that was by phone for a check in or something so that that stayed consistent until all the tech was set up.

Cleveland State did give us an extended spring break. So some students weren't Back are engaged yet that first week. I coordinate a seminar with our doctoral interns about supervising and the spraying and in checking in with our interns who are trying to make all of these transitions with us.

They were really good sports but they said, look, it would be helpful to have a little bit more consistency there. So made a decision to switch from having rotating facilitators to just one facilitator to have some more continuity there. Develop some of that paperwork that Katharine was talking about.

Some of that coming from resources. Other people shared a telehealth informed consent, technology directions, setting up systems for shared files. And we also made a change to have our groups were three week workshops that take a lot of admin time, in order to get new clients referred and connected since they rotate every three weeks.

And so, we actually decided to drop those meetings out and just stick with some of our more stable groups. In terms of trust, as Katharine said she had to make decisions and then just kind of assign people and trust what we did. And so we kind of stepped into our own role.

So for me that meant clarifying what I was responsible for and then making decisions rather independently there particularly about the group program. We consulted a lot with Dr. Frances Lucas and one of her recommendations is that you don't make a policy when a decision will do. And when I reflect on our process I saw especially a lot of other group coordinators develop these really impressive like changes to their group manuals and extensive group protocols.

Which I totally understand for ongoing purposes. But for us it was more let's just get the group's running practically first and then we'll let the structuring catch up there which worked out for us, and I think it helped continue some group momentum. We had really good engagement with our groups and the second half of the semester, I think because there wasn't too long of a pause there.

And then lastly compassion, knowing that we're making a lot of kind of directive decisions but also needing some of that interpersonal compassion and support and being really mindful of not expecting others to perform at full capacity and not expecting myself to perform at full capacity. And then, Mia Birdsong kind of offers two questions for us always to be reflecting on.

One is like, how do we identify when we ourselves need care and support? And then a question I was thinking about a lot is her second question, which is, what am I prepared to offer to someone who needs respite? And so I was thinking a lot in that time.

We didn't know what it was gonna look like. Would we all rotate getting COVID? like where are we gonna have different needs, due to, demands a family and kids what was it going to look like and so being intentional about what extra do I have to give and what space is to step in there.

And then in terms of what it felt like considering to see a few things pop into the chat here and I was definitely distracted at first by like the emotions and practicalities of the pandemic as a whole so a lot to center in on the crisis at work, but there were also competing things.

I think I have a lot of family that work in health care roles, and then I have a chronic illness that makes me pretty at risk. So there were some of those pieces at play for me. And but I also felt really confident in our team. There was really no question like Katharine said that we could probably manage this with the right support and time.

I felt pretty unified and connected in terms of having that shared kinda laser vision, at that point for wanting to keep access through this transition. Certainly the switch to virtual I experienced as feeling some of that loneliness, not in the way that has come about through social distancing now, but just in that initial contrast, my last week in office was actually spent doing the second wave of intern interviews.

And so for us that meant 40 hours in a room together. Actually doing a lot of Zooming ironically and then switching to not having any connection was pretty abrupt. I mean we were still learning how do we connect with each other interpersonally through this transition. And then also feeling a little bit excited.

One of the things I was thinking about is that I had wanted us to have more access for individuals, like you said that don't have transportation or have other barriers to coming into the office and to have more access for staff if we ever need to work from home.

So I was excited to see that move happen even under kind of the worst circumstances. Motivating it. So we'll move into some discussion here. That's all we had kind of planned about our process. So I think what I'm gonna do is I think I can go in and allow each of you to speak.

So if as Katharine introduces the questions, I'll go ahead and allow you each to talk so that we can jump in together.
>> Great. So one of the things we were curious about was, what values or purpose guided your team during your pandemic transition?
>> Actually, before you move into that, I just want to thank you both on before we move to this discussion phase for very informative presentation and talking about a lot of the changes that were implemented.

Definitely fast and furious at Cleveland State. And also to wanted to really thank you for a vital point that I think you made regarding acknowledging the challenges within your own team. And so I think that's so important to and as you are looking at really how to make these accommodations for the students, that it is key, it's vital, it's very important to also acknowledge that staff themselves and their own families also had and shared the same fears of the students to your point Dr. Sommer are we all gonna kind of be exposed to COVID at the rate and.

So just so many challenges and thoughts I think that go through the mind of our staff. So I did want to thank you for acknowledging that.
>> I think everyone has the ability to speak now. So if you want to share as we move into discussion, you can unmute yourself and do so.

So our first question here is as you reflect back, what values or purpose would you say guided your team during your pandemic transition? We listed some of ours, but we'd like to hear from you as well.
>> You can also post them in the chat. I think hours were access was a big one.

Social Justice. We wanted to support our trainees to be able to make this transition. We had a value on sort of basic competence like not completely violating our ethics by doing telehealth with no training, so, we got in there and did some really essential training and then planned for longer term training to go on from there.

>> Emily, I see that you have your hand raised, feel free to share.
>> Sure thank you. I didn't want to interrupt. So I apologize. I think one thing that guided us now officially we don't have a team. We have multiple campuses. And all of those counseling offices do work independently, but we have chosen to be a team together, kind of as the regional campuses and that's how we function and that kind of thing.

So it's like a team, but it's an unofficial team. No one has like authority like you have to do it this way. So, I think two of the values that really stand out for me thinking back to that time was advocacy. Like we all really tried to, I think use the idea of advocacy for students as part of the avenue to really talk about what we were trying to do for our services.

And we were, because we were talking to students and hearing directly from them. Many of us were able to provide advocacy for students at large like other Opening subcommittees or technology subcommittees to talk about things like, widening the Wi-Fi fence into our parking lots. Or setting up... Some of us, were able to set up actual rooms on our campus.

Where while the campus was open, even though we didn't have many students going there, that we could set up a room that had all the necessary technology for them to attend a session. Either regardless of if we were on campus or not, they could do it safely if they really truly didn't feel that they could access it from home.

Or maybe didn't have good Wi-Fi at home or whatever. So I think advocacy was a really big purpose that guided us in collaboration. We really tried to have a lot of conversations and make sure that we were on the same page for what we wanted to ask for.

We kind of reached out to each other to help with asking for things. And I think that really helped because it set us up to be a team, if that makes sense. So again, it was like this unofficial team. But through the idea of advocacy for ourselves, and for our students, and also this idea of collaboration, there's a lot that we were able to accomplish.

>> I really like that you shared that piece of kind of forming a team in this place. We had a team already in front of us in terms of our individual staff, but we also started collaborating a lot. We're

all involved in different professional organizations. I know I'm part of the American Group Psychotherapy Association and their resource sharing.

We kind of started a check-in group where we could ask some specific. How do we transition groups to online questions? And that was really supportive. And others, Jennifer shared that. It was really important to them to reassure students that you were supporting them. Similarly, we started a new group.

Actually a drop-in like Mindful coping during COVID group, cuz we just wanted there to be a space for students. So I think we shared that hope. Amber shared ethics and access through a social justice lens. And Kelly noted access for student without technology, and supporting students in the transition to telehealth.

So we hear some of these really important themes.
>> Great, so the second question is, how much you use principles from crisis leadership in your own work? So this was, prioritize, delegate, trust the people you've delegated to, and over communicate to make sure everyone knows what's happening.
>> Sure, Emily, feel free to jump in.

>> Sure, so I realized that these are crisis leadership things. However, after them being named, these are skills. Does that make sense? They're not just principles. They really are skills. I know for me personally, I'll own this. And anybody else on the call who knows me, know that it's true.

I can sometimes struggle with delegating. Either because I know what other folks are dealing with and don't want to kind of add to their burden. Or kind of going with the wall, but I can just do it and I know it's done. But sometimes that limits the input, and feedback, and other perspectives that could be really valuable.

So I find it interesting that these are principles and they're obviously just good, general leadership principles. But they also come across as the ideas like crisis leadership skills. Learning how to prioritize. I would imagine you each had to navigate having to answer why you prioritize certain things and not other things with outside leadership who are not as familiar with, right, our services.

And even trusting is a skill. You have to learn how to do it. And you have to learn how to not just do it, but also apply it, right? Not just trust someone, because you say you trust them, but then actually give them the things to show that trust and to continue to build that trust.

So it just stands out to me as I've listened today. And just as I'm reflecting with this question.
>> Great, yeah, again this morning just to put it back in my mind, I was listening to this Extreme Ownership audio book again, from the Navy Seals. And what they do in each chapter is talk about their experience leading a specific combat mission in Iraq or Afghanistan.

And then, they describe the leadership principles they used and then they apply it to business world. And so here they were really talking about decisiveness in the face of uncertainty. And I think we're still kind of in that world where there's still a lot of uncertainty. And our team doesn't necessarily need us wallowing around in uncertainty.

Of the uncertainty, what are we gonna do? I don't know. I'm not sure. At some point, they need us to say here's what we're gonna do to move forward. Let's plan around this decision. We can always change it, if it doesn't work. And so that one was really helpful to me.

I'm interested in how these might apply for folks with different identities too. We had that question at the beginning around, what's the impact of leadership for people of color using these different strategies? That's a great question. I think with my team, I had a lot of time with my team the last five years to develop ways that I know I'm effective.

And I had to use all the ways I'm effective. And if I were trying to hone something new, I don't know if it would have worked during a crisis. But the fact that I'm younger than some of my staff and I'm a woman, I had to know what that meant to myself, and have worked through some things to feel confident to just be decisive.

Say what needed to be done.
>> And then, my team was there and had my back.
>> If that weren't the case, it would have been a much different situation, I think.
>> I think to that point too, we've seen how these different leadership skills that Katharine and the rest of us use impact our staff.

When we have those that share the story of the semester. When we made this change, what did it feel like? Did it have differential impact for our staff with different identities? And so I think we have an open feedback loop. Where Katharine can try out a leadership style or technique.

And even here, we've reflected a little bit on, there was a change that came later on around furloughs at our university where we've said, hey, you know what? In retrospect, we might have tweaked how we approach this. Some of our staff needed different support than others due to some of those differing identities during that time.

And so having that space to communicate back that experimental what worked, what didn't work, I think is really important. Especially, in attending to diversity factors among staff.
>> Yeah, I think one of the things that helps me is I always admit that I might get it wrong. And then, if I see, I really got that wrong.

Then I say that I really got that wrong. I think I really should have done this other thing instead of that, and I see how that impacted you. And I really apologize. I'll try to do it better next time. So I identify as a learning leader who's always trying to learn.

I know I'm making mistakes. And as long as I can catch those mistakes and learn from them, I'm gonna get better. So that's helpful. Maybe some of my privilege allows me to be that humble. But also, authenticity. I think it's really important for me to be genuine. And so I've been able to develop that with my staff.

>> So what other, I guess, adaptive leadership strategies, would you wanna try out? Or Brittany had a good way to frame this. Would one of these adaptive leadership strategies be a stretch for you, that you'd want to try to use with your team to create a more adaptive team, going forward?

>> We hope that we're not in quite the same crisis situation again. But we were certainly thankful for the adaptive pieces we built into our team ahead of this happening. So anyone have an idea about one of these you might wanna work towards, or what that might look like?

Again, feel free to throw your answer into the chat or to unmute yourself.
>> I was just gonna say this is such a quiet group today. And really, I think the first time on our webinar platform that we allow this or enabled this discussion feature. So hopefully folks to chime in I'm really enjoying the conversation and I guess one of the things that I'll add to just Piggyback on what you meant, or what you mentioned is that or at least early on about engaging staff authentically.

And I know it was mentioned that there were some changes such as clinical hours, and that had not yet been implemented before. And so I'm just even curious to expand on that a little more. What challenges are, was it really difficult to make some of these changes initially, like what was the your team's response to those changes right away, were they on board with them right away?

How was that incorporated?
>> Great question, I don't know any group of counselors or psychologists that like top down decisions, so whenever I have to make a decision that hasn't been consensus driven, I know that they're not going to like it. So I try to help people talk about what can we do.

We we're all really busy with administrative things and felt like all of our time was full. How can I fit more clients in. So I said, well let's try and let's add more clients, then you'll only have 20 hours a week of admin time. And whatever you find you're not able to do in that time, let's figure out maybe you don't need to be doing all of that.

We were doing a lot of data collection that we didn't need to be doing really, we didn't have an audience for it. And so we got rid of some things that had been done traditionally but didn't necessarily need to continue to be done and so not everybody was happy about that.

But as a team, we had to kind of let go of some losses if they didn't fit our primary focus as much. So I did make people unhappy and two people did leave after my first year because we

really have significantly changed the model. So if they wanted more long term therapy work, or a more controlled, predictable schedule, it wasn't necessarily going to be the place for them anymore.

So we had to take those losses too, I guess, and rebuild the team a bit.
>> If you could switch to our reference slide here we have a question about maybe some suggestions for books or other articles about adaptive leadership. So let's all attend to that. And also just a comment from the chat that some of these skills might really apply after other crises like death by suicide or car crash on campus or something like that, which is absolutely true.

>> Very much, yeah. Some of the books, so I'm so old school I bought my books. I don't know if you all had your professors do this when they were teaching. I did. So I bought my books. So in addition to this one, the practice of adaptive leadership from Heifetz, which is Harvard Business School books, we mentioned the one I was reading on audiobook.

Brittany mentioned Brené Brown, Mia Birdsong And then this is the Strengths Based Leadership one if you take the Strengths Finder usually get this and then Diversity and Leadership is a book by Jean Lau Chin and Joseph Trimble that really is like a review of IO psychology in a way around leadership, research and theory and then really incorporates the whole cultural context and personal identities.

And then this summer I was reading this Power of Appreciative Inquiry and trying to really be very positive in my leadership style and talk about what are our strengths as a team that helped us get through this and how can we leverage those and keep using those in the challenges ahead.

So that's a really positive approach if you're thinking about something like that.
>> And thank you so much for sharing those references. I guess I'm old school in a way too and so I definitely appreciate you sharing those books. All right, well again, Dr. And Dr. Sommer thank you so much for very informative presentation today and I just wanna say whatever you and your family do, celebrate the holidays certainly on behalf of Ohio Program for Campus Safety and Mental Health.

We wish you happy holidays and please be on the lookout for information that will be disseminated via our Listserv as well as our Twitter and web page for our free webinar series, so those topics and information will be disseminated. So thank you again for your participation today. Have a wonderful day.

>> Thank you for joining us and having us here.