



University Counseling Center
THE UNIVERSITY OF UTAH

**ANNUAL REPORT
JULY 1, 2013 – JUNE 30, 2014**

**REPORT ONE:
KEY ACTIVITIES, ACCOMPLISHMENTS AND STAFF EXCELLENCE**

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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, Ph.D., served as the UCC Director and completed her tenth year in this role. In 2013 – 2014 the Executive Committee was comprised of Lois Huebner, Ph.D. (Associate Director for Clinical Services) and Glade Ellingson, Ph.D. (Associate Director for Training) and met on a bimonthly basis. The Same Page Committee continued to meet bimonthly as the primary coordinating body of the UCC, with standing members consisting of the Director (Dr. Weitzman), the two Associate Directors (Drs. Huebner and Ellingson), the Assistant Clinical Director and Coordinator of Social Work Training (Cindy Harling, L.C.S.W) and the Assistant Director for Technology and Assessment (Rob Davies, Ph.D.). Same Page Committee meeting minutes are disseminated to all permanent professional staff members with an open invitation to attend and submit agenda items.

UCC ORGANIZATION, CLINICAL STAFF AND FUNCTIONAL AREAS. The mental health functions of the University Counseling Center are organized by functional area, with a permanent clinical staff member holding coordinator responsibility for each functional area. In 2013 – 2014, the UCC permanent clinical staff was a team of seven licensed psychologists (one of whom is also licensed as a clinical social worker), one associate clinical mental health counselor, four licensed clinical social workers and two part-time therapists, one of whom was licensed as a clinical mental health counselor. Our clinical training staff consisted of four psychology doctoral interns, three master's level social work interns, five psychiatry residents, three counseling psychology doctoral core practicum counselors, one counseling psychology advanced field practicum counselor, three counseling psychology doctoral practicum counselors and six clinical psychology doctoral assessment and CBT practicum counselors (total of 23 trainees). Additionally, the Testing Center, Learning Enhancement Program and the Center for Student Wellness have program managers who oversee personnel and daily functioning in their areas. The 2013-2014 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.

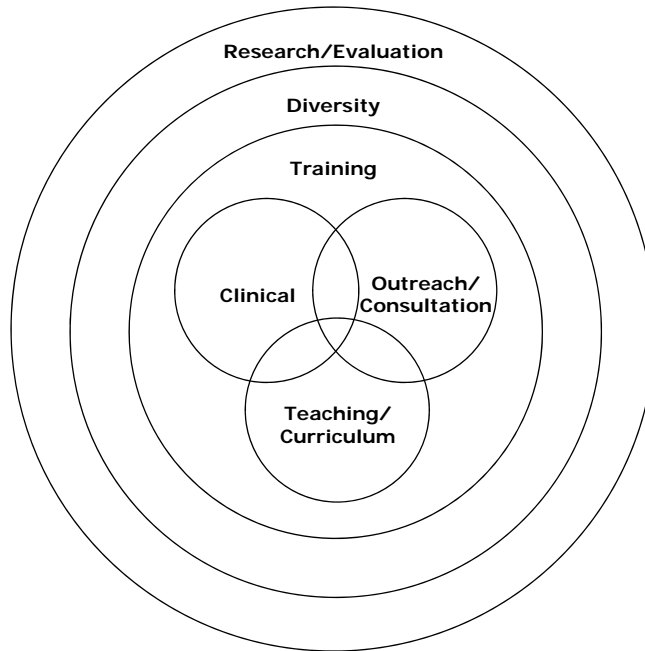


FIGURE 1: UCC FUNCTIONAL AREAS

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 continue to monitor our service and training functions in light of these accreditation requirements.

KEY ACTIVITY #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 key activity 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 Key Activity #1 are outlined below.

OVERVIEW OF UCC CLIENT DEMOGRAPHICS

UTILIZATION DATA: UCC CLIENT DEMOGRAPHICS. The modal UCC client is a Caucasian, heterosexual woman between 17 and 21, 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 a week to get an intake appointment and has a CCAPS Distress Index at the 57th 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, 54% of our clients identify as women and less than one percent identify as transgender or other self-identified gender. The majority (79%) identify as heterosexual but a significant minority (17%) identifying as bisexual, gay, lesbian, questioning or “self identify.”

Among clients who identify country of origin as other than the US, the highest numbers report China, India, Korea, US Outlying Islands and Mexico as home. Overall, 65 countries are represented. About 6% of our clients identify as international students.

Just about three-quarters of our clients identify as White or Caucasian, with 9% identifying as Asian or Asian-American, 2% as African-American or Black, 7% as Hispanic/Latino/a, 4% as multi-racial and 3% as “other” or “self-identify.”

The average age of our clients is 27, with a range of 17 to 65. In terms of religion, most of our clients report they have “no affiliation.” Of those who do endorse an affiliation, the highest percentage identify as LDS (19%), followed by “other” (10%) and Catholic (8%). More than half of our clients identify as “single” at the time of their intake (52%), with 16% married and 1% in a “civil union or equivalent.” 27% report they are in a “serious dating relationship.” Most clients live off camps (78%) with less than 1% in a fraternity/sorority and 18% “on campus.” Most (40%) live with roommates, while 25% live with spouse/partner/significant other. 15% live with parents and 16% live alone. 8% live with children.

22% of our clients report they are “first generation” college students. 67% report undergraduate status at intake (13% freshman, 15% sophomores, 20% juniors and 19% seniors). Twenty-six percent report their status to be graduate or professional student. Mean self-reported GPA is 3.31. Less than 2% of UCC clients report current or prior military service. However, of those who do, 45% report having experienced “military trauma.” Seven percent of our clients are registered with the Center for Disability Services at the time of intake. Students most frequently identify ADHD as their disabling condition (37%); with “psychological” (35%), learning disability (27%), neurological (12%) and physical health (10%) also endorsed.

About 2% of our clients identify as faculty or staff – however, significant numbers of clients have status as both staff and student. 46% consider themselves as “self referred.” Among specific referral sources

cited, “friend” was most common (16%), followed by “family member” (12%), “faculty” (9%) and UCC website (6%).

SEVERITY LEVEL OF UCC CLIENTS. About 60% of our clients have utilized mental health services previously and 44% have taken psychotropic medications. Eleven percent have been hospitalized for mental health conditions, with ranges from 1 to “more than 5” hospitalizations.

Twenty six percent of our clients report self-harming behaviors. Thirty eight percent indicate they have considered suicide. Clinician’s intake interviews reveal that 19% of clients at intake report current suicidal ideation, while an additional 24% report “non-suicidal morbid ideation.” Eleven percent reported past suicide attempts. Eleven percent also report thoughts of harming others in the past two weeks. Clinician intake interviews reveal 7% with current thoughts of harming others, with 5% admitting to having intentionally harmed another.

Twenty percent of our clients reported they had been subject to an unwanted sexual experience. Clients reported other types of victimization as well, with 43% indicating they had been harassed or abused. 50% reported “PTSD” experiences, but we do not know what types of experiences clients were categorizing in this way.

GOALS AND OUTCOMES SUPPORTING KEY ACTIVITY #1: PROVIDE DIRECT MENTAL HEALTH SERVICES

1. **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. Individuals who endorse any items on the RFS form, indicating a possible mental health crisis, are referred to the Clinical Team Leader 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 trying for a same day appointment/intake. We typically offer about 25 Advanced Intakes per week and 14 Same Day Service appointments.
 - a. **Outcome: Intake wait time.** Over the year July 1, 2013 – June 30, 2014, the average wait for intakes of all types was 5.14 working days (7.23 days if counting weekends). 624 clients (51%) were seen for a Same Day Intake. The average wait for an Advanced Intake was 7.90 working days, with 39% of client intakes occurring within 5 days of their request. These data show slight increases in wait times compared with last year when we implemented a new clinical services model. Instituting this new system dropped the wait time significantly and the new model continues to expedite access to our services. Figure 2 provides intake wait time data from 2006 – 2014.

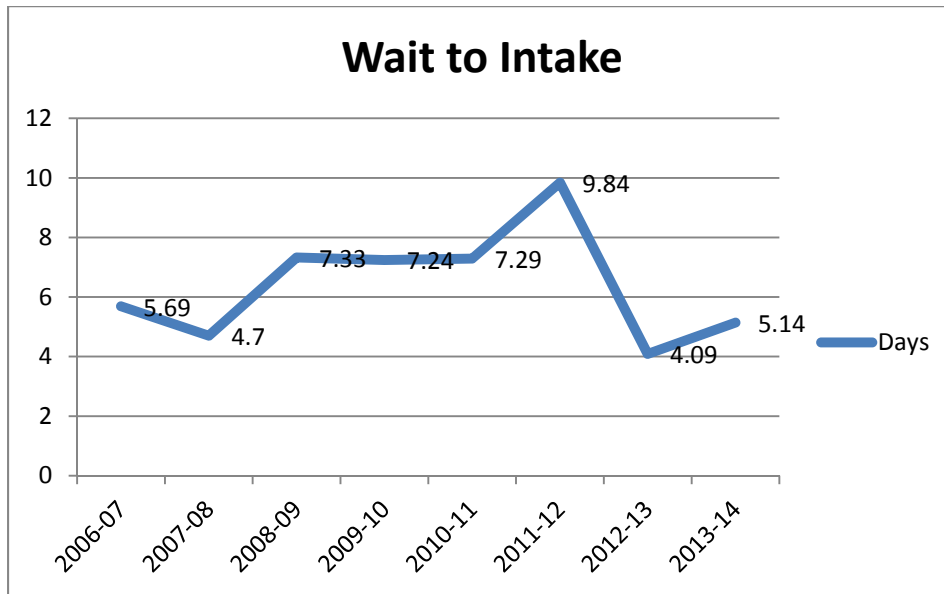


FIGURE 2: WAIT TO INTAKE

- b. Outcome: Intake utilization. This past year UCC staff conducted 498 Advanced Intakes (51.5%), 369 Same Day Intakes (38.2%), 49 Crisis Intakes (5.1%), 34 extended intakes (3.5%) and 17 Couples Intakes (1.7%), for a total of 967. Same day intakes are those scheduled on the same day that the client calls for an intake appointment. Crisis intakes mostly occur via the team leader who triages 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 Advanced Intakes was in February, followed by January, April and October. Use of Same Day Intakes peaked in September, October and April. Crisis intakes were highest in September and October as well. Overall, clients accessed UCC at the highest rates in March and October but data show a clear early demand in September and October which slows a bit through the holidays in November and December then picks up again with the new semester in January and continues at a relatively steady rate until May. Figure 3 provides a graphical representation of the proportions of intakes conducted in 2013 – 2014.

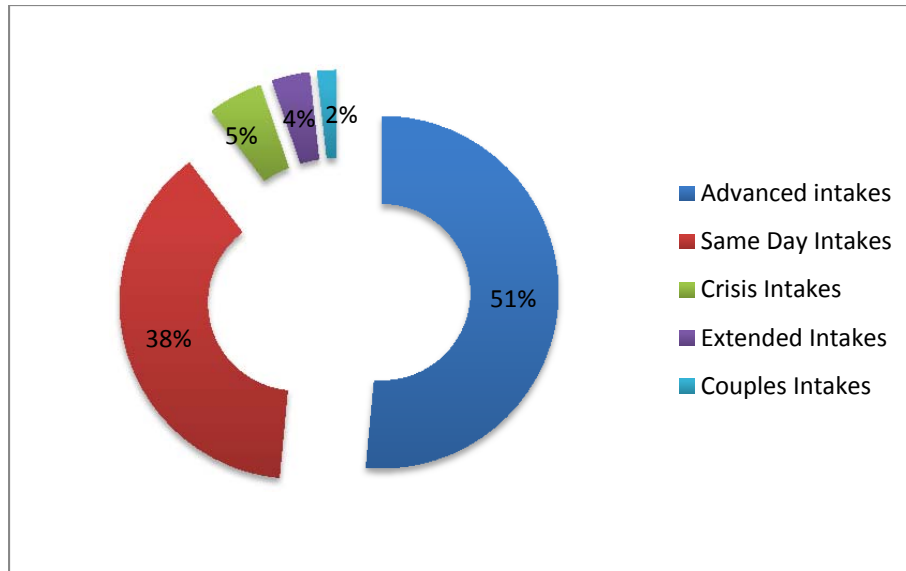


FIGURE 3: INTAKE UTILIZATION BY APPOINTMENT TYPE

- 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 (J. of Counseling Psychology, 2002, 59(4)), while at follow up therapy sessions clients complete the shorter CCAPS 34. Overall distress is measured via a “Distress Index.” At intake, UCC clients had an average Distress Index of 1.83, which falls at the 57th percentile of individuals seeking services at university or college counseling centers. This indicates that at intake – on average—University of Utah UCC clients identified themselves as more distressed than 57% 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* (although these scores still fall below one standard deviation above the mean, measured at the 87th percentile). The highest overall distress for our clients was reported on the Academic Distress subscale, followed by Social Anxiety, Depression, Generalized Anxiety, Family Distress, Hostility, Eating Concerns and Substance Use (See Figure 5). Interestingly, our clients showed most deviation from other counseling center clients on Depression (65th percentile), Family Distress (64th percentile) and Eating Concerns (62nd percentile). Figure 5 summarizes Family History data reported at intake.

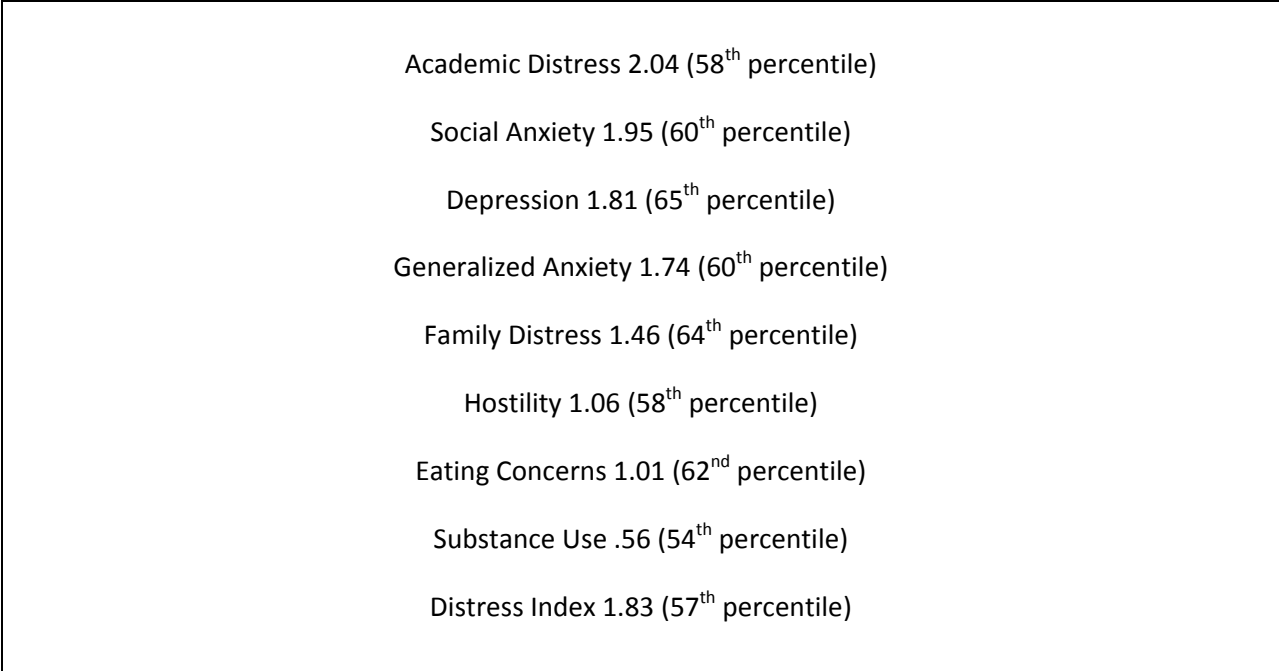


FIGURE 4: CCAPS SCALE SCORES AT INTAKE

<u>Item</u>	<u>Percent</u>
Parents divorced before 18.....	30%
Family Frequently Moved.....	20%
Parents unemployed for extended period.....	21%
Frequent hostile arguing.....	42%
Death of parent before 18.....	4%
Parent with drinking problem.....	16%
Parent with drug problem.....	8%
Parent with gambling problem.....	3%
Physical abuse in family.....	15%
Sexual abuse in family.....	7%
Rape/sexual assault of self or family member.....	14%
Family member hospitalized for emotional issue.....	19%
Family member diagnosed with mental disorder.....	37%
Family member attempted suicide.....	18%
Family member completed suicide.....	9%
Family member with debilitating illness, injury, handicap.....	19%
Family member prosecuted for criminal activity.....	14%
Family member with eating problem.....	17%

FIGURE 5: FAMILY HISTORY OF UCC CLIENTS

***In Summary,
If 10 UCC clients came in for an initial intake today...***

3 have done some binge drinking in the past 2 weeks

1-2 are using marijuana

6 have had previous counseling or psychotherapy

4 have taken psychotropic medications

1 has been psychiatrically hospitalized

4 have considered suicide

At least 1 has made a suicide attempt

2-3 are engaging in self-harming behaviors

At least 1 has thought of hurting others

2 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

1 or 2 have a parent with a drinking problem

1 or 2 were aware of physical abuse going on in the family

At least one was aware of rape or sexual assault in the family

Two had a family member hospitalized for mental health reasons

At least 3, maybe 4, have a family member with a mental disorder

At least 1, maybe 2, had a family member attempt suicide

There's a good chance that 1 had a family member complete suicide

1 to 2 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 (2009 – 2014).

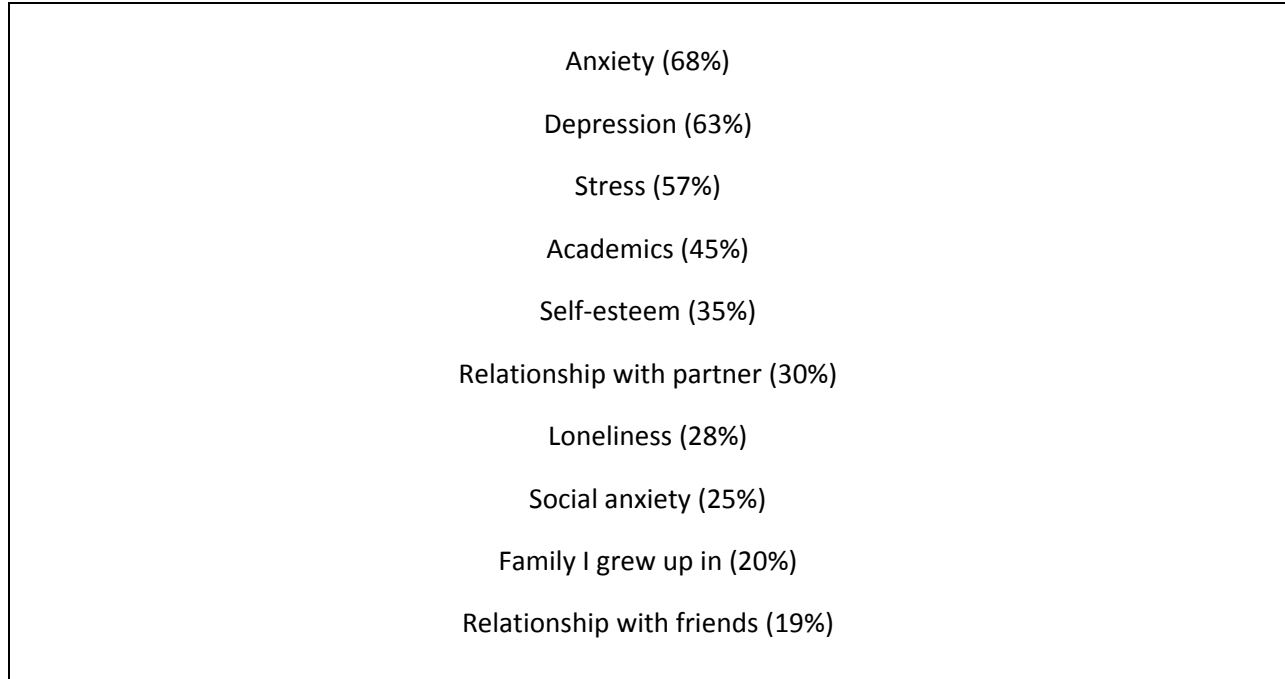


FIGURE 6: TOP CLIENT CONCERNS REPORTED AT INTAKE

TABLE 1: TOP CLIENT CONCERNS REPORTED AT INTAKE (2009 - 2014)

	2009	2011	2012	2013	2014
Anxiety	56% (2)	65% (1)	63% (1)	62% (1)	68% (1)
Depression	60% (1)	61% (2)	58% (2)	59% (2)	63% (2)
Stress	51% (3)	56% (3)	56% (3)	57% (3)	57% (3)
Academic	44% (4)	45% (4)	44% (4)	48% (4)	45% (4)
Self-Esteem	37% (6)	39% (5)	40% (5)	39% (5)	35% (5)
Loneliness	34% (7)	34% (6)	32% (6)	33% (6)	28% (7)
Rel w/ Partner	38% (5)	31% (7)	32% (7)	32% (7)	30% (6)
Social Anxiety	21% (8)	25% (8)	24% (8)	23% (8)	25% (8)
Rel w/ Friends	N/A	24% (9)	22% (9)	19% (10)	19% (10)
Family I Grew Up In	20% (9)	21% (10)	21% (10)	20% (9)	20% (9)

- e. Outcome: Effective triage & assignment to appropriate UCC counseling service or community provider. Clinical teams meet at the end of the day (M-TH) to make or confirm assignments to individual counselors, groups, workshops, assessment, or in rare cases, referral to the community. Each client is briefly presented by the staff member who met with the client for intake or crisis; the team reviews the client “paperwork” and determines a disposition. 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. 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. *Note:* We plan to develop a system to numerically track clinical team client disposition.

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, as well as to staff and faculty. Outcome: Total Sessions Provided: This past year we provided 7948 sessions of direct service to 1240 clients (up from 1226 clients in 2012 – 2013, or 1.14%). This continues a trend for increasing utilization of UCC services over the past decade (see Figure 16 on page 41).

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, as well as to .75 FTE faculty or staff. 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. Outcome: Individual Sessions Provided: In 2013 – 2014, UCC staff provided 4003 sessions of individual therapy, with 5750 appointments scheduled, for 769 clients. The total number of individual sessions was up by 1.7% from 2012 – 2013 (3936). In addition, staff met with 70 clients for case management services for a total of 101 hours. Case management services may have been provided to current clients or to former clients.

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 11 different groups last year. Outcome: Group Counseling Sessions Provided: 150 clients attended group (generally not the same clients that are in individual counseling), for a total of 1322 appointments (which was just slightly under last year’s 1330 total group appointments). 72 of these clients also attended 75 pre-group screening/orientation

appointments. 159 client hours were logged by participants attending the Women of Color group, a collaborative effort between the Women's Resource Center and the UCC.

We also offer **couples counseling**, although we do so on a more limited basis. Outcome: Couples Counseling Sessions Provided: This past year 34 couples attended 80 couples counseling sessions as well as 17 couple's intake sessions, for a total of 192 visits, which was almost identical to the 193 total couple visits in 2012 – 2013.

As part of our model for clinical effectiveness and excellent graduate training, UCC staff spends significant time **consulting in-house and documenting case management services**. Outcome: Case management and in-house clinical consultation: Staff devoted 798 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.) and 357 hours to “*in-house case consultation*” to monitor and strategize about high risk clients, support trainee staff in working with complex clients, etc.

Our **Mindfulness Clinic** debuted this year with offerings that include therapy groups, structured workshops and mindfulness and wellness coaching sessions. Mindfulness Coaching was available to any UCC client, either as a stand-alone service or in combination with individual or group counseling. Only UCC clients could attend the Peace of Mind and Emotions in Motion workshops, while the Mindful Approach to Work-Life Balance workshop was open to all U staff or faculty (non-clients and UCC clients). Outcome: Mindfulness Clinic structured workshop utilization: 97 clients attended the Peace of Mind Workshop for a total of 29 workshop sessions, 11 clients attended the Emotions in Motion workshop for a total of 5 sessions and 19 participants attended the Mindful Approach to Work-Life Balance workshop for a total of 12 workshops. Outcome: Mindfulness Coaching Sessions: 34 clients attended 40 sessions of mindfulness coaching.

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. Outcome: Psychological assessment services provided: 48 clients took advantage of this excellent and very low cost service last year.

Figure 7 provides an overview of UCC sessions provided in 2013 – 2014. 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.

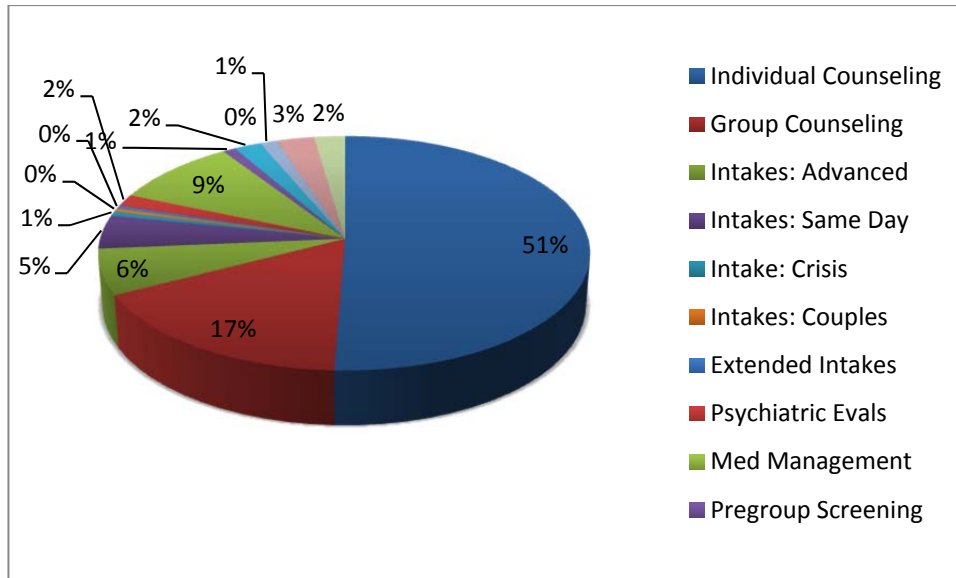


FIGURE 7: OVERVIEW OF UCC SESSION TYPE

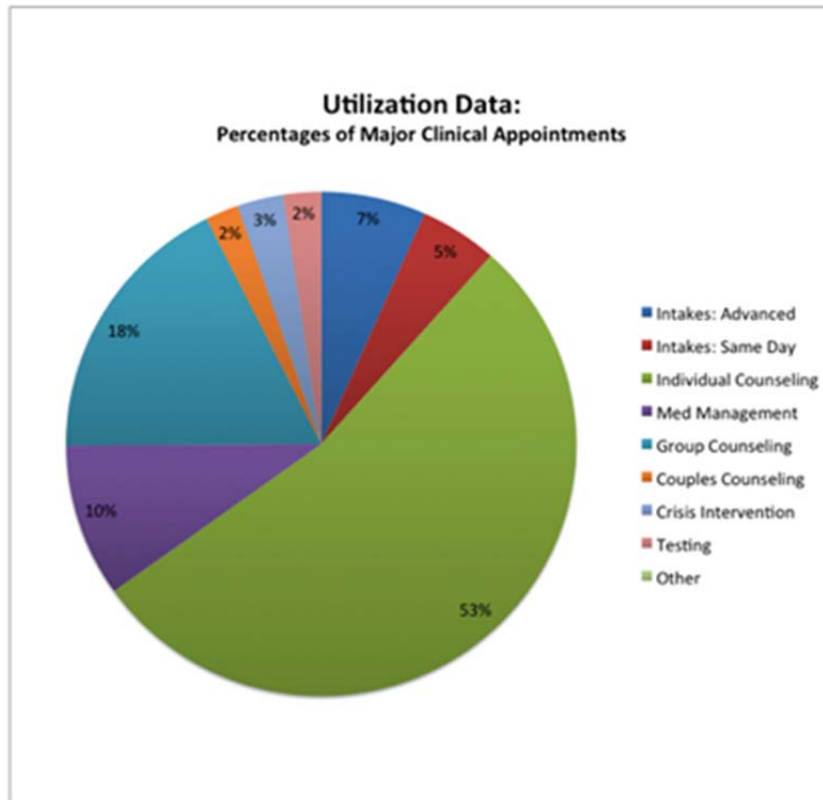


FIGURE 8: MAJOR CLINICAL APPOINTMENTS (2013 – 2014)

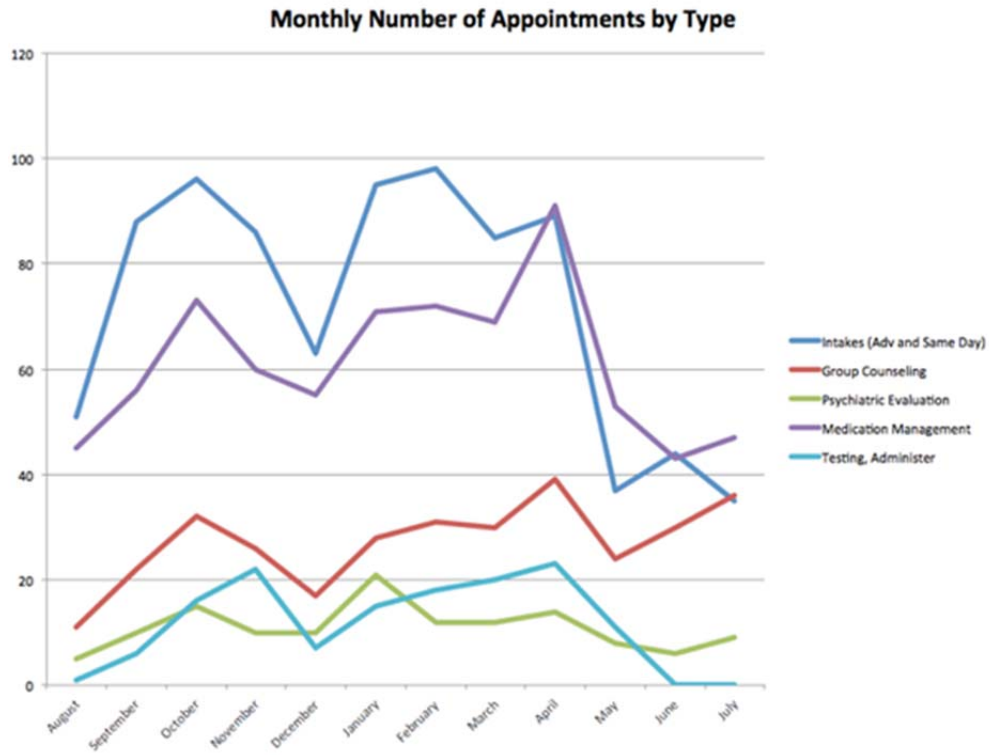


FIGURE 9: MONTHLY NUMBER OF APPOINTMENTS BY TYPE

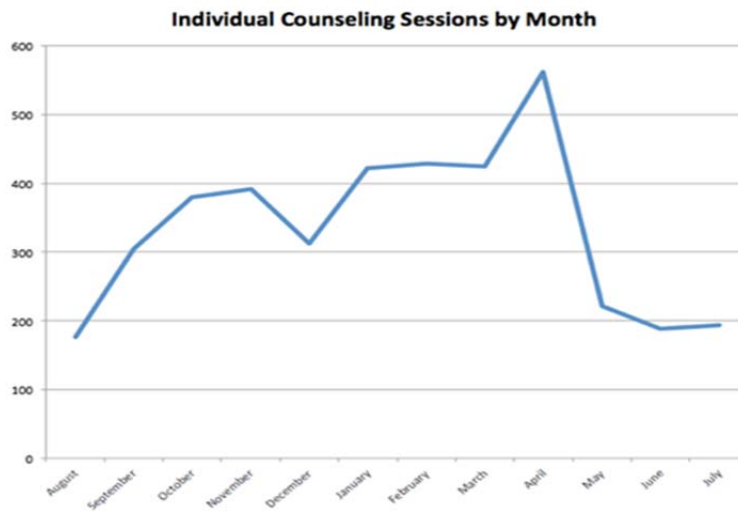


FIGURE 10: INDIVIDUAL COUNSELING SESSIONS BY MONTH

a. 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:

- **46% of clients reliably improved** on the **Depression** subscale (1% reliably worsened)
- **38% of clients reliably improved** on the **Generalized Anxiety** subscale (0% reliably worsened)
- **38% of clients reliably improved** on the **Hostility** subscale (1% reliably worsened)
- **33% of clients reliably improved** on the **Substance Abuse** subscale (2% reliably worsened)
- **30% of clients reliably improved** on the **Academic Distress** subscale (0% reliably worsened)
- **26% of clients reliably improved** on the **Social Anxiety** subscale (0% reliably worsened)
- **21% of clients reliably improved** on the **Eating Concerns** subscale (2% reliably worsened)
- **51% of clients reliably improved according to the overall Distress Index** (0% reliably worsened)

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: **46% of clients both showed “reliable change” and moved out of the “high distress” category for the overall Distress Index.** The Depression scale showed a similar response (43%). Other scales were as follows: Generalized Anxiety (36%), Social Anxiety (25%), Academic Distress (30%) Eating Concerns (17%), Hostility (34%) and Substance Use 31%

Suicidal ideation. We pay particular attention to several CCAPS items known as “critical items.” These items track suicidal ideation, impulse control and homicidal ideation. 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,” 36 clients endorsed this at a “4” at their first administration and 63 clients endorsed this at a “4” at some point in their counseling. This indicates a very high and concerning level of suicidal thought and potential intent to die. At the latest administration of the CCAPS, only 4 of those clients endorsed this item at a 4. Endorsement at a “3” similarly moved from 97 to 21 individuals. 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”, 34 clients endorsed this at a “4”, while at the latest session, only 1 did. Similarly, while 39 endorsed a “3”, at their latest treatment session only 9 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” 8 clients endorsed this at a “4” and at the latest assessment, 4 did. For the 25 clients who endorsed this item at a “3”, only 3 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 at the highest levels about half (4 total) still struggle even with treatment.

b. Outcome: Operate within the 12 session short-term framework for individual and couples counseling. The average number of individual counseling sessions per client was 5.21. 58 clients were seen for more than 12 sessions during the year, with a maximum of 39 sessions, although nearly half of these 58 clients had 13-15 appointments. 65% of client were seen from 1-5 times. The average number of all appointments per client was 6.41.

c. 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. We will be exploring in the next year the utility of having UCC group clients complete the Group Questionnaire (OQ-GQ), a brief 30-item measure that can provide co-leaders with more specific information about therapeutic factors present in each group.

d. Outcome: Clinical staff remain current in terms of clinical best practices. UCC staff actively participates in local and national conferences. See Appendix C for a listing of local and national conferences and workshops attended by UCC staff and the Staff Excellence section for UCC staff professional service.

e. Outcome: UCC services enhance students’ experience at the U, thus enhancing student retention. UCC administered a client experiences questionnaire to clients attending any post-intake session during November 2013. 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 141 clients responded. 28% of clients indicated they were “thinking of leaving the U before counseling.” **Of that group, 82% said that counseling “helped me stay at the U of U.”** 49% of all clients expressed that counseling had “helped me stay at the U of U.” 54% said counseling helped them increase their academic performance while 58% said counseling enhanced their experience at the U.

More specifically, 69% of clients said counseling helped them think in more complex ways. Counseling helped 57% attend, concentrate and/or persist at academic tasks; and counseling helped 81% improve the “non-academic” areas of their life. 55% reported counseling helped them improve interpersonal skills, 62% reported counseling helped them improve the quality of their relationships and 70% reported counseling improved their ability to “be myself.” We do not ask directly about client “satisfaction” as such items have been shown to give spuriously high ratings and are not particularly meaningful.

A closer look at these data indicate that some clients rated counseling impact as “too soon to tell” with interesting variability across domains of functioning. For example, 18% of respondents said it was “too soon to tell” if their relationships had improved while only 8% said it was “too soon to tell” if their experience at the U had improved. The lowest number of “too soon to tell” responses came with the item “I was thinking about leaving the U of U before coming to counseling (or fearful that I would have to leave)” where only 1% of respondents said it was too soon to tell. “Counseling has helped me stay at the U of U” predictably had a higher percentage (4%) of respondents saying it was too soon to tell. Relationship improvement (18% too soon), improved ability to “attend, concentrate and persist” (15% too soon) and improved “interpersonal skills” (13% too soon) appear to take more sessions to clarify or perhaps are more difficult to determine.

If we take the respondents reporting it’s “too soon” out of the totals, we have 28% afraid they would have to leave the U of U; 51% saying counseling has helped them stay at the U; 61% saying counseling has helped their academic performance to improve; 76% saying counseling has enhanced their experience at the U; 74% saying counseling has helped them think in more complex ways; 66% saying counseling has helped them attend, concentrate and persist; 90% saying counseling has helped them improve the “non-academic” areas of their life; 64% saying counseling has improved their interpersonal skills; 76% saying counseling has improved the quality of their relationships and 79% saying counseling has improved their ability to “be themselves.”

Goal 3: Provide effective and sufficient psychiatric services for UCC clients.

The UCC has a small *psychiatric service* that we offer as an important adjunct to our therapy services. This service is staffed by a 1 day a week faculty (supervising or attending) psychiatrist and several residents who are with us anywhere from a half day to two days a week. 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. Outcome: Psychiatry Services Provided: This past year clients attended 132 psychiatric evaluations and 735 follow-up medication management appointments. Total psychiatric evaluations decreased 2.94% from 2012 – 2013 (136) but medication management sessions demonstrated a 24.37% increase (591 in 2012 – 2013). The psychiatric staff also provides consultation to the psychology and social work staff and trainees on issues within their province and has been extremely helpful in expediting hospitalizations at UNI or the University Hospital.

KEY ACTIVITY #2: PROVIDE CONSULTATION AND MENTAL HEALTH EDUCATIONAL SERVICES TO THE CAMPUS COMMUNITY

Another major area of focus for the University Counseling Center (UCC) is Prevention and Outreach, coordinated by Torrence Wimbish, Ph.D. again this year. Outreach, prevention and consultation services are made available primarily to the University community, including student groups, administration,

academic departments and student services. Occasionally, presentations are also made to community groups in the Salt Lake City area. Outreach requests are fulfilled by UCC's Permanent Clinical Staff as well by the psychology interns, social work interns and staff from the Center for Student Wellness. This allows staff members to make connections with the campus community and develop strong collaborative relationships with University students, faculty and staff.

Outreach efforts are coordinated within the Outreach Coalition, a committee that meets on a monthly basis. 2013 – 2014 Outreach Coalition members consisted of Torrence Wimbish, Alison LaFollette (psychology intern) and Sam Gilligan (social work intern) from the UCC, along with Katie Stiel, Marty Liccardo and Kassy Keen from the Center for Student Wellness and Nicki Turnidge-Halvorson from the Learning Enhancement Program (LEP). This year the coalition was joined by our first MUSE Mental Health Ambassador: Outreach Intern, Kylee Forbes. The UCC partnered with the MUSE program to fund a 10 hour a week undergraduate internship position for 10 weeks. The aim of these internships is to provide students with paid professional experience on campus while creating opportunities for teaching and program development within the sponsoring campus units. This position was specifically designed for implementing preventive/developmental interventions with university students. Kylee helped with social media (Pinterest boards), the "Counseling Can Be" fighting mental health stigma campaign, the "Counseling Can Be" Instagram campaign/video and other tabling events.

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 key activity 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*.

GOALS AND OUTCOMES SUPPORTING KEY ACTIVITY #2: PROVIDE CONSULTATION AND MENTAL HEALTH EDUCATIONAL SERVICES TO THE CAMPUS COMMUNITY

1. **Goal 1: Maintain effective responsiveness to requests from U students, faculty and staff regarding students of concern:** Clinical team leaders and counselors-on-call 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. Outcome: Efficiently respond to questions and

provide effective consultation. This past year, we recorded 161 campus consultation contacts. 50% of these consultations concerned a U of U student, while smaller percentages concerned U of U faculty (1.2%), staff (3.1%), department (5%) or the community (20.5%). At this time, we are only able to track the person/entity that was the focus of the consultation contact. We plan to consider how to document the content of the consultation over the next year.

2. Goal 2: Provide campus outreach and preventive educational programs, both by request and UCC-initiated.

- a. Outcome: Develop and maintain effective collaborative relationships with campus partners. Table 2 outlines the campus offices with which the UCC collaborated most frequently when providing prevention and outreach programs.

TABLE 2: MOST FREQUENT CAMPUS PARTNER COLLABORATIONS

Program/Department Service Provided To	Hours	Number of People	Number of Presentations/ Trainings
Orientation	38.25	1080	34
Behavioral Intervention Team (BIT)	27.25	156	18
Educational Psychology	21.75	109	17
Veteran Services	20.75	72	13
Student Health	13.25	133	11
Athletics	12.75	94	10
HRE	12.0	196	9
Dean of Students Office	10.33	17	17
Student Affairs	9.0	139	10

Another important avenue for UCC collaboration with our campus partners are the Intern Diversity Initiatives. These multiculturally-oriented initiatives promote and maintain liaison relationships to address the needs of underserved populations on campus. Below is a list of Intern Diversity Initiatives conducted by our psychology and social work interns during 2013 – 2014:

- Developing a Gender-Conforming Letter Provision Policy for Transgender and Gender Non-Conforming (TGNC) Students (Jennifer Vencill)
- Expanding Clinical and Outreach Services for Eating Disorder Clients (Angela Hicks)
- Making the UCC a Safer Place for LBGTQIA Clients (Alison LaFollete)
- Multiculturally Focused Relationship Education (Kelly Quirk)
- Sexual Assault Prevention in the Greek Community (Jason Schulz)
- Student Parent Resources, Diversity in Graduate Programs and Creating Safe Spaces for Trainee Therapists of Color in the College of Social Work (Eva Tukuafu)
- Student Veterans and Access to Mental Health Care on Campus (Sam Gilligan)

b. Outcome: Respond to outreach requests within 2 – 4 days upon receipt of online presentation request form. We did not track this numerically in 2013 – 2014, although most outreach requests were responded to within three to five days. We have designed a tracking system to assess this outcome that will be put in place as of Fall 2014.

c. Outcome: Provide evidence- and theme-based educational and prevention programs on a semester basis. This year the UCC outreach and consultation program continued to be very active, offering presentations to a large number of organizations. A total of 166 workshops/presentations/tabling events were provided to 56 different campus groups over 20 different topic areas, ranging from stress management to career development to MBTI testing to diversity related topics such as white privilege to the benefits of mindfulness meditation. Our records show that the UCC provided 262.9 hours of presentations and workshops to 8,522 students/faculty/staff. This total includes the UCC's participation in the Great Utah Shakeout again this year. The total number of participants excluding this event is 4,091. The UCC spent 238.50 hours of preparation time for outreach activities.

Our total number of workshops increased 16.1% (up from 143 last year) with a 21.3% increase in number of outreach participants (7,023 students and community members in 2012-2013). These figures indicate that outreach continues to be an active element of UCC service delivery. In comparison to last year, this year's increase in outreach totals/numbers could be related to more intentional targeting and promotion of UCC services toward the campus community.

The UCC participated in 37 campus tabling events providing many opportunities to introduce people to our services and respond to their requests for information about mental health concerns. Tabling events provided contact to an estimated 1,084 University students, staff and faculty. 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, as well as likely results in greater access and utilization of our counseling services. The UCC was awarded the Welcome Week Innovation Grant which helped to create “Pop That Stress: A Bubble Wrap Experience” activity which was well received by the campus community.

For a third year, the UCC participated in the Great Utah ShakeOut, the largest earthquake evacuation drill in Utah history. The university, along with many community partners, practiced evacuating buildings on campus. The UCC was tasked with staffing the Emergency Assembly Points (EAP) where we distributed survival kits, took tallies and shared information on managing trauma. In terms of community service, the UCC worked with University Neighborhood Partners (UNP). UNP brings together university and west side resources for reciprocal learning, action and benefit. UNP links seven ethnically and culturally rich Salt Lake City neighborhoods with the University of Utah to create pathways to higher education. The UCC, along with the Career Center, hosted the kick-off event called Partners in the Park.

This year also saw the emergence of *outreach themes*. The Outreach Coalition focused on specific mental health topics/themes to focus our intentions and better target our prevention efforts with the campus community. Outreach themes were highlighted at tabling events, presentations and on our social media platforms with specially created hashtags. The outreach theme for Fall 2013 was *Sleep Hygiene* (#fallasleep) and the theme for Spring 2014 was *Stress Management* (#pophatstress). The UCC partnered with the Center for Student Wellness to provide programming in both areas and actively shared educational information related to these themes via our social media platforms. More specifically, one presentation was offered on sleep hygiene, with information about sleep hygiene provided at five campus tabling events. Seven presentations on stress management were provided across the year, along with information about stress management highlighted at three tabling events. Efforts are made to create evidence-based presentations and this will continue to be a focus in the future. A summary of all outreach programs is provided in Table 3.

TABLE 3: SUMMARY OF OUTREACH PROGRAMS, JULY 2013 THROUGH JUNE 2014

Outreach Category	Hours	Number of People	Number of Presentations
Career Development	7.0	210	6
Diversity	45.0	526	23
Interpersonal Skills	7.8	217	6
Mental Health Issues	49.5	729	28
Mindfulness Clinic	31.3	317	25
Personal Development (includes MBTI workshops)	13.3	235	7
Professional Development (Ethics & Training Issues)	17.3	120	9
Tabling	64.5	1084	37
UCC Services	26.2	5084	24
Total	261.9	8522	165

- d. Outcome: Provide confidential, anonymous online mental health screenings. The UCC continues to offer online screenings for the eighth continuous year. These screenings are located and accessible on the UCC's Website Home Page. A total of 1,094 online mental health screenings were taken this year (a 111.61% increase from 517 in 2012-2013). The breakdown of total screenings is as follows: Depression (461), Bi-polar (191), Alcohol (33), Eating Disorders (93), Generalized Anxiety (258) and Post-traumatic Stress Disorder (PTSD) (58). Of the 461 people completing the depression screening, 90.10% reported they would "very likely" seek out further mental health support. Of those completing the bipolar screening, 74.07% endorsed a likelihood of seeking out further mental health support. Of the 33 individuals that completed the alcohol screening, 40% of respondents deemed in a clinical range and 33.33% of respondents classified as dependent endorsed a likelihood of seeking out further mental health support. Of the 93 people completing the eating screening, 67.86% endorsed a likelihood of seeking out further mental health support. Of the 258 people completing the generalized anxiety screening, 88.55% reported they would "very likely" seek out further mental health support. Of the 58 individuals who completed the PTSD screening, 54.55% of positive-partial respondents and 96.15% of positive full respondents endorsed a likelihood of seeking out further mental health support. We believe these well-utilized screenings are helpful in providing information and access to their mental health needs.
- e. Outcome: Regularly evaluate the effectiveness of outreach and preventive programs conducted on campus. Please see Figures 11 – 15 for outreach evaluation data for programs presented between July 1, 2013 and June 30, 2014. These data represent 118 respondents from the 35 presentations/workshops at which the evaluation form was distributed. This occurred in two ways: 1) participants received an email link to complete the survey, or 2) were provided a hard copy of the evaluation form directly following the workshop. *Note:* We are continuing to improve our evaluation methods to ensure that most UCC workshops are evaluated by workshop participants. Providing a hard copy evaluation at the end of each presentation appears to be more dependable than having participants complete the evaluation form after being notified by email.

FIGURE 11: OUTREACH EVALUATIONS: PRESENTATION RATINGS

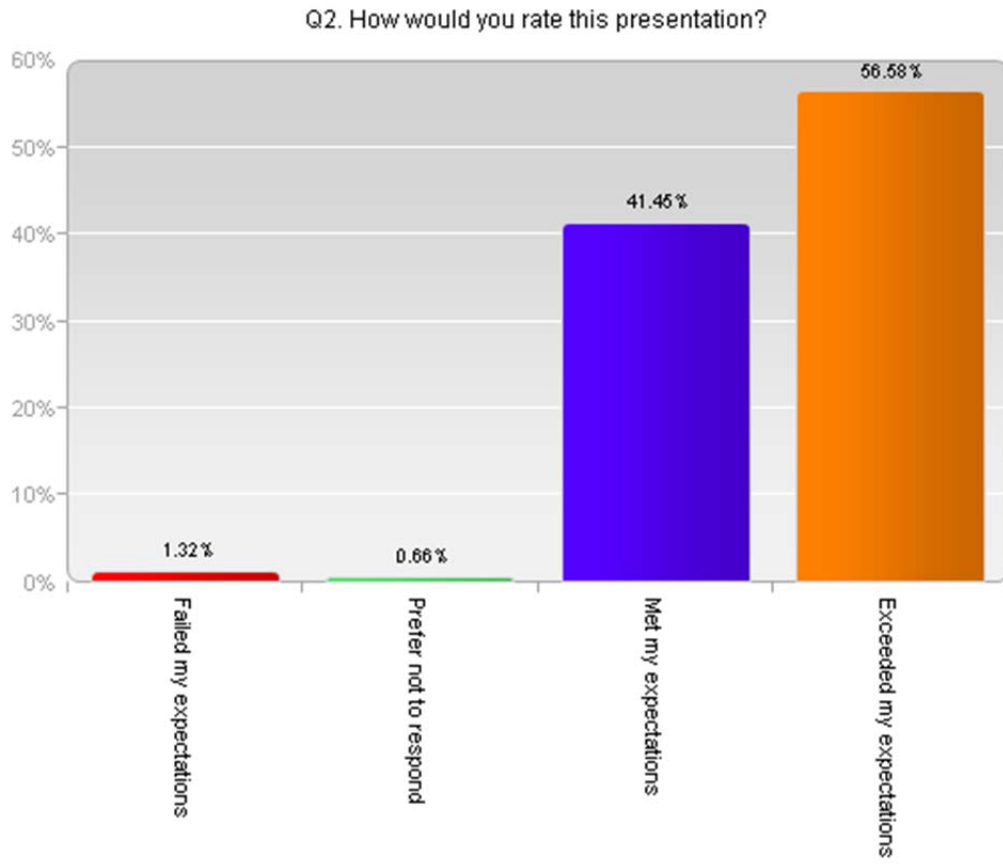


FIGURE 12: OUTREACH EVALUATIONS: KNOWLEDGE ABOUT UCC SERVICES

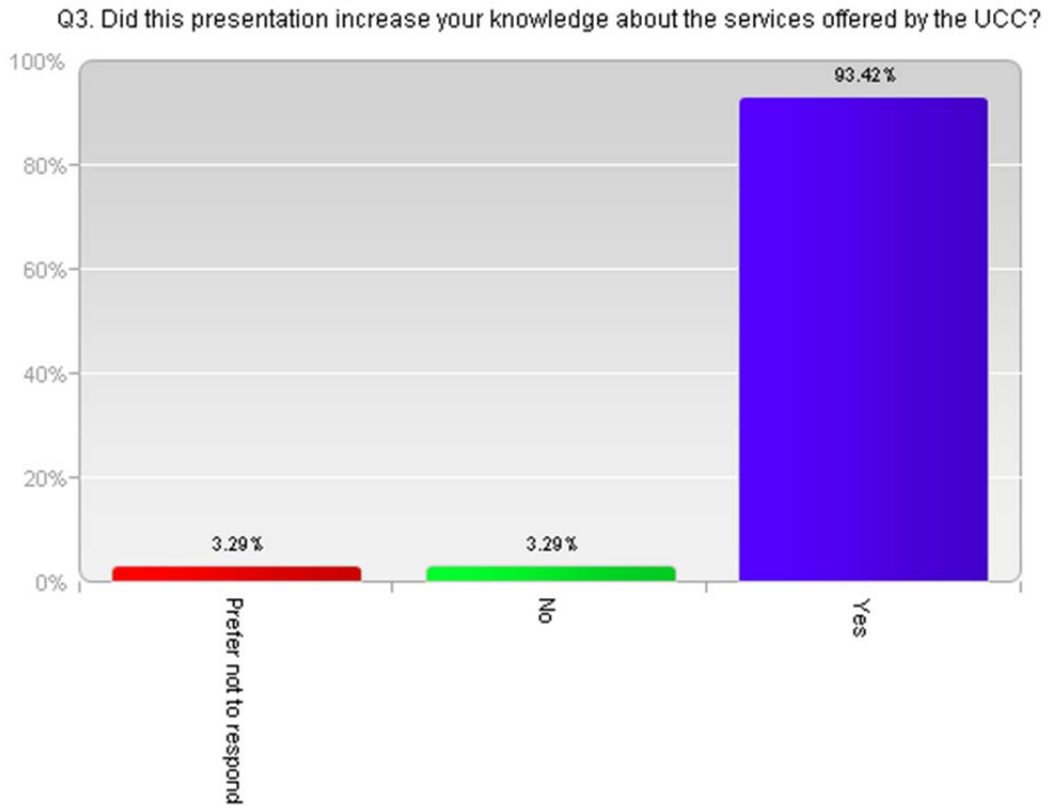


FIGURE 13: OUTREACH EVALUATIONS: MAKING A UCC REFERRAL

14. Did this presentation increase your knowledge about when and how to make a referral to the UCC

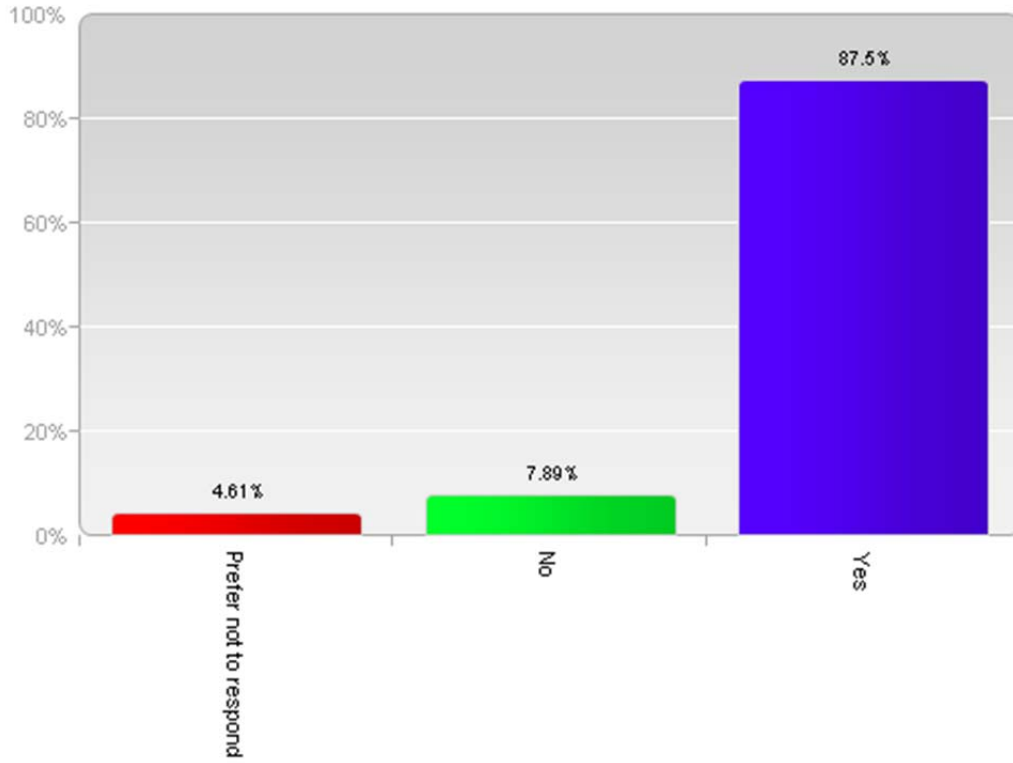


FIGURE 14: OUTREACH EVALUATIONS: PRESENTER KNOWLEDGE

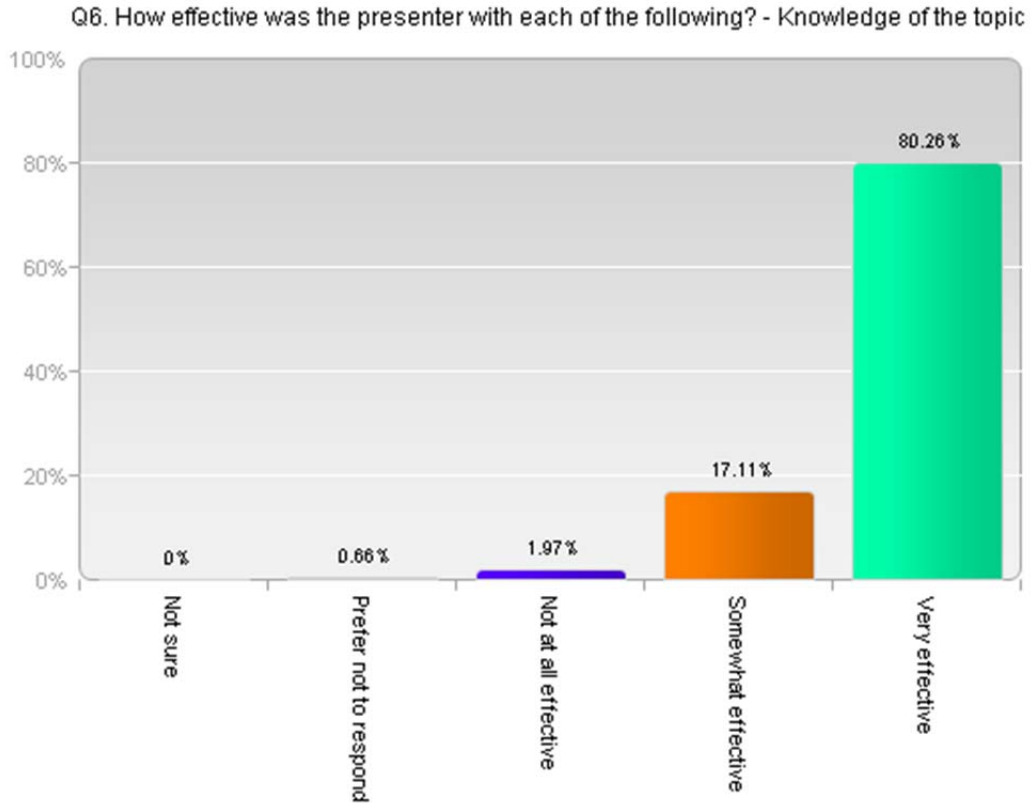
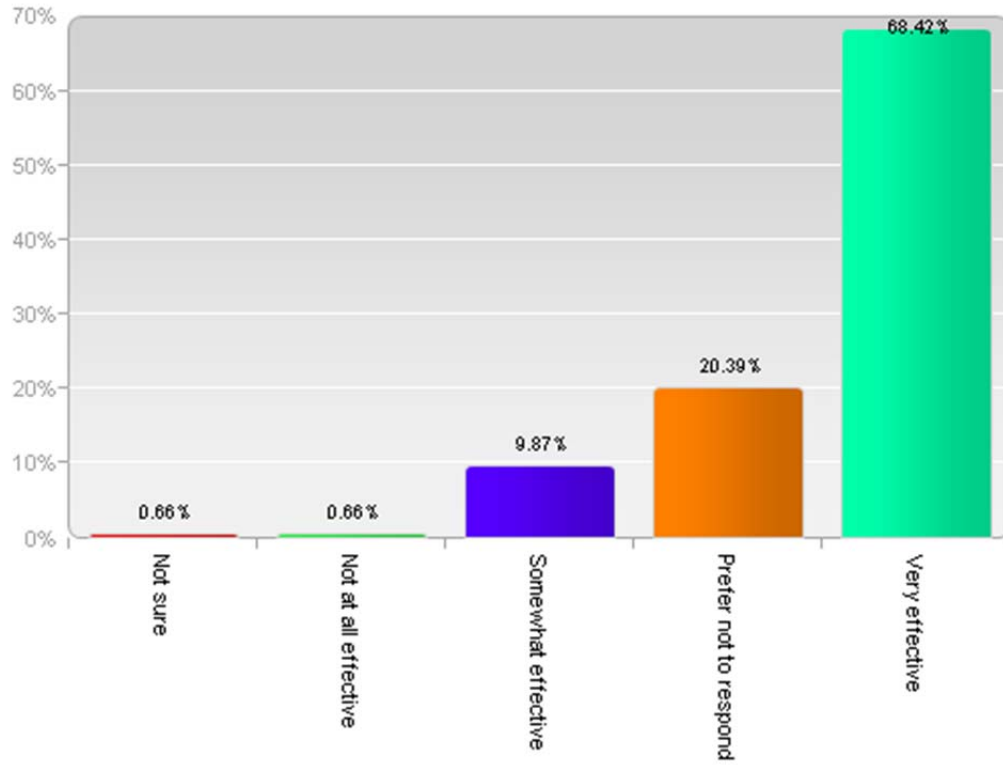


FIGURE 15: OUTREACH EVALUATIONS: PRESENTER'S DIVERSITY EFFECTIVENESS

Q9. How effective was the presenter with each of the following? - Respectful approach to diversity (race/ethnicity, culture, religion, gender, disability, sexual orientation, and so on)



3. **Goal 3: Administer the Staff/Faculty Liaison Program to enhance relationships with academic departments and other campus units.** This was the sixteenth 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.

1. **Outcome: Update the UCC Staff/Faculty Assignment website on a regular basis.** This list was updated in September to accommodate changes in UCC staffing and may be accessed at

<http://counselingcenter.utah.edu/faculty/department.php>

2. **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 Prevention and Outreach Coordinator will first contact the staff/faculty liaison for that unit. In 2013 - 2014 this occurred for approximately five percent of the workshops. However, this process is now being utilized more intentionally. Although not required currently, efforts are also underway to encourage staff to proactively reach out to their liaison departments.

3. **Outcome: Communicate annually via email with deans and department chairs about the UCC Staff/Faculty Liaison Program.** The annual email to deans and department chairs from the UCC Director was sent in January 2014. The current goal is to send this email just following Fall Break. Please see Appendix E for this year's letter.

4. **Goal 4: Sustain a vibrant social media presence.** This year, the UCC continued outreach efforts into social media to reach the campus demographic that may be more likely to access psycho-educational information through the internet and social media platforms.

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



<https://www.facebook.com/UofUCounseling>

The UCC saw continued growth of our Facebook page that provides information about therapy groups, workshops and UCC social justice activities. The page grew to a total of 274 "likes" by June 30, 2014.



<https://twitter.com/UofUCounseling>

<http://www.pinterest.com/uofucounseling/>

<http://instagram.com/uofucounseling>

This year we added Twitter, Pinterest and Instagram to the UCC social media platform. Currently we have 114 followers on Twitter, 20 boards and 68 followers on Pinterest and 34 followers on Instagram. As a result of our growing social media presence, we created a UCC Social Media Policy to establish guidelines for posting to social media (see Appendix F). The Prevention and Outreach Coordinator, along with the Outreach Coalition and MUSE Intern, are responsible for tracking and maintaining the relevance of the UCC social media presence.

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



<http://www.youtube.com/user/UofUCounselingCenter?feature=mhee>

The UCC also maintained its YouTube channel this past year to share video information on counseling services with the larger campus. The YouTube channel has 13 subscribers. We received grant money from the Parent Fund to produce the "Counseling Can Be" video that de-stigmatizes help-seeking behaviors. The video received 147 views as of June 30, 2014. This campaign also included printed brochures to make UCC brochures feel updated, relevant and inclusive of diverse populations. This project was subsidized by the Parent Fund.

KEY ACTIVITY #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. Monday through Thursday, the clinical “team leader” for the day assumes the responsibility of responding to students or staff/faculty who are experiencing a mental health crisis, as defined by an affirmative response to any of the six questions on the UCC Request for Services form (“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” or “a U of U faculty or staff member has encouraged me to request a crisis appointment.”) Other students presenting with out-of-the ordinary requests or worrisome behavior may also be referred to the Team Leader. On Fridays this function is performed by permanent clinical staff in rotation. Triage by the Team Leader may result in crisis intervention, crisis intake, immediate referral (e.g., to a more intensive setting, such as the hospital), referral to a Same Day or Advanced Intake or immediate provision of a limited service. In 2013 – 2014, UCC staff logged 196.58 hours of direct crisis intervention services (218 appointments), demonstrating a 61.2% increase from 121.97 hours in 2012 – 2013.

UCC staff also provides campus consultation services. Campus consultation includes situations in which UCC staff are sought out to provide assistance to a faculty or staff member (or, occasionally a student) who is concerned about the well-being or behavior of another member of the campus community. UCC staff may or may not also be providing direct service to the student (staff/faculty) of concern. These consultations are most often initiated by faculty or staff, but at times UCC staff may initiate as well. We also provide a limited consultation response to members of the larger SLC community who are seeking help with a mental health concern.

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 key activity and related goals connect to the *Health & Wellness and Campus Community Student Affairs Learning Domains*.

GOALS AND OUTCOMES SUPPORTING KEY ACTIVITY #3: PROVIDE CRISIS INTERVENTION TO PROMOTE INDIVIDUAL AND CAMPUS SAFETY FOR U STUDENTS, STAFF and FACULTY

1. 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 2013 – 2014, we sent approximately six emails to affected campus units. Two departments requested a follow up community support meeting facilitated by UCC staff. *Note:* We are developing a new tracking system this year to increase the accuracy of these data.
- b. Outcome: Provide effective consultation to campus partners to determine the best course of action when a traumatic event occurs. The clinical team system allows for an effective response to campus crises, whereby the clinical team leader and outreach coordinator collaborate 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, UCC staff will 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. As noted above, we fortunately provide a minimal number of these types of outreach requests each year, reflecting the relative low frequency of these events.

2. Goal 2: Represent the UCC on the Behavioral Intervention Team and campus Emergency Operations Planning Committees:

- a. Outcome: Provide effective consultation regarding the campus mental health response by actively participating on campus safety-related committees. Lois Huebner, UCC Clinical Director, served 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. Lauren Weitzman, UCC Director, served on the U’s Emergency Operations Planning Committee and Active Shooter Task Force during 2013 – 2014.

3. 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. The suicide prevention Gatekeeper Training provided by the UCC was developed by Rob Davies as part of the 2007 – 2009 SAMSHA Suicide Prevention Grant received by the UCC. This

training utilizes data from University of Utah students that assessed the frequency and severity of suicidal ideation. In 2013 – 2014, four suicide prevention gatekeeper trainings were provided to the College of Social Work, Housing & Residential Education, TRIO and to staff from the U's distance education campuses.

- b. Outcome: Regularly evaluate the effectiveness of suicide prevention programs conducted on campus. We do not have evaluation data for 2013 – 2014. *Note:* that we are continuing to improve our evaluation methods to ensure that all campus suicide prevention gatekeeper trainings are evaluated.

KEY ACTIVITY #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD

The training of graduate-level students in Psychology, Psychiatry and Social Work is a highly valued and central function at the UCC. As detailed below, Key Activities of the UCC permanent clinical staff in the Training area in 2013-2014 included the recruitment, selection, orientation, training, supervision, oversight, evaluation and administration of 23 graduate-level trainees in a total of 5 clinical UCC training programs. These trainees came from 4 mental health disciplines from across campus and from across the country.

In the 2013-2014 academic year the UCC Training Committee was comprised of Glade Ellingson, PhD (Training Director), Emily Miranda, LCSW, (Coordinator of Social Work Training), Jonathan Ravarino, PhD, LCSW (Coordinator of Practicum Training) and intern representatives from Psychology and Social Work. Glade Ellingson maintains overall responsibility for agency training and directly administers the psychology internship and psychiatry residency training programs; Emily Miranda has direct administrative responsibility for social work training while Jonathan Ravarino administers the several practicum training programs. Key activities of UCC permanent clinical staff members related to training are explicated below.

Training Program Changes and Accomplishments for 2013-2014

- Developed and piloted a new comprehensive psychology internship evaluation system based on feedback from APA's Commission on Accreditation (CoA) as a result of our recent self-study and site visit.
- Received notification in November 2013 that APA's Commission on Accreditation awarded the psychology internship another 7 years of accreditation, the longest period possible. Our next site visit will be in 2020.
- Completed a successful psychology intern national search and matched with 4 interns from APA-accredited academic programs (Texas Tech University, University of Louisville, University of Kansas, University of Utah) for 2014-2015.
- Completed a successful social work intern search selecting a diverse cohort for the 2014-2015 academic year.

- Continued the Multicultural Advanced Field Practicum with one doctoral practicum student and offered a modest stipend.
- Added to our psychiatric resident time as the Department of Psychiatry was able to fund two additional residents for one day per week each.

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 KEY ACTIVITY #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD

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

Psychiatry Residency. The UCC is a sought-after outpatient psychiatry residency rotation for 3rd and 4th year Residents completing their AMCGE-approved Psychiatry Residency at the University's School of Medicine. In 2013-2014 UCC trained 5 advanced psychiatry residents who totaled 1.375 FTE for the year.

Residents perform diagnostic psychiatric evaluations for medication management and follow up outpatient medication management under the supervision of Dr. Matthew Moench, our attending psychiatrist. Residents assist with the psychiatric hospitalization of our most acutely or persistently mentally ill students. They also receive clinical supervision to provide individual or group psychotherapy on a limited basis. In a joint collaboration between Student Affairs and the School of Medicine, Dr. Ellingson holds Adjunct Professor status in the Department of Psychiatry and sits on the Department's Educational Policy Committee (EPC).

Social Work Training. The UCC selects three social work interns each year from the Masters of Social Work program at the University of Utah's College of Social Work. These three interns complete a 20 hour per week internship across Fall and Spring Semesters, collectively totaling .9 FTE.

These interns provide individual, group and couples therapy, intake assessment and crisis intervention services and campus community outreach. They also complete a diversity initiative on campus. UCC averages approximately 20 applicants each year for our three social work internship slots. Our four Licensed Clinical Social Workers (LCSWs) are all 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. Again, agency supervisors oversee and incur professional liability for interns' work.

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. The administration of these programs is the responsibility of Jonathan Ravarino. The 2013-2014 year brought three practicum counselors from Counseling Psychology, each of whom spent approximately 15 hours per week in the agency in a general Psychotherapy Practicum during Fall and Spring Semesters. There were six practicum counselors from Clinical Psychology enrolled in two separate practica: Cognitive Behavioral Therapy and Psychological Assessment, totaling approximately 15 hours per week. Finally, the agency also had one Multicultural Advanced Field Practicum counselor for 15 hours per week.

Each of these practica is another important example of collaboration between Student Affairs and Academic Affairs. While clinical supervision for these ten doctoral students is provided by licensed academic faculty members, several of these faculty member supervisors are also UCC permanent clinical staff members functioning in their clinical or adjunct faculty roles.

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

TABLE 4: PSYCHIATRY RESIDENTS' CLINICAL CONTRIBUTIONS (2013 – 2014)

Psychiatry Residents' Clinical Contributions 2013-2014 (N=5; Total FTE = 1.375)			
Psychiatric Evaluations	Medication Management Sessions	Individual Psychotherapy Sessions	Group Psychotherapy Sessions
110	550	81	37

TABLE 5: SOCIAL WORK INTERNS' CLINICAL CONTRIBUTIONS (2013 – 2014)

Social Work Interns' Clinical Contributions 2013-2014 (N=3; Total FTE = 0.9)			
Intake Sessions	Individual Psychotherapy Sessions	Group Psychotherapy Sessions	Campus Outreach Presentations (Hours)
64	312	60	47.25

TABLE 6: DOCTORAL PRACTICUM COUNSELORS’ CLINICAL CONTRIBUTIONS (2013 – 2014)

Doctoral Practicum Counselors’ Contributions 2013-2014 (N=10; Total FTE = 2.25)		
Intake Sessions	Individual Psychotherapy Sessions	Psychological Assessment Test Batteries
90	576	36

Note: An aspirational goal for 2014 – 2015 is to provide summary data for Social Work Intern evaluations.

b. *Outcome: Provide effective supervision & training.* UCC licensed permanent clinical staff members and psychology interns provided weekly clinical supervision to nine of these graduate trainees. UCC licensed staff and psychology interns provided an average total of 14 hours per week of one-to-one clinical supervision during Fall and Spring semesters and 6.5 hours per week during Summer term. UCC permanent clinical staff provided an average of 3.5 hours of training/clinical seminars to these trainees weekly including the UCC Training Seminar, Social Work Training Seminar, Clinical Consultation Hour and Staff Development Seminar.

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. Receiving funding from the Department of Psychiatry for additional psychiatry resident time (approximately .7 FTE additional funding).
- ii. Hiring a 4th Licensed Clinical Social Worker (Sui Zhang, LCSW) who is an approved Field Faculty with the College of Social Work.
- iii. Participating in and contributing to the APA-accreditation process for the Clinical Psychology and Counseling Psychology doctoral programs on campus, both of which happened to have their re-accreditation visits in 2013-2014:
 1. Dr. Jonathan Ravarino represented UCC and met with APA re-accreditation site visitors evaluating the Clinical Psychology doctoral program.
 2. Several of the licensed psychologists at UCC met with APA re-accreditation site visitors evaluating the Counseling Psychology doctoral program.

2. Goal 2: Administer an American Psychological Association (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 nation.

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. Glade Ellingson directly administers the psychology internship training program, the seven licensed psychologists at UCC collectively recruit, select, orient, train, supervise and evaluate these interns across their internship year. Clinical training and supervision, in particular, are time-intensive undertakings. Supervision involves a personal mentorship model. The intern practices under the license of the supervising psychologist who incurs 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 6 hours of individual supervision and training/clinical seminars to psychology interns weekly including the UCC Training Seminar, Psychology Training Seminar, Supervision Seminar, Clinical Consultation Hour, Teaching Supervision and Staff Development Seminar.

- a. Outcome: Facilitate trainee skill development in accordance with APA accreditation standards.

TABLE 7: PSYCHOLOGY INTERNS’ CLINICAL CONTRIBUTIONS (2013 – 2014)

Psychology Interns’ Contributions 2013-2014 (N=4; Total FTE = 4.0)			
Intake Sessions & Crisis Interventions	Individual Psychotherapy Sessions	Group Psychotherapy Sessions	Campus Outreach Presentations & Teaching (Hours)
307	969	121	299

TABLE 8: PSYCHOLOGY INTERNS' SUPERVISOR EVALUATION SUMMARY DATA (2013 – 2014)

Psychology Intern Comprehensive Evaluation Summary Data 2013-2014		
Internship Goal Area	Mid-year Mean	End-of-year Mean
1. Clinical & Psychometric Assessment (11 Items)	4.9	7.2
2. Clinical Conceptualization & Interventions (23 Items)	5.0	7.1
3. Cultural & Individual Diversity (8 Items)	5.3	6.8
4. Consultation & Outreach (7 Items)	3.8	6.1
5. Provision of Supervision (12 Items)	4.0	6.8
6. Career Development (1 Item)	4.0	6.8
7. Research (6 Items)	4.8	7.3
8. Ethics & Standards (10 Items)	5.2	6.9
9. Professional Development (11 Items)	4.6	7.7

Note: The following scale is used for the evaluation ratings immediately above:

Rating	Descriptor	Comment
1	No Experience or Demonstrated Skill in this Area	Training Intervention Needed
2	Below Expected Level Experience & Skill	Training Intervention Needed
3	Internship Entry-level Experience & Skill	Expected: Beginning of Internship
4		
5		
6		
7	Professional Entry-level Experience & Skill	Expected: End of Internship
8	Postdoctoral-level Experience & Skill	
9	Advanced Professional-level Experience & Skill	

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, .5 hours individual supervision with a group co-leader and .5 hours supervision for teaching. Therefore, UCC licensed staff provided an average total of 12 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, Psychology Training Seminar, Clinical Consultation Hour and Staff Development Seminar.

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
- **UCC Training Seminar:** A weekly seminar for psychology and social work interns offered Fall and Spring comprised of the following segments:
 - Couples Therapy Training seminar (5 sessions)
 - Group Therapy Training (5 sessions)
 - Consultation/Outreach Training (4 sessions)
 - Ethics in Applied Mental Health (3 sessions)
 - Diversity Training (10 sessions)
- **Psychology Training Seminar:** A weekly seminar for psychology interns offered year-long comprised of the following segments:
 - Assessment Training (10 sessions)
 - Empirically-supported Treatments (4 sessions)
 - Clinical Conceptualization (5 sessions)
 - Professional Development (8 sessions)
 - Licensing Standards, & Credentialing Seminar (8 sessions)
- **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 organizations (APA, APPIC, ACCTA) to administer the program, as well as interfacing 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. Glade Ellingson maintains memberships in each of these national organizations and interacts with them and academic programs in the following ways:

- a. APA: Files an Annual Report Online (ARO) of demographic and outcome data related to the current and past year's psychology intern cohorts. Informs the Commission on Accreditation (CoA) of any significant changes to the internship training program. Participates in the national APA Minority Fellowship Program to recruit diverse intern applicants to UCC. Has completed training to serve as an approved APA Accreditation Site Visitor. Lauren Weitzman frequently volunteers to serve as an APA Site Visitor and conducted one site visit in 2013 - 2014.
- b. APPIC: Registers for the annual APPIC Internship Match, a computer-based matching service whereby national internship applicants and internship sites enter into binding placement agreements. Serves as an Associate Editor of the *APPIC E-Newsletter*.
- c. ACCTA: Holds elected position as an ACCTA Board Member. Served as the Program Chair for the 2014 ACCTA Conference. Serves as the Chair of the Standing Committee on Bylaws. Drafts written feedback from ACCTA to other national training organizations regarding issues and trends. Serves as an ACCTA Liaison to other national psychology training organizations. Volunteers to Mentor a training director who is developing a psychology internship training program at another university.
- d. Academic Programs & Faculty Members: Interacts regularly with faculty members in Clinical Psychology and Counseling Psychology on campus and across the country in recruiting and selecting interns. Corresponds 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, averaging 65 applicants per year for our four psychology internship slots across the past three years.

UCC PLAN FOR THE FUTURE

UCC ANTICIPATED CHALLENGES. The most significant challenge that we continue to face in our work at the UCC is **meeting the increased demand for services and the trend for increasing severity level of the clients with whom we work with relatively stable staffing levels.** The International Association of Counseling Services (IACS), the accrediting body for the UCC, has set the following staffing standard (V.C.1): *Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies.* The current UCC staffing ratio is 2787.6 (32,057 students [total matriculated student headcount]/11.50 professional staff FTE). While we have maintained our IACS accreditation with current staffing levels, we are not currently meeting this standard.

As displayed in Figure 16, we have seen a steady increase of number of UCC clients seen since 2002 – 2003. The data provided on page 4 of this annual report documents the current severity level of UCC clients. As seen in Figure 17, crisis intervention sessions have increased steadily since 2002. Please note that the new clinical services delivery model, instituted in 2012, was developed specifically to more strictly define our crisis services and to increase efficiency in meeting clinical demand (which explains the drop in crisis sessions seen for 2012 – 2013).

FIGURE 16: INCREASE IN UCC CLIENTS SEEN (2002 – 2014)

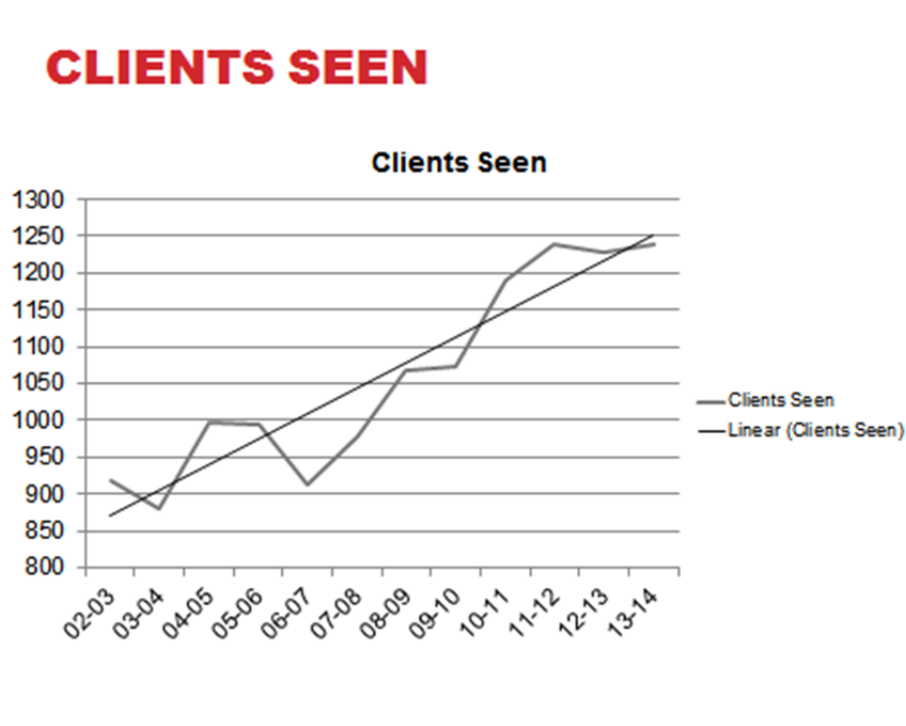
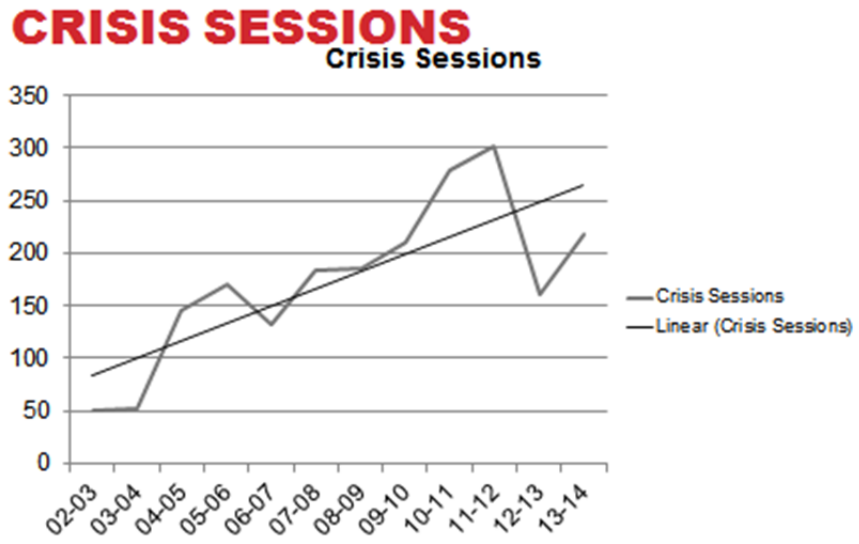


FIGURE 17: UCC CRISIS SESSIONS (2002 – 2014)



Another current significant challenge is a ***decrease in psychiatry hours relative to past years***. This has been true with our attending psychiatrist over time, as well as with psychiatry residents more recently. Many years ago, the UCC attending psychiatrist was at UCC 2 days per week (.4 FTE). Due to a number of factors, that time was decreased several years ago to 1.5 days per week (.3 DTE) and is currently two afternoons per week (.25 FTE). Regarding psychiatry resident time, UCC has long had funding for .67 FTE of a resident position. This meant, for example, that we could hire one resident to be here 2 days per week for a full year and another who could be here 1 day per week during our period of heaviest clinical demand. We were fortunate, however, that for approximately the past 10 years the Department of Psychiatry was able to provide UCC with additional resident funding. In the 2013-2014 year, for example, our total psychiatry resident time was 1.2 FTE due to Department of Psychiatry funding. Coming into fiscal year 2014-2015, however, we were informed that the Department would no longer be able to subsidize UCC resident time, which has meant that our psychiatry resident time was cut nearly in half—back to the .67 FTE which UCC can fund.

This loss of attending psychiatrist and psychiatry resident time has had real consequences for psychiatry service delivery at UCC. Wait times for psychiatric evaluations has increased dramatically this year, and we have had to refer more clients to the Student Health Center for medication management as a result. The loss of psychiatry time has been compounded by a trend in psychiatry resident rotation assignments whereby a greater number of residents is being assigned to rotations for shorter periods of time. For example, instead of having a single resident for 2 days, we are more likely to have 2 residents for 1 day each—or even to have 1 resident for 1 day and 2 residents for a half-day each. Because each of these residents must be supervised, this places a higher burden on our attending psychiatrist to provide supervision during regular UCC working hours—which also reduces the attending’s time to provide direct clinical service. Additionally, it has recently been brought to our attention by UNI and the Department of Psychiatry that the salary we pay our attending psychiatrist does not reflect current market value and is not sustainable in the long-term. The current salary level creates an undue burden on our attending psychiatrist who is required to fulfill departmental funding obligations while working at the UCC, which thus compromises our ability to retain a qualified psychiatrist in the attending position.

UCC ANTICIPATED OPPORTUNITIES. We greatly appreciated receiving funding from central administration in 2013 for an additional clinical social worker position. Sui Zhang, L.C.S.W., was hired for this position, increasing the total number of UCC clinical social workers to four. Approximately 25% of Ms. Zhang’s duties entail case management and liaising with community mental health agencies and resources.

Given the current psychology internship imbalance crisis nationally, the Association of Psychology Postdoctoral and Internship Centers, (APPIC), the Association of Counseling Center Training Agencies (ACCTA) and the American Psychological Association (APA) have implored APA-accredited internship sites to each add one psychology doctoral intern position to their internship training programs. If funding were available, this would increase our number of psychology interns from four to five. The infrastructure for the internship (e.g., selection process, orientation, training seminars, clinical supervision) is already in place and would not be unduly taxed by adding an additional intern. While this

would not directly impact our IACS staffing ratio given that this would add a trainee position, it would certainly increase our ability to provide counseling services. UCC data show that our clinical return per dollar of salary is greater for psychology interns than for other trainees or part-time staff.

UCC GRANTS/CONTRACTS. The UCC has been fortunate to have received annual funding from the Student Affairs Parent Fund. We received a \$2000 grant in Spring 2014 to provide furnishings and resources for our Mindfulness Clinic. We received a grant in 2013 – 2014 from the MUSE Project. As a MUSE Internship Partner, we received 50% of the funding for a 10 hour per week, 10 week undergraduate intern who worked with our prevention and outreach efforts. Finally, we obtained a small Welcome Week Innovation Grant from the Office of Orientation to fund our “Pop that Stress: A Bubble Wrap Experience” tabling event.

UCC GIFTS/NEW REVENUE: We do not anticipate any future gifts or new revenue streams at this time.

UCC STAFF EXCELLENCE

PROFESSIONALISM. The UCC is committed to maintaining professionalism and staff excellence through professional service and ongoing professional development. Appendix B lists the local and national workshops and conferences attended by UCC staff in 2013 – 2014. Table 9 (below) outlines staff excellence across the categories of Awards and Recognitions, national, local and University of Utah Committee Memberships, Presentations and Publications and University of Utah Faculty Appointments.

UCC STAFF DEVELOPMENT SERIES. The UCC continued to sponsor an in-house Staff Development series, inviting campus and local speakers to present on a variety of relevant mental health topics. UCC Staff Associates are invited to attend most staff development presentations. As has been the case for several years, several of the presentations incorporated a multicultural focus. The Utah Psychological Association awarded UCC 9.0 hours of continuing education credit for psychologists attending all sessions. Social Work and CMHC staff are able to turn in their hours as verification of CE credit as well. The kick-off presentation was our annual report from the UCC Research Team, who presented on “By the Numbers: UCC Service Data, Outcomes Related to Clinical Service Revisions and Barriers to Seeking Services.” Katherine Supiano, Associate Professor in the College of Nursing, then presented on “Normal Grief/Complicated Grief: Assessment and Treatment.” The final presentation of Fall 2013 was provided by David Strayer, Ph.D. on “Cognitive Distraction while Multitasking in the Automobile.” The Spring term of 2013 started off with a presentation by Jake Van Epps, M.Ed. on “CBT and Adjunctive Modalities in the Treatment of Chronic Pain; Techniques and a Review of the Evidence.” The next session was our annual staff development with our colleagues from the Student Health Center. Jonathan Ravarino, Ph.D. presented on “The What, Why and How of Mindfulness in Healthcare.” The final session in the series was Chad Anderson, L.C.S.W. from the College of Social Work who presented on “The Intersection of Sexual Orientation and Religion on a Micro level.” Ratings of the 2013 – 2014 Staff Development presentations may be found in Appendix D.

RECRUITMENT AND RETENTION OF HIGHLY QUALIFIED STAFF. As mentioned above, we were successful in hiring Sui Zhang, L.C.S.W. in January 2014. In addition to her case management and community liaison duties, Ms. Zhang is a native Mandarin speaker with special interest and expertise in working with international students. Thus, in 2013 – 2014, UCC clients had the option of meeting with counselors fluent in Spanish, Mandarin and Hebrew. There were no staff members who resigned from the UCC in 2013 – 2014.

STAFF ACCOMPLISHMENTS. As noted in Table 9, Rob Davies was awarded the *Student Affairs Diversity Council Pursuit of Inclusion Award*. Several UCC staff members contribute to their national professional organizations in a variety of professional service roles. This was also a bountiful year for Staff Service Awards. Karen Cone-Uemura, Leslie Giles-Smith, Jo Maxwell and Glenda Wilkinson all received a 5-year Service Award. Rob Davies, Cindy Harling, Janine Packer and Becky Robinson received 10-year Service Awards. Lois Huebner received her 20-year Service Award and Pat Tsuyuki was honored with a 25-year Service Award.

**TABLE 9: UCC STAFF AWARDS/RECOGNITIONS, COMMITTEE MEMBERSHIPS,
PRESENTATIONS/PUBLICATIONS AND FACULTY APPOINTMENTS**

STUDENT AFFAIRS AWARDS AND RECOGNITIONS

Staff Member	Awards and Recognitions
Cone-Uemura, Karen	Tuition Scholarship from American Group Psychotherapy Association to attend conference
Davies, Rob	University of Utah Student Affairs Diversity Council Pursuit of Inclusion Award
Flynn, Brenda	2013 District Staff Excellence Award Student Affairs Diversity Council Certificate of Training
Giles-Smith, Leslie	Student Affairs Diversity Council Certificate of Training
Harris, Frances	Counseling Center Outstanding Contribution to Counseling Center Award Div. 17; American Psychological Association
Weitzman, Lauren	Student Affairs Diversity Council Certificate of Training
Turnidge-Halvorson, Nicki	Counseling Psychology Doctoral Program Peer Mentor Award

STUDENT AFFAIRS COMMITTEE MEMBERSHIPS

Staff Member	Committee
Cone-Uemura, Karen	Student Affairs Diversity Council (UCC representative) Utah Psychological Association -Diversity Delegate to APA's Salt Lake City American Psychological Association State Leadership Conference (APA SLC) -Diversity Delegate -Liaison-Elect to the Committee of State Leaders American Group Psychotherapy Association (AGPA) -Racial & Ethnic Minority Special Interest Group (Co-facilitator) Utah University And College Counseling Centers -Annual Conference Planning Committee (Member)
Davies, Rob	Center For Collegiate Mental Health, Board of Directors (Member)

Ellingson, Glade	<p>Association of Counseling Center Training Agencies (AACTA)</p> <ul style="list-style-type: none"> -Board of Directors 2013-2015 -Standing Committee on Bylaws (Chair) -Conference Program Committee 2014 (Chair) <p>Association of Psychology Postdoctoral and Internship Centers (APPIC)</p> <ul style="list-style-type: none"> -Associate Editor for Counseling Center, AAPIC eNewsletter
Flynn, Brenda	Student Affairs Non-Exempt Professional Development Committee (Member)
Giles-Smith, Leslie	College Reading and Learning Association (Coordinator of State, Regions & Chapters)
Harling, Cindy	Student Athlete Wellness Committee (UCC Liaison)
Huebner, Lois	Behavioral Intervention Committee (Member)
Keen, Kassy	Women's Leadership Summit (Member)
Liccardo, Marty	<p>Salt Lake Sexual Assault Nurse Examiners (Board Member)</p> <p>UofU Farmer's Market Committee (Member)</p>
Moench, Matthew	<p>Medical Director, UNI BHN Mental Health Benefit</p> <p>Utah Psychiatric Association (President-elect)</p>
Ravarino, Jonathan	University of Utah Sustainability Committee (Member)
Stiel, Katie	<p>Professional Development Committee (Member)</p> <p>University Pride Committee (Co-chair)</p> <p>Search Committee for Assistant Director of Housing & Residential Education (Member)</p>
Weitzman, Lauren	<p>Edie Kochenour Memorial Lecture Fund Advisory Board 2012-present (Co-chair)</p> <p>Edie Kochenour Memorial Lecture Subcommittee 2012-present (Member)</p> <p>Salt Lake City 2015 AUCCCD Conference Planning Committee (Co-chair)</p>
Wimbish, Torrence	Association for University and College Counseling Centers Outreach (AUCCCO) Steering Committee (Member)
Zhang, Sui	Practicum Advisory Committee, College of Social Work (Member)

STUDENT AFFAIRS PRESENTATIONS AND PUBLICATIONS

- Cone-Uemura, K.** (2014). "Difficult Dialogs on Race: The Nuts and Bolts"; accepted for presentation (not presented due to Ethan's death) for AGPA Annual Conference, Boston.
- Cone-Uemura, K., Miranda, E., & Ravarino, J.** (2013). "Mindfulness for Group Therapy", Utah University and College Counseling Center Conference, Park City.
- Ellingson, A.G.** (2013) "Implications of the Internship Crisis: What do our ethical principles tell us?" Presentation at the Annual Conference of the Association of Counseling Center Training Agencies (ACCTA), New Orleans.
- Ellingson, A.G.** (2013) APPIC National Conference, April 30-May 3, 2014, Poster Presentation: What Interns Should Know About Standards, Licensing and Credentialing: Development and Implementation of an Intern Training Seminar. Austin, Texas.
- Sevig, T., **Weitzman, L.M.**, & Herman, B. (2013): "Rejuvenating and recalibrating counseling center work: In search of values, roles and then....decisions." Presented at the Annual Meeting of the Association of University and College Counseling Center Directors, San Diego.
- Weitzman, L.M.** & Gray, K. (2013). Role Transitions. Presented as part of the "Introductory Leadership Institute" at the Annual Meeting of the Association of University and College Counseling Center Directors, San Diego.
- Cattani, K., **Huebner, L.A.**, Locke, B., & Hart, T., (2014). "Is the Sky Falling? Elucidating Trends in College Student Mental Health." Presented at the Annual Meeting of the Association for the Coordination of Counseling Center Clinical Services, Austin.
- Kelly, A.R., Duszak, E., Brown, H.J., Melling, A.K., Hutchison, A.N., & **Huebner, L.A.** (2013). "Barriers to Seeking Counseling and Their Impact on Pre-treatment Distress and Utilization." Presented at the Annual Convention of the American Psychological Association, Honolulu.
- Brown, H.J., **Huebner, L.A.**, Imel, Z.E., Duszak, E., & **Davies, D.R.** (2013). "Initial Evaluation of the Effectiveness of Individual and Group plus Individual (Combined) Treatment." Presented at the Annual Convention of the American Psychological Association, Honolulu.

STUDENT AFFAIRS FACULTY APPOINTMENTS

<u>Name</u>	<u>SA Department</u>	<u>Position</u>	<u>Academic Department</u>
Davies, Rob	UCC	Adjunct Professor	Department of Educational Psychology
Ellingson, Glade	UCC	Adjunct Professor Clinical Asst. Professor Adjunct Professor	Department of Educational Psychology Department of Psychology Department of Psychiatry
Harling, Cindy	UCC	Clinical Instructor Clinical Instructor	College of Social Work Department of Psychiatry
Harris, Frances	UCC	Adjunct Professor Adjunct Professor	Department of Educational Psychology Department of Psychiatry
Huebner, Lois	UCC	Adjunct Professor Adjunct Assoc. Professor Clinical Instructor	Department of Educational Psychology Department of Psychology Department of Psychiatry
Miranda, Emily	UCC	Adjunct Professor Adjunct Professor	Department of Social Work Department of Psychiatry
Moench, Matthew	UCC	Assistant Professor	School of Medicine (Clinic Track)
Ravarino, Jonathan	UCC	Adjunct Professor Adjunct Professor	Department of Educational Psychology Department of Social Work
Weitzman, Lauren	UCC	Adjunct Professor Clinical Asst. Professor Adjunct Assoc. Professor	Department of Educational Psychology Department of Psychology Department of Psychiatry

CENTER FOR STUDENT WELLNESS

MISSION AND SERVICES

The mission of the Center for Student Wellness (CSW) is to create, nurture, and promote a University environment supportive of healthy life-long behaviors and enhance academic and personal success. Our goal is to assist students in skill development that will enhance their personal wellness and ability to succeed, not only in the classroom, but in all areas of life: intellectual, physical, social, spiritual, financial, environmental, and emotional.

One of the main services that the CSW provides is health education and programming to college students. Health education is defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. The ultimate aim of health education is positive behavioral modification.

CSW services include: 1) the provision of health information relevant to students – most often this includes information on stress, sleep, healthy relationships, nutrition and tobacco use; 2) HIV and Sexually Transmitted Disease (STD) testing; 3) alcohol education and prevention; and 4) making policy recommendations to maintain a healthy learning environment.

The CSW has identified three key activities that are outlined below; these key activities provide ongoing direction that help drive the efforts our office works toward each year. Goals aligned with these key activities help inform our daily practices and outcomes ensure we are held accountable for completing our work.

KEY ACTIVITY #1: COLLABORATE WITH CAMPUS ENTITIES TO PROVIDE TRAINING AND EDUCATION ON HEALTH AND WELLNESS ISSUES THAT IMPACT THE STUDENTS THEY SERVE

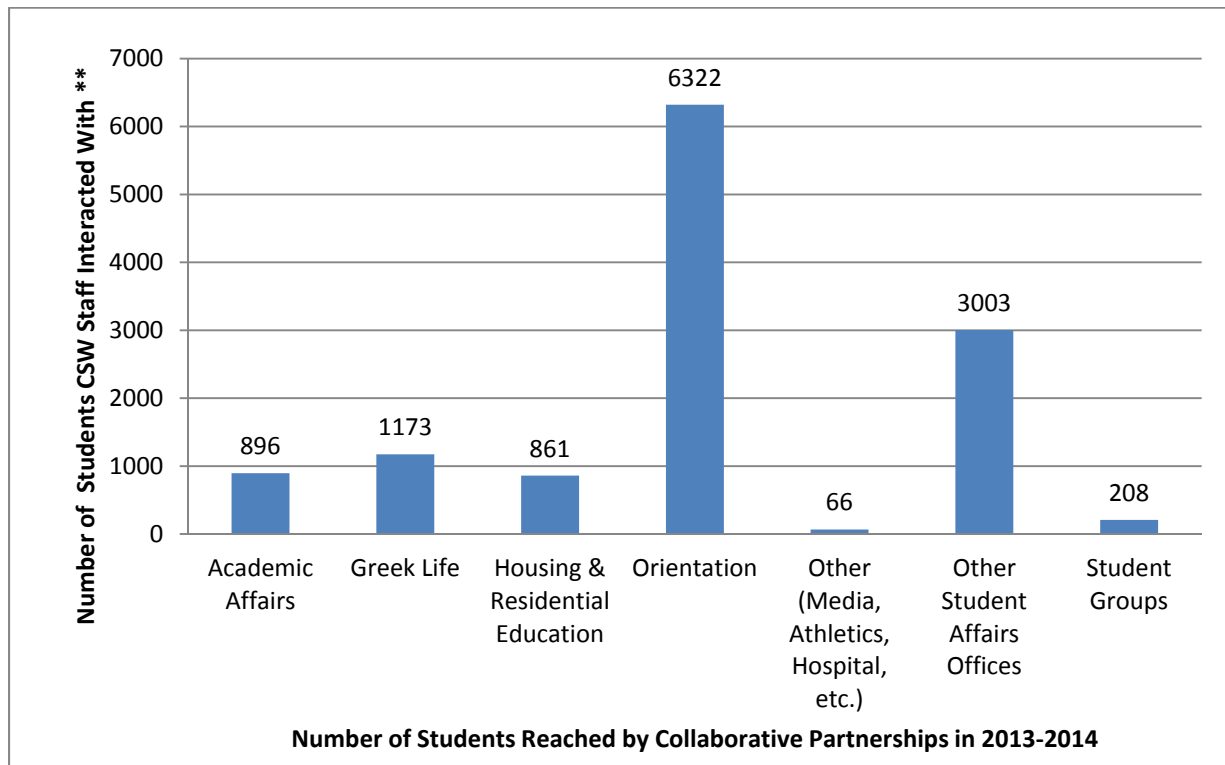
The CSW's guiding rationale is *the more we are able to reach across campus to develop partnerships, the more students get connected to wellness resources and services*. The office maintains strong collaborative relationships with campus and community groups. The collaborations often include presentations, programs, workshops, or trainings around different health and wellness topics.

CAMPUS COLLABORATION GOALS AND OUTCOMES

Goal 1: Create and maintain campus partnerships with Student and Academic Affairs. Our partnerships include offices such as: Housing and Residential Education (HRE); Dean of Students; Utah Department of Health; Associated Students of the University of Utah (ASUU); Rape Recovery Center and more. In 2013-2014, we held numerous flu shot clinics, including in the Peterson Heritage Center to vaccinate residents against influenza; we gave away 688 shots; trained Residential Assistant's (RA's) about how to handle conflict management, alcohol risk management, and inter-personal violence, as well as piloted a new Wellness Advocate certificate with RA's to train them on general wellness and supporting their

residents. With the Dean of Students Office we collaborated to launch HAVEN, an online sexual assault prevention module for all new students scheduled to be implemented 2014-2015. We also began discussions on how to streamline and collaborate around victim advocacy services, with the CSW's new Sexual Assault Support Advocate employee. The Utah Department of Health partnered with us to provide 29 free and low-cost HIV & Gonorrhea/Chlamydia testing to students at the 2013 Wellness Fair and began a discussion with us to help launch mobile testing clinics across campus for the 2014-2015 academic year. We also worked with the Campus Store and Women's Resource Center in spring 2014 to lay groundwork for opening the Universities, first ever, food pantry slated to open fall 2014. Throughout 2013-2014 we partnered with ASUU to hold Healthy4Dayz, an educational program for students to learn about the seven dimensions of wellness, and tips for staying healthier. The Rape Recovery Center has partnered with us to train members of Beta Theta Pi about rape culture, supporting victims of sexual violence and preventing assaults.

FIGURE 18: COLLABORATIVE PARTNERSHIPS & NUMBER OF STUDENTS REACHED



****Some students made individual contact twice. Orientation, Housing & Residential Education and Greek Life have been separated out of the Student Affairs category due to the high volume of outreach within those organizations.**

Office staff also coordinated, chaired, or participated in the following groups during 2013-2014: Professional Development Committee, University Pride Committee, Women's Leadership Summit, Behavior Intervention Team, and U of U Farmer's Market Committee. Some of these positions have

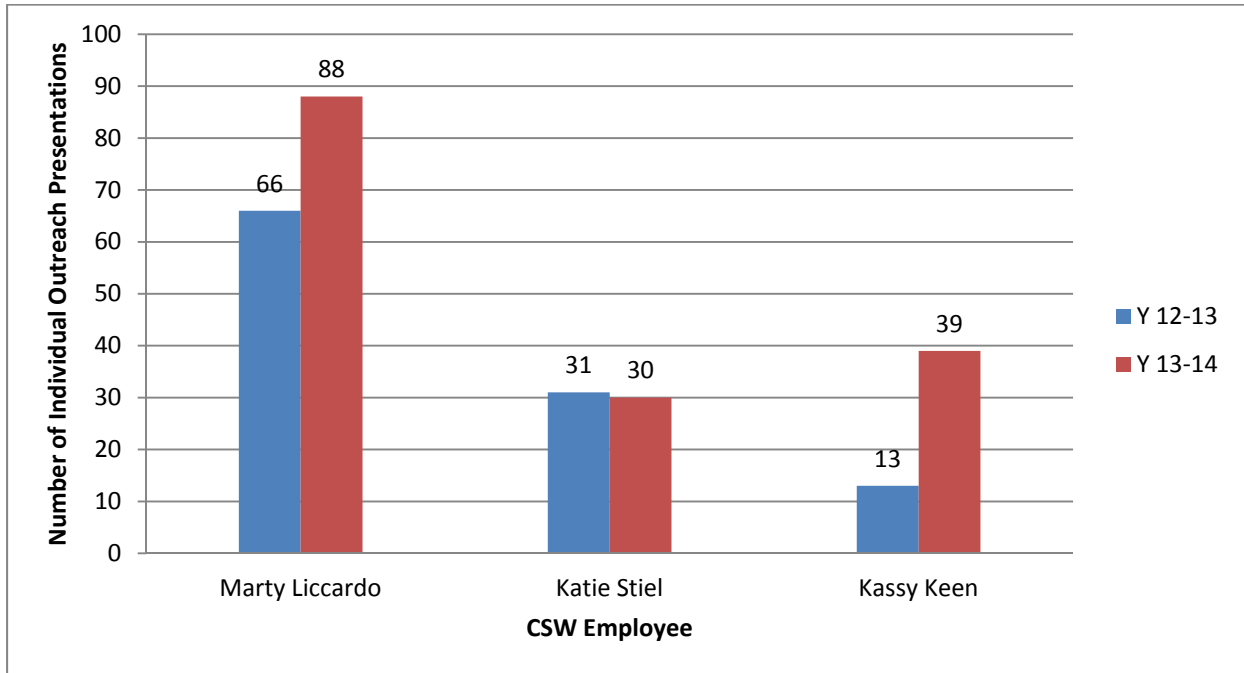
been long standing commitments for several years, and some were new appointments that allowed us inventive ways to collaborate more widely across campus.

Outcome: Collaborate with three new offices each semester. As discussed above, we have ongoing collaborations with several campus entities. We want to expand our reach by initiating collaboration with three new offices each semester. This coming year, the CSW plans to reach out and to develop new partnerships, paying particular attention to Academic Affairs. Previously, the structure for reaching out to academic departments was fairly informal. This year, CSW has begun to create more structure by intentionally reaching out to specific departments. For example, we initiated presentations to the University College Advisors on two occasions. Additionally, we plan to send “passive” health information on topics such as sleep and stress reduction tips for advisors to keep in their office. We also plan to inform academic offices about our new Sexual Assault Support Advocate so that they are aware of the new position and how to refer.

Goal 2: Through partnerships reach a diverse and larger student population. The CSW office has dedicated considerable effort to building relationships with campus groups that represent higher risk populations (e.g., Greek Life and Housing and HRE). Moving forward, we plan to reach out to these offices and organizations more strategically. We will do this by taking stock of our current connections and then consider what offices/organizations are missing. For example, we might decide to target ASUU student groups, which represent more a broader scope of diverse students. Identifying which student organizations have regular member meetings will be an important step in this process of gauging what health issues impact the group.

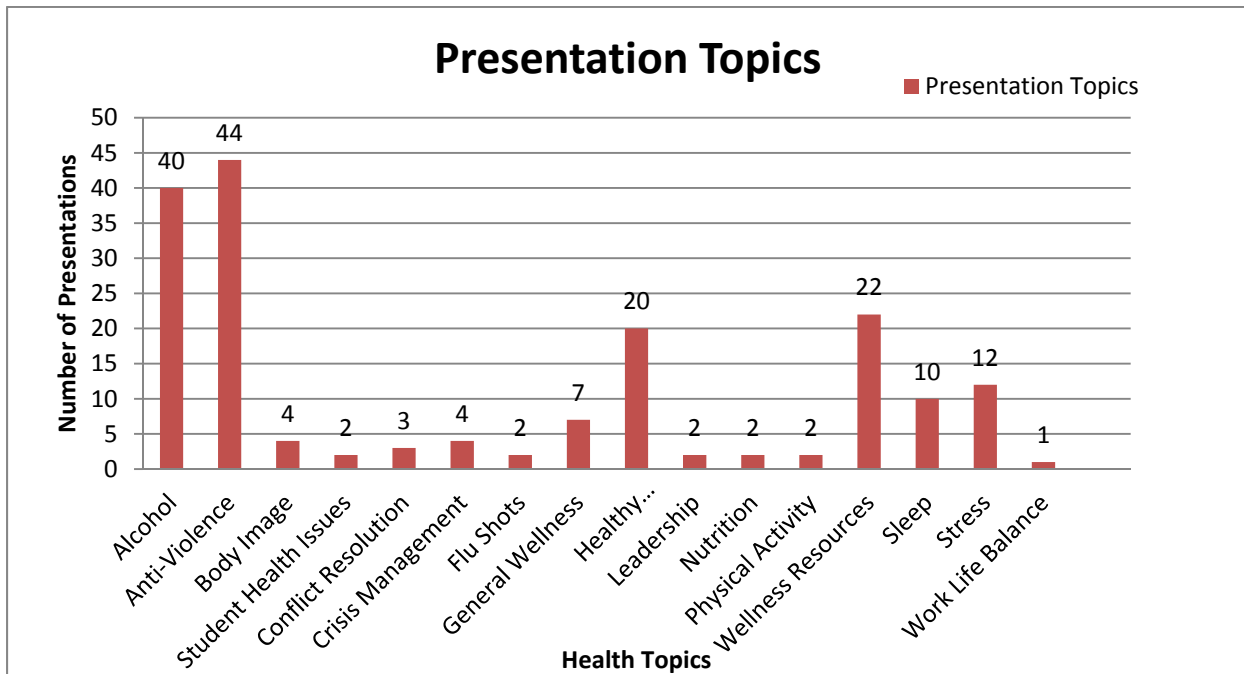
Outcome: Increase outreach programs by 5%. We have not set a goal for the number of total programs for our office as we remain cognizant of the limitations that our small staff can accomplish. Over the past two years the number of outreaches increased 42.7%, from 110 in 2012-2013 to 157 unique outreaches for the 2013-2014 year. The numbers are partially incomplete because of personnel changes during the 2013-2014 reporting year, but serve as a baseline for future data collection. Currently, CSW staff keeps track of their individual outreach presentations via an EXCEL spreadsheet that includes the office requesting the outreach, topic, length of time, and number of students in attendance. The CSW is expected to update this EXCEL spreadsheet throughout the year. See Figure 19 for the number of individual outreach presentations completed by each staff member, which is another way to identify the increase in outreach programs.

FIGURE 19: OUTREACH PRESENTATIONS PER CSW STAFF MEMBER (2013 – 2014)



Goal 3: Adapt health and wellness messaging to meet our partner’s student population needs. This goal helps the CSW have a clear understanding of partner needs. While CSW staff are experts in college health, partner offices know what health topics impact the students they serve. A partnership example is the Veteran Support Center. We will be meeting with Roger Perkins over the next year so that he can assist the CSW to tailor health and wellness messaging to student veterans. See Figure 20 for 2013 – 2014 outreach health topic requests.

FIGURE 20: OUTREACH BY HEALTH TOPIC*



***Some presentations had multiple health topics.**

Outcome: Complete programs targeted for specific student identity groups. As noted above, the CSW has reached out to populations of students who would be considered ‘high risk’ (e.g., Greek Organizations and students who live on campus). We plan to be more intentional in providing outreach presentations to student identity based groups. We will establish a baseline for these programs beginning this year by keeping a more detailed record of the offices we work with and the requested health topics.

Student Affairs Learning Domains: Health and Wellness; Diversity and Inclusion; Campus Community.

Student Affairs Strategic Plan: 1, 3, 5 and 8.

KEY ACTIVITY #2: PROVIDE OUTREACH AND HEALTH AND WELLNESS EDUCATION TO THE CAMPUS COMMUNITY

Health promotion and education information sharing is one of the main purposes of the CSW. The office works to create programming around health topics that impact college students. The staff uses interactive programs that are fun, safe and make it easy for students to gain information. The CSW staff use data driven research, best practices and the National College Health Assessment to help tailor messaging while also staying current on college health trends. CSW programs range from one time education to ongoing outreaches and messaging.

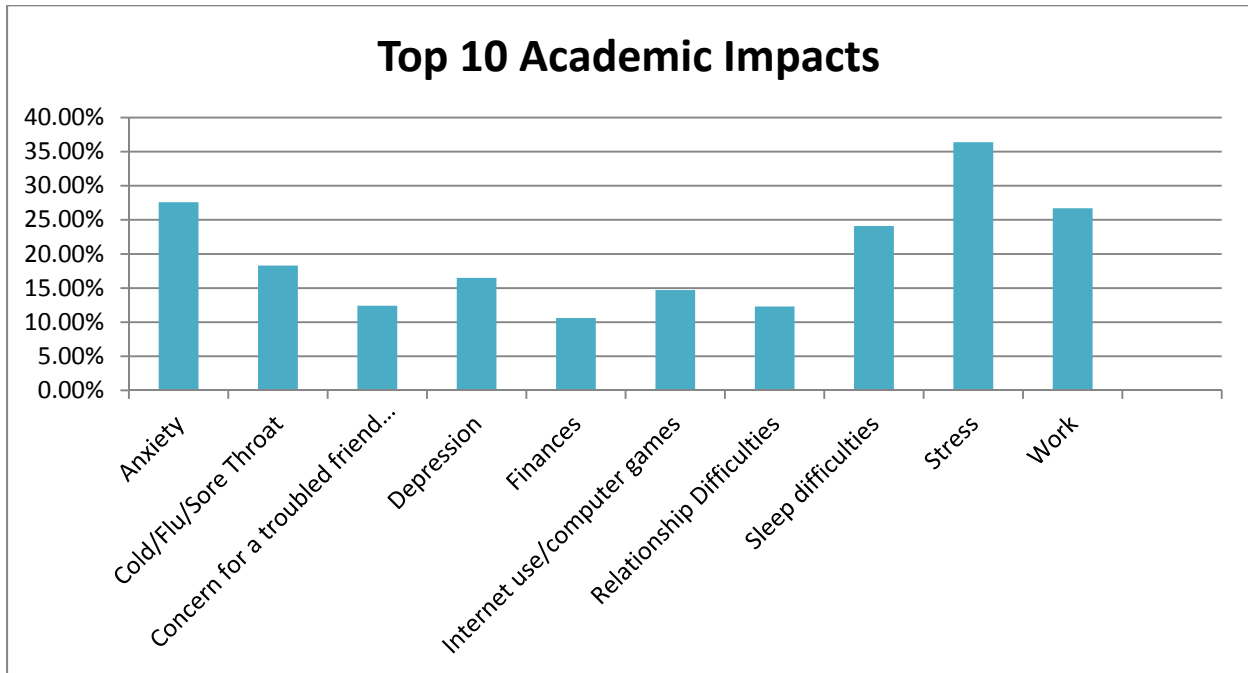
OUTREACH/HEALTH AND WELLNESS EDUCATION GOALS AND OUTCOMES

Goal 1.) Referencing the Stages of Behavior Change model, encourage students to engage in their health. In the next year the CSW will further incorporate the Stages of Behavior Change model to promote more meaningful health behavior change. While the office appreciates the visibility that one-time programs provide, we also see the value in creating ongoing data-driven educational opportunities to help students better retain messages. We plan to add to our current programming and outreach efforts by incorporating individual health engagement opportunities for students via our wellness advocate modules based on the Stages of Behavior Change model that provide multiple contacts with students and campus departments.

Outcome: Depending where they are in the stages of change model, students leave programs with an increased awareness of knowledge and/or motivators to change. The Stages of Behavior Change, also known as the Transtheoretical model (Prochaska & DiClemente, 1982) gives the office a unique opportunity to ask students to self-reflect on their own health and experience. The CSW will use personal assessments, messaging, and strategies for students to use when learning about health and wellness. The CSW uses Prime for Life, an evidence-based prevention and intervention program, to teach sanctioned students how to reduce their risk around alcohol and substance use. In the post-test, 57.6% of students who had to take Prime for Life reported that information around alcohol tolerance and alcohol poisoning is beneficial health information. Although students report this information beneficial, our office has not conducted two to three month behavior change assessment around attitudes and beliefs. This year the CSW is creating a follow up survey to help assess if attending Prime for Life has any impact on behavior change for students who are sanctioned to take the class. The CSW also plans to begin similar post-test assessments to gauge health behavior change in students who participate in the wellness coaching program.

Goal 2: Use data, research and national trends to create intentional programming. Every two years the CSW participates in the National College Health Assessment (NCHA), a nationally recognized research survey that gives data on University of Utah student health habits, behaviors, and perceptions. Data such as the NCHA survey help inform the type of programming and education we provide for students. As a result the CSW has implemented more education and outreach around sleep, stress, and nutrition. The use of this data illustrates how the CSW staff use data-driven information to decide how to best educate students on health and wellness information. The NCHA survey defines “academic impact” as factors that negatively affect their individual academic performance (e.g., receiving a lower grade on an exam or important project; receiving a lower course grade in the course; receiving an incomplete or dropping out of the course; or experiencing a significant disruption in thesis, dissertation, research, or practicum work; NCHA, 2013, p.5). Please see Figure 21 for the Top 10 Academic Impacts identified in the 2013 NCHA survey.

FIGURE 21: TOP 10 NCHA ACADEMIC IMPACTS



Last year, the office had a nutrition intern who conducted a convenience sample of 220 students and asked questions regarding food insecurity. 17% of participants were categorized as having “very low food security”, with an additional 34% falling in the “low food security” category. Using these data, the CSW, Women’s Resource Center and the U Campus Store started the *FeedU Food Pantry*. With the help of additional campus offices and resources, the pantry is run by a paid student intern and has new computers. The CSW pledged to continue to support the food pantry by providing information about nutrition and creative ways students can use the food they receive to cook healthy meals. See Appendix A for the Food Insecurity Assessment Summary.

Outcome: Every program implemented is rooted in evidence-based data. We are proud to be intentional and thoughtful about best practices. To identify evidence-based best practices, we reach out to other institutions, read the Journal of American College Health, and research health education programs. For example, the Wellness Advocate Program was created through this process. In the 2013 NCHA survey, 54.5% of students reported they are “interested in receiving information.” Using these data as well as ideas gleaned from the NASPA Alcohol and Drug Conference, the CSW piloted the Wellness Advocate Certificate. The objective of this new program is to educate students on basic health and wellness topics with the goal of training students in basic bystander intervention. The mission of the program is to help students support one another to lead healthier, safer lives. The training requires completion of three modules on general wellness, healthy relationships, and anti-violence prevention and intervention to become a CSW certified Wellness Advocates.

Eighteen students and staff completed our first series of modules in May-June 2014 to become Wellness Advocates. Those 18 trainees consistently showed increased knowledge around the different health topics. For example, 77% of participants improved their awareness around correctly identifying sleep hygiene tips after completing the modules; 61% increased their knowledge in correctly identifying ways to educate students on how to protect themselves against the risk associated with sex; and we saw a 67% increase in knowledge in participants being able to correctly define bystander intervention around sexual violence. The information from the assessment and two informal focus groups identified these modules as a successful way to expand our ability to provide more health and wellness education to students across campus. The CSW plans to refine these modules in 2014-2015 to certify more students. We also have a continued plan to assess how students are retaining the information they've learned and their likelihood of using it to improve their peer's wellness.

Goal 3: Combat stigma by creating health positive spaces where students feel safe asking questions.

Students need a place where they can ask questions or voice concerns in a non-judgmental space. The CSW hopes to be a reliable source of health information, which includes the referral to other offices and resources. We believe that engaging students directly in outreach programs, rather than providing information in more formal ways, helps create rapport with students. Because most of our programming is one-time, we ask our students to remember how it feels to interact with a campus professional in a candid way. Our hope is that this will translate into a greater sense of safety when discussing wellness and health issues.

Outcome: Establish baseline showing the majority of students surveyed felt they could ask questions and/or see the CSW office and staff as a safe space. The CSW has created a plan to assess this element of our programming more directly in 2014-2015. Using paper surveys, the CSW staff will ask students about their perceptions of CSW and CSW staff, the increase in knowledge gained, and their level of comfort using the CSW as a resource. We will establish a baseline of this knowledge in 2014-2015 to help improve our future practices.

Student Affairs Learning Domains: Health and Wellness; Diversity and Inclusion; Campus Community; Practical Competence; Critical Thinking.

Student Affairs Strategic Plan: 1, 3, 5, 6, and 8.

KEY ACTIVITY #3: PROVIDE DIRECT WELLNESS SERVICES TO STUDENTS

DIRECT WELLNESS SERVICES GOALS AND OUTCOMES

Research has shown when people have multiple individualized direct wellness interventions the message is more likely to have a long term impact. As mentioned above, the transtheoretical model is a framework used in CSW programming to help move students through the stages of behavior change. We also use this model to frame the direct wellness services provided by our office as a way for students to more proactively engage in their own personal health and wellness assessment. This can be a catalyst

for long-term behavior change. College students don't typically engage in their health this way, so the CSW provides an introductory practice via these direct interventions.

Goal 1: Provide easily accessible, cost effective and quality wellness interventions. Two Coaching Wellness Graduate students from the College of Health have interned in the CSW office, providing one-on-one wellness coaching along with wellness workshops for students. At \$5 per session, cost for both services is very reasonable, and the office will waive the fee if needed. With the help of the graduate interns, the CSW created the Wellness Coaching program in Fall 2013, which launched in Spring 2014. Over this time, the interns met with 23 individual clients and six workshop participants, a relatively large number considering the interns only spend six hours in the CSW. Anecdotally, students reacted well to the introduction of this service and we have outlined a plan with the Assessment, Evaluation, and Research office to begin assessing the program by using Campus Lab surveys. During 2014-2015 we will continue to adapt the service and introduce this new assessment that can help us to demonstrate the program's effectiveness on student's behavior change.

One in two sexually active young people will contract a Sexually Transmitted Disease by the age of 25 and most will not know they have it. With the University of Utah's average age falling directly into this range, the CSW staff has identified that offering free HIV/STD testing to our students is a much needed direct service. These testing clinics allow us to talk individually with students about their risk factors and then create an individualized plan to keep them safer when having sex.

As mentioned above in Goal 2, the creation of the FeedU Food Pantry was founded on data from our Food Insecurity Assessment. With the opening of the Feed U Food Pantry in October 2014, we now are providing students with an essential direct wellness service to meet the need of food insecurity.

Outcome: Increase direct interventions by 5%. The CSW hopes to increase student interactions by continually offering free or low cost services. The office has spent 2013-2014 establishing a baseline for well coaching clients, HIV/STD clients, and condom distribution. While the free HIV/STD Test Clinic is a much needed service for students, we have seen declining numbers in our clinic at the Student Health Center and increasingly smaller percentages of students who receive positive GC/CT results. During 2013-2014 CSW staff and members the Student Health Advisory Committee (SHAC) tested only 100 students for HIV and Gonorrhea and Chlamydia (GC/CT) at the Student Health Center. We have never had a true positive HIV result and only saw three positives for Gonorrhea and Chlamydia in 2013-2014. We speculate that the students who are self-selecting to schedule an appointment for testing are lower-risk.

Thus, the CSW has decided to change from a weekly static clinic to a mobile campus clinic for 2014-2015. This will allow us to bring this needed testing directly to larger numbers of students and reach more high-risk populations. The beginning of this school year has shown the mobile clinics are meeting student needs and will be successful. The first clinic was in September, held in the residence halls, the office saw 37 students. This was above average on a typical mobile test site. However, the October 8th, 2014 clinic saw over 100 students and completed over 200 HIV, chlamydia and gonorrhea tests. This

number has already surpassed the number of tests the CSW did last year. The CSW also plans to begin to track the number of students who are seeking sexual assault advocacy services.

Goal 2: Address personal wants and needs to encourage change and/or seek appropriate resources.

College wellness centers are known for passing out free condoms to students and student organizations. Last year the office started a campaign to engage students in their health around condom distribution. The CSW has decided to continue to pass out condoms to student organizations but also to begin selling them to individual students who are requesting larger quantities. The office wants to help students realize when they leave campus they will monetarily need to invest in their health.

This is not unusual for a wellness office. For example, Salt Lake Community College charges \$8 for a bag of 17 condoms. The CSW is selling 20 condoms for \$2 which are provided to students who come into our office and engage with one of the staff around condom use and safe sex. In the first year, we distributed 1250 condoms (62 individual bags). Thus, the CSW can assume the staff spoke to at least 50 students answering questions and supporting them in their sexual health needs. The office keeps track of the number of condoms sold and the number and offices we distribute condoms to. Last year we gave away 2312 condoms to various offices and organizations. We will continue to keep track of condom distribution.

Outcome: Depending on the situation, when appropriate follow-up or ask questions around satisfaction.

Through outreach and programming, the CSW is often seen as a first stop for resource referral for other campus entities. When appropriate the CSW staff can follow up with students who came for questions or services, which will include connecting them to appropriate offices. For example, we hope to initiate a two week follow up with Well Coaching participants, victim services case management, and intake forms for STD test counseling.

Much of 2013-2014 was spent developing the new anti-interpersonal violence and victim advocacy piece of the CSW. As the year progressed the office was able to restructure programs and to hire for a permanent victim advocate, whose main role is to help student survivors navigate campus policies and protocols as well as the criminal justice system. With the new federal mandates, the office is helping the University of Utah meet compliance around victim services, outreach, and prevention around sexual violence. The next year will be a time to establish baseline numbers for students seeking help, and tracking the number of trainings/outreaches around sexual violence.

Goal 3: Create awareness and share education around wellness. The campus has a large student population, and the CSW knows it is an unrealistic to reach every student. However, the goal this year is to make connections with offices, organizations, resources in hopes to reaching as many students as possible. Part of the job is to have more presence on social media. The CSW has a student intern who's role is graphic artist. His creativity has moved from print advertisement to encouraging the staff to engage more online. Social media not only shows an interactive office, but also combats stigma around certain health topics.

Outcome: Create basic marketing strategies to disseminate programs, services and information. The goal of campus collaborations and increase awareness means using strategy to market events and programming, like communicating with advisors, passive communication like flyers, and online presence by posting on Facebook. The office will create a marketing “check-off” form to ensure the office staff completes the appropriate steps to maximize awareness. The creative effort of our student graphic artist has resulted in increased Facebook and Instagram followers. Currently the CSW Facebook has 402 ‘likes’ and the Instagram page has 133 ‘followers’. See Appendix B for examples of Facebook posts.

Student Affairs Learning Domains: Health and Wellness; Diversity and Inclusion; Campus Community; Leadership; Practical Competence; Critical Thinking

Student Affairs Strategic Plan: 1, 3, 5, 8

CSW ANTICIPATED CHALLENGES

With a small staff the CSW is often over-committed to programming and outreach. As we create more connections we run the risk of not being able to meet campus partner and student needs. In addition, because the office feels so strongly about connecting with people and offices, we say ‘yes’ to every outreach. One of the biggest challenges is having staff time to proactively create and seek educational opportunities. Given the demands on our time, especially during periods where we are inundated with requests for presentations and outreaches, we tend to be more reactive (e.g., simply responding to outreach requests). This can mean working 40+ hours in any given work week.

The key activities and goals showcase the need to have enough staff to grow outreach and direct programming. Wellness coaching services is a good example of this. Interns are only in the office for six hours per week but the program could grow further if staff/interns spend more time in its development. Unfortunately, the staff and student interns do not currently have the time needed to grow programs like wellness coaching, student involvement, clinics, and leadership opportunities. In addition to programming, the Sexual Assault Support Advocate (SASA) is currently a part-time position. The CSW has spent a lot of time bolstering the amount of awareness and education around anti-violence, resulting in students coming into the office who need to utilize an advocate. The SASA time is limited, so the other staff acts as support systems until the SASA is back in the office. So far in fall 2014 semester, the SASA has seen 15 students who needed support because of sexual violence.

CSW ANTICIPATED OPPORTUNITIES

The CSW staff is a knowledgeable, experienced team who want students to reflect on wellness and how wellness impacts college careers. Because the team is small, the strategy has been to build relationships as a way to access more students, resulting in joint programming. Increased collaboration means gaining insight into campus partner perceptions of student health issues. There is excitement around the possibility of working with campus entities that are new to the CSW and nurturing the partnerships that already exist. Recently, Katie Stiel, Program Manager, met with the new Chief Wellness Officer for the

Health Sciences to talk about future support and partnership. Dr. Robin Marcus hopes to support the CSW as the office tries to build sustainable programs with the College of Health graduate students, example: wellness coaching. Collaboration is mutually beneficial, and can result in an impactful experience for graduate students and the CSW.

CSW wants to branch out of the one-time programming model to one that has the potential to have lasting effects. Outreach changes, such as moving to mobile STD/HIV clinics, will bring the resource to areas where students are, thus increasing the amount of students being tested. Fall 2014 has been successful, this semester we have tested 125 HIV tests, and 127 gonorrhea/chlamydia tests. This number already surpassed 2013 -2014 test clinics. The SASA is also a resource that directly serves students who need support around interpersonal violence. The new role on campus and the awareness campaign sets the SASA to serve the campus community.

CSW GRANTS/CONTRACTS

The CSW was awarded \$2000 Parent Fund grant for our annual "Sleep Letter." All new students receive information about sleep hygiene and are invited to come into the CSW to pick up a sleep kit.

CSW GIFTS/REVENUE

This past year the CSW received an anonymous donation of \$500 to support sexual assault awareness programs. No other gifts or new revenue were received.

CSW REFERENCES

American College Health Association. American College Health Association-National College Health Assessment II: University of Utah Executive Summary Spring 2013. Hanover, MD: American College Health Association; 2013.

Prochaska, J. O., & DiClemente, C. C. (1982) Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19, 276-278.

LEARNING ENHANCEMENT PROGRAM

MISSION AND SERVICES

The Learning Enhancement Program (LEP) is an academic support program designed to give students the assistance they need in order to have a successful academic experience. The program is made up of three components: the ASUU Tutoring Center, Supplemental Instruction, and Strategies for College Success. LEP works collaboratively with many other Student Affairs offices and other campus programs to help students develop academic skills they will need as they progress toward graduation.

The Learning Enhancement Program is an affiliate of the University Counseling Center. The ASUU Tutoring Center and Supplemental Instruction program are managed by Leslie Giles-Smith, and the Strategies for College Success class was coordinated by Nicki Turnidge-Halvorson during the 2013-2014 program year. The current coordinator is Ali Pappas. Brenda Flynn is the LEP executive secretary and Adrienne Call is the ASUU Tutoring Center office manager. Scott Shepherd serves as LEP research assistant. This report will describe in detail the key activities of the Learning Enhancement Program along with goals and outcomes for each.

KEY ACTIVITY #1: ONE-ON-ONE, SUBJECT SPECIFIC TUTORING

The primary goal of the ASUU Tutoring Center is to provide high quality, affordable tutoring for the most “in-demand” lower division, general education courses. To that end, the Tutoring Center employs 115 tutors with an annual turnover of approximately 50 tutors. In addition there are five work study students hired to assist with data entry, making tutor referrals, and other assorted office tasks.

The ASUU Tutoring Center functions as a referral service. Students struggling in their courses are given the name and contact information for multiple tutors with expertise in the needed subject area. By providing more than one name, the student is assured of finding a tutor whose schedule is compatible with their own. It is the responsibility of the student to call and schedule their own appointment. Tutoring sessions are held at any time and location that is convenient for both the tutor and the student. The only requirement is that session locations be limited to public buildings, avoiding private homes and dorm rooms.

Most “In-Demand” Courses	
Subject	Course #'s
Math	1010, 1030, 1050, 1060, 1070, 1090, 1210, 2210, 2250
Chemistry	1110, 1120, 1210, 1220, 2310, 2320, 3510, 3520
Physics	2010, 2020, 2210, 2220
Biology	1210, 2030, 2325, 2420, 3510, 3520
Economics	2010, 2020, 4010, 4020
Writing	1010, 2010, or assistance with writing assignments for other courses
Spanish	1010, 1020, 2010, 2020
French	1010, 1020, 2010, 2020
Accounting	2600, 3600
ESL	Assistance with writing, speaking, and cultural acclimation
OIS	2340, 3440
Finance	3040
Computer Science	1410
History	1700
Statistics	Econ 3640, Psych 3000, Soc 3112, Business 3440

Tutors must have a GPA of 3.0 or higher and have earned a B or better in the course(s) they wish to tutor. In addition, each tutor is interviewed and screened for appropriate communication and interpersonal skills. Tutors who are hired by the ASUU Tutoring Center are required to attend a two hour orientation designed to reinforce departmental policies and procedures as well as provide suggestions on effective tutoring techniques. Additional training is available for tutors interested in earning their College Reading and Learning Association (CRLA) certification. The content of this training is discussed in greater detail under Key Activity #4, Training.

Thanks to a generous subsidy from ASUU, the cost of tutoring is kept at an affordable rate of \$7.00 per hour for individual tutoring and \$4.00 per hour for group tutoring. Students purchase time cards to pay for their tutoring sessions. These time cards function as vouchers, allowing the student to use them for one hour of tutoring.

Every effort is made to assure that tutors are available in the most “in-demand” lower division, general education courses. These courses are listed in the attached table.

In addition to subject specific tutoring, the ASUU Tutoring Center also offers academic skills tutoring. This option is ideal for students who have not yet developed college-level study skills. Tutors provide assistance with time management, concentration, taking effective lecture notes, textbook study, efficient reading, writing basics, test preparation, and test taking.

The ASUU Tutoring Center also sponsors a drop-in tutoring facility housed in the Heritage Center. The Heritage Tutoring Center provides assistance with math, science, and writing five nights a week. Any University of Utah student may take advantage of this resource. It is free of charge and no appointment is necessary. This service is the result of a collaboration with Housing and Residential Education. Approximately 180 hours of tutoring were provided for 56 students in the past academic year.

The ASUU Tutoring Center strives to provide students with the best possible academic support for their situation. Recognizing that there are other tutoring programs on campus that can contribute to this goal, the ASUU Tutoring Center continues to work with student groups and other learning assistance programs to inform students of their options. To that end, the ASUU Tutoring Center continues to update and publish a master list of alternative tutoring services. This list is posted on the Tutoring Center website and is widely shared with academic departments, Student Affairs offices and other student groups.

The success of the ASUU Tutoring Center is due in large part to collaborations with many campus partners. Several academic departments, Student Affairs offices, student groups and other organizations provide funding to assist their students in securing tutoring services. During the past year these partners included Athletics, Larry Miller Scholars, the College of Fine Arts, Opportunity Scholars (DESB), Veteran’s Affairs, the Veteran’s Support Center, Women’s Resource Center, Naval ROTC, the Refugee Education Initiative, University College, and the State Office of Vocational Rehabilitation.

TUTORING GOALS AND OUTCOMES

The activities described above are intended to help the ASUU Tutoring Center achieve its goal to provide quality, affordable tutoring for the most “in-demand” lower division, general education courses.

The following outcomes highlight how this goal has been accomplished.

Targeted Outcome #1

70% of students who inquire about tutoring will follow through and participate in a tutoring session.

Actual Outcome #1

814 students inquired about tutoring. 581 students, or 71% followed through and participated in a tutoring session.

Although the ASUU Tutoring Center staff will continue striving to improve this percentage, it is worth speculating about what happens to the 29% who do not use ASUU tutoring services. Not all students are looking for paid, pre-scheduled, one-on-one tutoring. The Tutoring Center staff frequently makes referrals to other LEP services (Heritage Center Drop-In Tutoring, Supplemental Instruction, Study Skills Seminars, etc.) In addition, information is provided about available tutoring through other departments and organizations (Math Lab, Writing Center, DESB, etc.). Many of these students may actually have received the help they needed as a result of their inquiry, but are not accounted for in Tutoring Center records.

In the future it would be helpful to try to document which, if any, services the 29% used.

Targeted Outcome #2

70% of responding students will describe tutoring as “Excellent” or “Very Good.”

Actual Outcome #2

100% of responding students described tutoring as “Excellent.”

The feedback from students regarding their experience with tutoring is very positive. However this outcome is based on very limited data due to the fact that the Tutoring Center is unable to mandate that students complete a tutor evaluation. The response rate is currently less than 3%. This suggests that only those students who are highly satisfied are willing to invest the time and effort to submit an evaluation. The Tutoring Center is planning to address this low response rate by allowing the students to complete the survey on-line through a link accessible through the ASUU Tutoring Center website, thus minimizing the effort required to provide feedback. This method seems more in keeping with the preferred method of today’s digitally connected students.

ASUU TUTORING CENTER UTILIZATION DATA

STUDENT SERVICES BUILDING LOCATION

**Students using one-on-one,
subject specific tutoring**

Semester	# of Students	# of hours
Fall 2013	298	1497
Spring 2014	220	1164
Summer 2014	63	213
TOTAL	581	2847

Tutoring by gender

Gender	#	%
Female	262	45%
Male	316	54%
Undeclared	3	1%
TOTAL	581	100%

Tutoring by subject

Subject	#	%
Accounting	16	3%
Biology	33	6%
Chemistry	49	8%
Economics	20	3%
Finance	10	2%
Math	232	40%
OIS	22	4%
Other	107	18%
Physics	58	10%
Spanish	12	2%
Writing	22	4%
TOTAL	581	100%

Tutoring by year in school

Year in School	#	%
Freshman	86	15%
Sophomore	127	22%
Junior	173	30%
Senior	130	22%
Other/Undeclared	65	11%
TOTAL	581	100%

All utilization data is self-reported by students. The ASUU Tutoring Center is currently looking into the possibility of purchasing software that would vastly improve the data collection process. Since the software is intended to interface with PeopleSoft it would not only make the data collection process more convenient and efficient, but also more accurate and consistent.

HERITAGE CENTER LOCATION

Students using drop-in tutoring

	Fall 2013	Spring 2014	Total
Total# of Students Utilizing	36	20	56
# of Students w/ Multiple Visits	10	9	19
# of "At-Risk" Students	23	15	38
Total # of Tutoring Hours	97.5	82.5	180

Tutoring by gender

Gender	#	%
Female	29	52%
Male	27	48%
Undeclared	0	0
TOTAL	56	100%

Tutoring by subject

Subject	#	%
Chemistry	7	13%
Math	27	48%
Other	9	16%
Physics	13	23%
TOTAL	56	100%

Tutoring by year in-school

Year in School	#	%
Freshman	30	54%
Sophomore	12	21%
Junior	8	14%
Senior	4	7%
Other/Undeclared	2	4%
TOTAL	56	100%

"At-risk" status is determined by response to questions regarding first generation, ethnicity, socioeconomic background and affiliation with campus support programs .

KEY ACTIVITY #2: SUPPLEMENTAL INSTRUCTION

The Supplemental Instruction program (SI) assists students in improving understanding of course content and improving grades through regularly scheduled, out-of-class group study sessions. SI is offered in a number of lower division courses including accounting, biology, chemistry, history, math, physics, and psychology. Group study sessions are facilitated by undergraduate students who 1) have satisfactorily completed the relevant course or who can demonstrate competency in the subject area; 2) possess good interpersonal and communication skills; and 3) have a good academic record.

The SI model originated at the University of Missouri--Kansas City in 1973. Rather than targeting "at risk" students, SI aims to help with "at risk" courses. These courses are generally lower division general education courses that have high enrollment and large numbers of students with D, F, and W's. SI sessions are regularly-scheduled, informal review sessions in which students compare notes, discuss readings, develop organizational tools, and predict test items. Students learn how to integrate course content and study skills while working together in a collaborative setting.

During the 2013-2014 year, the SI program had nineteen undergraduate student instructors and two student supervisors. A new course was added this year at the request of the instructor. Biology 1210 taught by Tanya Vickers had SI support for the first time.

This year the program hired Scott Shepherd, an undergraduate student majoring in Operations Management, as a research assistant for SI. The goal in hiring Scott was to assess the efficacy of the SI program by comparing the grades of students using SI against those who do not. In the early stages of his work, Scott was primarily plugging in data to an already existing formula to update statistics regarding program outcomes. Scott soon pointed out that the reports that were being generated, although helpful, were not as detailed as they might be. Scott was able to break down attendance and final grade records to predict the grade that students might earn by participating in SI on a regular basis. Scott was instrumental in demonstrating the correlation between regular SI participation and improved grades. This information, relevant to students, academic departments, and potential funding sources, is highlighted in the Goals and Outcomes section. In addition, Scott made improvements to the student survey that is offered to students in courses with SI attached and administered through Campus Labs. This research is also featured in the Goals and Outcomes section.

SI leaders are trained in discussion-leading techniques, study skills, collaborative learning techniques, classroom management and the SI model of instruction. Ongoing training was made a priority throughout the year through monthly, prescheduled staff development meetings. SI leaders recognize the value of the leadership experience they are receiving and many have reported highlighting this experience on resumes and graduate school applications.

SUPPLEMENTAL INSTRUCTION (SI) GOALS AND OUTCOMES

The activities described above are all intended to help the Supplemental Instruction Program achieve its goal to assist students in improving understanding of course content and improve grades through regularly scheduled, out-of-class group study sessions.

The following outcomes highlight how this goal has been accomplished.

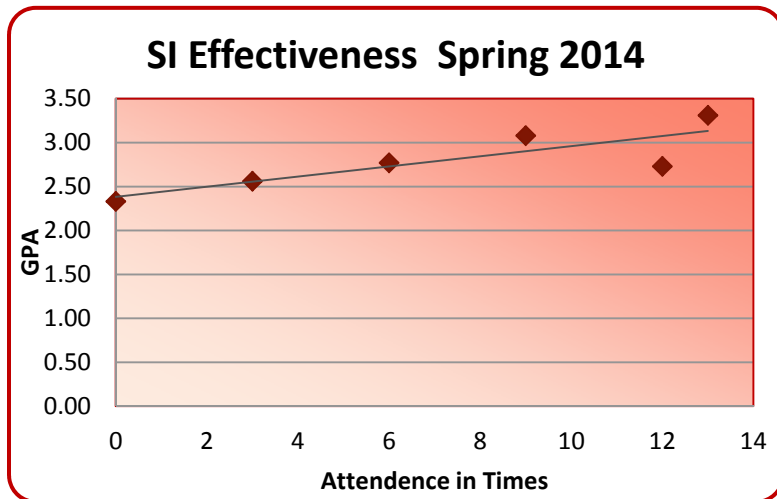
Targeted Outcome #1

On average, students consistently participating in SI will receive a course grade .50 higher than those who do not.

Actual Outcome #1

On average, students consistently participating in SI (six or more times) received a course grade .785 higher than those who did not.

As noted above, the SI program has made improvements in how the impact of SI on GPA is statistically examined. The result of this analysis demonstrates that **students who take advantage of SI on a weekly basis (14 times) average a full letter grade increase over their peers in the course who do not use SI.**



Average Correlation of SI Attendance to GPA			
Attd F13	GPA F13	Attd S13	GPA S13
12+	3.49	12+	3.31
10-12	3.43	10-12	2.73
7-9	3.24	7-9	3.08
4-6	3.19	4-6	2.77
1-3	2.76	1-3	2.56
0	2.51	0	2.33

Targeted Outcome #2

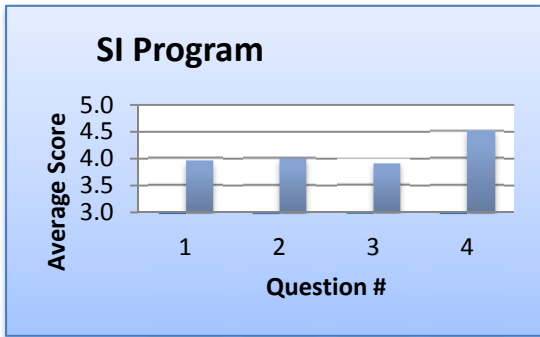
On average, students will rate SI effectiveness as 4.0 or higher on a scale of 1-5.

Actual Outcome #2

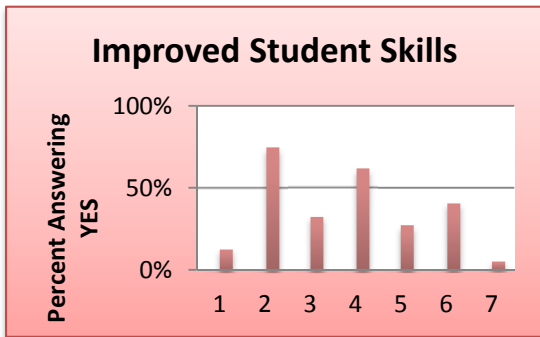
On average, students rated SI effectiveness as 4.61 on a scale of 1-5.

Scott’s next project was to evaluate the usefulness of on-line self-reported student surveys. By modifying the questions that were asked, Scott was able to create a more logical progression of feedback regarding the overall program effectiveness and more specifically the success of the individual SI leaders. This information has proven invaluable in the training and evaluation of SI leaders. Teaching strengths and weaknesses of each SI leader can be readily identified. With this information training can be customized using students who are strong in a particular area to help others. The results of these surveys are found on the accompanying graphs.

SUPPLEMENTAL INSTRUCTION ONLINE SELF-REPORTED STUDENT SURVEYS



- 1= The skills I developed in SI will help me in future classes
- 2= SI helped me to adapt to the teaching style of a typical university class
- 3= SI helped me to feel more involved with University programs and fellow students
- 4= I would recommend Supplemental Instruction to other students



- 1= Note taking
- 2= Test preparation
- 3= Identifying key concepts in the reading
- 4= Identifying key concepts in lectures
- 5= Developing better study habits
- 6= Lecture/Reading review
- 7= Other



- 1= Asks questions that encouraged thoughtful response
- 2= Provides positive feedback when students are successful
- 3= Begins the session with an attention getting activity
- 4= Uses a variety of creative instructional techniques
- 5= Gives helpful tips for improving study skills
- 6= Provides clear, easy to understand explanations

- 7= Uses appropriate examples to illustrate the point being discussed
- 8= Encourages student participation
- 9= Reviews material at the end of session or activity
- 10= Friendly, personable, and easy to interact with
- 11= Reliable and punctual
- 12= Knowledgeable about course content
- 13= Organized and well prepared

SUPPLEMENTAL INSTRUCTION UTILIZATION DATA

Course	Number of Students		
	Fall 2013	Spring 2014	Total
Accounting 2600	83	51	134
Biology 1210	-	87	87
Biology 2325	303	284	587
Chemistry 1110 & 1120	68	56	124
Chemistry 1210	60	53	113
Chemistry 1220	147	84	231
Chemistry 2310	252	154	406
Chemistry 2320	69	-	69
History 1700	71	22	93
Math 1010	66	67	133
Math 1050	132	90	222
Physics 2010 & 2020	131	12	143
Physics 2210	24	68	92
Psych 1010	58	32	90
Total	1464	1060	2524

	Fall 2013	Spring 2014	Total
SI Contact Hours	6482	4074	10,556

More detailed demographic information is unavailable at this time.

KEY ACTIVITY #3: ED PS 2600 – STRATEGIES FOR COLLEGE SUCCESS

The purpose of the three credit Educational Psychology 2600 class is to provide instruction in learning strategies and other life skills to help students in their academic pursuits. ED PS 2600 helps to promote an effective transition into the rigors of the university environment which in turn promotes greater academic success and higher retention rates. The course emphasizes topics such as personal awareness, time management, critical thinking, reading and note taking skills, test taking, goal setting, diversity awareness, stress management, and wellness. The course is taught by graduate student instructors from the Educational Psychology Department.

During the 2013-2014 academic year, 11 class sections were held, for a total enrollment of 175 students. Students are made aware of the course, in part, through 5-minute presentations given at Student Orientations and through Academic Advisors. Student feedback on the course content and instruction remains positive overall. The ED PS 2600 coordinator and staff also conducted two test anxiety and two time management workshops that were open to all students on campus. Additional outreaches related to study and life skills were conducted for multiple organizations and departments on campus, including physician-assistant, premed, and architecture students, incoming students through the Center for Ethnic Student Affairs, TRiO students, and Center for Disability Services students. All workshops are held free of charge and are open to interested students.

Students in ED PS 2600 assessed their academic preparedness by completing a survey through Campus Labs. The baseline survey results were utilized by instructors at the beginning of each semester to gain a better understanding of their students' needs and preferences for the class. Results from the post-survey were used to understand student growth through the semester, make curriculum changes and improvements, and direct training for future ED PS 2600 instructors. On average for students enrolled in the course, 90% of students in the fall semester either agreed or strongly agreed with the statement "Overall, I found this class to be helpful." Agreement increased to 93.5% of students in the spring semester. Students reported a 12.5% increase overall in their skills at managing their time effectively, 12% increase overall in their comfort speaking up and participating in classes, a 9% increase in their feeling of being connected to the University of Utah, and an 8% increase in their skills at identifying factual information and performing well on tests. Continued curriculum planning is needed to address students' expressed need for more help with setting goals, remembering important information, managing their stress effectively, and adapting to different teaching styles.

STRATEGIES FOR COLLEGE SUCCESS GOALS AND OUTCOMES

The activities described above are all intended to help the Strategies for College Success course achieve its goal to use best practices to provide instruction in learning strategies and other life skills to help students in their academic pursuits.

The following outcomes highlight how this goal has been accomplished.

Targeted Outcome #1

At least 80% of students will report that they found this course to be helpful.

Actual Outcome #1

92% of students reported that they found this course to be helpful.

Targeted Outcome #2

Students will experience, on average, a 5% increase across skills covered in the course from beginning to end of the semester.

Actual Outcome #2

Students experienced, on average, a 10.5% increase across skills covered in the course from beginning to end of the semester.

Targeted Outcome #3

Instructors will maintain a minimum of 4.0 rating by students in evaluations.

Actual Outcome #3

Information is unavailable. Achievement of outcomes in this section has been difficult to document due to a recent transition in Strategies for College Success leadership. Previous coordinator, Nicki Turnidge-Halvorson reported the information included in the narrative above regarding student satisfaction with the course. However actual documentation was not available to new coordinator, Ali Pappas. This has suggested that in the future more consistent record keeping and storage be implemented.

STRATEGIES OF COLLEGE SUCCESS UTILIZATION DATA

	Fall 2013	Spring 2014	Total
Section 001	17	17	34
Section 002	11	11	22
Section 003	26	13	39
Section 004	29	5	34
Section 005	15	---	15
Section 006	18	---	18
Section 007	13	---	13
Total	129	46	175

More detailed demographic information is unavailable at this time. Tracking of demographic information is not a task that has been specifically assigned to any one LEP staff member. As long as LEP staff has access to PeopleSoft this can be remedied in the future.

KEY ACTIVITY #4: TRAINING

In keeping with the Student Affairs Strategic Plan (Strategic Objective #2---*Provide education that ensures all staff is properly trained to provide professional and competent service.*), all LEP programs provide quality training and on-going evaluations for academic assistance providers.

ASUU TUTORING CENTER TRAINING

All tutors, new to the ASUU Tutoring Center, are required to participate in a New Tutor Orientation session. Four New Tutor Orientation sessions were held in 2013-2014 with fifty-one new tutors attending. Topics covered include Tutoring Center organization, goals of tutoring, tutoring do's and don'ts, preparing for the tutoring session, assessment, tutoring students with disabilities, and structure of a tutoring session. In addition, departmental policies and procedures were discussed. Participant evaluations are summarized in the following table:

	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
<i>Content</i>	43	6	2	0	0
<i>Clarity</i>	45	5	1	0	0
<i>Organization</i>	41	9	1	0	0

Additionally, four sessions of College Reading and Learning Association (CRLA) tutor certification training were held in the fall of 2013. Eighteen different tutors participated in one or more of these sessions. CRLA sessions cover communication skills, effective questioning techniques, learning assessment, ethics in tutoring, learning styles, and study skills. As part of the CRLA tutor certification process, participating tutors are also encouraged to take advantage of training opportunities within their major or other student organizations.

SUPPLEMENTAL INSTRUCTION TRAINING

Training and evaluation are key components of the SI model. Training for SI is accomplished in three different ways. First, all SI leaders participate in two full days of training each August. This training allows experienced SI leaders and supervisors to share knowledge with new leaders on a variety of topics including SI goals, theory, research and benefits, as well as collaborative teaching techniques. The two day training also allows SI leaders to get to know one another and develop a sense of community among SI team members. The two day training culminates with each leader facilitating a mock SI session for critique by his/her fellow SI leaders. This activity assures that SI leaders approach their actual SI sessions with an additional sense of confidence.

SI leaders reported a 5-out-of-5 on average when responding to whether or not training improved their ability to communicate with students as well as a 4.7-out-of-5 on average when responding to whether or not training helped them to feel comfortable starting an SI session.

The second method of training is accomplished through monthly staff development meetings. Some months SI leaders meet in small groups and have discussions or receive instruction facilitated by the SI peer supervisors. These supervisors are highly skilled students who have been successful SI leaders themselves and are knowledgeable about the SI model and good pedagogy. Other months all SI leaders meet together for presentations on education related topics presented by LEP staff or other invited presenters. Staff development topics addressed in 2013-2014 included the following:

Topic	Presenter
Communication & “Smarter” Study	Leslie Giles-Smith, LEP
Memory & Collaborative Learning	Kimbery Agular, CTLE
Preparing for Grad School	Kathy Leslie, Career Services
Perspectives on Race and Class in Higher Ed: Privilege and Access	Theresa Martinez, Sociology
SI Assessment Findings	Scott Shepherd, LEP

The final component of SI training is the observation and evaluation. Twice each semester, SI supervisors visit SI sessions making note of strengths and weaknesses of each leader in their interaction with students. Following the observation, the supervisor and leader sit down together to discuss their findings. Through these one-one-one discussions supervisors are able to personalize their feedback, addressing those specific issues with which the leaders might be struggling.

ED PS 2600 – STRATEGIES FOR COLLEGE SUCCESS TRAINING

The Ed Psych 2600 staff also holds an intensive training prior to the start of classes each fall. Topics covered include syllabus preparation, assignment overview, lesson demonstrations, and tips on classroom management. New instructors are also encouraged to attend training provided by CTLE.

During the course of the year regular training/support meetings are held in which course content, and teaching issues are discussed. Additionally, new instructors participate in a teaching practicum to increase knowledge of pedagogy and teaching philosophies.

TRAINING GOALS AND OUTCOMES

The activities described above are all intended to help the Training component of the Learning Enhancement Program achieve its goal to provide quality training and on-going evaluation for all LEP academic assistance providers.

The following outcomes highlight how this goal has been accomplished.

Targeted Outcome #1

100% of tutors, SI leaders, and ED PS 2600 instructors will participate in training.

Actual Outcome #1

All LEP academic assistance providers participated in training as described above. This training was provided for the following:

- **Fifty-one** tutors for the ASUU Tutoring Center
- **Twenty-one** SI leaders and supervisors:

David Muir	Harrison Hawkes	Francesca Moore
Nate Smith	Caleigh Oliver	Danny Powell
Alyssa Black	Joe Dawson	James Campbell
Andy Tominaga	Danielle Trujillo	Jackie Moynihan
Drew Ellingson	Heather McDonald	Samantha Lee
Curtis Miller	Trevor Brunnenmeyer	Nathan Briggs
Lauren Rhodewalt	Laura Harmer	Brendan Willis

- **Five** ED PS 2600 instructors:

Hope Allred
Laken Shirey
Ingrid Boveda
Aaron Dembe
Ali Pappas

Note: This information also constitutes the utilization data for this key activity.

Targeted Outcome #2

Supervisors will document two evaluations of each SI leader each semester.

Actual Outcome #2

Each leader was observed twice during the course of the semester. Following the observation they met with their SI supervisor to discuss instructional strengths and weaknesses. These observations along with feedback from Campus Labs survey were used by leaders to develop individualized improvement plans. A sample observation feedback form is attached.

1. Leader and student rapport

Knew the names of the students as well as created a safe, welcoming atmosphere. People felt like they could interact. Students felt comfortable in asking you questions as well. Great interactions with the students – warm and friendly

2. Clarity of Speech

Clear, easy to understand terminology. Explained what the terms mean and how to use them. EX) What the discriminant is and how to use it to determine the number of roots

3. Questioning techniques

Had the students come up and to the board and work, asking how hard they want the example problems to be – good way of judging where the class is.

4. Reinforcement of student responses

Patiently dealt with questions and effectively redirected the students when they gave incorrect answers. Kept wandering during the practice portions, making sure everyone had a chance to ask questions and get help

5. Use of examples and clarification

Walking around during the practice portions of the session, assessing how everyone is doing on the questions. Gave extremely helpful tips, (like using guesstimation when graphing, etc). Made sure that the students were all on the same page before moving on.

6. Use of classroom materials

Large, clear, and well organized board work

7. Management Strategies

Had a solid plan written out on the board along with the SI Schedule. Adapted the lesson plan to what the class needed. Good mix of explanation and group/individual practice. Encouraging group work in more than just pairs, always good.

Goals: Improve group work – do larger than pairs groups.
Deal with unequal skill groups more effectively.

KEY ACTIVITY #5: OUTREACH

The success of the Learning Enhancement Program is contingent upon the greater campus community developing an awareness of the services provided. Faculty and staff need to be well informed in order to make appropriate referrals to their students. Students need to be well informed in order to choose to participate. Consequently outreach is a significant part of the mission of the Learning Enhancement Program.



This outreach is accomplished in a variety of ways. Sharing program information with new students is done primarily through presentations and tabling at summer orientations. Orientation is an opportunity for the Strategies for College Success coordinator to have face time with almost every incoming student. Of course most incoming students do not yet realize that they might need academic assistance. Therefore these outreach efforts continue throughout the year in a number of different forums. A list of these additional outreach activities is provided in the Goals and Outcomes section.

Additionally, information is shared in a one-on-one setting through student consultations provided by Nicki Turnidge-Halvorson, Strategies for College Success Coordinator. Students with questions regarding improving their academic performance are encouraged to meet with Nicki, either during regular office hours or in pre-scheduled appointments, to receive personalized recommendations regarding resources that might prove helpful to them.

This year for the first time, LEP staff worked cooperatively with ASUU in highlighting academic assistance resources through a series of events held during the month of April, designated as “Intellectual Wellness Month.” Activities included three days of interactive tabling in the Union and the Heritage Center, as well as presentations on test taking and test anxiety. Over 110 students took a study skills survey and were given valuable information on time management, concentration, effective text book studying, and test preparation. Additional students received prizes including vouchers for complementary tutoring and other reminders about maintaining healthy study habits.

OUTREACH GOALS AND OUTCOMES

The activities described above are all intended to help the Outreach component of the Learning Enhancement Program achieve its goal to increase knowledge and awareness of resources for academic success within the campus community.

The following outcomes highlight how this goal has been accomplished.

Targeted Outcome #1

LEP staff will present at all new student Orientations and other events as requested.

Actual Outcome #1

LEP staff presented and tabled at 12 new student Orientations. Staff members also presented or tabled at 35 additional events. See attached table for details.

Targeted Outcome #2

LEP staff will hold weekly office hours for one-on-one student consultation.

Actual Outcome #2

Nicki Turnidge-Halvorson, Strategies for College Success Coordinator, held weekly office hours for consultation. During these sessions she gave advice on improving study skills and shared resources for students to receive additional assistance.

LEP Outreach Utilization Data

The attached table lists all of the outreach that was undertaken by the LEP staff--59 events. Unfortunately no tracking was done of the number of students participating in each activity. However it is safe to assume that thousands of students received valuable information regarding academic success resources.

LEP OUTREACH UTILIZATION DATA (2013 – 2014)

# of Events	Type of Event	LEP Staff
12	Orientation Tabling	Tutoring Center Staff
12	Orientation Presentations	Nicki Turnidge-Halvorson
5	Academic Support Services Presentations	Leslie Giles-Smith
7	Other Tabling Events	Tutoring Center Staff
4	Tutoring Center Open House Events	Tutoring Center Staff
19	Learning Strategies Presentations	Nicki Turnidge-Halvorson & Staff

STUDENT AFFAIRS ALIGNMENT

All LEP activities are intended to assist students in the development of content knowledge and study skills consistent with the Student Affairs Learning Domain of *Academic Persistence and Achievement: Skill acquisition and knowledge which will facilitate continued academic learning and contribute to the completion of a program and graduation of students.*

The Learning Enhancement Program aligns most closely with the following SA Strategic Objectives:

- 2. Provide education that ensures all staff is properly trained to provide professional and competent service.

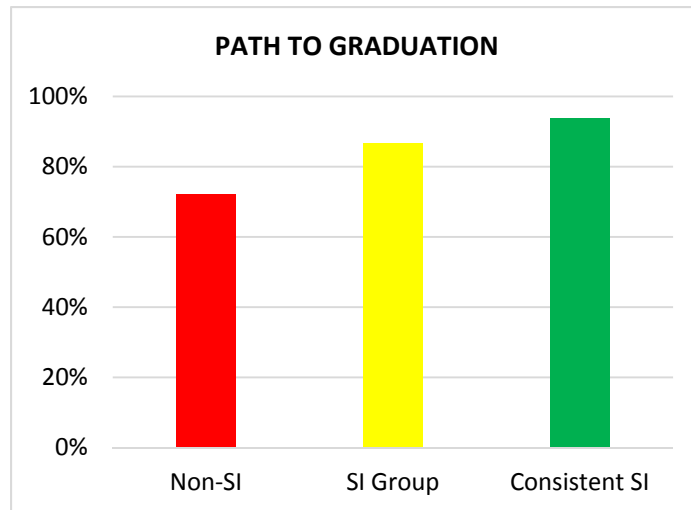
- 6. Utilize a coordinated assessment, evaluation and research approach to promote data driven decision-making.

- 8. Promote the effective use of best practices in Student Affairs departments, programs and services.

RELATION OF GOALS AND OUTCOMES TO RETENTION AND GRADUATION

The activities of the Learning Enhancement Program are intended to help students have a more successful academic experience both while they are participating in the activity, but also during subsequent semesters. The skills learned through these activities are transferrable. Data validating to what degree the application of these skills assists with retention and graduation is limited, however the feedback received from LEP students (see quotes in next section) suggests that there is a correlation.

Both nation-wide and here at the University of Utah, studies show that students who participate in SI are less likely to receive D’s, E’s, or withdraw from the course. The graph below shows that 94% of Consistent SI attendees will earn an A, B, or C. This would suggest that these students will be more likely to continue on toward graduation.



STUDENT TESTIMONIALS

The following quotes are taken directly from student evaluations and surveys:

Tutoring Center Comments:

“[Tutor] is knowledgeable & came prepared always.”

“[Tutor] knew and was familiar with the assignments. She helped me feel very comfortable with course materials.”

“[Tutor] has a great ability to quickly evaluate my learning style.”

“Incredible! She was actually fun teaching these math concepts which relaxed me and made it way easier to learn. She could see where I was coming from---even when I made no sense whatsoever---and she could bring it back to the lesson!”

“Knows material well & very willing to help with all details!”

“He was very patient and went beyond what was expected. “

Supplement Instruction Comments:

“SI sessions really helped me do better on the test. I think that SI sessions are truly beneficial to students’ study habits.”

“Overall it was an excellent experience and I believe that it has helped me obtain a better grade than I would have otherwise received without SI.”

“SI was very helpful for this class and I don’t think I would have done as well without it.”

“SI leader was a really great teacher. I don’t think I would have done nearly as well in the class if I hadn’t gone to the SI session . . . I recommended the sessions to many classmates when they expressed they were struggling because I found them so helpful. I was extremely thankful for the SI sessions!!!”

“Fantastic SI Leader! It helped so much with my grade, and now I have done better in Math ever than before.”

“I actually learned and retained the material.”

“I didn’t do as well as I thought I would on the first midterm, so I started attending SI almost every week. Going to SI along with improved study that I learned from [the SI leader] has helped me to get better scores on the next 2 midterms – almost 100% on the latest midterm.”

“I have really enjoyed the SI sessions, and I have found them to be immensely helpful in doing well in Anatomy.”

“I think it is a great program. It is helpful and free. And all instructors have always been knowledgeable and helpful in instructing. I love this program.”

“I think SI is a wonderful resource for technical subjects/disciplines that seem to be more difficult. SI helped me better understand Accounting and it played a significant part in me getting the great scores I did especially on exams.”

“The professor taught the class well, but I still had trouble learning the material. [The SI leader] was always there to help answer my questions and clear things up for me. She always had a good attitude, and made me feel like she really cared about me succeeding in the class.”

“Please keep SI and even expand to other classes and courses. It is such a great opportunity to ask questions that we’re too scared to ask TA’s and instructors. I have found that SI leaders are a lot more open minded and kind to our questions.”

“Provided a second way of thinking about the material which, coupled with the original way, helped me a great deal. Could not have gotten the grade I got without his help.”

“SI is fundamentally important to a class like organic chemistry where most students need help outside of lecture. I wouldn’t be able to do well in this class without it.”

“[SI leader] really helped me learn some new good study habits that will help me throughout my college experience and I am very thankful for how much she reviewed and the way she really knew what was going on in the course & what people’s questions were.”

LEP PLAN FOR THE FUTURE, CHALLENGES AND OPPORTUNITIES

Current processes used in the ASUU Tutoring Center require students to come into the office in person in order to register for services, receive tutor referrals, and purchase time cards. However today’s students are digital natives who are accustomed to accessing services and information on-line without needing to interact in person. They may be less likely to use resources that require their physical presence. Some students become discouraged and give up without completing the process. With improved technology students could register for services and schedule tutoring online. Hopefully this would encourage even more students to take advantage of tutoring. In this day and age it is not enough to offer quality tutoring. It must be easily accessible, requiring minimal in-office visits.

The Learning Enhancement Program has been awarded a \$2,000 grant from the University of Utah Parent Fund for the purchase of software to accomplish this goal. At this time the project is being assessed by the IT governing portfolio for approval.

Another concern for the Learning Enhancement Program is misunderstanding about who and what the program is. Although the Learning Enhancement Program is a unified network of services with a clear mission, it is not always recognized as such by the greater campus community. Consequently, LEP is currently involved in focus groups, surveys and other research intended to determine how the program is perceived. At the very least this exploration will result in updated and improved websites for all programs within LEP. However a new name or “brand,” clarification of oversight roles, and repurposing of office space are also possible outcomes.

TESTING CENTER

MISSION AND SERVICES

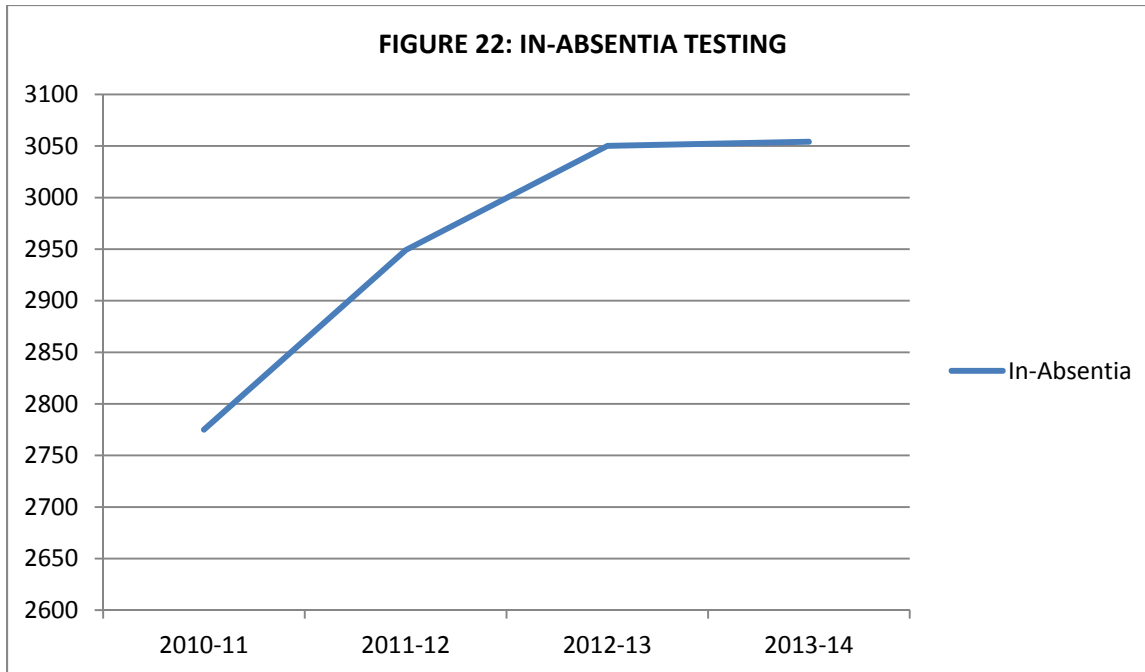
The Testing Center, an affiliate of the University Counseling Center (UCC), delivers paper-based and computer-based tests, serving both the academic and non-academic community. It administers psychological, career, academic, and national tests for a fee. In addition, the Testing Center houses a number of individually administered tests for use by UCC counselors. Rob Davies, Ph.D. coordinated the Testing Center. David Lund continues in his role as Testing Specialist and Jo Ann Maxwell remains in her role as the Testing Center Secretary. Jared Neslen has continued in his role as Assistant Coordinator & Psychometrist and has completed his second year coordinating activities for the Prometric Testing Center.

In addition to the permanent, full-time staff, the Testing Center employs ten to twelve part-time proctors and Test Center Administrators (TCAs) to administer paper-based and computer-based testing. This past year the Testing Center remained open 7 days a week. Given our limited space Monday through Friday, testing time is split between paper and computer based testing (8:00am – 8:30pm). On Saturdays and Sundays, only computer-based testing is conducted in the Testing Center. National paper-based testing is done in classrooms on campus typically on the weekends. Table 1 summarizes the tests administered over the past year.

UNIVERSITY TESTING

KEY ACTIVITY #1: PROVIDE IN-ABSENTIA PROCTORING SERVICES FOR THE CAMPUS AND COMMUNITY

The Testing Center administers two main types of testing for the university. First, the center delivers in-absentia tests for students who are unable to take a test when it is administered in class. Instructors are able to use this service to give make-up exams, optional exams, and other exams outside of normal classroom time. In addition, the Testing Center provides testing for the Center for Disability Services, 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 in-absentia testing at the Testing Center. In 2013-2014, the Testing Center administered 3,054 in-absentia exams maintaining a trend for increasing usage (see Figure 22.) In-absentia testing made up a large proportion (59%) of the academic testing, excluding Prometric exams, conducted over the year.



University Testing Goals: 1) Provide outstanding customer service, 2) highest level of test security, and 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 will be low.

1. No formal satisfaction data was collected from students or faculty using our services however we received only three formal complaints related to our customer service. Plans are in place for a customer service survey in early Spring 2015 to better assess outcomes in this area.
2. Of the 5,151 tests that were processed, proctored, and returned over the past year .06% (3) of tests were misfiled and required extra time to track down. No tests were lost and no tests were compromised. Proctors were involved in managing several incidents of cheating and these were referred back to professors or the Dean of Students conduct office for follow-up.
3. The testing center has not had a cost increase for in-absentia testing services in over 18 years and it remains a value for students to access our services. There is no charge for faculty or departments to use testing center services.

KEY ACTIVITY #2: PROVIDE PLACEMENT TESTING FOR THE MATH & ENGLISH DEPARTMENTS AND CREDIT BY EXAM TESTS

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 26% of our academic testing. The math placement and writing placement tests are given via computer on one of our 12 stations.

Credit-by-exam tests include CLEP, which provides students 3 credit hours and a waiving of a liberal education requirement when passed successfully, the Modern Language Assessment (MLA) and the Foreign Language Assessment Test (FLAT's). The Testing Center offers the MLA in Spanish, German, French, Italian, and Russian. Successfully passing this exam allows a student to purchase 16 language credits to satisfy the B.A. requirement for graduation. In addition to these placement and credit-by-exam tests, the Testing Center administers the Residual ACT and the Institutional Test of English as a Foreign Language (TOEFL) exam. These admissions tests are alternatives for the national based tests and are valid only at the University of Utah.

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.

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) Students will be able to schedule a placement test within 3 business days. 2) High level of satisfaction of those using our services. 3) No tests compromised. 4) Results will be posted within 2 business days.

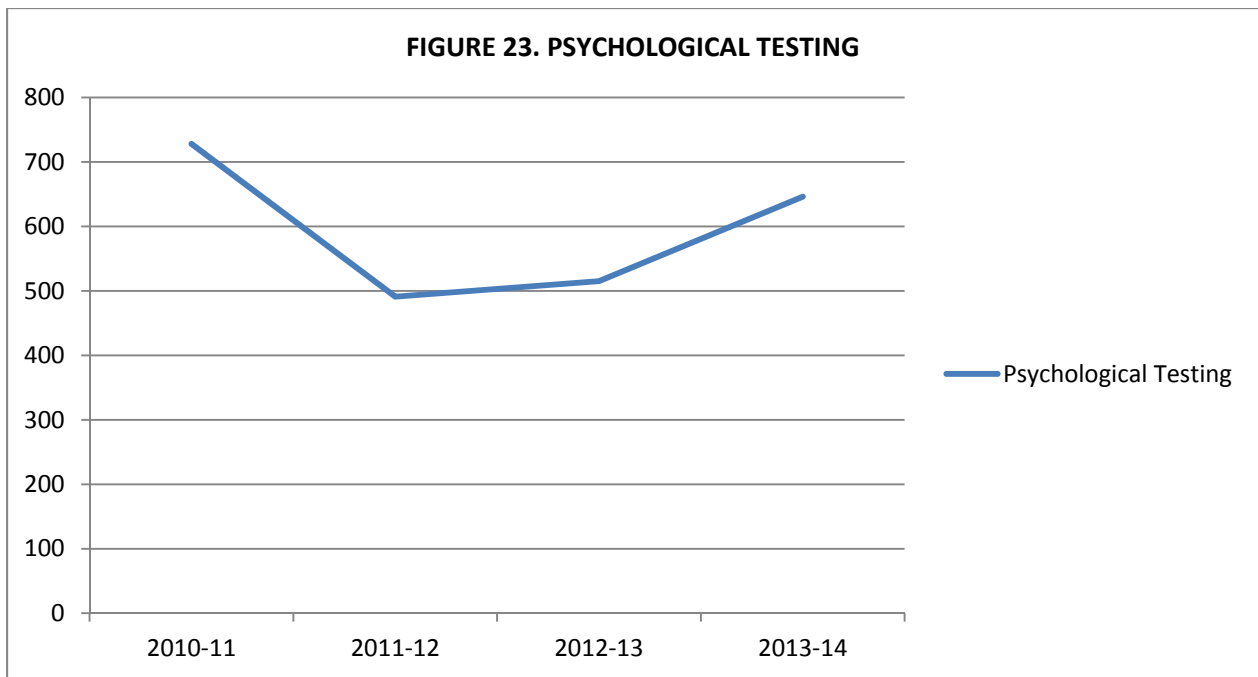
1. Typically (approximately 95% of the time) students are able to make a same day appointment for placement or Credit by Exam testing. During finals week and the first week of school scheduling is tighter but the testing center monitors wait times closely and will open more hours if needed in order to accommodate students' needs.
2. Plans are in place for a satisfaction survey of our services (to take place Spring 2015) to better assess our customers' needs however we received no formal complaints regarding our testing procedures.
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. MLA and FLAT tests are scored by contract workers of the testing center. These tests must be scored by someone who is fluent in the language being tested. The testing center has sometimes struggled to have these tests scored in a timely

manner. Typically, the MLA is scored and results given to the student within 4 weeks. The FLAT is scored and results given within 5 business days. Residual ACT and TOEFL exams are scored by the testing center with 1 day and results are typically posted the same day.

PSYCHOLOGICAL TESTING

KEY ACTIVITY #3: PROVIDE PSYCHOLOGICAL TESTING AND ASSESSMENT SERVICES FOR THE UNIVERSITY COUNSELING CENTER AND SALT LAKE COMMUNITY.

The Testing Center provides psychological testing services to the UCC and other qualified off-campus professionals. These tests include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-3 (MCMI-3), the NEO Personality Inventory - Revised (NEO-PI-R), Thomas-Kilmann Conflict Mode Instrument (TKI) and the Weschler Adult Intelligence Scale-IV (WAIS-IV). The major career assessment instruments include the Strong Interest Inventory (SII) and the Myers-Briggs Type Indicator (MBTI). Both of these exams are administered on-line via an internet web-browser. A total of 646 psychological tests were taken in 2013-14 which is a 21% increase over last year but is still below the levels in 2010-11 fiscal year; (see Figure 23 and Table 10).



Psychological Testing Goals: 1) Provide a broad selection of personality, intelligence, achievement, and psychological assessment for clinicians in the University Counseling Center and in the community. 2) Provide excellent test administration and scoring.

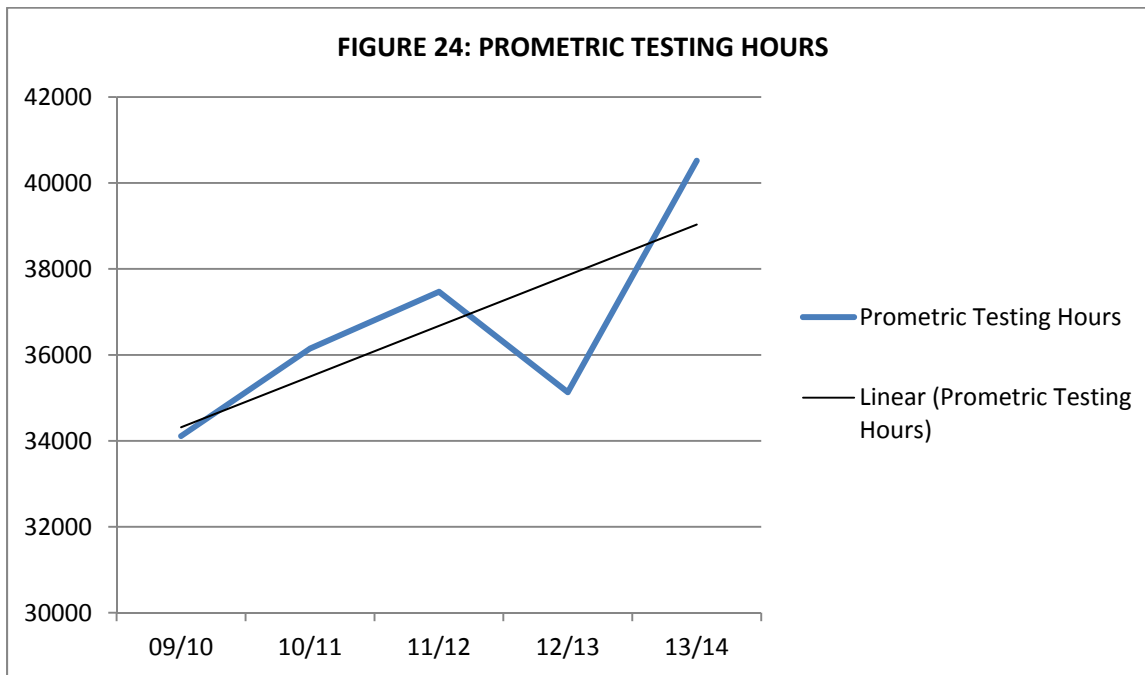
Psychological Testing Outcomes: 1) Test selection will be adequate for basic psychological assessment. 2) High level of customer satisfaction. 3) Results available within 3 business days.

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 however comments about the ease of our procedures and using our services are common.
3. All tests were scored and available within 3 business days of being completed by clients.

PROMETRIC COMPUTER-BASED TESTING

KEY ACTIVITY #4: PROVIDE COMPUTER-BASED PROMETRIC TESTING SERVICES.

Computer-based testing has been a major part of the Testing Center since November 1998, when an agreement was signed with Prometric (formerly Sylvan) to begin computer-based testing. This past fiscal year, approximately 40,518 hours of computer testing was delivered which is a 13% increase compared to last year and follows a generally increasing trend over the past 5 years (See Figure 24).



The Testing Center is in year two of a five year contract with Prometric which went into effect on January 1, 2013. The new contract continues a quality bonus program that affords the opportunity to increase compensation.

Prometric revenue has also increased every year for the past 7 years with increasing profitability. We also hired on and trained approximately 12 new Prometric employees. Jared Neslen is our current Lead with Jean Young serving as his backup. Testing required for Utah Insurance Agents currently makes up a significant portion of our testing volume.

Prometric Center Goals: 1) Provide outstanding customer service; 2) highest level of test security, and 3) increased profitability.

Prometric Center Outcomes: 1) Provide Gold Quality level (highest level rated by Prometric) services. 2. No failed secret shops. 3. No tests lost, stolen or otherwise compromised. 4. Increase revenue by 2% per year.

1. For fiscal year 2013 - 2014, the Testing Center received a “Gold” (highest quality) quality bonus for all 12 months for meeting, or exceeding, quality control standards. This means we had 95% or better on all Candidate survey attribute questions.
2. We had no failed secret shops.
3. No tests lost, stolen or otherwise compromised?
4. Prometric revenue this year increased by 9.8% compared to last fiscal year.

NATIONAL PAPER-BASED TESTING

The Testing Center is also responsible for coordinating the national paper-based testing at the university. Jared Neslen coordinates this function. 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. How many did we supervise last year?

TEST SCANNING SERVICES

The Testing Center is a primary provider for scanning of bubble sheet tests at the University. David Lund, the Project Coordinator, oversees this function. For 2013-2014, the total number of bubble sheets scanned was approximately 34,733 which was a decrease of approximately 17% compared to last fiscal year and comes on top of a 24% decrease the year before. This decrease is likely due to more departments doing their own scanning or moving away from this technology to fully online testing.

Overall testing center revenue has held steady over the past couple of years increasing by a modest 2% this past fiscal year but has still had an overall increase in revenue over the past 7 years (33% increase).

TABLE 10. SUMMARY OF TESTS PROVIDED IN 2013 – 2014

Academic Tests	Qty.
ACT	124
CLEP	60
In Absentia	3,054
Institutional TOEFL	71
FLATS	22
MAT	157
Math Placement	1,346
MLA	83
SPEAK	19
Writing Placement	215
Total Academic	5,151
Psychological Tests	Qty.
NEO	1
MBTI	281
MCMI	3
MMPI-2	2
SII	145
SCL-90-R	0
TKI	213
Other	1
Total Psychological	646
Prometric Computer Based	Qty
Total Prometric Testing Hours	40,518
Total Prometric Tests	12,428

TESTING CENTER CHALLENGES AND OPPORTUNITIES

Several challenges and opportunities exist for the Testing Center. One of these has always been informing the university community of our services. To date our primary method of advertising our In Absentia testing and Scantron scoring services has been word of mouth and our website. While these modes of communication have been adequate it is easily conceivable that many professors and departments do not know of these services. Perhaps increased utilization of the Testing Center would result if more people were made aware of these offerings.

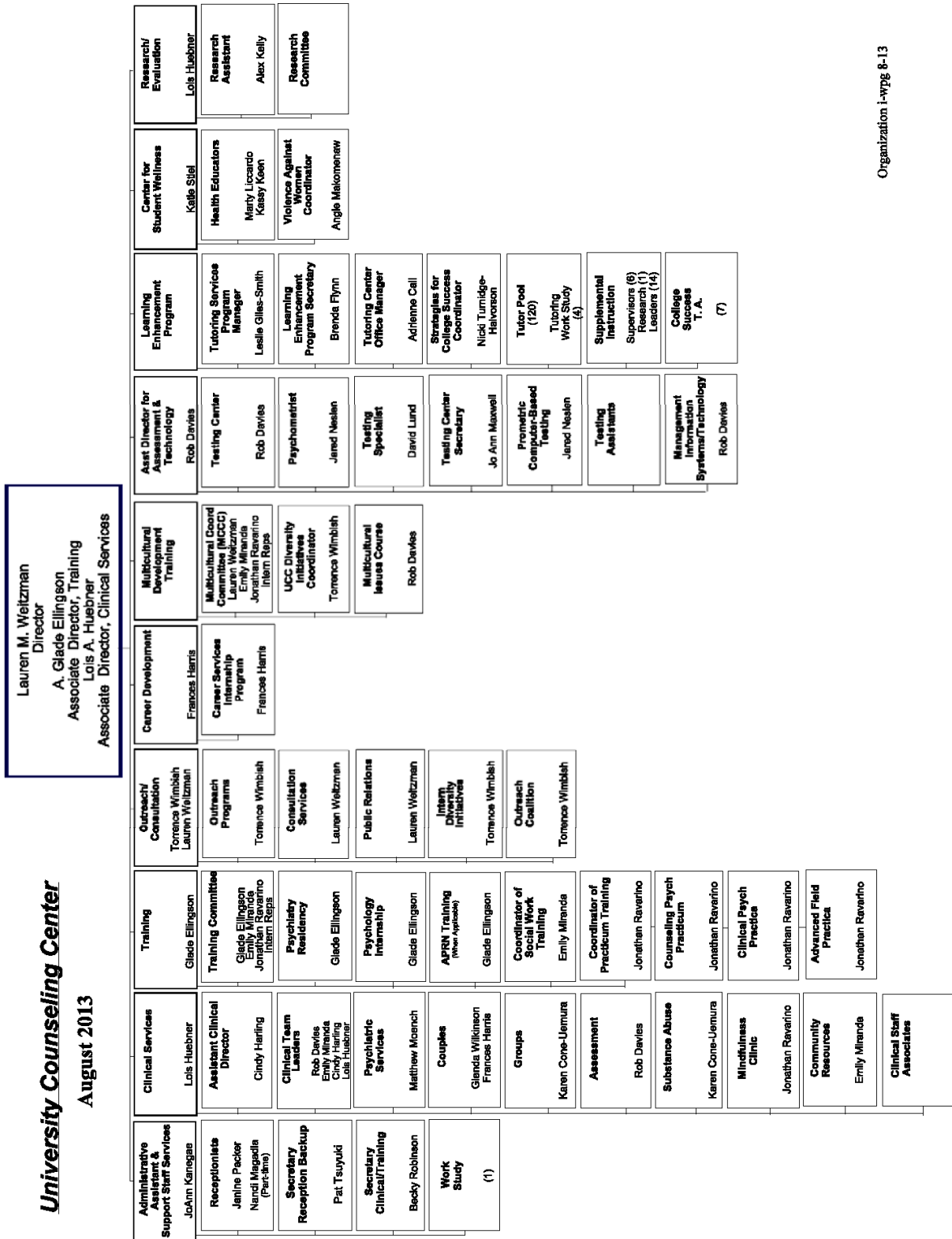
In addition, over the past several years the U-Online Center has expanded and enhanced their testing services which has resulted in some minor confusion for students and faculty about “which testing center” they are dealing with. Staffs at both centers have been trained to make this distinction clear.

Currently Prometric is operating 70 hours/week and is open each day of the week including both Saturdays and Sundays. Staffing the various shifts is a challenge with part time employees. Tentative plans are being looked at for expanding Prometric if needed but space may be a limiting factor. One possibility has been to convert the copy room for the Testing Center and Counseling Center into a small testing room for In Absentia testing thus freeing space for a Prometric expansion. One time funding was sought for this last year and will be applied for again this coming fiscal year.

The Testing Center did not receive any grants or contracts in 2013 – 2014, nor any gifts or new revenue.

APPENDIX A

UNIVERSITY COUNSELING CENTER 2013 – 2014 ORGANIZATIONAL CHART



Lauren M. Weitzman
Director
A. Glade Ellingson
Associate Director, Training
Lois A. Huebner
Associate Director, Clinical Services

University Counseling Center

August 2013

APPENDIX B
UNIVERSITY COUNSELING CENTER STAFF (2013 – 2014)

EXEMPT STAFF

Lauren Weitzman, Ph.D.

Director
Psychologist
Coordinator, Consultation Services and Public Relations
Clinical Assistant Professor, Psychology
Adjunct Professor, Educational Psychology
Adjunct Associate Professor, Psychiatry
Ph.D. - University of Illinois, Urbana-Champaign, Counseling Psychology
M.S. - University of California, Santa Barbara
B.S. - University of Utah, Psychology

Glade Ellingson, Ph.D.

Associate Director for Training
Psychologist
Adjunct Professor, Educational Psychology
Clinical Assistant Professor, Psychology
Adjunct Professor, Psychiatry
Ph.D. - University of Utah, Counseling Psychology
M.A. - University of Minnesota, Counseling and Student Personnel Psychology
B.A. - Brigham Young University, Psychology

Lois Huebner, Ph.D.

Associate Director for Clinical Services
Psychologist
Adjunct Professor, Educational Psychology
Adjunct Associate Professor, Psychology
Clinical Instructor, Psychiatry
Ph.D. - Colorado State University, Counseling Psychology
M.S. - Colorado State University, Psychology
B.A. - Wheaton College, Mathematics & Psychology

Molly Butterworth, M.S.

Clinical Mental Health Professional
M.S. – University of Utah, Clinical Psychology
B. A. – Dartmouth College, Psychology

Rob Davies, Ph.D.

Assistant Director for Assessment and Technology
Testing Center Coordinator
Psychologist
Coordinator, Assessment
Adjunct Professor, Educational Psychology
Ph.D. - Brigham Young University, Clinical Psychology
B.A. - Idaho State University, Biology

Karen Cone-Uemura, Ph.D.

Psychologist
Coordinator, Substance Abuse Treatment
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

Kassy Keen, M.P.H.

Prevention Specialist, Center for Student Wellness
M.P.H. – University of Utah, Public Health
B.S. – University of Utah, Sociology

Leslie Giles-Smith, B.A.

Program Manager, Tutoring Services and Supplemental Instruction
B.A. - Brigham Young University

Cindy Harling, L.C.S.W.

Assistant Clinical Director
Clinical Social Worker
Coordinator, Eating Disorders
Clinical Instructor, Psychiatry
Clinical Instructor, College of Social Work
M.S.W. – University of Utah School of Social Work
B.A. – University of Utah, Spanish

Frances Harris, Ph.D.

Psychologist
Coordinator, Career Development Programs
Co-Coordinator, Couple and Family 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

Emily Miranda, L.C.S.W.

Clinical Social Worker
Coordinator, Social Work Training
Co-Coordinator, Community Resources
M.S.W. - University of Utah
B.A. - Wheaton College, Psychology, Theology & Education

Matthew Moench, M.D.

Staff Psychiatrist
M.D. University of Virginia
Psychiatry Residency: Stanford University Medical Center
Assistant Professor, Department of Psychiatry

Jared Neslen, M.Ed.

*Psychometrist/Testing Center Assistant Coordinator
Lead Testing Center Associate, Prometric
M.Ed. - University of Utah, Educational Psychology
B.S. - Utah State University, Psychology*

Jonathan Ravarino, Ph.D., L.C.S.W.

*Psychologist
Clinical Social Worker
Coordinator, Practicum Training
Coordinator, Mindfulness Clinic
Ph.D. - University of Utah, Counseling Psychology
M.S. - University of Utah, Counseling Psychology
M.S.W. - University of Utah, School of Social Work
B.S. - Pacific Lutheran University, Sociology*

Katie Stiel, M.Ed.

*Manager, Center for Student Wellness
M.Ed. - University of Utah, Educational Leadership & Policy
Graduate Certificate in Conflict Mediation
B.A. – Carroll College, Public Relations & Communications*

Glenda Wilkinson, L.C.S.W.

*Clinical Social Worker
Co-Coordinator, Couple and Family Counseling
M.S.W. - University of Utah, School of Social Work
B.S. – University of Utah, Sociology*

Torrence Wimbish, Ph.D.

*Coordinator, Consultation and Outreach
Associate Clinical Mental Health Counselor
Ph.D. - University of Utah, Counseling Psychology
M.S. - University of Utah, Counseling Psychology
M.A. - Oakland University, Counseling Psychology
B.A. - The King's College, Clinical Psychology*

Claudia Zafran-Roma, M.A.

*Clinical Mental Health Professional
Clinical Mental Health Counselor
Masters in Counseling – University of Phoenix
M.A – Hebrew University, Sociology and Social Anthropology
B.A. – Hebrew University, Education, Sociology and Social Anthropology*

Sui Zhang, L.C.S.W.

*Clinical Social Worker
Co-Coordinator, Community Resources
M.S.W. - University of Utah, School of Social Work
B.A. – East China Normal University, Mass Communications*

NON - EXEMPT STAFF

Adrienne Call, *Office Manager, Tutoring Center*
Brenda Flynn, *Executive Secretary, Learning Enhancement Programs*
Nicki Turnidge Halverson, *Strategies for College Success*
JoAnn Kanegae, *Administrative Assistant to the Director*
David Lund, *Testing Specialist*
Jo Ann Maxwell, *Testing Center Secretary*
Nandi Magadla, *UCC Receptionist, part-time*
Janine Packer, *UCC Receptionist*
Becky Robinson, *Executive Secretary*
Pat Tsuyuki, *UCC Administrative Secretary*

TRAINEES

Psychiatric Residents (from the University of Utah)

Stamatios Dentino, M.D.	Robin Lines, M.D.
Toni Hesse, M.D.	Meghan Edmundson, M.D.
Jessica Howsley M.D.	

Pre-doctoral Psychology Interns

Angela Hicks, Ph.D., University of Utah	Kelley Quirk, M.A., University of Louisville
Alison LaFollette, M.A., University of Kansas	Jennifer Vencill, M.A., Texas Tech University

Social Work Interns (from the University of Utah)

Samuel Gilligan, B.S.W.	Eva Tukuafu, B.S.
Jason Schulz, B.A.	

Advanced Field Practicum Counselors

Ingrid Boveda, M.Ed.

Research Assistant (from the University of Utah)

Alex Kelly, M.S., Ed.

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

Laken Shirley, B.A., B.S.	Derek Smith, M. Ed.
Melissa Shreve, B.A.	

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

Daniel Bride, B.S.	Priya Josyula, B.A.
Deanna Cann, B.A.	Nick Perry, B.A.
Jeremy Grove, B.A.	Sara Turner, B.A.

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

Daniel Bride, B.S.	Priya Josyula, B.A.
Deanna Cann, B.A.	Nick Perry, B.A.
Jeremy Grove, B.A.	Sara Turner, B.A.

STAFF ASSOCIATES

Roxanne Bartel, M.D.

Department of Psychiatry

Kristy K. Bartley, Ph.D.

Women's Resource Center

Katie Baucom, Ph.D.

Psychology Department

A. Lee Beckstead, Ph.D.

Aspen Grove Counseling

Craig Bryan, Psy.D, ABPP

Psychology Department

Annie Christensen, Ph.D.

Dean of Students

Debra S. Daniels, LCSW

Women's Resource Center

David S. Derezotes, LCSW, Ph.D.

College of Social Work

Kari Ellingson, Ph.D.

Associate Vice President, Student Development

Donna Hawxhurst, Ph.D.

Women's Resource Center

Rob Hunsaker, LPC

College of Education

Zach Imel, Ph.D.

Educational Psychology Department

Scott McAward, Ph.D.

Center for Disability Services

Sue Morrow, Ph.D.

Educational Psychology Department

Ted Packard, Ph.D.

Educational Psychology Department

Amy Powell, M.D.

School of Medicine

Ryan Randall, LCSW.

Dean of Students

Jim Struve, LCSW

Clinical Social Worker

Karen Tao, Ph.D.

Educational Psychology Department

Steve Varechok , LCSW

Clinical Social Worker

Elizabeth Walker, LCSW

College of Social Work

APPENDIX C
LOCAL AND NATIONAL WORKSHOPS AND CONFERENCES ATTENDED BY UCC CLINICAL STAFF
JULY 1, 2013 – JUNE 30, 2014

WORKSHOPS & TRAININGS

- ACT Mindfulness Conference, Utah State University
- Campus Crisis and Threat Assessment Training, Gene Deisinger PhD
- Center for Aging Research Retreat
- Changing Sex/Changing Sexuality—Reimagining the Mutability of Sex, Gender and Sexual Orientation in Science and Law
- Clinical Supervision and Behavioral Health: Building Skills for Ethical and Effective Practice
- DSM V Webinar
- DSV-V, Jan Terpstra, MD
- Ethics Workshop, McKay Dee Hospital
- Ethics Workshop “Hot Topics in Ethics and Risk Management in Psychological Practice”, Utah Psychological Association
- Eating Disorder Conference with Ovidio Bermudez, MD
- Emotionally Focused Couples Therapy Training
- 10th Annual Gender & Sexuality Conference, Idaho State University
- Integrative Behavioral Couple Therapy
- Minority Mental Health Webinar
- Promoting Help-Seeking Among College Students: Strategies for Suicide Prevention Webinar
- Understanding and Treatment of Psychological Trauma: Trauma and the Brain, B. Van der Kolk, Utah State University

PROFESSIONAL CONFERENCES

- Association for the Coordination of Counseling Center Clinical Services (ACCCCS)
- Association of Counseling Center Training Agencies (ACCTA)
- Association of Psychology Postdoctoral and Internship Centers (APPIC)
- Association for University and College Counseling Center Directors (AUCCCD)
- Association for University and College Counseling Center Outreach (AUCCCO)

PROFESSIONAL BOARD MEETINGS

- American Psychological Association of Graduate Students (APAGS) Fall 2013 APA Consolidated Meetings/Conference
- American Psychological Association of Graduate Students (APAGS) Spring 21014 APA Consolidated Meetings/Conference
- Association of Counseling Center Training Agencies (ACCTA)
- Center for Collegiate Mental Health (CCMH)

APPENDIX D
STAFF DEVELOPMENT PRESENTATIONS RATINGS (JULY 2013 – JUNE 2014)

Presentation	Information	Presenter's Style	Overall Rating
October 2, 2013 "By the Numbers: UCC Service Data, Outcomes Related to Clinical Services Revisions and Barriers to Seeking Services" Lois Huebner, Ph.D., D. Robert Davies, Ph.D. and Alexandra Kelly, M.S. Ed., University Counseling Center, University of Utah	4.25	4.33	4.58
November 6, 2013 "Normal Grief/Complicated Grief: Assessment and Treatment" Katherine Supiano, Ph.D., FT, F-GSA, Associate Professor, College of Nursing, University of Utah	4.93	4.87	4.93
December 4, 2013 "Cognitive Distraction while Multitasking in the Automobile" David L. Strayer, Ph.D., Department of Psychology, University of Utah	4.70	4.70	4.61
January 8, 2014 "Evidenced Based Practices for the Treatment of Chronic Pain" John (Jake) Van Epps, M.Ed., Center for MindBody Health, Salt Lake City, Utah	4.88	4.76	4.87
February 5, 2014 "The What, Why and How of Mindfulness in Healthcare" Jonathan M. Ravarino, Ph.D., LCSW, University Counseling Center, University of Utah	4.75	4.83	4.82
March 5, 2014 "The Intersection of Sexual Orientation and Religion on a Micro Level" Chad Anderson, LCSW, Adjunct Faculty, College of Social Work, University of Utah	3.20	3.70	3.40
April 2, 2014 "Computational Psychotherapy Research: Scaling Up the Evaluation of Client-Therapist Interactions" Zac Imel, Ph.D., Educational Psychology, University of Utah	3.89	4.30	4.20

NOTE: ALL ITEMS RATED ON A "1" (NOT USEFUL) TO "5" (VERY USEFUL) LIKERT SCALE

APPENDIX E

FACULTY LIAISON LETTER TO COLLEGE DEANS AND DEPARTMENT CHAIRS (2013 – 2014)



January 17, 2014

To Deans and Department Chairs,

I want to inform you about the University Counseling Center's **Faculty Liaison Program**, an important resource for you and your faculty. We can assist you in referring students to appropriate Counseling Center services, provide consultation regarding distressed or disruptive students, and coordinate presentations to students and faculty on mental health topics.

Please take advantage of the following counseling center resources, all of which can be found on our new and improved website:

- **“For Faculty & Staff” Webpage:** Here you will find several resources to assist you in identifying and working with student distress <http://counselingcenter.utah.edu/faculty/index.php> . You can also identify the Counseling Center staff member who is your department faculty liaison. <http://counselingcenter.utah.edu/faculty/department.php>
- **“Gatekeeper Training”:** A 90-minute workshop to assist faculty in identifying signs of distress in students and in referring to appropriate campus resources. This program was developed as part of our Campus Suicide Prevention Grant efforts and can be requested at <http://counselingcenter.utah.edu/forms/request-presentation.php>
- **University Counseling Center Homepage:** <http://counselingcenter.utah.edu/index.php>
- **General coping information and referral resources** for students, friends, and family members: <http://counselingcenter.utah.edu/self-help/coping-stress/index.php>

If you would like to consult with one of our staff, please contact the Counseling Center at 581-6826 and ask to speak with your faculty liaison or the counselor on call during our regular business hours (8:00 am – 5:00 pm). Information for how students can schedule an initial appointment may be found at <http://counselingcenter.utah.edu/services/appointment.php>

We would greatly appreciate your forwarding this email directly to all faculty and graduate teaching assistants in your department as well as the graduate students who have teaching responsibilities so that they will be aware of the resources available from the Counseling Center.

One final note: The assignment of a Counseling Center staff member as the liaison to your department is meant to facilitate your access to our services, but is not meant to limit who you can contact. Please feel free to contact any member of our staff as you see fit.

Thank you for the opportunity to let you know about the services available to you and your faculty at the University Counseling Center. Please do not hesitate to contact me if you have any questions about this email.

Sincerely,

Lauren Weitzman, Ph.D.
lweitzman@sa.utah.edu
Director, University Counseling Center
801.581.6826

APPENDIX F
UCC SOCIAL MEDIA POLICY

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 Crisis Line: 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 Crisis Line: 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.

APPENDIX G
CSW FOOD SECURITY ASSESSMENT SUMMARY, FALL 2013

Alice Ma, Division of Nutrition Graduate Student

During fall 2013 the Center for Student Wellness and Master of Nutrition student Alice Ma conducted an assessment examining food insecurity and nutrition habits among University of Utah college students. An adapted version of the validated U.S Department of Agriculture Household Food Security Survey Module (attached) was used for this assessment to determine respondent's food security levels. A convenience sample of 226 University of Utah students was surveyed during the fall of 2013. Participants were recruited during tabling sessions at various University of Utah events. Participants who were under the age of 18 were eliminated from the final data report, giving a final sample size of N=220. The data were analyzed during the spring semester of 2014 using Pearson's correlations and chi-squared tests on SPSS software. A summary of findings is below:

Demographics

Gender: 53% Female, 45% Male, 2% other self-identified gender

Class standing: 22% Freshmen, 15% Sophomore, 23% Junior, 20% Senior, 20% Graduate

Race: 22% Asian, 4% Black/African American, 13% Latino, 3% Middle Eastern, 3% Native American/American Indian, 59% White/Caucasian, 3% Other or self-identified race

Age: 42% 18-20 yrs, 25% 21-24 yrs, 22% 25-30 yrs, 8% 31-39 yrs, 3% 40+ yrs

Living Situation: 32% on campus, 3% fraternity/sorority housing, 27% off-campus alone/with roommates, 26% off-campus with parents, 12% off-campus with spouse/partner/children

Sexual Orientation: 93% heterosexual, 6% bisexual, 3% gay, 2% queer, 1% lesbian

Food Security and Dietary Habits

Food Security: Using the responses to questions 1-5, a raw score for food security was calculated for each participant by using a coding system adapted from the U.S Household Food Security Survey Module. 17% of the participants were categorized as having "very low food security", with an additional 34% falling in the "low food security" category. **A significant, negative correlation was seen between food insecurity and income ($p<.05$), as well as a positive association between food insecurity and financial stress ($p<.01$).**

Gender and Food Security: Of those who were categorized as having "very low food security", 43% were female, 3% intersex, and 57% were male, and 5% transgender. Respondents were allowed to select

more than one option. **There was a significant ($p<.5$) association between food insecurity and those who classified themselves as transgender.**

Class Standing and Food Security: Of those who were categorized as having “very low food security”, 13.5% were freshmen, 11% sophomore, 35% junior, 32% senior, and 8% graduate students. **There was a significant ($p<.5$) association between food insecurity and those with junior or graduate class standing.**

Race and Food Security: Of those who were categorized as having “very low food security”, 14% identified as Asian, 8% as Black/African American, 8% as Latino, 5% as Middle Eastern, 8% as Native American/American Indian, and 57% as White/Caucasian. A total of 43% of those who were food insecure identified as non-white/Caucasian. Respondents were allowed to select more than one option. No significant associations were seen between food insecurity and race.

Age and Food Security: Of those who were categorized as having “very low food security”, 30% were between the ages of 18-20 years old, 35% between 21-24 years old, 16% 25-30 years old, 13% 30-39 years old, and 5% 40+ years old. No significant association was seen between age and food security status.

Living situation and Food Security: Of those who were categorized as having “very low food security”, 38% lived off-campus alone or with roommates, 22% lived on campus, 16% off-campus with spouse/partner/children, 16% off-campus with parents, and 8% in fraternity/sorority housing. **A significant positive association ($p<.5$) was seen between those who lived off-campus alone or with roommates as well as those who lived in fraternity/sorority housing, and food insecurity.**

Sexual orientation and Food Security: Of those who were categorized as having “very low food security”, 97% identified as heterosexual, 8% bisexual, 3% gay, 3% lesbian, and 3% queer. Respondents were allowed to select more than one option. Not significant associations were seen between food insecurity and sexual orientation.

Dietary Habits: **No significant relationships were seen between food security and dietary habits.** However, **61% of the sample population consumed two or fewer servings of fruits and vegetables per day, with 5% meeting the recommended amount of 5+ servings per day. 45% consumed two or fewer servings of whole grains per day** (recommended 3 oz. per day on 2000 kcal diet), and 14% consumed five or more servings. **43% ate prepackaged meals or meals outside the home at least four times a week. 82% reported convenience and time as a reason for eating prepackaged meals or meals outside the home. There was a significant, positive correlation between whole grain and fruit and vegetable intake ($p<.01$).**

CSW Food Security & Habits Assessment

These questions* are about the food eaten in your household in the last 12 months, and whether you were able to afford the food you need. * Adapted from the USDA U.S. Household Food Security Survey Module.

Below are statements that people have made about their food situation. For these statements, please state whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months.

1. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.
 - Often true
 - Sometimes true
 - Never true

2. (I/we) couldn't afford to eat balanced meals.
 - Often true
 - Sometimes true
 - Never true

3. In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
 - Yes, almost every month
 - Yes, some months but not every month
 - Yes, only 1 or 2 months
 - No

4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
 - Yes
 - No

5. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?
 - Yes
 - No

Habits/Barriers

6. In an average week, how frequently do you eat prepackaged meals or meals prepared outside of your place of residence (such as fast food, restaurants, etc.)?
 - Never
 - 1-3 times per week
 - 4-6 times per week
 - 7-9 times per week
 - 10 or more times per week

7. What reasons are you likely to choose prepackaged meals or meals prepared outside of your place of residence? (check all that apply)
 - Convenience/ Not enough time to cook
 - Less expensive than other options
 - Don't know how to cook
 - Other _____

8. In an average day, how many servings of fruits and vegetable do you consume? (A serving is around 1 cup)
 - 0 servings per day
 - 1-2 servings per day
 - 3-4 servings per day
 - 5-7 servings per day
 - More than 7 servings per day

9. In an average day, how many servings of whole grains do you consume? (A serving is 1 oz., or 1 slice of bread, 1/2 cup of cooked pasta, brown rice, oatmeal, or 1 cup of dry cereal)
 - 0 servings per day
 - 1-2 servings per day
 - 3-4 servings per day
 - 5-7 servings per day
 - More than 7 servings per day

Program/Planning

10. Which of these strategies do you think would be helpful on campus? (Choose top 3)
 - Food bank on campus
 - Food boxes across campus where you can anonymously take food and give food
 - Financial planning to help you learn how to budget to afford healthier kinds of food
 - Quick, easy healthy recipes for students
 - Healthy grocery list on a budget

- Monthly cooking classes
- Guide to making healthy food choices on campus
- App that tells you where free food is on campus
- Guide to making healthy choices when eating out
- Cooking for special diets (vegetarian, vegan, gluten-free, etc.)
- None
- Other

Demographics

11. Where do you currently live?

- On campus (e.g., residence hall, apartment, family housing)
- Fraternity or sorority housing
- Off campus, alone or with friends/roommates
- Off campus, with my parent(s)/guardian(s)
- Off campus, with my spouse/partner/children
- Other

12. How would you describe your current financial situation?

- Always stressful
- Often stressful
- Sometimes stressful
- Rarely stressful
- Never stressful

13. Please indicate your current yearly income:

- Less than \$5,000
- \$5,000 - 9,999
- \$10,000 - 14,999
- \$15,000 - 19,999
- \$20,000 - 24,999
- \$25,000 - 34,999
- \$35,000 - 44,999
- \$45,000 - 54,999
- \$55,000 - 64,999
- \$65,000 or more
- I do not know
- I prefer not to respond to this question

14. What is your current year in school?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate student

15. What is your age?

- Under 18
- 18 – 20
- 21 – 24
- 25 – 30
- 31 – 39
- 40 or older

16. What is your race/ethnicity? (Check all that apply)

- Asian
- Black/African American
- Latino/a/Hispanic/Chicano/a
- Middle Eastern
- Native American/American Indian
- Pacific Islander/Native Hawaiian
- White/Caucasian
- Self-identified Race (please specify)

17. What is your gender? (Check all that apply)

- Female
- Intersex
- Male
- Transgender
- Self-identified Gender (please specify)

18. How do you identify?

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Queer
- Other (please specify)

APPENDIX H
CSW SOCIAL MEDIA POSTING EXAMPLES



Facebook Text: Come see us and get tested!! Union west ballroom!! Free!!!

WELLNESS COACHING WORKSHOPS
goal setting - stress - physical activity - nutrition - sleep

Group Sessions
Oct 31 - Nov 21
Fridays 11 am - 12 pm

Individual Sessions
By appointment

\$5/session
\$20/5 sessions

Enter a raffle for a free individual session! Food will be provided

To sign up or learn more:
email - ballard.rachelle@gmail.com call - (801) 581-7776

Center for STUDENT WELLNESS
THE UNIVERSITY OF UTAH SSB 328
wellness.utah.edu

The flyer features a central graphic of a white hexagon divided into six sections, each containing a different icon: a hand, a person, a dumbbell, a heart, a graduation cap, and a dollar sign.

Facebook Text: It's coming up! Sign up now for our awesome 5-week wellness workshop with Rachelle! Did we mention it's gonna be awesome? Oh, and did we mention there's food? So, it's awesome and there's food. Perfect.