REPORT ONE:

KEY ACTIVITIES, ACCOMPLISHMENTS AND STAFF EXCELLENCE
TABLE OF CONTENTS

INTRODUCTION .............................................................................................................................................. 1

UCC OVERVIEW AND ORGANIZATION ......................................................................................................... 1

UCC MISSION .................................................................................................................................................. 1

UCC LEADERSHIP ......................................................................................................................................... 1

UCC NEW POSITIONS .................................................................................................................................. 1

UCC STAFF CHANGES .................................................................................................................................. 2

UCC CLINICAL SERVICE DELIVERY CHANGES .............................................................................................. 2

UCC ORGANIZATION, CLINICAL STAFF AND FUNCTIONAL AREAS .............................................................. 2

Figure 1. UCC Functional Areas .................................................................................................................... 3

UCC ACCREDITATION ..................................................................................................................................... 3

UCC CORE OBJECTIVE #1: PROVIDE DIRECT MENTAL HEALTH SERVICES .................................................. 4

OVERVIEW OF UCC CLIENT DEMOGRAPHICS .............................................................................................. 4

UTILIZATION DATA ......................................................................................................................................... 4

SEVERITY LEVEL OF UCC CLIENTS .............................................................................................................. 5

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #1 ................................................................. 6

Goal 1: Conduct effective and efficient intake assessments ......................................................................... 6

a. Outcome: Intake wait time .......................................................................................................................... 6

   Figure 2. Wait to Intake (Days; 2007 – 2016) ............................................................................................. 7

b. Outcome: Intake utilization ......................................................................................................................... 7

   Figure 3. Intake Utilization by Appointment Type (2016 – 2017) ................................................................ 8

c. Outcome: Assess level of distress at intake .............................................................................................. 8

   Figure 4: CCAPS Scale Scores at Intake ..................................................................................................... 9

   Figure 5: Family History of UCC Clients ................................................................................................... 9

d. Outcome: Identify reasons students use UCC services .......................................................................... 10

   Figure 6: Top Client Concerns Reported at Intake ................................................................................... 11

   Table 1: Top Client Concerns Reported at Intake by Percent Endorsed .................................................. 11

e. Outcome: Effective triage & assignment to appropriate UCC counseling service or community provider .......................................................................................................................................................................... 12

Goal 2: Provide effective, multiculturally-sensitive individual, couples and group counseling ..................... 12

a. Outcome: Total sessions provided ........................................................................................................... 12

   Figure 7: Total Number Clients Seen (2007 – 2016) ............................................................................. 13

b. Outcome: Individual counseling sessions provided ................................................................................. 13
c. Outcome: Group counseling sessions provided ................................................................. 13

d. Outcome: Couples counseling sessions provided .......................................................... 14

e. Outcome: Crisis intervention services provided .......................................................... 14

f. Outcome: Case management and in-house clinical consultation hours .......................... 14

g. Outcome: Mindfulness Clinic workshops provided ....................................................... 14

h. Outcome: Psychological assessment services provided ............................................... 14

Figure 8: Major Clinical Appointments (2016-2017) ......................................................... 15

Figure 9: Monthly Number of Appointments by Type (2-16-2017) ..................................... 15

Figure 10: Individual and Group Counseling Sessions by Month (2016-2017) ..................... 16

i. Outcome: Reduce client distress ..................................................................................... 16

j. Outcome: Operate within the 12 session framework for individual/couples counseling .... 18

k. Outcome: Conduct therapy groups that maximize therapeutic factors .......................... 18

l. Outcome: Clinical staff remains current in terms of clinical best practices .................. 18

m. Outcome: UCC services and student retention ............................................................... 18

Goal 3: Provide effective and sufficient psychiatric services for UCC clients ..................... 19

a. Outcome: Psychiatry Services Provided ........................................................................ 19

UCC CORE OBJECTIVE #2: PROVIDE CONSULTATION AND MENTAL HEALTH EDUCATIONAL SERVICES TO THE CAMPUS COMMUNITY ................................................................. 20

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #2 ................................. 21

Goal 1: maintain effective responsiveness to requests from u students, faculty and staff regarding students of concern ................................................................................................. 21

a. Outcome: Efficiently respond to questions and provide effective consultation ................ 22

Goal 2: Provide campus outreach and preventive educational programs .......................... 22

a. Outcome: Develop and maintain effective collaborative relationships with campus partners .... 22

Table 3: Most Frequent Outreach Campus Partner Collaborations (2016-2017) .................. 22

b. Outcome: Provide evidence- and theme-based educational and prevention programs .......... 23

Table 4: Summary of Outreach Programs (2016-2017) ......................................................... 24

c. Outcome: Provide confidential, anonymous online mental health screenings ................ 25

Table 5: SUMMARY OF ONLINE MENTAL HEALTH SCREENING TREATMENT DATA (2014-2016) ......................................................................................... 25

d. Outcome: Regularly evaluate the effectiveness of outreach programs conducted on campus .... 25

Goal 3: Administer the Staff/Faculty Liaison Program to enhance relationships with academic departments and other campus units .................................................................................. 26
a. Outcome: Update the UCC Staff/Faculty Assignment website on a regular basis ......................... 26
b. Outcome: Utilize UCC Staff/Faculty Assignments to staff outreach requests .......................... 26
c. Outcome: Communicate annually via email with deans and department chairs about the UCC Staff/Faculty Liaison Program ......................................................................................... 26

Goal 4: Sustain a vibrant social media presence .............................................................................. 26
f. Outcome: Maintain and regularly post to the UCC Facebook, Twitter and Instagram ............. 27
g. Outcome: Develop, create and post relevant You Tube videos on the UCC website .......... 27

UCC CORE OBJECTIVE #3: PROVIDE CRISIS INTERVENTION TO PROMOTE INDIVIDUAL AND CAMPUS SAFETY FOR U STUDENTS, STAFF AND FACULTY ................................................................. 28

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #3 ........................................... 29

Goal 1: Maintain effective responsiveness to campus crises and traumatic events ..................... 29
a. Outcome: Efficiently respond to campus crises ....................................................................... 29
b. Outcome: Provide effective consultation to campus partners to determine the best course of action when a traumatic event occurs ................................................................................... 29

Goal 2: Represent the UCC on the Behavioral Intervention Team and campus Emergency Operations Planning Committees ...................................................................................................................... 29
a. Outcome: Provide effective consultation regarding the campus mental health response by actively participating on campus safety-related committees ......................................................... 29

Goal 3: Provide campus suicide prevention trainings to campus gatekeepers on a regular basis by request and initiated by the UCC ................................................................................... 29
a. Outcome: Provide evidence-based campus suicide prevention trainings ................................ 29
b. Outcome: Regularly evaluate the effectiveness of suicide prevention programs conducted on campus ................................................................................................................................. 29

UCC CORE OBJECTIVE #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD ................................................................................................................. 30

Training Program Changes and Accomplishments for 2016-2017 ................................................. 30

GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #4 ........................................... 31

Goal 1: Administer high-quality training programs in collaboration with the Departments of Educational Psychology, Psychology, Psychiatry and the College of Social Work ............... 31
a. Outcome: Facilitate trainee skill development in discipline-specific areas ......................... 31
Table 6: PSYCHIATRY RESIDENTS’ CLINICAL CONTRIBUTIONS (2016 – 2017) ......................... 32
Table 7: SOCIAL WORK INTERNS’ CLINICAL CONTRIBUTIONS (2016 – 2017) ................................. 32
Table 8: DOCTORAL PRACTICUM COUNSELORS’ CLINICAL CONTRIBUTIONS (2016 – 2017) ................. 32
b. Outcome: Provide effective supervision & training ....................................................................... 33
c. Outcome: Work effectively with training coordinating departments ......................................... 33
Goal 2: Administer an American Psychological Association (APA) accredited psychology doctoral internship training program...

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

Table 9: PSYCHOLOGY INTERNS’ CLINICAL CONTRIBUTIONS (2016 – 2017) ...

Table 10: PSYCHOLOGY INTERNS’ SUPERVISOR EVALUATION SUMMARY DATA (2016 – 2017)...

b. Outcome: Provide effective supervision...

c. Outcome: Provide training seminars that adhere to APA accreditation standards

d. Outcome: Work collaboratively with national organizations

UCC PLAN FOR THE FUTURE...

UCC ANTICIPATED CHALLENGES...

UCC ANTICIPATED OPPORTUNITIES...

UCC GRANTS/CONTRACTS...

UCC GIFTS/NEW REVENUE...

CENTER FOR STUDENT WELLNESS...

CSW MISSION AND SERVICES...

CSW CORE OBJECTIVE 1: COLLABORATE WITH CAMPUS AND COMMUNITY ENTITIES TO BETTER STUDENT WELLNESS NEEDS...

CSW CO 1 Goals:...

CSW CO 1 Outcomes:

Figure 11: CSW Outreach Presentations per Staff Member in 2015-2017...

Figure 12: CSW Collaborative Partnerships & Number of Students Reached...

CSW CORE OBJECTIVE 2: PROVIDE OUTREACH AND HEALTH/WELLNESS EDUCATION TO THE CAMPUS COMMUNITY...

Figure 13: Top 10 NCHA Academic Impacts...

CSW CORE OBJECTIVE 3: PROVIDE DIRECT WELLNESS SERVICES TO STUDENTS...

CSW CO 3 Goals:...

CSW PLAN FOR THE FUTURE...

LEARNING SUCCESS CENTER...

LEARNING SUCCESS CENTER Mission and Services...

LSC CORE OBJECTIVE #1: ONE-ON-ONE, SUBJECT SPECIFIC TUTORING...
LSC Tutoring Goals and Outcomes ................................................................. 52

ASUU Tutoring Services Utilization Data ......................................................... 53
  Table 11: STUDENT SERVICES BUILDING LOCATION; Students using one-on-one tutoring .... 53
  Table 12: MARRIOTT LIBRARY LOCATION; Students using one-on-one tutoring ........ 53

LSC CORE OBJECTIVE #2: SUPPLEMENTAL INSTRUCTION .............................. 54

LSC Supplemental Instruction (SI) Goals and Outcomes ........................................ 55
  Table 13: My SI Leader . . . - Gives helpful tips for improving study skills .................. 55
  Table 14: My SI Leader . . . - Provides clear, easy to understand explanations .............. 56
  Table 15: My SI Leader is . . . - Knowledgeable about course content ....................... 56
  Table 16: SI helped me to improve my skills in the following areas ............................ 56
  Table 17: The skills I developed in SI will help me in future classes ......................... 57
  Table 18: Overall, my SI Leader was effective .................................................. 57

Supplemental Instruction Utilization data ......................................................... 57
  Table 19: SI Utilization Data ............................................................................. 58
  Table 20: SI Contact Hours ............................................................................... 58
  Table 21: Academic Status .............................................................................. 59
  Table 22: Gender ............................................................................................. 59
  Table 23: Race/Ethnicity ................................................................................... 59

LSC CORE OBJECTIVE 3: TRAINING ................................................................. 60

LSC Training Goals and Outcomes & Utilization Data ........................................... 61

LSC CORE OBJECTIVE #4: OUTREACH .......................................................... 62

LSC Outreach Goals and Outcomes ................................................................. 62

LSC Outreach Utilization Data ............................................................................. 63
  TABLE 24: LSC OUTREACH UTILIZATION DATA (2016-2017) ......................... 63

LSC RELATION OF GOALS AND OUTCOMES TO RETENTION AND GRADUATION ...... 64
  Table 25: SI helped me get a better grade in this class ......................................... 64

LSC STUDENT TESTIMONIALS ........................................................................ 64

LEARNING SUCCESS CENTER STAFF EXCELLENCE .................................. 65

LEARNING SUCCESS CENTER PLAN FOR THE FUTURE .................................. 65

TESTING CENTER ........................................................................................... 66
TESTING CENTER MISSION AND SERVICES

TC CORE OBJECTIVE #1: PROVIDE PROCTORING SERVICES FOR THE CAMPUS AND COMMUNITY

University Testing Goals

University Testing Outcomes

TC CORE OBJECTIVE #2: PROVIDE ADMISSIONS AND PLACEMENT TESTING

Placement Testing and Credit-by-Exam Goals

Placement Testing and Credit-by-Exam Outcomes

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

Psychological Testing Outcomes:

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

Prometric Center Goals

Prometric Center Outcomes

National Paper-Based Testing

Test Scanning Services

Testing Center Revenue

Table 6: Summary of Tests Provided in 2015 – 2017

TESTING CENTER PLAN FOR THE FUTURE

Table 27: UCC Staff Awards and Recognitions, Committee Memberships, Presentations And Publications, And Faculty Appointments

APPENDIX A: ORGANIZATIONAL CHART

APPENDIX B: UNIVERSITY COUNSELING CENTER STAFF

APPENDIX C: LOCAL/NATIONAL WORKSHOPS AND CONFERENCES ATTENDED BY UCC STAFF

APPENDIX D: RATINGS OF STAFF DEVELOPMENT PRESENTATIONS

APPENDIX E: 2016 – 2017 FACULTY LIAISON LETTER

APPENDIX F: UCC SOCIAL MEDIA USER TERMS AND CONDITIONS
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 thirteenth year in this role. Following recommendations from an external review site visit conducted in June 2016, Dr. Weitzman now reports to Barbara Snyder, Ph.D., Vice President for Student Affairs. The Executive Committee was comprised of Dr. Weitzman and the Associate Directors for Clinical Services and Training. UCC leadership underwent significant changes this year, beginning with the resignation of Dr. Rob Davies, who left the Associate Director for Clinical Services position in July 2017 to pursue a new position as the University of Utah’s Director for Wellness in Graduate Medical Education. Cindy Harling, LCSW took on leadership of the clinical area in Summer 2017 and was permanently named Associate Director for Clinical Services in October 2017. Dr. Glade Ellingson completed his eight-year tenure as Associate Director for Training in May 2017 after the successful hiring of Steven Lucero, Ph.D. to serve in this position. This was a planned transition for Dr. Ellingson and he has transitioned to a staff psychologist role. The Executive Committee now meets on a weekly 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 (Dr. Lucero and Ms. Harling), the Assistant Clinical Director (Josh Newbury, L.C.S.W), Coordinator of Social Work Training (Josh Newbury, L.C.S.W), the Outreach Coordinator (Susan Chamberlain, Ph.D.) and the Coordinator of Testing and Assessment (Jake Van Epps, 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 NEW POSITIONS. The UCC was fortunate to receive funding for two new Mental Health Intervention Specialist (MHIS) positions as of fiscal year 2016. Danielle Fetty, Ph.D. and Roberto Martinez, L.C.S.W. were hired into these roles, beginning August 2016 and September 2016 respectively. The primary function of our MHIS staff are to manage and triage students who present for crisis appointments at the UCC. They see all students who present with a mental health crisis defined by our Request for Services
form and conduct crisis intakes for students who will be continuing with UCC services. The MHIS staff work closely with clinical team leaders and assist with client disposition.

**UCC STAFF CHANGES.** Tony Kemmochi, Psy.D., resigned his position as Staff Psychologist and Outreach Coordinator in September 2016 to pursue a new position in the University Neuropsychiatry Institute. Jake Van Epps Ph.D was hired as the Coordinator of Testing and Assessment in September, 2016, which allowed Susan Chamberlain, Ph.D. to become a permanent staff psychologist that same month. Dr. Chamberlain, who previously served as Interim Testing Center Coordinator, now has Coordinator for Practicum Training and Outreach Coordinator responsibilities. Dr. Danielle Fetty transitioned from the Testing Center Assessment Fellow to one of our new Mental Health Intervention Specialist positions.

**UCC CLINICAL SERVICE DELIVERY CHANGES.** UCC clinical service delivery underwent significant changes in 2016 – 2017. As of July 1, 2016 we no longer provide clinical services to University of Utah staff and faculty. This decision was made to allow us to target available resources to University of Utah students, as staff and faculty have had access to mental health benefits administered by the U’s Employee Assistance Program for many years. Dr. Barbara Snyder initiated an External Review of the UCC in June 2016. The external reviewers were Drs. Jane Clement (University of Memphis) and Jihad Aziz (Virginia Commonwealth University). Recommendations from this external review resulted in a direct request from Dr. Snyder that we increase the number of clinical hours provided by our licensed permanent clinical staff (PCS) members. Cindy Harling provided leadership for a clinical workgroup over Summer 2016 to accomplish this goal. As a result, we have redefined direct service to consist of intakes, individual counseling, group counseling and clinical supervision. PCS now conduct three intakes on clinical team days and have increased the number of returning individual clients seen per week. We have also revamped our client disposition method. Now, availability to pick up clients is calculated at an agency level across all UCC clinical staff which results in a more equitable client assignment procedure. Additionally, we decided that 2016 – 2017 would be the last year we would partner with the Department of Psychiatry to provide medication management services. This decision was made given ongoing challenges with psychiatry residency staffing that affected the consistency and provider availability for UCC clients requiring medication. We transitioned to a psychiatric nurse practitioner (APRN) provider model beginning July 1, 2017.

**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 2016 – 2017, the UCC permanent clinical staff was a team of nine licensed psychologists (including the Director) and five licensed clinical social workers. Dr. Matthew Moench continued as our attending psychiatrist. Our clinical training staff consisted of four psychiatry residents, four psychology doctoral interns, four master's level social work interns, four counseling psychology doctoral core practicum counselors, and eight clinical psychology doctoral assessment and CBT practicum counselors (total of 24 trainees). The UCC funded one additional social work intern this year, an increase we plan to continue to sustain as our budget allows. Additionally, the Testing Center, Learning Success Center and the Center for Student Wellness have program managers who oversee personnel and daily functioning in their areas. The 2016-2017 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. Clinical Service delivery, Campus Outreach and Consultation, and Teaching are integrally connected to our Training function. Diversity and Research/Evaluation surround these functions, indicating our efforts to integrate multiculturalism throughout our service delivery efforts and the importance of the feedback we receive from data collected from research and evaluation.

![Figure 1. UCC Functional Areas](image)

**UCC ACCREDITATION.** The UCC is accredited by the International Association of Counseling Services (IACS) and the American Psychological Association (APA) as a pre-doctoral psychology internship program site. We hosted an IACS Field Visit on March 21 – 22, 2016 and subsequently received full re-accreditation. We continue to monitor our service and training functions in light of these accreditation requirements.
UCC Core Objective #1: Provide Direct Mental Health Services

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

Overview of UCC Client Demographics

Utilization Data. The modal UCC client is a White, straight woman between 18 and 22, 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 3.7 days to get an intake appointment and has a CCAPS Distress Index at the 54th 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, 53.7% of our clients who filled out new demographic information last year identify as women, 44.8% identify as men, and 1.46% identify as transgender or a “self-identified” gender. The majority (72.2%) identify as heterosexual/straight and 19.1% identify as a sexual minority (9.05% bisexual; 4.1% gay; 1.03% lesbian, 2% questioning and 2.9% “self-identify”).

Among clients who identify country of origin as other than the United States, the highest numbers report China, India, Mexico, Iran, and Korea as home. Overall, 64 countries are represented. About 6.1% of our clients identify as international students, up just slightly from last year.

66.4% percent of our clients identify as White or Caucasian, with 8.7% identifying as Asian or Asian-American, 1.5% as African-American or Black, 7.9% as Hispanic/Latino/a, 0.43% as American Indian/Alaskan Native, 0.55% as Pacific Islander, 5% as multi-racial and 1.9% as “other” or “self-identify.”

The average age of our clients is 26.2. In terms of religion, about half of our clients report they have “no affiliation” (49.3%). Of those who do endorse an affiliation, the higher percentage identify as LDS (16.1%), followed by “self-identify” (7.8%) and Catholic (6.4%). More than half of our clients identify as “single” at the time of their intake (51.9%), with 16.6% married and 1.4% in a “civil union or equivalent.” 28.5% report they are in a “serious dating relationship.” Most clients live off campus (76.8%) with less than 1% in a fraternity/sorority and 19.3% “on campus.” Most (39.5%) live with roommates, while 23.7%
live with spouse/partner/significant other. 14.8% live with parents and 13.3% live alone. 6.7% live with children.

28.5% of our clients report they are first generation college students (up from 20% last year). 66.6% report undergraduate status at intake (13.1% freshman, 15.1% sophomores, 20.4% juniors and 18% seniors). 30.6% report their status to be graduate or professional student. Mean self-reported GPA is 3.34. About 1.6% of UCC clients report current or prior military service. Of those who do, 25% report having experienced “military trauma.” 6.98% of our clients are registered with the Center for Disability Services at the time of intake.

45% consider themselves as “self-refferred.” Among specific referral sources cited, “friend” was most common (22.4%), followed by “family member” (14.7%), “faculty” (11.8%), Student Health (4.5%) and website/social media (5.7%).

**Severity Level of UCC Clients.** About 55.5% of our clients have utilized mental health services previously and 39.7% have taken psychotropic medications. 8.5% have been hospitalized for mental health conditions, with ranges from 1 to “more than 5” hospitalizations.

At the initial intake session, 28.2% of our clients report self-harming behaviors, with 37.2% indicating they have considered suicide. 25.8% of clients at intake report current suicidal ideation (up 2.8% from last year and 6.8% over the past two years), while an additional 21% report “non-suicidal morbid ideation” (up 2% from last year). 10.6% reported past suicide attempts. Nine percent also report thoughts of harming others, 2% report past harm to another, and 3.6% report homicidal ideation.

22.9% of all clients reported they had been subject to an unwanted sexual experience. Looking more closely at gender identity we found that 30.50% of female clients, 8.55% of male clients, and 25% of Transgender and self-identify gender clients reported unwanted sexual experiences. Clients reported other types of victimization as well, with 41.2% indicating they had been harassed or abused. 46.8% reported “PTSD” experiences. We do not know what types of experiences clients were categorizing in this way as clients are not asked explicitly in the intake assessment documents.

In terms of family background, 17.4% of clients report that a family member attempted suicide and 8.1% that a family member committed suicide. 13.4% have a family member who was prosecuted for criminal activity, 17% have a parent with a drinking problem, and 8.9% report having a parent with a drug problem. 12.9% report physical abuse in the family while 7.4% report sexual abuse in their family.
GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #1: PROVIDE DIRECT MENTAL HEALTH SERVICES

GOAL 1: CONDUCT EFFECTIVE AND EFFICIENT INTAKE ASSESSMENTS

As the first step in accessing UCC direct clinical services, potential clients are greeted by a receptionist who makes initial queries regarding eligibility and then either asks the potential client to respond to items on the Request for Services (RFS) form or asks a truncated version of those questions if the initial contact occurs on the phone. Individuals, who endorse any items on the RFS form, indicating a possible mental health crisis, are referred to the Mental Health Intervention Specialist (MHIS) for assessment, possible crisis intervention, crisis intake or other service. Individuals who do not meet criteria for “mental health crisis” are offered the option of scheduling an advanced intake or trying for a same day appointment/intake. We typically offer about 28 Advanced Intakes and 16 Same Day Intake appointments per week.

a. **Outcome: Intake wait time.** Over the year July 1, 2016 – June 30, 2017, the average wait for intakes of all types was 3.68 days working days (5.14 days if counting weekends). 380 clients (23.07%) were seen for a Same Day Intake. The average wait for an Advanced Intake was 7.8 working days (10.9 counting weekends). These data show a decrease in wait time compared with the last three years. Specifically, average wait time last year for all intakes was 8.26 working days, so we reduced the wait by 4.5 days or 55%. Figure 2 provides intake wait time data from 2007 – 2016. This decrease in intake wait time may be explained by the increase in number of intakes provided by PCS and the addition of crisis intakes by the MHIS, which occur on a same day basis.
b. **Outcome: Intake utilization.** This past year UCC staff conducted 645 Advanced Intakes (52.91%), 380 Same Day Intakes (31.17%), 104 Crisis Intakes (8.53%), 24 extended intakes (1.97%) and 66 Couples Intakes (5.41%), for a total of 1,219 intake sessions. This is an 8.16% increase in all intake appointments over last year. Same day intakes are those scheduled on the same day that the client calls for an intake appointment. Crisis intakes occur via the Mental Health Intervention Specialists who triage anyone who endorses any one of the critical items on the Request for Services sheet or who otherwise present with a mental health crisis. Highest demand for intakes was in September and November during the Fall semester, and February and March in the Spring semester. Figure 3 provides a graphical representation of the proportions of intakes conducted in 2016 – 2017.
c. **Outcome: Assess level of distress at intake.** Clients complete a measure of distress at each counseling visit, including intake and crisis sessions. At intake, clients complete the CCAPS 62, while at follow-up therapy sessions clients complete the shorter CCAPS 34 (Center for Collegiate Mental Health, 2015). Overall distress is measured via a “Distress Index.” At intake, UCC clients had a Distress Index raw score of 1.85, which falls at the 54th 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 54% of a large national sample of students seeking services at counseling centers. In fact, University of Utah UCC clients reported higher than average levels of distress on all measures of the CCAPS at intake except Substance Use, Eating Concerns and Hostility. The highest overall distress for our clients was reported on the Academic Distress subscale, followed by Social Anxiety, Depression, and Generalized Anxiety (See Figure 4). Interestingly, our clients showed most deviation from other counseling center clients on Depression (56% were above the national average) and Academic Distress (55% were above the national average). Client family history is also associated with client level of distress. Figure 5 summarizes Family History data reported at intake for 2016 – 2017.
<table>
<thead>
<tr>
<th>Item</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member diagnosed with mental disorder</td>
<td>40.6%</td>
</tr>
<tr>
<td>Frequent hostile arguing</td>
<td>39.2%</td>
</tr>
<tr>
<td>Parents divorced before 18</td>
<td>29.2%</td>
</tr>
<tr>
<td>Parents unemployed for extended period</td>
<td>20.8%</td>
</tr>
<tr>
<td>Family frequently moved</td>
<td>21.1%</td>
</tr>
<tr>
<td>Family member with debilitating illness, injury, handicap</td>
<td>20.1%</td>
</tr>
<tr>
<td>Family member hospitalized for emotional issue</td>
<td>20.3%</td>
</tr>
<tr>
<td>Family member attempted suicide</td>
<td>17.4%</td>
</tr>
<tr>
<td>Family member with eating problem</td>
<td>18.0%</td>
</tr>
<tr>
<td>Parent with drinking problem</td>
<td>17.0%</td>
</tr>
<tr>
<td>Family member prosecuted for criminal activity</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

Figure 4: CCAPS Scale Scores at Intake

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Distress</td>
<td>2.16 (55th percentile)</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>2.02 (54th percentile)</td>
</tr>
<tr>
<td>Depression</td>
<td>1.86 (56th percentile)</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>1.94 (52nd percentile)</td>
</tr>
<tr>
<td>Distress Index</td>
<td>1.85 (54th percentile)</td>
</tr>
<tr>
<td>Eating Concerns</td>
<td>0.89 (48th percentile)</td>
</tr>
<tr>
<td>Hostility</td>
<td>0.86 (48th percentile)</td>
</tr>
<tr>
<td>Substance Use</td>
<td>0.47 (43rd percentile)</td>
</tr>
</tbody>
</table>

Figure 5: Family History of UCC Clients
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 (2012 – 2016). Anxiety, Depression, and Stress remain the “Top 3” Concerns reported at intake.

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

3 have done some binge drinking in the past 2 weeks
2 are using marijuana
5 have had previous counseling or psychotherapy
4 are taking psychotropic medications
1 has been psychiatrically hospitalized
4 have considered suicide
At least 1 has made a suicide attempt
3 are engaging in self-harming behaviors
At least 1 has thoughts 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
2 have a parent with a drinking problem
1 was aware of physical abuse going on in the family
1 was aware of rape or sexual assault in the family
2 had a family member hospitalized for mental health reasons
4 have a family member with a mental disorder
2 had a family member attempt suicide
1 had a family member complete suicide
1 had a family member who was prosecuted for criminal activity
Table 1: Top Client Concerns Reported at Intake by Percent Endorsed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>61.8 (1)</td>
<td>68.2 (1)</td>
<td>69.0 (1)</td>
<td>73.1 (1)</td>
<td>70.8 (1)</td>
</tr>
<tr>
<td>Depression</td>
<td>59.0 (2)</td>
<td>62.5 (2)</td>
<td>63.4 (2)</td>
<td>64.6 (2)</td>
<td>63.7 (2)</td>
</tr>
<tr>
<td>Stress</td>
<td>57.4 (3)</td>
<td>56.7 (3)</td>
<td>58.6 (3)</td>
<td>63.8 (3)</td>
<td>60.1 (3)</td>
</tr>
<tr>
<td>Academic</td>
<td>47.8 (4)</td>
<td>44.5 (4)</td>
<td>45.4 (4)</td>
<td>46.9 (4)</td>
<td>45.0 (4)</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>39.2 (5)</td>
<td>35.4 (5)</td>
<td>38.1 (5)</td>
<td>36.9 (5)</td>
<td>39.7 (5)</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>22.4 (8)</td>
<td>24.5 (8)</td>
<td>26.9 (8)</td>
<td>28.0 (7)</td>
<td>29.7 (6)</td>
</tr>
<tr>
<td>Loneliness</td>
<td>32.8 (6)</td>
<td>27.5 (7)</td>
<td>29.5 (6)</td>
<td>29.1 (6)</td>
<td>28.4 (7)</td>
</tr>
<tr>
<td>Relationship w/ part</td>
<td>31.3 (7)</td>
<td>29.8 (6)</td>
<td>27.7 (7)</td>
<td>27.8 (8)</td>
<td>28.2 (8)</td>
</tr>
<tr>
<td>Family I grew up in</td>
<td>19.5 (9)</td>
<td>19.9 (9)</td>
<td>18.6 (10)</td>
<td>19.9 (9)</td>
<td>20.7 (9)</td>
</tr>
<tr>
<td>Relationship w/ friends</td>
<td>18.4 (10)</td>
<td>19.2 (10)</td>
<td>19.9 (9)</td>
<td>27.8 (8)</td>
<td>17.3 (10)</td>
</tr>
</tbody>
</table>
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 confirm assignments to type of counseling (individual, group, couple, mindfulness workshops, assessment), or in some cases, referral to the community. Each client is briefly presented by the staff member who met with the client for intake or crisis and the team reviews the client intake forms. Following the team meeting, the team leader and the Mental Health Intervention Specialist make the counselor assignment. Clients are assigned to staff based on agency-wide counselor availability and whether or not the client agrees to record. Other client assignment factors include 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. 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 mindfulness workshop. For individual counseling and pre-group screenings, we request that 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 follow up 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.

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

a. **Outcome: Total sessions provided.** The UCC provides a variety of direct mental health services to University of Utah students. **This past year we provided 9127 sessions to 1647 clients (up from 1529 clients in 2015-16, or an increase of 7.7%).** This continues a trend for growing utilization of UCC services over the past decade (see Figure 7). Overall, clients accessed the UCC for any service at the highest rates in October and November during the Fall semester and February, March, and April during the Spring semester. The trend for use of UCC services has shifted in recent years to earlier in the year and remaining high rather than peaking during Spring semester. In 2016 – 2017 clients cancelled 6.8% of all appointments and “no-showed” for 10.6% of all appointments. As discussed in the UCC Plan for the Future, we have instituted email and text appointment reminders which we hope will decrease the percentages of clients who do not attend scheduled appointments.
b. **Outcome: Individual counseling sessions provided.** The most heavily used service is *individual counseling*, which we offer to undergraduate students taking 6 or more credits and to graduate students taking 3 or more credits. Individual counseling is meant to be relatively short term, with a general expectation of up to 12 sessions. For training purposes and when circumstances allow or require, we may extend that limit. **In 2016 – 2017, UCC staff provided 5,085 sessions of individual therapy for 1,035 clients.** While the number of individual sessions only increased 1.82% from last year, we saw 8.4% more clients for these sessions, likely reflecting changes in the need to absorb the increased number of clients attending initial intake appointments. In addition, staff met with 179 clients for direct face-to-face case management services for a total of 235 hours. Case management services can be provided to current clients or to former clients.

c. **Outcome: Group counseling sessions provided.** *Group counseling* is an effective and somewhat more cost efficient modality for addressing mental health concerns. The UCC has an active group psychotherapy program through which we offered 7 different therapy groups and 2 support groups last year. **94 clients attended group (generally not the same clients that are in individual counseling), for a total of 975 appointments.** 86 of these clients also attended pre-group screening/orientation appointments. This represents a decrease in total group appointments, likely due to offering two fewer therapy groups in 2016 – 2017 compared to the previous year. An average of 10 clients per group attended the Women of Color group across the year, which is a collaborative effort between the Women’s Resource Center and the UCC.
d. **Outcome: Couples counseling sessions provided.** We also offer couples counseling, although we do so on a more limited basis. This past year 66 couple’s intake sessions were conducted and 56 couples attended 225 couples counseling sessions, representing an 48% increase from 152 couples sessions in 2015 – 2016.

e. **Outcome: Crisis intervention services provided.** Crisis intervention appointments are typically conducted by our MHIS staff for clients seeking crisis services at the UCC, although they can also be conducted by other staff on crisis coverage duty. This past year, 446 hours were devoted to crisis intervention appointments. Please note that this does not include crisis intakes.

f. **Outcome: Case management and in-house clinical consultation hours.** 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. Staff devoted 338 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 recorded 170.35 hours of “in-house case consultation” to monitor and strategize about high risk clients, support trainee staff in working with complex clients, etc.

g. **Outcome: Mindfulness Clinic workshops provided.** Our Mindfulness Clinic this year offered weekly 30-minute drop-in meditation sessions and 13 offerings of the 4-part workshop series, *Feel Better Now.* *Feel Better Now* consists of four, 1-hour modules that introduce participants to mindfulness and emotion regulation strategies. 290 students, staff or faculty clients attended various Mindfulness Clinic offerings. Meditation groups met 28 times and served 78 people. Mindfulness workshops served 168 people. There were also 3 people served through a 30-minute yoga offering, and an additional 41 people served through 12 unspecified mindfulness center service appointments. The *Mindful Approach to Work-Life Balance* workshop was expanded to include for U graduate students this year, in addition to U staff and faculty. We offered two *Mindful Approach to Work-Life Balance* workshops in Spring and Summer 2017, with an average of 7 participants attending the Spring and 3 participants the Summer workshops.

h. **Outcome: Psychological assessment services provided:** The Counseling Center offers psychological assessment services to clients who are actively engaged in psychotherapy with one of our counselors. Staffing for this service primarily occurs 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. 38 clients completed assessments for a total of 183 appointments including feedback sessions.
Figures 8 – 10 provide graphical representations of percentages of major clinical appointments, monthly number of appointments by appointment type and individual counseling sessions by month.

**Figure 8: Major Clinical Appointments (2016-2017)**

**Figure 9: Monthly Number of Appointments by Type (2-16-2017)**
i. **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:

- **50.8% of clients reliably improved** on the Depression subscale and 1.2% reliably worsened, \( n = 215 \)
- **44.1% of clients reliably improved** on the Generalized Anxiety subscale and 0.3% reliably worsened \( n = 150 \)
- **41.8% of clients reliably improved** on the Academic Distress subscale and 0% reliably worsened \( n = 100 \)
- **38.3% of clients reliably improved** on the overall Distress Index and 0.5% reliably worsened \( n = 166 \)
- **35% of clients reliably improved** on the Social Anxiety subscale and 0% reliably worsened \( n = 65 \)
- **29.1% of clients reliably improved** on the Hostility subscale and 0.5% reliably worsened \( n = 146 \)
- **26% of clients reliably improved** on the Eating Concerns subscale and 0.4% reliably worsened \( n = 55 \)
- **15.4% of clients reliably improved** on the Substance Abuse subscale and 0.9% reliably worsened (n = 40)

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: **36.1% of clients both showed “reliable change” and moved out of the “high distress” category for the overall Distress Index.** The Hostility (36.9%) and Depression (30.3%) scales showed a similar response. Other scales were as follows: Substance Use (25.5%), Generalized Anxiety (22.7%), Academic Distress (21.4%), Eating Concerns (21.2%), and Social Anxiety (14.8%).

We also compared our average client change on CCAPS subscores to the average change of clients at other university counseling centers among clients who had elevated levels of distress. **Our client’s average change on the Distress Index scale was greater than the change achieved by 67.5% of counseling centers.** Furthermore, our client’s average changes on the Generalized Anxiety, Hostility, and Eating Concerns scales were greater than 80.9%, 74.6%, and 73.9% of counseling centers, respectively. Other scales were as follows: Social Anxiety (68.5%), Alcohol Use (68.5%), Depression (66.4%), and Academic Distress (53.2%).

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,” 66 clients endorsed this at a “4” at their first administration and 91 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, 39 clients endorsed a “4” and 77 endorsed a “3” for this item. These data suggest that with counseling, students with high levels of suicidal ideation are likely to report diminished levels of SI.

With regard to the item “I am afraid I might lose control and act violently”, 27 clients endorsed this at a “4” at their first administration, and at the last session 19 clients did. Similarly, 49 endorsed a “3” at their first administration, and at their latest treatment session only 21 clients did. The data are supportive of diminished concerns about acting out with violence after receiving treatment at the UCC. On the item “I have thoughts of hurting others” 5 clients endorsed this at a “4” and at the latest assessment, 1 did. For the 17 clients who endorsed this item at a “3”, 9 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 the decrease by the end of treatment assessment is less than suicidal ideation.
j. **Outcome: Operate within the 12 session short-term framework for individual and couples counseling.** The average number of individual counseling sessions per client was 4.63, which represents a decrease of 11.3% from last year. Fifty-four clients were seen for more than 12 sessions during the year, with a maximum of 35 sessions. 73% of clients were seen in individual counseling from 1-5 times. **The average number of all appointments (intakes, individual, crisis, medication management, etc.) per client was 5.77.**

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

- **58.3% of clients reliably improved** on the overall Distress Index and 0% reliably worsened (n = 14)
- **57.1% of clients reliably improved** on the Depression subscale and 8.3% reliably worsened, (n = 20)
- **45% of clients reliably improved** on the Hostility subscale and 3% reliably worsened (n = 9)
- **37.5% of clients reliably improved** on the Substance Use subscale and 0% reliably worsened (n = 3)
- **35.3% of clients reliably improved** on the Eating Concerns subscale and 5.6% reliably worsened (n = 6)
- **20.9% of clients reliably improved** on the Generalized Anxiety subscale and 0% reliably worsened (n = 9)
- **18.5% of clients reliably improved** on the Academic Distress subscale and 0% reliably worsened (n = 5)
- **10% of clients reliably improved** on the Social Anxiety subscale and 0% reliably worsened (n = 4)

l. **Outcome: Clinical staff remains current in terms of clinical best practices.** UCC staff actively participate in local and national conferences. See Appendix C for a listing of local and national conferences and workshops attended by UCC staff and the Table 27 for UCC staff professional service. Appendix D contains ratings of this year’s Staff Development Series, held in conjunction with the Student Affairs Diversity Council (SADC) Training Seminars.

m. **Outcome: UCC services enhance students’ experience at the U, thus enhancing student retention.** UCC services enhance students’ experience at the U, which should have a positive impact on student retention. UCC administered a client experiences questionnaire to clients attending any post-intake session during November 2016. 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 255 clients responded. 29.1% of clients indicated they were “thinking of leaving the U before counseling.” Of that group, 84.9% said that counseling “helped me stay at the U of U.” 63.4% of all clients expressed that counseling had “helped me stay at the U of U.” 59.7% said counseling helped them increase their academic performance, while 76.6% said counseling enhanced their experience at the U.

More specifically, 72.7% of clients said counseling helped them think in more complex ways. Counseling helped 64.3% attend, concentrate and/or persist at academic tasks; and counseling helped 84.6% improve the “non-academic” areas of their life. 69.8% reported counseling helped them improve interpersonal skills, 64.7% reported counseling helped them improve the quality of their relationships and 76.4% reported counseling improved their ability to “be myself.”

**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 which include *psychiatric evaluations* and *medication management* appointments. 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.

a. **Outcome: Psychiatry Services Provided:** This past year clients attended 110 psychiatric evaluations and 559 follow-up medication management appointments. Total psychiatric evaluations decreased 39% from 2015-16. A likely reason for the decrease in psychiatric services was the fact that we had fewer resident hours provided by the Department of Psychiatry this year. 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.
UCC CORE OBJECTIVE #2: PROVIDE CONSULTATION AND MENTAL HEALTH EDUCATIONAL SERVICES TO THE CAMPUS COMMUNITY

Another major area of focus for the University Counseling Center (UCC) is the provision of clinical consultation and mental health educational services to the campus community. Clinical consultation is provided to U faculty, staff, and students who seek assistance related to students of concern and making appropriate campus referrals. All UCC permanent clinical staff members participate in this endeavor. Outreach services are made available primarily to the University community, including student groups, administration, Student Affairs units, and academic departments. Occasionally, presentations are conducted with community groups in the Salt Lake City area. Outreach requests are fulfilled by UCC’s permanent clinical staff and interns and allow staff members to make connections with the campus community and develop strong collaborative relationships with University students, faculty, and staff.

The Prevention and Outreach area was coordinated by Tony Kemmochi, Psy.D. through September, 2016 when he left the UCC. Susan Chamberlain, Ph.D. took over Outreach Coordination duties at that time. One of Dr. Chamberlain’s primary objectives in the outreach area this year was to shift our emphasis away from events that provided a minimum return on the number of dedicated staff hours (e.g., tabling) to continuing to develop collaborative relationships with campus offices, particularly those that serve students with under-represented and marginalized identities (e.g., first generation college students; students of color). Dr. Chamberlain has started developing projects in collaboration with several Student Affairs units, including the Center for Ethnic Student Affairs (CESA), International Scholar and Student Services (ISSS), the Homeless Student Task Force, and student groups associated with the Office of Engagement (e.g., Somos Dreamers, Beacon Scholars, and First Star). Dr. Chamberlain also initiated several projects with University of Utah Marketing and Communications, including the creation of a new trifold UCC brochure that presents our services and fees using appealing and student-friendly content, ads in university published orientation materials, a Facebook Live event, several articles in University publications (including the University newsletter “@ The U”), and facilitating UCC staff participation in Humans at the U. Dr. Karen Cone-Uemura was highlighted in Humans of the U in March, 2017 https://attheu.utah.edu/home-page/humans-of-the-u-34/.

The provision of consultation and mental health educational services to the campus community is aligned with Student Affairs Strategic Objective # 5, Partner with faculty, staff and external constituencies to foster student development and enhance the greater community. More specifically, this core objective and related goals connect to Student Affairs Strategic Objective # 5, Goal a: Develop formal and informal reciprocal partnerships with campus and community constituents, providing on-going events and engagement opportunities that bridge the University community with the greater Salt Lake Community, as well as the Campus Community and Diversity and Inclusion Student Affairs Learning Domains.
Table 2 outlines the 10 campus units with which the UCC collaborated most frequently when providing clinical consultation and prevention and outreach programs. In addition to outreach provided to specific U departments, we staffed 65 hours of consultation and outreach for the general campus community (reaching 8,942 people) and 19.25 hours of consultation and outreach to the Salt Lake community (reaching 72 people).

Table 2: Most Frequent Campus Partner Contacts (2016-2017)

<table>
<thead>
<tr>
<th>PROGRAM/DEPARTMENT SERVICE PROVIDED TO</th>
<th>HOURS</th>
<th>NUMBER OF PEOPLE</th>
<th>NUMBER OF CONTACTS (CONSULTATIONS + OUTREACH PROGRAMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIORAL INTERVENTION TEAM</td>
<td>42.25</td>
<td>257</td>
<td>32</td>
</tr>
<tr>
<td>CENTER FOR DISABILITY &amp; ACCESS</td>
<td>33.25</td>
<td>121</td>
<td>18</td>
</tr>
<tr>
<td>ORIENTATION</td>
<td>21.83</td>
<td>1,256</td>
<td>25</td>
</tr>
<tr>
<td>CESA</td>
<td>10.75</td>
<td>98</td>
<td>8</td>
</tr>
<tr>
<td>HONORS COLLEGE</td>
<td>9.83</td>
<td>86</td>
<td>8</td>
</tr>
<tr>
<td>HRE</td>
<td>9.50</td>
<td>86</td>
<td>8</td>
</tr>
<tr>
<td>STUDENT AFFAIRS</td>
<td>9.0</td>
<td>151</td>
<td>10</td>
</tr>
<tr>
<td>INTERNATIONAL STUDENT &amp; SCHOLAR SERVICES</td>
<td>8.50</td>
<td>112</td>
<td>8</td>
</tr>
<tr>
<td>ATHLETICS</td>
<td>8.50</td>
<td>39</td>
<td>5</td>
</tr>
<tr>
<td>ASUU</td>
<td>7.25</td>
<td>47</td>
<td>7</td>
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</tbody>
</table>

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

GOAL 1: MAINTAIN EFFECTIVE RESPONSIVENESS TO REQUESTS FROM U STUDENTS, FACULTY AND STAFF REGARDING STUDENTS OF CONCERN

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

a. **Outcome: Efficiently respond to questions and provide effective consultation.** This past year, we recorded 121 campus consultation contacts. 46.3% of these consultations concerned a U of U student, while smaller percentages concerned U of U staff (2.5%), faculty (0.8%), department (17.4%), or the community (9.1%). At this time, we are only able to track the person/entity that was the focus of the consultation contact. We continue to consider how to document the content of the consultation with our current data management software.

**GOAL 2: PROVIDE CAMPUS OUTREACH AND PREVENTIVE EDUCATIONAL PROGRAMS, BOTH BY REQUEST AND UCC-INITIATED.**

This year the UCC outreach and consultation program continued to be very active, offering presentations to a large number of organizations. Dr. Susan Chamberlain identified three goals for staff to incorporate for each outreach presentation they conduct: 1) teach participants a skill; 2) provide participants with an educational handout; and 3) refer participants to our online workshop evaluation.

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

**Table 3: Most Frequent Campus Partner Collaborations for Outreach Presentations (2016-2017)**

<table>
<thead>
<tr>
<th>Program/Department Service Provided To</th>
<th>Hours</th>
<th>Number of People</th>
<th>Number of Presentations/Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>21.83</td>
<td>1,256</td>
<td>25</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>8.75</td>
<td>150</td>
<td>9</td>
</tr>
<tr>
<td>Honors College</td>
<td>8.50</td>
<td>82</td>
<td>6</td>
</tr>
<tr>
<td>HRE</td>
<td>8.50</td>
<td>197</td>
<td>5</td>
</tr>
<tr>
<td>CESA</td>
<td>7.75</td>
<td>87</td>
<td>6</td>
</tr>
<tr>
<td>TRIO</td>
<td>5.75</td>
<td>185</td>
<td>3</td>
</tr>
<tr>
<td>University Apartments</td>
<td>5.0</td>
<td>131</td>
<td>1</td>
</tr>
<tr>
<td>ASUU</td>
<td>4.50</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td>Nursing</td>
<td>4.0</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Career Services</td>
<td>4.0</td>
<td>33</td>
<td>3</td>
</tr>
</tbody>
</table>
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. Dr. Chamberlain has begun to revamp the focus of UCC Diversity Initiatives to make them more sustainable and to better target UCC needs. Below is a list of Intern Diversity Initiatives conducted by our psychology and social work interns during 2016 – 2017:

- Helping Students in Distress: A Workshop for ISSS Advisors and Staff (Marianne Stone)
- Strengthening Ties with CESA (Kait Whitcomb)
- Developing Mindfulness Mentors (Kim Meyers)
- Secular Student Alliance and Panel (Dena Abbott)
- Collaboration with University of Utah Marketing and Communications (Facebook Live and UCC Services Brochure; Katie Stiel)
- Updating and Diversifying our Waiting Room (Lindsey Painter)
- Strengthening and Sustaining our Relationship with the Feed U Pantry (QPorschatis)

b. **Outcome:** Provide evidence- and theme-based educational and prevention programs on a semester basis. A total of 218 workshops/presentations/tabling events were provided to 34 different campus departments over 23 different topic areas, including stress management, suicide prevention, LGBTQ and multicultural issues, managing life roles, and information about UCC services. Our records show that the **UCC provided 255.83 hours of presentations and workshops to 4,434 students/faculty/staff.** The UCC spent 178.75 hours of preparation time for outreach activities. The Tips for Working with Distressed Students, developed and presented in collaboration with the Center for Student Wellness and the Dean of Students Office was co-presented by Lauren Weitzman to 16 campus units that included the Marriott Library, College of Engineering graduate assistants, Admissions, and the College of Pharmacy. Dr. Weitzman also represented the UCC on a series of Sexual Assault Resource panels following the report of a high visibility sexual assault in October 2016.

Our total number of workshops decreased 39.6% this year, down from 361 in 2015 – 16. This was likely affected by the required increase of clinical service delivery hours for licensed staff in a year where we were also down two permanent clinical staff members. We continue to explore how to maintain outreach as an active element of UCC service delivery given the real demand of providing clinical services.

**The UCC participated in 8 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 594 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, and likely results in greater access and utilization of our counseling services.

We recorded five media outreach contacts this year, which included interviews with the Daily Utah Chronicle, @ the U, and students (individuals and groups) completing class projects. Dr. Weitzman participated in a video created for a documentary film class on reducing the stigma associated with mental health concerns.

A summary of all outreach programs by topic for 2016 – 2017 is provided in Table 4.

<table>
<thead>
<tr>
<th>OUTREACH CATEGORY</th>
<th>HOURS</th>
<th>NUMBER OF PEOPLE</th>
<th>NUMBER OF PRESENTATIONS/APPOINTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAREER DEVELOPMENT</td>
<td>5.0</td>
<td>36</td>
<td>4</td>
</tr>
<tr>
<td>DIVERSITY</td>
<td>8.8</td>
<td>119</td>
<td>8</td>
</tr>
<tr>
<td>INTERPERSONAL SKILLS</td>
<td>6.0</td>
<td>120</td>
<td>3</td>
</tr>
<tr>
<td>MENTAL HEALTH ISSUES</td>
<td>59.30</td>
<td>1809</td>
<td>47</td>
</tr>
<tr>
<td>MINDFULNESS CLINIC</td>
<td>79.0</td>
<td>374</td>
<td>93</td>
</tr>
<tr>
<td>PERSONAL DEVELOPMENT (INCLUDES MBTI WORKSHOPS)</td>
<td>7.0</td>
<td>112</td>
<td>5</td>
</tr>
<tr>
<td>PROFESSIONAL DEVELOPMENT (ETHICS &amp; TRAINING ISSUES)</td>
<td>6.5</td>
<td>62</td>
<td>5</td>
</tr>
<tr>
<td>TABLING</td>
<td>20.0</td>
<td>594</td>
<td>8</td>
</tr>
<tr>
<td>UCC SERVICES</td>
<td>42.8</td>
<td>1,201</td>
<td>45</td>
</tr>
<tr>
<td>TOTAL</td>
<td>238.8</td>
<td>12,298</td>
<td>225</td>
</tr>
</tbody>
</table>
c. **Outcome: Provide confidential, anonymous online mental health screenings.** The UCC continues to offer online screenings for the ninth continuous year. These screenings are located and accessible on the UCC’s Website Home Page. **A total of 1,790 online mental health screenings were taken this year**, which was essentially the same number as last year. The breakdown of total screenings is as follows: Depression (655), Generalized Anxiety (650), Bipolar (159), Disordered Eating (114), Post-traumatic Stress Disorder (112), and Alcohol Misuse (55), and Substance Use (45). 23% of students completing online screenings lived on campus. The breakdown by academic years showed: 17% freshman, 17% sophomore, 18% junior, 26% senior, and 22% graduate student. Table 5 summarizes data for each screening for treatment history and plans to seek help post-screening. It is striking to notice that the majority of persons completing these online screenings have not been in mental health treatment, yet a majority of those responding to the question plan to seek professional help. This affirms the importance of these anonymous online mental health screenings for facilitating access to mental health services.

**Table 5: SUMMARY OF ONLINE MENTAL HEALTH SCREENING TREATMENT DATA (2014-2016)**

<table>
<thead>
<tr>
<th>Screening Type</th>
<th>Never Been Treated</th>
<th>Plan to Seek Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Anxiety</td>
<td>76% (of 650 respondents)</td>
<td>77% (of 152 respondents)</td>
</tr>
<tr>
<td>Depression</td>
<td>71% (of 655 respondents)</td>
<td>73% (of 151 respondents)</td>
</tr>
<tr>
<td>Bipolar</td>
<td>94% (of 159 respondents)</td>
<td>70% (of 20 respondents)</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>88% (of 114 respondents)</td>
<td>67% (of 9 respondents)</td>
</tr>
<tr>
<td>PTSD</td>
<td>82% (of 112 respondents)</td>
<td>89% (of 19 respondents)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>95% (of 55 respondents)</td>
<td>43% (of 7 respondents)</td>
</tr>
<tr>
<td>Substance Use</td>
<td>89% (of 45 respondents)</td>
<td>71% (of 7 respondents)</td>
</tr>
</tbody>
</table>

d. **Outcome: Regularly evaluate the effectiveness of outreach programs conducted on campus.** We continue to face challenges in our ability to consistently obtain evaluation data for our outreach programs. In 2016 – 17, only 15 respondents completed our online evaluation survey, even though we have begun to provide the link to the online survey at the end of most outreach
presentations. We remain committed to problem-solving this issue. In addition to obtaining important evaluation data, this will allow us to better report the demographics of the students served by our outreach programs.

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

This was the 19th year of the Faculty Liaison Program, which was created to develop and strengthen working relationships between UCC staff and academic departments/faculty. This program has helped academic departments/faculty better access services at the UCC and provides a specific individual contact when clinical consultation is necessary.

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

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

c. *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 this year in January, 2017. Please see Appendix E for this year’s letter.

**GOAL 4: SUSTAIN A VIBRANT SOCIAL MEDIA PRESENCE**

Susan Chamberlain, Outreach Coordinator, had primarily responsibility for creating content for UCC social media platforms. An informal polling of UCC clients conducted this year revealed that Facebook, Twitter, and Instagram are the most popular sites, so we continue to target social media efforts here. The UCC Social Media Policy to establish guidelines for posting to social media may be found in Appendix F.
f. **Outcome: Maintain and regularly post to the UCC Facebook, Twitter and Instagram**

   ![Facebook Icon](https://www.facebook.com/UofUCounseling)

   Our UCC Facebook page provides information about mental health topics and UCC therapy groups, workshops and social justice activities. We have emphasized skills-focused content such as mindful breathing and self compassion exercises. **The UCC Facebook page had a total of 753 “likes”** by June 30, 2017, representing a 21.4% increase from the previous fiscal year. We have also begun to record data regarding the “post-reach” of our Facebook page. **This year, peak views were achieved in November, December, and March with up to 1076 individual views on posts.** This year also debuted our first Facebook Live event on March 1, 2017. In collaboration with U Marketing and Communication, several staff members were livestreamed from the office discussing UCC staff and services. We had 7,864 views for this Facebook Live event.

   ![Twitter Icon](https://twitter.com/UofUCounseling)

   ![Instagram Icon](http://instagram.com/uofucounseling)

   Twitter, Pinterest and Instagram continue to be active elements of our UCC social media platform. **Currently we have 377 followers on Twitter (18.6% increase) and 621 followers on Instagram (88.6% increase).**

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

   ![YouTube Icon](https://www.youtube.com/user/UofUCounselingCenter)

   The UCC continued to maintain its YouTube channel this past year to share video information on counseling services with the larger campus and currently has 26 subscribers (increase from 22 last year). Videos include *What To Expect From the First Appointment, You Are Not Alone, Mental Health Awareness Promotional Video, and Group Therapy, Isn’t.....*
UCC CORE OBJECTIVE #3: PROVIDE CRISIS INTERVENTION TO PROMOTE INDIVIDUAL AND CAMPUS SAFETY FOR U STUDENTS, STAFF AND FACULTY

The Counseling Center maintains capability to respond to individual student mental health crises as well as campus crises. We now have two Mental Health Intervention Specialist (MHIS) staff whose primary function is to manage and triage students who present for crisis appointments at the UCC. These staff members see all students who present with a mental health crisis defined by our Request for Services form and conduct crisis intakes for students who will be continuing with UCC services. They work closely with clinical team leaders when managing crises. The UCC Request for Services form was updated in Summer 2017 and now includes 7 questions ("I am currently unable to keep myself safe," “I am at risk to end my life or seriously harm someone else,” “I am having strange experiences such as hearing voices or seeing things that others do not,” “I am here today because I have been physically or sexually assaulted recently,” “I am here today because someone close to me has died recently”, “I am here because I am experiencing micro-aggressions, discrimination, and/or oppression”, or “a U of U faculty or staff member has encouraged me to meet with a crisis counselor.” We included the item related to micro-aggressions, discrimination, and oppression so that students impacted by these issues would have access to more immediate care given the impact of recent events that have negatively affected U students who possess marginalized identities.

In 2016 – 2017, UCC staff logged 305.08 hours of direct crisis intervention services (295 appointments). 104 crisis intakes were conducted during this timeframe. Please note that these numbers look different when compared to 2015 – 2016 given the incorporation of our new MHIS positions into our crisis response system. Our MHIS staff are now conducting more crisis intakes than clinical team leaders were able to do last year for students who present for a crisis appointment. Once a crisis intake is completed, we change the appointment in Titanium accordingly. Logged crisis intervention sessions represent students who presented for a crisis appointment but who are not continuing with UCC services, students who are referred for a follow-up advance or same intake, or students being treated at the UCC who presented for a crisis appointment outside of their regularly scheduled counseling session.

The provision of crisis intervention services to the campus community is aligned with Student Affairs Strategic Objective # 1a. (Promote physical, spiritual and psychological health and wellness, collaborating across campus with multiple organizations) and Strategic Objective # 5 (Partner with faculty, staff and external constituencies to foster student development and enhance the greater community). This Core Objective and related goals connect to the Health& Wellness and Campus Community Student Affairs Learning Domains.
GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #3: PROVIDE CRISIS INTERVENTION TO PROMOTE INDIVIDUAL AND CAMPUS SAFETY FOR U STUDENTS, STAFF AND FACULTY

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

a. **Outcome: Efficiently respond to campus crises.** The UCC is pro-active in reaching out to campus units whenever we learn of the death of a student, staff, or faculty member. In 2016 – 2017, we provided 5 community support meetings facilitated by UCC staff following a critical incident such as a suicide, student death, or other traumatic event.

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

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.** The UCC Clinical Director serves as a member of the Behavioral Intervention Team, which operates out of the Dean of Students office. This UCC role on this team is to provide mental health guidance, consultation and support. **Rob Davies and Cindy Harling served on the Behavioral Intervention Team in 2016 – 2017 and logged 42.25 hours in this role.**

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

a. **Outcome: Provide evidence-based campus suicide prevention trainings.** Suicide prevention gatekeeper trainings were provided to four campus departments in 2016 – 2017.

b. **Outcome: Regularly evaluate the effectiveness of suicide prevention programs conducted on campus.** We are continuing our efforts to improve our evaluation methods to ensure that all campus suicide prevention gatekeeper trainings are evaluated.
UCC CORE OBJECTIVE #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. In addition to contributing to the educational mission of the University, UCC trainees provide direct clinical services to University students. As detailed below, Departmental Core Objectives of the UCC permanent clinical staff in the Training area in 2016-2017 included the recruitment, selection, orientation, training, supervision, oversight, evaluation and administration of 24 graduate-level trainees in a total of five clinical UCC training programs. These trainees came from 4 mental health disciplines from across campus and from across the country.

To begin the 2016-2017 academic year the UCC Training Committee was comprised of Glade Ellingson, Ph.D. (Training Director), Josh Newbury, L.C.S.W. (Coordinator of Social Work Training), and Susan Chamberlain, Ph.D. (Coordinator of Practicum Training). Dr. Ellingson maintained overall responsibility for agency training and directly administered the psychology internship and psychiatry residency training programs; Mr. Newbury continued direct administrative responsibility for social work training while Dr. Chamberlain administered the doctoral practicum training programs. In May 2017, Steven Lucero, Ph.D. became the Training Director and Dr. Ellingson transitioned into a staff psychologist position. Additionally, the psychiatry residency training program was discontinued as of July 2017 due to challenges with psychiatry residency staffing involving the consistency and provider availability for UCC clients requiring medication. Key activities of UCC permanent clinical staff members related to training are explicated below.

TRAINING PROGRAM CHANGES AND ACCOMPLISHMENTS FOR 2016-2017

• This was the first full training year on the training committee for two of the four permanent clinical staff members, who continued to be oriented in their respective roles.
• Completed a successful psychology intern national search and matched with 4 interns from APA-accredited academic programs (University of Louisville, University of Missouri-Kansas City, University of Nebraska-Lincoln, University of California-Santa Barbara) for 2017-2018.
• Completed a successful social work intern search from the Utah State University College of Social Work, selecting a diverse cohort of 4 interns for the 2016-2017 academic year.
• Updated Psychology Intern Evaluation instrument in line with American Psychological Association (APA) updated Standards of Accreditation (SOA).

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 Core Objective and related goals connect to the Campus Community and Diversity and Inclusion Student Affairs Learning Domains.
GOALS AND OUTCOMES SUPPORTING UCC CORE OBJECTIVE #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD

GOAL 1: ADMINISTER HIGH-QUALITY TRAINING PROGRAMS IN COLLABORATION WITH THE DEPARTMENTS OF EDUCATIONAL PSYCHOLOGY, PSYCHOLOGY, PSYCHIATRY AND THE COLLEGE OF SOCIAL WORK

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

The UCC remained 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 until the termination of the program. In 2016-2017 UCC trained 4 advanced psychiatry residents who totaled .67 FTE for the year.

Residents performed diagnostic psychiatric evaluations for medication management and followed up outpatient medication management under the supervision of Dr. Matthew Moench, our attending psychiatrist. Residents assisted with the psychiatric hospitalization of our most acutely or persistently mentally ill students. They also received clinical supervision to provide individual or group psychotherapy on a limited basis. In a joint collaboration between Student Affairs and the School of Medicine, several UCC permanent clinical staff held Adjunct or Clinical Professor status in the Department of Psychiatry (see Table 26). Please see Table 6 for a summary of Psychiatry Resident clinical contributions in 2016 – 2017.

The UCC selects **Social Work Interns** each year from the Masters of Social Work program at the University of Utah’s College of Social Work. We were able to provide funding for an additional social work intern beginning 2016 – 2017. These four interns complete a 20 hour per week internship across Fall and Spring Semesters, collectively totaling .9 FTE.

Social Work 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 four social work internship slots. Our five Licensed Clinical Social Workers (L.C.S.W.s) 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 L.C.S.W.s provide clinical training and supervision via small group and individual mentorship. Again, agency supervisors oversee and incur professional liability for interns’ work. Please see Table 7 for a summary of Social Work Intern clinical contributions in 2016 – 2017.

All second year doctoral students in Counseling Psychology and in Clinical Psychology at the University of Utah serve as **Practicum Counselors** in the UCC, which functions as a “core” practicum site for these academic programs. The administration of these programs for 2016-2017 was the
responsibility of Susan Chamberlain, PhD. The year brought four 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 also eight practicum counselors from Clinical Psychology, each enrolled in two separate practica: Cognitive Behavioral Therapy and Psychological Assessment, totaling approximately 15 hours per week.

Each of these practica is another important example of collaboration between Student Affairs and Academic Affairs at the University. Clinical supervision for these twelve doctoral students is provided by both licensed UCC permanent clinical staff members and licensed academic faculty partners. Please see Table 8 for a summary of Practicum Counselor clinical contributions in 2016 – 2017.

<table>
<thead>
<tr>
<th>Table 6: PSYCHIATRY RESIDENTS’ CLINICAL CONTRIBUTIONS (2016 – 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry Residents’ Clinical Contributions 2016-2017 (N=4; Total FTE = .67)</td>
</tr>
<tr>
<td>Psychiatry Evaluations</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 7: SOCIAL WORK INTERNS’ CLINICAL CONTRIBUTIONS (2016 – 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work Interns’ Clinical Contributions 2016-2017 (N=4; Total FTE = 1.5)</td>
</tr>
<tr>
<td>Intake Sessions</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>84</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 8: DOCTORAL PRACTICUM COUNSELORS’ CLINICAL CONTRIBUTIONS (2016 – 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral Practicum Counselors’ Contributions 2016-2017 (N=12; Total FTE = 2.25)</td>
</tr>
<tr>
<td>Intake Sessions</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>88</td>
</tr>
</tbody>
</table>
b. **Outcome: Provide effective supervision & training.** UCC licensed permanent clinical staff members and psychology interns provided weekly clinical supervision to eight of these graduate trainees. UCC licensed staff and psychology interns provided an average total of 18 hours per week of one-to-one clinical supervision during Fall and Spring semesters and 8 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. As mentioned, all four UCC LCSWs are recognized by the College of Social Work as approved Field Faculty Instructors.

   ii. The UCC again sponsored a Social Work Intern Open House for MSW-student applicants from the local College of Social Work, as well as a Psychology Intern Open House for applicants nationally.

   iii. The UCC continues to have our Supervision Seminar for Psychology Interns co-taught by the Counseling Psychology faculty member who is concurrently the Practicum Instructor for the “Core” Practicum here. This allows training collaboration between UCC professional staff and interns and Ed Psych faculty members Sue Morrow, Ph.D. (Fall) and Karen Tao, Ph.D. (Spring).

   iv. Susan Chamberlain, Ph.D. worked closely with faculty members from the Clinical Psychology doctoral program in the Department of Psychology to administer the department’s Cognitive-Behavioral Therapy Practicum and Assessment Practicum at UCC, respectively.

**GOAL 2: ADMINISTER AN AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) ACCREDITED PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING PROGRAM.**

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

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

The Psychology Internship Training Program at UCC brings four full-time interns (4.0 FTE) to the center each year via a competitive national search and matching process. These are doctoral candidates in psychology in their final year of PhD programs from across the country. They complete a 12 month, 2000 hour UCC internship providing individual, group and couples therapy, intake assessment and crisis intervention services, psychological testing services, campus community outreach and clinical supervision to less-experienced campus graduate student therapists. They also
teach credit-bearing undergraduate classes and complete Diversity Initiatives on campus. Please see Table 9 for a summary of Psychology Intern clinical contributions in 2016 – 2017.

While Drs. Glade Ellingson and Steven Lucero directly administered the psychology internship training program, the eight licensed psychologists at UCC collectively recruit, select, orient, train, supervise and evaluate these interns across their internship year. Supervision involves a personal mentorship model. The intern practices under the license of the supervising psychologist who incurs full professional liability for the intern’s actions. Professional internship accreditation standards require that interns each receive at least 4 hours of weekly training and supervision. In turn, each intern provides approximately 22 hours per week of direct service to the agency and university community. UCC permanent clinical staff provided an average of 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. Please see Table 10 for a summary of Psychology Intern evaluation data for 2016 – 2017.

Table 9: PSYCHOLOGY INTERNS’ CLINICAL CONTRIBUTIONS (2016 – 2017)

<table>
<thead>
<tr>
<th>Psychology Interns’ Contributions 2016-2017 (N=4; Total FTE = 4.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Sessions &amp; Crisis Interventions</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>405</td>
</tr>
</tbody>
</table>

Table 10: PSYCHOLOGY INTERNS’ SUPERVISOR EVALUATION SUMMARY DATA (2016 – 2017)

<table>
<thead>
<tr>
<th>Psychology Intern Comprehensive Evaluation Summary Data 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship Goal Area</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>1. Clinical &amp; Psychometric Assessment (11 Items)</td>
</tr>
<tr>
<td>2. Clinical Conceptualization &amp; Interventions (23 Items)</td>
</tr>
<tr>
<td>3. Cultural &amp; Individual Diversity (8 Items)</td>
</tr>
<tr>
<td>4. Consultation &amp; Outreach (7 Items)</td>
</tr>
<tr>
<td>5. Provision of Supervision (12 Items)</td>
</tr>
<tr>
<td>6. Career Development (1 Item)</td>
</tr>
<tr>
<td>7. Research (6 Items)</td>
</tr>
<tr>
<td>8. Ethics &amp; Standards (10 Items)</td>
</tr>
<tr>
<td>9. Professional Development (11 Items)</td>
</tr>
</tbody>
</table>
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 16 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. This makes it possible for the psychology interns to collectively provide more than 2000 hours of direct clinical service and outreach to University students, as in Table 10 above.

c. **Outcome: Provide training seminars that adhere to APA accreditation standards.** In addition to the clinical supervision described above, the UCC psychology internship maintains a program of training seminar consistent with APA accreditation standards. All UCC permanent clinical staff members contribute to these seminars, which include:

- **Orientation & Training:** Agency clinical training spanning much of August
- **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 (4 sessions)
  - Diversity Training (8 sessions)
- **Psychology Training Seminar:** A weekly seminar for psychology interns offered year-long comprised of the following segments:

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

<table>
<thead>
<tr>
<th>RATING</th>
<th>DESCRIPTOR</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No Experience or Demonstrated Skill in this Area</td>
<td>Training Intervention Needed</td>
</tr>
<tr>
<td>2</td>
<td>Below Expected Level Experience &amp; Skill</td>
<td>Training Intervention Needed</td>
</tr>
<tr>
<td>3</td>
<td>Internship Entry-level Experience &amp; Skill</td>
<td>Expected: Beginning of Internship</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Professional Entry-level Experience &amp; Skill</td>
<td>Expected: End of Internship</td>
</tr>
<tr>
<td>8</td>
<td>Postdoctoral-level Experience &amp; Skill</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Advanced Professional-level Experience &amp; Skill</td>
<td></td>
</tr>
</tbody>
</table>
- 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:** This year’s staff development was provided by the Student Affairs Diversity Council (SADC). Monthly SADC Diversity Seminars were attended by UCC clinical staff. Licensed PCS were able to receive continuing education credits for their participation.

- **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). Drs. Glade Ellingson and Steven Lucero maintained memberships in each of these national organizations and interacted with them and academic programs in the following ways:

  i. **APA:**
     - Filed an Annual Report Online (ARO) of demographic and outcome data related to the current and past year’s psychology intern cohorts.
     - Informed the Commission on Accreditation (CoA) of any significant changes to the internship training program.
     - Participated in the national APA Minority Fellowship Program to recruit diverse intern applicants to UCC.
     - Drs. Glade Ellingson and Lauren Weitzman served as APA Accreditation Site Visitors.

  ii. **APPIC:**
     - Registered for the annual APPIC Internship Match, a computer-based matching service whereby national internship applicants and internship sites enter into binding placement agreements.

  iii. **ACCTA:**
     - Drafted written feedback from ACCTA to other national training organizations regarding issues and trends.

  iv. **Academic Programs & Faculty Members:**
     - Interacted regularly with faculty members in Clinical Psychology and Counseling Psychology on campus and across the country in recruiting and selecting interns.
• Correlated 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 63 applicants per year for our four psychology internship slots across the past three years.

**UCC PLAN FOR THE FUTURE**

**UCC ANTICIPATED CHALLENGES**

As summarized on page 5 of this annual report, the severity of presenting concerns for clients seeking services at the UCC continues to represent an area of challenge. We continue to see significant percentages of clients with suicidal ideation, self-harm behaviors, and prior mental health treatment that includes counseling and medication. The addition of our Mental Health Intervention Specialists has enhanced our ability to respond to clients who present at the UCC in crisis and more effectively get them into our clinical system. **We have had to accommodate how we provide individual counseling as the number of students we see each year continues to increase.** This requires scheduling counseling appointments further apart, which likely has an impact on our no show and cancellation rates. It is interesting to note that the average number of all appointments dropped to 4.63 from 5.66 over the past year, representing an 18.2% decrease in number of appointments attended. We hope that the institution of text/email appointment reminders and charging students a fee when they do not attend their scheduled appointment beginning Fall 2017 will reduce the number of no show appointments, allowing us to better serve all students seeking our services.

While we were fortunate to receive additional funding for a .50 FTE APRN and .83 FTE 10-month clinical social worker in the last budget cycle, our **clinical staffing levels** continue to fall below International Association of Counseling Services (IACS) standards, which recommend a 1.0 FTE professional staff member for every 1,000 – 1,500 students. As of Fall 2017, we are at 15.55 FTE, which translates to 1:2122 counselors per students at current enrollment levels. We require an additional 6.0 clinical FTE to obtain the recommended 1:1500 level.

As we acquire new positions, we face the challenge of having **sufficient office space** to accommodate our new clinical staff members. We have increased the number of clinical offices on the third floor of our facility and are currently “at capacity” in this regard. Our **insufficient waiting room space** results in some clients needing to stand while waiting for their appointment during peak times. We have attempted to address this problem by scheduling returning client appointments on both the hour and half-hour.
UCC ANTICIPATED OPPORTUNITIES

As noted elsewhere in this document, our new Mental Health Intervention Specialist staff have significantly improved our ability to serve clients who present at the UCC in crisis. We greatly appreciate the new funding we received to hire a .50 psychiatric APRN, which increases our total APRN FTE to 1.375. This should improve our ability to provide sufficient and consistent psychiatric medication services to UCC clients. We also received funding for a .83 FTE 10-month clinical social worker position for Fall 2017. Having additional staff who work 10 months of the year (August – May) allows us to target additional clinical resources during Fall and Spring semesters when enrollment is at peak levels.

We plan to continue to explore the utility of embedded counselor positions. These are positions that would be housed within campus partner offices (e.g., housing, academic colleges) and would likely be jointly funded positions. Such embedded positions would allow us to increase counselor FTE while enhancing collaborative campus partnerships, and might also ease our current office space problem. There are challenges associated with embedded positions, however, including the difficulty of integrating staff into overall UCC team functioning when some staff members are located in other campus offices.

We have continued to work closely with the ASUU Administration toward the implementation of a new student mental health fee, which we hope to propose to the Student Fee Committee in December, 2017. The ASUU Administration is planning to pass a resolution in favor of this new fee, which also has the support of Barbara Snyder, Ph.D., VP for Student Affairs.

College student mental health continues to receive increased visibility in the state of Utah. Last year, Representative Edward Redd was successful in his effort to pass a resolution entitled Declaring Mental Health Issues to be a Public Health Crisis at Utah Higher Education Institutions. Dr. Snyder was appointed as a member of the Board of Regents Mental Health Working Group, who submitted several recommendations to address this mental health crisis which were approved by the Board in September 2017. We anticipate that this increased visibility will keep college student mental health a focus in future legislative sessions, and we hope that follow-up efforts are focused on appropriation bills to fund additional staff positions.

The UCC’s Mindfulness Center (previously called the Mindfulness Clinic) moved into a larger space in Summer 2016 to accommodate two new massage chairs that we purchased with funds from the ASUU 2015 Senior Class Gift. We purchased new chairs and one love seat, as well as several iPads with mindfulness-related software, which students will be able to check out from our front desk. U Marketing and Communication designed a window vinyl that will increase the visibility of the Mindfulness Center in the third floor SSB hallway. Having more visible and accessible space has been a primary goal for the
past year. We are continuing to furnish the Mindfulness Center and are looking forward to debuting the new space with a campus-wide Open House in Fall 2017. We are also developing a *UCC Relaxation Corner* outside of the south fourth floor elevator, which will have one massage chair and other mindfulness-activities. In addition to providing “non-clinical” space for students and staff, the Relaxation Corner can serve as “overflow” for our waiting room during busy times. We also have repainted and redecorated two group therapy rooms, renamed the Sunshine and Sage Rooms, resulting in more welcoming and therapeutic space for UCC therapy groups.

Lauren Weitzman and Jake Van Epps have been representing the UCC in initial conversations within Student Affairs regarding a new *Health and Wellness Building*. While this is a fairly long-term effort, we have been able to conduct PAC-12 benchmarking and are exploring a variety of options for new physical space and location on campus.

**UCC GRANTS/CONTRACTS:** The UCC has been fortunate to receive annual funding from the Student Affairs Parent Fund. In Spring 2017, we received a $2500 grant to update our waiting room with new artwork and to purchase additional relaxation activities for clients while they are waiting for their appointment.

**UCC GIFTS/NEW REVENUE:** The UCC received funding from Student Affairs for a 10-month Clinical Social Worker who will work 40 hours/week August through May. We also received divisional funding for a half-time psychiatric APRN position.
CENTER FOR STUDENT WELLNESS

CSW MISSION AND SERVICES

The Center for Student Wellness (CSW) mission is to create, nurture, and promote a University environment supportive of healthy life-long behaviors and enhance academic and personal success. We are here to assist students in developing skills 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.

The CSW provides health education and programming to college students along with victim advocacy for survivors of interpersonal violence. 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 key goal of health education is positive behavioral modification. As an office, we view these behavior modifications as anything that increases their personal wellness and therefore academic success (getting more sleep, consuming a balanced diet, etc.). Victim advocacy provides trauma-informed support to survivors of sexual violence and/or relationship violence. This comes in the form of information on and guidance through reporting processes, academic support, safety planning, emotional healing, and mental health referrals. The victim advocates support whatever steps a survivor believes are best in order to thrive after experiencing trauma. The key goal is to retain student survivors as they move through the healing process so that they may successfully graduate with their college degree.

Our services include: the provision of health information relevant to students – most often this includes information on stress, sleep, healthy relationships, nutrition and tobacco use; violence prevention; HIV and sexually transmitted disease (STD) testing; alcohol education and abuse prevention; and making policy recommendations to maintain a healthy learning environment. Sexual assault prevention, education and advocacy is a vital piece of programming and services in the CSW. The Sexual Assault Support Advocates (SASA) assist students, faculty, and staff who have experienced interpersonal violence which includes sexual assault, dating and domestic violence, sexual harassment, and stalking. The staff and the SASAs work closely with the Office of the Dean of Students, Office of Equal Opportunity and Affirmative Action, Department of Public Safety, and off-campus resources to meet survivor needs. The CSW’s role in anti-violence education and advocacy contributes to Title IX and VOWA requirements.

The CSW has core objectives, outlined below, that help drive the direction of the office each year. Goals aligned with these objectives help inform our daily practices and outcomes ensure we are held accountable for completing our work.
CSW CORE OBJECTIVE 1: COLLABORATE WITH CAMPUS AND COMMUNITY ENTITIES TO BETTER SERVE OUR STUDENTS’ WELLNESS NEEDS.

We understand that in order to increase the number of students connected to resources, we must develop partnerships with offices across campus. In other words, office partnerships contribute to the overall success of our students. 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.

Our partnerships include offices such as Housing and Residential Education; The Office of the Dean of Students; Utah Department of Health; Center for New Student and Family Programs; Associated Students of the University of Utah (ASUU); Rape Recovery Center and more.

Our collaborations with Housing and Residential Education are well developed. In 2016-2017, we held a free flu shot clinic in the Peterson Heritage Center to vaccinate residents against influenza, two free STD/HIV testing clinics, and trained Residential Assistant’s (RA’s). With the Office of the Dean of Students Office and the Office of Equal Opportunity we collaborated to continue administering HAVEN and AlcoholEDU for all new students. We also continued discussions on how to streamline victim advocacy services. The Utah Department of Health partnered with us to help train student volunteers on how to provide peer counseling around risk factors for HIV and creation of a personalized safety plan to students being tested. Throughout 2016-2017 we partnered with the University Department of Public Safety to run Coffee with Cops, an awareness event to familiarize the campus community with public safety resources, SASAs and the Start by Believing Campaign. Additionally, for the first time we coordinated Sexual Assault Awareness Month activities throughout April. We collaborated with several offices to highlight the history and culture of sexual violence to educate, raise awareness, and rejuvenate prevention efforts. We chose a theme to invite all voices to join together to end sexual violence in all its forms and offered various events such as panels, presentations, trainings, etc. on topics around sexual violence, supporting survivors, reporting, and intervening.

Office staff also coordinated, chaired, and/or participated in the following groups during 2016-2017: Presidential Task Force on Campus Safety, Homeless Student Task Force, Anti-Bias Wellness Committee, Women’s Leadership Summit, Behavior Intervention Team, and the Student Affairs Diversity Council. Off-campus participation includes the Salt Lake County Sexual Assault Response Team. Some of these positions have been long standing commitments for several years, and some were new appointments that allowed us to collaborate more widely across campus and the community.

In the coming year, the CSW plans to be more intentional in the ways we reach out to the campus community and to develop new partnerships across campus to provide the most impactful outreach for
students. We also revised goals to include reaching out to new and different partners with which we have not previously worked. We began working on this in summer 2017 and made several connections with new academic departments across campus as well as the Salt Lake City Domestic Violence Community Council.

**Goals:** 1) Create and maintain campus partnerships with Student and Academic Affairs to reach a diverse and large student population, 2) Tailor and target programs to specific populations and students.

**Outcomes:** 1) Collaborate with five different and new offices each semester. Establish baseline of demographic and utilization data, 2) Provide targeted programming to five unique campus groups.

1. CSW programming included 234 unique outreach opportunities by its staff in 2016-2017. Staff connected with more than 30 departments and/or faculty members reaching approximately 14,188 campus community members, most of whom were students. See Figure 11 for the number of individual outreach presentations completed by each staff member. See Figure 12 for the categories of offices for which the CSW performed outreach and number of students reached.

2. Previously, the CSW had reached out to populations of students who would be considered ‘high risk’, which include Greek Organizations, athletes, and students who live on campus. We provided tailored programs to these organizations to best reach their students. The office plans to be more intentional in providing outreach to student identity-based groups in 2017-2018.

![Figure 11: CSW Outreach Presentations per Staff Member in 2015-2017](image-url)
**Some students made individual contact with multiple staff members. 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.

h. Outreach topics include:

- Alcohol prevention and education (includes information on alcohol poisoning)
- Stress reduction and management
- Sleep health
- Sexual health
- Healthy relationships
- Anti-violence
  - Bystander intervention
  - Rape mythology
- Orientation – First-year, transfer, and international students
- National College Health Assessment data sharing
- How to Help Students in Distress
- Victim advocacy resources
CSW CORE OBJECTIVE 2: PROVIDE OUTREACH AND HEALTH/WELLNESS EDUCATION TO THE CAMPUS COMMUNITY.

Health and wellness education information sharing is one of the main purposes of the CSW. The office works to create programming and outreach initiatives 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. The programming the CSW runs range from one-time education to ongoing programs and messaging. One-time health and wellness education is valued by the CSW and consists of the majority of our outreach and programming. As reported above, we have contact with several different campus entities totaling over 200 outreach presentations that allowed CSW staff to interact with thousands of students across campus in 2016-2017. Some of those interactions were repeated interactions to the same students through ongoing programs and messages, and many contacts were with new individual students. While the effectiveness of those one-time interactions are not assessed, we are confident the contacts help spread awareness about the CSW as an important resource for students on campus. The office utilizes one-time programming, but sees the value in creating education that is data-driven and consistent, as a way to help students retain messages. This can be done by incorporating individual health engagement opportunities for students as well as serial programs to allow for more constant messaging that is usable and memorable.

CSW staff surveyed students on their perceptions of the office based on the presentation(s) they attended, their increase in knowledge around the topic they received information on, and their level of comfort using the CSW as a resource. Of the people surveyed, 60% strongly agree and 33% agree with the statement “I would feel comfortable going to the Center for Student Wellness if I had questions about health and wellness.” Nearly all students (98%) surveyed strongly agreed or agreed that the CSW presenters had a “welcoming and helpful approach” and 93% said that the presentation increased their “knowledge on the subject/issue”.

CSW has continued to offer Bystander Intervention trainings for students. Bystander intervention training empowers students to intervene in and prevent potentially harmful situations. CSW staff recognizes that standing up to de-escalate violence can be difficult but that each student at the U can play a valuable role in making our campus a safer place. This free 2-hour training is designed to mobilize students, raise awareness, and provide skills to recognize, intervene, prevent and/or stop inappropriate comments, actions, and behaviors – with an emphasis on stopping interpersonal violence, rape, and sexual assault. This training continues to take a more central role in the outreach that the CSW Health Educators offer. Since its creation in 2014 CSW staff have trained 1500 students in intervention
techniques to de-escalate or stop harm. We asked students to describe one strategy they learned from this training. These were some of the strategies students identified as helpful things they learned:

- “How to effectively use both passive and active intervention techniques to help prevent harm”
- “I loved the strategies for passive interventions – I am not always confrontational but love the ideas for passive interventions to help prevent violence.”
- “Being a rape, battery, and assault survivor, I’ve always made a stand to help and be a voice, and this training wants me to keep doing this and I will.”

Additionally, comparisons of pre- and post-survey data show statistically significant differences in participant’s knowledge and likeliness to engage in intervention. After taking the training students were more likely to say they would intervene in situations such as confronting a friend who is grabbing, pushing, or insulting their partner; and calling for help if they heard someone in distress. Last, after completing training, students were less likely to believe in powerful rape myths such as, “rape accusations are often used as a way of getting back at men” and “if a person is raped when they are drunk, they are at least somewhat responsible for letting things get out of control”.

For 2017-2018, our Health Educators intend to intentionally reach out to campus groups, such as the Greek community and athletics, to ensure this training reaches more students.

CSW continued the Wellness Advocate Certificate in 2016-2017. The objective of this program is to educate students on basic health and wellness topics with the goal of them becoming student extensions of CSW staff that are able to help support and empower students to lead healthier, safer lives. The training requires completion of three 2-hour modules on general wellness, healthy relationships, and anti-violence prevention and intervention to become a CSW-certified Wellness Advocate. Twenty-seven students completed the modules and were awarded the certificate. Data collected showed increases in knowledge and confidence in using the information in peer interventions. The CSW plans to continue to hold modules in 2017-2018 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 peers’ wellness.

For several years the CSW has taught Prime for Life, an evidence-based prevention and intervention program to teach sanctioned students how to reduce their risk around alcohol and substance use. Seventy-eight students were sanctioned to take Prime for Life either through Housing and Residential Education, Office of the Dean of Students, SLC Court Systems, or other institutions of higher education (ex. Westminster College). Students consistently report that information around alcohol tolerance and alcohol poisoning is beneficial health information. These results continued to be consistent in the 2016-2017 assessments. Additionally, the CSW conducted 3-month post-class completion surveys to help determine if attending Prime for Life had any impact on behavior change with regard to student use of alcohol. A small number of students responded to this follow-up survey; however, the qualitative data is
rich and informative. Of the 16 students who responded, nine said they were more aware, made changes, or made and sustained changes in regards to being conscious of others' safety when they drink. The following are responses when asked to describe specific strategies students implemented since attending Prime for Life:

- “I learned a lot from the tolerance talks, and now am using what I was taught to know when I’ve had enough to drink.”
- “I tell people little facts on what I learned in the class, like what’s in the average drink and biological proneness and other things that I think of when the topics arise.”
- “Drinking less and less often because my goals motivate me more.”

These results are promising and indicate that Prime for Life is a valuable prevention and education tool for the CSW staff to promote low-risk drinking.

In spring semester 2017, the CSW participated in the National College Health Assessment (NCHA), a nationally recognized research survey that gives us data about University of Utah students’ health habits, behaviors, and perceptions. See Figure 13 for the Top 10 Academic Impacts for the 2017 National College Health Assessment. We continually use this data to help inform us about the key issues students are facing. We will repeat the survey this upcoming year in spring 2019.

![Figure 13: Top 10 NCHA Academic Impacts](image)
Goals: 1) Accommodate the student body by providing a variety of wellness services, 2) Use data, research and national trends to create intentional programming, 3) Combat stigma by creating health positive spaces where students feel safe asking questions

Outcomes: 1) After students access CSW services and/or trainings, they will be able to describe one strategy to manage wellness, 2) Programs implemented are rooted in data, 3) The majority of students surveyed felt they could ask questions and/or see the CSW staff as approachable

1. The CSW strives to provide realistic and useful education to students. Our goal is that students are able to learn practical strategies from our educational efforts that will help them be successful students and graduate. This is a new outcome we developed this year and we are shifting 2017-2018 to better assess learning outcomes of students we engage with.
2. The office prides itself on being thoughtful about best practices, which includes reaching out to other institutions, conducting the NCHA every two years, reading the Journal of American College Health, and researching programs.
3. The office staff naturally develops positive rapport with students and staff alike. This year the CSW will continue to show the majority of students surveyed felt they could ask questions, either in presentations, outreaches, or in the office.

CSW CORE OBJECTIVE 3: PROVIDE DIRECT WELLNESS SERVICES TO STUDENTS.

CSW continues its dedication to providing trauma-informed victim advocacy services to survivors of relationship/sexual violence. The SASA’s, whose main role is to help student survivors navigate campus policies and protocols (as well as the criminal justice system), continued to be an evolving and welcome resource on campus. The advocates worked with 91 survivors in 2016 – 2017, an increase of 111% from 2015-2016. In addition to 91 new clients, the advocates continued to serve many existing clients from previous academic years, making their year extremely busy. As a result of the Presidential Task Force on Campus Safety we were given funding to hire an additional advocate. This person will serve as the Assistant Director of the advocacy team and provide direct client advocacy and clinical supervision of the victim advocates.

Research has shown when people have individualized direct wellness interventions the message is more likely to make a long-term impact. Though the staff is small, the CSW has created and maintained partnerships with offices that can help with direct service programming. Wellness Coaching graduate students from the College of Health have interned in the office and provided one-on-one wellness coaching for students. With the help of the graduate interns, CSW continued the Wellness Coaching program. Anecdotally, we learned that students reacted well to this service. To determine if students were able to adopt the changes they discussed with the well coach, we also implemented a 3-month survey. While the survey numbers were small, students agreed that they felt more capable of taking on their goals after meeting with the well coach and that it was a valued experience.
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 one. With the University of Utah’s average student age directly aligning with this statistic, the CSW staff has determined that offering free HIV/STD testing to our students is a needed direct service. In 2016-2017, CSW staff and student volunteers continued offering mobile testing clinics throughout the school year. This year, the CSW tested 316 students for HIV and 318 for chlamydia/gonorrhea, totaling 634 free STD/HIV tests. These mobile testing clinics allow us to consult individually with students about their risk factors and create a plan to keep them safer when having sex. In addition to the higher numbers of tests we now provide, the office had 14 students test positive for chlamydia, and one student test positive for gonorrhea. This means the students were made aware of their status and treated for free, both of which are positive prevention strategies to limit the spread of gonorrhea and chlamydia on campus.

In 2013, the office started a campaign to engage students in their health around condom distribution by selling 20 condoms for $2 from the CSW office. When students come in, they must engage in a conversation with a staff member about condom use and safe sex. In addition to interacting with many students, answering questions, and supporting them in their sexual health needs, the CSW sold 2490 condoms. The office also keeps track of the offices and partners to whom we distribute condoms to for free. Last year we gave away 1630 condoms to various offices, organizations, student events such as Crimson Nights. We will continue to keep track of condom distribution.

Last, each year the CSW partners with ASUU to secure funding to provide 850 free flu shots for students and did so again in 2016-2017. Collaborating with the Student Health Center we held three free flu shots clinics to distribute these vaccines. The clinics are popular and provide needed access to a free intervention that helps prevent influenza, an issue that frequently impacts students academically.

**Goals:** 1) Provide easily accessible, cost effective and quality wellness interventions, 2) Advocate for students who have experienced interpersonal violence.

**Outcomes:** 1) Increase direct interventions by 5%, 2) Advocates work with 40 new clients per year

1. The CSW hopes to continue to increase the number of students who participate in the CSW’s free or low-cost services such as STD/HIV testing and Wellness Coaching.
2. The advocates far exceeded seeing 40 new clients for the year. We believe an increase will continue as we bring on another advocate.

For 2017-2018 the CSW plans to implement a client satisfaction survey around victim advocacy services in an effort to learn where we are excelling and what we may need to improve.
CSW PLAN FOR THE FUTURE

**CSW Anticipated Challenges.** The CSW continues to be challenged by how our small staff size limits our ability to dedicate time to crafting and providing campus outreach programs. Our limited advocacy staff also poses a challenge as the advocates have been increasingly busy, and we have to be considerate about staff burnout. As we make more connections, we may run the risk of being unable to meet campus needs which could require us to place additional structure around advocacy intake appointments. While CSW staff and student interns are creating more opportunities to develop programming like bystander intervention trainings, clinics, and student leadership opportunities, these efforts are particularly time-consuming with a staff that juggles many roles in the office and on campus. In addition, because our team feels so strongly about connecting with people and offices, we feel the need to say “yes” to all opportunities, quickly leading to overwhelming staff schedules. A related challenge is staff availability, which results in CSW staff taking a passive approach toward outreach by necessity because of our time constraints. We prefer to be more active in the process; however, we often reach a point in the year where we become reactive rather than proactive in our outreach efforts.

The 2016-2017 also marks a transition to a new organizational structure for the CSW. Beginning in 2017-2018 CSW will solely report to the Student Health Center and will no longer be an auxiliary office of the University Counseling Center (UCC). This will challenge the CSW to be very intentional about partnering with the UCC to ensure a continued and strong partnership.

**CSW Anticipated Opportunities.** Research indicates that direct one-on-one interactions are more effective and increase long-term health impacts. CSW efforts in this area provide our office the opportunity to move away from the one-time outreach programming model and toward a model that confers lasting effects. Our continued relationship with the College of Health provides the ongoing opportunity to refine the wellness coaching program. Another area of growth is the mobile STD/HIV clinic that brings resources to student-centric areas, thus increasing the numbers of students being tested. We continue to project an increase in STD/HIV testing on campus. The CSW staff is continuing to grow with the addition of an Assistant Director of Advocacy who will provide direct advocacy services and clinical oversight of the SASAs. This increase in staff means greater outreach and more collaborations with campus and community partners are possible. Increased collaboration means increased understanding of campus partner needs and wants. Though our office sees many students, connecting with different offices means learning more about health issues that impact different student populations and reaching a larger student population. We also look forward to continuing an assessment system for programs and services. Robustly assessing our programs will help our staff demonstrate their impact on the health and wellness of students on campus. While small in number, all CSW staff have the ability to speak knowledgeably about a myriad of health topics and address issues that come up in outreach presentations.

LEARNING SUCCESS CENTER
LEARNING SUCCESS CENTER MISSION AND SERVICES

The Learning Success Center 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 two primary components: ASUU Tutoring Services and Supplemental Instruction (SI). Both are coordinated by Leslie Giles-Smith with Heidi Niitsuma as office manager over tutoring and Brenda Flynn as executive secretary over SI. The Learning Success Center works collaboratively with many other Student Affairs offices and other campus programs to provide study skills, learning assistance, and tutoring for college level learners.

In addition to the permanent staff mentioned above, the Learning Success Center is supported by Zackary Oliphant and Chance Miller, office clerks; David Muir and Max Alfonso, SI supervisors; 16 SI leaders; and approximately 80 tutors. This report will describe in detail the departmental core objectives of the Learning Success Center along with goals and outcomes for each.

LEARNING SUCCESS CENTER ALIGNMENT WITH THE STUDENTAFFAIRS STRATEGIC OBJECTIVES

All LSC 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 Success Center aligns most closely with the following SA Strategic Objectives:

1. Provide education that ensures all staff is properly trained to provide professional and competent service.
2. Utilize a coordinated assessment, evaluation and research approach to promote data driven decision-making.
3. Promote the effective use of best practices in Student Affairs departments, programs and services.

LSC CORE OBJECTIVE #1: ONE-ON-ONE, SUBJECT SPECIFIC TUTORING

The primary goal of ASUU Tutoring Services is to provide students with high quality, affordable tutoring for the most “in-demand” lower division, general education courses. To that end, the Learning Success Center employs an average of 80 tutors with an annual turnover of approximately 50%.

ASUU Tutoring Services 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 provided that the session is held in a public building, not private homes or residence halls.

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 Learning Success 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.

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 accompanying table.

In addition to subject specific tutoring, ASUU Tutoring Services 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.

ASUU Tutoring Services also sponsors a drop-in tutoring facility housed in the Marriott Library. This drop-in center provides assistance with math, chemistry, physics and other courses 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 collaboration with the Marriott Library, ASUU, and the office of the VP of Student Affairs. During previous years,
drop-in tutoring was provided at two locations. This year it was determined that more students were attending tutoring in the Marriott Library and all resources should be devoted to that setting.

ASUU Tutoring Services 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, ASUU Tutoring Services continues to work with student groups and other learning assistance programs to inform students of their options. To that end, ASUU Tutoring Services continues to update and publish a master list of alternative tutoring services. This list is posted on the Learning Success Center website [http://tutoringcenter.utah.edu/alternative-tutoring-services.php](http://tutoringcenter.utah.edu/alternative-tutoring-services.php) and is widely shared with academic departments, Student Affairs offices and other student groups.

The success of ASUU Tutoring Services 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, Office of Equity and Diversity, Opportunity Scholars (DESB), TRIO, 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.

**LSC TUTORING GOALS AND OUTCOMES**

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

The following outcomes highlight how this goal has been accomplished.

**Tutoring Outcome #1:**

Approximately 72% of students who visited the Learning Success Center to inquire about tutoring followed through and participated in a tutoring session.

Not all students who inquire about tutoring are looking for paid, pre-scheduled, one-on-one tutoring. In these cases the LSC staff assisted the student by making referrals to other Learning Success Center services (Marriott Drop-In Tutoring, Supplemental Instruction, Study Skills Seminars, etc.) Referrals are also made to academic assistance programs within 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 ASUU Tutoring Services utilization data.

**Tutoring Outcome #2**
100% of respondents to the Campus Labs Tutoring Satisfaction Survey strongly agreed with the following statements:

- My tutor gave me helpful tips for improving study skills
- My tutor provided clear, easy to understand explanations
- My tutor was knowledgeable about the subject in which I needed support
- My tutor helped me improve my understanding of course content in the subject

Although this feedback is encouraging, it represents a relatively low response rate. This survey was created with the assistance of Vanessa Johnson (AER team) in hopes of gathering more substantive information about how students perceive their experience with tutoring. The move to an on-line survey is definitely a step in the right direction, but going forward LSC staff will explore ways to increase the survey participation rate.

**ASUU TUTORING SERVICES UTILIZATION DATA**

**Table 11: STUDENT SERVICES BUILDING LOCATION; Students using one-on-one tutoring**

<table>
<thead>
<tr>
<th>Semester</th>
<th># of Students</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2016</td>
<td>234</td>
<td>1142</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>188</td>
<td>911</td>
</tr>
<tr>
<td>Summer 2017</td>
<td>67</td>
<td>228</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>489</strong></td>
<td><strong>2281</strong></td>
</tr>
</tbody>
</table>

The most in-demand subjects for one-on-one tutoring continue to be:

- Math (38%)
- Chemistry (13%)
- Physics (8%)
- Economics (6%)
- Other/Undeclared (35%)

The Learning Success Center has been unsuccessful at implementing a commercial software for capturing more detailed utilization data. Staff members are in the process of working with the Office of Assessment, Evaluation and Research in order to use electronic kiosks to accomplish this task and hopefully gather more in depth and accurate usage information.

**Table 12: MARRIOTT LIBRARY LOCATION; Students using one-on-one tutoring**

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
<th>Sum</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

53
LSC CORE OBJECTIVE #2: SUPPLEMENTAL INSTRUCTION

The Supplemental Instruction (SI) program 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 typically lower division, general education courses that have high enrollment and high D, E, W rates. 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 2016-2017 year, the SI program had sixteen undergraduate student instructors and two student supervisors. 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 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. One example is Parker Holzer, an SI leader in physics, who was recently awarded a full tuition scholarship to Yale’s Statistics and Data Science PhD program.

**LSC SUPPLEMENTAL INSTRUCTION (SI) GOALS AND OUTCOMES**

The activities described above are 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.

*SI Outcome #1*

Historically students consistently participating in SI will receive a course grade .50 higher than those who do not. Actual outcomes for the past year are still being calculated at this time. However, based on past performance and anecdotal feedback, it would appear that SI participants continue to outperform their peers who do not participate.

*SI Outcome #2*

The majority of respondents to the Campus Labs SI Satisfaction Survey agreed (strongly or somewhat) that participation in Supplemental Instruction has resulted in several positive outcomes as described on the following tables.

**Table 13: My SI Leader . . . - Gives helpful tips for improving study skills**

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>123</td>
<td>60.89%</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>47</td>
<td>23.27%</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>16</td>
<td>7.92%</td>
<td>Neutral</td>
</tr>
<tr>
<td>10</td>
<td>4.95%</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>5</td>
<td>2.48%</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>1</td>
<td>0.50%</td>
<td>Not applicable</td>
</tr>
<tr>
<td>202</td>
<td>Total Respondents</td>
<td></td>
</tr>
</tbody>
</table>
Table 14: My SI Leader . . . - Provides clear, easy to understand explanations

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>149</td>
<td>73.76%</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>39</td>
<td>19.31%</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>6</td>
<td>2.97%</td>
<td>Neutral</td>
</tr>
<tr>
<td>3</td>
<td>1.49%</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>5</td>
<td>2.48%</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>0</td>
<td>0.00%</td>
<td>Not applicable</td>
</tr>
<tr>
<td>202</td>
<td></td>
<td>Total Respondents</td>
</tr>
</tbody>
</table>

Table 15: My SI Leader is . . . - Knowledgeable about course content

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>176</td>
<td>87.13%</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>18</td>
<td>8.91%</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>3</td>
<td>1.49%</td>
<td>Neutral</td>
</tr>
<tr>
<td>3</td>
<td>1.49%</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>2</td>
<td>0.99%</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>0</td>
<td>0.00%</td>
<td>Not applicable</td>
</tr>
<tr>
<td>202</td>
<td></td>
<td>Respondents</td>
</tr>
</tbody>
</table>

Table 16: SI helped me to improve my skills in the following areas

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>6.87%</td>
<td>Note taking</td>
</tr>
<tr>
<td>166</td>
<td>26.52%</td>
<td>Test preparation</td>
</tr>
<tr>
<td>82</td>
<td>13.10%</td>
<td>Identifying key concepts in the reading</td>
</tr>
<tr>
<td>139</td>
<td>22.20%</td>
<td>Identifying key concepts in lectures</td>
</tr>
<tr>
<td>66</td>
<td>10.54%</td>
<td>Developing better study habits</td>
</tr>
<tr>
<td>120</td>
<td>19.17%</td>
<td>Lecture/reading review</td>
</tr>
<tr>
<td>10</td>
<td>1.60%</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>626</td>
<td></td>
<td>Responses</td>
</tr>
</tbody>
</table>
Table 17: The skills I developed in SI will help me in future classes

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>89</td>
<td>45.18%</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>54</td>
<td>27.41%</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>45</td>
<td>22.84%</td>
<td>Neutral</td>
</tr>
<tr>
<td>4</td>
<td>2.03%</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>5</td>
<td>2.54%</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>0</td>
<td>0.00%</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Table 18: Overall, my SI Leader was effective

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>75.38%</td>
</tr>
<tr>
<td>37</td>
<td>18.59%</td>
</tr>
<tr>
<td>3</td>
<td>1.51%</td>
</tr>
<tr>
<td>2</td>
<td>1.01%</td>
</tr>
<tr>
<td>7</td>
<td>3.52%</td>
</tr>
<tr>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>199</td>
<td>Respondents</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL INSTRUCTION UTILIZATION DATA

Utilization information is taken from actual attendance rolls taken at each SI session. The 2349 students served represents a 14% increase in SI utilization over the previous academic year. This increase is due in large part to improved outreach and collaboration with academic advisors.
### Table 19: SI UTILIZATION DATA

<table>
<thead>
<tr>
<th>Course</th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting 2600</td>
<td>82</td>
<td>93</td>
<td>175</td>
</tr>
<tr>
<td>Biology 2325</td>
<td>216</td>
<td>199</td>
<td>415</td>
</tr>
<tr>
<td>Chemistry 1110 &amp; 1120</td>
<td>66</td>
<td>99</td>
<td>165</td>
</tr>
<tr>
<td>Chemistry 1210</td>
<td>85</td>
<td>150</td>
<td>235</td>
</tr>
<tr>
<td>Chemistry 1220</td>
<td>106</td>
<td>66</td>
<td>172</td>
</tr>
<tr>
<td>Chemistry 2310</td>
<td>169</td>
<td>101</td>
<td>270</td>
</tr>
<tr>
<td>Chemistry 2320</td>
<td>60</td>
<td>116</td>
<td>176</td>
</tr>
<tr>
<td>History 1700</td>
<td>49</td>
<td>48</td>
<td>97</td>
</tr>
<tr>
<td>Math 1010</td>
<td>76</td>
<td>58</td>
<td>134</td>
</tr>
<tr>
<td>Math 1050</td>
<td>84</td>
<td>42</td>
<td>126</td>
</tr>
<tr>
<td>Math 1060</td>
<td>---</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Math 1210</td>
<td>23</td>
<td>---</td>
<td>23</td>
</tr>
<tr>
<td>Physics 2010 &amp; 2020</td>
<td>45</td>
<td>33</td>
<td>78</td>
</tr>
<tr>
<td>Physics 2210</td>
<td>89</td>
<td>24</td>
<td>113</td>
</tr>
<tr>
<td>Psych 1010</td>
<td>58</td>
<td>60</td>
<td>118</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1208</strong></td>
<td><strong>1141</strong></td>
<td><strong>2349</strong></td>
</tr>
</tbody>
</table>

### Table 20: SI CONTACT HOURS

<table>
<thead>
<tr>
<th>SI Contact Hours</th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>490</td>
<td>595</td>
<td>1085</td>
</tr>
</tbody>
</table>

Additional information about students utilizing SI is self-reported by students participating in a Campus Labs Survey administered at the end of every semester. Approximately 20% of students using SI Spring Semester took the survey with the following findings:
### Table 21: Academic Status

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>32.74%</td>
<td>Freshman</td>
</tr>
<tr>
<td>57</td>
<td>25.56%</td>
<td>Sophomore</td>
</tr>
<tr>
<td>36</td>
<td>16.14%</td>
<td>Junior</td>
</tr>
<tr>
<td>28</td>
<td>12.56%</td>
<td>Senior</td>
</tr>
<tr>
<td>4</td>
<td>1.79%</td>
<td>Already hold bachelor's degree</td>
</tr>
<tr>
<td>1</td>
<td>0.45%</td>
<td>Concurrent high school enrollment</td>
</tr>
<tr>
<td>16</td>
<td>7.17%</td>
<td>Transfer student</td>
</tr>
<tr>
<td>3</td>
<td>1.35%</td>
<td>International student</td>
</tr>
<tr>
<td>5</td>
<td>2.24%</td>
<td>Returning/non-traditional student</td>
</tr>
<tr>
<td>0</td>
<td>0.00%</td>
<td>Continuing education student</td>
</tr>
<tr>
<td>223</td>
<td></td>
<td>Responses</td>
</tr>
</tbody>
</table>

### Table 22: Gender

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>31.09%</td>
<td>Male</td>
</tr>
<tr>
<td>132</td>
<td>68.39%</td>
<td>Female</td>
</tr>
<tr>
<td>1</td>
<td>0.52%</td>
<td>Other</td>
</tr>
<tr>
<td>193</td>
<td></td>
<td>Respondents</td>
</tr>
</tbody>
</table>

### Table 23: Race/Ethnicity

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1.85%</td>
<td>African-American/African</td>
</tr>
<tr>
<td>26</td>
<td>12.04%</td>
<td>Asian</td>
</tr>
<tr>
<td>154</td>
<td>71.30%</td>
<td>Caucasian/White</td>
</tr>
<tr>
<td>20</td>
<td>9.26%</td>
<td>Hispanic/Latino(a)</td>
</tr>
<tr>
<td>3</td>
<td>1.39%</td>
<td>Native American/Alaska Native</td>
</tr>
<tr>
<td>1</td>
<td>0.46%</td>
<td>Pacific Islander/Native Hawaiian</td>
</tr>
<tr>
<td>5</td>
<td>2.31%</td>
<td>Multiracial</td>
</tr>
<tr>
<td>3</td>
<td>1.39%</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>216</td>
<td></td>
<td>Responses</td>
</tr>
</tbody>
</table>
LSC CORE OBJECTIVE 3: TRAINING

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

ASUU Tutoring Services training. All tutors new to ASUU Tutoring Services, are required to participate in a New Tutor Orientation session. During the 2016-2017 academic year the Learning Success Center continued to partner with academic success colleagues in Biology, Chemistry, and Business to provide a campus-wide tutor training coalition. In this larger forum, tutors learned about the role of the tutor, effective communication strategies, dealing with students in distress, and respecting diversity. Sixteen new tutors attended this joint training in August of 2016, with another fourteen attending in-house training later in the year. In addition, departmental policies and procedures were discussed.

Optional training modules were held throughout fall semester and covered learning styles, group dynamics in tutoring, and diversity awareness. The diversity component focused on Exploring Self & Others and was facilitated by members of the Student Affairs Diversity Committee.

Supplemental Instruction training. Training and evaluation are key components of the SI instructional model. Training for SI is accomplished in three strategic 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.

The second method of training is accomplished through monthly staff development meetings. Some staff development meetings are open discussions held in small groups and 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 best practices in pedagogy. Other staff development meetings are an opportunity for all SI leaders to meet together for presentations on education related topics presented by LSC staff or other invited presenters. Staff development topics addressed in 2016-2017 included:

- Interactive use of smart phones in a teaching setting
- Test taking strategies and coping with test anxiety
- Adapting teaching methods used in the anatomy SI session
- Learning styles and the importance of critical self-reflection
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.

**LSC TRAINING GOALS AND OUTCOMES & UTILIZATION DATA**

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

The following outcomes highlight how this goal has been accomplished.

*Training Outcome #1*

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

- **Thirty** tutors for ASUU Tutoring Services
- **Eighteen** SI leaders and supervisors

*Training Outcome #2*

Each of the SI leaders was observed twice during the course of the semester. Following the observation they met with their SI supervisor to discuss instructional strengths and weaknesses.

Written reports were submitted following each observation summarizing the observation, interview and goals. Written reports generally addressed the following topics:

- Attention to administrative details
- Use of effective instructional strategies
- Following the SI model
- Comfort zone/relationship with students
- Recommendations for improvement

These observations, along with feedback from Campus Labs survey, were used by leaders to develop individualized improvement plans.
LSC CORE OBJECTIVE #4: OUTREACH

The success of the LSC’s academic support programs 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 in academic support programs. Consequently outreach is a significant part of the mission of the Learning Success Center.

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. Learning Success Center staff joined representatives from the Math Lab and Writing Center for a panel discussion on Academic Support Services for incoming students and their parents, thus giving them more detailed information in a small group setting. Since many incoming students do not yet realize that they might need academic assistance, these outreach efforts continue throughout the year in a number of different forums. The Learning Success Center participated in 62 different outreach events. A list of these additional outreach activities is provided in the Goals and Outcomes section.

The 2016-2017 academic year marked the first year that the Strategies for College Success course was coordinated directly by the Ed Psych department rather than the Learning Success Center. This necessitated a shift in staff responsibilities in order to maintain a commitment to providing learning strategies workshops and one-on-one consultations. In the absence of a specific staff member designated to take on these tasks, the LSC was unable to meet every request during Fall Semester. Over time program manager, Leslie Giles-Smith took on more of these presentations and consultations. This personal contact resulted in improved relations and collaborations with academic advisors and leaders of other campus groups.

During one-on-one consultations, students were able to seek help in developing strategies for improving their academic performance. They received general advice and personalized recommendations regarding resources that might prove helpful to them.

LSC OUTREACH GOALS AND OUTCOMES

The activities described above are all intended to help the Outreach component of the Learning Success Center 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.
Outreach Outcome #1

LSC staff presented and tabled at New Student Orientations prior to the beginning of Fall Semester. Staff members also presented or tabled at 42 additional events for multiple organizations and departments on campus, including the Center for New Student and Family Programs, Housing and Residential Education, the Women’s Resource Center, Business, Career Services, Greek Life, Veteran’s Support Center, Chemistry, Campus Rec, TRiO, Academic Advising, College of Nursing, and Engineering. All workshops are held free of charge and are open to interested students within the organization.

Outreach Outcome #2

LSC staff met with several individual students. During these sessions advice was given on improving study skills and additional resources were shared with students.

One student sent the following email after her consultation session:

“I met with Leslie and she was absolutely amazing. She helped me so much. She helped me believe in myself and gave me a number of new ways to study. She also gave me ways to relax when I do feel anxiety during the test. I have taken two tests since I met with her and I improved my scores from the last tests and I did not feel as nervous or anxious during the test. I was able to concentrate and relax. It was so great! She helped me so much. I will definitely be using and applying theses skills for future tests. “

LSC OUTREACH UTILIZATION DATA

The attached table lists all of the outreach that was undertaken by the LSC staff---62 events. Over twenty-six hundred students learned of LSC services through these events.

Table 24: LSC OUTREACH UTILIZATION DATA (2016-2017)

<table>
<thead>
<tr>
<th># of Events</th>
<th>Type of Event</th>
<th>LSC Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Orientation Tabling</td>
<td>Brenda Flynn &amp; LSC Staff</td>
</tr>
<tr>
<td>10</td>
<td>Orientation Presentations</td>
<td>Leslie Giles-Smith &amp; Brendan Willis</td>
</tr>
<tr>
<td>8</td>
<td>Other Tabling Events</td>
<td>Brenda Flynn &amp; Brendan Willis</td>
</tr>
<tr>
<td>5</td>
<td>Open Houses &amp; other outreach events</td>
<td>Brenda Flynn &amp; LSC Staff</td>
</tr>
<tr>
<td>29</td>
<td>Learning Strategies Presentations</td>
<td>Leslie Giles-Smith</td>
</tr>
</tbody>
</table>
LSC RELATION OF GOALS AND OUTCOMES TO RETENTION AND GRADUATION

The activities of the Learning Success Center 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.

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, suggesting that these students will be more likely to continue on toward graduation.

In a recent Campus Labs survey of students participating in SI, 84% of students agreed (strongly or somewhat) that SI helped them get a better grade in the class. In addition, anecdotal feedback received from LSC students (see quotes in next section) indicate that there is a correlation between their success and their experience with the Learning Success Center.

Table 25: SI helped me get a better grade in this class

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>117</td>
<td>58.79%</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>50</td>
<td>25.13%</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>18</td>
<td>9.05%</td>
<td>Neutral</td>
</tr>
<tr>
<td>4</td>
<td>2.01%</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>8</td>
<td>4.02%</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>2</td>
<td>1.01%</td>
<td>Not applicable</td>
</tr>
<tr>
<td>199</td>
<td></td>
<td>Respondents</td>
</tr>
</tbody>
</table>

LSC STUDENT TESTIMONIALS
The following quotes regarding students’ experiences with the Learning Success Center are taken directly from student evaluations and surveys:

1. “This [drop-in tutoring] is such a great resource! I will continue to come back! This was the only way to survive my online calculus class!”
2. “I may not have passed my classes without my tutor.”
3. “I had an incredible tutor. He simplified the content for me and did a great job at adapting the material so it made sense to me.”
4. “My tutor was a really great and helpful teacher. I really appreciated his help this semester.”
5. “My tutor was very patient and caring when teaching me math. He knows the subject really well and explains until you understand. Overall, he is very professional. Definitely will be contacting him again for future math courses.”
6. “My SI leader is really one of a kind. I have the utmost respect for her and I appreciate the hard work she puts into making SI a meaningful educational experience.”

7. “My SI leader was amazing and I wish he had been the professor. Very talented educator.”

8. “My SI leader did a great job at explaining the problems so that they made sense and she made me feel like I could do it!”

9. “He was awesome! Each of his sessions were super helpful and he is so knowledgeable about the subject. I felt extremely prepared for each test after going to his review sessions. He is personable and friendly, and I felt comfortable asking him questions. Definitely the best SI leader I have had.”

10. “She really knew how to explain the difficult concepts in an understandable way. She helped identify pattern and key concepts that showed up in lecture. Her reviews were always so helpful.”

LEARNING SUCCESS CENTER STAFF EXCELLENCE

The existing LSC staff continues to grow and cultivate skills through professional development opportunities both on campus and off. Brenda Flynn and Leslie Giles Smith attended the Utah CRLA conference at BYU, where Leslie was a presenter.


Leslie also attended the national CRLA conference in Louisville where she facilitated a round table discussion in her capacity as Coordinator of States, Regions & Chapters.

LEARNING SUCCESS CENTER PLAN FOR THE FUTURE

Looking forward to the 2017-2018 academic year, the LSC anticipates implementing a number of improvements.

Increase Tutor Wages. Although the LSC continues to operate on a very limited budget, raises for tutors are long overdue. By redirecting resources between the tutoring and SI programs we are hoping to increase tutor wages to $10.00 per hour, making them comparable to other campus jobs.

Improve Utilization Collection. As mentioned in an earlier section, we are currently working with the Office of Assessment, Evaluation and Research in order to use electronic kiosks to more effectively gather utilization data.

Add Learning Specialist Position. We are hiring a graduate assistant/learning specialist to assist with the increasing demands for consultation and outreach.
**Improve Website.** We are working to improve our on-line presence. Both on-line learning assistance resources and other campus resources will be updated, providing students with valuable tools to customize their own learning plan.

The Learning Success Center takes pride in the quality of their programs and looks forward to continuing to strengthening the services offered to students at the University of Utah.

**TESTING CENTER**

**TESTING CENTER MISSION AND SERVICES**

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

*Testing Center Staff.* Jake Van Epps, Ph.D. coordinated the Testing Center beginning on September 19th and Susan Chamberlain, Ph.D. was Interim Coordinator over the previous Summer of 2016. David Lund continues in his role as Testing Specialist; Jean Young and Diana Smith are full-time Prometric Test Center Administrators (TCAs). In addition to the permanent, full-time staff, the Testing Center employs ten proctors and (TCAs) to administer paper-based and computer-based testing.

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

**TC CORE OBJECTIVE #1: PROVIDE PROCTORING SERVICES FOR THE CAMPUS AND COMMUNITY**

The Testing Center administers two main types of testing for the university. First, the center delivers curriculum-based proctored 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 proctored testing at the Testing Center. In 2016-2017, the Testing Center administered 3340 proctored exams (an increase of 8% from the previous year). Out of those proctored exams, it is estimated that 2,940, or 88% of them were University of Utah students, the remaining were students from other
colleges or universities. The Testing Center has both quiet and private testing space for CDA accommodated testing. The Testing Center provided accommodations for 210 exam takers.

*University Testing Goals:*

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

*University Testing Outcomes:*

1. High level of satisfaction of those using our services  
2. No tests lost, stolen, or otherwise compromised  
3. Costs will be low.

**TC CORE OBJECTIVE #2: PROVIDE ADMISSIONS AND PLACEMENT TESTING**

A second major type of university testing administered is placement and credit-by-exam tests. Placement tests offered by the Testing Center include math placement and the writing placement essay. The math placement and writing placement tests are utilized by students who either want to challenge their placement based on their ACT score or do not have a valid ACT score. Math placement constitutes one of the principle tests administered by the testing center and accounted for 30% (one percent decrease from the previous year) of our academic testing. We increased math placement tests administration by 5.4% over the previous year. The math placement and writing placement tests are given via computer on one of our 14 stations.

Credit-by-exam tests include CLEP, which provides students 3 credit hours and a waiving of a liberal education requirement when passed successfully and the Foreign Language Assessment Test (FLAT’s). 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.

I. Typically (approximately 98% 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. Testing flow was smooth and student demand was met easily.

II. As a university service we provide quality relationships with both student testers and university instructors. We take personal calls, and go above and beyond in helping students and instructors get the positive experience they are looking for.

III. No tests were lost or compromised.

IV. Results of Math placement testing are given to the student immediately upon completion of testing and are posted within 1 business day to the PeopleSoft database. Writing placement exams are forwarded to the English Department for scoring and results are posted by the department. CLEP exam results are given to the student immediately upon completion and are maintained by CollegeBoard. FLATS are scored by computer; however it will likely shift to web-based proctoring soon. Residual ACT are sent into the testing company and scored within a couple of weeks. Institutional TOEFL exams are scored and posted by the testing center within two weeks of test taking.

TC Core Objective #3: Provide Psychological Testing and Assessment Services

The Testing Center provides psychological testing services to the UCC and other qualified off-campus professionals. We provide a significant amount of career personality and conflict style testing to university HR services. In addition, most clinically based testing from the University Counseling Center is run through Testing Center services. Finally, community therapists order psychological and career testing for their clients through the Testing Center Services. We discontinued LD/ADHD testing services this year because we wanted to develop a more sustainable service for the future.
Psychological Testing Outcomes: 1) Test selection will be adequate for basic psychological assessment. 2) High level of customer satisfaction. 3) Results available within 3 business days for psychological and career tests.

1. The testing center offers a wide selection of psychological assessments and continually updates inventory as new testing is offered. We offer the major intellectual, achievement and personality tests being used in the field and update our inventory yearly.
2. No formal satisfaction data was collected from students or faculty using our services, and we are not aware of any complaints related to our customer service.
3. All psychological and career tests were scored and available within 3 business days of being completed by clients.
4. A total of 85 career assessments were completed for the 2016-2017 fiscal year. In addition, only 13 psychological assessments were completed for the fiscal year.

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

Prometric revenue this year increased by 0.42% compared to last fiscal year ($207,865.95 in 2017 versus $207,006.39 in 2016). The Testing Center is completing year four of a five year contract with Prometric which went into effect on January 1st, 2013. The Testing Center signed a new 5 year contract that will begin on January 1st, 2018. 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 8 years with increasing profitability. We also hired on and trained 5 new Prometric employees, and had 4 resign. Jean Young, our current Lead, and Diana Smith are Level 2, benefited positions. As a whole, Prometric serviced 10,390 people (M=866, SD=61.25 per month) for a total of 42,961 hours of testing (M=3580, SD=283 per month).

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

Prometric Center Outcomes: 1) Provide secure services. 2. No failed secret shops. 3. No tests lost, stolen or otherwise compromised. 4. Increase revenue. For fiscal year 2016-2017, the Prometric Center has been adapting to changing industry standards and competition in terms of test security. As Prometric corporate office institutes tighter controls, our Prometric Center continues to adapt and update security protocols.

1. Two audits were significantly under performance goals for the center. Steps have been taken to improved strict adherence to Prometric protocols.
2. We had no failed secret shops.
3. No tests lost, stolen or otherwise compromised.
4. Prometric revenue this year increased by 0.42% to last fiscal year.
**NATIONAL PAPER-BASED TESTING**

The Testing Center is also responsible for coordinating the national paper-based testing at the university. Testing occurs on most Saturdays and includes, among others, testing for the SAT, the Law School Admission Test (LSAT), and the national ACT. The Testing Center utilizes a strong pool of qualified proctors to supervise and administer these exams.

**TEST SCANNING SERVICES**

Test scanning revenue this year decreased by 20% compared to last fiscal year ($5,768.40 this year versus $7,254.80 last year) even though we ran 8% fewer orders (344 this year versus 373 last year) and scanned 14% fewer sheets (25,030 this year, versus 29,089 last year).

**TESTING CENTER REVENUE**

Overall testing center revenue decreased by 3.15% compared to last fiscal year from $346,891.60 in 2016 to $335,976.49 in 2017. Two areas are responsible for this, decrease in scanning services and decrease in LD/ADHD testing services. Scanning services are an older technology that are expected to decrease as more professor embrace online class technology like CANVAS tests. The LD/ADHD program was discontinued this year in an effort to find a more sustainable model in terms of personnel and financial stability.
### Table 6: Summary of Tests Provided in 2015 – 2017

<table>
<thead>
<tr>
<th>Academic Tests</th>
<th>2015-2016 Qty.</th>
<th>2016-2017 Qty.</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Objective 1: Curriculum Based Exams</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum Based Proctored Exams</td>
<td>3116</td>
<td>3340</td>
<td>7.19%</td>
</tr>
<tr>
<td>Tests Scanned and Reported</td>
<td>29089</td>
<td>25030</td>
<td>(14%)</td>
</tr>
<tr>
<td>Total Students Served</td>
<td>32205</td>
<td>28370</td>
<td>(12%)</td>
</tr>
</tbody>
</table>

| **Core Objective 2: Placement and Entrance Exams**   |                |                |          |
| ACT                                                 | 95             | 102            | 7.37%    |
| CLEP                                                | 81             | 102            | 25.93%   |
| Institutional TOEFL                                  | 45             | 44             | (2.22%)  |
| FLATS                                               | 31             | 37             | 19.35%   |
| MAT                                                 | 107            | 125            | 16.82%   |
| Math Placement                                      | 1580           | 1670           | 5.70%    |
| Writing Placement                                    | 105            | 165            | 57.14%   |
| Total Exams Given                                    | 2044           | 2245           | 9.83%    |

| **Core Objective 3: Professional Tests**             |                |                |          |
| NEO                                                 | 0              | 3              | 300%     |
| MBTI                                                | 465            | 386            | (16.99%) |
| MCMI                                                | 0              | 6              | 600%     |
| MMPI-2                                              | 0              | 7              | 700%     |
| SII                                                 | 67             | 30             | (55.22%) |
| SCL-90-R                                            | 0              | 0              | 0%       |
| TKI                                                 | 294            | 128            | (56.46%) |
| Other                                               | 2              | 1              | (50.00%) |
| Total Psychological Tests Provided                   | 828            | 561            | (32.25%) |

| **Core Objective 4: Prometric**                      |                |                |          |
| People Tested                                       | N/A            | 10,390         | N/A      |

### TESTING CENTER CHALLENGES AND OPPORTUNITIES

In 2016-2017, The Testing Center generated $335,976.49 in revenue and netted $59,869.09. Net revenue is down 8.74% this year.

*Testing Center Challenges.* Several challenges and opportunities exist for the Testing Center. A central challenge facing the Testing Center is the transfer of curriculum-based testing to the TLT exam services in the Marriot Library. This will result in a 55% reduction of traffic in the Testing Center and will require shifting personnel needs and physical space requirements. In addition this will require significant training of the TLT Exam Services. An important aspect of this challenge will be to maintain or increase profitability. Both through the reduction of labor forces and through the manageable increase of services, hopefully profitability will be maintained if not increased.
Currently Prometric is operating 70 hours/week and is open seven days per week including both Saturdays and Sundays. For 2016-2017, hours were maintained on average at 70 hours with some flexibility to accommodate late weekend testing that will expand open hours to 85. Staffing the various shifts is a challenge with part time employees and plans for more permanent employees are being explored. In addition, improved adherence to our Prometric protocols is a significant focus in continued training of staff.

The Testing Center did not receive any grants or contracts in 2016 – 2017, nor any gifts.

_Technology Center Opportunities_. One significant opportunity the Testing Center has been pursuing is moving from a manual call, manual schedule, and manual pay registration system to an online, self-register, and self-pay system. This would dramatically lower labor needs with office administrators and allow more nuanced analytics of those using Testing Center services. This would primarily affect Core Objective 2, placement and entrance exams. Our goal next year is to have a system in place that allows for a detailed analysis of demographics of those students and non-students using Testing Center services.

Another opportunity facing the testing center this year is developing a sustainable program to offer LD/ADHD testing for the university community. Previous LD/ADHD testing services had high burnout rates of testing staff and was not financially self-sustaining. Potential avenues include building a training program filled yearly by both U grad students and Counseling Center trainees. This will continue to align Testing Center services with the core mission of the University Counseling Center.
### TABLE 27: UCC STAFF AWARDS AND RECOGNITIONS, COMMITTEE MEMBERSHIPS, PRESENTATIONS AND PUBLICATIONS, AND FACULTY APPOINTMENTS

**JULY 1, 2016 – JUNE 30, 2017**

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>AWARDS AND RECOGNITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling Center</strong></td>
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<tr>
<td>Cone-Uemura, Karen</td>
<td>Student Affairs Travel Scholarship</td>
</tr>
<tr>
<td>Harris, Frances</td>
<td>Outstanding Supervisor Award, University of Utah Counseling/Counseling Psychology Program</td>
</tr>
<tr>
<td>Lucero, Steven</td>
<td>Outstanding Reviewer Award, Academy of Management (Management, Spirituality, and Religion Interest Group)</td>
</tr>
<tr>
<td><strong>Center for Student Wellness</strong></td>
<td></td>
</tr>
<tr>
<td>Center for Student Wellness</td>
<td>Commitment to HRE Award</td>
</tr>
<tr>
<td>Peterson, Jo’D</td>
<td>Vagina Warrior (Vagina Monologues)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>COMMITTEE MEMBERSHIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cone-Uemura, Karen</strong></td>
<td>Utah University And College Counseling Centers Annual Conference Planning Committee (Member)</td>
</tr>
<tr>
<td></td>
<td>American Group Psychotherapy Association Racial &amp; Ethnic Minority Special Interest Group (Tri-Chair)</td>
</tr>
<tr>
<td><strong>Susan Chamberlain</strong></td>
<td>University of Utah Resilient U (Member)</td>
</tr>
<tr>
<td><strong>Davies, Rob</strong></td>
<td>University of Utah Behavioral Intervention Team (Member)</td>
</tr>
<tr>
<td></td>
<td>Student Affairs Diversity Council (Co-Chair)</td>
</tr>
<tr>
<td></td>
<td>Association for the Coordination of Counseling Center Clinical Services Research and Development Subcommittee (Member)</td>
</tr>
<tr>
<td>Name</td>
<td>Role/Committee</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ellingson, Glade</td>
<td>American Psychological Association Site Visit Committee (Member)</td>
</tr>
<tr>
<td>Giles-Smith, Leslie</td>
<td>College Reading &amp; Learning Association (State/Region/Chapter Coordinator)</td>
</tr>
<tr>
<td>Harling, Cindy</td>
<td>University of Utah Behavioral Intervention Team (Member)</td>
</tr>
<tr>
<td></td>
<td>University of Utah Student Athlete Wellness Committee (Member; UCC Liaison)</td>
</tr>
<tr>
<td></td>
<td>University of Utah Resilient U (Member)</td>
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<tr>
<td>Huebner, Lois</td>
<td>Pet Partners/Therapy Animals of Utah (Certified Animal Partner)</td>
</tr>
<tr>
<td>Jolley, Maya</td>
<td>Anti-Bias Wellness Committee (Member)</td>
</tr>
<tr>
<td>Jones, Darrah</td>
<td>Student Affairs Diversity Council (Member; Chair; Seminars Subcommittee)</td>
</tr>
<tr>
<td>Keen, Kassy</td>
<td>University of Utah Homeless Student Task Force (Member)</td>
</tr>
<tr>
<td></td>
<td>University of Utah Presidential Task Force on Campus Safety (Member)</td>
</tr>
<tr>
<td></td>
<td>University of Utah Resilient U (Member)</td>
</tr>
<tr>
<td>Roberto Martinez</td>
<td></td>
</tr>
<tr>
<td>Moench, Matthew</td>
<td>Utah Psychiatric Association (Past President)</td>
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<tr>
<td></td>
<td>University of Utah Department of Psychiatry Outpatient Development Committee (Member)</td>
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<tr>
<td>Petersen, Jo’D</td>
<td>University of Utah Behavioral Intervention Team (Member)</td>
</tr>
<tr>
<td></td>
<td>Sexual Assault Kit Initiative Committee (Member) &amp; Sexual Assault Backlog Rape Kit Initiative Subcommittee (Member)</td>
</tr>
<tr>
<td></td>
<td>Salt Lake County Sexual Assault Response Team (Member)</td>
</tr>
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</table>
Templeton, Jenna
University of Utah Women’s Leadership Summit Planning Committee (Member)

Van Epps, Jake
University of Utah Resilient U (Member)
White Men Deconstructing Our Privilege Dialogue Group (Member)
LGBT Affirmative Therapists Guild of Utah Leadership Committee (Member)
LGBT Affirmative Therapists Guild of Utah Working Group on Race, Inclusion and White Privilege (Leadership Committee Representative)
Utah Dept. of Human Services Healthy Transitions Committee (Member; Higher Education Representative)

Weitzman, Lauren
University of Utah Edie Kochenour Memorial Lecture Subcommittee (Chair)
University of Utah Edie Kochenour Memorial Lecture Fund Advisory Board (Co-chair)
University of Utah Presidential Task Force on Campus Safety (Member)
Association of University and College Counseling Center Directors Salt Lake City 2016 New Directors and First Time Attendees Orientation Committee (Co-chair)

UCC PRESENTATIONS AND PUBLICATIONS

PUBLICATIONS


**PRESENTATIONS**


**UCC FACULTY APPOINTMENTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>SA Department</th>
<th>Position</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davies, Rob</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Educational Psychology</td>
</tr>
<tr>
<td>Ellingson, Glade</td>
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<td>Adjunct Professor</td>
<td>Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Professor</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Harling, Cindy</td>
<td>UCC</td>
<td>Clinical Instructor</td>
<td>College of Social Work</td>
</tr>
<tr>
<td>Harris, Frances</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Educational Psychology</td>
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<td>Adjunct Professor</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Huebner, Lois</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Educational Psychology</td>
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<td></td>
<td></td>
<td>Clinical Instructor</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Martinez, Roberto</td>
<td>UCC</td>
<td>Field Instructor</td>
<td>College of Social Work</td>
</tr>
<tr>
<td>Moench, Matthew</td>
<td>UCC</td>
<td>Assistant Professor</td>
<td>School of Medicine</td>
</tr>
<tr>
<td>Newbury, Josh</td>
<td>UCC</td>
<td>Field Instructor</td>
<td>College of Social Work</td>
</tr>
<tr>
<td>Van Epps, Jake</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Educational Psychology</td>
</tr>
<tr>
<td>Name</td>
<td>Institution</td>
<td>Title</td>
<td>Department</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Weitzman, Lauren</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Asst. Professor</td>
<td>Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Assoc. Professor</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Wilkinson, Glenda</td>
<td>UCC</td>
<td>Field Instructor</td>
<td>College of Social Work</td>
</tr>
<tr>
<td>Zhang, Sui</td>
<td>UCC</td>
<td>Field Instructor</td>
<td>College of Social Work</td>
</tr>
</tbody>
</table>
APPENDIX B: UNIVERSITY COUNSELING CENTER STAFF

JULY 1, 2016 – JUNE 30, 2017

UCC EXEMPT STAFF

UCC Executive Committee

Lauren Weitzman, Ph.D.
Director
Psychologist
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

Cindy Harling, L.C.S.W.
Associate Director for Clinical Services
Licensed Clinical Social Worker
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

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

UCC Attending Staff Psychiatrist

Matthew Moench, M.D.
Medical Director, UNI-BHN Behavioral Network
Assistant Professor, Department of Psychiatry
M.D. – University of Virginia
Psychiatry Residency – Stanford University Medical Center
UCC Licensed Clinical Social Workers

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

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

Glenda Wilkinson, L.C.S.W.
Clinical Social Worker
Co-Coordinator, Couple Counseling
M.S.W. - University of Utah, School of Social Work
B.S. – University of Utah, Sociology

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

UCC Staff Psychologists

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

Karen Cone-Uemura, Ph.D.
Coordinator, Groups
Ph.D. – University of Utah, Counseling Psychology
M.A. – San Jose State University, Counselor Education
B.A. – University of California, Berkeley, Nutrition and Clinical Dietetics
A. Glade Ellingson, Ph.D.
Associate Director for Training through May, 2017
Adjunct Professor, Educational 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

Danielle Fetty, Ph.D.
Mental Health Intervention Specialist
Ph.D. – University of Southern Illinois, Counseling Psychology
M.A. – University of Southern Illinois, Psychology
B.A. – University of Tennessee, Knoxville, Psychology

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

Lois Huebner, Ph.D.
Coordinator, UCC Research Team
Adjunct Professor, Educational Psychology
Clinical Instructor, Psychiatry
Ph.D. – Colorado State University, Counseling Psychology
M.S. – Colorado State University, Psychology
B.A. – Wheaton College, Mathematics & Psychology

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

Psychiatric Residents (from the University of Utah)

Maryrose Bauschka, M.D.
Beth Gargaro, M.D.
Paula Griffith, M.D.
Kelly Irons, M.D.

Psychology Doctoral Interns

Dena Abbott, M.A., Texas Woman’s University
Kim Meyers, M.S., University of Utah
Marianne Stone, M.A., University of Albany-SUNY
Kait Whitcomb, B.S., Brigham Young University

Social Work Interns (from the University of Utah)

Lindsey Johnson, B.A.
Lindsey Painter, B.S.
Q Porschatis, B.S.
Katie Stiel, M.Ed.

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

Derek Caperton, M.S.
Keith Gunnerson, M.Ed.
Kritzia Merced, M.S.
Natalie Noel, M.Ed.

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

Brian Curtis, M.S.
Julia Ann Harris, B.S.
Kent Hinkson, B.S.
Karena Leo, B.S.
Ty McKinney, B.Sc.
Michaela Mozley, B.S.
Brendan Ostlund, M.S.
Rosemary Ziemnik, B.S.
Clinical Psychology Doctoral Practicum Students (from the University of Utah)

Brian Curtis, M.S.
Julia Ann Harris, B.S.
Kent Hinkson, B.S.
Karena Leo, B.S.
Ty McKinney, B.Sc.
Michaela Mozley, B.S.
Brendan Ostlund, M.S.
Rosemary Ziemnik, B.S.

Research Assistant (from the University of Utah)

Patty Kuo, B.S.

CENTER FOR STUDENT WELLNESS PROFESSIONAL STAFF

Kassy Keen, M.P.H.
Manager, Center for Student Wellness
M.P.H. – University of Utah, Public Health
B.S. – University of Utah, Sociology

Maya Jolley, CHES
Health Educator, Center for Student Wellness
B.S. – Western Washington University, Community Health

Darrah Jones, B.S.
Sexual Assault Services Advocate
B.S. – Southern Utah University, Political Science

Jodi Petersen, B.S.
Sexual Assault Services Advocate
B.S. – Weber State University

Jenna Templeton, MS
Health Educator, Center for Student Wellness
M.S. - University of Utah, Health Promotion
B.S. – Virginia Tech, Chemistry
LEARNING SUCCESS CENTER PROFESSIONAL STAFF

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

UCC ADMINISTRATIVE STAFF

JoAnn Kanegae, Administrative Assistant to the Director
Janine Packer, UCC Receptionist
Catherine Riney, UCC Administrative Secretary
Roula Sargetakis, UCC Receptionist, Part-time
Becky Robinson, UCC Executive Secretary
Brenda Flynn, Executive Secretary, Learning Success Center
Heidi Niitsuma, Office Manager, Learning Success Center
David Lund, Testing Specialist
Stephanie Klebba, Testing Clerk, Part-time
Nikkeve Toi Campbell, Testing Clerk, Part-time

UCC STAFF ASSOCIATES

Roxanne Bartel, M.D.
Department of Psychiatry
Kristy K. Bartley, Ph.D.
Women’s Resource Center
Katie Baucom, Ph.D.
Psychology Department
Debra S. Daniels, LCSW
Women’s Resource Center
Christopher Davids, Ph.D.
Westminster College
Rob Davies, Ph.D.
Graduate Medical Education
David S. Derezotes, LCSW, Ph.D.
College of Social Work
Uma Dorn, Ph.D.
Educational Psychology Department
Elizabeth Duszak, Ph.D.
Assessment, Evaluation & Research
Donna Hawxhurst, Ph.D.
Women’s Resource Center
Zach Imel, Ph.D.

Educational Psychology Department

Sue Morrow, Ph.D.

Educational Psychology Department

Mark Pfitzner, M.D.

Student Health Center

Amy Powell, M.D.

School of Medicine

Jonathan Ravarino, Ph.D., LCSW

Athletic Department

Jim Struve, LCSW

Clinical Social Worker

Karen Tao, Ph.D.

Educational Psychology Department

Sommer Thorgusen, Ph.D.

Psychology Department

Steve Varechok, LCSW

Clinical Social Worker

Elizabeth Walker, LCSW

College of Social Work

Claudia Zafran-Rona, CMHC

Independent Practice
APPENDIX C: LOCAL AND NATIONAL WORKSHOPS AND CONFERENCES ATTENDED BY UCC STAFF
JULY 1, 2015 – JUNE 30, 2016

LOCAL/REGIONAL CONFERENCES, WORKSHOPS & TRAININGS
- Acceptance & Commitment Therapy 2-Day Intensive Training
- Critical Issues Facing Children & Adolescents Conference
- Generations 2017 Conference
- Increasing Clinical Competency: Ethical Approaches for Working Across the Spectrum of Gender
- LGBT Affirmative Therapists Guild of Utah Workshop: Ethical Approaches for Working Across the Spectrum of Gender
- LGBT Affirmative Therapists Guild of Utah Workshop: Hope & Resilience: Reducing Interpersonal Violence for Sexually & Gender Diverse Individuals
- LGBT Affirmative Therapists Guild of Utah Professional Development Series
- Mental Health Officer Training
- Not Alone: Title IX Best Practices and Building Bridges to Inclusivity Symposium
- Prime for Life Training
- Rape Recovery Center 40-Hour Training
- Sexual Assault Awareness Month State Vs. Non-State Panel
- Sexual Assault Awareness Month Keeping U Safe
- The Vagina Monologues
- UDOH HIV Prevention Counseling Training
- University of Utah Edie Kochenour Annual Memorial Lecture: Jennifer Azziz
- University of Utah Student Affairs Diversity Council Seminar Series
- University of Utah Student Affairs Professional Development Exempt Staff Retreat
- University of Utah Women’s Leadership Summit
- University of Wyoming Days of Dialogue
- Utah Psychological Association Ethics Update Workshop
- Utah Psychological Association Spiritually Integrated Psychotherapy Webinar
- Utah University and College Counseling Centers Annual Conference

NATIONAL PROFESSIONAL CONFERENCES & TRAININGS
- American College Health Association
- American Group Psychotherapy Association
- American Psychiatric Association
- Association for the Coordination of Counseling Center Clinical Services (ACCCCS)
- Association of Counseling Center Training Agencies (ACCTA)
- Association for University and College Counseling Center Directors (AUCCCD)
- Association for University and College Counseling Center Outreach (AUCCCO)
- American Psychological Association Division 44 Webinar: Challenges for Sexual and Gender Minority Students in Non-Affirming Faith-Based Higher Education
- American Psychological Association Webinar: Using Technology in Clinical Practice
- Ethics Educators Conference, Harrisburg, PA
- Mormon Mental Health Association
- NASPA (Student Affairs Professionals in Higher Education)
- Queer Places, Practices & Lives Symposium
### APPENDIX D: RATINGS OF STAFF DEVELOPMENT PRESENTATIONS

**September 2016 through April 2017**

<table>
<thead>
<tr>
<th>PRESENTATION</th>
<th>INFORMATION</th>
<th>PRESENTER’S STYLE</th>
<th>OVERALL RATING</th>
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<tr>
<td>SEPTEMBER 21, 2016</td>
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<td>“STRANGER IN A STRANGE LAND: THE PROCESS OF CULTURAL ADJUSTMENT IN KOREA”</td>
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<td>KARI T. ELLINGSON, PH.D., UNIVERSITY OF UTAH</td>
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<td>OCTOBER 19, 2016</td>
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<td>“MY CULTURE IS NOT YOUR COSTUME.”</td>
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<td>KRISTY BARTLEY, PH.D., UNIVERSITY OF UTAH</td>
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<td>NOVEMBER 16, 2016</td>
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<td>“UNCONSCIOUS BIAS”</td>
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<td>MARY ANNE BERZINS, ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCES, UNIVERSITY</td>
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<td>OF UTAH</td>
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<td>DECEMBER 14, 2016</td>
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<td>“HOW TO SUPPORT STUDENTS SURVIVORS OF SEXUAL ASSAULT”</td>
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<td>DARRAH JONES &amp; KATIE CARTEE, UNIVERSITY OF UTAH</td>
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<td>JANUARY 25, 2017</td>
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<td>“STUDENT ACCESS AND ABILITY”</td>
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<td>SCOTT MCAWARD, PHD., DIRECTOR, CENTER FOR DISABILITY &amp; ACCESS, UNIVERSITY</td>
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<td>FEBRUARY 15, 2017</td>
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<td>“PERCEPTIONS AND EXPERIENCE OF MULTIRACIAL INDIVIDUALS”</td>
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<td>JACQUELINE M. CHEN, PH.D., UNIVERSITY OF UTAH</td>
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<td>MARCH 15, 2017</td>
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<td>“IS ISLAMOPHOBIA REAL?”</td>
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<td>FAEIZA JAVED, CSW</td>
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<td>APRIL 19, 2017</td>
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<td>“GIMME SHELTER: SUPPORT FOR HOMELESS UNIVERSITY STUDENTS”</td>
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<tr>
<td>DEBRA DANIELS, LCSW AND KIM HALL, MFA, UNIVERSITY OF UTAH</td>
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APPENDIX E: 2016 – 2017 FACULTY LIAISON LETTER

January 17, 2017

To Deans and Department Chairs,

We would like to share services that can help alleviate the significant distress many students experience as they navigate their college experience. As trusted professors, you are often in the role of first responders to handle challenging conversations with distressed students. The University Counseling Center’s Faculty Liaison Program is 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 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](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](http://counselingcenter.utah.edu/faculty/department.php)
- **“Tips for Working with Students in Distress”**: A 90 – 120 minute workshop to assist faculty in identifying signs of distress in students and in referring to appropriate campus resources, developed in collaboration with the Dean of Students Office and the Center for Student Wellness can be requested by emailing Allison Frost at afrost@sa.utah.edu
- **Mental Health Workshops by Request** may be requested online at [http://counselingcenter.utah.edu/forms/request-presentation.php](http://counselingcenter.utah.edu/forms/request-presentation.php)
- **University Counseling Center Homepage:** [http://counselingcenter.utah.edu/index.php](http://counselingcenter.utah.edu/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](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 create a consistent and collaborative relationship between our departments and 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 us if you have any questions about this email.

Sincerely,

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

Susan Chamberlain, Ph.D.
schamberlain@sa.utah.edu
Outreach Coordinator
APPENDIX F: UCC SOCIAL MEDIA USER TERMS AND CONDITIONS

(Updated 4/9/14)

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

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

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

The UCC’s social media platforms are public sites used for educational purposes only and are not designed as a forum for provision of clinical care. Therefore, becoming a “friend” or “fan” does not indicate you are a client of our services or participating in therapy. If you have questions about your mental or physical health, please consult directly with your physician or other treating provider.
The UCC does not collect, maintain or otherwise use the personal information stored on any third party site in any way other than to communicate with users on that site. Users may remove themselves at any time from the UCC’s “friends” or “fan” lists. Users should be aware that third party websites have their own privacy policies and should proceed accordingly.

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

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

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

• Abusive, defamatory, or hate speech.
• Violations of copyright, trademark, or other intellectual property rights.
• Profanity or racial slurs.
• Illegal activities.
• Threats of violence.
• Pornographic or sexually explicit material.
• Information related to non-university related products or services.
• Spam or commercial advertising.
• Off-topic comments.
• Lack of space.
• Posts that become a nuisance.
In certain situations, the poster, as well as the content, could be blocked from the page or reported to authorities depending on the nature of the content. The UCC reserves the right to remove posts deemed inappropriate.

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

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

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