

WHITE PAPER

Clinical Expertise in Higher Education: A Record of Engagement

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Executive Summary

This white paper presents a comprehensive record of higher education consulting and institutional engagement by Lex E. Santí, LCSW, founder of A Key Therapy LCSW, PLLC. Across six institutions — Cornell University, Hobart and William Smith Colleges, Washington University in St. Louis, Webster University, George Mason University, and Family and Children's Service — the work spans four domains: curriculum design and revamp, digital mental health programming, international safety infrastructure, and DEI and organizational culture consulting. The paper presents each domain's rationale, methodology, and outcomes, with particular attention to the integration of clinical frameworks with social justice pedagogy. It concludes with a statement of current consulting availability and areas of focus.

Keywords:

higher education consulting, curriculum design, digital mental health, travel safety infrastructure, DEI, social justice pedagogy, clinical framework

Institutions at a Glance

Institution	Domain	Scope
Cornell University	Digital health · Safety	4 of 6 digital mental health workshops (still deployed, 25,000+ students); travel registry design & migration; international safety infrastructure
Hobart & William Smith	Curriculum · Outcomes	Full redesign of Personal Empowerment Program; 12-week curriculum; first Facilitator Manual; outcomes measured by IR across 100+ students

Washington Univ. in St. Louis	DEI · Culture	Diversity consulting for equitable and culturally responsive program development
Webster University	Curriculum	Curriculum frameworks and mission statements across 20 A&S; departments
George Mason University	Safety · Systems	International crisis response systems; travel registry; Terra Dotta partnership
Family & Children's Service	Clinical training	Psychoeducational staff training in community mental health settings

Detailed narratives for each engagement follow in sections 2 through 5.

2. Curriculum Design & Revamp

Curriculum redesign is the domain in which the integration of clinical expertise with institutional knowledge yields the most direct and measurable results. Two engagements are detailed here.

2.1 Hobart & William Smith Colleges

The redesign of the Personal Empowerment Program (PEP) at Hobart and William Smith Colleges represents the most fully documented consulting engagement in this record. The program had been operational for several years without formal clinical grounding, theoretical framework, or outcome measurement infrastructure. The redesign was commissioned as a comprehensive revamp, with the explicit goal of producing a program that was both clinically defensible and institutionally sustainable.

Process

The engagement began with an institutional discovery phase comprising an in-person site visit and structured interviews with current students, former participants, active facilitators, faculty with program oversight, and the program's original founders — who remained active and were treated as essential collaborators throughout the redesign. This discovery phase preceded any curriculum development work, ensuring that the redesign was grounded in the specific relational and institutional context of the program rather than imposed from outside it.

Deliverables

- Complete 12-week curriculum integrating CBT, DBT, MBSR, Polyvagal Theory, ACT, and social justice pedagogy, with session-by-session structure, timed activity blocks, and peer coaching group protocols
- First-ever Facilitator Manual for the program — with word-for-word facilitation scripts, discussion prompts, clinical rationale, and theoretical grounding for each of the 12 weeks
- Outcome measurement framework, designed in partnership with HWS Institutional Research, using validated clinical instruments (CCAPS and RYFF Psychological Wellbeing Scale)

Outcomes

HWS Institutional Research administered CCAPS and RYFF instruments at baseline and post-intervention in Fall 2025, across a cohort of more than 100 students. Trends were consistently positive across nearly all domains — including decreases in depression and anxiety and increases in personal growth, self-acceptance, purpose in life, and autonomy. This represents the first time the program's outcomes have been formally measured.

2.2 Webster University

At Webster University, the consulting engagement focused on curriculum framework development and mission statement redesign across twenty Arts and Sciences departments. This engagement addressed the alignment between departmental learning objectives, institutional mission, and the

implicit messages about knowledge, value, and belonging transmitted through curricular structure. Work incorporated explicit attention to whose knowledge is centered, whose experiences are represented, and how institutional assumptions about academic standards are transmitted — and for whom those standards function as barriers.

3. Digital Mental Health Programming

The development and deployment of digital mental health programming at Cornell Health represents one of the most significant examples of clinical expertise applied to institutional scale. Four of the six self-paced workshops currently available through Cornell Health were created by the author; the author also served as a key architect of the program's launch infrastructure.

3.1 Program Context

Cornell Health serves approximately 25,000 students at Cornell University's Ithaca campus. The digital workshop program was developed and launched in summer 2025 as a scalable complement to direct clinical services — addressing the well-documented gap between student mental health need and available counseling appointments at large research universities.

The program model — self-paced, asynchronous, Canvas-based, accessible via CU NetID — reflects a deliberate design philosophy: that evidence-based mental health content should be as accessible as course material, without waitlists, scheduling barriers, or the stigma that continues to limit help-seeking behavior among college students. All six workshops remain live and in active student use as of 2026.

3.2 Workshops Authored

Everyday Resilience: Skills for Anxiety, Depression & Student Life

10 video modules · 62 minutes

Introduces resilience as a learnable skill. Covers stress physiology, nervous system regulation, campus resource navigation, and evidence-based strategies for remaining grounded and connected under sustained academic and social pressure.

Meditation 101: Beginning the Practice of Awareness

9 modules · video, written, and audio-based

Science-informed, story-forward introduction to meditation for beginners and prior practitioners who have struggled with consistency. Builds toward an understanding of awareness as the foundation for calm, presence, and self-trust.

Thesis Therapy

8 video modules · 3–5 minutes each, plus writing exercises

Addresses the emotional, psychological, and practical barriers that arise in thesis and dissertation writing. Integrates clinical therapeutic principles with the specific experience of academic writing — perfectionism, procrastination, burnout, and identity pressure.

Unraveling Anxiety

10 video modules · 3–5 minutes each

Comprehensive introduction to anxiety as it manifests across thought, body, sleep, and relationship. Evidence-based framework presented in accessible, modular format for self-directed engagement.

3.3 Additional Workshops in the Program

Two additional workshops were developed by colleagues as part of the same program launch: *Effective Self-Coaching* (Cory Myler, PhD) and *The Neuroscience of Stress and Rest* (Kate Evans, LMHC). The author contributed to the launch infrastructure and program architecture supporting all six workshops.

“The design principle behind the Cornell Health workshops was that evidence-based mental health content should be as accessible as course material — without waitlists, scheduling barriers, or stigma.”

4. International Safety Infrastructure

The design and implementation of international travel safety infrastructure at a major research university represents a distinct and significant domain of higher education consulting — one that requires systems thinking, institutional change management, and the ability to work across a decentralized, politically complex organization.

4.1 The Problem of Institutional Invisibility

When political unrest swept North Africa and the Middle East in early 2011, universities across the United States discovered that they could not account for their students, faculty, and staff abroad with any reliability. The difference between institutions that could and could not do so was not primarily technological — it was structural. Institutions that had first mapped their international program landscape, migrated existing programs into a common platform, and secured top-level institutional mandate for travel registration had near-complete coverage. Institutions that had led with technology procurement without that foundation captured a fraction of their travelers.

4.2 The Framework

Based on a comprehensive analysis of peer institution models — including Michigan, Penn, Northwestern, Michigan State, NYU, and fifteen additional institutions — and consultations with recognized field experts, the following four-stage implementation framework was developed and applied:

Stage 1 — Know the landscape

Map every international program, department, and travel channel across the institution before any technology is deployed. This requires direct engagement with every college and unit — not a survey, but structured institutional ethnography.

Stage 2 — Migrate programs

Move existing international activity into a single platform before building the registry on top of it. At Cornell, this meant migrating programs from every college into the StudioAbroad platform — coordinated across multiple units with direct faculty and administrator engagement.

Stage 3 — Build simply

Design the registry for minimum friction and maximum compliance. Every additional question or procedural step reduces registration rates. Group upload functionality and proxy registration pathways are essential for faculty-led program compliance.

Stage 4 — Mandate from the top

A travel registry without institutional mandate is voluntary, and voluntary systems fail in crises. Senior leadership endorsement — from a provost or president — is not optional. It is the infrastructure's foundation.

4.3 George Mason University

At George Mason University, the engagement focused on international crisis response systems and safety protocol development. This included construction of an international travel registry in partnership with Terra Dotta, a leading provider of study abroad application management software. The engagement applied the framework described above to a university with a large and diverse international program portfolio, including significant enrollment from international students and extensive faculty-led short-term programs.

5. DEI & Organizational Culture Consulting

The author's DEI consulting practice is grounded in the Making Connections social justice education framework — a peer-facilitated curriculum developed at Cornell University in the late 1980s, built on the foundational claim, drawn from Audre Lorde (1983), that there is no hierarchy of oppression. A full scholarly treatment of this framework and its application to contemporary DEI practice is presented in a companion working paper; this section provides an institutional summary.

5.1 Washington University in St. Louis

The engagement at Washington University in St. Louis focused on diversity consulting to support equitable and culturally responsive program development across institutional units. Drawing on the Cycle of Personal Oppression as a diagnostic framework, the work examined how institutional programs, hiring practices, and curricular structures reproduce systemic messages about who belongs, whose knowledge is valued, and what constitutes excellence — and where structural intervention is most likely to produce sustained change.

5.2 The Cycle of Personal Oppression as Institutional Diagnostic

The Cycle of Personal Oppression — the central analytical model of the Making Connections curriculum — functions as a diagnostic tool at the institutional level as well as the individual. Departments can map their curriculum, hiring practices, and pedagogical assumptions onto the cycle's six stages and identify where they are inadvertently reproducing systemic messages. This diagnostic capacity is particularly generative for institutional actors who are resistant to frameworks that feel accusatory or individually targeted — because the cycle locates responsibility at the structural rather than the personal level.

“Sustainable DEI work requires intervention at the institutional level. Individual bias training, conducted without structural follow-through, produces awareness without transformation.”

6. Cross-Cutting Themes and Methodological Commitments

Discovery before intervention

Every engagement documented in this paper began with a structured discovery process — site visits, stakeholder interviews, institutional mapping — before any curriculum, training, or system was designed. This commitment reflects a foundational clinical principle: you cannot effectively intervene in a system you have not yet understood.

Clinical frameworks as institutional tools

The clinical frameworks central to the author's therapeutic practice — CBT, DBT, ACT, MBSR, Polyvagal Theory — are not confined to the therapy room. They provide rigorous, evidence-based language for understanding how individuals and institutions change, what gets in the way of change, and what kinds of intervention are developmentally appropriate at each stage of an engagement.

Social justice as methodology, not ideology

The integration of social justice pedagogy — particularly the Making Connections framework — into curriculum design and organizational culture work is not a political stance. It is a methodological commitment: to understanding how institutional systems produce and reproduce inequality, and to designing interventions that address those systems at their root rather than at their surface.

Measurement from the start

The HWS engagement demonstrates that validated clinical instruments can serve as legitimate outcome measures for social justice-informed programming. Institutions should build measurement infrastructure into program design from the outset — not as compliance, but as accountability.

Institutional memory as asset

In every redesign engagement, the people who built and sustained the original program were treated as essential collaborators rather than obstacles to change. Institutional memory, properly engaged, is the most reliable predictor of whether a redesigned program will be adopted and sustained.

About the Author

Lex E. Santí, LCSW is a licensed clinical social worker, DSW candidate, published novelist, and founder of A Key Therapy LCSW, PLLC, a mindfulness-based therapy practice in Trumansburg, New York. He has held institutional roles at Cornell University, Hobart and William Smith Colleges, George Mason University, Webster University, and Washington University in St. Louis. His proprietary AMI (Acceptance and Motivation Inquiry) framework informs both his clinical practice and every consulting engagement. He is currently completing a book-length treatment of the Making Connections social justice education framework. Licensed in New York, Delaware, and Virginia; pending in New Jersey.

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