University Counseling Center
THE UNIVERSITY OF UTAH

ANNUAL REPORT

JULY 1, 2019 – JUNE 30, 2020

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2019 – 2020 UCC ANNUAL REPORT HIGHLIGHTS

- 2,067 unique clients visited the UCC (4.6% decrease from 2018 – 2019).
- 11,013 total clinical sessions were provided (5.7% decrease from 2018 – 2019).
- 1,353 initial intake sessions were conducted (8.1% decrease from 2018 – 2019). The highest demand for intakes in September, October, January & February.
- Anxiety, Depression, and Stress remain the "Top 3" reasons clients report for seeking counseling.
- 5,697 individual counseling sessions were provided for 1061 clients, representing a 13.8% decrease in number of sessions and a 7.9% decrease in clients served by individual counseling 2018 – 2019.
- 265 clients attended a counseling group for a total of 313 group sessions. This represents a 39.5% increase in the number of clients served from 2018 – 2019, despite groups being closed for the latter half of Spring semester due to COVID-19.
- 94 psychiatric medication evaluations and 508 follow-up medication management sessions were provided by our psychiatric APRNs, representing a 20% and 18% decrease from 2018 – 2019.
- 453 crisis intervention appointments were provided by our Mental Health Intervention Specialist staff representing a 19% decrease from 2018 – 2019.
- 258 face-to-face case management appointments were conducted (23.1% decrease from 2018 – 2019).
- 42.9% of clients reliably improved according to the overall CCAPS Distress Index.
- 67.9% of clients surveyed who were "thinking of leaving the U before counseling", reported that counseling "helped me stay at the U of U."
- 63.4% of clients surveyed said counseling helped them increase their academic performance, and 83.4% said counseling enhanced their experience at the U.
- 259 workshops, presentations, and tabling events were provided to 68 campus departments over 17 different topic areas (4% increase from 2018 – 2019).
- 22 graduate student trainees worked side by side with licensed clinical staff providing intake assessments, crisis intervention sessions, individual, group, and couples counseling, and psychological assessments.
- 2,451 people received proctored exam services from the Testing Center (16.8% increase from 2018 – 2019), 91% of which were University of Utah students.

OVERVIEW

ACCOMPLISHMENTS. Primary accomplishments for 2019 – 2020 include _**1) The successful completion of our waiting room and clinical office expansion remodel in January 2020**_. While this project experienced several unexpected delays and necessitated considerable flexibility from staff displaced from their offices, we are very pleased with the outcome. Our updated reception area has three waiting areas with a variety of seating options for students. The front desk footprint nearly doubled, providing a more spacious work environment for front desk staff, and our clinical office manager has her own office overlooking the front desk. There are five newly constructed clinical offices, all of which have updated furnishings. We also updated furnishings in the intern offices not housed in the new construction. _**2) We were successful in securing funding from the expanded Student Mental Health Fee for four new clinical positions**_, including a full-time care manager, full-time mental health therapist, and two embedded therapists. We now have three embedded therapists serving the Colleges of Law, Health Sciences, and Engineering. **3) With the onset of the COVID-19 pandemic, we rapidly and successfully transitioned all UCC clinical services to virtual telehealth platforms.** Our department also provided leadership and support to assist other offices within our division and on campus with their transition to telehealth. Additional detail is provided in the COVID-19 section below.

ONE UNIVERSITY. The UCC has always prioritized campus partnerships and has closely collaborated with departments across the university. UCC staff participate in several key campus committees including the Behavioral Intervention Team, the Basic Needs Center working group, and the Racist & Bias Response Team. We provided 628 hours of consultation and outreach to departments on the main and health sciences campuses. We remain active partners in several capacities with the Center for Disability & Access and Housing & Residential Education. Our training efforts include close collaboration with academic training partners in the College of Social Work and Educational Psychology and Psychology departments. Our new embedded therapist positions have solidified our collaborations with our new academic partners and have increased access for students in the colleges served by our embedded staff.

EQUITY, DIVERSITY, AND INCLUSION. As evidenced in our mission statement, we are deeply committed to providing support to all U students, with a special emphasis on reaching out to underrepresented and marginalized student populations. We collaborate closely with those offices serving diverse students on our campus (e.g., CESA and International Students & Scholar Services). Our intern diversity initiatives exemplify how we prioritize connecting with diverse student groups. We actively provide social justice-oriented outreach programs and support for students affected by national and global events. UCC staff are represented on the Student Affairs Diversity Council and regularly attend SADC Training Seminars, where we provide CEUs for all licensed mental health therapists who attend. As outlined in our UCC anti-racism plan, we have created two internal working groups for BIPOC and white staff, and have engaged the Office of Inclusive Excellence to assess our department using the Intercultural Development Inventory.

COVID-19 IMPACTS: With the onset of COVID-19, the UCC leadership team immediately moved to transition all UCC clinical services for students residing in Utah to telephone and the secure HIPAA Zoom platform. We greatly benefitted from Jake Van Epp's initiative and expertise, which facilitated our ability to move to virtual services as quickly as possible. This allowed us to continue to offer clinical services to ongoing clients at the beginning of the pandemic with minimal interruption. We transitioned our Mindfulness Center offerings and

outreach presentations to Zoom, which included the successful *Coping With Chaos* workshop that provided support for U students, staff, and faculty early in the pandemic. We successfully moved to HIPAA Zoom intakes and therapy/support group sessions in the Summer 2020 semester. New clients now complete intake paperwork online prior to their intake appointments. Crisis and triage services are provided by telephone. The Prometric function of our Testing Center was significantly impacted by COVID-19. Prometric operations were shut down for four months, which had a substantial impact on our cash flow. Dr. Van Epps received permission to open Prometric in July, 2020 and we are now providing daily computer-based testing with new social distancing and safety protocols. The initiative, leadership, innovation, and perseverance of our staff in continuing to provide all of our services in new virtual modalities is to be highly commended.

INTRODUCTION

UCC OVERVIEW AND ORGANIZATION

MISSION. The purpose of the University Counseling Center (UCC) is to facilitate and support the educational mission of the University of Utah. We provide developmental, preventive and therapeutic services and programs that promote the intellectual, emotional, cultural and social development of students, staff and faculty. We advocate a philosophy of acceptance, compassion and support for those we serve, as well as for each other. We aspire to respect cultural, individual and role differences as we continually work toward creating a safe and affirming climate for individuals of all ages, cultures, ethnicities, genders, gender identities, gender expressions, languages, mental & physical abilities, national origins, races, religions, sexual orientations, sizes and socioeconomic statuses.

UCC LEADERSHIP. Lauren Weitzman, PhD, served as the UCC Director and completed her sixteenth year in this role. Dr. Weitzman now reports to Stacy Ackerlind, PhD, Interim Assistant Vice President for Health & Wellness. This new reporting line within Student Affairs was created by Dr. Lori McDonald, Vice President for Student Affairs. The Executive Committee was comprised of Dr. Weitzman and the Associate Directors for Clinical Services and Training, Cindy Harling, LCSW and Steven Lucero, PhD, respectively. The Executive Committee meets on a weekly basis. The Same Page Committee met bimonthly through mid-March 2020 as the primary coordinating body of the UCC. Standing members consisted of the Director (Dr. Weitzman), two Associate Directors (Dr. Lucero and Ms. Harling), Outreach Coordinator (Susan Chamberlain, PhD), Mindfulness Center Coordinator (Alexis Arczynski, PhD), Coordinator of Testing and Assessment (Jake Van Epps, PhD), and the Clinical Office Manager (Catherine Riney, MA). The primary function for Same Page Committee meeting this year was oversight of the waiting room and clinical office expansion remodel. With COVID-19, we initiated the UCC A Team which met weekly and provided primary leadership and agency oversight responsibilities. The UCC A Team consists of the Director (Dr. Weitzman), Associate Directors for Clinical Services and Training (Dr. Lucero and Ms. Harling), Assistant Directors of Clinical Services and Training (Josh Newbury, LCSW and Dr. Chamberlain), lead Mental Health Intervention Specialist (Roberto Martinez, LCSW), and Coordinator of Testing and Assessment and UCC Technology Solutions (Jake Van Epps, PhD).

UCC NEW POSITIONS. The UCC was fortunate to receive additional funding from the expanded Student Mental Health Fee for the following full-time positions: Care Manager, Mental Health Counselor, Colleges of Health Science Embedded Staff Psychologist, and College of Engineering Embedded Mental Health Counselor. We also received funding to increase Stacy Pearson, APRN, an additional .125 FTE and funding for four _Change Coalition_ Undergraduate Interns. We have successfully hired for all new positions.

UCC STAFF CHANGES. Glenda Wilkinson resigned from her Clinical Social Worker position in October 2019. In 2019 – 2020, Kamala Ganesh, CSW was hired to replace Ms. Wilkinson's Clinical Social Worker position, Gretchen Anstadt, CSW was hired as our new Mental Health Counselor, Claudia Reyes, LCSW, as our new Care Manager, and Kim Meyers, PhD, as the new Colleges of Health Science Embedded Staff Psychologist. Cindy Harling, Associate Director for Clinical Services, began a phased retirement as of July 1, 2020. Josh Newbury, LCSW, was appointed Interim Associate Director for Clinical Services and Danielle Fetty, PhD, was selected as Interim Assistant Clinical Director. Mr. Newbury and Dr. Fetty now serve as the UCC clinical leadership team.

UCC ORGANIZATION, CLINICAL STAFF AND FUNCTIONAL AREAS. The mental health functions of the University Counseling Center are organized by coordinating area, with a permanent clinical staff member holding responsibility for each coordinating area. In 2019 – 2020, the UCC permanent clinical staff was a team of eight licensed psychologists (including the Director), eight licensed clinical social workers, two psychiatric nurse practitioners, and one part-time licensed clinical mental health counselor. Our clinical training staff consisted of four psychology doctoral interns, four master's level social work interns, two social work practicum students, five counseling psychology doctoral core practicum counselors, and three clinical psychology doctoral assessment and CBT practicum counselors (total of 22 trainees). The Testing Center and Prometric computerized testing function are coordinated by program managers who oversee personnel and daily functioning.

The 2020-2020 UCC Organizational Chart may be found in Appendix A. Appendix B provides a listing of University Counseling Center staff. Figure 1 provides a conceptual diagram of UCC functions. The three direct service functions (Clinical Services, Consultation/Outreach, Teaching/Curriculum) are found in the middle of the diagram, surrounded by the Training, Diversity and Research/Evaluation functions.

FIGURE 1: UCC FUNCTIONAL AREAS

RESEARCH/EVALUATION

DIVERSITY

TRAINING

CLINICAL

OUTREACH/
CONSULTATION

ACADEMIC
SUPPORT
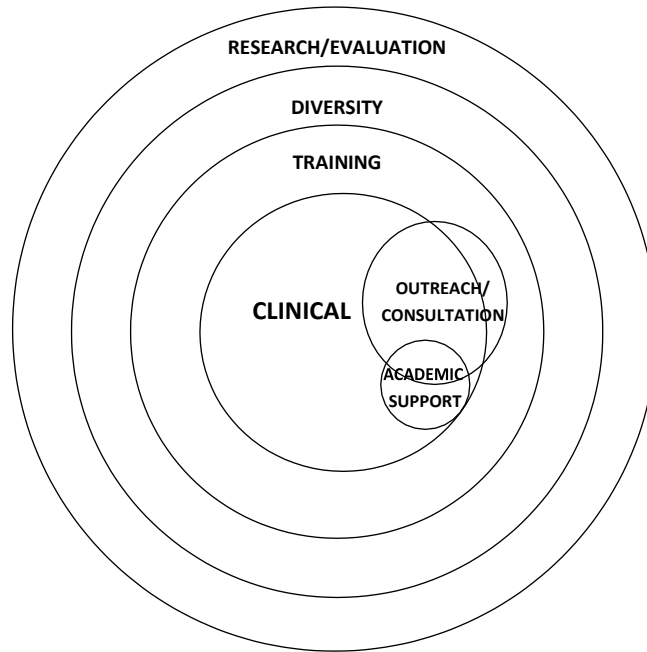
__UCC ACCREDITATION.__ The UCC is accredited by the International Association of Counseling Services (IACS) and the American Psychological Association (APA) as a pre-doctoral psychology internship program site. We hosted a site visit for our APA accreditation in March 2020 and continue to monitor our service and training functions in light of these accreditation requirements.

UCC CORE OBJECTIVE #1: PROVIDE DIRECT MENTAL HEALTH SERVICES

The provision of direct mental health services is a core component of the UCC's function and is directly aligned with Student Affairs Strategic Objective # 1, Develop students as a whole through the cultivation and enrichment of the body, mind and spirit. More specifically, this Core Objective and related goals connect to Student Affairs Strategic Objective # 1, Goal a: Promote physical, spiritual and psychological health and wellness, collaborating across campus with multiple organizations as well as the Health and Wellness Student Affairs Learning Domain. Specific goals, outcomes and utilization data to support UCC Core Objective #1 are outlined below.

OVERVIEW OF UCC CLIENT DEMOGRAPHICS & SEVERITY OF CLIENT CONCERNS

<u>*UTILIZATION DATA: UCC CLIENT DEMOGRAPHICS.*</u> The typical UCC client is a White, straight woman between 19 and 29, self-referred, from the U.S., reporting no religious affiliation, identifying as single and living with roommates off campus. She does not identify as having any disabilities, is doing well academically (B or better GPA), has health insurance and is not taking any psychiatric medications at present but has had mental health counseling in the past. She has waited 8 days to get an intake appointment and has a CCAPS Distress Index at the 55th percentile, indicating she is somewhat more distressed than the average client seeking university counseling center services nationally (the average university student is at the 50th percentile of all student clients participating in the Titanium data base).

By the numbers, 57.60% of our clients who filled out new demographic information last year identify as women and about 2.75% identify as transgender or a "self-identified" gender. The majority (72.89%) identify as straight and (26.91%) identify as bisexual, gay, lesbian, questioning or "self-identify" (up from 26.14% last year).

Among clients who identify country of origin as other than the US, the highest numbers report China, India, Korea, Iran, and Mexico as home. Overall, 73 countries are represented. Similar to last year, about 9.15% of our clients identify as international students.

68.31% percent of our clients identify as White or Caucasian, with 11.02% identifying as Asian or Asian-American, 2.262% as African-American or Black, 9.48% as Hispanic/Latino/a, 0.005% as American Indian/Alaskan Native, 0.002% as Pacific Islander, 6.38% as multi-racial and 1.81% as "other" or "self-identify."

The average age of our clients is 24. In terms of religion, 40.80% of our clients report they have "no affiliation." Of those who do endorse an affiliation, the higher percentage identify as members of The Church of Jesus Christ of Latter-day Saints (16.84%), followed by "self-identify" (13.36%) and Catholic (8.93%). About half of our clients identify as "single" at the time of their intake (52.25%), with 13.08% married and 1.36% in a "civil union or equivalent." 31.50% report they are in a "serious dating relationship." Most clients live off campus (73.46%) with less than 1% in a fraternity/sorority and

22.04% "on campus." Most (46.30%) live with roommates, while 21.78% live with spouse/partner/significant other. 15.37% live with parents and 15.21% live alone. 4.79% live with children.

Similar to last year, 19.81% of our clients report they are "first generation" college students. 66.45% report undergraduate status at intake (17.65% freshman, 15.46% sophomores, 18.94% juniors and 14.40% seniors). 31.20% report their status to be graduate or professional student. Mean self-reported GPA is 3.38. About 1.08% of UCC clients report current or prior military service. Of those who do, 17.64% report having experienced "military trauma." 7.30% of our clients are registered with the Center for Disability Services at the time of intake.

51.81% consider themselves as "self-referred." Among specific referral sources cited, "friend" was most common (25.18%), followed by "family member" (13.54%), "faculty" (9.92%), website/social media (4.62%), and Student Health (4.29%).

SEVERITY LEVEL OF UCC CLIENTS. About 59.11% of our clients have utilized mental health services previously and 37.36% have taken psychotropic medications. 7.95% have been hospitalized for mental health conditions, with ranges from 1 to "more than 5" hospitalizations.

28.47% of our clients reported that they have engaged in self-harming behavior at least once. 37.24% indicate they have considered suicide. Clinician's intake interviews reveal that 21.2% of clients at intake report current suicidal ideation (similar to last year), while 20.7% report "non-suicidal morbid ideation" (down 7% from last year). 7.2% reported past suicide attempts. 6.3% also reported they have considered harming others, and 1.54% report past harm to another.

25.38% of our clients reported they had been subject to an unwanted sexual experience; 33.83 % of female clients, 11.99% (down from 12.91% last year) of male clients, and 43.75% of transgender and self-identify gender clients (up from 29.55% from last year) reported being subject to an unwanted sexual experience. Clients reported other types of victimization as well, with 42.85% indicating they had been harassed or abused (up from 32.96 last year% last year). 47.83% reported "PTSD" experiences. We do not know what types of experiences clients were categorizing in this way as clients were not asked explicitly during the intake assessment documents.

In terms of family, 16.12% of clients report that a family member attempted suicide (7.18% died by suicide), 11.09% have a family member who was prosecuted for criminal activity, 17.15% have a parent with a drinking problem, and 7.41% report having a parent with a drug problem. 13.83% report physical abuse in the family while 5.83 % report sexual abuse in their family.

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #1: PROVIDE DIRECT MENTAL HEALTH SERVICES

GOAL 1: CONDUCT EFFECTIVE AND EFFICIENT INTAKE ASSESSMENTS

As the first step in accessing UCC direct clinical services, potential clients are greeted by a receptionist who makes initial queries regarding eligibility and then either asks the potential client to respond to items on the Request for Services (RFS) form or asks a truncated version of those questions if the initial contact occurs on the phone, which was the case for all contacts post COVID-19. Individuals, who endorse any items on the RFS form, indicating a possible mental health crisis, are referred to the Mental Health Intervention Specialist (MHIS) for assessment, possible crisis intervention, crisis intake or other service. Individuals who do not meet criteria for "mental health crisis" are offered the option of scheduling an advanced intake or same day intake. The counselors are divided between teams for each day of the week, and we typically offer about 11-14 Advanced Intakes and 4 Same Day Service appointments per week per team.

a. _**Outcome: Intake wait time.**_ Over the year July 1, 2019 – June 30, 2020, the average wait for intakes of all types (Advanced, Same Day, Crisis) was 8.34 days working days (11.73 days if counting weekends). 416 clients (32.35%) were seen for a Same Day Intake. The average wait for an Advanced Intake (not including Crisis or Same Day intakes) was 11.45 working days (16.11 with weekends). Overall, intake wait times appear to be slightly shorter than those in the last year (8.49 working days for all intake types, 14.55 working days for Advanced Intakes). Canceled and no-showed Advanced Intake appointments were down to 20.4%, which is a decrease from the previous year's 26%. The graph below represents the wait time (in days) per number of intakes with that wait time.

Advanced Intake Wait Time Frequency
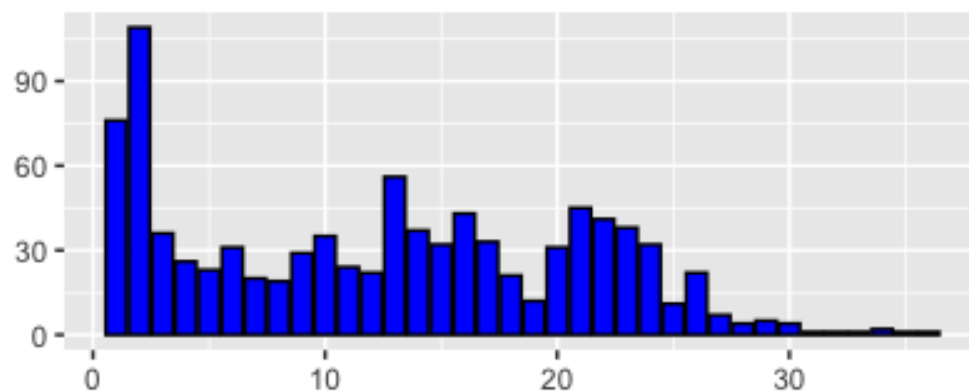
b. _**Outcome: Intake utilization.**_ This past year UCC staff conducted 842 Advanced Intakes (62.23%), 319 Same Day Intakes (23.57%), 51 Advanced (TMH) Intakes (3.76%), 31 Crisis Intakes (2.29%), 6 extended intakes (less than 1%) and 23 Couples Intakes (3.39%), and 54 Triage/Single Session (TMH), 4 Assessment Intakes (less than 1%) for a total of 1,353 intake sessions. This is an 8.1 % decrease compared to last year. All intakes at the UCC were suspended on March 18, 2020 because of the campus-wide shut down due to COVID-19. During this time, a new clinical service delivery model was established and intake procedures were developed. Intake services resumed at the beginning of the Summer 2020 semester. Given technological and confidentiality implications,

we are providing only advance intakes post COVID-19. Students in need of same-day support can talk with our crisis counselors via telephone. We offered single-session triage appointments to those seeking new services during the period when intakes were suspended. These triage appointments were designed to provide immediate support and referral for resources while we developed the procedures and online infrastrucure for telehealth intakes.   Same day intakes, provided prior to the COVID-19 pandemic, are those scheduled on the same day that the client calls for an intake appointment. Crisis intakes occur via the Mental Health Intervention Specialists who triage anyone who endorses any one of the critical items on the Request for Services sheet or who otherwise presents with a mental health crisis. Highest demand for Intakes was in September and October during the fall semester, and January and February in the spring semester. Overall, clients accessed UCC for any service at the highest rates in October and November during the fall semester and January and February during the spring semester. The trend for use of UCC services has shifted in recent years to earlier in the year and remaining high rather than peaking during spring semester. Figure 3 provides a graphical representation of the proportions of intakes conducted in 2019-2020.

FIGURE 3: INTAKE UTILIZATION BY APPOINTMENT TYPE (2019-2020)
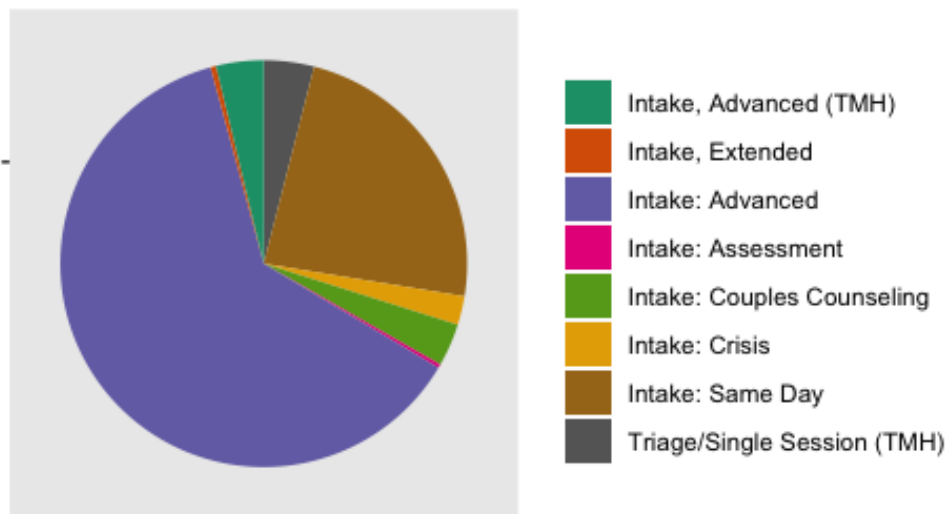
c. _**Outcome: Assess level of distress at intake.**_ Clients complete a measure of distress at each counseling visit, including intake and crisis sessions. At intake, clients complete the CCAPS 62, while at follow up therapy sessions clients complete the shorter CCAPS 34 (Center for Collegiate Mental Health, 2015). Overall distress is measured via a "Distress Index." At intake, UCC clients had a Distress Index raw score of 1.87, which falls at the 55th percentile of individuals seeking services at university or college counseling centers nationwide. This indicates that at intake – on average – University of Utah UCC clients identified themselves as more distressed than 55% of a large national sample of students seeking services at counseling centers. _In fact, University of Utah UCC clients reported higher than average levels of distress on all measures of the CCAPS at intake except Substance Use._ The highest overall distress for our clients was reported on the Social Anxiety subscale, followed by Academic Distress, Generalized Anxiety, and Depression (See Figure 4). Interestingly, our clients showed most deviation from other counseling center clients on Social Anxiety (57% were above the national average), Generalized Anxiety (56% were above the national average), Depression (55% were above the national average), and Academic Distress (53% were above the national average). Figure 5 summarizes Family History data reported at intake.

FIGURE 4: CCAPS SCALE SCORES AT INTAKE (2019-2020)

Distress Index   **1.87 (55th percentile)**

Social Anxiety   2.15 (57th percentile)

Depression   1.83 (55th percentile)

Generalized Anxiety   1.92 (56th percentile)

Academic Distress   1.96 (53rd percentile)

Hostility   1.02 (49th percentile)

Eating Concerns   1.05 (51th percentile)

Substance Use   0.60 (45th percentile)

FIGURE 5: FAMILY HISTORY OF UCC CLIENTS (2019 – 2020)

<u>Item</u>	<u>Percent</u>
Frequent hostile arguing………………………………………..…..43.3%	
Family member diagnosed with mental disorder………………………… 39.7%	
Parents divorced before 18……………………………………..…..26.7%	
Parents unemployed for extended period…………………..………..21.4%	
Family frequently moved…………………………………………...…..20.5%	
Family member with debilitating illness, injury, handicap…...…………..19.3%	
Parent with drinking problem……………………………………….........17.2%	
Family member with eating problem…………………..……………17.2%	
Family member hospitalized for emotional issue……………….…....…16.6%	
Family member attempted suicide……………………..………..…….....16.1%	
Rape/sexual assault of self or family member……………………...…15.6%	
Physical abuse in family……………………………………………....…..13.8%	
Family member prosecuted for criminal activity………………….…....11.1%	
Parent with drug problem………………………………………….…..7.4%	
Family member died by suicide…..………………………………….…..7.2%	
Sexual abuse in family……………………………………………….....5.8%	
Death of parent before 18………………………………………….…..4.5%	
Parent with gambling problem………………………………………….…..2.6%	

In Summary,

If 10 UCC clients came in for an initial intake today….

3 have engaged in binge drinking in the past 2 weeks

2 are using marijuana

6 have had previous counseling or psychotherapy

4 are taking psychotropic medications

1 has been psychiatrically hospitalized

4 have considered suicide

At least 1 has made a suicide attempt

1 is engaging in self-harming behaviors

3 have had an unwanted sexual experience

4 have been harassed or abused

5 report "PTSD" experiences

3 had parents who divorced during their childhood

4 were exposed to frequent and hostile arguing at home

2 have a parent with a drinking problem

2 were aware of physical abuse going on in the family

1 was aware of rape or sexual assault in the family

2 had a family member hospitalized for mental health reasons

4 have a family member with a mental disorder

2 had a family member attempt suicide

1 had a family member complete suicide

1 had a family member who was prosecuted for criminal activity

d. *Outcome: Identify reasons students use UCC services.* As part of the intake process, clients are asked to review a list of typical (and not so typical) concerns they might be experiencing and to indicate which are applicable to them. See Figure 6 for the most frequent concerns reported by our clients at intake. Table 1 provides comparative data over the past five years (2016—2020).

FIGURE 6: TOP CLIENT CONCERNS REPORTED AT INTAKE

Anxiety (70.3%)

Depression (61.0%)

Stress (55.2%)

Academic (45.8%)

Self-esteem (37.4%)

Social anxiety (31.7%)

Loneliness (30.5%)

Family I grew up in (23.2%)

Relationship with partner (21.3%)

Relationship with friends (17.6%)
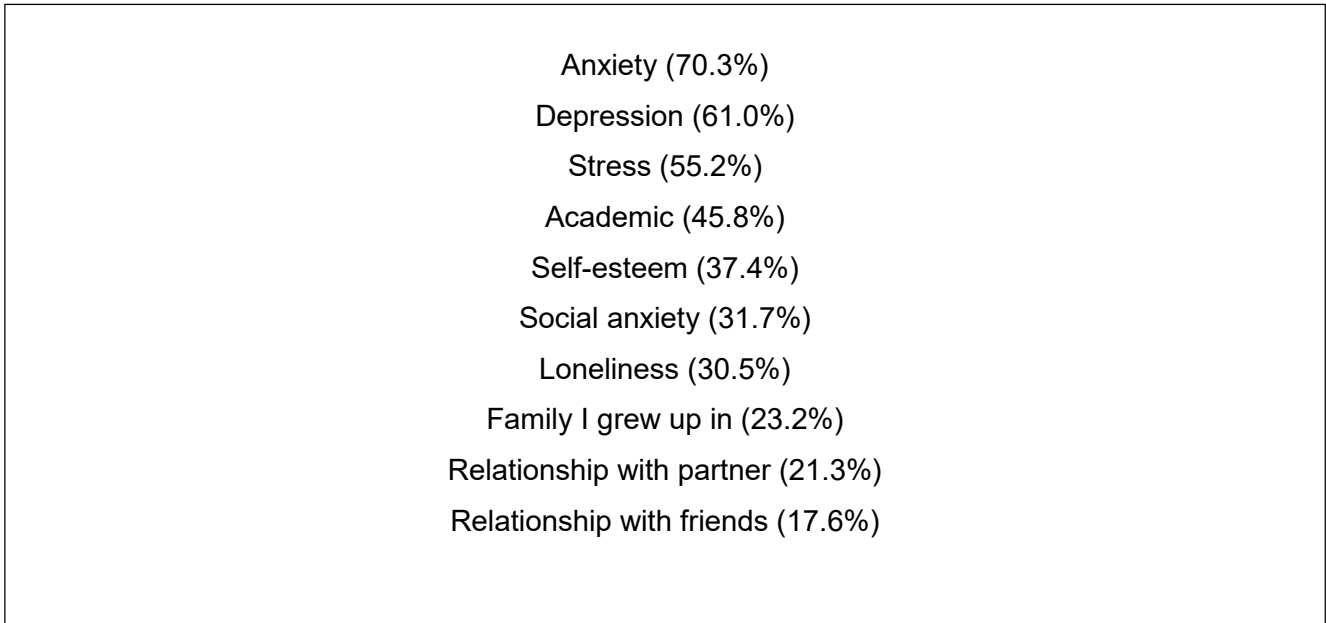
TABLE 1: TOP CLIENT CONCERNS REPORTED AT INTAKE BY PERCENT ENDORSED (2016-2020)

	2016	**2017**	**2018**	**2019**	**2020**
Anxiety	73.1 (1)	70.8 (1)	68.8 (1)	67.5 (1)	70.3 (1)
Depression	64.6 (2)	63.7 (2)	62.7 (2)	57.9 (2)	61 (2)
Stress	63.8 (3)	60.1 (3)	56.6 (3)	55.8 (3)	55.2 (3)
Academic	46.9 (4)	45.0 (4)	44.2 (4)	46.6 (4)	45.8 (4)
Self-esteem	36.9 (5)	39.7 (5)	37.4 (5)	35.9 (5)	37.4 (5)
Social Anxiety	28.0 (7)	29.7 (6)	30.3 (7)	31.1 (6)	31.7 (6)
Loneliness	29.1 (6)	28.4 (7)	32.3 (6)	30.1 (7)	30.5 (7)
Family I grew up in	19.9 (9)	20.7 (9)	22.0 (9)	22.4 (9)	23.2 (8)
Relationship w/ part	27.8 (8)	28.2 (8)	25.4 (8)	28.0 (8)	21.3 (9)
Relationship w/ friends	27.8 (8)	17.3 (10)	18.8 (10)	17.7 (10)	17.6 (10)

e. ***Outcome: Effective Disposition.*** Make assignment to appropriate UCC counseling service or community provider. Clinical teams meet at the end of the day (M-TH) to make assignments to individual counselors, groups, workshops, assessment, or in some cases, referral to the community. Each client is briefly presented by the staff member who met with the client for intake or crisis and the team reviews the client "paperwork." Following the team meeting, the team leader and the Mental Health Intervention Specialist make the counselor assignment.

The client is notified of their assignment via an email that is sent the following morning. This email lists the name of the assigned counselor, group or workshop leader and asks the client to schedule an appointment within two weeks. When the team believes we need more information to make a good decision, the email asks the client to call in and talk with the intake interviewer. Assigned counselors or group leaders will often call or email clients as well, especially if the client is in high distress. In 2018 – 2019, we added 2 first year MSW practicum students to our training program to assist us with contacting clients of concern at intake if they have not scheduled with their assigned counselor in 1-2 weeks post intake. Clients are assigned to staff based on assessment of severity, level of complexity, urgency (who can see them quickest), expertise, interest and availability/schedule. More than half of all clients are seen by staff who are in training programs and we make every effort to match clients to the experience level of the trainee therapist.

GOAL 2: PROVIDE EFFECTIVE, MULTICULTURALLY-SENSITIVE INDIVIDUAL, COUPLES AND GROUP COUNSELING.

The UCC provides a variety of direct mental health services to University of Utah students.

a. *Outcome: Total Sessions Provided:* **This past year we provided 11,013 sessions of direct service (down 5.7% from 2018-19) to 2067 clients (down 4.6% from 2018-19).** The decrease in likely attributable to a decrease in utilization due to COVID-19's closing of in-person classes and services on campus.

b. *Outcome: Individual Sessions Provided:* The most heavily used service is *individual counseling*, which we offer to undergraduate students taking 6 or more credits and to graduate students taking 3 or more credits. Individual counseling is meant to be relatively short term, with a general expectation of up to 12 sessions per year, although for training purposes and when circumstances allow or require, we may extend that limit. **In 2019 – 20, UCC staff provided 5697 sessions of individual therapy** *(7% decrease from last year)* **for 1061 clients (representing an 8% decrease in clients).** In addition, staff met with 212 clients for case management services for a total of 226.75 hours for a total of 258 appointments**. This represents a 13% decrease in** *case management appointments* **from the previous year.** Case management services may have been provided to current clients or to former clients. As noted in the intake section above, post COVID-19 we implemented triage/single-session telephone appointments for case management purposes for students residing outside of Utah.

c. *Outcome: Group Counseling Sessions Provided: Group counseling* is an effective and somewhat more cost-efficient modality for addressing mental health concerns. The UCC has a very active group psychotherapy program through which we offered 14 different therapy groups and 3 support groups last year. **265 clients attended group (generally not the same clients that are in individual counseling; and independent of support groups), for a total of**

313 group sessions. *This represents a 9.5% decrease in group counseling sessions over the previous year*. While we served almost 40% more students in our group program this year, the total number of group appointments decreased due to the suspension of therapy group services for the latter part of Spring due to COVID-19. We reactivated group counseling on the HIPAA Zoom platform beginning Summer 2020. 154 of these clients attended pre-group screening/orientation appointments. An average of 10 clients per group attended the Women of Color group across the year, which is a collaborative effort between the Women's Resource Center and the UCC.

d. *Outcome: Couples Counseling Sessions Provided:* We also offer *couples counseling*, although we do so on a more limited basis. **This past year 23 couple intake sessions were conducted, and 23 couples attended 67 couples counseling sessions**, representing a 35.3% decrease for couple intakes, 32.3% increase for couple sessions, and a 17.9% decrease for couples served. These decreases likely are due to the disruption of the COVID-19 pandemic.

e. *Outcome: Crisis Intervention services provided.* This past year, **442.08 hours devoted to 422 crisis appointments and crisis intakes serving 417 unique clients.** This represents a 5.67% increase in the number of overall all crisis appointments. Crisis appointments turned into crisis intakes dropped from 19.1% the previous year to 10.4% this year. **The top client reported reasons for attending crisis appointments were:**

   1. "A U of U faculty or staff member has encouraged me to request a crisis appointment" (46.7%)
   2. "I am at risk to end my life or seriously harm someone else" (16.6%), "I am currently unable to keep myself safe" (17.6%)
   3. "I am here today because someone close to me had died recently" (17.3%)
   4. "I am here today because I have been physically or sexually assaulted" (13.0%)
   5. "I am here today because I have experienced microaggressions, discrimination, or oppression" (9.6%)
   6. "I am having strange experiences such as hearing voices or seeing things" (7.2%)

f. *Outcome: Case management and in-house clinical consultation:* As part of our model for clinical effectiveness and excellent graduate training, UCC staff spends significant time *documenting case management services*. Staff devoted **227.75 (an 42.93% decrease over last year) hours to** *case management (*writing letters, identifying resources, advocating for clients with other University departments or community entities, collaborating with other University departments around specific clients, etc.).

g. *Outcome: Reduction in no-show and late cancellations:* The UCC continued its effort to decrease the number of students not attending their scheduled appointments by sending email and text-based appointment reminders and having no-show fees. **This year, only 6.5% of appointments were reported as no-shows, a 1.2% decrease from the previous year.** Figures 6 and 7 below provide a graphical representation of percentage of no-show, and clients who no- showed appointments at least once.

Figure 6. Percent of Appointments that were No-show or Cancelled Late (2017-2020)
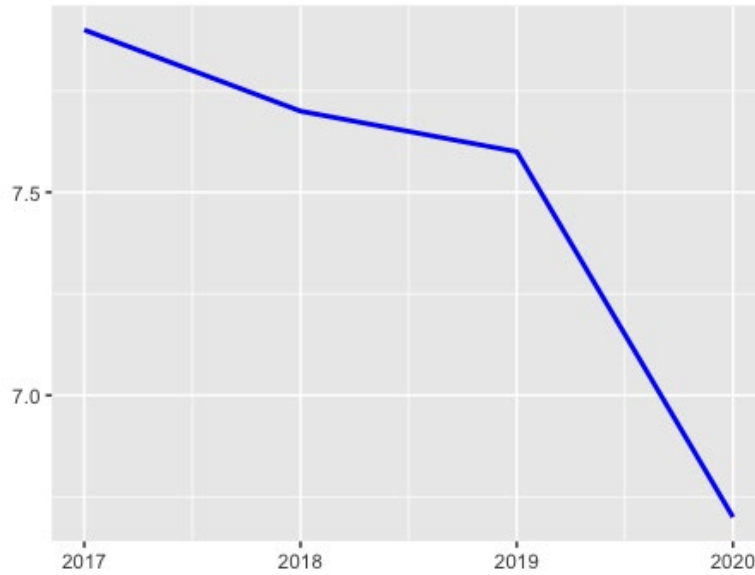
Figure 7. Percent of Clients that No Showed at Least One Appointment (2017-2020)
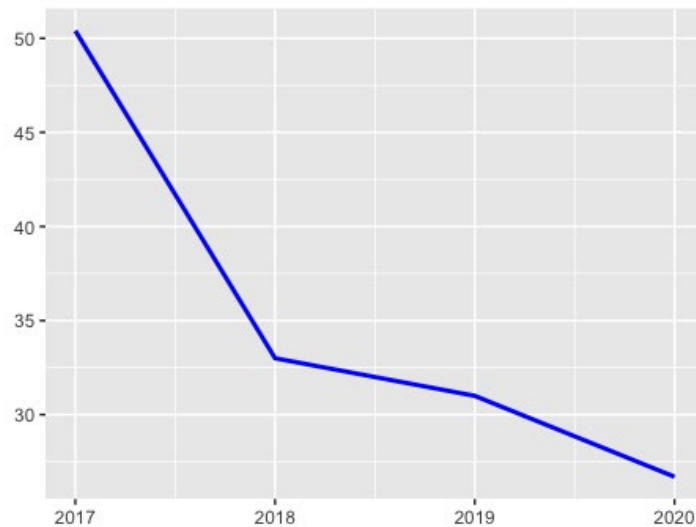
h. *Outcome: Mindfulness Center structured workshop utilization.* Our *Mindfulness Center* this year held 1-2 30-minute drop-in meditation sessions per week and 15 offerings of the 4-part (1 hour per module) *Feel Better Now* mindfulness workshop series. **Drop-in meditation groups met 64 times and served 3 people/week, on average (183 sign-up, total).** *Feel Better Now* **workshops served 121 distinct people.** The 5-week *Mindful Approach to Work-Life Balance* workshop for U graduate students, staff, and faculty was held two times and served 9 individuals. We continued to offer the successful 4-part *Cognitive Coaching* workshop this year. This workshop is designed to help students gain practical skills to help with planning, organization, time management, distractibility, and procrastination and served over 20 students.

i. *Outcome: Psychological assessment services provided.* The Counseling Center offers *psychological assessment* services to clients who are actively engaged in psychotherapy with one of our staff. Staffing for this service comes through our relationship with the Department of Psychology who houses their second-year adult assessment practicum at the UCC. Doctoral students in this practicum provide extensive personality, cognitive, learning disability, ADHD and other assessments to our clients without cost to the clients. Assessments are also provided by our doctoral level Psychology Interns who, as part of their APA-approved internship at our UCC, are required to complete at least 2 full assessments per semester, although this year, due to COVID-19, interns were only able to complete one each. **Thirty-one clients completed assessments for a total of 82 appointments (including feedback sessions)** and took advantage of this excellent and very low-cost service last year.

Figures 8 – 10 provide graphical representations of percentages of major clinical appointments, monthly number of appointments by appointment type and individual counseling sessions by month.

FIGURE 8: MAJOR CLINICAL APPOINTMENTS (2019-2020)
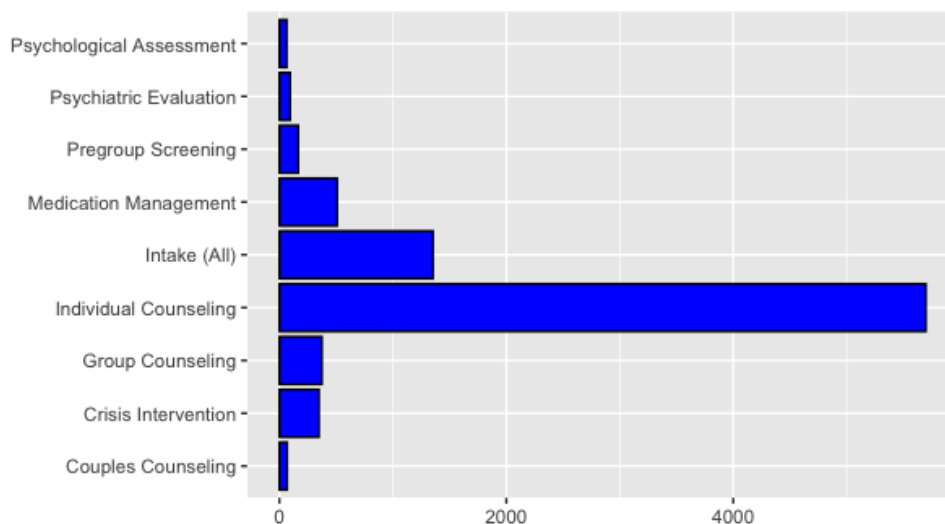
FIGURE 9: MONTHLY NUMBER OF INTAKE/CRISIS APPOINTMENTS (2019-2020)
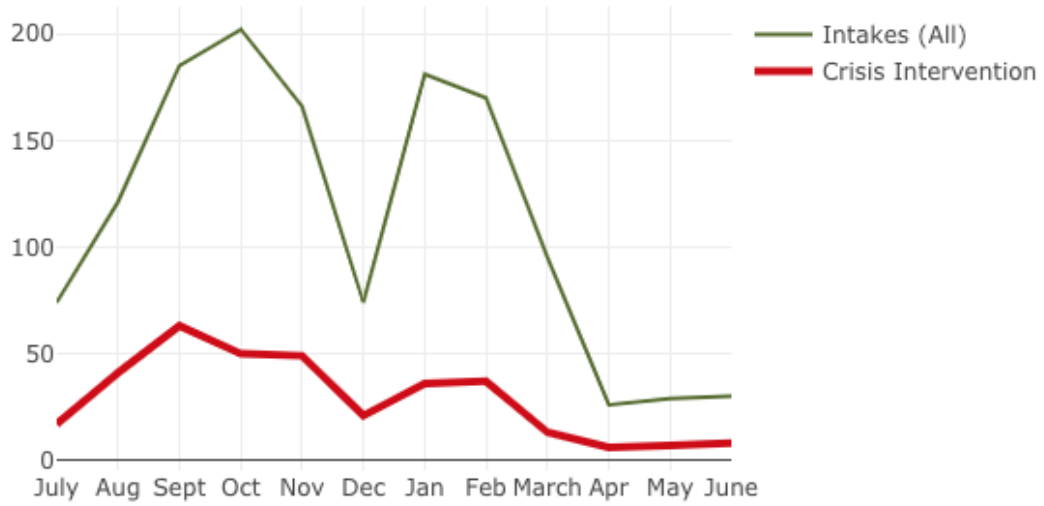
FIGURE 10: INDIVIDUAL COUNSELING SESSIONS BY MONTH (2019-2020)

j. ***Outcome: Reduce client distress.*** Routine assessment of our clients allows us to calculate the amount of symptomatic and subjective distress change clients report across sessions as one measure of clinical improvement. Using an algorithm that includes all clients who had at least 3 CCAPS administrations and whose initial scores were above the "high cut" (highly distressed) for specific scales, we found the following outcomes:

- ***42.98 % of clients reliably improved according to the overall Distress Index*** and 0.004% reliably worsened (*n* = 449)
- ***60.93% of clients reliably improved*** on the ***Substance Abuse*** subscale and 3% reliably worsened (*n* = 128)
- ***60.71% of clients reliably improved*** on the ***Hostility*** subscale and 14% reliably worsened (*n* = 252)
- ***39.13% of clients reliably improved*** on the ***Depression*** subscale and 1.7% reliably worsened, (*n* = 557)
- ***30% of clients reliably improved*** on the ***Eating Concerns*** subscale and 11.81% reliably worsened (*n* = 220)
- ***24.39% of clients reliably improved*** on the ***Academic Distress*** subscale and 1% reliably worsened (*n* =414)
- ***22.87% of clients reliably improved*** on the ***Generalized Anxiety*** subscale and 1.2% reliably worsened (*n* = 634)
- ***18.99% of clients reliably improved*** on the ***Social Anxiety*** subscale and 0.002 % reliably worsened (*n* = 416)

As an additional measure, we can determine the percentage of clients who both showed "reliable change" and moved from above the high cut (high severity) to below the cut. Using this measure we see a very similar pattern to what is presented above: 42.09% of clients both showed "reliable change" and moved out of the "high distress" category for the overall Distress Index. The Hostility (57.14%), Substance Use 48.43%, and Depression (34.64%) scales showed a similar response. Other scales were as follows: Generalized Anxiety (20.97%), Academic Distress (24.15%), Eating Concerns (19.54%), and Social Anxiety (17.06%).

We also compared our average client change on CCAPS subscores to the average change of clients at other university counseling centers among clients who had elevated levels of distress. **Our client's average change on the Distress Index scale was greater than the change achieved by 39.0% of counseling centers.** Furthermore, our client's average CCAPS scale score changes scales were greater than the national counseling center benchmark as follows: Alcohol Use (64.5%), Hostility (59.8%), Generalized Anxiety (39.4%), Social Anxiety (37.7%), Academic Distress (35.8%), Depression (26.7%), and Eating Concerns (27.0%).

Suicidal ideation. We pay particular attention to several CCAPS items known as "critical items." These items track suicidal ideation, impulse control, and thoughts of harming others. CCAPS items are scaled from "1" ("not at all like me") to "4" ("very much like me"). **For the item: "*I have thoughts of ending my life*," 40 clients endorsed this at a "4" at their first administration and 76 clients endorsed this at a "4" at some point in their counseling**. Furthermore, 101 clients endorsed a "3" for this item. This indicates a very high and concerning level of suicidal thought and potential intent to die. At the latest administration of the CCAPS, 35 clients endorsed a "4" and 56 endorsed a "3" for this item. These data suggest that with counseling, students with high levels of suicidal ideation are likely to report diminished levels of SI.

Thoughts of harming others. **With regard to the item "*I am afraid I might lose control and act violently*", 15 clients endorsed this at a "4" at their first administration, and at the last session 11 clients did.** Similarly, 19 endorsed a "3"at their first administration, and at their latest treatment session 14 clients did. The data are supportive of diminished concerns about acting out with violence after receiving treatment at the UCC. **On the item "*I have thoughts of hurting others*" 3 clients endorsed this at a "4" at the first administration, and at the latest assessment, 2 did.** 7 clients endorsed this item at a "3" at their first administration, and 7 endorsed it at a "3" at the latest session. Results for this item are more concerning, as it appears that while counseling is effective in diminishing thoughts of harm to others, for clients who endorse this item at the highest levels, the decrease by the end of treatment assessment is less than for clients who endorse suicidal ideation.

k. *Outcome: Operate within the 12 session short-term framework for individual counseling.* **The average number of individual counseling sessions per client was 5.07.** Fifty-two clients were seen for more than 12 sessions during the year, with a maximum of 43 sessions. 63.43% of clients were seen in individual counseling for 1-5 sessions. The average number of all appointments (intakes, individual, crisis, medication management, etc.) per client was 5.06

l. ***Outcome: Conduct therapy groups that maximize therapeutic factors.*** As noted above, group counseling is a well-utilized "treatment of choice" at the UCC, especially for clients with interpersonal concerns. Using an algorithm that includes all clients who had at least 3 CCAPS administrations and whose initial scores were above the "high cut" (highly distressed) for specific scales, we found the following outcomes for clients participating in group counseling:

    - ***51.72% of clients reliably improved according to the overall Distress Index*** and 1% reliably worsened ($n = 87$)
    - ***71.42% of clients reliably improved*** on the ***Hostility*** subscale and 7% reliably worsened ($n = 28$)
    - ***53.33% of clients reliably improved*** on the ***Substance Use*** subscale and 6.66% reliably worsened ($n = 15$)
    - ***37.14% of clients reliably improved*** on the ***Eating Concerns*** subscale and 14.28% reliably worsened ($n = 35$)
    - ***32.91% of clients reliably improved*** on the ***Depression*** subscale and 3.0% reliably worsened, ($n = 79$)
    - ***25.00% of clients reliably improved*** on the ***Academic Distress*** subscale and 0% reliably worsened ($n = 52$)
    - ***20.83% of clients reliably improved*** on the ***Generalized Anxiety*** subscale and 2.0% reliably worsened ($n = 96$)
    - ***13.58% of clients reliably improved*** on the ***Social Anxiety*** subscale and 0% reliably worsened ($n = 23$)

m. ***Outcome: Clinical staff remains current in terms of clinical best practices.*** UCC staff actively attend and participate in local and national conferences. See the Staff Excellence section (p. 64) for a listing of local and national conferences and workshops attended by UCC staff.

n. ***Outcome: UCC services enhance student retention.*** UCC services enhance students' experience at the U, which likely has a positive impact on student retention. UCC administered a client experiences questionnaire to clients attending any post-intake session during Fall 2019. This cross-sectional sample thus included clients with variable "doses" or exposure to the counseling process: some respondents had attended only an intake, while others may have been in the middle or even toward the end of their counseling experience. A total of 244 clients responded. **18.48% of clients who responded indicated that they "were thinking of leaving the University before counseling." Of the clients who indicated they were thinking of leaving the U before therapy, 67.94% reported that counseling helped them "stay at the U." 63.43% said counseling helped them increase their academic performance, while 83.41% said counseling enhanced their experience at the U.**

    More specifically, 83.32% of clients said counseling helped them think in more complex ways. Counseling helped 65.86% attend, concentrate and/or persist at academic tasks; and counseling helped 91.48% improve the "non-academic" areas of their life. 66.30% reported

counseling helped them improve interpersonal skills, 75.93% reported counseling helped them improve the quality of their relationships and 82.15% reported counseling improved their ability to "be myself."

GOAL 3: PROVIDE PSYCHIATRIC MEDICATION SERVICES FOR UCC CLIENTS.

The UCC offers ***psychiatric medication services*** as an important adjunct to our therapy services. This service is now staffed by 2 Advanced Psychiatric Nurse Practitioners (APRN). Clients access this service through their counselor when there is agreement that medications may be useful or when there is a diagnostic or level of care question for which we need medical input.

a. ***Outcome: Psychiatry Services Provided:*** **This past year clients attended 94 psychiatric medication evaluations (a 18% decrease from the previous year) and 508 follow-up medication management appointments (a 20% decrease from the previous year).** These decreases are likely due to the disruption of the COVID-19 pandemic, including the fact that many students working with our psychiatric APRNs left Utah when spring classes went online.

UCC CORE OBJECTIVE #2: PROVIDE CONSULTATION AND MENTAL HEALTH EDUCATIONAL SERVICES

Another major area of focus for the University Counseling Center (UCC) is the provision of clinical consultation and mental health educational services to the campus community. Clinical consultation is provided to U faculty, staff, and students who seek assistance related to students of concern and making appropriate campus referrals. All UCC permanent clinical staff members participate in this endeavor.

Outreach services are made available primarily to the University community, including student groups, administration, Student Affairs units, and academic departments. Occasionally, presentations are conducted with community groups in the Salt Lake City area. Outreach requests are fulfilled by UCC's permanent clinical staff and interns and allow staff members to make connections with the campus community and develop strong collaborative relationships with University students, faculty, and staff.

UCC Outreach was coordinated by Christina Kelly LeCluyse, LCSW and Claudia Reyes, LCSW in 2019 - 2020. Outreach efforts continued to emphasize developing collaborative relationships with campus offices, particularly those that serve students with under-represented and marginalized identities (e.g., first generation college students; students of color). Highlights this year included *The Red Flag Project*, a a communal art project designed to increase awareness about interpersonal violence on campus. Multiple agencies, departments and student organizations contributed to the exhibit including the CSW, ASUU, the Bennion Center, WRC, HRE, Athletics, the President's Office and the School of Business. The end result was an exhibit of over 500 red and green flags posted on the Union Free Speech Lawn. We worked to bring the *One Love Escalation Workshop* to campus and participated in the ASUU Town Hall on campus safety. The UCC collaborated with College of Engineering advisors to offer monthly

workshops in Fall 2019 to address common concerns among STEM students. We continued to participate in the campus Wellness Fair where we provide depression and anxiety screenings, as well as sponsoring therapy animals at the Wellness Fair for the first time this year.

The provision of consultation and mental health educational services to the campus community is aligned with *Student Affairs Strategic Objective # 5*, Partner with faculty, staff and external constituencies to foster student development and enhance the greater community. More specifically, this core objective and related goals connect to *Student Affairs Strategic Objective # 5, Goal a:* Develop formal and informal reciprocal partnerships with campus and community constituents, providing on-going events and engagement opportunities that bridge the University community with the greater Salt Lake Community, as well as the *Campus Community and Diversity and Inclusion Student Affairs Learning Domains*.

Table 2 outlines the 10 campus units with which the UCC collaborated most frequently when providing clinical consultation and outreach prevention programs. These figures reflect the continued growth of consultation/outreach hours provided to Equity, Diversity & Inclusion offices. We provided 52.25 hours of support to CESA (91.7% increase compared to last year) and initiated a new and successful support group for the Asian American Student Association, facilitated by Dr. Karen Cone-Uemura. The LGBT Resource Center is in our "Top 10" this year. The 20.25 hours represents a 285.7% increase compared to 2018 – 2019 and includes 18.25 hours of outreach presentations. Additionally, we provided 107.08 hours of consultation and outreach to the campus community (reaching 1,197 people) and 43.25 hours of consultation and outreach to the general Salt Lake community (reaching 153 people).

TABLE 2: MOST FREQUENT CAMPUS PARTNER COLLABORATIONS
2019 –2020

Program/Department Service Provided To	Hours	Number of People	Number of Contacts (Consultations + Outreach Programs)
CESA	52.25	392	39
Behavioral Intervention Team	34.50	398	24
LGBT Resource Center	20.25	94	13
Center for Disability & Access	19.0	80	12
Orientation	17.83	463	21
Housing & Residential Education	16.58	495	16
Asian American Student Association	11.75	320	9
Nursing	10.25	316	9
ASUU	9.75	99	9
Bennion Center	9.5	108	9

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #2: PROVIDE CONSULTATION AND MENTAL HEALTH EDUCATIONAL SERVICES TO THE CAMPUS COMMUNITY

GOAL 1: MAINTAIN EFFECTIVE RESPONSIVENESS TO STUDENTS OF CONCERN

Mental Health Intervention Specialist (MHIS) staff and clinical team leaders are available each day to respond to questions from staff and faculty regarding students of concern. These consultation contacts usually occur over the telephone but can also involve in-person meetings. A typical request for consultation includes a professor who shares a concern about one of their students given their observations of the student's behavior (e.g., presenting in class as depressed or distressed). Professors will also contact the UCC with concerns about information a student has shared in a class assignment that suggests possible mental health concerns. We also field consultations from U students concerned about a roommate or classmate's behaviors (e.g., depression or eating concerns). Finally, we sometimes consult with community members seeking mental health treatment referrals.

a. _**Outcome: Efficiently respond to questions and provide effective consultation.**_ **This past year, we recorded 353 campus consultation contacts, which represents a 12.8% increase in recorded contacts.** We continue to be more consistent in recording consultation contacts in Titanium. **41.9% of these consultations concerned a U of U student, while smaller percentages concerned U of U department (14.4%), staff (2.3%), or the community (4.2%).**

GOAL 2: PROVIDE CAMPUS OUTREACH AND PREVENTIVE EDUCATIONAL PROGRAMS

a. _**Outcome: Develop and maintain effective collaborative relationships with campus partners**_. Table 3 provides an overview of the 10 campus units and academic departments with which the UCC collaborated most frequently when providing prevention and outreach programs.

TABLE 3: MOST FREQUENT CAMPUS PARTNER COLLABORATIONS FOR OUTREACH PRESENTATIONS
JULY 2019 – JUNE 2020

Program/Department Service Provided To	Hours	Number of People	Number of Presentations/ Trainings
CESA	49.75	391	37
Orientation	17.83	463	21
LGBT Resource Center	16.25	77	9
Asian American Student Association	11.75	320	7
College of Social & Behavioral Sciences	9.75	135	5
Bennion Center	8.5	107	8
Housing & Residential Education	7.0	495	11
Women's Resource Center	7.0	51	5
College of Engineering	6.5	18	7
ASUU	6.0	99	6

b. _**Outcome: Provide prevention programs on a by-request basis**_. We continue to focus on three goals for staff to incorporate for each outreach presentation they conduct: 1) teach participants a skill; 2) provide participants with an educational handout; and 3) refer participants to our online workshop evaluation.

A total of 259 workshops/presentations/tabling events were provided to 68 different campus departments over 17 different topic areas, including stress management, suicide prevention, LGBTQ and multicultural issues, managing life roles, and information about UCC services. These 37.0 hours of COVID-related outreach, provided to 85 people, includes the *Coping With Chaos* Mindfulness Center workshop developed to support the U community after the onset of the COVID-19 pandemic. **Our records show that the UCC provided 353 hours of outreach presentations and tabling events to 5,076 students/faculty/staff. The UCC spent 313 hours of preparation time for outreach activities.** Please note that this year's outreach numbers increased 4% from the previous year, even though we were unable to provide our usual in-person Orientation presentations for students and parents.

The *Intervening with Students in Distress* workshop, developed and presented in collaboration with the Center for Student Wellness and the Dean of Students Office was co-presented by Dr. Lauren Weitzman to 13 campus units. Colleges and departments that received this presentation included the Marriott Library, College of Social & Behavioral Sciences, College of Engineering, College of Health, College of Pharmacy, College of Social Work, Chemical & Fuels Engineering, Entertainment, Arts & Engineering, Gender Studies, and ASUU.

Campus Tabling Events: **The UCC participated in 31 campus tabling events** providing many opportunities to introduce people to our services and respond to their requests for information about mental health concerns. This represents a 19.2% increase in tabling events compared to last year. Creating innovative tabling has remained a priority for outreach and prevention services and continues to improve the visibility and presence of the UCC on campus, and likely results in greater access and utilization of our counseling services.

Media Outreach: We recorded 12 media outreach contacts this year, which included interviews with the Daily Utah Chronicle, Deseret News, KCPW, Telemundo, and students completing class projects.

A summary of all outreach programs by topic for 2019 – 2020 is provided in Table 4.

TABLE 4: SUMMARY OF OUTREACH PROGRAMS (2019 – 2020)

Outreach Category	Hours	Number of People	Number of Presentations/ Appointments
Mental Health Issues	102.3	2502	89
COVID-19 Related	37.0	85	59
UCC Services	36.1	1246	47
Diversity	21.8	208	16
Professional Development (Ethics & Training Issues)	9.0	94	7
Interpersonal Skills	7.3	220	5
Personal Development (includes MBTI workshops)	3.0	39	3
Tabling	45.5	682	33
Total	262	5076	259

c. _**Outcome: Provide confidential, anonymous online mental health screenings.**_ The UCC continues to offer online screenings for the ninth continuous year. These screenings are located and accessible on the UCC's Website Home Page. **A total of 2,871 online mental health screenings were taken this year, which was a 36.4% increase compared to last year.** The breakdown of total screenings is as follows: Depression (651), Generalized Anxiety (605), Bipolar (233), Disordered Eating (167), Post-traumatic Stress Disorder (138), Psychosis (73), Substance Use (37), and Alcohol Misuse (31). 22% of those completing online screenings lived on campus. The breakdown by academic years showed: 21% freshman, 23% sophomore, 20% junior, 14% senior, and 23% graduate student.

d. _**Outcome: Regularly evaluate the effectiveness of outreach programs conducted on campus.**_ We remain committed to continuing to problem-solve our ability to regularly evaluate our outreach programs. In addition to obtaining important evaluation data, this will allow us to better report the demographics of the students served by our outreach programs.

GOAL 3: ADMINISTER THE STAFF/FACULTY LIAISON PROGRAM TO ENHANCE RELATIONSHIPS WITH ACADEMIC DEPARTMENTS AND OTHER CAMPUS UNITS.

This was the 22nd year of the Faculty Liaison Program, which was created to develop and strengthen working relationships between UCC staff and academic departments/faculty. This program has helped academic departments/faculty better access services at the UCC and provides a specific individual contact when clinical consultation is necessary.

a. *Outcome: Update the UCC Staff/Faculty Assignment website on a regular basis*. This list was updated regularly to accommodate changes in UCC staffing and may be accessed at http://counselingcenter.utah.edu/faculty/department.php

b. *Outcome: Utilize UCC Staff/Faculty Assignments to staff outreach requests.* UCC Staff/Faculty assignments are often utilized as the first step in staffing outreach requests. After receiving a request from a particular department, the Outreach Coordinator will first contact the staff/faculty liaison for that unit.

c. *Outcome: Monthly University of Utah College Open Houses*. Disruptions to our physical space during the remodel of our waiting room in fall semester and the onset of the COVID pandemic in spring semester prohibited our ability to hold College Open Houses this year. We plan to resume these open houses once we return to in-person services.

d. *Outcome: Communicate annually via email with deans and department chairs about the UCC Staff/Faculty Liaison Program.* With the disruption of our College Open Houses, we did not send our annual email communication to deans and department chairs. However, we did take the opportunity to inform faculty about the Faculty Liaison Program at all outreach presentations provided to academic departments.

GOAL 4: SUSTAIN A VIBRANT SOCIAL MEDIA PRESENCE.

Claudia Reyes, outreach co-coordinator, along with our *Change Coalition* Undergraduate Interns held primary responsibility for creating content for UCC social media platforms. The UCC Social Media Policy to establish guidelines for posting to social media may be found in Appendix E.

a. *Outcome: Maintain and regularly post to the UCC Facebook, Twitter and Instagram.*

https://www.facebook.com/UofUCounseling

Our UCC Facebook page provides information about mental health topics and UCC therapy groups, workshops and social justice activities. We have emphasized skills-focused content such as mindful breathing and self compassion exercises. In the past year, our Facebook activity has remained relatively stable as we continued to focus on creating Instagram content. We currently have 885 followers, up 3.8% from 853 last year. While our individual posts did not reach the same highs as last year, on average our posts reached more people this year than last, with a majority of posts reaching between 50 and 400 people. Engagement remained relatively stable, with a slight increase in "likes" of our content from 853 to 881.

http://instagram.com/uofucounseling

Instagram continues to be an active elements of our UCC social media platform. UCC Instagram has 1747 current followers (up 36.0% from 2018 – 2019). We have created 202 posts last year, with each post reaching at least 300 individuals each, and our top 3 posts reaching 990, 1478, and 1905 each. We received two inquiries from other universities about the administration of our Instagram page in hopes they can replicate our model at their counseling center.

b. *Outcome: Develop, create and post relevant You Tube videos on the UCC website.*

https://www.youtube.com/user/UofUCounselingCenter

The UCC continued to maintain its YouTube channel this past year to share video information on counseling services with the larger campus. Videos include *What To Expect From the First Appointment, You Are Not Alone, Mental Health Awareness Promotional Video, and Group Therapy, Isn't…..*

UCC CORE OBJECTIVE #3: PROVIDE CRISIS INTERVENTION TO PROMOTE INDIVIDUAL AND CAMPUS SAFETY FOR U STUDENTS, STAFF AND FACULTY

The Counseling Center maintains capability to respond to individual student mental health crises as well as campus crises. We now have three staff members who share the Mental Health Intervention Specialist (MHIS) responsibilities. Their primary function is to manage and triage students who present for crisis appointments at the UCC. These staff members see all students who present with a mental health crisis defined by our Request for Services form and conduct crisis intakes for students who will be continuing with UCC services. They work closely with clinical team leaders when managing crises. The UCC Request for Services form includes 7 questions ("I am currently unable to keep myself safe," "I am at risk to end my life or seriously harm someone else," "I am having strange experiences such as hearing voices or seeing things that others do not," "I am here today because I have been physically or sexually assaulted recently," "I am here today because someone close to me has died recently", "I am here because I am experiencing micro-aggressions, discrimination, and/or oppression", or "a U of U faculty or staff member has encouraged me to meet with a crisis counselor." We included the item related to micro-aggressions, discrimination, and oppression so that students impacted by these issues would have access to more immediate care given the impact of national and global events that have negatively affected U students who possess marginalized identities.

In 2019 – 2020, UCC staff logged 442.08 hours of direct crisis intervention services (453 appointments). 31 crisis intakes were conducted during this timeframe. This represents an 11.8% decrease in crisis intervention hours and 23.6% decrease in appointments, which is likely largely due to the impact of the COVID-19 pandemic. Please note that crisis intakes begin as crisis intervention sessions. If the student is eligible for UCC services, a crisis intake can be conducted with the appointment changed in Titanium accordingly.

Logged crisis intervention sessions represent students who presented for a crisis appointment but who are not continuing with UCC services, students who are referred for a follow-up advance or same intake, or students being treated at the UCC who presented for a crisis appointment outside of their regularly scheduled counseling session.

The provision of crisis intervention services to the campus community is aligned with *Student Affairs Strategic Objective # 1a.* (Promote physical, spiritual and psychological health and wellness, collaborating across campus with multiple organizations) and *Strategic Objective # 5* (Partner with faculty, staff and external constituencies to foster student development and enhance the greater community). This Core Objective and related goals connect to the *Health& Wellness and Campus Community Student Affairs Learning Domains*.

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #3: PROVIDE CRISIS INTERVENTION TO PROMOTE INDIVIDUAL AND CAMPUS SAFETY FOR U STUDENTS, STAFF AND FACULTY

GOAL 1: MAINTAIN EFFECTIVE RESPONSIVENESS TO CAMPUS CRISES AND TRAUMATIC EVENTS.

    a.   _Outcome: Efficiently respond to campus crises_. The UCC is pro-active in reaching out to campus units whenever we learn of the death of a student, staff, or faculty member**. In 2019 – 2020, we provided 4 community support meetings facilitated by UCC staff following a critical incident such as a suicide, student death, or other traumatic event.** As noted above, we also provided 37 hours of outreach support to the campus community related to the COVID-19 pandemic.

    b.   _Outcome: Provide effective consultation when a traumatic event occurs._ The outreach coordinator collaborates with UCC clinical staff to organize community support meetings for affected departments. Once we receive a request for support from a university department that has experienced a traumatic event, we first assess the situation by determining as much information as possible about the impact of the event on that department. While we value being responsive to these requests, we often "slow down the process" to think carefully about the timing of when to best hold the community support meeting. We typically collaborate with our campus partners regarding how to share information about the tragic event to affected students, staff and faculty. We always send two co-facilitators to any outreach of this kind so that one facilitator can meet individually with students if they become distressed during the group meeting. We have begun to more regularly include therapy dogs as part of our crisis response efforts.

GOAL 2: REPRESENT THE UCC ON THE BEHAVIORAL INTERVENTION TEAM AND CAMPUS EMERGENCY OPERATIONS PLANNING COMMITTEES.

    a.   _Outcome: Participate on campus safety-related committees_. The UCC Clinical Director serves as a member of the Behavioral Intervention Team, which operates out of the Dean of Students office. This UCC role on this team is to provide mental health guidance, consultation and support. **Cindy Harling, Associate Director for Clinical Services, served on the Behavioral Intervention Team in 2019 – 2020 and logged 34.50 hours in this role.**

GOAL 3: PROVIDE CAMPUS SUICIDE PREVENTION TRAININGS TO CAMPUS GATEKEEPERS ON A REGULAR BASIS BY REQUEST AND INITIATED BY THE UCC.

    a. _**Outcome: Provide evidence-based campus suicide prevention trainings**_. Suicide prevention trainings were provided to 4 campus departments in 2019 – 2020 for 184 people.

    b. _**Outcome: Evaluate the effectiveness of suicide prevention programs conducted on campus**_. We are continuing our efforts to improve our evaluation methods to ensure that all campus suicide prevention trainings are evaluated.

UCC DEPARTMENTAL CORE OBJECTIVE #4: PROVIDE TRAINING TO STUDENTS FROM INTERDISCIPLINARY BACKGROUNDS WITHIN THE MENTAL HEALTH FIELD

The training of undergraduate and graduate-level students in Psychology, Social Work, and related disciplines is a highly valued and central function of the UCC. In addition to contributing to the educational mission of the University of Utah, UCC trainees provide direct clinical services to University students. As detailed below, Departmental Core Objectives of the UCC permanent clinical staff in the Training area in 2019-2020 included the recruitment, selection, orientation, training, supervision, oversight, evaluation and administration of 22 graduate-level trainees in a total of 6 clinical UCC training programs from across campus and across the country.

Due to the COVID-19 pandemic, significant precautions were taken to help transition services trainees provide from completely in-person to completely remote using zoom or other online modalities in mid-March. Trainees reported that this transition was handled fluidly with little detrimental impact on their ability to continue their training in providing mental health services for the campus community.

Training Program Changes and Accomplishments for 2019-2020

For the 2019-2020 academic year, the UCC Training Committee was comprised of:
- Steve Lucero, PhD, MBA (Training Director) maintained overall responsibility for agency training and directly administered the psychology internship.
- Susan Chamberlain, PhD (Assistant Training Director and Coordinator of Psychology Practicum Training) administered the doctoral clinical (CBT and assessment practicum) and counseling psychology practicum training programs. Dr. Chamberlain served as Interim Training Director in March and April 2020 while Dr. Lucero was on paternity leave.
- Josh Newbury, LCSW (Coordinator of Social Work Training) provided direct administrative responsibility for social work internship and practicum.
- Alexis Arczynski, PhD. (Coordinator of Mindfulness Center and Undergraduate Internship) oversaw the Change Coalition Undergraduate Internship program.

The Training Committee completed successful searches for the 2020-2021 academic year:
- Matched with four psychology interns from APA-accredited academic programs at the University of Louisville, Oklahoma State University, Brigham Young University, and the University of Missouri-Columbia.

- Selected four social work interns and two practicum students from the University of Utah College of Social Work.
- Selected four first-year Change Coalition Undergraduate Interns and two returning second-year from disciplines and colleges across the University of Utah.

UCC Trainees complete a Diversity Initiative project under the coordination of Dr. Susan Chamberlain in which they collaborate with UCC and University of Utah faculty, staff, and administrators in providing a summative project aimed at supporting equity and inclusion at the University of Utah. Change Coalition Undergraduate Interns supported updating our social media and developing a content strategy for future student engagement. Social work interns and practicum trainees completed projects on:
- Academic Success and Wellness: A Workshop for International Students
- Developing an eating disorder treatment, support, and referral team at the UCC
- Women in STEM support group
- Providing more targeted interventions for transfer students
- Building relationships with Pacific Islander students
- Translating UCC services information into Spanish

Psychology interns completed Diversity Initiative projects on:
- Trans-Affirmative Training for Medical Students
- Developing better supports for LGBQ and TGNC clients at the UCC

The provision of training to interdisciplinary students in the mental health field is aligned with *Student Affairs Strategic Objective # 5*, Partner with faculty, staff and external constituencies to foster student development and enhance the greater community. This key activity and related goals connect to the *Campus Community and Diversity and Inclusion Student Affairs Learning Domains*.

GOALS AND OUTCOMES SUPPORTING UCC KEY ACTIVITY #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD

Goal 1: Administer high-quality training programs in collaboration with the Departments of Educational Psychology, Psychology, and the College of Social Work

a. *Outcome: Facilitate trainee skill development in discipline-specific areas*.

Social Work Internship. Under Josh Newbury's coordination, the UCC selects four social work interns each year from the Masters of Social Work program who are either in the Advanced Standing program or transitioning into the second year of the University of Utah's College of Social Work. These four interns complete a 20 hour per week internship across Fall and Spring semesters, collectively totaling two FTE.

These interns provide individual, group and couples therapy, intake assessment, crisis intervention services, and campus community outreach. They also complete a Diversity Initiative on campus. The UCC averages approximately twenty applicants each year for our four social work internship slots. Our seven Licensed Clinical Social Workers (LCSWs) are all currently actively or previously approved Field Faculty for the

University of Utah's College of Social work, marking an important collaboration between Student Affairs and Academic Affairs on campus. These LCSWs provide clinical training and supervision via small group and individual mentorship. Agency supervisors oversee and incur professional liability for interns' work. Social Work interns contributed to establishing an embedded position in CESA/EDI, the Women in STEM Support Group, and the Disordered Eating Support and Referral Team.

TABLE 7: SOCIAL WORK INTERNS' CLINICAL CONTRIBUTIONS (2019–2020)

N=4; Total FTE = 2				
Intake and Triage Sessions	Individual Psychotherapy Sessions	Group Psychotherapy Sessions	Mindfulness Center Services	Campus Outreach Presentations # (Hours)
74	340	63	16 (14 Hours)	14 (22 Hours)

Social Work Practicum. The UCC also selects two social work practicum students who are entering their first year of the Social Work Master's program who complete a 15 hour per week practicum across the Fall and Spring semesters.

TABLE 8: SOCIAL WORK PRAC CLINICAL CONTRIBUTIONS (2019–2020)

N=2; Total FTE = 0.375			
Intake and Triage Sessions	Individual Psychotherapy Sessions	Group Psychotherapy Sessions	Campus Outreach Presentations # (Hours)
35	12	30	10 (9.5 Hours)

These practicum students provide case management, intakes, limited individual counseling, co-facilitate Skills Group with licensed staff members, and provide campus community outreach. They complete a Diversity Initiative on campus. They are supervised from within the same pool of LCSW staff members as the social work interns, receiving individual and group supervision and training throughout the year.

Psychology Practicum Training. The UCC functions as a "core" practicum site for all 2nd year doctoral students in Counseling Psychology and in Clinical Psychology at the University of Utah. Five Counseling Psychology trainees spent approximately 10-12 hours per week in the agency in a general Psychotherapy Practicum during Fall and Spring Semesters. There were also three practicum counselors from Clinical Psychology, each enrolled in two separate practica: Cognitive Behavioral Therapy and Psychological Assessment, totaling approximately 8-10 hours per week.

Each of these practicum is another important example of collaboration between Student Affairs and

Academic Affairs at the University. While clinical supervision for the Clinical Psychology doctoral students is provided by licensed academic faculty members, UCC psychologists licensed for more than two years and doctoral interns provide supervision for the Counseling Psychology doctoral students.

TABLE 9: COUNSELING PRACTICUM COUNSELORS' CLINICAL CONTRIBUTIONS (2019–2020)

N=5; Total FTE = 1.25	
Intake and Triage Sessions	Individual Psychotherapy Sessions
99	584

TABLE 10: CLINICAL PRACTICUM COUNSELORS' CLINICAL CONTRIBUTIONS (2019–2020)

N=3; Total FTE = .6	
Individual Psychotherapy Sessions	Psychological Assessment Test Batteries
41	12

Change Coalition Undergraduate Internship. This was the inaugural year of the *Change Coalition* Undergraduate Intern program, whose mission is to build fiercely compassionate, radically resilient, and socially just campus communities in order to support the educational mission of the University of Utah. The *Change Coalition* training program is administered by Dr. Alexis Arczynski and consists of four undergraduate students selected in a competitive application process. *Change Coalition* undergraduate interns provided drop-in meditation, *Feel Better Now* workshops in the UCC Mindfulness Center, as well as outreach presentations to the campus community. *Change Coalition* interns engaged with UCC social media, providing postings with relevant information to help get the word out about UCC and Mindfulness Center services, as well as psychoeducation on self-care and resilience. *Change Coalition* interns also created pre-recorded mindfulness meditations for the MC website.

TABLE 11: CHANGE COALITION UCC CONTRIBUTIONS (2019–2020)

N=4; Total FTE = .1	
Mindfulness Center Sessions (Hours)	Outreach Presentations (Hours)
101 (89)	25 (33)

b. ***Outcome: Provide effective supervision & training***. UCC licensed permanent clinical staff members and psychology interns provided weekly clinical supervision to four social work interns, two social work practicum students, and five counseling practicum students. UCC licensed staff and psychology interns provided an average total of 17 hours per week of one-to-one clinical supervision during Fall and Spring semesters. Practicum students and interns received extensive orientation during the start of the year.

c. ***Outcome: Work effectively with training coordinating departments***. The UCC Training Committee maintained collaborative relationships with our academic campus training partners. Examples of specific outcomes and accomplishments for the year include:
   i. As mentioned, all eight of the available UCC LCSWs are recognized by the College of Social Work as currently or previously approved Field Faculty Instructors.
   ii. The UCC continues to have the Supervision Seminar for Psychology Interns co-taught by the Counseling Psychology faculty member who is concurrently the Practicum Instructor for the "Core" Practicum here. This allows training collaboration between UCC professional staff and interns and Ed Psych faculty members Drs. Jennifer Taylor (Fall) and Karen Tao (Spring) in supervising counseling practicum students.
   iii. Dr. Susan Chamberlain worked closely with faculty members from the Clinical Psychology doctoral program in the Department of Psychology—to administer the department's Cognitive-Behavioral Therapy Practicum and Assessment Practicum at UCC, respectively.

Goal 2: Administer an APA accredited psychology doctoral internship training program.

Psychology Internship. The psychology internship at UCC has been nationally recognized and accredited by the American Psychological Association (APA) since 1979, one of the longest-standing accredited university counseling center psychology internships in the country.

The Psychology Internship Training Program at UCC brings four full-time interns (4.0 FTE) to the center each year via a competitive national search and matching process. These are doctoral candidates in psychology in their final year of PhD programs from across the country. They complete a 12 month, 2000 hour UCC internship providing individual, group and couples therapy, intake assessment and crisis intervention services, psychological testing services, campus community outreach and clinical supervision to less-experienced campus graduate student therapists. They also teach credit-bearing undergraduate classes and complete Diversity Initiatives on campus.

While Dr. Steven Lucero directly administered the psychology internship training program, the nine licensed psychologists at UCC collectively recruit, select, orient, train, supervise and evaluate these interns across their internship year. Supervision involves a personal mentorship model. The intern practices under the license of the supervising psychologist who incurs full professional liability for the intern's actions. Professional internship accreditation standards require that interns each receive at least 4 hours of weekly training and supervision. In turn, each intern provides approximately 22 hours per week of direct service to the agency and university community. UCC permanent clinical staff provided an average of 8 hours of individual supervision and 5 hours of training/clinical seminars to psychology interns weekly including the UCC Training Seminar, Psychology Training Seminar, Supervision Seminar, Clinical Consultation Hour, Teaching Supervision and Team Meetings.

The UCC hosted an APA reaccreditation site visit for our psychology doctoral internship training program on March 9 – 10, 2020. We were fortunate to be one of the last in-person accreditation site visits prior to APA suspending site visits due to COVID-19. The pandemic has delayed the APA Commission on Accreditation's decision-making process, so we are still waiting to hear the outcome of our site visit.

a. ***Outcome: Facilitate trainee skill development in accordance with APA accreditation standards***.
Refer to Tables below to see documentation of intern skill development in reaching APA accreditation standards for doctoral internship completion.

TABLE 9: PSYCHOLOGY INTERNS' CLINICAL CONTRIBUTIONS (2019 – 2020)

N=4; Total FTE = 4.0	
Intake Sessions	249
Triage Sessions	24
Crisis Interventions	16
Couples Sessions	16
Individual Psychotherapy Sessions	1062
Group Psychotherapy Sessions	145
Integrated Assessments	4
Case Management Sessions	15
Campus Outreach Consultations/ Presentations (Hours)	130 (130.75 Hours)
Teaching Hours	168.25 Hours
UCC Mindfulness Clinic Offerings (Hours)	52 (47 Hours)

b. **_Outcome: Provide effective supervision_**. UCC licensed psychologists provided weekly clinical supervision to all four psychology interns. Each intern receives 2.0 hours of primary individual clinical supervision; 1.0 hour of small group supervision of supervision; 1.0 hour of small group supervision for training in professional development, evidence-based practice, and assessment; 1.0 hour of small group supervision for Critical Positionalities Seminar; and .5 hours supervision for teaching. Therefore, UCC licensed staff provided an average total of 22 hours per week of clinical supervision during Fall and Spring semesters and 10 hours per week during summer term. UCC permanent clinical staff members also provide an average of 3.5 hours of training/clinical seminars to these trainees weekly including the UCC Training Seminar, Clinical Consultation Hour, .5 hours individual supervision/training with a group co-leader; and Team Meeting. This makes it possible for the psychology interns to collectively provide more than 2000 hours of total professional service and 500 hours of direct clinical service and outreach to University students, as in Table 10 above.

c. **_Outcome: Provide training seminars that adhere to APA accreditation standards_**. In addition to the clinical supervision described above, the UCC psychology internship maintains a program of training seminar consistent with APA accreditation standards. All UCC permanent clinical staff members contribute to these seminars, which include:
   - **Orientation & Training**: Agency clinical training spanning much of August and part of September
   - **UCC Training Seminar**: A weekly seminar for psychology and social work interns offered Fall and Spring comprised of the following 1 hour long segments:
     - ➢ Couples Therapy Training seminar (6 sessions)

- ➢ Group Therapy Training (7 sessions)
- ➢ Crisis and Trauma Seminar (3 sessions)
- ➢ Consultation/Outreach Training (4 sessions)
- ➢ Ethics in Applied Mental Health (5 sessions)
- ➢ Diversity Initiatives (2 two-hour sessions)
- **Psychology Training Seminar**: A weekly seminar for psychology interns offered year-long comprised of the following segments:
  - ➢ Assessment Training (8 sessions)
  - ➢ Empirically-supported Treatments (6 sessions)
  - ➢ Professional Development (11 sessions)
  - ➢ Licensing Standards, & Credentialing Seminar (9 two-hour sessions)
- **Critical Positionalities Seminar:** A weekly seminar for psychology and social work interns offered during the Fall and Spring semester in 1-2 hour long segments, approximately 30 hours total.
- **UCC Staff Development Seminar**: A monthly seminar series for the entire UCC clinical staff comprised of guest speakers on a variety of topics.
- **Clinical Case Consultation**: A weekly forum for clinical consultation regarding clients who present with high severity and/or complexity.

d. _**Outcome: Work collaboratively with national and interface with psychology doctoral faculty locally and nationally**_. In addition to maintaining APA-accreditation of the psychology internship, the UCC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA). Dr. Steven Lucero maintained memberships in each of these national organizations and interacted with them and academic programs in the following ways:

1. APA:
   i. Filed an Annual Report Online (ARO) of demographic and outcome data related to the current and past year's psychology intern cohorts.
   ii. Participated in the national APA Minority Fellowship Program to recruit diverse intern applicants to UCC.
   iii. Dr. Steve Lucero served as an APA Accreditation Site Visitor.
   iv. Completed APA re-accreditation submission, site visit, and response to site visit report. Additional information about re-accreditation success will be noted in next year's annual report as delays due to COVID pushed back APA evaluation meeting for our re-accreditation application.
2. APPIC:
   i. Registered for the annual APPIC Internship Match, a computer-based matching service whereby national internship applicants and internship sites enter into binding placement agreements.
3. Academic Programs & Faculty Members:
   i. Interacted regularly with faculty members in Clinical Psychology and Counseling Psychology on campus and across the country in recruiting and selecting interns.

ii. Corresponded with faculty Directors of Clinical Training (DCTs) regarding the performance of current psychology interns.

This involvement in professional organizations and with academic programs has raised awareness of the UCC psychology internship nationally and has helped ensure a steady stream of applicants for UCC psychology internships, increasing applications from 43 and 49 in previous years to 66 applicants this most recent year for our four psychology internship slots. We were also successful in raising intern salaries to more closely approximate national salary levels given the new Federal Labor Standard Act regulations.

UCC PLAN FOR THE FUTURE

UCC ANTICIPATED CHALLENGES. The *severity of presenting concerns for clients seeking services at the UCC* continues to represent an area of challenge. As summarized on page 14 of this Annual Report, 21.2% of intake clients report current suicidal ideation, with 20.7% reporting "passive" suicidal ideation. Large numbers of our clients report PTSD experiences (47.8%) and many endorse significant family history concerns (e.g., family member suicide attempt or family member prosecuted for criminal activity). The average Distress Index reported at intake this year indicates that students presenting for intake are experiencing at the 55th percentile, e.g., 55% higher than the national average. A majority of our clients (59.1%) have previously accessed mental health services before coming to the UCC, with 37.4% of intake clients having taken psychotropic medication in the past and 7.95% previously hospitalized for mental health concerns.

We are still determining how the COVID-19 pandemic will affect client utilization. As summarized in the "Highlights" section of the Annual Report (p. 6), for the first time in over a decade we experienced a decrease in the number of total clients served (5%) and in the utilization of all clinical service modalities except for group therapy. We believe the substantial disruption of the pandemic, which included a rapid transition to online instruction and precipitated many students moving home to complete the semester, had an impact on our client utilization. We also faced the reality of not being able to provide telehealth clinical and psychiatric medication services to students who no longer resided in Utah given professional licensure laws. We worked with these students to assist them in connecting with providers in their local communities. The 8.1% decrease in intake appointments also related to the need to delay formal intakes from mid-March to the start of the Summer 2020 semester. While we continued to provide triage and crisis intervention services during this time, we required additional time to move all intake paperwork online and developing protocols to maintain the confidentiality and security of this client information.

UCC ANTICIPATED OPPORTUNITIES. *Our permanent clinical staff FTE has increased 81.7% since 2014 – 2015.* This increase is due to the strong support of Student Affairs in approving seven new permanent clinical positions for Student Mental Health Fee (SMHF) funding (4 in the 2019 funding cycle and 3 in the 2020 funding cycle). In addition to the four new positions described in the *Accomplishments* section above (p. 7), the 2020 approvals include a full-time Equity, Diversity, & Inclusion embedded counselor, permanent funding for the College of Law embedded psychologist, and a .75 FTE Mental Health Counselor who will have responsibility for developing telehealth services for University of Utah satellite campuses. *With these new positions, we will fall within recommended IACS staffing levels for the first time in the 2020 – 2021 annual report year (1 counselor:1424 students).*

Our new embedded therapist model has proven to be an extremely successful in increasing access for students in the academic colleges served and in the provision of additional support to college faculty, staff, and academic advisors. With the new positions funded in 2020 SMHF cycle, we now have embedded therapists serving the Colleges of Law, Health Sciences, Engineering, and two

embedded therapists serving Equity, Diversity & Inclusion (including the Center for Ethnic Student Affairs). The College of Law embedded therapist was the first to become operational and we saw a 131.3% increase in the number of intakes for College of Law students compared to the previous year. Our new Colleges of Health Science embedded psychologist received over 40 requests for counseling services in her first month in this position. While we continue to serve all U students via the main UCC office, we are very pleased with this strong response in our embedded colleges and with the ability of our embedded therapists to serve the students, staff, and faculty in these departments. We expect that the success of this initial cohort of embedded therapists will likely elicit interest from other academic colleges for this model of service delivery.

With the $15 expanded Student Mental Health Fee now in place, we have reduced client eligibility requirements and will be restructuring client fees as of October 2020. As of March 16, 2020, U students are eligible for UCC clinical services if they are degree-seeking and enrolled in just one University of Utah course. Previous eligibility requirements were 6.0 credits for undergraduate students and 3.0 credits for graduate students. The client fee restructure will entail no longer charging for attended individual, couple, and group counseling sessions. We will continue to charge a no-show fee ($10; reduced from $12) and for our psychiatric medication services. Psychiatric medication evaluations will now be $50 (reduced from $75) and medication services will be $10 (reduced from $12). Mindfulness Center and support group offerings will continue to be free of charge. While we are positive about this changes in terms of increasing student access to UCC services, we will continue to track the impact on client utilization and make adjustments as necessary (e.g., re-examining session limits). We also are considering using client no-show fees to support an in-house "care fund" to subsidize UCC client fees for students in need.

The University of Utah received a $150 million gift in November 2019 to create the Huntsman Mental Health Institute (HMHI). Student behavioral health is one of the HMHI priorities and the first initiative funded by these monies is the SMARTER (**S**tudent **M**obile **A**ssessment **R**eferral **T**reatment **E**ducation & **R**esearch Team). Cindy Harling, Associate Director for Clinical Services, Josh Newbury, Assistant Clinical Director, and Lauren Weitzman, Director), worked with colleagues from UNI and Housing & Residential Education (HRE) to develop the SMARTER team. The SMARTER Team aims to fill the existing gap that exists between the shorter-term counseling services provided at the UCC and the inpatient treatment and mobile crisis response provided by UNI, especially for students residing on campus. The SMARTER program, based on UNI's Mobile Crisis Outreach Teams (MCOT), will focus on these higher risk U students in crisis to provide additional crisis support and stabilization services. The SMARTER Team will consist of two crisis therapists and one program supervisor. The crisis therapists will be on call daily (4 pm to 2 am) to provide support to HRE staff for students in crisis. They will also provide educational outreach and work closely with the SMARTER program supervisor who will be developing more intensive outpatient support services and assist in transitioning students to UCC services (once stabilized) or to community care as required. We plan to have the SMARTER Team operational in October 2020. We look forward to additional opportunities that may arise from the new HMHI, including the possibility of creating intensive outpatient services for students with disordered eating.

We expanded our Change Coalition Undergraduate Intern cohort to six interns given 2019 Student Mental Health Fee funding support. In addition to the four Change Coalition undergraduate interns funded by the SMHF, we were able to hire two returning undergraduate interns who will serve as peer mentors for the new interns. All *Change Coalition* undergraduate provide workshops and guided meditations in our Mindfulness Center, as well as campus outreach presentations and regular social media postings. We are now able to offer daily *Feel Better Now* workshops and *Mindfulness Meditation* drop-in sessions with the expanded *Change Coalition* undergraduate intern cohort.

"NEW NORMAL" ON-LINE PROGRAMS AND SERVICES. Now that we have all of the infrastructure and clinical procedures in place, we plan to continue to provide the telehealth option to students following our post-pandemic return to in-person services. Many of our students appear to benefit from the increased convenience of attending virtual counseling sessions, which has expanded access to UCC services. Many students have shared that they are more comfortable speaking with their therapist from the privacy of their own home. The transition to telehealth and newly funded satellite campus therapist position will allow us to better serve students attending courses at the St. George Graduate Center and Sandy campuses. We plan to continue to offer Zoom Mindfulness Center workshops given the increase in attendance in these workshops on the Zoom platform. We can continue the option of providing synchronous Zoom outreach presentations, as well as inviting faculty to incorporate our asynchronous CANVAS course modules on UCC Services and other mental health related topics into their curricula. Finally, our move to telehealth due to COVID-19 has decreased our dependence on physical office space for the provision of all clinical services, which will facilitate the ability for more staff to operate out of our current physical space as needed.

UCC GRANTS/CONTRACTS: N/A.

UCC GIFTS/NEW REVENUE: As noted above, we were successful in receiving new revenue in the 2019 Student Mental Health Fee cycle for four clinical positions, an additional APRN .125 FTE, and funding for four *Change Coalition* undergraduate interns. We received SMHF funding in the 2020 cycle for a new Equity, Diversity, and Inclusion embedded counselor, a permanent College of Law embedded psychologist position, and a .75 FTE Mental Health Counselor position. We also received 2020 SMHF funding for our four Social Work Interns and UCC Research Assistant, which will allow us to restructure client fees so that students do not pay for attended individual, couple, and group counseling sessions. We were the recipients of $20,000 from the Parent Fund on behalf of the Kathryn Lindquist Giving Day Challenge as part of the 2019 University of Utah Giving Day and a $15,000 donation from the Parent Fund for our waiting room/clinical office expansion remodel project. Student Affairs generously provided $30,000 of funding for this project.

TESTING CENTER

TESTING CENTER MISSION AND SERVICES

Testing Center Services. The University Testing Center delivered paper-based and computer-based tests, serving both the curriculum-based and non-curriculum-based campus and the broader community. It administers psychological, career, academic, and national tests for a fee. The Testing Center works closely with the Center for Disability and Access (CDA) to provide proctoring and testing space to meet student testing accommodations. In addition, the Testing Center houses several individually administered tests for use by UCC staff.

Testing Center Staff. Jake Van Epps, Ph.D. coordinated the Testing Center as a whole. Chris Jackson took over role of Testing Center Coordinator replacing David Lund; Jean Young settled into her new position as Testing Center Program Coordinator which was created to support Testing Center reorganization. Kara Melody was replaced by Kenzi Vanleeuwen as a full-time Prometric Test Center Administrators (TCAs) in July 2020. In addition to the permanent, full-time staff, the Testing Center employs 6 proctors and (TCAs) to administer paper-based and computer-based testing. This is down from 10 the previous year.

Testing Center Hours. The Testing Center was open 7 days a week. On Saturdays and Sundays, Prometric computer-based testing is conducted in the Testing Center. National paper-based testing is done in classrooms on campus, often on the weekends.

COVID-19 Impact Statement. The Testing Center closed for all in-person tests in late March due to the COVID-19 pandemic. The Testing reopened in July 2020 as an essential service to the University and the community. When the Testing Center closed in-person testing in March, it quickly pivoted to offering remote proctoring services for University students. Several remote proctoring solutions were tried but none were sufficient for the majority of tests proctored. Therefore, the Testing Center relied on the inefficient method of one-on-one Zoom proctoring that allowed staff to enter passwords into the student webpage. Part-time Prometric TCA's were employed to assist with remote proctoring. By June 2020 it was clear that the University was not going to be re-opening in the near future and we had accrued a backlog of people in the state needing to take various licensing exams through Prometric. In addition, the 1:1 proctoring ratio possible on Zoom would not meet University demand for placement tests during the summer in preparation for Fall semester. As a result, the Testing Center developed a safety plan, ordered an environmental assessment, and had the safety plan reviewed by an infectious disease consultant. This information was presented to Student Affairs administration in a request to open services as an essential service. The plan was approved and the Testing Center reopened on July 15, 2020 with a reduced capacity to maintain social distance in testing rooms. COVID-19 capacity is about 50% and start times are staggered to remove wait lines. The Testing Center has been diligent in enforcing safety protocols and keeping the site clean after every user. In addition to in-person testing, the Testing Center continued to offer remote services for university placement tests to support

students who were at-risk or off site, allowing us to offer a safe way to continue their university experience.

Student Demographics*.* For the second year in a row, the University Testing Center collected demographic data on the students that were served. Demographic data collection is not possible for bulk departmental registrations and is left optional for self-registrations. The following graphs display the demographics collected. This year a higher percentage of respondents completed the demographic questions.

TC FIGURE 1. RACIAL AND ETHNIC IDENTITIES REPORTED

Racial and Ethnic Identities of Students Served

Multiracial 8.6%
Did Not Identify 22.7%
Native American/ Native Alaskan 0.2%
Pacific Islander/Native Hawaiin 0.9%
LatinX 5.7%
Asian/Asian American 8.3%
White 51.9%
Black/African American 1.6%
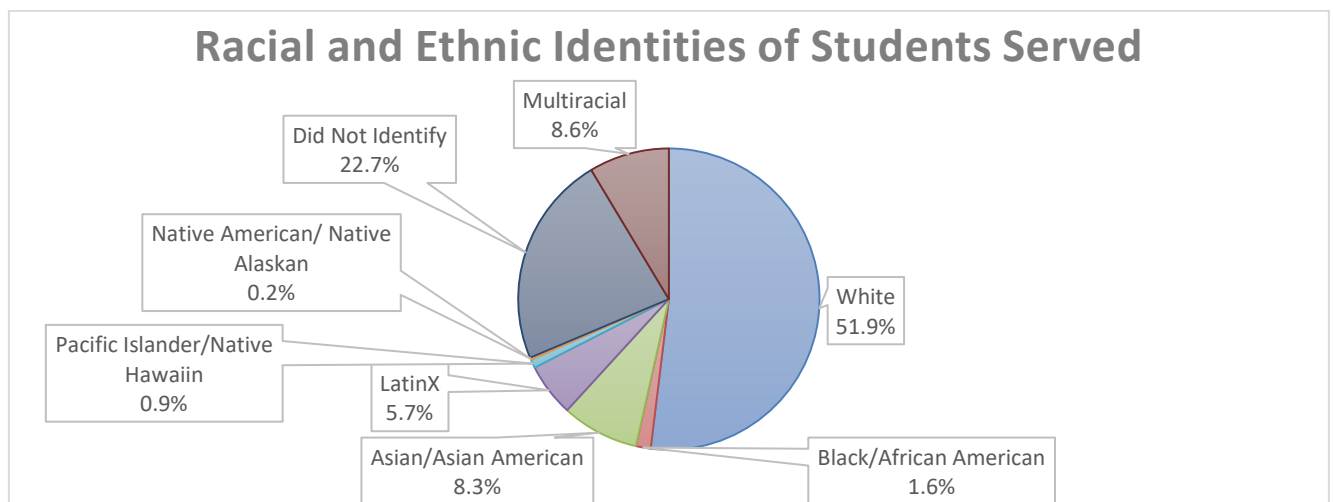
TC FIGURE 2. GENDER IDENTITIES REPORTED

Gender Identities of Students Served

No Identified Gender 22.0%
Non-Binary 0.2%
Women 34.7%
Men 43.1%
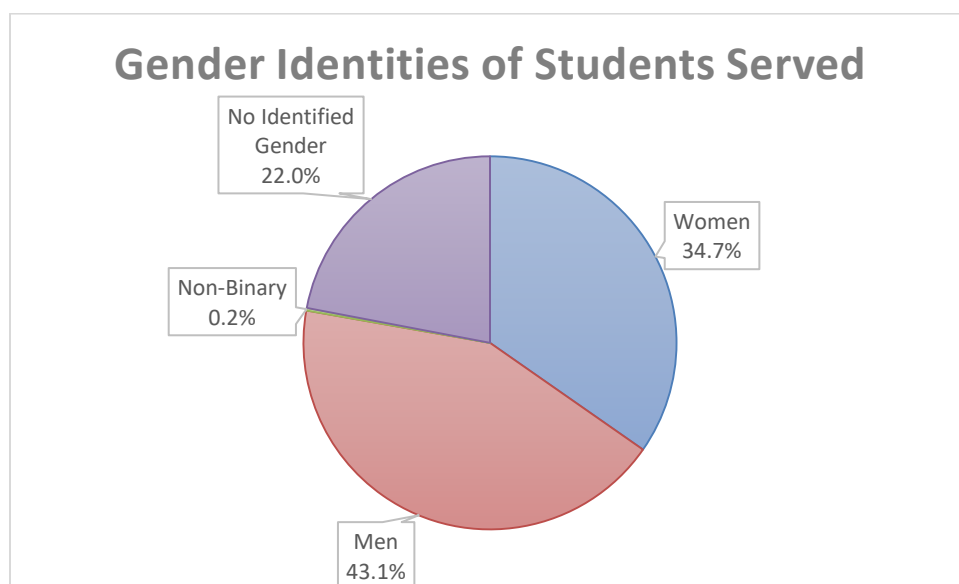
TC FIGURE 3. DOMESTIC STATUS REPORTED
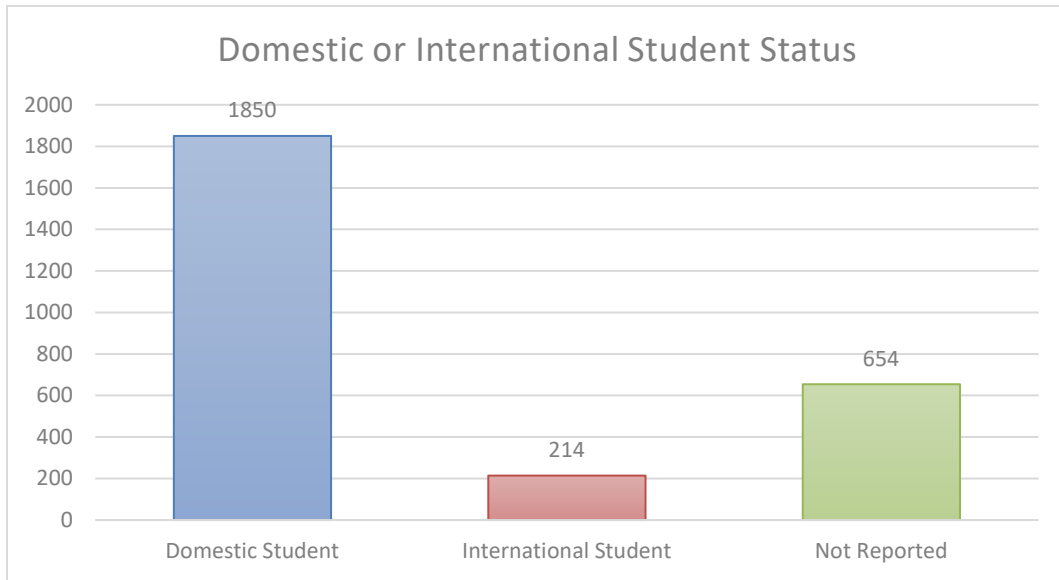
TC CORE OBJECTIVE #1: PROVIDE PROCTORING SERVICES FOR THE CAMPUS AND COMMUNITY

The Testing Center provides testing for the Center for Disability and Access, Distance Education, and Independent Study. This service is open to University of Utah students and faculty, but a number of students from other universities and colleges also complete proctored exams at the Testing Center. In 2019-2020, the Testing Center administered 2451 proctored exams (an increase of 37.4% from the previous year). Out of those proctored exams, it is estimated that 2220 testers, or 91% of testers being proctored were University of Utah students, the remaining 203 testers were students from other colleges or universities (See Figure 4). It is likely COVID-19 impacted the need for students at other colleges needed testing at the U, but we were surprised to see a large increase in U testers despite offering limited services for 4 months.

The Testing Center has both quiet and private testing space for the Center for Disability and Access (CDA) accommodated testing. The Testing Center provided accommodations for 225 CDA referred testers. This represents an 59% decrease in proctored services offered for CDA students. Because the campus went online before finals season of the Spring semester and curriculum-based tests were largely transferred to CANVAS, the need for in-person proctoring disappeared and has not returned. It is unclear what this year will bring in the regard as many professors may not return to in-person testing again, and especially since only about a quarter of classes on campus are being held in-person.

Non-U student proctored exams revenue represented 43% of the revenue from all proctored exams. Overall, revenue from proctored exams increased 4.9% from $21,637.00 last fiscal year to $20,580.00

this this year (See Figure 5). This is less than expected given the service interruption.

TC FIGURE 4. PROCTORED EXAMS OVER PAST SEVEN YEARS (2014 – 2020)
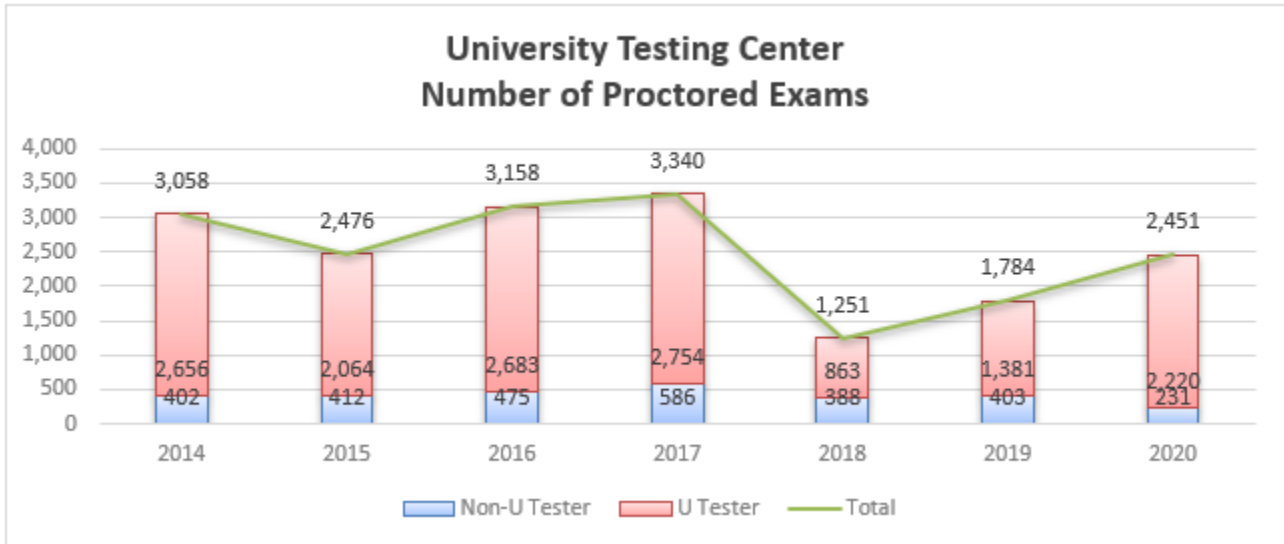
TC FIGURE 5. REVENUE FROM PROCTORED EXAMS OVER THE PAST SIX YEARS (2014 – 2020)
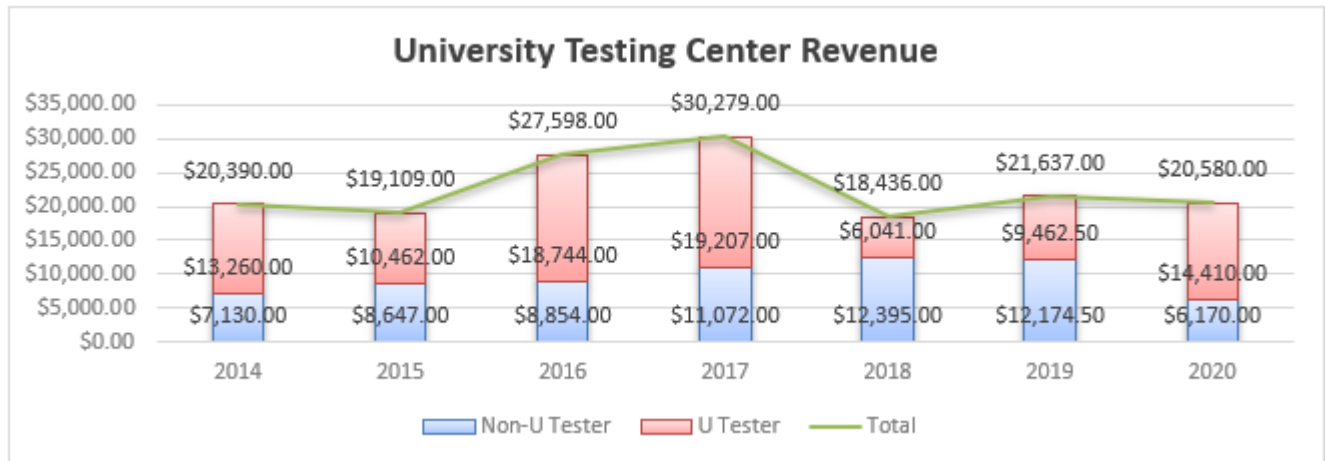
UNIVERSITY TESTING GOALS

1) Provide outstanding customer service
2) Highest level of test security
3) Excellent value to students and faculty.

UNIVERSITY TESTING OUTCOMES

1) High level of satisfaction of those using our services
2) No tests lost, stolen, or otherwise compromised
3) Costs were kept at an affordable rate

TC CORE OBJECTIVE #2: PROVIDE ADMISSIONS AND PLACEMENT TESTING

A second major type of university testing administered is placement and credit-by-exam tests. Placement tests offered by the Testing Center include math placement and the writing placement essay. The math placement and writing placement tests are utilized by students who either want to challenge their placement based on their ACT score or do not have a valid ACT score. Math placement constitutes one of the principle tests administered by the testing center and accounted for 23% (27% percent decrease from the previous year) of our total academic testing. We increased math placement tests administration by 3.8% over the previous year from 1514 to 1572 (See Figure 6). The math placement and writing placement tests are given via computer on one of our 13 testing stations.

TC FIGURE 6. MATH PLACEMENT ADMINISTRATIONS OVER THE PAST 6 YEARS
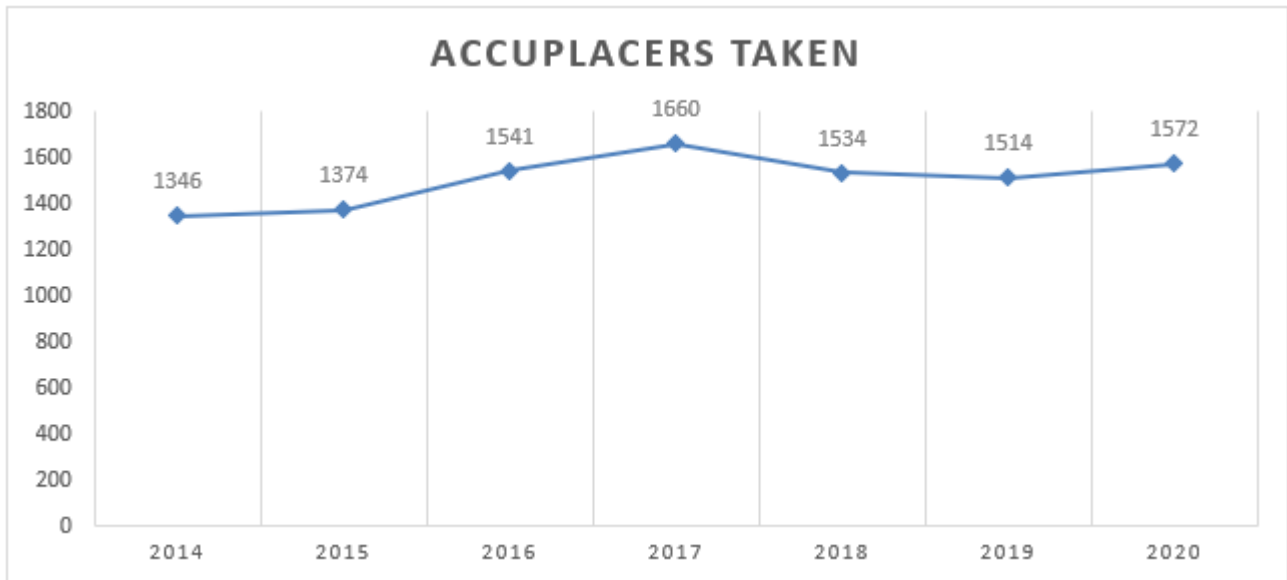
Credit-by-exam tests include CLEP, which provides students 3 credit hours and a waiving of a liberal education requirement when passed successfully and the Foreign Language Assessment Test (FLAT's). The Testing Center also offers the computerized Miller Analogies Test (MAT). This test is used by some departments on campus for admission into graduate programs, often as an alternative to the Graduate Records Exam (GRE). This is a national based exam; therefore, students from other institutions also use the center for this test.

TC FIGURE 7. PLACEMENT TESTS PROCTORED

Placement Test Distribution

Category	Value
Language Placement	168
MAT	66
Flats	52
Accuplacer	1572
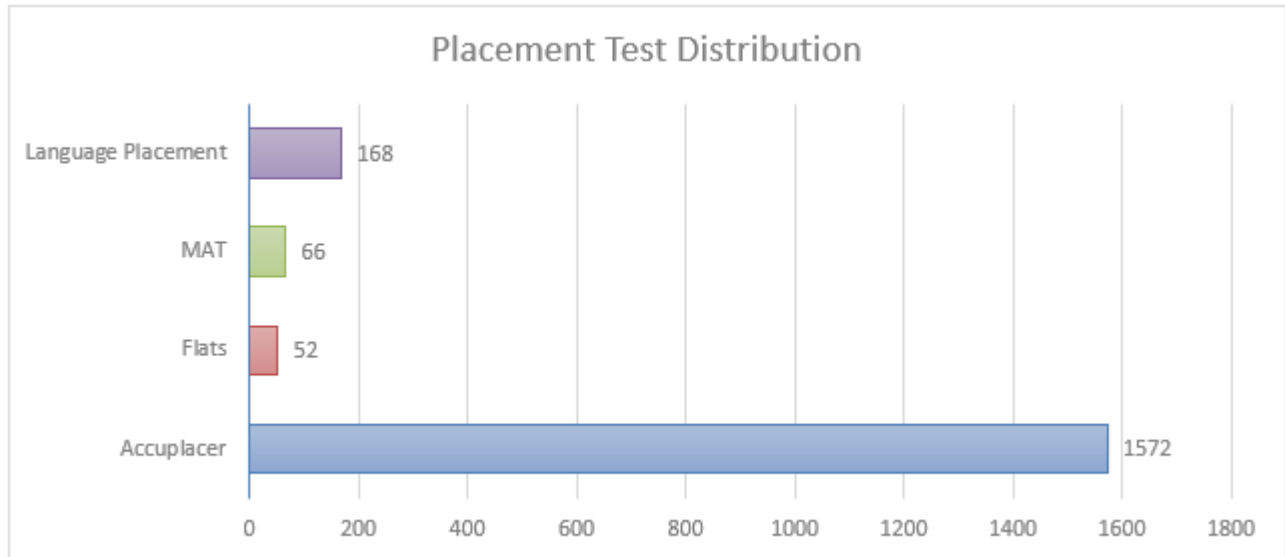
PLACEMENT TESTING AND CREDIT-BY-EXAM GOALS

1. Provide easy and timely access to placement testing for students
2. Provide excellent customer service
3. High Quality proctoring and test security services
4. Timely results
5. Maintain Data base.

PLACEMENT TESTING AND CREDIT-BY-EXAM OUTCOMES

1. The University Testing Center moved to an online scheduling and payment system called RegisterBlast in October 2018 and this was the first full year using the system. Students can now create an account, schedule an exam, and pay for those services should it be required with no interaction from Testing Center staff. The scheduling software has set time limits for each testing seat for each test so that it can adequately fill seats through open hours. This has significantly increased ease for student registration and decreased labor demands in the office. Most scheduling happens online not in the Testing Center. However, even during peak test administration times, student walking in for services were typically accommodated immediately by utilizing our private testing rooms as overflow testing environments. **This proved to be a very effective process and almost no lines were observed even during peak testing months of July and August.**
2. As a university service we provide quality relationships with both student testers and university instructors. We take personal calls and go above and beyond in helping

students and instructors get the positive experience they are looking for.

3. No tests were lost or compromised.
4. Results of Math placement testing are given to the student immediately upon completion of testing and are posted within 1 business day to the PeopleSoft database. Writing placement exams are forwarded to the English Department for scoring and results are posted by the department. CLEP exam results are given to the student immediately upon completion and are maintained by CollegeBoard. FLATS are scored by computer; however, it will likely shift to web-based proctoring soon.

TC CORE OBJECTIVE #3: PROVIDE PSYCHOLOGICAL TESTING AND ASSESSMENT SERVICES

The Testing Center provides psychological testing services to the UCC and other qualified off-campus professionals. We provide a significant amount of career personality and conflict style testing to university HR services. In addition, most clinically based testing from the University Counseling Center is run through Testing Center services. Finally, community therapists order psychological and career testing for their clients through the Testing Center Services. This year a relationship was established with the Center for Disability and Access (CDA) where CDA provided a 50% scholarship of a low cost $500 LD/ADHD assessment provided by UCC Doctoral psychology Interns. CDA identified and referred testers This was cut short by COVID-19 and only half the expected assessments were provided. Because of the difficulty of providing in-person ability and achievement testing, assessments the next year will likely be focused more on remote-administered personality and symptom-oriented measures.

PSYCHOLOGICAL TESTING OUTCOMES

1. Test selection will be adequate for basic psychological assessment.
2. High level of customer satisfaction.
3. Results available within 3 business days for psychological and career tests.

PSYCHOLOGICAL TESTING OUTCOMES

1. The Testing Center offers a wide selection of psychological assessments and continually updates inventory as new testing is offered. We offer the major intellectual, achievement and personality tests being used in the field and update our inventory yearly.
2. No formal satisfaction data was collected from students or faculty using our services, and we are not aware of any complaints related to our customer service.
3. All psychological and career tests were scored and available within 3 business days of being completed by clients.

TC CORE OBJECTIVE #4: PROVIDE COMPUTER-BASED PROMETRIC TESTING SERVICES

Prometric revenue this year decreased by 20.9% compared to last fiscal year ($225,801.80 in 2019 versus $178,711.97 in 2020). The Testing Center. We also hired on and trained 3 new Prometric

employees and had 3 resign. Jean Young, our current Lead, and Kenzi Vanleeuwen are Level 2, benefited positions. Prometric is a difficult area to manage from a personnel perspective. It generally takes new staff around 3 months to train someone on the technical and detailed requirements of the position. However, because many of the staff are students and part-time employees' turnover is high. Prometric Corporation demands high attention to detail and the utmost professional customer service.

Prometric Center Goals

1. Provide outstanding customer service
2. Provide the highest level of test security
3. Increase profitability

PROMETRIC CENTER OUTCOMES

For fiscal year 2019-2020, the Prometric Center has been adapting to changing industry standards and competition in terms of test security. As Prometric corporate office institutes tighter controls, our Prometric Center continues to adapt and update security protocols. Strict safety and social distancing guidelines are in place. This results in the center's reduced capacity by about 50%. Not only are testers seated 6 feet away from each other, start times are distributed across the day to reduce the likelihood of more than one person waiting at any given time.

1. Security performance is audited by Prometric Corporate. They evaluate center practices on three important indices, DVR Check, Secret Shops, DM Site Audits. During the 2019-2020 fiscal year, no DVR Audits and a Secret Shop were considered failing. This kept the centers score above 700. This score represents performing better than 50% of all Prometric sites in the USA.
   a. 3 DVR audits were passed successfully
   b. One secret shop was passed.
2. No tests lost, stolen or otherwise compromised.
3. Prometric revenue this year decreased by 20.9% from last fiscal year.

TC FIGURE 8. PROMETRIC SECURITY AUDIT SCORE

	MonthScore	3MonthScore	12MonthScore
	Middle 40-50%	Middle 40-50%	Middle 40-50%
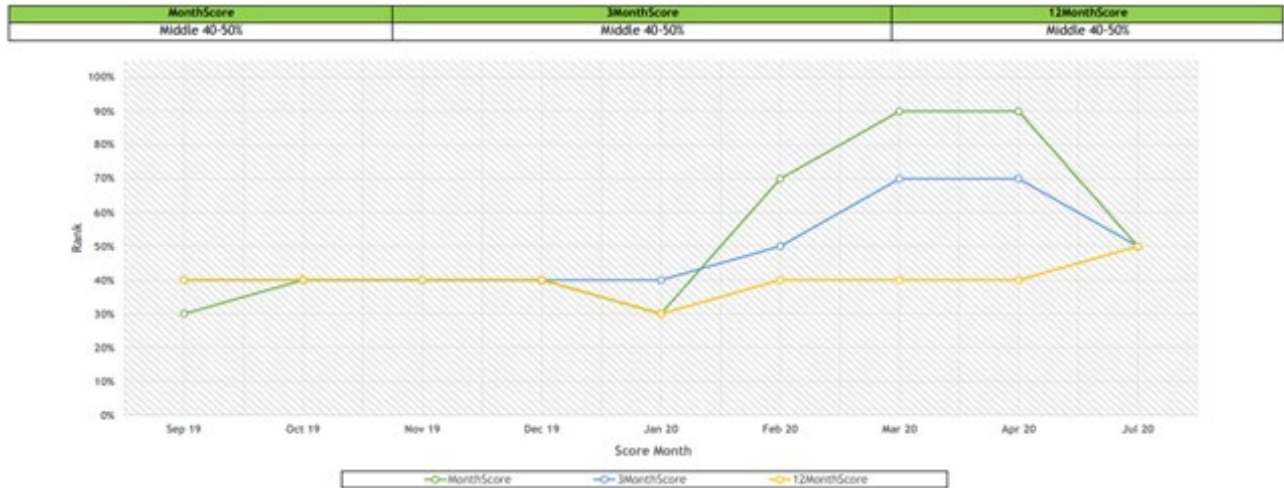
NATIONAL PAPER-BASED TESTING

The Testing Center is also responsible for coordinating the national paper-based testing at the university. Testing occurs on most Saturdays and includes, among others, testing for the SAT, the Law School Admission Test (LSAT), and the national ACT. The Testing Center utilizes a strong pool of qualified proctors to supervise and administer these exams. These tests were on hold while Salt Lake City was in Orange for COVID-19. Tests will resume in September when Salt Lake City is in Yellow.

TESTING CENTER REVENUE

Overall testing center revenue decreased by 21.8% compared to last fiscal year from $ 325,528.32 in 2019 to $ 254,698.83 in 2020. In addition, expenses increased by 20.27% compared to last fiscal year from $235,437.01 in 2019 to $283,170.71 (see Figure 9). This expense increase represents a personnel cost from a Testing Center reorganization. This reorganization strengthened Jean Young's Prometric Project Manager role in terms of increased administrative oversight and staff training and backup. The new reorganization was successful and stabilized staffing considerably. Due to the COVID-19 4-month shutdown Testing Center net income was in the red for the first time (-$28,471.88; see Figure 10). In general, personnel costs remained a similar percentage of expenses, approximately 76.7% (see Figure 11). The Testing Center transferred $175,205.19 to support the UCC Waiting Room and Clinical Office Expansion and Remodel Project. Given this substantial transfer from Carry Forward, and with net in the red, the University Testing Center ended with the fiscal year ending balance of $12,947.30.

TC FIGURE 9. REVENUE VS. EXPENSE OVER THE PAST FIVE YEARS (2015 – 2019)

REVENUE VS. EXPENSE

	2015	2016	2017	2018	2019	2020
Revenue	$381,409.01	$372,839.27	$341,283.13	$355,764.80	$325,528.32	254,698.83
Expense	$316,788.21	$307,236.38	$276,107.40	$283,341.15	$235,437.01	283,170.71
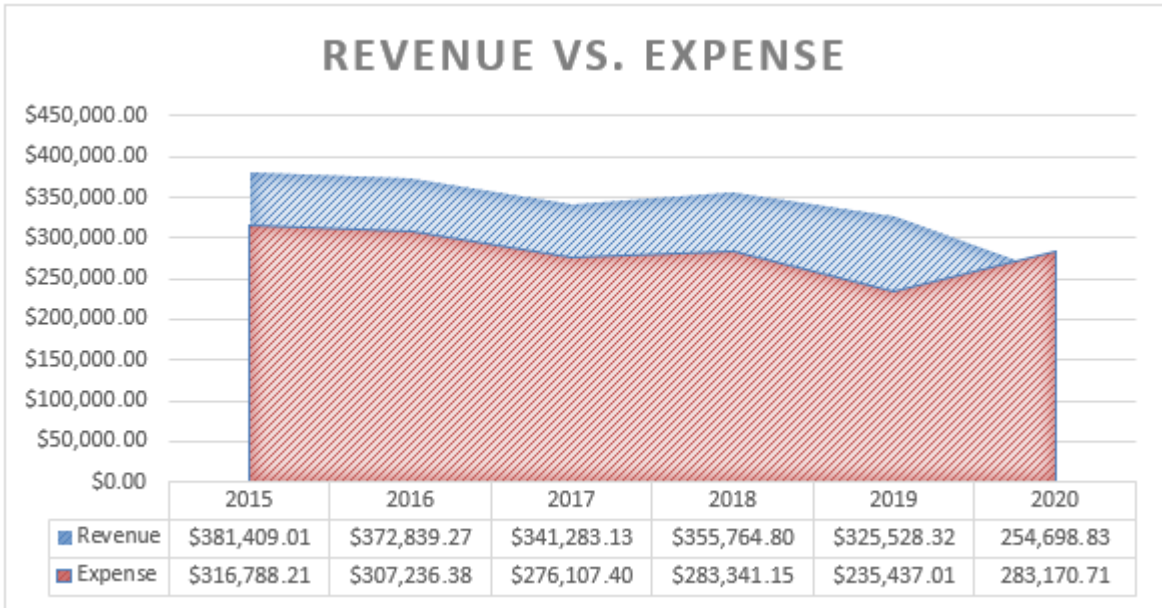
TC FIGURE 10. YEARLY NET OVER THE PAST 5 YEAR (2015 – 2019)

YEARLY NET

$64,620.80 $65,602.89 $65,175.73 $72,423.65 $90,091.31 -$28,471.88
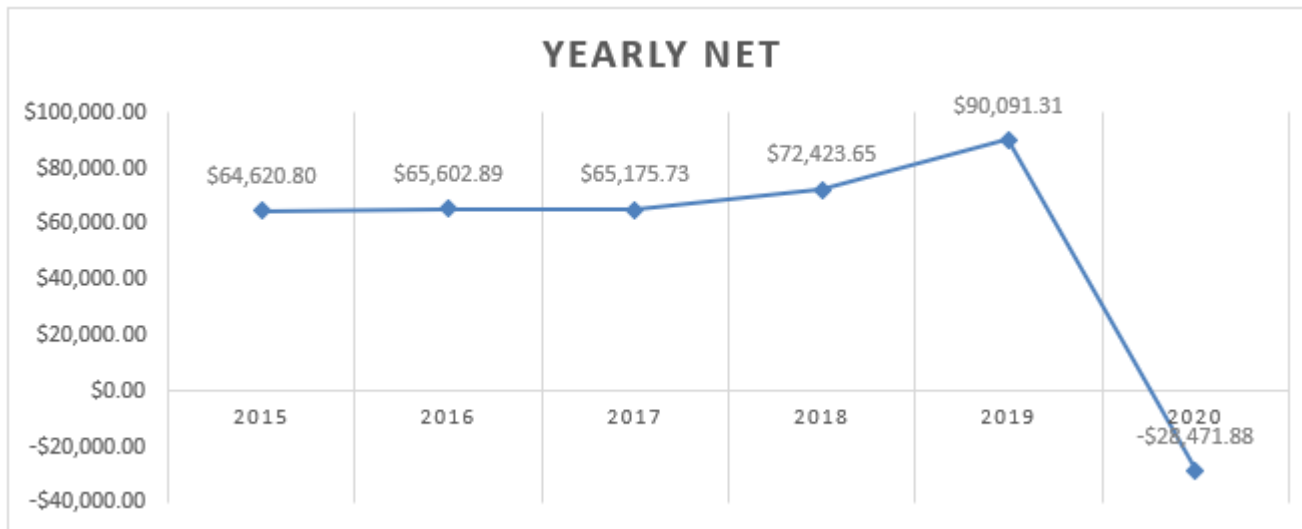
TC FIGURE 11. PERSONNEL COSTS AS A PERCENT OF TOTAL EXPENSES (2015 – 2019)

Personel Costs in Total Expenses

(Chart showing Expense, Personal, and Percent of Expense from 2015 to 2020. Left axis ranges $0.00 to $350,000.00; right axis ranges 60.0% to 85.0%. Percent of Expense data labels: 71.8% (2015), 68.6% (2016), 78.3% (2017), 80.0% (2018), 76.4% (2019), 76.7% (2020).)
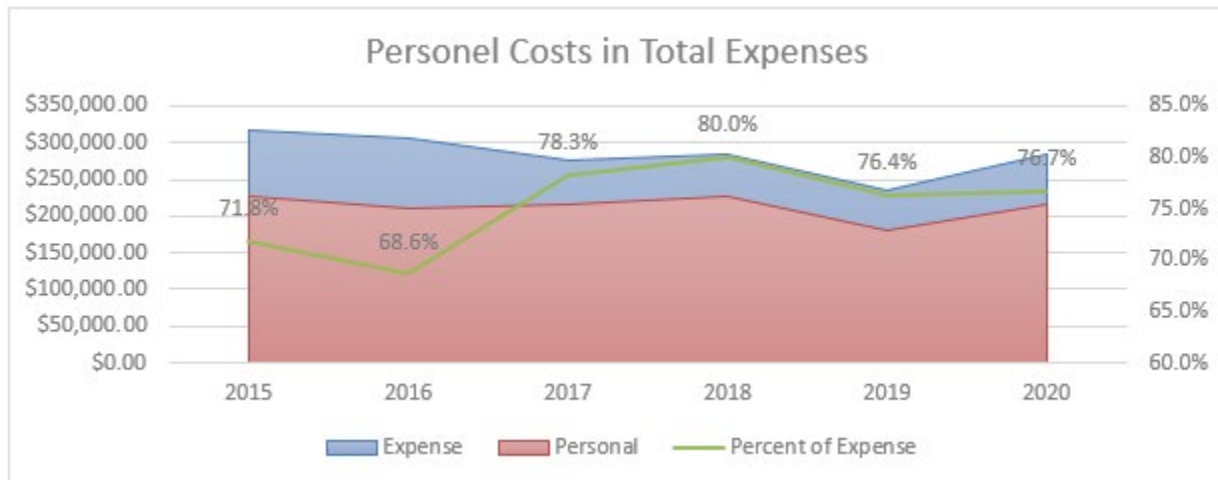
TESTING CENTER CHALLENGES AND OPPORTUNITIES

Testing Center Challenges. This year several challenges face the University Testing Center. The main concern is fiscal viability. Although the academic focused side of the Testing Center is currently opening slightly more seats (in-person + remote) than before COVID-19, there is considerably less demand for CDA Accommodated testing. However, the University of Utah has dropped the ACT and SAT requirement for the next academic year. This leaves the Accuplacer as a placement tool that may be in greater demand. Even more pertinent to the Testing Center's fiscal solvency is Prometric revenue. Currently because of social distancing needs the Prometric Testing Center is operating at 50% capacity resulting in a 50% decrease in the largest source of revenue. Already some of the transfer outs to the UCC have been cancelled for this year, which should result in $70,000 less in expenses, but the estimated loss of revenue should COVID-19 continue to impact capacity is likely $120,000 from Prometric alone. Careful planning and financial decisions need to be made to protect the integrity of the Testing Center finances.

Testing Center Opportunities. The Testing Center has shifted the services offered over the past few years. This has afforded the center an opportunity to re-conceptualize its services and service delivery model. Instead of academic test proctoring being the primary service delivered, testing services have shifted toward professional, academic, and psychological assessment.

UCC STAFF EXCELLENCE (2019 –2020)

UCC AWARDS AND RECOGNITIONS

STAFF	AWARDS AND RECOGNITIONS
Chamberlain, Susan	2019 Student Affairs VP for Service Excellence Award
Ganesh, Kamala	2020 Sharon Goodwill Memorial Award for Achievement and Promise in Mental Health (presented by the College of Social Work)
Harris, Frances	2020 Career Champion of the Year (presented by the University of Utah Career & Professional Development Center)
Van Epps, Jake	2020 Student Affairs Hero Award

UCC COMMITTEE MEMBERSHIPS

STAFF	COMMITTEE
Chamberlain, Susan	University of Utah LGBT Resource Center Pride Week Planning Committee (Member)
Cone-Uemura, Karen	American Group Psychotherapy Association Group Psychotherapist Certification Board (Member) American Group Psychotherapy Association Diversity, Equity & Inclusion Task Force (Member)
Haden, Jack	Undergraduate Studies Student Success Advocates Disability Search Committee (Member)
Harling, Cindy	University of Utah Behavioral Intervention Team (Member)
Kelly LeCluyse, Christina	University of Utah Safe U/Healthy Relationships Committee (Member)
Lucero, Steve	Student Affairs Professional Development Committee (Member)
Newbury, Josh	Social Work Training in College Counseling Centers (Member)
Martinez, Roberto	Student Affairs Diversity Council (UCC Representative; Member)
Van Epps, Jake	Center for Student Wellness Alcohol & Drugs Campus Work Group (Member)
Weitzman, Lauren	University of Utah Edie Kochenour Memorial Lecture Subcommittee (Chair) University of Utah Edie Kochenour Memorial Lecture Fund Advisory Board (Co-chair) University of Utah Racist & Bias Incident Response Team (Member)

	Association of University and College Counseling Center Directors Salt Lake City 2016 New Directors and First Time Attendees Orientation Committee (Co-chair)

UCC PRESENTATIONS AND PUBLICATIONS

Publications

Alldredge, C., Burlingame, G., Olsen, J., & **Van Epps, J.** (2020). Outcome Questionnaire-45 (OQ-45) progress alert rates in group versus individual treatment: An archival replication. *Group Dynamics: Theory, Research, and Practice*.

Christensen, M. C., Capous-Desyllas, M., & **Arczynski, A. V.** (2020). Photovoice as a multilevel tool for gender and sexuality identity exploration. *Families in Society: The Journal of Contemporary Social Services, 101*(2). 219-231. doi: 10.1177/1044389419889710.

Bettmann, J.E., **Anstadt, G.**, Casselman, B., & **Ganesh, K.A.** (2020). Young adult depression and anxiety linked to social media use: Assessment and treatment. Clinical Social Work Journal. Published, 02/2020. https://link.springer.com/article/10.1007/s10615-0

Bettmann, J.E., **Anstadt, G.,** & Kolaski, A. Z. (2019). Therapeutic adventure for military veterans with mental illness: A conceptual argument. Ecopsychology. Accepted, 12/28/2019.

Goldberg, S. B., Flemotomos, N., Martinez, V. R., Tanana, M., Kuo, P., Pace, B. T., Villatte, J. L., Georgiou, P., **Van Epps, J**., Imel, Z. E., Narayanan, S., & Atkins, D. C. (2020). Machine learning and natural language processing in psychotherapy research: Alliance as example use case*. Journal of Counseling Psychology*.

Presentations

Ellsworth, K., Poitras, E. G., Imel, Z., Caperton, D., Lord, G., **Van Epps, J.,** Tanana, M., Atkins, D. (2020). Model tracing in MITutor: Knowledge discovery by topic models. Paper to be presented to the 2020 Annual Meeting of the American Educational Research Association. San Francisco, CA.

Van Epps, J., (2019). National and Local Mental Health Trends on College Campuses. Presented at the University of Utah, Salt Lake City, UT.

Imel, Z., **Van Epps, J**. (2019). *Siri, rate my counselor: Scaling up the evaluation of substance use counseling with speech signal processing and machine learning.* Presented at PARCKA Parleys, Salt Lake City, Utah.

Anstadt, G., Choruby Whiteley, A., Christman, S., Desjarlais, C., Scott, O. (2020). Hire me, don't tokenize me: An interactive workshop examining problematic diversity hiring policies. Workshop presented at the Association for Women in Psychology Conference, Austin, TX.

Cone-Uemura, K. (2020). Diversity, equity & inclusion challenges in AGPA. Invited panelist for the American Group Psychotherapy Association Town Hall.

Cone-Uemura, K. & Ziesel, K. (2020). Experientially Exploring Identity: The Importance of Self Awareness to

Effective Group Leadership. Workshop presented at the American Group Psychotherapy Association Conference, New York, NY.

Lucero, S. (2019). Analytics informed decision-making. Paper presented at the Utah University and College Counseling Centers Conference. Salt Lake City, Utah.

Lucero, S., Sheehan, E., & Davenport, S. (2019). Business school inclusive practices. Symposium presented at the Conference on Diverse Education. Salt Lake City, Utah.

Lucero, S. (2019). Gender and mental health in STEM. Seminar presented to American Physical Society Conferences for Undergraduate Women in Physics at Utah State University. Logan, Utah.

UCC FACULTY APPOINTMENTS

Name	Position	Academic Department
Arczynski, Alexis	Adjunct Professor	Educational Psychology
Haden, Jack	Field Instructor	College of Social Work
Harling, Cindy	Clinical Instructor	College of Social Work
	Field Instructor	College of Social Work
Harris, Frances	Adjunct Professor	Educational Psychology
	Adjunct Professor	Psychiatry
Martinez, Roberto	Field Instructor	College of Social Work
	Clinical Instructor	College of Social Work
Newbury, Josh	Field Instructor	College of Social Work
Van Epps, Jake	Adjunct Assistant Professor	Educational Psychology
Weitzman, Lauren	Adjunct Professor	Educational Psychology
Wilkinson, Glenda	Field Instructor	College of Social Work
Zhang, Sui	Field Instructor	College of Social Work

UCC STAFF HIGHLIGHTS

Lucero, Steve   Completed his Master of Business Administration (MBA) and Graduate
                                 Certificate in Business Analytics

LOCAL AND NATIONAL WORKSHOPS AND CONFERENCES ATTENDED BY UCC STAFF
JULY 1, 2019 – JUNE 30, 2020

LOCAL/REGIONAL CONFERENCES, WORKSHOPS & TRAININGS
- ACT as a Form of Process-Based Therapy: Introduction & Beyond workshop
- ADHD workshop
- ASUU Code Conference
- Brigham Young University Ethical Pitfalls and Applications workshop
- Center for Change Eating Disorder webinars
- Center for Evidence Based Treatment Navigating Race & Racism workshop
- Clinical Supervision Training workshop
- Complex Grief and How We Heal workshop
- EMDR Training (Level 1)
- Ethics in Psychedelic Research Psychiatry Ground Rounds
- Experiential Therapy online webinar
- Focused ACT Single Session Training
- Gottman Method Couples Therapy Level 1: Bridging the Couple Chasm workshop
- Legacy of Hope: Solution-focused Suicide Prevention and Ethical Decision –Making
- LGBTQ Affirmative Guild of Utah Ethical Use of Pre-Exposure Prophylaxis (PrEP)
- LGBTQ Affirmative Guild of Utah Hope & Resilience: Reducing Intimate partner Violence for Sexually & Gender Diverse Individuals workshop
- LGBTQ Affirmative Guild of Utah Sex Across the Rainbow workshop
- LGBTQ Affirmative Guild of Utah Working with Trans, Nonbinary, and Gender Nonconforming Youth workshop
- Making the Budget Case for College Mental Health During COVID-19 webinar
- Practicing Grounding Techniques workshop
- Psychopharmacology for Non-Prescribers: Role of Therapists workshop
- Radical Compassion Challenge workshop
- Self Compassion Advanced Training
- Sustaining Well-being amid Challenges workshop
- Telehealth Technicalities: Do's and Don'ts in a COVID World workshop
- Trauma-Informed Care Training
- Trauma-Informed Yoga Teacher Training
- Trauma & Resiliency: Applied Workshop Teaching Building Blocks for Cultivating Post-Traumatic Growth
- Working with Survivors of Male Sexual Trauma: Research Findings workshop
- University Counseling Center In-Service: Virtual Counseling Tips
- University Counseling Center In-Service: Crisis Response Planning for Suicide Prevention
- University Counseling Center In-Service: Service & Emotional Support Animals
- University Counseling Center Lunch & Learn Topics
- University of Utah College of Social Work Field Instructor Training
- University of Utah Edie Kochenour Annual Memorial *Creating and Sustaining Inclusive Workplace Cultures: The Hard Truths* Keynote Lecture & Panel
- University of Utah Student Affairs Diversity Council Diversity Modules
- University of Utah Xenophobia & Anti-Asian Racism workshop
- University of Utah Student Affairs Diversity Council Seminar Series

- University of Utah Racism & White Supremacy Town Hall
- University of Utah Student Affairs Professional Development Exempt Staff Retreat
- Utah Psychological Association Workshop: Suicide Prevention
- Utah Psychological Association Workshop: Practicing Ethically workshop
- Utah State University Solution-Focused Suicide Prevention workshop
- Utah University and College Counseling Centers Annual Conference

NATIONAL PROFESSIONAL CONFERENCES & TRAININGS
- American Group Psychotherapy Association
- Association of Counseling Center Training Agencies (ACCTA)
- Association for Women in Psychology
- Association for University and College Counseling Center Directors (AUCCCD)
- Gottman Method Couples Therapy Level 1 Online Workshop: Bridging the Couple Chasm
- Neuropsychiatric Education Institute Psychopharmacology Conference
- Revolution through Love – Race, Reclamation and Liberation Conference

UCC Anti-Racism Action Plan

Position Statement

The University Counseling Center (UCC) has maintained a strong commitment to multiculturalism and social justice for decades, given our professional ethics and the recognition of mental health disparities and additional stigma faced by marginalized students in seeking counseling services. We are dedicated to inclusivity in our support of all U students, and we have consistently emphasized improving our ability to connect students of color and students from other marginalized groups with our therapeutic and outreach/prevention services. The multicultural development work we do internally as a staff has evolved over the years, with the renewal of our commitment to anti-racism this summer following national events.

Our commitment and values are highlighted in the UCC Mission Statement:

> The purpose of the University Counseling Center (UCC) is to facilitate and support the educational mission of the University of Utah. We provide developmental, preventive, and therapeutic services and programs that promote the intellectual, emotional, cultural, and social development of students, staff, and faculty. We consistently strive to integrate multiculturalism into the everyday functioning and structure of our agency, including the individual, service, training, organizational, and administrative levels. We advocate a philosophy of acceptance, compassion, and support for those we serve as well as for each other. We aspire to respect cultural, individual, and role differences as we continually work toward creating a safe and affirming climate for individuals of all ages, cultures, ethnicities, genders, gender identities, gender expressions, languages, mental and physical abilities, national origins, races, religions, sexual orientations, sizes, and socioeconomic status.

We plan to continue to develop our Anti-Racism Action Plan over the coming year. This plan needs to be informed by what we learn from the administration of the Intercultural Development Inventory (IDI) and in our anti-racism working groups in the fall semester.

Current Anti-Racism Initiatives

Current anti-racism initiatives offered by the UCC include:
- Ongoing in-house training on multiculturalism, working with diverse client populations, identity intersectionality, among other topics. This includes our monthly "Lunch & Learn" brown bag seminar.
- Intern *Diversity Initiatives*, now known as *System Intervention Projects* (SIPs), where interns identify an under-served student population and partner with campus offices serving these students to develop clinical and outreach interventions so that we better serve these students. More information on 2019 – 2020 SIPs can be found in the outreach and training sections of our annual report.
- Our *Change Coalition* Undergraduate Internship program has a special focus on social justice and utilizes a peer-based model to expand the UCC's reach to under-served and diverse U students.
- Our new Equity, Diversity & Inclusion embedded therapist team, which consists of 2 counselors who will share their time between the main UCC office and EDI units.
- Therapy and support groups specifically targeted to diverse student populations (e.g., Beyond Binaries support group; Women in STEM support group; Building Resilience support group held at CESA; Women of Color support group co-facilitated by UCC and WRC).

Current practices that promote anti-racist work and/or anti-racism within the UCC:
- We strive to increase the diversity of UCC permanent staff when hiring new staff members. During the past fiscal year, four of our six new hires bring diverse racial/ethnic backgrounds and lived experience. Our training staff consistently include interns who represent racial/ethnic and sexual orientation diversity.
- Beginning Summer 2020, we have two anti-racism working groups for BIPOC and White-identified permanent staff that meet monthly. The focus of these groups is to review agency structure and procedures from an anti-racist lens, as well as read relevant books, articles, and other anti-racism literature.
- Current initiatives coming out of our anti-racism working groups include a review of client demographics and procedures for students referred to community care as well as the consideration of alternative leadership and coordinating area oversight structures.
- We are collaborating with the Office of Inclusive Excellence to take the Intercultural Development Inventory (IDI) as a team this fall. We plan to utilize group feedback to develop agency goals and each staff member will utilize individual feedback to develop personal development goals related to anti-racism.
- We provide financial and professional development support for staff to attend anti-racist focused workshops and conference (on campus and regional/national). Specific trainings are listed in the UCC Staff Excellence section of our annual report and include *Navigating Race & Racism* workshop, UofU *Xenophobia & Anti-Asian Racism* workshop, and attendance at the *Revolution through Love – Race, Reclamation and Liberation* national conference.

UCC Anti-Racism Plan

Below are the current components of the UCC Anti-Racism Plan. This is a phased plan. We will continue to develop our goals and initiatives as a staff as informed by our anti-racism workgroups and IDI feedback.

1. ***UCC Anti-Racism Workgroups.*** Our BIPOC and White-identified Anti-Racism Workgroups will continue to meet monthly. We also will meeting in "collective" groups based on specific tasks that emerge from these workgroups. We believe that at this point in our agency process, separate workgroups are important in providing spaces of support and rejuvenation, especially for our staff of color, as well as spaces where White staff can hold themselves accountable without burdening staff of color with further emotional labor. Our goal is to move toward more intentional collective work group with all staff attending to further develop agency initiatives.
2. ***Increase staff diversity.*** As noted above we strive to continue to increase the diversity of UCC staff when searching for new positions.
3. ***Enhance retention of diverse staff.*** We plan to continue to focus on strategies to retain diverse staff in our office. This includes practices such as "cluster hiring", in which we were successful with our new EDI embedded therapist team, continuing to examine salary levels, and re-evaluating agency structure and leadership opportunities to promote greater equity in our team.
4. ***Maintain professional development support*** for staff to attend anti-racist focused workshops and conference.

Community Partners Integral to Success

The UCC collaborates closely with our Student Affairs, EDI, and academic campus partners, which we view as critical to the success of our goals. This collaboration is enhanced by our prioritization of intern SIPs and the provision of support groups referenced above. UCC staff serve on several divisional and campus committees (e.g., SADC; LGBTRC Pride Week Committee; Racist & Bias Incident Response Team; Public Safety Advisory Committee). Other collaborations this past year included UCC staff members co-facilitation with the LGBTRC and BCC of the *Going Home for Break* program, co-facilitation of the *Queercare* program with the LGBTRC, and serving as moderator the *Reframing the Conversation on Anti-Asian Hate* campus event.

Balancing Commitments

Balancing anti-racism work with the provision of mental health services on campus can be very challenging at times, especially for our UCC staff of color who can experience additional emotional labor in doing this work. Additionally, our staff are susceptible to experiencing vicarious trauma when working with marginalized students and providing mental health support. As highlighted in our mission statement, we strive to attend to these challenges by fostering and advocating for a philosophy of acceptance, compassion, and support for those we serve as well as for each other. We also support staff professional development with the resources of funding and time to attend conferences and workshops.

What are you recommending as divisional priorities?

- Continued support of the Student Affairs Diversity Council (SADC) and monthly trainings.
- Continued anti-racism focused dialogue among SALT and Directors.
- Continued attention to issues of pay inequity, especially as it relates to the recruitment and retention of diverse staff.

APPENDIX A: UCC ORGANIZATIONAL CHART

Lauren M. Weitzman
Director

Josh Newbury
Interim Associate Director, Clinical Services

Steve Lucero
Associate Director, Training

Administrative Assistant & Support Staff	**Clinical Services**	**Training**	**Outreach/ Consultation**	**Career Development**	**Coordinator of Testing & Assessment**	**Research/Evaluation**
JoAnn Kanegee	Josh Newbury	Steve Lucero	Christina Kelly LeCluyse	Frances Harris	Jake Van Epps	Jake Van Epps

Administrative Assistant & Support Staff
- **Clinical Office Manager** — Katy Riney
- **Office Assistant** — Brooke Diston, Scarlet Lajara
- **Executive Clinical/ Training Secretary** — Vacant
- **Work Study**

Clinical Services — Josh Newbury
- **Interim Assistant Clinical Director** — Danielle Fetty-Lovell
- **Licensed Psychologists, Clinical Social Workers, CMHC's**
- **Clinical Team Leaders** — Susan Chamberlain, Karen Cone-Uemura, Danielle Fetty-Lovell, Josh Newbury, Roberto Martinez
- **Mental Health Intervention Specialist** — Roberto Martinez, Jack Haden, Vacant
- **APRN** — Rachel Jenkins-Lloyd, Stacey Pearson
- **Couples** — Jake Van Epps
- **Groups** — Karen Cone-Uemura
- **Assessment** — Jake Van Epps
- **Mindfulness Center** — Alexis Arczynski
- **Case Management Community Resources** — Claudia Reyes

Training — Steve Lucero
- **Assistant Training Director** — Susan Chamberlain
- **Training Committee** — Steve Lucero, Alexis Arczynski, Josh Newbury, Susan Chamberlain, Intern Reps
- **Coordinator of Social Work Training** — Josh Newbury
- **Psychology Internship** — Steve Lucero
- **Coordinator of Practicum Training** — Susan Chamberlain
- **Counseling Psychology Practicum** — Susan Chamberlain
- **Clinical Psychology Practica** — Susan Chamberlain
- **Change Coalition** — Alexis Arczynski

Outreach/ Consultation — Christina Kelly LeCluyse
- **Prevention & Outreach Programs** — Christina Kelly LeCluyse
- **Consultation Services** — Lauren Weitzman
- **Public Relations** — Lauren Weitzman
- **Intern Diversity Initiatives** — Susan Chamberlain
- **Diversity & Inclusion Multicultural Issues Course** — Karen Cone–Uemura

Career Development — Frances Harris
- **Career Services Internship Program** — Lauren Weitzman

Coordinator of Testing & Assessment — Jake Van Epps
- **Testing Center** — Jake Van Epps
- **Testing Specialist** — Chris Jackson
- **Prometric Computer-Based Training** — Jean Young
- **Testing Assistants**
- **Management Information Systems/ Technology** — Jake Van Epps

Research/Evaluation — Jake Van Epps
- **Research Assistant** — Katie Axford
- **Research Committee**

University Counseling Center
Organizational Chart
Fall 2020

Updated: 7/22/20

UCC EXEMPT STAFF

UCC Executive Committee

Lauren Weitzman, Ph.D.
Director
Psychologist
Adjunct Professor, Educational Psychology
Ph.D. - University of Illinois, Urbana-Champaign, Counseling Psychology
M.S. - University of California, Santa Barbara
B.S. - University of Utah, Psychology

Cindy Harling, L.C.S.W.
Associate Director for Clinical Services
Licensed Clinical Social Worker
Clinical Instructor, College of Social Work
M.S.W. – University of Utah School of Social Work
B.A. – University of Utah, Spanish

Steven Lucero, Ph.D.
Associate Director for Training
Psychologist
Ph.D. – Bowling Green State University, Clinical Psychology
M.B.A. – University of Utah, Business Administration
M.A. – Bowling Green State University, Clinical Psychology
B.A. – University of Wyoming, Psychology

Psychiatric Advanced Practice Registered Nurse (APRN)

Rachel Jenkins-Lloyd
M.S. – University of Utah, Psychiatric Nursing
B.S. – University of Utah, Nursing

Stacey Pearson
M.S. – University of California, San Francisco, Psychiatric Mental Nurse Practitioner
B.S. – The Ohio State University, Nursing

UCC Licensed Clinical Social Workers

Gretchen Anstadt, C.S.W.
Clinical Social Worker
M.S.W. - University of Utah, School of Social Work
B.S. – Southern Utah State, Psychology

Kamala Ganesh, C.S.W.
Clinical Social Worker
M.S.W. - University of Utah, School of Social Work
B.A. – University of Virginia, Biology

Jack Haden, L.C.S.W.
Mental Health Intervention Specialist
M.S.W. - University of Utah, School of Social Work
B.A. – University of Utah, English

Christina Kelly LeCluyse, L.C.S.W.
Co-Coordinator, Outreach
M.S.W. – University of Texas at Austin, Social Work
B.A. – Oberlin College, Psychology

Roberto Martinez, L.C.S.W.
Mental Health Intervention Specialist
M.S.W. – San Jose State University, Social Work
B.A. – University of California at Santa Barbara

Josh Newbury, L.C.S.W.
Assistant Clinical Director
Coordinator, Social Work Training
M.S.W. - University of Utah. School of Social Work
B.S.W. University of Utah

Claudia Reyes, L.C.S.W.
Co-Coordinator, Outreach
M.S.W. - University of Utah. School of Social Work
B.S.W. University of Utah

Sui Zhang, L.C.S.W.
Coordinator, Case Management
Coordinator, Community Resources
M.S.W. - University of Utah, School of Social Work
B.A. – East China Normal University, Mass Communications

UCC Staff Psychologists

Alexis Arczynski, Ph.D.
Coordinator, Mindfulness Center
Co-Coordinator, Resilient U
Ph.D. – University of Utah, Counseling Psychology
M.S. – California State University, Fullerton, Department of Counseling
B.A. – Chapman University, Psychology Department

Susan Chamberlain, Ph.D.
Co-Coordinator, Outreach
Coordinator, Practicum Training
Co-Coordinator, Resilient U
Ph.D. – West Virginia University, Morgantown, Counseling Psychology
M.S. – Indiana University, Bloomington, Counseling and Counselor Education
B.A. – Brigham Young University, Anthropology: Sociocultural Emphasis

Karen Cone-Uemura, Ph.D.
Coordinator, Groups
Ph.D. – University of Utah, Counseling Psychology
M.A. – San Jose State University, Counselor Education
B.A. – University of California, Berkeley, Nutrition and Clinical Dietetics

Danielle Fetty-Lovell, Ph.D.
Psychologist
Ph.D. –University of Southern Illinois, Counseling Psychology
M.A. – University of Southern Illinois, Psychology
B.A. – University of Tennessee, Knoxville, Psychology

Frances Harris, Ph.D.
Coordinator, Career Development Programs
Co-Coordinator, Couple Counseling
Adjunct Professor, Educational Psychology
Adjunct Professor, Psychiatry
Ph.D. – University of Utah, Counseling Psychology
M.A. – University of Utah, School Counseling
B.A. – Duke University, Psychology & English Literature

Luana Nan, Ph.D.
Psychologist
Ph.D. – University of Illinois, Urbana-Champaign, Counseling Psychology
M.A. -- University of Illinois, Urbana-Champaign, Counseling Psychology
B.S. . – University of Utah, Psychology
B.S. -- University of Bucharest, Physics

Jake Van Epps, Ph.D.
Testing Center Coordinator
Research Coordinator
Ph.D. – Pennsylvania State University, Counseling Psychology
M.Ed. – University of Georgia, Guidance and Counseling Community Counseling
B.A. – Castleton State College, Psychology

UCC Mental Health Therapist

Alex White, M.S.
M.S. – Prescott College, Clinical Mental Health Counseling
B.A. – Middlebury College, Latin American Studies: History

UCC TRAINEES

Psychology Doctoral Interns

Mun Yuk Chin, M.A., University of Wisconsin
Keri Frantell, M.A., M.S., University of Tennessee – Knoxville
Elyssa Klann, M.S.Ed., Indiana University
Hannah Muetzelfeld, M.Ed., University of Albany – SUNY

Social Work Interns (from the University of Utah)

Aqsa Dalal B.S.W.
Paola Escobedo, B.S.W.
Kamala Ganesh, B.A.
Natalie Wilson, B.S.W.

Social Work Practicum Counselors (from the University of Utah)

Maria Creasey-Baldwin, B.A., B.F.A.
Erin Drum, B.A.

Counseling Psychology Doctoral Practicum Students (from the University of Utah)

Eric Dooley-Feldman, M.A.
Yifat Gohar Levenstein, B.S.
Taylor Kevern, M.S.W.
Benjamin Ratcliff, B.S.
Amira Yaem Trevino, B.S.

Clinical Psychology Assessment Practicum Students (from the University of Utah)

Stacey Brothers, B.A.
Emily Braley, B.S.
Robyn Kilshaw, B.S.

Clinical Psychology Doctoral Practicum Students (from the University of Utah)

Stacey Brothers, B.A.
Emily Braley, B.S.
Robyn Kilshaw, B.S.

Research Assistant (from the University of Utah)

Patty Kuo, M.Ed.

Change Coalition Undergraduate Interns (from the University of Utah

Ashley Jimenez
Luka Redmond
Edwin Santos Lapiz
Will Tanguy

UCC NON - EXEMPT STAFF

JoAnn Kanegae, *Administrative Assistant to the Director*
Fabiola Cisneros, UCC Executive Secretary
Brook Diston, UCC Receptionist
Scarlet Johnson, UCC Receptionist
Catherine Riney, *Clinical Office Manager*
Chris Jackson, *Testing Specialist*
Jean Young, Testing Program Manager

UCC STAFF ASSOCIATES

Nellie Arrieta, LCSW
 Women's Resource Center

Kristy K. Bartley, Ph.D.
 Women's Resource Center

Katie Baucom, Ph.D.
 Psychology Department

Craig Bryan, PsyD., ABPP
 Psychology Department

Amber Choruby Whiteley, Ph.D.
 Psychologist

Debra S. Daniels, LCSW
 Women's Resource Center

Rob Davies, Ph.D.
 Graduate Medical Education

Elizabeth Duszak, Ph.D.
 Assessment, Evaluation & Research

 A. Glade Ellingson, Ph.D.
  Staff Psychologist Emeritus

Lois Huebner
 Professor Emeritus

Zach Imel, Ph.D.
 Educational Psychology Department

Kim Meyers, Ph.D.
 Utah State University

Mark Pfitzner, M.D.
 Student Health Center

Amy Powell, M.D.
 School of Medicine

Jonathan Ravarino, Ph.D., LCSW
 Athletic Department

David Rozek, Ph.D.
 Psychiatry Department

Mike Tanana, Ph.D.
 College of Social Work Research Institute

Karen Tao, Ph.D.
 Educational Psychology Department

Sommer Thorgusen, Ph.D.
 Psychology Department

Steve Varechok , LCSW
 Clinical Social Worker

APPENDIX C: UCC SOCIAL MEDIA USER TERMS AND CONDITIONS (UPDATED 4/9/14)

SUMMARY:

The University Counseling Center (UCC) sponsors a photo sharing, video sharing, and other social media sites to further its mission to meet the cultural, educational, and informational needs of the campus community. Fans, followers, members, likers, and/or friends of our social media pages are encouraged to share, post, like, rate, upload videos and images, and converse with other fans and with content posted on this page. At times, the UCC's sponsored sites are also a place for the public to share opinions about the center, mental health, and related subjects/issues. Comments are welcome and will be reviewed prior to publishing. The UCC reserves the right not to publish any posting, or to later remove it without notice or explanation.

The UCC offers crisis services M-F 8-5. If you are a U of U student, staff or faculty member and need to talk with someone immediately, a UCC staff member is available to assist. Call us at 801-581-6826 or walk into the Center at 426 Student Services Building. For more urgent situations and after hours, please go to the University Neuropsychiatric Institute, 501 Chipeta Way, or to the Emergency Department at the University Hospital. The UNI CrisisLine: 801-587-3000 offers crisis response 24/7, including: crisis support over the phone, a mobile outreach option (MCOT) that will respond to persons in their home, and the Receiving Center where individuals from Salt Lake County can access a safe and supportive environment to help individuals work through their crisis situation. Individuals may spend up to 23 hours at the Receiving Center, at no cost.

FULL POLICY STATEMENT:

In keeping with its mission, the University Counseling Center (UCC) may participate in the use of various "social media" sites or applications. The goals of UCC sponsored social media sites are:
- To increase the campus community's knowledge of and use of UCC services;
- To promote the value and importance of the UCC's services among university faculty,
- students, staff, administrators, and the general public;
- To maintain open, professional, and responsive communications.

The UCC's social media platforms are public sites used for educational purposes only and are not designed as a forum for provision of clinical care. Therefore, becoming a "friend" or "fan" does not indicate you are a client of our services or participating in therapy. If you have questions about your mental or physical health, please consult directly with your physician or other treating provider.

The UCC does not collect, maintain or otherwise use the personal information stored on any third-party site in any way other than to communicate with users on that site. Users may remove themselves at any time from the UCC's "friends" or "fan" lists. Users should be aware that third party websites have

their own privacy policies and should proceed accordingly.

Comments, posts, and messages are welcome on the UCC social media sites. Users are strongly encouraged to check facts, cite sources, and show respect in expressing their opinions. While the UCC recognizes and respects difference in opinion, all such interactions will be monitored and reviewed for content and relevancy. Having stated that, the UCC is not obligated to take any actions, and will not be responsible or liable for content posted by any subscriber in any forum, message board, or other area within these services.

The UCC offers crisis services M-F 8-5. If you are a U of U student, staff or faculty member and need to talk with someone immediately, a UCC staff member is available to assist. Call us at 801-581-6826 or walk into the Center at 426 Student Services Building. Faculty and staff may also contact the University EAP at 801-587-9319. For more urgent situations and after hours, please go to the University Neuropsychiatric Institute, 501 Chipeta Way, or to the Emergency Department at the University Hospital. The UNI CrisisLine: 801-587-3000 offers crisis response 24/7, including: crisis support over the phone, a mobile outreach option (MCOT) that will respond to persons in their home, and the Receiving Center where individuals from Salt Lake County can access a safe and supportive environment to help individuals work through their crisis situation. Individuals may spend up to 23 hours at the Receiving Center, at no cost.

Code of Conduct

Comments and posts by fans to any of the UCC's social media sites should be relevant to the content posted on the page and its fans. UCC reserves the right not to publish any posting, or to later remove it without notice or explanation. Reasons for removal include, but are not limited to:

- Abusive, defamatory, or hate speech.
- Violations of copyright, trademark, or other intellectual property rights.
- Profanity or racial slurs.
- Illegal activities.
- Threats of violence.
- Pornographic or sexually explicit material.
- Information related to non-university related products or services.
- Spam or commercial advertising.
- Off-topic comments.
- Lack of space.
- Posts that become a nuisance.

In certain situations, the poster, as well as the content, could be blocked from the page or reported to authorities depending on the nature of the content. The UCC reserves the right to remove posts

deemed inappropriate.

Posts that contain names (or identifying information) of specific individuals receiving care or working at the UCC may be removed if the individual has not consented to having information shared publically. Names of University of Utah employees identified as part of a complaint, concern, or compliment will be handled on a case-by-case basis. Depending on the circumstances, at the discretion of page administrators, the post or comment may be removed to protect the identity of individuals.

In addition, the UCC reserves the right to edit or modify any postings or comments for space or content (spelling, grammar, etc.), while retaining the intent of the original post. The UCC assumes no liability regarding any event or interaction created or posted by any participant in any UCC sponsored social media service, and does not endorse content outside the "pages" created by UCC staff. Participation in UCC social media services implies agreement with all University of Utah and library policies, including but not limited to University of Utah World Wide Web Resources Policy, Privacy Statement, Disclaimer, Information Resources Policy, and Terms of Service of each individual third-party services. The role and utility of social media will be evaluated periodically by UCC staff, and may be changed or terminated at any time without notice to subscribers.

Adapted from University of Utah Spencer S. Eccles Health Sciences Library Social Media Policy; and the University of Utah Health Care Social Media User Terms and Conditions.