



*University Counseling Center*

THE UNIVERSITY OF UTAH

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Annual Report  
July 2009 through June 2010



*A unit of*  
**STUDENT AFFAIRS**  
THE UNIVERSITY OF UTAH

Life in a university counseling center is rarely dull. While we have certainly been experiencing the national trend of increasing client severity over the past several years, fiscal year 2009 – 2010 was particularly intense for us clinically. UCC staff were involved in an exceptionally high number of hospitalizations (both voluntary and involuntary). We provided ongoing crisis support to campus partners such as the Dean of Students office and Housing and Residential Education as they worked with students of concern or responded to student deaths that affected our campus community. I remain impressed and proud of the dedicated effort that our staff put in to ensure client safety and know that this hard work saves lives. We were also fortunate that our budget emerged relatively intact for the upcoming fiscal year.



This year's annual report makes an intentional effort to tie the work we do at the UCC to the Division of Student Affairs Strategic Plan. Related to the first Strategic Objective, the UCC energetically works to promote psychological health while collaborating across campus with multiple organizations. This is evident in our standard of care where we refer students to appropriate campus resources, our campus crisis responsiveness, and the strength of our outreach programming founded on our "Cube-inspired" model of collaborative multicultural outreach. Our training programs and commitment to in-house professional development aligns with Strategic Objective #2 and relates to our provision of professional and competent service. We remain increasingly committed to promoting diversity on campus, made possible by our dedication to providing multiculturally competent counseling and increasing our own personal awareness in this area. The UCC traditionally excels at utilizing a coordinated approach to assessment, evaluation and research (Strategic Objective #6) and has been fortunate to stay current with technology that allows us to enhance the services and training we provide (Strategic Objective #7). In line with Strategic Objective #8, we continually challenge ourselves to utilize the best practices in our field. Our staff are active in national professional organizations and we are often distinguished for our innovative clinical and outreach efforts, which allows our center to stay connected to the national trends and best practices within college student mental health. Inside this annual report you will find additional examples of how the operations of the UCC incorporate the values that underlie the Student Affairs Strategic Plan. [http://www.sa.utah.edu/assessment/pdf/StrategicPlanBrochure-lettersize\\_000.pdf](http://www.sa.utah.edu/assessment/pdf/StrategicPlanBrochure-lettersize_000.pdf)

Highlights from 2009 – 2010 include

- We conducted 797 intakes for new clients
- We provided 4636 individual and couples therapy sessions, held 10 different therapy groups, and conducted 135 psychiatric evaluations
- We learned via the Client Experiences Questionnaire that the three issues most frequently worked on in counseling were depression, anxiety, and stress
- We provided training for 27 graduate trainees in four disciplines
- We generated 1,370 semester credit hours through our teaching efforts in Educational Psychology and the Career Services Internship Program
- We provided outreach programs to 5,315 students, staff, and faculty and provided online mental health screening for 622 individuals
- We provided 4386 hours of tutoring for 858 students, including drop-in tutoring services at the Heritage Center
- We tested 13,967 students and community residents

It remains my honor to work with a team of colleagues dedicated to providing excellent clinical and outreach services on a daily basis. As a result of these ongoing efforts, it is my humble opinion that the University of Utah serves as a model for counseling centers nationwide in our innovative and effective service delivery practices.

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# University of Utah Counseling Center Annual Report

July 2009 through June 2010

## Overview

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### Leadership

Lauren Weitzman, Ph.D. continued in her sixth year as Director. Lois Huebner, Ph.D. remained in her role as the Associate Director for Clinical Services. Glade Ellingson, Ph.D. began his first full year as Associate Director for Training, after his transition into this role in November 2008. The Same Page Committee continued to meet bimonthly as the primary coordinating body for the UCC, consisting of the Director (Dr. Weitzman), the two Associate Directors (Drs. Huebner and Ellingson), the Assistant Clinical Director and Coordinator of Social Work Training (Cindy Harling, LCSW) and the Assistant Director for Technology and Assessment (Rob Davies, Ph.D.). The Executive Committee (Director and Associate Directors) also met on a bimonthly basis.

### Staff Changes and Accomplishments

Julie Goudie-Nice, Ph.D., left her one-year staff psychologist position to join Intermountain Health Care, where she will be assisting in developing a pain management clinic associated with Mackay-Dee Hospital. Riddhi Sandil, Ph.D., a staff psychologist for the past two years, ended her time at the UCC in mid-July, 2010. We launched a successful search for two full-time staff psychologists during Summer 2010, resulting in our bringing Jonathan Ravarino, Ph.D. and Torrence Wimbish, Ph.D. on board in September 2010. The Center for Student Wellness, previously known as the Campus Wellness Connection, became a merged office under the supervision of Megan DuBois, B.S., with staff in both the Student Health Center and UCC.

The UCC received two campus recognitions during the 2009 – 2010 academic year: the HRE “Golden Swoop Commitment to Residential Education” award and the Center for Disability Services “Department of the Year” award. It is

very gratifying to have our efforts acknowledged by the campus partners with whom we work closely. We also received national recognition for our *Talking Helps* brochures as an Innovation in College Counseling Centers at the annual ACPA convention.

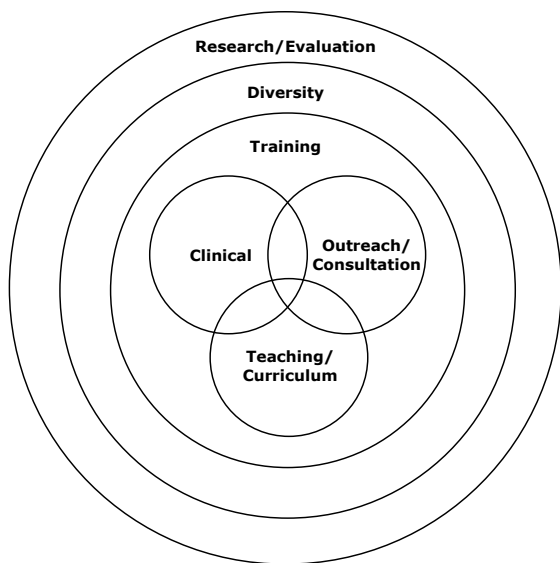
### UCC Organization

The University Counseling Center is organized by functional area, with a senior staff member holding coordinator responsibility for each functional area. In addition, the three affiliate units (Testing Center, Learning Enhancement Program, and the Center for Student Wellness) have managers who oversee personnel and daily functioning in their areas. The 2009-2010 UCC Organizational Chart may be found in Appendix A. Figure 1 provides a conceptual diagram of UCC functions. The three direct service functions (Clinical Services, Consultation/Outreach, Teaching/Curriculum) are found in the middle of the diagram, surrounded by the Training, Diversity, and Research/Evaluation functions.

### Mission

The purpose of the University Counseling Center 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, languages, mental & physical abilities, national origins, races, religions, sexual orientations, sizes, and socioeconomic statuses.

**Figure 1: UCC Functional Areas**



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### **Accreditation**

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

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### **Counseling Services**

Lois Huebner served as the Associate Clinical Director and Cindy Harling served as the Assistant Clinical Director. The Counseling Center offers clinical consultation services to the campus as well as crisis intervention and time-limited individual and couples counseling as well as group therapy. Undergraduates enrolled a minimum of 6 credit hours, graduate students enrolled a minimum of 3 credit hours, and staff and faculty employed at least .75 FTE. are eligible for therapy services. Individuals who do not meet these criteria may be seen for one or two sessions for career counseling, or for brief assessment and stabilization if they are in crisis. In addition, the Center conducts both time-limited and time-unlimited therapy groups. The UCC also provides formal psychological assessment and psychiatric services for ongoing clients as appropriate.

Fees for services are structured as follows:

individual therapy is \$10 per session for students, while faculty/staff fees range from \$15 to \$35 per session, depending on the individual's income. There is no charge for the initial intake session, and no client is denied access to services due to inability to pay. The Counseling Center continued to experience increased on-time (and overall) client payments in response to initiatives made several years ago that emphasized the policy of "payment due at the time of service." We also continued with stricter implementation of our policy of placing "holds" on overdue accounts and implemented a more structured procedure for responding to requests for reduced fees or balance reductions. Further, we wrote-off accounts that were more than 12 months overdue, eliminating the need for continued billing, but do continue to accept payments on these accounts.

### **Clinical Staff**

The clinical staff at UCC consisted of eight licensed psychologists, three licensed social workers, one psychology resident/post doctoral fellow, one professional counseling intern/resident, one psychiatrist, four psychiatry residents, four psychology interns, three master's level social work interns, seven counseling psychology doctoral practicum counselors, and four clinical psychology doctoral assessment practicum counselors.

### **Clinical Team Model**

UCC has utilized a team model since Fall 1994. Under the current team model, each clinical staff member is assigned to one of four teams – a Monday, Tuesday, Wednesday or Thursday team. The team leaders this past year were: Cindy Harling, Riddhi Sandil, Ryan Randall and Lois Huebner. Members of each team are responsible to conduct all intakes scheduled on their team day and to manage crises or situations demanding an immediate response which arise during that team day. Teams staff cases for disposition in a one-hour meeting on the day following their team day. Individuals deemed appropriate for the Center's short term model are typically assigned to a counselor on the intake counselor's team, but may be referred to staff on another team if that is more appropriate



for the client's needs or for training purposes. Occasionally clients are also referred into the community if the UCC is not the most appropriate treatment provider. However, diminishing low cost and publicly funded community treatment options have created a situation in which the UCC is providing care for individuals with chronic and severe mental health issues – beyond the scope of services anticipated by our mission statement. No formal wait list was maintained over the 2009-2010 year, largely due to the effectiveness of our clinical team model and our large training staff.

Since there is no Friday team, crisis coverage on Friday is handled by rotating staff members. UCC is open on Tuesday evenings until 6 pm during the first month of the fall and spring semesters and is available for crisis response and reception services.

### **Clinical Utilization**

From July 2009 through June 2010 staff conducted 797 intakes, plus 41 extended intakes. This is consistent with numbers over the past several years. The average wait for an intake was 10 days. 25% of clients were able to come in for their intake within 5 days of their request. 25% were able to come in 6-10 days from their request. 36% waited 11-15 days and 14% waited 16-21 days. Table 1 shows the monthly breakdown of intakes. Intakes peaked in October this past year, with a high of 98. Next busiest in terms of intakes were: November (91), March (87), September (86) and February (78). Approximately 80% of intakes returned for counseling. The average number of individual counseling visits was 7.24. The total number of clients seen at the Counseling Center during the 2009-2010 academic year was 1072, which is nearly identical to last year. Peak months for total number of clients served were April, March, November, October, and February.

The total number of appointments provided to clients this year was 7762, which represents a 21% increase over last year. Individual counseling accounted for 56% of total clinical appointments, while group accounted for 13%, couples counseling for 4% and med checks for 7%. The largest increase in number of appointments occurred for group counseling appointments,

which were up by 54% respectively. Individual counseling appointments also rose significantly (by 23%), as did med management (up 21%), psychiatric evals (up 17%) and crisis intervention (up 14%). Only couples counseling appointments declined (by 20%), which is likely partially due to our new couples intake system that seeks to manage our capacity for couples work related to the other demands for our clinical services. Figure 2 shows the breakdown of appointments by percentage. Figure 2 shows the breakdown of appointments by percentage.

The UCC continued to be very busy with crisis appointments. We had 211 crisis appointments, a 14% increase over last year, which had shown an increase of almost 40% over the previous year. This is now our all-time high. With the availability of a same-day intake appointment most mornings and afternoons in addition to our Crisis 1 coverage, we were able to handle the needs of our clients and the campus community. However, the continued high demand for crisis appointments is concerning.

In a related vein, the UCC experienced a dramatic increase in psychiatric hospitalizations. At least 19 of our clients were hospitalized for a period of time this past year, with the UCC facilitating that hospitalization on 11 occasions. Four of the hospitalizations involved involuntary commitment. The bulk of this activity took place in the spring of 2010 with 10 hospitalizations occurring between mid-March and the end of May. In prior years the UCC typically hospitalized only a few students over the course of an entire year, and involuntary hospitalizations from the UCC have been quite rare. Reasons for the hospitalizations, as noted by the clinicians involved, included: suicidal ideation, recent suicide attempt(s), psychosis and inability to care for self. Most hospitalizations require involvement of several UCC staff in order to make the determination, attempt to gather collateral information and support from family and/or friends, coordinate with the hospital, arrange and facilitate transport, accompany the client and provide information and impressions to hospital staff. Involuntary hospitalizations additionally involve arranging for ambulance service and often working with police to guarantee the safety of the client, staff and other UCC clients. Most clinicians who reported

**Table 1: Clinical Appointments, July 2009 through June 2010**

Month	AD & SD Intakes	Psych Evals	Other Appts.	Total Appts	# of Individuals Seen
July	22	3	314	339	
August	41	3	266	310	
September	86	8	515	609	
October	98	19	614	731	
November	91	17	756	864	
December	42	18	551	611	
January	59	10	546	615	
February	78	8	652	738	
March	87	18	806	911	
April	65	13	955	1033	
May	33	12	457	502	
June	32	6	461	499	
<b>Total</b>	<b>734</b>	<b>135</b>	<b>6893</b>	<b>7762</b>	<b>1072</b>

**Table 2: Major Clinical Appointments by Type, July 2009 through June 2010**

Clinical Appointment	Number	Percent
Intakes: Individual	734	9.46%
Intakes: Couples	63	0.81%
Extended Intakes	41	0.53%
Individual Counseling	4356	56.12%
Psychiatric Evals	135	1.74%
Med Management	553	7.12%
Pregroup Screening	140	1.80%
Group Counseling	991	12.77%
Couples Counseling	280	3.61%
Family Counseling	4	0.05%
Case Management	49	0.63%
Crisis Intervention	211	2.72%
Testing	183	2.36%
Substance Abuse Assmt.	22	0.28%
<b>Total</b>	<b>7762</b>	

involvement in a hospitalization indicated they spent between 4 and 8 hours with this process (for each client); Thus, one hospitalization can easily consume 5 to 15 hours of staff time, just on the date of the admission. Additional time is

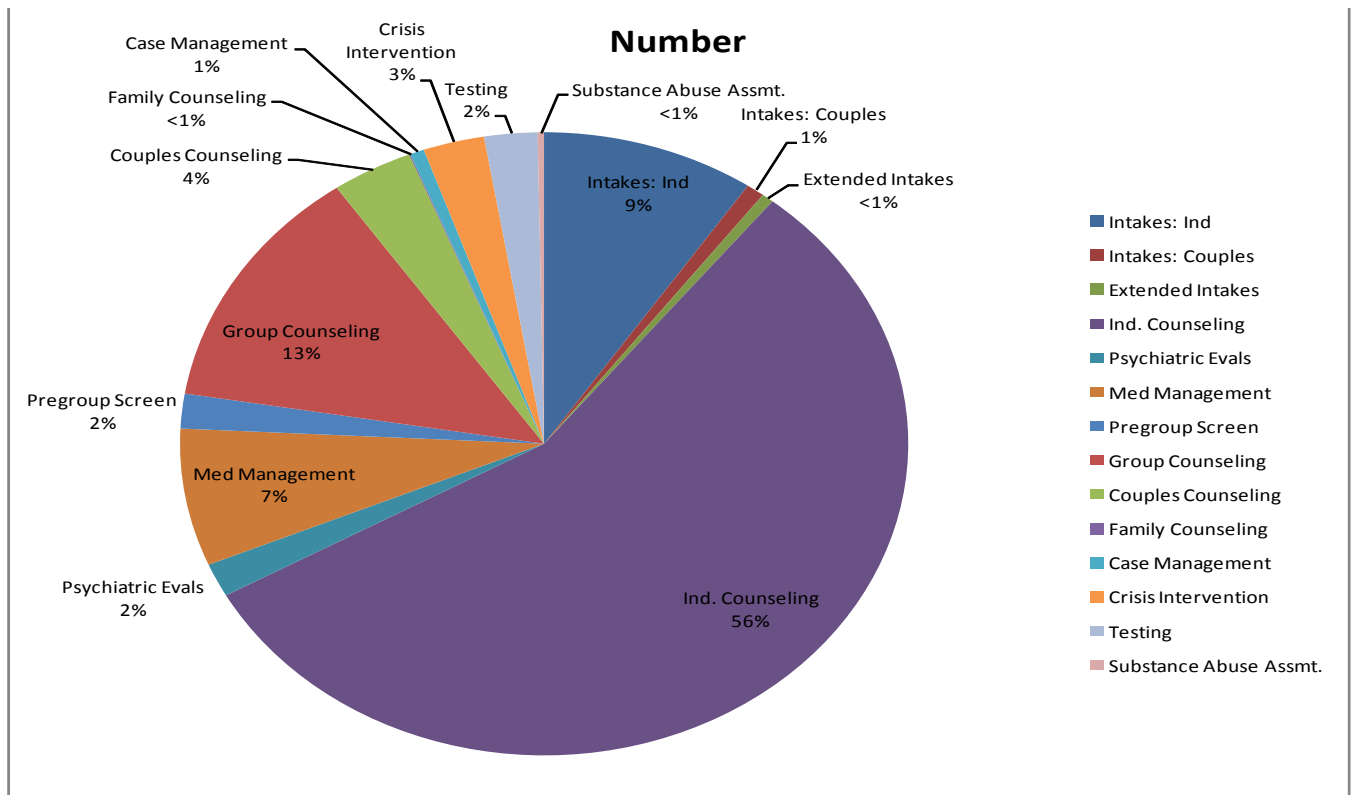
**Table 3: Groups Offered, July 2009 through June 2010**

Group
Creating Yourself: A general support group (Interpersonal Process)
LGBTQQ - Lesbian-Gay-Bisexual-Transgendered-Queer-Questioning
Recovery: It's Not Just for Quitters (Substance Abuse)
Surviving & Succeeding in Graduate School
Anxiety: Mind-Body Approaches (2 different groups in two semesters)
Strengthening Self-Esteem (Interpersonal Process)
Finding our Voice: A Group for Women of Color
Relating to Self & Others (Interpersonal Process Group for Women)
Merging Paths of Wellness (Support/Process/Psychoeducational Group)

required for consulting with the hospital after admission and for discharge planning.

The UCC (especially Lois Huebner) have continued a high level of involvement with the

**Figure 2: Percentage Breakdown of Clinical Utilization by Appointment Type**



Dean of Students' Office. We participated on a weekly basis in the BIT (Behavior Intervention Team) meetings and in occasional Student of Concern Meetings. We also increased our clinical involvement with Housing and Residential Education (HRE), providing consultation with HRE staff about students displaying disturbing, distressing or potentially dangerous behavior. This responsiveness to the DOS and HRE has included significant numbers of evening/ weekend/holiday phone contacts in order to provide timely support and consultation. With increasing consultation to the campus community we have tried to track more closely the time spent in this activity. In this past year we recorded 129 campus consultation contacts. The majority of these have been related to crisis situations emerging on campus or concerns of staff or faculty about particular students. These numbers are likely a significant underestimate as many of these contacts are unplanned (unscheduled) and may involve multiple contacts across several days, which presents challenges for staff in recording time spent. In the coming year we will attempt to clarify even further the nature and extent of these consultations.

Karen Cone-Uemura assumed responsibility for coordinating the group program this past year. Clients attended 991 group sessions (a 53% increase over last year,) plus 140 pre-group screenings. Groups continue to be a primary focus at the UCC and are the "treatment of choice" for many clients.

Glenda Wilkinson continued in her role as coordinator of couples counseling. During the past year we conducted 280 couples appointments (140 sessions with 62 clients) and conducted 63 couples intakes. This represents about 3.6% of our client visits. As noted, we modified our couples intake procedures as we continue to struggle with lack of capacity to offer as many couples intakes and counseling appointments as students would like. This past year, rather than utilizing a wait list, couples were referred out once we had reached capacity. While this worked better administratively, it likely is related to the 20% decline in couples counseling over the past year. Many couples appointments are conducted conjointly by a senior staff member and a trainee. This provides excellent services to clients and also provides a valuable training experience for our interns.



UCC offers psychological assessment to current clients of the center. Assessment services may be provided by clinical psychology assessment practicum students, psychology interns, counseling psychology practicum students or psychology senior staff. In 2009-2010 we provided assessments for 51 clients (a 34% increase over last year). This represents 138 appointments and 247 hours of testing (plus 49 hours of feedback for 39 clients).

We also continued to offer Substance Abuse Assessment services for clients of the UCC. These assessments provide clients and our staff with determinations about the level of care required for treatment. Those who are appropriate for the UCC typically participate in the Substance Abuse Group and/or individual counseling and may also avail themselves of medication services. Last year we provided substance abuse assessments for 22 clients (32 contact hours).

Psychiatric services are available to UCC clients who would benefit from psychiatric evaluation and/or medication management. Clients must be in concurrent counseling at the UCC or the WRC in order to receive psychiatric services at the UCC. This past year we were fortunate to have 4 residents (5 resident days), which allowed us to provide this service in an extremely timely manner. The psychiatric staff conducted 135 evaluations (a 17% increase from the previous year) and 553 medication check appointments (a 21% increase from last year). The busiest months for evaluations were October, December and March.

### **Client Demographics**

The following data represent demographic statistics on all clients seen from July 1, 2009 through June 30, 2010 who had an intake after January 2008. About 100 individuals seen for services last year fall outside this criterion – that is, their most recent intake was prior to January 4, 2008. Demographic information provided by clients at intake indicated that 55% were female, 45% were male and .3% identified as transgender. With respect to age, 23% were 17-21 years old; 37% were 22-25 years old, and 40 % were over 25. In terms of ethnicity, 1.7%

identified as African-American/Black, 5.8% as Asian American/Asian, 0.7% as American Indian/Alaskan Native, 6.3% as Hispanic/Latino(a), 3.5% as Multi-racial, 78.6% as Caucasian/White, and 2.4% “other.” The Counseling Center client population exceeded the University population in percentage of all of the categories of ethnicity, except White indicating that we are serving students of color at least in proportion to their enrollment at the U, and, in fact, exceed that to some extent. (Based on figures from Table A2 of the OBIA website, August 2010).

UCC clients came from 44 countries. 4.2% of our clients reported they are international students. This compares with about 6.75% of UU students who are registered as international students (per Bill Barnhart, Director of the International Center, 8/31/10), suggesting that we are somewhat under-serving that population. Clients reported a variety of religious affiliations, with the largest number (27%) identifying as LDS. 45% reported no religious affiliation. Most clients reported they were self-referred (46%), followed by referral by a friend (15%), family (11%), or faculty (9%).

In terms of relationship status, 48% were single; 27% were in a serious dating or committed relationship; 19% were married; 2% partnered, and 4% separated or divorced. 15% reported they live alone; 12% reported they live with parents; 26% reported they live with a spouse or significant other, 33% reported they live with roommate, and 8% reported they live with their children. 14% reported living in campus residence halls and 1% in fraternity/sorority housing.

The majority of clients identified as heterosexual (89%), with 10.7% identifying as gay, lesbian, bisexual or questioning.

21% of clients claimed senior status; 20% were juniors; 13% sophomores; and 11% freshman. 26% reported they were graduate students. 34% indicated they had transferred to the U from another school. 4.5% percent of our clients reported they were faculty or staff. While our data are somewhat confounded, approximately 72% of our clients engaged in paid employment with a mean of 26 hours per week. Only 2.4% reported military service. This finding is somewhat surprising as it does not reflect

the expected increase over last year (2.7% of clients). Less than 1% of our clients reported a history of military trauma.

Just under 4% of our clients were already registered with the Center for Disability Services at the time of their intake. The highest number (20) were registered for ADHD, followed by “psychological disorder/condition” (18) and learning disorder (15). Other conditions warranting CDS involvement were physical health related disorders (7), visual impairments (6), neurological disorders (4), deaf or hard of hearing (2) and mobility impairments (1). [Some clients reported more than one disability as they are asked to “check all that apply.”]

In terms of self-reported GPA,, the mean was 3.22 (SD=.70) with a median of 3.30. Despite these good grades, 29% of clients reported their current issues affected their academic performance “substantially” and 16% “severely.” Only 9% said their academic performance was affected “not at all.” Clients reported job performance to be less affected: 27% “not at all,” 15% “substantially;” and 8% “severely.” On the other hand, personal relationships were the most affected, with 5% reporting “not at all,” 12% “slightly,” 27% “moderately,” 39% “substantially,” and 17% “severely.”

64% of clients reported having health insurance (primarily student health insurance). 36% reported they were currently taking prescription medication at the time of their intake

### **CCAPS Item Data**

All clients at intake complete the CCAPS-62, a 62 item self-report questionnaire consisting of responses to stems such as “I have a lot of energy” on a 5 point scale. The scale range is from 0-4, with anchors at the lowest and highest points indicating the statement is “not at all like me” to “extremely like me.” On individual client reports the client’s responses are summarized with a t-score on each of eight subscales: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility and Substance Use. Comparing UCC data to the Center for the Study of Collegiate Mental Health national counseling

center sample shows that our clients are quite similar to clients at other universities. Using items where clients responded with a “3” or “4” on the 5 point scale from “0” – “not at all like me” to “4” – “extremely like me,” this is how our clients described themselves:

#### *Reassuring:*

I feel that my family loves me (75%)

I enjoy my classes (58%)

My family is basically a happy one (55%)

I feel confident that I can succeed academically (55%)

I make friends easily (51%)

I like myself (47%)

#### *Troubling:*

My thoughts are racing (53%)

I am not able to concentrate as well as usual (52%)

I feel tense (49%)

It’s hard to stay motivated for my classes (47%)

I have sleep difficulties (46%)

I feel disconnected from others (45%)

I feel isolated and alone (43%)

Other items were endorsed by fewer people but are worrisome in that they raise concern about the wellbeing of a segment of our students and their functioning of our campus.

I feel sad all the time (32%)

I feel that no one understands me (32%)

I feel helpless (31%)

I have unwanted thoughts I cannot control (27%)

I feel worthless (24%)

I sometimes feel like breaking or smashing things (21%)

I lose touch with reality (20%)

I have difficulty controlling my temper (16%)

I have thoughts of ending my life (10% - 73 individuals)

I am afraid I may lose control and act violently (6% - 40 individuals)

I have thoughts of hurting others (2% - 13 individuals)

### Client Experiences

The UCC also collects data about important client experiences at intake (see Table 4). According to these numbers, more than half (57%) of our clients have had previous counseling and nearly half (43%) have taken psychotropic medication. One-third (31%) have considered suicide, and 10% have made an attempt. Nearly 50% reported having been the victim of some type of harassment, and 25% reported an experience of unwanted sexual contact. Just over 20% have engaged in self harm behaviors. Nearly 8% reported they had seriously considered injuring another person (but only 2% had done so). 10% reported a prior psychiatric hospitalization. 8 % report prior treatment for drug or alcohol

**Table 4: Important Client Experiences Summary**

Client Experiences	Never	Prior to College	Since Starting College	Both
Psychotropics	57%	12%	17%	14%
Drug & Alcohol Treatment	92%	3%	3%	1.3%
Hospitalization	90%	5%	3%	1.3%
Self Injury	79%	11%	3%	6.7%
Considered Suicide	69%	14%	7%	10%
Attempted Suicide	90%	6%	3%	1.5%
Considered Injuring Another	92%	3%	2%	3%
Intentionally Injured Another	98%	1%	0%	1%
Unwanted Sex Exp.	71%	13%	7%	5%
Harassment	53%	18%	8%	17%
Prior Counseling	40%	19%	22%	16%

problems.

These data also show considerable sources of distress in the families of UCC clients. The most common events that clients reported were: frequent hostile arguing (42%), family member diagnosed with a mental disorder (35%) and divorce/separation of parents prior to age 18 (31%). 14-23% of clients also reported someone in their family with an eating problem, with a debilitating illness/injury/handicap, who attempted suicide, who was hospitalized for emotional problems, who experienced rape or sexual assault, physical abuse in the family, a parent with a drinking problem, a parent with extended unemployment, and frequent moves.

### Client-described Presenting Problems

Another questionnaire filled out at intake asks clients to identify which issues (from a list of 46) brought them into the Counseling Center on this particular day. Clients can check as many as apply. The most commonly checked items were anxiety (57%), depression (56%), stress (51%), academics (42%), self esteem (37%), relationship with partner (35%) and loneliness (32%), (see Table 5). Interestingly, career issues moved into the tenth most common issue clients identified as a presenting concern perhaps reflecting the poor economy and the stress this brings to our clients.

**Table 5: Reasons for Seeking Counseling**

Reason for Seeking Coun.	Num.	%
Anxiety	442	56.7%
Depression	436	55.9%
Stress	396	50.8%
Academic	331	42.4%
Self-Esteem	285	36.5%
Relationship w/ Partner	276	35.4%
Loneliness	253	32.4%
Social Anxiety	159	20.4%
Family I Grew Up In	156	20.0%
Career Issues/Questions	131	16.8%

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## Training Program

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The training of graduate-level students in Psychiatry, Psychology, and Social Work is a highly valued and central function at the UCC, maximizing our ability to provide direct clinical services, teach academic courses, and have a robust outreach program. Glade Ellingson, Ph.D. completed his first year as the Training Director on July 1, 2010. During the 2009-2010 academic year the UCC Training Committee was comprised of Glade Ellingson, Ph.D. (Training Director), Cindy Harling, LCSW (Coordinator of Social Work Training), Riddhi Sandil, Ph.D. (Coordinator of Practicum Training), and intern representatives from Psychology and Social Work.

The Psychology Internship training program at the University Counseling Center has been nationally recognized and accredited by the American Psychological Association since 1979. The UCC also is an active member of the Association of Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA). Glade Ellingson has been active in ACCTA this year, presenting at the national conference in Austin, Texas in October 2009. He attended the Joint Conference of the Council of Chairs of Training Councils (CCTC) held in Orlando, Florida in February 2010; this conference is held only in “decade” years. Glade also served as the Liaison from ACCTA to ACCCS, the

Association for the Coordination of Counseling Center Clinical Services, at their national conference in May 2010.

During 2009-2010, UCC provided clinical training experiences and supervision to a total of 27 graduate and professional students including Psychiatric Residents (4), pre-doctoral level Psychology Interns (4), Social Work Interns (3), Counseling Psychology Doctoral Practicum Counselors (7), Clinical Psychology Doctoral Assessment Practicum Counselors (4), Clinical Psychology Doctoral Psychotherapy Practicum Counselors (4), and an Advanced Field Practicum Counselor (1). In addition, the Center provided clinical supervision toward professional licensure to two new psychology staff members and one staff member accruing hours for licensure as a professional counselor. The Center also provided research and evaluation training to one Research Assistant who was an advanced doctoral student from the Department of Educational Psychology. (See Table 6 and Appendix B.)

Consistent with the multicultural mission of the Counseling Center, intern and resident trainees represented a broad spectrum of diversity in terms of racial/ethnic backgrounds, cultural backgrounds, sexual orientations, religious preferences, and genders. Among the clinical supervisees were 1 Asian American, 1 international student, 2 lesbians, 1 gay man, 20 women, 5 men, and 1 person who identified as gender queer. Religious preferences that were disclosed included LDS, Protestant, non-denominational Christian, and no religious affiliation.

## Supervision of Trainees

Licensed permanent clinical staff members of the Counseling Center provided weekly clinical supervision to 14 of the graduate trainees and to 3 permanent staff members in their respective disciplines. Therefore, UCC licensed staff provided an average total of 21.5 hours per week of one-to-one clinical supervision and training during fall and spring semesters and 17 hours per week during summer semester. In addition, staff provided an average of 7 hours of training/clinical seminars to trainees weekly



**Table 6: Graduate Program, FTE, and Post UCC Designation of Trainees, July 2009 through June 2010**

Doctoral Psychology Interns and Graduate Program	FTE	Post UCC Destination
Courtney Chambless, Ph.D. <i>Georgia State Univ.</i>	1.0	Postdoctoral Fellowship; University of Houston
Andrea Knestel, Ph.D. <i>Syracuse Univ.</i>	1.0	Self-sponsored Research
Andrew Reichert, Ph.D. <i>Texas A&amp;M Univ.</i>	1.0	Postdoctoral Fellowship; VA Medical Center, Waco Texas
Erin Winterrowd, Ph.D. <i>Colorado State Univ.</i>	1.0	Tenure Track Faculty; University of Wisconsin-Oshkosh
Social Work Interns and Graduate Program	FTE	Post UCC Destination
Jessica Elder, M.S.W. <i>University of Utah</i>	.50	Valley Mental Health; SLC, UT
Natalie Lecy, M.S.W. <i>University of Utah</i>	.50	Accepted to Social Work Ph.D. Program; University of UT
Gena Speno, M.S.W. <i>University of Utah</i>	.50	University of Utah Hospital, Crisis Worker
Psychiatric Residents	FTE	Post UCC Destination
Kate Beresford, M.D. <i>University of Utah</i>	.50	4th Year Rotations
Kristen Dawson, M.D. <i>University of Utah</i>	.25	4th Year Rotations
Kelli Hyland, M.D. <i>University of Utah</i>	.25	VA Medical Center, SLC, UT
Jeffery McCann, M.D. <i>University of Utah</i>	.25	4th Year Rotations

including UCC Training Seminar (Psychology and SW Interns combined), Psychology Training Seminar, Supervision Seminar, Social Work Training Seminar, Clinical Consultation Hour, Psychotherapy and Culture Seminar, and Staff Development Seminar. In addition, selected UCC trainees were provided with specialized training: 1) full-day workshop on Red Cross Disaster Mental Health; 2) participation in the Utah University and College Counseling Centers Conference; 3) Gatekeeper Training, and 4) Working with Student Veterans in Student Affairs. UCC provided trainees with opportunities to gain supervised experience in counseling, assessment, and collaborative outreach/consultation; in addition, pre-doctoral psychology interns received supervised experience in providing clinical supervision, teaching academic classes, and conducting research and scholarship.

Faculty supervisors in Counseling Psychology and Clinical Psychology provided an additional 9-12 hours per week of one-to-one and small group clinical supervision to practicum counselors. Academic faculty members, including three UCC staff members who hold joint appointments in the Department of Educational Psychology, provided clinical supervision to the doctoral practicum counselors in Counseling Psychology, resulting in a total of approximately 210 hours of practicum supervision. In addition, Psychology Interns provided a total of 7 hours/week of individual clinical supervision to practicum counselors in Counseling Psychology (approximately 210 total hours of practicum supervision) during fall and spring semesters and 1 hour/week during summer semester. Faculty members in the Department of Psychology provided supervision to the doctoral assessment practicum and to the psychotherapy practicum counselors in Clinical Psychology.

#### **Trainee Service Delivery Efforts**

Trainees significantly contributed to the counseling, outreach, and instructional services offered by UCC over the past year. Nearly every group of trainees provided a significantly higher number of clinical hours than their predecessors the previous year. Psychology Interns, Social



Work Interns, Psychiatry Residents, Counseling Psychology Practicum Counselors, and Clinical Psychology Practicum Counselors conducted a total of 465 intake interviews and provided 2442 hours of individual counseling to eligible students, staff, and faculty members (See Table 7). In addition, Psychology interns were instructors for 4 undergraduate courses including 2 sections of Career and Life Planning and 2 sections of Multicultural Issues. Social Work and Psychology Interns provided a total of 94 hours of Outreach services to the campus during the past year.

As a member of a UCC Research Team and the Program Evaluation Team, the UCC Research Associate helped collect, enter, and analyze data to track psychotherapy outcome and satisfaction measures for UCC clients.

In addition, the Learning Enhancement Program provides training to graduate and undergraduate students. They hire, mentor, and coordinate graduate students each year who serve as teaching assistants in the Strategies for College Success courses that are offered in collaboration with the Department of Educational Psychology. The Supplemental Instruction Program trains

qualified undergraduate students to assist other students in successfully completing targeted freshman and sophomore level courses with high D, E, and W rates through organized, peer assisted study sessions. The Tutoring Center, which is CRLA certified, also trains qualified undergraduate and graduate students to assist students through one-on-one or group tutoring. Tutors complete training modules on a range of topics, including working with students with disabilities and assessing student learning styles.

Similarly, Center for Student Wellness staff members train a small number of undergraduate peer educators who participate in the Alternative Spring Break and Student Athlete Mentor programs, which provide educational and outreach opportunities focused on the promotion of wellness and the prevention of substance abuse.

### Intern Diversity Initiatives

During spring semester, Psychology and Social Work Interns developed Diversity Initiatives often involving collaborations with other offices or

**Table 7: Trainee Contribution to UCC Service Delivery, July 2009 through June 2010**

*Direct Services Provided by Select Groups of Trainees:*

Trainee Position	# of Trainees	Intakes	Indiv/ Couples	Grp Appts
Psychology Interns (4.0 FTE)	4	245	1013	148
Social Work Interns (1.5 FTE)	3	61	334	69
Psychiatry Residents	4	1	211	4
Practicum Counselors - Clinical	7	0	75	0
Practicum Counselors - Counseling (~1.75)	7	158	879	0
Total Service Provided	25	465	2442	225

*Percentage of UCC Overall Direct Services provided by all trainees*

Service	N	% of UCC Service
Intakes, Extended Intakes	465	60.2%
Individual Counseling	2442	57.1%
Psychiatric Evaluations	115	85.2%
Medication Management	374	67.6%

student groups to promote and maintain liaison relationships between the UCC and offices and programs on campus that target the needs of underserved populations on the campus. These initiatives were conceptualized to be opportunities for Interns to utilize knowledge and skills acquired during fall semester to define a project of special interest to the Intern and to meet a perceived need of students, staff, or faculty.

#### *Social Work Intern Diversity Initiatives*

- One intern focused her efforts on strengthening the ties between the local chapter of the National Alliance on Mental Illness (NAMI) and the University of Utah. She held a meeting with state and local NAMI representatives, The College of Social Work, and the UCC Outreach Coordinator. She explored ways that NAMI could be more active on campus, including the possibility of providing a support group housed in the College of Social Work.
- Another intern continued her previous work with the University Neighborhood Program's (UNP)-Hartland Partnership Center. She arranged for UCC clinical staff members to visit UNP-Hartland to receive an overview of UNP programs, as well as training in working with refugee and non-native English speaking populations.
- The third SW intern completed a resource binder of local and national volunteer opportunities titled: "What Gives?" These are agencies who are seeking volunteers to work in a variety of settings, both locally and via the web. The binder is available via the UCC "O" drive; a hard copy also resides in the UCC waiting room where it is accessed by clients who can also read about the mental health benefits of providing service to others.

#### *Psychology Intern Diversity Initiatives*

- One Psychology Intern focused his efforts on working with Student-Veterans within Student Affairs. He met with the Associate Vice President for Student Development and joined a Student-Veterans Task Force. This Task Force developed and planned an all-day training workshop for student affairs professionals which was held on June 15, 2010. This Diversity Initiative dovetailed with this intern's dissertation research involving "Open Secrets" among LGBTQ members of the U.S. armed forces; this intern went on to accept

a Postdoctoral Fellowship at a VAMC.

- Another Psychology Intern carried out her Diversity Initiative by working with International Students. She met with representatives from the campus International Center to discuss barriers that international students face in seeking mental health services. She participated in the International Center's New Student Orientation and participated as a mentor to a small group of undergraduate international students who were interested in strengthening connections between the International Center and UCC. Finally, this intern developed a specialized brochure in the UCC *Talking Helps* brochure series for international students.
- A third Psychology Intern focused on the relationship between the University of Utah's LDS Institute and the UCC. She met with the Director of the LDS Institute several times and was invited to present on UCC services at an institute faculty meeting. This intern used the occasion to poll Institute faculty as to the foremost mental health and behavioral needs they perceived in their student population. Finally, she produced a specialized brochure in the UCC *Talking Helps* brochure series for LDS students.
- The final Psychology Intern was struck by the challenges and opportunities in co-teaching ED PS 3010, Multicultural Issues. She completed a literature review on the topic of Diversity Education in Colleges and Universities, which she presented to the UCC staff. She provided training on the dynamics commonly experienced by undergraduate students while fulfilling their diversity requirements including cognitive dissonance, ethnocentrism, defensiveness, and resistance. She provided recommendations for future ED PS 3010 instructors regarding dealing with these dynamics.

#### **Intern Accomplishments**

Last spring Natalie Lecy, MSW was accepted into the Social Work Doctoral Program at the University of Utah, which she is scheduled to begin Fall 2010. Jessica Elder, MSW took a position as a staff social worker at Valley Mental Health in Salt Lake City and Genna Speno, MSW took a position as a crisis worker at the University of Utah Hospital and is doing some clinical hours at Valley Mental Health in Park City.

While the 4 Psychology Interns began the internship year in various stages of dissertation progress, all 4 successfully completed and defended their dissertations in the course of the year. Thus, all 4 Interns completed their doctoral degrees concurrent with completion of their UCC internships on July 31. Courtney Chambless, Ph.D. accepted a Postdoctoral Fellowship in Assessment at the Counseling Center at the University of Houston. Andrea Knestel, Ph.D. opted to focus on psychological research and publications; she will also complete some postdoctoral hours at UCC. Andrew Reichert, Ph.D. accepted a Postdoctoral Fellowship at the VA Medical Center in Waco, Texas. Finally, Erin Winterrowd, Ph.D. accepted a tenure track faculty position at the University of Wisconsin—Oshkosh.

### **Other Training Program Changes and Accomplishments**

Given recent changes in Utah's Psychology Licensing Act, Julie Goudie-Nice, Ph.D. and UCC Temporary Psychologist, was licensed September 17, 2009; this brought to 8 our total number of licensed psychologists on the training staff. Jared Neslen, M.Ed. continues in a full time staff position at the Counseling Center with 50% of his time dedicated to his role as psychometrist in the Testing Center and 50% dedicated to clinical service delivery next year. The Counseling Center continues to provide clinical supervision to Jared to accumulate the necessary hours for him to qualify for licensure as a professional counselor. Jennifer Arm, Ph.D. completed approximately 10 clinical hours per week at UCC; this was to supplement for licensure her full-time prevention, programming, and outreach education work at the Utah Pride Center this year.

Through the national internship selection process for predoctoral internships in psychology conducted in February, UCC was successful in attracting four psychology interns from doctoral programs accredited by the American Psychological Association. These interns for the 2010-2011 training year will come from 3 different universities and 4 different academic programs: Ball State University (Counseling Psychology); Brigham Young University (Clinical

Psychology); Brigham Young University (Counseling Psychology); and University of Florida (Counseling Psychology).

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### **Outreach and Consultation Services**

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Another major area of focus for the University Counseling Center (UCC) is Outreach and Consultation, which is coordinated by Ryan Randall, LCSW. Outreach and consultation services are made available primarily to the University community, including student groups, administration, academic departments, and student services. Occasionally, presentations are also made to community groups in the Salt Lake City area. Outreach requests are fulfilled by UCC's Permanent Clinical Staff as well by the psychology and social work interns. This provides staff members to make connections with the community and develop strong working relationships with University students, faculty and staff.

Outreach efforts are coordinated with the Outreach Coalition, a committee that meets on a monthly basis. This year's coalition members consisted of Ryan Randall and Lauren Weitzman from the UCC, along with Megan DuBois and Brad Linn from the Center for Student Wellness, and Jinna Lee from the Strategies for College Success program.

This year the UCC outreach and consultation program continued to be very active, offering presentations to a large number of organizations. A total of 157 workshops or presentations were provided to 39 different campus groups on over 20 different topic areas, ranging from stress management to diversity related topics. Our records show that 5,315 students received workshop instruction and the UCC put in over 248 hours of preparation time into outreach activities. These figures indicate that outreach continues to be an active element of UCC service delivery.

Our total workshops increased from 138 to 157 this year, a 14% increase from the 2008-2009 year. With regards to outreach participants, our numbers have increased by almost a third from 3,500 students and community members in 2008-2009 to 5,315 in 2009-2010. These

increases are due to the continued dedication, participation and commitment of UCC permanent staff and interns. It is a clear indication that the UCC is able to interact with and meet the needs of a large campus community.

The UCC participated in 36 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 over 1,600 University students, staff, and faculty, representing an increase of 134% from last year. This has significantly improved the visibility and presence of the UCC on campus, as well as likely resulting in greater access and utilization of our counseling services.

The UCC continues to offer online Depression, Bi-polar, Anxiety, Eating Disorder, and Alcohol Screenings for the fifth continuous year. These screenings are located and accessible on UCC's Website Home Page. A total of 622 online mental health screenings were taken this year. Of those screened, 186 reported they would seek out further mental health support. We believe these screenings are helpful in providing information and access to their mental health needs.

This was the twelfth year of the Faculty Liaison Program, which was created to develop and strengthen working relationships between UCC staff and academic departments, and faculty. This program has helped academic departments better access services at the UCC, and provide a specific individual contact when clinical consultation is necessary. <http://www.sa.utah.edu/counsel/forfaculty.htm>

[edu/counsel/forfaculty.htm](http://www.sa.utah.edu/counsel/forfaculty.htm)

Outreach efforts continue to be a strong priority for our center as it helps us better fulfill our mission in providing quality, competent and compassionate mental health care for the members of the University community.

## Career Development

Frances Harris coordinated the Career Development programs for 2009-2010. Pat Tsuyuki provided administrative support for career programs including scheduling, grading, processing of internship files, and documentation of course evaluations. Staff of the Counseling Center and Career Services collaborated to offer courses and internships for academic credit that promote career development of students. In addition, staff at the Counseling Center provided career assessment and counseling as appropriate in individual and group psychotherapy sessions with undergraduate and graduate students.

Last year, staff of the Counseling Center and Career Services collaborated to offer several sections of Successful Career Planning (Ed. Psych. 3960, Sections 80-82), a one-credit, half-semester class designed to assist students in exploring their interests, skills, personal characteristics, and values as they relate to career decision-making and the world of work. Students also learn to set career-related goals, construct cover letters and resumes, and practice introducing themselves to potential employers. The class format includes informational workshops and group discussions as well as individual appointments with an instructor. These courses were collaboratively taught by

**Table 8: Summary of Outreach Programs, July 2009 through June 2010**

Outreach Category	Hours	# of People	# of Workshops
Academic Skills	9.0	63	5
Career Development	13.7	178	11
Diversity	46.7	935	27
Interpersonal Skills	39.0	361	15
Mental Health Issues	66.9	1947	47
Personal Development	31.3	231	16
UCC Services (Includes Tabling)	85.2	1600	36
Total	291.8	5315	157



Psychology Interns in the Counseling Center and Career Counselors and a Graduate Assistant in Career Services. A total of five sections of the class were offered last year: a section for humanities and a section for all majors in fall; a section for humanities majors, a section for social and behavioral sciences majors, and a section for all majors in spring semester. Total number of students enrolled in the Career and Life Planning classes was 67 (67 SCH), which represents an increase of 32 students compared to last year's total enrollment of 35 students and a decrease in 3 SCH compared to last year's total of 70 SCH. Student evaluations of the new class were positive. New material on diversity, networking, resume writing, elevator speeches, and interviewing continue to enhance the course curriculum. See Table 9 for a summary of these data.

UCC psychologists also served as faculty for the Career Services Internship Program (CSIP) students who enrolled through ED PS 3960, Sections 77-79. Advisors from Career Services monitored the progress of the students on weekly assignments and visited their internship work sites. Once the internship was completed, the UCC faculty member read the student's file, graded the final paper, and determined the extent to which the student met the individualized requirements of the course. During 2009-2010, Frances Harris, Riddhi Sandil, and Karen Cone-Uemura served as primary faculty for the Career Services Internship Program; they were assisted by four Psychology Interns. The CSIP internship served 146 students during the year, totaling 526 semester credit hours (compared to 125 students and 583 SCH last year). Thus, the number of students served by the internship program increased by 21 students compared to the number served last year. In contrast, the number of credit hours generated by the program decreased by 57 hours from last year. Since students may elect a variable number of internship credit hours, the recent downturn in the economy may be increasing the number of students who seek internship experiences while decreasing the number of credit hours for which they register.

In addition, career counseling was integrated with mental health and academic counseling in

individual psychotherapy sessions and in group counseling sessions. Some group offerings, for example, specifically focused on issues related to educational and career attainment such as the Women of Color Group in collaboration with the Women's Resource Center, Surviving and Succeeding in Graduate School group, and

**Table 9: Summary of Career Development Activities**

Career and Life Planning Class: (ED PS 2610)	
Fall 2009	
# of Classes	2
# of Students	31
Spring 2009	
# of Classes	3
# of Students	36
<b>Total # of Classes</b>	<b>5</b>
<b>Total # of Students</b>	<b>67</b>
Career Services Internship Program	
Summer 2009	
# of Classes	2
# of Students	38
Fall 2009	
# of Classes	3
# of Students	43
Spring 2010	
# of Classes	2
# of Students	65
<b>Total # of Classes</b>	<b>7</b>
<b>Total # of Students</b>	<b>146</b>

### Multicultural Issues Courses

Relating to Self and Others for women students. The Multicultural Issues (Ed Ps 3010) is a 3 credit, semester long, class taught in Fall and Spring semesters. A total of 15 students were enrolled, totalling 45 credit hours. The instructor and class ratings continue to be positive and this class has been a selling point among intern applicants and a very good training experience for our interns. In Fall semester the class was co-taught by two psychology interns, Andrea Knestel and Erin Winterrowd. In Spring semester it was co-taught by our other two psychology interns, Courtney



Chambless and Andrew Reichert. The teaching of the class was overseen by Dr. Julie Goudie-Nice, a temporary permanent staff member who acted as a supervisor and consultant for the instructors.

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## UCC Agency Diversity Initiatives

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The UCC continued to host several agency diversity initiatives to facilitate the personal growth and professional development of our staff in the realms of diversity and multiculturally competent practice. These efforts clearly reflect the larger Students Affairs value of Commitment to Diversity and continue to result in an increased utilization of our services by students of color and other underrepresented groups. Our annual Fall Retreat again provided an opportunity for staff to provide service to the community via our teamwork at the Utah Food Bank. Julie Goudie-Nice served as the **UCC Diversity Initiatives Coordinator**, a new role within the agency that included co-chairing the **UCC Diversity Committee** with Lauren Weitzman and providing active support for our **Intern Diversity Initiatives**. We focused our **Psychotherapy and Culture Seminar** in fall semester on clinical issues such as therapist self-disclosure and working with intersecting identities, and explored LGBTQ and related issues in more depth during spring semester. On-site visits to community agencies such as the Pride Center and UNP/Hartland Partnership Center were included in the spring. We continued our tradition of having staff present **“What Matters to Me and Why”** on a monthly basis. In the spirit of ever-evolving growth and learning, our summer Diversity Committee focused on a re-evaluation of our agency multicultural training. We developed a more intentional structure to support the initial formation of trusting working relationships as we integrate new training staff into the agency each August, resulting in a new Multicultural Development training venue for the 2010 – 2011 academic year. Finally, we expanded our *Talking Helps* brochures with the addition of brochures for International Students, LDS Students, and Student Veterans.

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## Staff Development

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The UCC continued to sponsor an in-house Staff Development series, inviting campus and local speakers to present on a variety of relevant

mental health topics. As has been the case for several years, several of the staff development presentations incorporated a multicultural focus. Please see Appendix D for a complete listing of staff development presentations. The Utah Psychological Association awarded UCC 14 hours of continuing education credit for psychologists attending all sessions. Attendees sign in for each session and are given a summary of hours at the end of the year. Social Work and LPC staff are able to turn in their hours as verification of CE credit as well.

In the fall term, the kick-off presentation was titled “New understandings of the complexity of female same-sex sexuality” by Lisa Diamond, Ph.D. Session 2 was a presentation by Ted Packard, Ph.D. on the “Ethical and legal aspects of supervision.” Next was a review of current research on the “Health consequences of sprawl” by Brad Linn, MCMP.

The Spring term of 2009 started off with a presentation by Stuart Drescher, Ph.D. on “Working with clients with chronic illness in a counseling center setting” (that included our colleagues from the Student Health Center). The next session was “Everything you wanted to know about sleep, but were too tired to ask” by Paul Teman, Ph.D. In session 3 former intern and current professor of psychology at BYU Niwako Yamawaki, Ph.D. presented on the “Differing patterns in attitudes toward mental health services between Japanese and American citizens.” The final session in this series was a presentation by Julie Goudie-Nice, Ph.D. on “The culture of women: Exploring women’s complex network of identities and roles.”

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## Technology

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The Counseling Center completed its fourth full year utilizing the Titanium Schedule database software and the third year of using a web-based client entry system. In addition to decreasing clerical time spent entering the data, this entry system allows the counselor to immediately view the results of assessments and other client information.

We have continued using digital recording

equipment to record counseling sessions for our trainees and this year expanded our capacity to allow all permanent staff to record sessions. Permanent staff can use these recordings for therapy demonstration and other training purposes. This equipment allows secure, digital recording of counseling sessions. Supervisors continue to be able to view supervisee's recordings from their office workstations. Currently all counseling sessions are recorded in digital format.

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## Research Team

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During the 2009-2010 year the research team included Lois Huebner (Coordinator), Rob Davies, Elizabeth Proemmel (RA) and Jennifer Arm (Post-doctoral resident).

The major emphasis for the research team over the past year has been our continued involvement in the data collection and research efforts of the Center for the Study of Collegiate Mental Health (CSCMH). Currently CSCMH is collecting data at 152 college and university counseling centers. All of the member centers collect a standardized set of data from their clients (with a few options to include additional questions), including demographics and client experiences, via the Standardized Data Set or SDS. In addition, many of these member centers administer the CCAPS-62 at intake for a snapshot of clinical symptoms. These efforts are in support of a vision of creating a national data base reflective of the state of student mental health and student mental health history. The UCC submitted an IRB proposal to participate in this data pooling project and the IRB determined the study to not be human-subject research. We began sending data to the CSCMH on April 6, 2010.

Another CSCMH project is the psychometric validation of the CCAPS-62, one aspect of which is a concurrent validation study. As part of this, the University of Utah Counseling Center has agreed to administer the Beck Anxiety Inventory at intake for a specified period of time. Other universities are running related validity studies with 8 other instruments, with at least two universities collecting data on each of the 9 measures. We are in the process of gaining IRB approval for our participation in this study.

Our Research Assistant, Elizabeth Proemmel, is also conducting dissertation research focused on CCAPS-62 validation. Developing and proposing this study has involved coordination between Ed Psych (via her Doctoral Supervisory Committee) and the UCC Research Team. During the past year, the research team explored and identified gaps in the psychometric properties of CCAPS-62 (eg., concurrent validity, normative data – both of which are currently under study; as well as lack of recovery curve data, a reliable change index, measures of clinical significance, clinical cutoff score(s), etc.) and brainstormed ways to address these gaps in the context of a single counseling center and without over-burdening clients.

Other UCC research efforts have included coordinating with the Student Development Office of Assessment, Evaluation and Research to identify campus-specific mental health questions for the NASPA Assessment and Knowledge Consortium Mental Health and Counseling Student Survey; administering a short Counseling Center Client Survey to a cross sectional sample of 254 UCC clients during November 2009 and April 2010; and participating in participant recruitment for Steve McCowin's dissertation.

The Research team also investigated current literature related to the intersection of emotion regulation and technology use. While we concluded that this area is a promising one for campus based research we elected to move forward with the CCAPS-62 validation at this time. However, we may return to this area in the future.

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## Client Satisfaction and Feedback

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The UCC asks all returning clients to complete a feedback survey during two weeks of each semester. This method generates a cross sectional sample including clients with intake-only and clients with many sessions of counseling. This past year 254 clients participated in this survey during Fall or Spring semester. The instrument and all responses to open-ended questions can be found in appendix F. This section contains a brief summary of key findings.

The Counseling Center Client Survey used this past year is a shortened and slightly revised form of the survey we developed in the spring of 2009. It was designed in part to assess clients' perceptions of our success in meeting the goals stated in our mission statement. The survey provided clients with the UCC mission statement followed by the question: "How are we doing?" A comment box provided a place for clients to respond to this question in their own words. We dropped the rating scale we had previously used for this item as it had not provided significant information about where we could make improvements, although it had validated our efforts to provide clinically and multi-culturally competent services [Overall mean last spring of 6.44 and means for the subgroups we identified (racial/ethnic minority, sexual orientation minority, no religious affiliation clients, LDS clients, and "other") all between 6.32 and 6.67 on a 7 point Likert-type scale, with anchors of "very poor" (1) and "excellent" (7).]

Comments provided by clients this past year addressed both our overall counseling services as well as our ability to provide multi-culturally competent counseling. The overwhelming majority of comments were positive, describing UCC staff as open, kind, welcoming, treating them as important, and "seriously, the nicest people." Clients also commented positively on the speed of getting services and on the matching of client and therapist in our disposition model. Clients also spontaneously commented on group, with one client noting that "it is incredibly rewarding to buttress one another and process and just be without pretense or fear of 'social consequences.' Group is the highlight of my week." When we asked clients about anything that would improve their experience at UCC, the following were identified: more space in groups, allowing more students of color to see staff of color, longer sessions, no limits on individual sessions, more counselors who don't need to record sessions, not doing the OQ45 at each session, staff not socializing at the reception desk, briefer length of time for assessments to get started, and better integration of medication and therapy services. A few clients commented on counselors not returning calls promptly, long waits to be seen (both before and after intake) and the benefits of evening hours and weekend

hours and services for alumni. Several clients who were seen beyond the usual 12 session limit commented on their appreciation of that. One student noted "I have been coming here 3 years. I will be graduating soon and could NOT have done it without the help of the UCC."

Clients were also asked to respond to a series of 10 questions which constitute the student outcomes questions of the Client Experiences Questionnaire (a previously-used UCC feedback questionnaire). The following represents findings from Fall 2009 and Spring 2010. 24% of our respondents indicated they "somewhat" to "strongly" agreed with the statement that they were thinking of leaving the U of U before counseling, or were fearful they would have to leave. Of those who responded "somewhat" to "strongly agree" to this item, 74% agreed that "counseling has helped me to stay at the U of U" (to some extent). Specifically, 16% said they "somewhat agreed," 32% said they "agreed" and 26% said they "strongly agreed." When we asked all student respondents (rather than just those who were thinking about leaving) whether counseling had helped them stay at the U, 41% agreed ("somewhat agree," "agree," or "strongly agree") that it had. 63% of students agreed that counseling helped improve their academic performance, while 81% agreed that counseling had helped enhance their experience at the U. 78% percent of respondents agreed that counseling helped them think in more complex ways, while 68% agreed that counseling helped with their ability to attend, concentrate and/or persist at academic tasks. Outside the academic realm, 92% of respondents agreed that counseling helped improve the non-academic aspect of their life; 73% agreed that counseling helped them improve their interpersonal skills; 77% agreed that counseling improved the quality of their relationships and 81% agreed that counseling improved their ability to "be myself."

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## Center for Student Wellness

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In July 2009, the Campus Wellness Connection and the Office of Health Promotion merged to create the Center for Student Wellness (CFSW). The Center for Student Wellness is an affiliate office of the University Counseling Center and the Student Health Center and co-reports to both directors.

The efforts of the CFSW are administered by Megan DuBois, Program Manager; Brad Linn, Prevention Coordinator; and Elizabeth Craig, Health Educator. The mission of the CFSW is to create, nurture and promote a University environment supportive of healthy life-long behaviors and enhance academic and personal success.

The CFSW strives to assist students in skill development that will enhance their personal wellness and ability to succeed, not only in the classroom, but in all areas of life: intellectual, physical, social, spiritual and emotional.

The Center for Student Wellness is committed to student engagement and advised or co-advised the following student groups this year: student leaders for the Alternative Spring Break Program, Student Athlete Mentors, and the Student Health Advisory Council. The CFSW also sponsored or co-sponsored numerous student events such as the Student Athlete Conference, Wellness Fair, Sexual Responsibility Week, Alternative Spring Break, and Run Like Health 5K. Student groups helped plan and implement each of these events.

In terms of prevention activities, the CFSW conducted 65 outreach presentations. These presentations and other related events involved over 269 hours of staff time and the Center for Student Wellness made contact with approximately 3589 individuals.

In addition, the CFSW develops and maintains strong collaborative relationships with campus and community prevention groups. This past year the CFSW coordinated, chaired, or co-chaired the following groups: the Alcohol and Drug Advisory Panel, the Campus Wellness Network, the Student Affairs Action Coalition Health and Wellness Subcommittee, and the Utah State Substance Abuse Prevention Panel.

The CFSW strives to implement prevention strategies that are evidence based and considered best practices in the prevention field. The CFSW maintains traditional substance abuse prevention roles and programs, including ensuring compliance with the federal Drug Free Schools and Communities Act and completing

Biennial Reviews. This year, the CFSW offered six Prime for Life classes, an Alcohol Education Course for students who violate campus alcohol or drug policy. This fiscal year 128 students completed this course.

During Fall Semester, the CFSW assisted in the administration of the American College Health Association/ National College Health Assessment on campus. The University of Utah previously participated in 2002, 2004, and 2006. Students answer questions about their habits, behaviors, and perceptions on prevalent health topics. Results provide information on health concerns that are impacting students and these results are utilized by the Center for Student Wellness to inform current and future office priorities and practices.

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## **Learning Enhancement Program**

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The Learning Enhancement Program (LEP) is an academic support program designed to give students the assistance they need in order to have a successful academic experience. The program is made up of three components: Educational Psychology 2600, Strategies for College Success (coordinated by Jinna Lee), Supplemental Instruction and the ASUU Tutoring Center (coordinated by Leslie Giles-Smith). LEP works collaboratively with many other campus programs (ASUU, Center for Disability Services, CESA, EOP, International Center, HRE, University College, Veterans Affairs and Women's Resource Center) to provide study skills, learning assistance, tutoring and mentoring for adult learners.

### **Strategies for College Success**

The purpose of the three credit Ed Psych 2600 class is to assist students in improving their reading, learning, and study skills in order to make an effective transition into the university environment. The course also emphasizes life skills, such as diversity awareness, critical thinking, stress management and wellness. The course is taught by graduate student instructors from the Educational Psychology department.

This academic year, 12 instructional sections were offered with an enrollment of 244 students. Average enrollment for classes was 20 students.



Records show a decrease in enrollment over the past two years. This has resulted in fewer sections being offered. Although students are made aware of the course through 5-minute presentations given at Student Orientations, many are opting for similar courses offered through the LEAP program and Undergraduate Studies. In addition to coordinating the Ed Psych 2600 course, Jinna also offered three test anxiety workshops and two time management workshops. These workshops are free of charge and open to any interested students.

The Ed PS 2600 staff continued to hold regular training/support meetings in which course content, teaching issues, pedagogy, and teaching philosophies were addressed through dialogue, articles, instruction, and campus presentations. Campus presenters came from offices such as CESA, LGBT Resource Center, Marriott Library, and other organizations with which LEP is working toward cooperative and long-term relationships. The Ed Psych 2600 staff also collaborates with the Assessment, Evaluation and Research office to administer and improve pre and post online surveys. The surveys are utilized by instructors to inform course focus and needs, and by students to develop a greater self-awareness of skill level and as one measure of improvement in specific academic skills.

**Table 11: ED PS 2600 Enrollment**

Sem.	# of Sections	Total Students	Avg Class Size
FA 09	7	154	22
SP 10	5	90	18
SU 10	0	0	0
Total	12	244	20

Total Credit Hours	732
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### Supplemental Instruction

The Supplemental Instruction Program (SI) provides organized group study sessions for a number of lower division courses in accounting, biology, chemistry, math, philosophy, physics

and psychology. Study groups 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.

During the 2009-2010 year, the SI program had fifteen undergraduate student instructors and two student supervisors. SI groups were utilized by 2679 undergraduates, for a total of 12,102 direct contact hours with students fall and spring semesters. This marks an increase of 24% over the previous year's usage.

SI leaders continue to receive training in discussion-leading techniques, study skills, and the SI model of instruction. However, the 2009-2010 SI training program incorporated some changes and improvements. Unlike previous years, all SI leaders were required to attend, not just those who were new to the program. This provided a forum for returning leaders to share their expertise and experience with new staff. Additional changes were made in the content of the training. A module was included on learning preferences and their application in the SI classroom. In addition, mock lectures and SI sessions were made more relevant by focusing on content areas that actually carry SI sessions (math and psychology). Ongoing training was made a priority throughout the year through monthly, prescheduled staff development meetings. During these monthly meetings topics such as communication skills, the benefits of the SI program, classroom activities and collaborative problem solving techniques were discussed.

The SI program participates in ongoing program evaluation in two ways. First, research assistant, Emily Heider provides ongoing analysis of the grades of SI participants vs. the grades of non-participants. On average, SI participants have a .38 GPA increase over non-participants in the course. Students who attended SI regularly (6 or more sessions) had a .68 GPA increase over non-participants. In addition, SI participants are less likely to withdraw from the course and less likely to receive a D or F grade. Second, the SI program works closely with Assessment, Evaluation and Research in administering Student Voice surveys to students in SI related



courses. The spring 2010 survey indicated that over 80% of responding students felt that SI had helped them understand the course material and hence received a better grade. Only 66% reported that SI had helped them learn to study more effectively. This information will be used in planning future SI training, with emphasis on incorporating more study skills development in SI sessions.

One of the goals of the SI program is to actively engage students who may feel disconnected as members of large, impersonal classes. Feedback shared through the Student Voice SI survey suggests that many students feel SI leaders are succeeding in accomplishing this goal. This success can be summarized in the following student's comment, "Attending SI was extremely effective. I felt more connected to the course, and to the university, more like it was a big part of my life. It also gave me confidence when I felt like I could go to SI with questions about things I just couldn't figure out on my own. Sometimes just knowing that safety net is there can give you the confidence to succeed on your own. Also the SI instructor was great about making time for students and LISTENING to students questions. It was fantastic and I hope such sessions are available in my future courses."

**Table 12: Supplemental Instruction Utilization**

Course	# of Students		
	FA 09	SP 10	Total
Accounting 2010	102	37	139
Biology 2315	238	280	518
Chemistry 1210	237	248	485
Chemistry 1220	63	158	221
Chemistry 2310	65	38	103
Chemistry 2320	61	131	192
Math 1010	101	154	255
Math 1050	157	130	287
Physics 2010	137	57	195
Physics 2210	66	94	160
Psych. 1010	92	105	197
<b>Total</b>	1257	1459	2679

## ASUU Tutoring Center

The ASUU Tutoring Center provides high quality, affordable tutoring and academic mentoring for all University of Utah students. The center offers discounted/subsidized tutoring for all students requiring academic assistance. In addition, free services are offered for students with disabilities, students on academic probation, and economically disadvantaged students (those receiving PELL grants).

During the 2009-2010 academic year, tutoring was provided individually or in groups to 858 students---an increase of 13% as compared to the previous year. A total of 4386 tutoring hours were reported. There were 122 students employed as tutors in a variety of subject areas during the course of the year, with three work study students employed as office assistants.

In addition to individualized tutoring, the ASUU Tutoring Center also sponsors a drop-in tutoring facility housed in the Heritage Center. The Heritage Tutoring Center provides assistance with math, science, and writing five nights a week. Over 500 hours of tutoring were provided for 146 students.

One of the ASUU Tutoring Center's goals is to provide students with the best possible academic support for their situation. Recognizing that there are other tutoring programs on campus that can contribute to this goal, the ASUU Tutoring Center continues to work with student groups and other learning assistance programs to inform students of their options. To that end, the ASUU Tutoring Center hosted the 9th Annual Tutoring Forum and continues to update and publish a master list of alternative tutoring services.

Tutoring Services Program Manager, Leslie Giles-Smith has been invited by the College Reading and Learning Association (CRLA) to serve as On-Site Chair for their 2010 CRLA national conference to be held in Salt Lake City. Through her involvement in this project, Leslie had the opportunity to network with academic support colleagues from throughout the United States. During the conference in November, Leslie will have the opportunity to shine the spotlight on higher education in the state of Utah

and particularly the work that is being done in the Learning Enhancement Program.

**Table 13: ASUU Tutoring Center Utilization**

**SSB Location**

Semester	# of Students	# of Hours
Fall 09	397	1952
Spring 10	342	1716
Summer 10	119	718
<b>Total</b>	<b>858</b>	<b>4386</b>

**Heritage Center Drop-in Location**

	Fall	Spring
Total # of Students Utilizing	73	73
# of Students w/ Multiple Visits	28	37
# of "high risk" Students	47	38
Total # of Tutoring Hours	222	351

**Testing Center**

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

In addition to the permanent, full-time staff, the Testing Center employs approximately seven to ten part-time proctors and Test Center Administrators (TCAs) to administer paper-based and computer-based testing. Kristen Fralick served as the Prometric Lead TCA. The Testing Center is typically open 7 days a week. Given our limited space Monday through Friday, testing time is split between paper and computer based testing. On Saturdays and Sundays, only computer-based testing is conducted in the Testing

Center. National paper-based testing is done in classrooms on campus. Table 14 summarizes the tests administered over the past year.

**University Testing**

The Testing Center administers two main types of paper-based testing for the university. First, the center delivers in-absentia tests for students who are unable to take a test when it is administered in class. Instructors are able to use this service to give make-up exams, optional exams, and other exams outside of normal classroom time. In addition, the Testing Center provides testing for the Center for Disability Services, Distance Education, Independent Study, and for U-online courses. In addition to University of Utah students, a number of students from other universities and colleges also complete in-absentia testing at the Testing Center. In 2008-2009, the Testing Center administered 2,837 in-absentia exams. In-absentia testing made up the largest proportion (67%) of the academic testing, excluding Prometric exams, conducted over the year.

A second major type of university paper-based testing administered is placement and credit-by-exam tests. Placement tests offered by the Testing Center include math placement and the writing placement essay. These 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. 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 Modern Language Assessment (MLA). The Testing Center offers the MLA in Spanish, German, French, Italian, and Russian. Successfully passing this exam allows a student to purchase 16 language credits to satisfy the B.A. requirement for graduation. MLA testing increased by a modest 4% as compared to last fiscal year when it had increased by 12%. In addition to these placement and credit-by-exam tests, the Testing Center also 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 continues to give a computer-

ized form of the Math Placement exam known as Accuplacer. This has greatly increased the validity and reliability of our math placement services and its use increased by 74% compared to last year. Last year it's use had increased by 30%. We have offered several testing sessions in computer labs outside of the testing center to accommodate this increase. The testing center also added another computer station in-house to help absorb this increase but we are limited by physical space. 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 testing.

Overall testing center revenue increased by 5%. Overall profitability of the testing center increased by 30% in 08/09 and increased another 45% this past year. This is partly accounted for by our increasing revenue but largely due to our conservative spending.

### **Psychological Testing**

The Testing Center also provides psychological testing services to the UCC and other qualified off-campus professionals. These tests include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-3 (MCMI-3), the NEO Personality Inventory - Revised (NEO-PI-R), and the Weschler Adult Intelligence Scale-IV (WAIS-IV). The major career assessment instruments include the Strong Interest Inventory (SII) and the Myers-Briggs Type Indicator (MBTI). Both of these exams are administered on-line via an internet web-browser. A total of 565 psychological tests were taken in 2008-09 (see Table 14). The Testing Center continues to see a high demand for SII and MBTI assessments, particularly due to several large campus outreaches conducted by the Counseling Center staff utilizing these instruments.

### **National Paper-Based Testing**

The Testing Center is also responsible for coordinating the national paper-based testing at the

university. Jared Neslen coordinates this function. Testing occurs on most Saturdays and includes testing for the SAT, the Law School Admission Test (LSAT), the Medical College Admissions Test (MCAT), and the national ACT. In addition, there are numerous smaller exams that are administered throughout the year. The Testing Center utilizes a strong pool of qualified proctors to supervise and administer these exams.

### **Prometric Computer-Based Testing**

Computer-based testing has been a major part of the Testing Center since November 1998, when an agreement was signed with Prometric (formerly Sylvan) to begin computer-based testing. This past fiscal year, approximately 8935 tests were administered, which equaled 34,113 hours of computer testing. The average length of each test administered was 3.82 hours.

The Testing Center signed a new contract with Thomson Prometric in July 2008. The new contract continues a quality bonus program that affords the opportunity to increase compensation. For fiscal year 2009 - 2010, the Testing Center received a "Gold" (highest quality) quality bonus for 11 months for meeting, or exceeding, quality control standards. The month of October Prometic lost Gold compensation due to air conditioning issues that are currently still being resolved. This means we had no failed secret shops and 95% or better on all Candidate survey attribute questions except in October. In 08/09 Prometric revenue increased by 4% over 07/08 and this year Prometric revenue increased by another 6%. We also hired on and trained 7 new Prometric employees as many of our "old time" employees graduated. Utah Insurance has continued testing and currently makes up a significant portion of our testing volume.

### **Test Scanning Services**

The Testing Center is the primary provider for scanning of bubble sheet tests at the the University. David Lund, the Project Coordinator, oversees this function. For 2009-2010, we scanned 594 separate scanning jobs. The total number of bubble sheets scanned was 48,932 which was an increase of approximately 23% over the previous fiscal years incese of 8%.

**Table 14: Tests Administered  
July 2009 through June 2010**

<b>Academic Tests</b>		<b>Qty.</b>
ACT		177
CLEP		45
In Absentia		3175
Institutional TOEFL		107
MAT		115
Math Placement		545
MLA		128
SPEAK		24
Writing Placement		391
Total Academic		4707
<b>Psychological Tests</b>		<b>Qty.</b>
NEO		10
MBTI		205
MCMII		16
MMPI-2		22
SII		268
SSI		33
Other		11
Total Psychological		565
<b>Prometric Computer Based</b>		
Total Prometric Tests		8695
Total Testing Hours		34,113
Average Length of Exam (hrs.)		3.82

Appendix A: UCC Organizational Chart

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# University Counseling Center

2009-2010

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

<b>Administrative Assistant &amp; Support Staff Services</b> JoAnn Kanegae	<b>Clinical Services</b> Lois Huebner	<b>Training</b> Glade Ellingson	<b>Outreach/ Consultation</b> Ryan Randall Lauren Weitzman	<b>Career Development</b> Frances Harris	<b>Diversity Committee</b> Lauren Weitzman Julie Goudie-Nice	<b>Asst Director for Assessment &amp; Technology</b> Rob Davies	<b>Learning Enhancement Program</b>	<b>Campus Wellness</b> Megan DuBos	<b>Research/ Evaluation</b> Lois Huebner
<b>Receptionist</b> Janine Packer	<b>Asst Clinical Director</b> Cindy Harling	<b>Psychology Internship/ Psychiatric Residency</b> Glade Ellingson	<b>Outreach Programs</b> Ryan Randall	<b>Career Classes &amp; Workshops</b> Frances Harris	<b>Psychotherapy &amp; Culture Seminar</b> Lois Huebner	<b>Testing Center</b> Rob Davies	<b>Tutoring Services Program Manager</b> Leslie Giles-Smith	<b>Prevention Specialist</b> Brad Linn	<b>Research Assistant</b> Elizabeth Proemmel
<b>Secretary Reception Backup</b> Pat Tsuyuki	<b>Clinical Team Leaders</b>	<b>Coordinator Social Work Training</b> Cindy Harling	<b>Consultation Services</b> Lauren Weitzman	<b>Career Services Internship Program</b> Frances Harris	<b>Diversity Initiatives Coordinator</b> Julie Goudie-Nice	<b>Psychometrist</b> Jared Nesten	<b>Learning Enhancement Program Secretary</b> Brenda Flynn	<b>Student Athlete Mentors</b> SAMS	<b>Research Committee</b>
<b>Secretary Clinical/Training</b> Becky Robinson	<b>Psychiatric Services</b> Gagan Singh	<b>Coordinator Practicum Training</b> Riddhi Sandli	<b>Public Relations</b> Lauren Weitzman		<b>Multicultural Issues Course</b> Julie Goudie-Nice Riddhi Sandli	<b>Testing Specialist</b> David Lund	<b>Tutoring Center Office Manager</b> Adrienne Call		
<b>Work Study</b> (1)	<b>Couples &amp; Families</b> Glenda Wilkinson	<b>Training Committee</b>	<b>Diversity Initiatives</b> Ryan Randall Riddhi Sandli Julie Goudie-Nice Lauren Weitzman			<b>Testing Center Secretary</b> Jo Ann Maxwell	<b>Strategies for College Success Coordinator</b> Jinna Lee		
	<b>Groups</b> Karen Cone-Uemura		<b>Outreach Coalition</b>			<b>Prometric Computer-Based Testing</b> Kristen Fralick	<b>Tutor Pool</b> (120) Tutoring Work Study (4)		
	<b>Assessment</b> Rob Davies					<b>Testing Assistants</b>	<b>Supplemental Instruction</b> Supervisors (6) Research (1) Leaders (14)		
	<b>Eating Disorders</b> Cindy Harling					<b>Management Information Systems/Techology</b> Rob Davies	<b>College Success T.A.</b> (7)		
	<b>Substance Abuse</b> Karen Cone-Uemura								
	<b>Community Resources</b> Glenda Wilkinson								
	<b>Clinical Staff Associates</b>								

## Appendix B: University Counseling Center Staff

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University Counseling Center Staff  
July 2008 through June 2009

**EXEMPT STAFF**

**Lauren Weitzman, Ph.D.**

*Director  
Co-Chair UCC Diversity Committee  
Coordinator of Consultation Services and Public Relations  
Clinical Associate Faculty, Educational Psychology  
Clinical Associate Faculty, Division of Physical Therapy  
Adjunct Associate Professor, Psychiatry  
Ph.D. - University of Illinois, Urbana-Champaign,  
Counseling Psychology  
M.S. - University of California, Santa Barbara  
B.S. - University of Utah, Psychology*

**Glade Ellingson, Ph.D.**

*Associate Director for Training  
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*

**Lois Huebner, Ph.D.**

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

**Rob Davies, Ph.D.**

*Assistant Director for Assessment and Technology  
Testing Center Coordinator  
Senior Staff Member, Psychologist  
Coordinator of Group Programs  
Assistant Clinical Professor, Educational Psychology  
Ph.D. - Brigham Young University, Clinical Psychology  
B.A. - Idaho State University, Biology*

**Karen Cone-Uemura, Ph.D.**

*Coordinator, Substance Abuse Treatment  
Coordinator, Groups  
Ph.D. - University of Utah, Counseling Psychology  
M.A. - San Jose State University, Counselor Education  
B.A. - University of California, Berkeley, Nutrition and  
Clinical Dietetics*

**Megan DuBois, B.S.**

*Program Manager, Center for Student Wellness  
Certified Health Education Specialist  
M.S. - Candidate, Utah State University, Health Education  
B.S. - Utah State University, Health Education*

**Leslie Giles-Smith, B.A.**

*Program Manager, Tutoring Services  
B.A. - Brigham Young University*

**Julie Goudie-Nice, Ph.D.**

*Co-Chair UCC Diversity Committee  
Ph.D. - University of Utah, Counseling Psychology  
M.A. - University of Utah, Counseling Psychology  
B.S. - University of Utah, Psychology*

**Cindy Harling, L.C.S.W.**

*Assistant Clinical Director  
Clinical Social Worker  
Coordinator, Social Work Training  
Coordinator, Eating Disorders  
Adjunct Instructor, Psychiatry  
M.S.W. - University of Utah School of Social Work  
B.A. - University of Utah, Spanish*

**Frances Harris, Ph.D.**

*Coordinator, Career Development Programs  
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*

**Brad Linn, MCMP**

*Prevention Coordinator, Center for Student Wellness  
MCMP - University of Utah, Urban Planning  
B.A. - Westminster College, History*

**Jared Neslen, M.Ed.**

*Psychometrist/Testing Center Assistant Coordinator  
Certified Professional Counselor Intern  
M.Ed. - University of Utah, Educational Psychology  
B.S. - Utah State University, Psychology*

**Ryan Randall, L.C.S.W.**

*Clinical Social Worker  
Coordinator, Consultation and Outreach  
M.S.W. - University of Utah, School of Social Work  
B.S. - Utah State University, Social Work*

**Riddhi Sandil, Ph.D.**

*Coordinator, Practicum Training  
Ph.D. - University of Iowa, Counseling Psychology  
B.A. - Knox College, Psychology and Creative Writing*

**Gagandeep Singh, M.D.**

*Staff Psychiatrist  
M.D. University of Delhi  
Psychiatry Residency: Mayo Clinic  
Assistant Professor, Department of Psychiatry*

**Glenda Wilkinson, L.C.S.W.**

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

**NON - EXEMPT STAFF**

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

**TRAINEES**

Post-doctoral Resident

Jennifer Arm, Ph.D.

Psychiatric Residents (from the University of Utah)

Kate Beresford, M.D.  
Kristin Dawson, M.D.  
Kelli Hyland, M.D.  
Jeff McCann, M.D.

Pre-doctoral Psychology Interns

Courtney Chambless, M.S., M.A., Georgia State University  
Andrea Knestel, M.S. M.A., Syracuse University  
Andrew Reichert, M.S., M.Div., Texas A & M University  
Erin Winterrowd, M.S., Colorado State University

Social Work Interns (from the University of Utah)

Jessica Elder, M.S.W.  
Natalie Lecy, M.S.W.  
Genna Speno, M.S.W.

Licensed Professional Counseling Intern

Jared Neslen, B.S., University of Utah

Research Assistant (from the University of Utah)

Elizabeth Proemmel, B.A.

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

Alexis Arczynski, M.S.  
Whitney Hagen, M.S.  
Stephanie Hoover, B.A.

Tiffany Iskander, M.A.  
Kristin Jones, M.S.  
Jim Ransomer, M.S.  
Megan Wrona, B.A.

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

Jenny Cundiff, M.A.  
Danielle Cysewski, B.S.  
Julia Mackaronis, B.A.  
Sommer Thorgusen, B.S.

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

Catherine Caska, B.A.  
Jenny Cundiff, M.A.  
Danielle Cysewski, B.S.  
Malinda Freitag, B.S.  
Kevin Jordan, B.A.  
Julia Mackaronis, B.A.

**STAFF ASSOCIATES**

Stacy Ackerlind, Ph.D.  
*Research, Evaluation, Assessment, Student Affairs*  
Roxanne Bartel, M.D.  
*Department of Psychiatry*  
Kristy K. Bartley, Ph.D.  
*Women's Resource Center*  
A. Lee Beckstead, Ph.D.  
*Aspen Grove Counseling*  
Joanna Bettmann, Ph.D., LCSW  
*College of Social Work*  
Annie Christensen, LCSW  
*Dean of Students*  
Debra S. Daniels, M.S.W.  
*Women's Resource Center*  
David S. Derezotes, LCSW, Ph.D.  
*College of Social Work*  
Kari Ellingson, Ph.D.  
*Associate Vice President, Student Development*  
Paul Gore, Ph.D.  
*Educational Psychology Department*  
Donna Hawxhurst, Ph.D.  
*Women's Resource Center*  
Robert Hill, Ph.D.  
*Educational Psychology Department*  
Michael Himle, Ph.D.  
*Psychology Department*  
Rob Hunsaker, LPC  
*College of Education*  
Liz Joy, M.D.  
*Family & Preventive Medicine*  
Lisa L. Jones, Ph.D.  
*Westminster College*  
Judith Miller, Ph.D.  
*Child and Adolescent Psychiatry*

Scott McAward, Ph.D.  
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A.J. Metz, Ph.D.  
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*Educational Psychology Department*

Ted Packard, Ph.D.  
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*Educational Psychology Department*

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*College of Social Work*

Paula Williams, Ph.D.  
*Psychology Department*

Bob Wong, Ph.D.  
*College of Nursing*



## Appendix C: Client Demographic Data

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## Demographic Data, July 2009 through June 2010\*

### **Age (N=781)**

Under 18	0.1%
18 to 21	22.9%
22 to 25	37.0%
Over 25	40.0%

### **Gender (N=951)**

Female	54.7%
Male	45.0%
Transgender	0.3%

### **Relationship Status (N=950)**

Divorced	2.0%
Married	18.7%
Domestic Partnership	1.6%
Committed Relationship	27.2%
Single	48.1%
Separated	2.1%
Widowed	0.3%

### **Sexual Orientation (N=912)**

Heterosexual	89.3%
Gay	4.2%
Lesbian	1.3%
Bisexual	3.5%
Questioning/Uncertain	1.8%

### **Ethnicity (N=924)**

African American	1.7%
Asian American / Pacific Islander	5.8%
Caucasian	78.6%
Latino(a)/Hispanic	6.3%
Native American	0.7%
More than One Ethnicity	3.5%
Other	3.8%

### **Living With (N=1072)**

Alone	14.9%
Children	8.3%
Parent(s)	12.4%
Roommate(s)	33.3%
Significant Other	26.5%

### **Classification (N=957)**

Freshman	11.2%
Sophomore	13.4%
Junior	19.9%
Senior	20.6%
Graduate	25.7%
Non Student	1.8%
Faculty or Staff	4.5%
Other	3.0%

### **College (N=877)**

Architecture	1.6%
Business	7.0%
Education	5.0%
Engineering	8.3%
Fine Arts	8.7%
Health	8.2%
Humanities	13.9%
Law	2.5%
Medicine	2.9%
Mines & Earth Sciences	1.3%
Nursing	2.2%
Pharmacy	1.6%
Science	8.9%
Social & Behavioral Sci	14.9%
Social Work	5.4%
Undecided	7.8%

**Demographic Data, July 2009 through June 2010 (continued)**

***Residence (N=950)***

Fraternity/Sorority	1.1%
Off Campus	80.7%
Residence Hall	13.9%
On/off campus Co-operative House	1.0%
Other	3.4%

***GPA (N=763)***

Under 1.5	2.0%
1.5-2.0	4.5%
2.1-2.5	5.8%
2.6-3.0	22.9%
3.1-3.5	26.7%
3.6-4.0	38.1%

***Referred by (N=924)***

Self	46.3%
Family	11.0%
Friend	15.3%
Dean	1.8%
Faculty	8.9%
Religious Leader	0.6%
Housing & Residential Education	1.0%
Student Health / Hospital	3.0%
Career Services	0.5%
Disability Services	1.4%
Hospital	1.1%
Counseling Center Website	1.4%
Professional in the Community	1.2%
Other	7.2%

***Religious Pref. (N=803)***

Buddhist	0.5%
Hindu	1.1%
Jewish	1.7%
LDS	27.1%
Muslim	0.6%
Protestant	4.0%
Other	11.3%
No Religious Affiliation	44.8%

***How much are your personal relationships affected by the issues for which you are seeking counseling? (N=949)***

Not at all	5.0%	Substantially	39.0%
Only slightly	12.2%	Severely	17.3%
Moderately	26.6%		

***How much is your academic performance affected by the issues for which you are seeking counseling? (N=886)***

Not at all	9.0%	Substantially	29.4%
Only slightly	18.4%	Severely	16.5%
Moderately	26.8%		

***How much is your job performance affected by the issues for which you are seeking counseling? (N=882)***

Not at all	27.0%	Substantially	15.5%
Only slightly	22.5%	Severely	8.2%
Moderately	25.9%		

Appendix D: Staff Development Presentations Ratings

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Ratings of Staff Development Presentations  
July 2009 through June 2010

Presentation	Information	Presenter's Style	Overall rating
October 7, 2009 <b>New Understandings of the Complexity of Female Same-sex Sexuality</b> Lisa Diamond, Ph.D.	4.71	4.86	4.82
November 4, 2009 <b>Ethical and Legal Aspects of Supervision</b> Ralph E. (Ted) Packard, Ph.D.	4.50	4.60	4.50
December 2, 2009 <b>Health Consequences of Sprawl</b> Brad Linn, MCMP	4.70	4.90	4.70
January 13, 2010 <b>Working with Clients with Chronic Illness in a Counseling Center Setting</b> Stuart Drescher, Ph.D.	4.70	4.50	4.70
February 3, 2010 <b>Everything You Wanted to Know about Sleep, but Were Too Tired to Ask</b> Paul Teman, Ph.D.	4.80	4.80	4.90
March 3, 2010 <b>Differing Patterns in Attitudes toward Mental Health Services between Japanese and American Citizens</b> Karen Riu Niwako Yamawaki, Ph.D.	4.82	4.64	4.82
April 7, 2010 <b>The Culture of Women: Exploring Women's Complex Network of Identities and Roles</b> Julie Goudie-Nice, Ph.D.	4.50	4.70	4.60

\*Ratings on 5-point scale



Appendix E: Staff Presentations and Publications

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**UCC Staff National Presentations and Publications  
July 2009 through June 2010**

**NATIONAL AND STATE PRESENTATIONS**

- Ackerlind, S., Aiken-Wisniewski, S. A., **DuBois, M.**, Larrabee, M., McDonald, L., **Proemmel, E.**, & Rank, K. (2010, March). Be the movement: Taking assessment from data to action! Paper session presented at the meeting of NASPA: Student Affairs Administrators in Higher Education, Chicago, IL.
- Buhain, J., Ride, G.N., Kim, G., **Cone-Uemura, K.**, & Wang M. (2010, August). Advocating for Asian American/Pacific Islander Concerns at Predominantly White Universities. Structured discussion presented (via Skype) at the annual convention of the Asian American Psychological Association, San Diego, CA.
- Cone-Uemura, K.**, Fong, E., Sasaki-Uemura, W., Thantrong, T. (2010, March). "You All Look the Same": A panel on Asian American Identity, Experience and Empowerment. Panel discussion presented during Asian American week, Salt Lake City, UT.
- Concepcion, R., Wan, S., **Cone-Uemura, K.**, & Wang, P. (2009, August). Reflections on the Inaugural Year of the AAPA Leadership Fellows Program. Structured discussion accepted for presentation at the annual convention of the Asian American Psychological Association, Toronto, Ontario, Canada.
- Ellingson, A.G.** (2010, June). Ethics Workshop: Boundary Issues, Multiple Relationships, and Supervision. Invited half-day workshop for the Utah Neuropsychiatric Institute, Salt Lake City, Utah.
- Ellingson, A.G.** & Packard, R.E. (2010, May). Got ethics? A practical guide to ethical decision-making. Invited workshop presented at the national Annual Conference of the Association for the Coordination of Counseling Center Clinical Services (ACCCS), Snowbird, Utah.
- Ellingson, A.G.** & Nichols, C. (2009, October). Sequence of training revisions to state psychology licensing laws: Training implications from two states that made the change. Presentation at the national Annual Conference of the Association of Counseling Center Training Agencies (AACTA), Austin, Texas.
- Fenske, J., Hosoi, S. A., Canetto, S. S., & **Winterrowd, E.** (August 2009). Pursuing engineering: A qualitative study of factors affecting female undergraduate career choice. Poster presented at the annual meeting of the American Psychological Association, Toronto, Canada.
- Seals, T.A., & **Weitzman, L.M.** (2009). Cultivating the leader within. Presented as part of the "Introductory Leadership Institute" at the annual meeting of the the Association of University and College Counseling Center Directors, Asheville, NC.
- Singh G.** (2010, October). Transplant Psychiatry. Psychiatry Grand Rounds, University of Utah Medical School.
- VanDerLinden, K., Hickmott, J., Ackerlind, S., & **Proemmel, E.** (2010, March). The NASPA Consortium: Furthering the practice of Student Affairs. Paper session presented at the meeting of NASPA: Student Affairs Administrators in Higher Education, Chicago, IL.

**Weitzman, L.M.** (2010). Talking Helps: Targeted counseling center brochures. Presented at the "Innovations in College Counseling Panel" at the annual meeting of the American College Personnel Association/NASPA Convention, Boston, MA.

**Winterrowd, E.,** Canetto, S. S., & Chavez, E. (April, 2010). The impact of friendship problems on suicidality in Mexican- and European-American adolescents: A longitudinal analysis. Poster presented at the annual meeting of the American Association of Suicidology, Orlando, FL.

**Winterrowd, E.,** Canetto, S. S., Biasioli, A., Mohajeri-Nelson, N., Hosoi, S. A., & Raymond, K. (August, 2009). Depictions of ethnicity and gender in elementary school science materials. Poster presented at the annual meeting of the American Psychological Association, Toronto, Canada.

## **PUBLICATIONS**

Ackerlind, S., **Proemmel, E.,** Aiken-Wisniewski, S., **DuBois, M.,** & Larrabee, M. (2010, July). Free the data: The Student Affairs Action Coalition as an approach to assessment teams. NetResults. Retrieved from <http://www.naspa.org/pubs/mags/nr/default.cfm>

Burlingame, G. M., Cox, J. C., **Davies, D. R.,** Layne, C. M., & Gleave, R. (In Press). The group selection questionnaire: Further refinements in group member selection. *Group Dynamics: Theory, Research, and Practice*.

**Singh G.** (In Press). Pre-surgical psychiatric evaluation. *Current Psychiatry*

**Winterrowd, E.,** Canetto, S. S., & Chavez, E. (2010). Friendships and suicidality among Mexican-American adolescent girls and boys. *Death Studies*, 34, 1-20.

Appendix F: Client Survey Questionnaires

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uNID: \_\_\_\_\_

**University of Utah Counseling Center Client Survey, Spring 2010**

We strive to provide competent services for individuals of all ages, cultures, ethnicities, genders, gender identities, languages, mental and physical abilities, national origins, races, religions, sexual orientations, sizes and socioeconomic statuses. From your perspective, how are we doing? If possible, please describe a relevant experience or two. Thank you.

How much do you agree with the following statements?	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Too Soon to Tell
1. I was thinking of leaving the U of U before counseling (or I was fearful that I would have to leave).	1	2	3	4	5	6	7
2. Counseling has helped me stay at the U of U.	1	2	3	4	5	6	7
3. Counseling has helped me improve my academic performance.	1	2	3	4	5	6	7
4. Counseling has enhanced my experience at the U of U.	1	2	3	4	5	6	7
5. Counseling has helped me think in more complex ways.	1	2	3	4	5	6	7
6. Counseling has helped with my ability to attend, concentrate, and/or persist at academic tasks.	1	2	3	4	5	6	7
7. Counseling has helped me improve non-academic areas of my life.	1	2	3	4	5	6	7
8. Counseling has improved my interpersonal skills.	1	2	3	4	5	6	7
9. Counseling has improved the quality of my relationships.	1	2	3	4	5	6	7
10. Counseling has improved my ability to "be myself."	1	2	3	4	5	6	7

If there is one thing that would improve your experience at the UCC, what would it be?

How has your mental health changed since starting at the UCC? To what do you attribute that change?

Please use reverse for additional space.



Appendix G: Client Experience Questionnaire Comments

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## Client Experiences Questionnaire Qualitative Comments Spring 2009

### Key:

“Name” is used when a client put a specific counselor’s name, and it is not included here.

### Diversity Comments

- I feel OK sharing things I normally hide.
- I appreciate the speed at which I was able to see a counselor and later to have an intake session.
- Excellently
- Seriously, the nicest people. I never felt anything but love and a willingness to help.
- I have been coming here 3 years. I will be graduating soon & could NOT have done it with out the help of the UCC!
- Fine.
- I think the intake session is an important aspect in order to pair people with the counselor that will best fit them and their situation.
- I have utilized psychiatric, psychologist, & couples services. I’ve found all to be stellar.
- I’ve had no issues or positive experiences regarding this. I’m neutral.
- Y’all are doing well – just started so a relevant experience is not applicable
- I was matched well to my counselor
- Great!
- I think the UCC is great. Very helpful and kind and I feel safe here.
- Doing good.
- As a pre-op transsexual student the clinical staff has been very good. The front desk staff could be more mindful of there use of gender pronouns. Especially since they know the appropriate pronouns to use.
- Very well, I always feel welcome and that my problems are important.
- Perfect! No complaints or suggestions
- I’m still employed & married that’s a bonus most times.
- Seems fine to me
- The ladies at the front desk are great at making me feel welcome every time I walk in the door.
- I have no family members that I can be comfortable to talk to about my life and my circumstances. Going to counseling has helped me vent and have somebody to talk to and that tries to understand me even though my academic and personal circumstances have not changed for the better despite my desire and want.
- I love attending the LGBTQQ group session. It is so rewarding to share each other’s struggles as well as each other’s growth. Not only do I feel more connected with my community but I also feel more connected to humanity... if that makes any sense. I don’t feel so alone. We all have issues and concerns that keep us from reaching our limitless potential in any given facet of our lives, but we fail to live in the moment of those issues and we fail to share those with others. We feel like we are alone in them, but in reality, everyone suffers in one way or another. And it is incredibly rewarding to buttress one another and process and just be without pretense or fear of “social consequences.” Group is the highlight of my week.
- [name] has helped me work through a great deal of grief and confusion. He has helped me to find an excellent group therapy setting to supplement my visits with him. He has also been available to counsel with me by e-mail when I have had questions but have been away from school.
- I feel that I have received counseling that has been specific for me. I don’t feel judged in any way.

**If there is one thing that would improve your experience at the UCC, what would it be?**

- More space in groups
- Getting to know the root of my behavior and being able to deal with the past in the present
- More coffee
- Allowing more students of color to see counselors of color!
- Give [name] a big raise. She's good.
- I have trouble filling out the yellow intake questionnaire when the receptionists are socializing.
- More time with my counselor. Not more per session, though that would be nice, but we both were leaving at the end of the semester and it would have been great to continue to work with her.
- A program with pharmacy for those needing psychiatric medications.
- I am very satisfied...it is hard to find someone you are compatible with...but then it's great.
- Sometimes people who answer the phones sound stressed
- Psychiatric (meds services) seems somewhat disconnected from psychologist services.
- More CBT.
- Longer sessions, sometimes I feel like we just started talking about important stuff and have to end.
- Attend couples counseling
- My busy grad school schedule is sometimes not compatible with therapists schedules, but you work very hard to fit me in.
- Use of correct gender pronouns at the front desk.
- A larger staff
- [Psychological Assessment] need to take their job seriously & be better organized. – Stop losing my request forms! – I'm now 2 months past due for testing that is the key to getting proper treatment. If I had lots of money – I'd go somewhere else. – But other than that, I feel the help I have received was worth it.
- More counselors who don't need to record their sessions.
- I don't like doing the OQ every time. It gets annoying... maybe every other?
- I would like to know of any formal diagnosis as far as my mental condition is concerned since I've started attending counseling and the ability to attend counseling in the summer time even though I will not be taking classes in the summer but will come back in the fall.
- I wish there was a faster way to fill out the yellow or blue form that we have to fill out before every session. I know that they are used to assess mental health concerns... but are they even used? Sometimes I find them to be tedious.

**Replies about availability of sessions**

- Make longer or more frequent sessions available.
- Unlimited visits (not be held to only 12/yr)
- I have had an extremely difficult time getting appointments. I have tried to get a counseling program since last year, and no one would return my calls. I had 2 appointments and then had to start over with another intake appointment this semester. I feel like maybe I should try to get counseling somewhere else.
- The 12 session limit.
- I've really appreciated the flexibility w/ the limit to the # of sessions.
- More sessions
- Option of longer sessions
- Having more sessions w/ my counselor
- Faster intake appointments—(meaning getting students in earlier)
- I can't think of anything except some people need more than 12 sessions.
- Being able to see a counselor quickly when you need to see someone. I had a very long delay

- No caps on individual counseling
- I have no realistic suggestions, but the UCC would sure serve me better if they were open during the night, which is the only free time I have.
- The great experience that I had with my counselor at the U was due, in part, probably because I was fortunate enough to be able to do counseling longer than what a typical counseling period would last. So maybe making more extended counseling sessions (in terms of number of sessions) would be a great addition to the program.
- Weekend availability
- I am about to graduate and am worried about finding a new counselor. It would be nice to have the option of meeting with [name] for another year even if it meant paying a normal mental health fee.

### **Replies indicating that there isn't anything that would improve their experiences**

- N/A (x2)
- None (x3)
- Not sure
- Nothing
- Nothing at this point.
- Honestly, I really can't think of anything right now.
- I have a great experience already.
- I honestly can't think of anything.
- I would not change anything. The staff and counselors are very helpful and kind. I feel a lot better by coming to the UCC and look forward to coming.
- I am pretty satisfied
- I am grateful that the service is here. The ability to see a counselor has made me feel more in control of my emotional and mental state.
- No suggestions—things are good. My counselor is great.
- Can't think of anything
- So grateful for the service and for the price. No constructive criticism, sorry.
- Nothing, the front desk/counselors/psychiatrists have been so great and made the transition from feeling alone to getting help so much easier!
- Don't think so it has been great
- Don't know
- I have been impressed so far with all aspects
- I had an excellent experience at the UCC. There isn't anything that I can recommend to improve.
- Nothing- it has been a great experience in helping me see things from a different perspective
- I can't think of anything I would improve.

### **Replies related to things they would improve about themselves**

- My self esteem, family issue. Really everything
- Being less concerned with my future—but I don't think it can be helped anyway.

### **How has your mental health changed since starting at the UCC? To what do you attribute that change?**

- It's gotten worse—I'm having a hard time handling every day stress.
- Yes, a vast improvement, two things: 1. interpersonal therapy, 2. proper medications
- I feel better about the future. Counseling helps me feel like I am alright.
- I am more focused than I have ever been, even before my OCD flared up, and I feel more like

“myself.”

- [Three names] has assist me because they also understand the culture part of my mental health.
- I have a better attitude about myself & the world and don't feel so broken and helpless.
- I've come to terms somewhat with some things going on in my life. Medication & counseling.
- I have a more positive outlook on life, I'm feeling better and less numb. Talking through what's going on with me without being judged etc.
- Yes. I have becoming more self-aware & able to think through my relationship problems.
- Too soon to tell. I have felt comfortable talking about issues and concerns.
- Less or better able to cope w/ stress, attributed to having an outlet to talk & express myself in a non threatening place
- This has been a lot going on in my life and the UCC has given me someone to talk to and help me work through these complex issues.
- My ability to make friends and have confidence in my own decisions has increased considerably.
- I've stabilized emotionally post traumatic break up and am more capable @ seeing my issues due in no small part to [counselor's] help.
- I have been feeling more relaxed—I think it's good to talk about things to someone that knows how to help & sort things out.
- Greatly! Meds & [name]!
- I understand a lot more about myself, which is positive
- Relatively the same, although need to go more regularly and I believe it will help.
- I have not made really any progress because I keep seeing new counselors and I have to wait weeks to get my calls returned.
- Improved—medication & talk therapy
- Vast improvement due to talent of staff & my own growth
- UCC has given me an outlet to express any fears & insecurities, and has helped me learn how better to express myself.
- My self-confidence & acceptance has improved greatly. Being able to talk to people who are similar & accepting of me.
- Yes! Much better.
- Medication reduced obsessions.
- I am stating to think things through & I don't let my emotions run my life
- Feel more satisfied about life all around
- Yes, medication changes and personal therapy (Input on personal issues)
- Just having someone to talk to, an objective person
- Has stabilized; felt support from counselor; new ideas
- I am a little bit more confident
- Talking to the counsellor helped a lot.
- Now, there is not enough room in this block to list all the changes. First and probably most important is the suicidal thoughts. I used to really wish I could end it all. I used to think quite frequently about suicide, it seemed like the only way to end the suffering. It felt like I couldn't change so many things that were making me unhappy and my life “unacceptable.” I now rarely ever think about suicide and if it crosses my mind I think back to what [name] taught me—the tools he gave me to think in a different way. I think another huge difference/change is what [name] taught me about figuring out solutions on my own. About think about & figuring out how to change things that aren't working in life. So now instead of relying on someone else to figure things out I try to find the solution myself. It's really helpful to have someone like a psychologist to bounce things off of and share thoughts and get a different perspective as well but he's taught me how to be a problem solver. I also have felt that I've been able to accept myself more. I feel like since I've been coming to [name] I've become more congruent with my authentic self. I've had a lot of negative messages that I've listened to for so long and [name] has helped



me remove these and just be me. [name] has helped me with relationships as well. There are so many things that coming to the counseling center has helped me with. I really wish I could continue coming, even if it would be infrequently. This experience has been so valuable and I wish more people would be encouraged to seek assistance from the center. There are many people who attend the U of U who don't even know it exists but could be helped by the center. One other thing I didn't mention—my grades & graduating. Coming to the Counseling Center has truly helped me get better grades & stay on the path to graduation and believe in myself and my academic ability.

- I feel better & more confident, because of speaking to my counselor.
- Having somebody to talk to.
- I think the best change has been a greater understanding of the relationships I was having trouble with. I can attribute it to the counselor's help and a book recommended by my counselor.
- Gotten a lot better, thanks to [name].
- When I first came in I was in a really bad place. After being here for two months I have noticed a big difference. This is not only due to the medication but to my counselor as well.
- Better – more friends & counseling
- I was suffering from bipolar illness, both the psychiatrist and counselor have supported me on all levels to become stable.
- My anxiety levels have lowered considerably. By talking things out finding other ways.
- I feel much more positive about the future of my relationships and also my career.
- Has redirected my negative thinking to a more productive mental standpoint / mental/verbal strategies that are goal oriented
- Much better—smaller bumps along the way—my counselor, psychiatrist and the office staff
- I feel more optimistic and find myself observing how I am feeling. Detaching myself a bit from the anxious thoughts and practicing mindfulness a bit more in my daily life.
- I understand my feelings better & how to control my emotions. I attribute that change to the knowledge from my counselor & doing the things he has told me to do.
- I have been able to consider possibilities for the way reality really is that I wouldn't have before. This has helped me calm down, being told what my counselor was really thinking of as opposed to what I assumed she was. Also sharing thoughts that I never ever would share w/ anyone has been a new experience and has led me to try doing things that might make me uncomfortable, but that don't cause any real harm.
- I feel more able to handle my family problems. I have such a Type A personality. Last semester I needed help getting back into the idea of being able to relax. My family problems are more manageable, I feel better about it all
- It has improved with time, situation changing and possibly medication/counseling.
- Started bubriopron, which has helped anxiety & getting to talk to people who sympathize & are respectful of me has helped
- Less anxious
- I have more confidence. This has come from a better understanding of myself
- After a year and a half we are just starting to find where my true issues lie. So a lot of mixed emotions at the moment.
- Less anxiety, sleeping better w/ medications
- I am beginning to feel a change for the better in my outlook on my life, and feel I can possibly get out of this deep depression I now know I've been in. Being paired with a counselor who is able to pull out of me what needs to be said is such a great start to healing the pain I've been in.
- I got depressed in my last semester—due to my grandfather's death and performance anxiety related to my master's.
- I am better able to like myself, think it is okay to be me.
- I am very comfortable with who I am, there is a good atmosphere of support here that helps me accept who I am.
- My mental health has improved greatly in addition to my self worth because of my openness &

my counselor.

- It's only the third meeting but there's at least an outlet for my thoughts.
- Complex question. Overall my mental health has increased. My therapist helped me discover my true self
- I'm more positive about my future.
- I think my ups and downs are less extreme. I've been taught to not react to stressors so strongly.
- Much better. Counseling has really helped me put things that bother me into perspective
- I have lived with constant anxiety & frequent panic attack for 15 years. This is the first time I have felt normal and that I can handle every day tasks without overreacting.
- I keep a closer eye on how I'm feeling and why since I started. I have dealt with the loss of my friend better as time goes on.
- It has improved; it is good to have the UCC to talk with, without the fear of being judged or discriminated against
- I am no longer crazy as hell, thanks to a weekly combination of group therapy and individual therapy.
- Up and down but I feel more empowered
- Yes I think it is getting more stable. I attribute that to a lot of this [word] has [word]
- None
- The counselling has helped, but finding the correct med is impossible until I get tested. So, in some ways I'm better & other's I'm worse.
- Yes, being able to talk to a male counselor
- Therapy has helped me better understand my emotions.
- I would say it has not changed. I have ideas that I can try and implement and incorporate into my life, but I would not say things changed to a large degree.
- I'm happier.
- It has improved. In addition to returning to proper medications that have helped, I have learned to recognize behavior patterns, and consciously change them before I fall into a rut. I've also learned to accept, appreciate, and love myself, and confidently expect others to do the same.
- I'm feeling more stable. I attribute this to medication, individual and group therapy combined.
- I had a conflict with professors. I have been doing a much better job concentrating after talking through some incidents.
- I know that I have some form of mental disorder since I'm always depressed and cannot seem to change my life for the better. I'm glad to be on medication but I'm yet to really feel any difference as far as my mental health. I feel I'm not there yet.
- I've had both bad and good experiences since starting. The bad experiences I attribute to relapses in my condition
- I have experienced many "aha" moments during personal and group therapy. I have learned how to be more resilient to everyday stressors and how to unpack negative self-criticism. I have also learned that I have a lot to offer others with my own experience and the insights I have learned along the way. I feel better about the future and the possibilities that it affords me and I feel like I always have an option open through counseling when things get too hard for me to handle on my own.
- I feel that I know myself much more, I feel more accepting of myself and I think that the best thing is having obtained tools that I can use to practice things that I would like to improve, either with regard to myself or with my fiancée. I think that there are two reasons, one is that I've started taking medication for my anxiety, but also, and this is probably more important, was my experience with Tiffany, my counselor. She's very insightful, good listener and smart, she gets my points right away, so it was a pleasure having done counseling with her.
- Yes, better communication and relationship with spouse
- I think my mental health has gotten better, my counselor was excellent.
- My mental health has maintained. I was stable before entering, just needed help processing

some stuff.

- I have begun to deal with my significant portions of grief that affect multiple areas of my life. I was not prepared to address these previously. I have recognized normalization in my moods, and more understanding in my responses as a result of working with Jared.
- I feel that I have a better understanding of my own emotions and that I can better accept and deal with them. This is because my counselor has provided good insight and asked me questions that have caused me to think and become more aware of how I am feeling.

#### **Replies about it being too soon to tell**

- TS (x2)
- Too soon
- Too soon to tell
- Too soon to comment
- This is my first session.
- I've only had one session but I think its helping!
- It is my first appointment so it's too soon to tell.
- I have only been through the intake process, I have high hopes though

#### **Additional Comments (not related to specific questions)**

- I was planning on transferring to another college before the UCC, & I still am.
- Today is my 3rd apt at UCC so much of this is new and too soon to see much of a difference. However I found the article Embracing your Demons very helpful and interesting.
- Sorry, it is too soon to tell, but I can say I have had a positive experience so far, & feel encouraged that things might improve for me. (This is only my 2nd visit.)
- For actual counseling I did think the price was within my price range. The cost for associated medication however was not.
- [Related to leaving or staying at the U] Leaving the U was NEVER associated with my coming to the counseling center.
- [Related to Question numbers 3 and 6] This is why I came.
- This was only my first session, so I do not have much feedback yet.