ANNUAL REPORT
JULY 1, 2014 – JUNE 30, 2015

REPORT ONE:
KEY ACTIVITIES, ACCOMPLISHMENTS AND STAFF EXCELLENCE
# UNIVERSEY COUNSELING CENTER

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INTRODUCTION

UNIVERSITY COUNSELING CENTER OVERVIEW AND ORGANIZATION

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

UCC LEADERSHIP. Lauren Weitzman, Ph.D., served as the UCC Director and completed her eleventh year in this role. A significant change in UCC leadership occurred this year, with Lois Huebner transitioning out of the role of Associate Director for Clinical Services in August 2015 after 21 years of service to the UCC in this position. Rob Davies, Ph.D., was appointed the new Associate Director for Clinical Services after an internal selection process. In 2014 – 2015 the Executive Committee was comprised of Dr. Weitzman, Lois Huebner, Ph.D./Rob Davies, Ph.D. (Associate Director for Clinical Services) and Glade Ellingson, Ph.D. (Associate Director for Training) and met on a bimonthly basis. The Same Page Committee continued to meet bimonthly as the primary coordinating body of the UCC, with standing members consisting of the Director (Dr. Weitzman), the two Associate Directors (Drs. Huebner/Davies and Ellingson), the Assistant Clinical Director and Coordinator of Social Work Training (Cindy Harling, L.C.S.W), and the Assistant Director for Technology and Assessment (Rob Davies, Ph.D.). Clark Slagle, Ph.D. joined the Same Page Committee after joining the UCC as Testing Center and Technology/Assessment Coordinator in January 2015. The Prevention and Outreach Coordinator was named as a standing Same Page Committee member this year. Torrence Wimbish, Ph.D. served on the Same Page Committee in Fall and Spring semesters, with James Dinh, interim Prevention/Outreach Coordinator serving in Summer 2015. Same Page Committee meeting minutes are disseminated to all permanent professional staff members with an open invitation to attend and submit agenda items.

UCC ORGANIZATION, CLINICAL STAFF AND FUNCTIONAL AREAS. The mental health functions of the University Counseling Center are organized by functional area, with a permanent clinical staff member holding coordinator responsibility for each functional area. In 2014 – 2015, the UCC permanent clinical staff was a team of seven licensed psychologists (one of whom was also licensed as a clinical social worker), one associate clinical mental health counselor and four licensed clinical social workers. Our clinical training staff consisted of five psychiatry residents, four psychology doctoral interns, three master’s level social work interns, six counseling psychology doctoral core practicum counselors, and seven clinical psychology doctoral assessment and CBT practicum counselors (total of 25 trainees). Additionally, the Testing Center, Learning Enhancement Program and the Center for Student Wellness have managers who oversee personnel and daily functioning in their areas. The 2014-2015 UCC
Organizational Chart may be found in Appendix A. Appendix B provides a listing of University Counseling Center staff. Figure 1 provides a conceptual diagram of UCC functions. The three direct service functions (Clinical Services, Consultation/Outreach, Teaching/Curriculum) are found in the middle of the diagram, surrounded by the Training, Diversity and Research/Evaluation functions.

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

**UCC KEY ACTIVITY #1: PROVIDE DIRECT MENTAL HEALTH SERVICES**

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

UTILIZATION DATA: UCC CLIENT DEMOGRAPHICS. The modal UCC client is a Caucasian, heterosexual woman between 18 and 21, self-referred, from the U.S., reporting no religious affiliation, identifying as single and living with roommates off campus. She does not identify as having any disabilities, is doing well academically (B or better GPA), has health insurance and is not taking any psychiatric medications at present but has had mental health counseling in the past. She has waited a week to get an intake appointment and has a CCAPS Distress Index at the 61st percentile, indicating she is somewhat more distressed than the average client seeking university counseling center services nationally (the average university student is at the 50th percentile of all student clients participating in the Titanium data base).

By the numbers, 54% of our clients who filled out new demographic information last year identify as women and almost two percent identify as transgender or a self-identified gender. The majority (80%) identify as heterosexual and (16%) identify as bisexual, gay, lesbian, questioning or “self identify.”

Among clients who identify country of origin as other than the US, the highest numbers report China, India, Mexico, Korea, and Saudi Arabia as home. Overall, 50 countries are represented. About 8% of our clients identify as international students up two percent over last year.

Seventy two percent of our clients identify as White or Caucasian, with 9% identifying as Asian or Asian-American, 2% as African-American or Black, 8% as Hispanic/Latino/a, 5% as multi-racial and 2% as “other” or “self-identify.”

The average age of our clients is 27, with a range of 17 to 67. In terms of religion, about half of our clients report they have “no affiliation” (48%). Of those who do endorse an affiliation, the highest percentage identify as LDS (18%), followed by “other” (9%) and Catholic (8%). More than half of our clients identify as “single” at the time of their intake (58%), with 14% married and 1% in a “civil union or equivalent.” 26% report they are in a “serious dating relationship.” Most clients live off camps (80%) with less than 1% in a fraternity/sorority and 17% “on campus.” Most (45%) live with roommates, while 21% live with spouse/partner/significant other. 16% live with parents and 16% live alone. 6% live with children.

19% of our clients report they are “first generation” college students. 67% report undergraduate status at intake (11% freshman, 13% sophomores, 21% juniors and 22% seniors). Twenty-eight percent report their status to be graduate or professional student. Mean self-reported GPA is 3.31. Less than 2% of UCC clients report current or prior military service. However, of those who do, 24% report having experienced “military trauma.” Five percent of our clients are registered with the Center for Disability Services at the time of intake.

About 2% of our clients identify as faculty or staff. 48% consider themselves as “self-referred.” Among specific referral sources cited, “friend” was most common (17%), followed by “family member” (14%), “faculty” (9%), Student Health (5%) and website/social media (5%).
SEVERITY LEVEL OF UCC CLIENTS. About 56% of our clients have utilized mental health services previously and 40% have taken psychotropic medications. Eight percent have been hospitalized for mental health conditions, with ranges from 1 to “more than 5” hospitalizations.

Twenty six percent of our clients report self-harming behaviors. Thirty six percent indicate they have considered suicide. Clinician’s intake interviews reveal that 21% of clients at intake report current suicidal ideation (up 2% from last year), while an additional 22% report “non-suicidal morbid ideation.” Nine percent reported past suicide attempts. Nine percent also report thoughts of harming others (CCAPS-62) with 4% indicating homicidal ideation (intake form).

Twenty-one percent of our clients reported they had been subject to an unwanted sexual experience. Clients reported other types of victimization as well, with 42% indicating they had been harassed or abused. 46% reported “PTSD” experiences, but we do not know what types of experiences clients were categorizing in this way.

In terms of family, 6% of clients report that a family member committed suicide, 13% have a family member who was prosecuted for criminal activity, 17% have a parent with a drinking problem, and 7% report having a parent with a drug problem. 14% report physical abuse in the family while 6% report sexual abuse in their family.

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

1. **Goal 1: Conduct effective and efficient intake assessments.** As the first step in accessing UCC direct clinical services, potential clients are greeted by a receptionist who makes initial queries regarding eligibility and then either asks the potential client to respond to items on the Request for Services (RFS) form or asks a truncated version of those questions if the initial contact occurs on the phone. Individuals, who endorse any items on the RFS form, indicating a possible mental health crisis, are referred to the Clinical Team Leader for assessment, possible crisis intervention, crisis intake or other service. Individuals who do not meet criteria for “mental health crisis” are offered the option of scheduling an advanced intake or trying for a same day appointment/intake. We typically offer about 25 Advanced Intakes per week and 14 Same Day Service appointments.

a. **Outcome: Intake wait time.** Over the year July 1, 2014 – June 30, 2015, the average wait for intakes of all types was 5.82 working days (8.2 days if counting weekends). 414 clients (38%) were seen for a Same Day Intake. The average wait for an Advanced Intake was 12 working days, with 18% of client intakes occurring within 5 days of their request. These data show slight increases in wait times compared with last year but are
significant improved from 2011/12 when we had average intake times at almost 10 working days. Figure 2 provides intake wait time data from 2006 – 2014.

![Wait to Intake (Days)](chart.png)

**FIGURE 2: INTAKE WAIT TIME**

b. **Outcome: Intake utilization.** This past year UCC staff conducted 553 Advanced Intakes (51%), 415 Same Day Intakes (38%), 48 Crisis Intakes (4%), 30 extended intakes (3%) and 44 Couples Intakes (4%), for a total of 1,090. This is a 13% increase over last year and continues over a decade long trend for increasing demand for services without a significant increase in capacity. Same day intakes are those scheduled on the same day that the client calls for an intake appointment. Crisis intakes mostly occur via the team leader who triages anyone who endorses any one of the critical items on the Request for Services sheet or who otherwise presents with a mental health crisis. Highest demand for Advanced Intakes was in November, followed by February and March. Use of Same Day Intakes peaked in September and October. Crisis intakes were highest in September and October as well. Overall, clients accessed UCC for any service at the highest rates in September and October with significant use in November, February and March. The trend for use of UCC services has shifted in recent years to earlier in the year and remaining high rather than peaking during spring semester. Figure 3 provides a graphical representation of the proportions of intakes conducted in 2014 – 2015.
c. **Outcome: Assess level of distress at intake.** Clients complete a measure of distress at each counseling visit, including intake and crisis sessions. At intake, clients complete the CCAPS 62, while at follow up therapy sessions clients complete the shorter CCAPS 34 (Center for Collegiate Mental Health, 2015). Overall distress is measured via a “Distress Index.” At intake, UCC clients had a Distress Index standardized score of 1.87, which falls at the 60th percentile of individuals seeking services at university or college counseling centers. This indicates that at intake – on average—University of Utah UCC clients identified themselves as more distressed than 61% of a large national sample of students seeking services at counseling centers. In fact, *University of Utah UCC clients reported higher than average levels of distress on all measures of the CCAPS at intake except Substance Use* (although these scores still fall below one standard deviation above the mean, measured at the 87th percentile). The highest overall distress for our clients was reported on the Academic Distress subscale, followed by Social Anxiety, Depression, Generalized Anxiety, Family Distress, Hostility, Eating Concerns and Substance Use (See Figure 4). Interestingly, our clients showed most deviation from other counseling center clients on Depression (60th percentile), Social Anxiety (59th percentile) and Academic Distress (59th percentile). Figure 5 summarizes Family History data reported at intake.
Distress Index 1.87 (61st percentile)
Depression 1.83 (60th percentile)
Academic Distress 2.08 (59th percentile)
Social Anxiety 2.02 (59th percentile)
Generalized Anxiety 1.80 (58th percentile)
Family Distress 1.41 (56th percentile)
Hostility 1.06 (51st percentile)
Eating Concerns 1.02 (51st percentile)
Substance Use .63 (44th percentile)

FIGURE 4: CCAPS SCALE SCORES AT INTAKE
<table>
<thead>
<tr>
<th>Item</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent hostile arguing</td>
<td>37%</td>
</tr>
<tr>
<td>Family member diagnosed with mental disorder</td>
<td>37%</td>
</tr>
<tr>
<td>Parents divorced before 18</td>
<td>27%</td>
</tr>
<tr>
<td>Parents unemployed for extended period</td>
<td>22%</td>
</tr>
<tr>
<td>Family member hospitalized for emotional issue</td>
<td>20%</td>
</tr>
<tr>
<td>Family Frequently Moved</td>
<td>20%</td>
</tr>
<tr>
<td>Family member with debilitating illness, injury, handicap</td>
<td>19%</td>
</tr>
<tr>
<td>Family member attempted suicide</td>
<td>18%</td>
</tr>
<tr>
<td>Family member with eating problem</td>
<td>18%</td>
</tr>
<tr>
<td>Parent with drinking problem</td>
<td>17%</td>
</tr>
<tr>
<td>Physical abuse in family</td>
<td>14%</td>
</tr>
<tr>
<td>Rape/sexual assault of self or family member</td>
<td>14%</td>
</tr>
<tr>
<td>Family member prosecuted for criminal activity</td>
<td>13%</td>
</tr>
<tr>
<td>Parent with drug problem</td>
<td>7%</td>
</tr>
<tr>
<td>Sexual abuse in family</td>
<td>6%</td>
</tr>
<tr>
<td>Family member committed suicide</td>
<td>6%</td>
</tr>
<tr>
<td>Death of parent before 18</td>
<td>5%</td>
</tr>
<tr>
<td>Parent with gambling problem</td>
<td>3%</td>
</tr>
</tbody>
</table>

**FIGURE 5: FAMILY HISTORY OF UCC CLIENTS**
In Summary,
If 10 UCC clients came in for an initial intake today....

3 have done some binge drinking in the past 2 weeks

   1-2 are using marijuana

6 have had previous counseling or psychotherapy

   4 are taking psychotropic medications

   1 has been psychiatrically hospitalized

   4 have considered suicide

At least 1 has made a suicide attempt

3 are engaging in self-harming behaviors

At least 1 has thoughts of hurting others

2 have had an unwanted sexual experience

   4 have been harassed or abused

   5 report “PTSD” experiences

3 had parents who divorced during their childhood

4 were exposed to frequent and hostile arguing at home

   1 or 2 have a parent with a drinking problem

2 were aware of physical abuse going on in the family

At least one maybe 2 was aware of rape or sexual assault in the family

   Two had a family member hospitalized for mental health reasons

   4 have a family member with a mental disorder

   2 had a family member attempt suicide

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

1 to 2 had a family member who was prosecuted for criminal activity
d. **Outcome: Identify reasons students use UCC services.** As part of the intake process, clients are asked to review a list of typical (and not so typical) concerns they might be experiencing and to indicate which are applicable to them. See Figure 6 for the most frequent concerns reported by our clients at intake. Table 1 provides comparative data over the past five years (2010 – 2015).

<table>
<thead>
<tr>
<th>Concern</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>65% (1)</td>
<td>63% (1)</td>
<td>62% (1)</td>
<td>68% (1)</td>
<td>70% (1)</td>
</tr>
<tr>
<td>Depression</td>
<td>61% (2)</td>
<td>58% (2)</td>
<td>59% (2)</td>
<td>63% (2)</td>
<td>64% (2)</td>
</tr>
<tr>
<td>Stress</td>
<td>56% (3)</td>
<td>56% (3)</td>
<td>57% (3)</td>
<td>57% (3)</td>
<td>59% (3)</td>
</tr>
<tr>
<td>Academics</td>
<td>45% (4)</td>
<td>44% (4)</td>
<td>48% (4)</td>
<td>45% (4)</td>
<td>46% (4)</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>39% (5)</td>
<td>40% (5)</td>
<td>39% (5)</td>
<td>35% (5)</td>
<td>38% (5)</td>
</tr>
<tr>
<td>Loneliness</td>
<td>34% (6)</td>
<td>32% (6)</td>
<td>33% (6)</td>
<td>28% (7)</td>
<td>30% (6)</td>
</tr>
<tr>
<td>Rel w/ Partner</td>
<td>31% (7)</td>
<td>32% (7)</td>
<td>32% (7)</td>
<td>30% (6)</td>
<td>28% (7)</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>25% (8)</td>
<td>24% (8)</td>
<td>23% (8)</td>
<td>25% (8)</td>
<td>27% (8)</td>
</tr>
<tr>
<td>Rel w/ Friends</td>
<td>24% (9)</td>
<td>22% (9)</td>
<td>19% (10)</td>
<td>19% (10)</td>
<td>20% (9)</td>
</tr>
<tr>
<td>Family I Grew Up In</td>
<td>20% (9)</td>
<td>21% (10)</td>
<td>21% (10)</td>
<td>20% (9)</td>
<td>19% (10)</td>
</tr>
</tbody>
</table>

**FIGURE 6: TOP CLIENT CONCERNS REPORTED AT INTAKE**

**TABLE 1: TOP CLIENT CONCERNS REPORTED AT INTAKE (2011 - 2015)**
e. **Outcome: Effective triage & assignment to appropriate UCC counseling service or community provider.** Clinical teams meet at the end of the day (M-TH) to make or confirm assignments to individual counselors, groups, workshops, assessment, or in rare cases, referral to the community. Each client is briefly presented by the staff member who met with the client for intake or crisis; the team reviews the client “paperwork” and determines a disposition. The client is notified of their assignment via an email that is sent the following morning. This email lists the name of the assigned counselor, group or workshop leader and asks the client to schedule an appointment within two weeks. When the team believes we need more information to make a good decision, the email asks the client to call in and talk with the intake interviewer. Assigned counselors or group leaders will often call or email clients as well, especially if the client is in high distress. Clients are assigned to staff based on assessment of severity, level of complexity, urgency (who can see them quickest), expertise, interest and availability/schedule. More than half of all clients are seen by staff who are in training programs and we make every effort to match clients to the experience level of the trainee therapist.

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

The UCC provides a variety of direct mental health services to university of Utah students, as well as to staff and faculty. **Outcome: Total Sessions Provided:** This past year we provided 8592 sessions of direct service to 1421 clients (up from 1240 clients in 2013 – 2014, or 14.6%) in both individual and group therapy. This continues a trend for increasing utilization of UCC services over the past decade (see Figures 11 and 12 on page 39).

The most heavily used service is **individual counseling,** which we offer to undergraduate students taking 6 or more credits and to graduate students taking 3 or more credits, as well as to .75 FTE faculty or staff. Individual counseling is meant to be relatively short term, with a general expectation of up to 12 sessions per year, although for training purposes and when circumstances allow or require, we may extend that limit. **Outcome: Individual Sessions Provided:** In 2014 – 15, UCC staff provided 4666 sessions of individual therapy, with 6394 appointments scheduled, for 857 clients. The total number of individual sessions was up by 15% from 2013 – 2014 (4003). In addition, staff met with 125 clients for case management services for a total of 111 hours. Case management services may have been provided to current clients or to former clients.

**Group counseling** is an effective and somewhat more cost efficient modality for addressing mental health concerns. The UCC has a very active group psychotherapy program through which we offered 11 different groups last year. **Outcome: Group Counseling Sessions Provided:** 155 clients attended group (generally not the same clients that are in individual counseling), for a total of 1187 appointments (which was just under last year’s 1322 total group appointments). 99 of these clients also attended pre-group screening/orientation appointments. 94 client hours
were logged by participants attending the Women of Color group, a collaborative effort between the Women’s Resource Center and the UCC.

We also offer **couples counseling**, although we do so on a more limited basis. **Outcome: Couples Counseling Sessions Provided:** This past year 44 couple’s intake sessions were conducted and 32 couples attended 126 couples counseling sessions for a total of 170 visits, representing an 11.5% decrease from the 192 total couple visits in 2013 – 2014.

As part of our model for clinical effectiveness and excellent graduate training, UCC staff spends significant time **consulting in-house and documenting case management services.** **Outcome: Case management and in-house clinical consultation:** Staff devoted 628 hours to case management (writing letters, identifying resources, advocating for clients with other University departments or community entities, collaborating with other University departments around specific clients, etc.) and 300 hours to “in-house case consultation” to monitor and strategize about high risk clients, support trainee staff in working with complex clients, etc.

Our **Mindfulness Clinic** this year offered therapy groups, structured workshops and mindfulness and wellness coaching sessions. Mindfulness Coaching was available to any UCC client, either as a stand-alone service or in combination with individual or group counseling. Only UCC clients could attend the Peace of Mind and Emotions in Motion workshops, while the Mindful Approach to Work-Life Balance workshop was open to all U staff or faculty (non-clients and UCC clients). In addition, the Mindfulness Clinic offered outreach presentations to several campus groups. **Outcome: Mindfulness Clinic structured workshop utilization:** 601 students, staff or faculty clients attended various Mindfulness Clinic offerings. Meditation groups met 28 times and served 142 people. Mindfulness workshops were offered 9 times for 213 people. 122 participants attended the Mindful Approach to Work-Life Balance workshop for a total of 22 workshops. **Outcome: Mindfulness Coaching Sessions:** 29 clients attended 34 sessions of mindfulness coaching.

The Counseling Center offers **psychological assessment** services to clients who are actively engaged in psychotherapy with one of our staff. Staffing for this service comes through our relationship with the Department of Psychology who houses their second year adult assessment practicum at the UCC. Doctoral students in this practicum provide extensive personality, cognitive, learning disability, ADHD and other assessments to our clients without cost to the clients. Assessments are also provided by our doctoral level Psychology Interns who, as part of their APA-approved internship at our UCC, are required to complete at least 2 full assessments per semester. **Outcome: Psychological assessment services provided:** 27 clients completed assessments and took advantage of this excellent and very low cost service last year.

Figure 7 provides an overview of UCC sessions provided in 2014 – 2015. Figures 8 – 10 provide graphical representations of percentages of major clinical appointments, monthly number of appointments by appointment type and individual counseling sessions by month.
FIGURE 7: OVERVIEW OF UCC SESSION TYPE
FIGURE 8: MAJOR CLINICAL APPOINTMENTS (2014 – 2015)

FIGURE 9: MONTHLY NUMBER OF APPOINTMENTS BY TYPE
**FIGURE 10: INDIVIDUAL COUNSELING SESSIONS BY MONTH**

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

- **52% of clients reliably improved according to the overall Distress Index** and 0% reliably worsened (n = 283)
- **48% of clients reliably improved** on the Hostility subscale and 2% reliably worsened (n = 225)
- **47% of clients reliably improved** on the Depression subscale and 1% reliably worsened, (n = 396)
- **39% of clients reliably improved** on the Academic Distress subscale and 0% reliably worsened (n = 276)
- **39% of clients reliably improved** on the Generalized Anxiety subscale and 2% reliably worsened (n = 309)
- **34% of clients reliably improved** on the Substance Abuse subscale and 1% reliably worsened (n = 134)
- **29% of clients reliably improved** on the Eating Concerns subscale and 1% reliably worsened (n = 192)
- **19% of clients reliably improved** on the Social Anxiety subscale and 2% reliably worsened (n = 261)
As an additional measure, we can determine the percentage of clients who both showed “reliable change” and moved from above the high cut (high severity) to below the cut. Using this measure we see a very similar pattern to what is presented above: **49% of clients both showed “reliable change” and moved out of the “high distress” category for the overall Distress Index.** The Depression (39%) and Hostility (42%) scales showed a similar response. Other scales were as follows: Generalized Anxiety (35%), Social Anxiety (18%), Academic Distress (38%), Eating Concerns (24%), and Substance Use 29%.

**Suicidal ideation.** We pay particular attention to several CCAPS items known as “critical items.” These items track suicidal ideation, impulse control, and homicidal ideation. CCAPS items are scaled from “1” (“not at all like me”) to “4” (“very much like me”). For the item: “I have thoughts of ending my life,” 46 clients endorsed this at a “4” at their first administration and 83 clients endorsed this at a “4” at some point in their counseling (up from 36 and 63 respectively over last year). This indicates a very high and concerning level of suicidal thought and potential intent to die. At the latest administration of the CCAPS, only 17 of those clients endorsed this item at a 4. Endorsement at a “3” similarly moved from 70 to 29 individuals. These data suggest that with counseling, students with high levels of suicidal ideation are likely to report diminished levels of SI.

**Thoughts of harming others.** With regard to the item “I am afraid I might lose control and act violently”, 27 clients endorsed this at a “4”, while at the latest session, 10 did. Similarly, 50 endorsed a “3” and at their latest treatment session only 7 did. The data are supportive of diminished concerns about acting out with violence after receiving treatment at the UCC. On the item “I have thoughts of hurting others” 10 clients endorsed this at a “4” and at the latest assessment, 6 did. For the 25 clients who endorsed this item at a “3”, only 5 endorsed it at a “3” at the latest session. Results for this item are more concerning, as it appears that while counseling is effective in diminishing thoughts of harm to others, for clients who endorse this at the highest levels about half (6 total) still struggle even with treatment.

**b. Outcome: Operate within the 12 session short-term framework for individual and couples counseling.** The average number of individual counseling sessions per client was 5.44. 62 clients were seen for more than 12 sessions during the year, with a maximum of 43 sessions, although nearly half of these 62 clients had 13-15 appointments. 63% of clients were seen in individual counseling from 1-5 times. The average number of all appointments (intakes, individual, crisis, medication management, etc.) per client was 6.05.

**c. Outcome: Conduct therapy groups that maximize therapeutic factors.** As noted above, group counseling is a well-utilized “treatment of choice” at the UCC, especially for clients with interpersonal concerns. Using an algorithm that includes all clients who had at least 3 CCAPS administrations and whose initial scores were above the “high cut” (highly distressed) for specific scales, we found the following outcomes for clients participating in group counseling:
61% of clients reliably improved on the Depression subscale and 0% reliably worsened, (n = 54)

43% of clients reliably improved on the Generalized Anxiety subscale and 0% reliably worsened (n = 44)

45% of clients reliably improved on the Hostility subscale and 3% reliably worsened (n = 33)

50% of clients reliably improved on the Substance Use subscale and 0% reliably worsened (n = 12)

42% of clients reliably improved on the Academic Distress subscale and 0% reliably worsened (n = 38)

28% of clients reliably improved on the Social Anxiety subscale and 0% reliably worsened (n = 36)

35% of clients reliably improved on the Eating Concerns subscale and 0% reliably worsened (n = 26)

65% of clients reliably improved according to the overall Distress Index and 0% reliably worsened (n = 37)

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

e. Outcome: UCC services enhance students’ experience at the U, thus enhancing student retention. UCC services enhance students’ experience at the U, which should have a positive impact on student retention. UCC administered a client experiences questionnaire to clients attending any post-intake session during November 2014. This cross-sectional sample thus included clients with variable “doses” or exposure to the counseling process; some respondents had attended only an intake, while others may have been in the middle or even toward the end of their counseling experience. A total of 217 clients responded. 29% of clients indicated they were “thinking of leaving the U before counseling.” Of that group, 70% said that counseling “helped me stay at the U of U.” 48% of all clients expressed that counseling had “helped me stay at the U of U.” 47% said counseling helped them increase their academic performance, while 70% said counseling enhanced their experience at the U.

More specifically, 65% of clients said counseling helped them think in more complex ways. Counseling helped 52% attend, concentrate and/or persist at academic tasks; and counseling helped 74% improve the “non-academic” areas of their life. 58% reported counseling helped them improve interpersonal skills, 58% reported counseling helped them improve the quality of their relationships and 64% reported counseling improved their ability to “be myself.” We do not ask directly about client “satisfaction” as such items have been shown to give spuriously high ratings and are not particularly meaningful.
A closer look at these data indicate that some clients rated counseling impact as “too soon to tell” with interesting variability across domains of functioning. For example, 16% of respondents said it was “too soon to tell” if their relationships had improved while only 10% said it was “too soon to tell” if their experience at the U had improved. The lowest number of “too soon to tell” responses came with the item “I was thinking about leaving the U of U before coming to counseling (or fearful that I would have to leave)” where only 1% of respondents said it was too soon to tell.

If we take the respondents reporting it’s “too soon” out of the totals, we have 30% afraid they would have to leave the U of U; 56% saying counseling has helped them stay at the U; 61% saying counseling has helped their academic performance to improve; 82% saying counseling has enhanced their experience at the U; 79% saying counseling has helped them think in more complex ways; 66% saying counseling has helped them attend, concentrate and persist; 92% saying counseling has helped them improve the “non-academic” areas of their life; 72% saying counseling has improved their interpersonal skills; 78% saying counseling has improved the quality of their relationships and 83% saying counseling has improved their ability to “be themselves.”

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

The UCC has a small psychiatric service that we offer as an important adjunct to our therapy services. This service is staffed by a 1 day a week faculty (supervising or attending) psychiatrist and several residents who are with us anywhere from a half day to two days a week. Clients access this service through their counselor when there is agreement that medications may be useful or when there is a diagnostic or level of care question for which we need medical input. **Outcome: Psychiatry Services Provided:** This past year clients attended 133 psychiatric evaluations and 588 follow-up medication management appointments. Total psychiatric evaluations remained stable (132 last report) but medication management sessions demonstrated a 25% decrease (735 in 2013 – 2014). The psychiatric staff also provides consultation to the psychology and social work staff and trainees on issues within their province and has been extremely helpful in expediting hospitalizations at UNI or the University Hospital.

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

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

The Prevention and Outreach area was coordinated this year by Torrence Wimbish, Ph.D. through April 2015. Christopher Chapman, Ph.D. and James Dinh, C.S.W. served as interim Prevention/Outreach Coordinators for Summer 2015 after Dr. Wimbish’s departure from the UCC. The Outreach Coalition, a committee that meets on a monthly basis, provides an ongoing opportunity for collaboration between the mental health, wellness, and academic support functions of the UCC. 2014 – 2015 Outreach Coalition members consisted of Torrence Wimbish, Carlos Rivera(social work intern), and Amanda Mitchell and Kate Rogers (psychology interns), along with Katie Stiel, Marty Liccardo and Kassy Keen from the Center for Student Wellness and Ali Pappas from the Learning Enhancement Program. Kylee Forbes, serving as our MUSE Mental Health Ambassador Outreach Intern for the second year, also served on the Outreach Coalition.

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

Table 2 outlines the 12 campus units with which the UCC collaborated most frequently when providing clinical consultation and prevention and outreach programs. Additionally, we provided 172.85 hours of consultation and outreach to the campus community (reaching 5,688 people) and 35.0 hours of consultation and outreach to the general Salt Lake community (reaching 503 people).
### TABLE 2: MOST FREQUENT CAMPUS PARTNER COLLABORATIONS
**JULY 2014 – JUNE 2015**

<table>
<thead>
<tr>
<th>Program/Department Service Provided To</th>
<th>Hours</th>
<th>Number of People</th>
<th>Number of Contacts (Consultations + Outreach Programs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>67.25</td>
<td>1,183</td>
<td>30</td>
</tr>
<tr>
<td>Athletics</td>
<td>24.50</td>
<td>186</td>
<td>20</td>
</tr>
<tr>
<td>HRE</td>
<td>18.83</td>
<td>290</td>
<td>13</td>
</tr>
<tr>
<td>CESA</td>
<td>18.50</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>Educational Psychology</td>
<td>13.25</td>
<td>67</td>
<td>9</td>
</tr>
<tr>
<td>Social Work</td>
<td>11.50</td>
<td>190</td>
<td>4</td>
</tr>
<tr>
<td>Nursing</td>
<td>9.25</td>
<td>111</td>
<td>5</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>8.50</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>Dean of Students</td>
<td>7.5</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>International Student &amp; Scholar Services</td>
<td>6.50</td>
<td>87</td>
<td>5</td>
</tr>
<tr>
<td>Women’s Resource Ctr</td>
<td>6.50</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>Honors Program</td>
<td>6.25</td>
<td>55</td>
<td>4</td>
</tr>
</tbody>
</table>

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

1. **Goal 1: Maintain effective responsiveness to requests from U students, faculty and staff regarding students of concern:** Clinical team leaders and counselors-on-call are available each day to respond to questions from staff and faculty regarding students of concern. These consultation contacts usually occur over the telephone but can also involve in-person meetings. A typical request for consultation includes a professor who shares a concern about one of their students given their observations of the student’s behavior (e.g., presenting in class as depressed or distressed). Professors will also contact the UCC with concerns about information a student has shared in a class assignment that suggests possible mental health concerns. We also field consultations from U students concerned about a roommate or classmate’s behaviors (e.g.,
depression or eating concerns). Finally, we sometimes consult with community members seeking mental health treatment referrals. **Outcome: Efficiently respond to questions and provide effective consultation.** This past year, we recorded 129 campus consultation contacts. 51.9% of these consultations concerned a U of U student, while smaller percentages concerned U of U staff (3.9%), department (3.9%) or the community (18.6%). At this time, we are only able to track the person/entity that was the focus of the consultation contact. We continue to consider how to document the content of the consultation with our current data management software.

2. **Goal 2: Provide campus outreach and preventive educational programs, both by request and UCC-initiated.**
   a. **Outcome: Develop and maintain effective collaborative relationships with campus partners.** Table 3 provides an overview of the 10 campus units and academic departments with which the UCC collaborated most frequently when providing prevention and outreach programs.

<table>
<thead>
<tr>
<th>Program/Department Service Provided To</th>
<th>Hours</th>
<th>Number of People</th>
<th>Number of Presentations/Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>59.50</td>
<td>1,171</td>
<td>29</td>
</tr>
<tr>
<td>HRE</td>
<td>16.08</td>
<td>283</td>
<td>8</td>
</tr>
<tr>
<td>Social Work</td>
<td>10.0</td>
<td>150</td>
<td>3</td>
</tr>
<tr>
<td>Ed Ps</td>
<td>9.25</td>
<td>51</td>
<td>6</td>
</tr>
<tr>
<td>Nursing</td>
<td>9.0</td>
<td>110</td>
<td>4</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>8.0</td>
<td>52</td>
<td>6</td>
</tr>
<tr>
<td>International Student &amp; Scholar Services</td>
<td>5.50</td>
<td>85</td>
<td>3</td>
</tr>
<tr>
<td>Career Services</td>
<td>5.0</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>LGBT Resource Center</td>
<td>3.25</td>
<td>63</td>
<td>3</td>
</tr>
<tr>
<td>Psychology</td>
<td>2.75</td>
<td>68</td>
<td>3</td>
</tr>
</tbody>
</table>
Another important avenue for UCC collaboration with our campus partners are the Intern Diversity Initiatives. These multicultural-oriented initiatives promote and maintain liaison relationships to address the needs of underserved populations on campus. Below is a list of Intern Diversity Initiatives conducted by our psychology and social work interns during 2014 – 2015:

- Center for Ethnic Student Affairs Collaboration (Carlos Rivera)
- Evidenced-based Panic Therapy Group (Kate Rogers)
- Experience of Racism and Witnessing Racism Art/Self Expression Project (Amanda Mitchell & Danielle Fetty)
- Fraternity Men and Multicultural Greek Council presentation on Depression (Chris Davids & Justin Zizumbo)
- Homelessness and Housing Instability on Campus (James Dinh)

b. *Outcome: Assign staff members to outreach requests within 7 days of receipt of the online presentation request form.* For the six 2014 – 2015 outreach requests for which we had data we averaged 9.07 days between receipt of the online presentation request form and staffing. This number reflects one presentation request for August that was requested in May (49 days between request and staffing). Omitting this presentation we averaged 5.0 days between receipt of the online presentation request form and staffing. We are continuing to develop an accurate tracking system to measure this outcome for all online presentation requests.

c. *Outcome: Provide evidence- and theme-based educational and prevention programs on a semester basis.* This year the UCC outreach and consultation program continued to be very active, offering presentations to a large number of organizations. A total of 273 workshops/presentations/tableing events were provided to 49 different campus groups over 29 different topic areas, ranging from stress management to career development to MBTI testing to diversity related topics such as white privilege to the benefits of mindfulness meditation. Our records show that the UCC provided 382.17 hours of presentations and workshops to 9,023 students/faculty/staff. This total includes the UCC’s participation in the Great Utah Shakeout again this year. The total number of participants excluding this event is 7,221. The UCC spent 344.25 hours of preparation time for outreach activities.

Our total number of workshops increased 64.5% (up from 166 last year) with a 7.1% increase in number of outreach participants (8,522 students and community members in 2012-2014). A new workshop, *Tips for Working with Distressed Students*, developed and presented in collaboration with the Center for Student Wellness and the Dean of Students Office was debuted this year to provide more comprehensive training to U staff and faculty who encounter students of concern in their work. Lauren Weitzman co-presented 12 of these workshops to campus units that included the Center for Disability
Services, Women’s Resource Center, the Graduate School, Student Health Center, TRIO Programs, Veteran’s Support Center, Union, International Students and Scholar Services, and the Marriott Library. These summary outreach figures indicate that outreach continues to be an active element of UCC service delivery. In comparison to last year, this year’s increase in outreach totals/numbers could be related to more intentional targeting and promotion of UCC services toward the campus community and to the addition of the *Tips for Working with Distressed Students* workshop.

The UCC Mindfulness Clinic sponsored several outreach-related workshops and activities, including drop-in meditation, drop-in yoga and qigong, and mindfulness workshops that included the *Mindful Approach to Work-Life Balance* workshop for U staff and faculty. Table 4 summarizes the outreach efforts of the UCC Mindfulness Clinic in 2014 – 2015.

**TABLE 4: MINDFULNESS CLINIC OUTREACH ACTIVITIES**

<table>
<thead>
<tr>
<th>Mindfulness Clinic Outreach Activity</th>
<th>Hours</th>
<th>Number of People</th>
<th>Number of Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop-In Meditation</td>
<td>25.8</td>
<td>142</td>
<td>28</td>
</tr>
<tr>
<td>Mindful Approach to Work-Life Balance</td>
<td>24.0</td>
<td>122</td>
<td>22</td>
</tr>
<tr>
<td>Drop-In Yoga</td>
<td>18.0</td>
<td>57</td>
<td>18</td>
</tr>
<tr>
<td>Mindfulness Workshops</td>
<td>20.0</td>
<td>275</td>
<td>15</td>
</tr>
<tr>
<td>Drop-In Qigong</td>
<td>3.0</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>90.8</td>
<td>601</td>
<td>86</td>
</tr>
</tbody>
</table>

The UCC participated in 12 campus tabling events providing many opportunities to introduce people to our services and respond to their requests for information about mental health concerns. Tabling events provided contact to an estimated 3,777 University students, staff and faculty. Creating innovative tabling has remained a priority for outreach and prevention services and continues to improve the visibility and presence of the UCC on campus, and likely results in greater access and utilization of our counseling services. We once again highlighted *Bubble Wrap Appreciation Day* that utilized the “Pop That Stress: A Bubble Wrap Experience” activity, which was again well received by the campus community.
For the fourth year, the UCC participated in the Great Utah ShakeOut. The university, along with many community partners, practiced evacuating buildings on campus. The UCC was tasked with staffing the Emergency Assembly Points (EAP) where we distributed survival kits, took tallies and shared information on managing trauma. In terms of community service, the UCC worked with University Neighborhood Partners (UNP). UNP brings together university and west side resources for reciprocal learning, action and benefit. UNP links seven ethnically and culturally rich Salt Lake City neighborhoods with the University of Utah to create pathways to higher education. The UCC, along with the Career Center, hosted the kick-off event in June 2015.

We continued to identify outreach themes to focus our intentions and better target our prevention efforts with the campus community. Outreach themes were highlighted at tabling events, presentations and on our social media platforms with specially created hashtags. The outreach theme for Fall 2014 was Suicide Prevention (#TalkingHelps) and the theme for Spring 2015 was Bystander Intervention (#ItsOnUs; #SpeakUp; #BeTheSolution).

We added the new outreach category, Media Outreach, to allow us to better track interviews provided to print, radio, and television media. Thirteen interviews were conducted in 2014 – 2015 to media outlets such as the Daily Chronicle and local newspapers, the “Younger You” television program on Channel 4, KSL radio and television, and student efforts such as the Daybreak U student cable news channel. The UCC participated in a Supported Education at the University of Utah video along with the Center for Disability Services, sponsored by the Café TA Center. This video highlighted the experiences of students with mental health disabilities and the support they receive at the U, which includes accessing UCC counseling services.

A summary of all outreach programs by topic for 2014 – 2015 is provided in Table 5.
d. **Outcome: Provide confidential, anonymous online mental health screenings.** The UCC continues to offer online screenings for the ninth continuous year. These screenings are located and accessible on the UCC’s Website Home Page. A total of 1,659 online mental health screenings were taken this year (a 51.6% increase from 1,094 in 2013-2014). The breakdown of total screenings is as follows: Generalized Anxiety (596), Depression (593), Bipolar (167), Eating Disorders (155), Post-traumatic Stress Disorder (96), and Alcohol (52). 20% of students completing online screenings lived on campus, with representation from all academic years (18% freshman, 17% sophomore, 20% junior, 19% senior, and 27% graduate student). Table 6 summarizes data for each screening for treatment history and plans to seek help post-screening. It is striking to notice that the majority of persons completing these online screenings have not been in mental health treatment, yet a majority of those responding to the question plan to seek professional help. This affirms the importance of these anonymous online mental health screenings for facilitating access to mental health services.
TABLE 6: SUMMARY OF ONLINE MENTAL HEALTH SCREENING TREATMENT DATA
JULY 2014 – JUNE 2015

<table>
<thead>
<tr>
<th>Screening Type</th>
<th>Never Been Treated</th>
<th>Plan to Seek Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Anxiety</td>
<td>76% (of 596 respondents)</td>
<td>73% (of 53 respondents)</td>
</tr>
<tr>
<td>Depression</td>
<td>75% (of 593 respondents)</td>
<td>73% (of 106 respondents)</td>
</tr>
<tr>
<td>Bipolar</td>
<td>95% (of 166 respondents)</td>
<td>75% (of 17 respondents)</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>78% (of 155 respondents)</td>
<td>53% (of 19 respondents)</td>
</tr>
<tr>
<td>PTSD</td>
<td>81% (of 96 respondents)</td>
<td>82% (of 11 respondents)</td>
</tr>
</tbody>
</table>

e. Outcome: Regularly evaluate the effectiveness of outreach and preventive programs conducted on campus. Outreach evaluation data for programs presented between July 1, 2014 and June 30, 2015 was only obtained for five presentations, as we focused on developing a new hard copy evaluation to provide to participants at the end of each presentation. This promises to be a more dependable evaluation method for completion of the evaluation form. We have finalized the form and plan to use it regularly for outreach presentations in 2015 – 2016.

3. Goal 3: Administer the Staff/Faculty Liaison Program to enhance relationships with academic departments and other campus units. This was the seventeenth year of the Faculty Liaison Program, which was created to develop and strengthen working relationships between UCC staff and academic departments/faculty. This program has helped academic departments/faculty better access services at the UCC and provides a specific individual contact when clinical consultation is necessary.

1. Outcome: Update the UCC Staff/Faculty Assignment website on a regular basis. This list was updated regularly to accommodate changes in UCC staffing and may be accessed at http://counselingcenter.utah.edu/faculty/department.php
2. Outcome: Utilize UCC Staff/Faculty Assignments to staff outreach requests. UCC Staff/Faculty assignments are often utilized as the first step in staffing outreach
requests. After receiving a request from a particular department, the Prevention and Outreach Coordinator will first contact the staff/faculty liaison for that unit.

3. **Outcome: Communicate annually via email with deans and department chairs about the UCC Staff/Faculty Liaison Program.** The annual email to deans and department chairs from the UCC Director was sent in November 2014, deliberately timed to occur just following Fall Break. Please see Appendix D for this year’s letter.

4. **Goal 4: Sustain a vibrant social media presence.** This year, the UCC continued social media outreach efforts to reach the campus demographic that may be more likely to access psycho-educational information through the internet and social media platforms. Kylee Forbes, UCC Mental Health Ambassador continued to dedicate her time and creativity to developing content for our UCC social media platforms. Additionally, the Prevention and Outreach Coordinator and other Outreach Coalition members are responsible for tracking and maintaining the relevance of the UCC social media presence. Amanda Mitchell and Kate Rogers (psychology interns) made significant contributions in this regard. We also developed several banner postings for our UCC homepage related to social justice issues, including *Black Lives Matter* and *Charleston Reflections* that included a statement about our recognition of systemic racism and the impact of violence and hate crimes on the emotional, psychological, and physical safety of our U community members.

We added a new *Social Media* outreach category, a sub-category of *Media Outreach*, to better track the time staff spent developing social media postings. UCC clinical staff members tracked 5.3 hours of Social Media outreach time once this category was created. The UCC Social Media Policy to establish guidelines for posting to social media may be found in Appendix E.

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

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

   Our UCC Facebook page continues to provide information about mental health topics and UCC therapy groups, workshops and social justice activities. The UCC Facebook page had a total of 523 “likes” by June 30, 2015, representing a 90.9% increase from the previous fiscal year.
Twitter, Pinterest and Instagram are now active elements of our UCC social media platform. Currently we have 266 followers on Twitter (133.3% increase), 37 Pinterest boards (up from 20 last year) and 136 Pinterest followers (100% increase) and 231 followers on Instagram (549.4% increase).

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

The UCC continued to maintain its YouTube channel this past year to share video information on counseling services with the larger campus and currently has 3 subscribers (down from 13 last year). For the first time, the Association for University and College Counseling Center Outreach (AUCCCO) awarded Reach Awards for Outreach Video Excellence to acknowledge the creativity and innovation of videos created by counseling centers. The UCC received two Reach Awards and one Honorable Mention at the 2015 AUCCCO conference which was held in Salt Lake City. Our Counseling Can Be video that de-stigmatizes help-seeking behaviors received the Best of Show Award and our What to Expect for the First Appointment video received the Most Universally Accessible Award. Our suite of YouTube videos received an Honorable Mention for Effective Inclusion of Diverse Identities, reflecting our commitment to incorporating diverse actors into our videos and the fact that we are one of the few counseling centers who provide captioning for our YouTube videos. In total, our YouTube videos have received 1,998 views as of June 30, 2015, with the Group Therapy Isn’t…. and What to Expect for the First Appointment videos receiving the greatest number of views (1,542 and 304, respectively).

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

The Counseling Center maintains capability to respond to individual student mental health crises as well as campus crises. Monday through Thursday, the clinical “team leader” for the day assumes the responsibility of responding to students or staff/faculty who are experiencing a mental health crisis, as
defined by an affirmative response to any of the six questions on the UCC Request for Services form (“I am currently unable to keep myself safe,” “I am at risk to end my life or seriously harm someone else,” “I am having strange experiences such as hearing voices or seeing things that others do not,” “I am here today because I have been physically or sexually assaulted recently,” “I am here today because someone close to me has died recently” or “a U of U faculty or staff member has encouraged me to request a crisis appointment.”) Other students presenting with out-of-the ordinary requests or worrisome behavior may also be referred to the Team Leader. On Fridays this function is performed by permanent clinical staff in rotation. Triage by the Team Leader may result in crisis intervention, crisis intake, immediate referral (e.g., to a more intensive setting, such as the hospital), referral to a Same Day or Advanced Intake or immediate provision of a limited service.

In 2014 – 2015, UCC staff logged 335.67 hours of direct crisis intervention services (347 appointments), demonstrating a 70.8% increase from 196.58 hours in 2013 – 2014. The number of crisis intervention appointments increased 59.2% from 218 appointments last year.

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

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

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

1. **Goal 1: Maintain effective responsiveness to campus crises and traumatic events.**
   a. **Outcome: Efficiently respond to campus crises.** The UCC is pro-active in reaching out to campus units whenever we learn of the death of a student, staff, or faculty member. In 2014 – 2015, we provided 5 community support meetings facilitated by UCC staff following a critical incident such as a suicide, student death, or other traumatic event. **Note:** We continue to refine our new tracking system to increase the accuracy of emails sent to the campus community regarding UCC support upon learning of a critical incident.
   b. **Outcome: Provide effective consultation to campus partners to determine the best course of action when a traumatic event occurs.** The clinical team system allows for an
effective response to campus crises, whereby the clinical team leader and outreach coordinator collaborate to organize community support meetings for affected departments. Once we receive a request for support from a university department that has experienced a traumatic event, UCC staff will first assess the situation by determining as much information as possible about the impact of the event on that department. While we value being responsive to these requests, we often “slow down the process” to think carefully about the timing of when to best hold the community support meeting. We typically collaborate with our campus partners regarding how to share information about the tragic event to affected students, staff and faculty. We always send two co-facilitators to any outreach of this kind so that one facilitator can meet individually with students if they become distressed during the group meeting. As noted above, we fortunately provide a minimal number of these types of outreach requests each year, reflecting the relative low frequency of these events.

2. **Goal 2: Represent the UCC on the Behavioral Intervention Team and campus Emergency Operations Planning Committees:**
   
a. **Outcome:** Provide effective consultation regarding the campus mental health response by actively participating on campus safety-related committees. The UCC Clinical Director serves as a member of the Behavioral Intervention Team, which operates out of the Dean of Students office. This UCC role on this team is to provide mental health guidance, consultation and support. Lois Huebner and Rob Davies served on the Behavioral Intervention Team in 2014 – 2015. Lauren Weitzman, UCC Director, continued to serve on the U’s Emergency Operations Planning Committee and Active Shooter Task Force during the past year.

3. **Goal 3: Provide campus suicide prevention trainings to campus gatekeepers on a regular basis by request and initiated by the UCC.**
   
a. **Outcome:** Provide evidence-based campus suicide prevention trainings. The suicide prevention Gatekeeper Training provided by the UCC was developed by Rob Davies as part of the 2007 – 2009 SAMSHA Suicide Prevention Grant received by the UCC. This training utilizes data from University of Utah students that assessed the frequency and severity of suicidal ideation. In 2014 – 2015, 8 suicide prevention gatekeeper trainings were provided to Housing & Residential Education, Fraternities/Sororities, the Honors Program, Health, Promotion and Education academic department, the Women’s Resource Center, and Student, up from 4 suicide prevention gatekeeper trainings the previous year.

   b. **Outcome:** Regularly evaluate the effectiveness of suicide prevention programs conducted on campus. We do not have evaluation data for 2014 – 2015. Note: that we are continuing to improve our evaluation methods to ensure that all campus suicide prevention gatekeeper trainings are evaluated.
UCC KEY ACTIVITY #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD

The training of graduate-level students in Psychology, Psychiatry and Social Work is a highly valued and central function at the UCC. As detailed below, Key Activities of the UCC permanent clinical staff in the Training area in 2014-2015 included the recruitment, selection, orientation, training, supervision, oversight, evaluation and administration of 24 graduate-level trainees in a total of 5 clinical UCC training programs. These trainees came from 4 mental health disciplines from across campus and from across the country.

To begin the 2014-2015 academic year the UCC Training Committee was comprised of Glade Ellingson, Ph.D. (Training Director), Emily Miranda, LCSW, (Coordinator of Social Work Training), Jonathan Ravarino, Ph.D., LCSW (Coordinator of Practicum Training) and intern representatives from Psychology and Social Work. However, Jonathan Ravarino left UCC in January 2015 and Emily Miranda left UCC in April 2015. Clark Slagle, Ph.D. joined the committee as Coordinator of Practicum Training, and Josh Newbury, LCSW was hired at UCC as the Coordinator of Social Work Training. Glade Ellingson maintains overall responsibility for agency training and directly administers the psychology internship and psychiatry residency training programs; Josh Newbury has direct administrative responsibility for social work training while Clark Slagle administers the doctoral practicum training programs. Key activities of UCC permanent clinical staff members related to training are explicated below.

Training Program Changes and Accomplishments for 2014-2015

- Replaced two of the three permanent clinical staff members of the UCC Training Committee, as above, and oriented them to their new roles.
- Completed a successful psychology intern national search and matched with 4 interns from APA-accredited academic programs (American University, Southern Illinois University, University of Louisville, University of Missouri—Kansas City) for 2014-2015.
- Completed a successful social work intern search, selecting a diverse cohort of 3 interns for the 2014-2015 academic year.
- Streamlined the required couples therapy training process to allow interns to more perform couples therapy sooner on their own, under supervision. Offered an optional advanced couples therapy training program for interested interns.
- Offered psychology interns an extended experiential summer seminar on examining White privilege, facilitated by a Women’s Resource Center staff member.

The provision of training to interdisciplinary students in the mental health field is aligned with Student Affairs Strategic Objective #5, Partner with faculty, staff and external constituencies to foster student development and enhance the greater community. This key activity and related goals connect to the Campus Community and Diversity and Inclusion Student Affairs Learning Domains.
GOALS AND OUTCOMES SUPPORTING UCC KEY ACTIVITY #4: PROVIDE TRAINING TO INTERDISCIPLINARY STUDENTS IN THE MENTAL HEALTH FIELD

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

*Psychiatry Residency.* The UCC remains a sought-after outpatient psychiatry residency rotation for 3rd and 4th year Residents completing their AMCGE-approved Psychiatry Residency at the University’s School of Medicine. In 2014-2015 UCC trained 5 advanced psychiatry residents who totaled .67 FTE for the year. Unfortunately, this was one-half of the previous year’s supply, down from 1.375 FTE in 2013-14 as the Department of Psychiatry was no longer able to contribute to UCC resident funding. As a result, it was not possible for psychiatry residents to be involved in psychotherapy training and service provision this year.

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

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

These interns provide individual, group and couples therapy, intake assessment and crisis intervention services and campus community outreach. They also complete a diversity initiative on campus. UCC averages approximately 20 applicants each year for our three social work internship slots. Our four Licensed Clinical Social Workers (LCSWs) are all approved Field Faculty for the University of Utah’s College of Social Work, marking an important collaboration between Student Affairs and Academic Affairs on campus. These LCSWs provide clinical training and supervision via small group and individual mentorship. Again, agency supervisors oversee and incur professional liability for interns’ work.

*Practicum Training.* The UCC functions as a “core” practicum site for all 2nd year doctoral students in Counseling Psychology and in Clinical Psychology at the University of Utah. Since January 2015, the administration of these programs is the responsibility of Clark Slagle, Ph.D.
The 2014-2015 year brought six practicum counselors from Counseling Psychology, each of whom spent approximately 15 hours per week in the agency in a general Psychotherapy Practicum during Fall and Spring Semesters. There were also four practicum counselors from Clinical Psychology each enrolled in two separate practica: Cognitive Behavioral Therapy and Psychological Assessment, totaling approximately 15 hours per week.

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

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

### TABLE 7: PSYCHIATRY RESIDENTS’ CLINICAL CONTRIBUTIONS (2014 – 2015)

<p>| Psychiatry Residents’ Clinical Contributions 2014-2015 (N=5; Total FTE = .67) |
|-----------------------------------|-----------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Psychiatric Evaluations</th>
<th>Medication Management Sessions</th>
<th>Individual Psychotherapy Sessions</th>
<th>Group Psychotherapy Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>106</td>
<td>368</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

### TABLE 8: SOCIAL WORK INTERNS’ CLINICAL CONTRIBUTIONS (2014 – 2015)

<p>| Social Work Interns’ Clinical Contributions 2014-2015 (N=3; Total FTE = 0.9) |
|-----------------------------------|-----------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Intake Sessions</th>
<th>Individual Psychotherapy Sessions</th>
<th>Group Psychotherapy Sessions</th>
<th>Campus Outreach Presentations (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>82</td>
<td>340</td>
<td>58</td>
<td>83.3</td>
</tr>
</tbody>
</table>

| Doctoral Practicum Counselors’ Contributions 2014-2015 (N=10; Total FTE = 2.25) |
|---------------------------------------------|------------------|------------------|
| **Intake Sessions** | **Individual Psychotherapy Sessions** | **Psychological Assessment Test Batteries** |
| 118 | 751 | 18 |

**b. Outcome: Provide effective supervision & training.** UCC licensed permanent clinical staff members and psychology interns provided weekly clinical supervision to ten of these graduate trainees. UCC licensed staff and psychology interns provided an average total of 12 hours per week of one-to-one clinical supervision during Fall and Spring semesters and 3.5 hours per week during Summer term. UCC permanent clinical staff provided an average of 3.5 hours of training/clinical seminars to these trainees weekly including the UCC Training Seminar, Social Work Training Seminar, Clinical Consultation Hour and Staff Development Seminar.

**c. Outcome: Work effectively with training coordinating departments.** The UCC Training Committee maintained collaborative relationships with our academic campus training partners, despite turnover among UCC clinical staff members who served on the Committee. Examples of specific outcomes and accomplishments for the year include:

  i. Two of our LCSWs were recognized by the College of Social Work for their longevity as Field Faculty members: Cindy Harling for 10 years, and Emily Miranda for 5 years.

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

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

  iv. Jonathan Ravarino, Ph.D. and Clark Slagle, Ph.D. worked closely with Katie Baucom, Ph.D. and Craig Bryan, Ph.D.—faculty members from the Clinical Psychology doctoral program in the Department of Psychology—to administer the department’s Cognitive-Behavioral Therapy Practicum and Assessment Practicum at UCC, respectively.
2. **Goal 2: Administer an American Psychological Association (APA) accredited psychology doctoral internship training program.**

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

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

While Dr. Glade Ellingson directly administers the psychology internship training program, the seven licensed psychologists at UCC collectively recruit, select, orient, train, supervise and evaluate these interns across their internship year. Clinical training and supervision, in particular, are time-intensive undertakings. Supervision involves a personal mentorship model. The intern practices under the license of the supervising psychologist who incurs full professional liability for the intern’s actions. Professional internship accreditation standards require that interns each receive at least 4 hours of weekly training and supervision. In turn, each intern provides approximately 22 hours per week of direct service to the agency and university community. UCC permanent clinical staff provided an average of 6 hours of individual supervision and training/clinical seminars to psychology interns weekly including the UCC Training Seminar, Psychology Training Seminar, Supervision Seminar, Clinical Consultation Hour, Teaching Supervision and Staff Development Seminar.

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

**TABLE 10: PSYCHOLOGY INTERNS’ CLINICAL CONTRIBUTIONS (2014 – 2015)**

<table>
<thead>
<tr>
<th>Psychology Interns’ Contributions 2014-2015 (N=4; Total FTE = 4.0)</th>
<th>Intake Sessions &amp; Crisis Interventions</th>
<th>Individual Psychotherapy Sessions</th>
<th>Group Psychotherapy Sessions</th>
<th>Campus Outreach Presentations &amp; Teaching (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>363</td>
<td>1150</td>
<td>153</td>
<td>221</td>
</tr>
</tbody>
</table>
### TABLE 11: PSYCHOLOGY INTERNS’ SUPERVISOR EVALUATION SUMMARY DATA (2014 – 2015)

<table>
<thead>
<tr>
<th>Internship Goal Area</th>
<th>Mid-year Mean</th>
<th>End-of-year Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical &amp; Psychometric Assessment (11 Items)</td>
<td>4.3</td>
<td>7.5</td>
</tr>
<tr>
<td>2. Clinical Conceptualization &amp; Interventions (23 Items)</td>
<td>4.7</td>
<td>7.7</td>
</tr>
<tr>
<td>3. Cultural &amp; Individual Diversity (8 Items)</td>
<td>4.9</td>
<td>7.8</td>
</tr>
<tr>
<td>4. Consultation &amp; Outreach (7 Items)</td>
<td>5.2</td>
<td>7.0</td>
</tr>
<tr>
<td>5. Provision of Supervision (12 Items)</td>
<td>4.1</td>
<td>6.9</td>
</tr>
<tr>
<td>6. Career Development (1 Item)</td>
<td>4.2</td>
<td>7.4</td>
</tr>
<tr>
<td>7. Research (6 Items)</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>8. Ethics &amp; Standards (10 Items)</td>
<td>4.8</td>
<td>7.7</td>
</tr>
<tr>
<td>9. Professional Development (11 Items)</td>
<td>4.1</td>
<td>7.5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Descriptor</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No Experience or Demonstrated Skill in this Area</td>
<td>Training Intervention Needed</td>
</tr>
<tr>
<td>2</td>
<td>Below Expected Level Experience &amp; Skill</td>
<td>Training Intervention Needed</td>
</tr>
<tr>
<td>3</td>
<td>Internship Entry-level Experience &amp; Skill</td>
<td>Expected: Beginning of Internship</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Professional Entry-level Experience &amp; Skill</td>
<td>Expected: End of Internship</td>
</tr>
<tr>
<td>8</td>
<td>Postdoctoral-level Experience &amp; Skill</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Advanced Professional-level Experience &amp; Skill</td>
<td></td>
</tr>
</tbody>
</table>

b. **Outcome: Provide effective supervision.** UCC licensed psychologists provided weekly clinical supervision to all four psychology interns. Each intern receives 2.0 hours of primary individual clinical supervision, 1.0 hour of small group supervision of supervision, .5 hours individual supervision with a group co-leader and .5 hours supervision for teaching. Therefore, UCC licensed staff provided an average total of 16 hours per week of clinical supervision during Fall and Spring semesters and 10 hours per
week during summer term. UCC permanent clinical staff members also provide an average of 3.5 hours of training/clinical seminars to these trainees weekly including the UCC Training Seminar, Psychology Training Seminar, Clinical Consultation Hour and Staff Development Seminar.

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

- **Orientation & Training:** Agency clinical training spanning much of August
- **UCC Training Seminar:** A weekly seminar for psychology and social work interns offered Fall and Spring comprised of the following segments:
  - Couples Therapy Training seminar (5 sessions)
  - Group Therapy Training (5 sessions)
  - Consultation/Outreach Training (4 sessions)
  - Ethics in Applied Mental Health (3 sessions)
  - Diversity Training (10 sessions)
- **Psychology Training Seminar:** A weekly seminar for psychology interns offered year-long comprised of the following segments:
  - Assessment Training (10 sessions)
  - Empirically-supported Treatments (4 sessions)
  - Clinical Conceptualization (5 sessions)
  - Professional Development (8 sessions)
  - Licensing Standards, & Credentialing Seminar (8 sessions)
- **UCC Staff Development Seminar:** A monthly seminar series for the entire UCC clinical staff comprised of guest speakers on a variety of topics.
- **Clinical Case Consultation:** A weekly forum for clinical consultation regarding clients who present with high severity and/or complexity.

d. **Outcome: Work collaboratively with national organizations (APA, APPIC, ACCTA) to administer the program, as well as interfacing with psychology doctoral faculty locally and nationally.** In addition to maintaining APA-accreditation of the psychology internship, the UCC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA). Dr. Glade Ellingson maintains memberships in each of these national organizations and interacts with them and academic programs in the following ways:

  a. **APA:** Files an Annual Report Online (ARO) of demographic and outcome data related to the current and past year’s psychology intern cohorts. Informs the Commission on Accreditation (CoA) of any significant changes to the internship training program. Participates in the national APA Minority Fellowship Program
to recruit diverse intern applicants to UCC. Has completed training to serve as
an approved APA Accreditation Site Visitor. Dr. Lauren Weitzman is often asked
to serve as a site visitor and normally does so at least once per year.

b. APPIC: Registers for the annual APPIC Internship Match, a computer-based
matching service whereby national internship applicants and internship sites
enter into binding placement agreements. Serves as an Associate Editor of the
APPIC E-Newsletter.

c. ACCTA: Holds elected position as an ACCTA Board Member. Served as the
Program Chair for the 2015 ACCTA Conference. Serves as the Chair of the
Standing Committee on Bylaws. Drafts written feedback from ACCTA to other
national training organizations regarding issues and trends. Serves as an ACCTA
Liaison to other national psychology training organizations, including the
Association of State and Provincial Psychology Boards this year.

d. Academic Programs & Faculty Members: Interacts regularly with faculty
members in Clinical Psychology and Counseling Psychology on campus and
across the country in recruiting and selecting interns. Corresponds with faculty
Directors of Clinical Training (DCTs) regarding the performance of current
psychology interns.

This involvement in professional organizations and with academic programs has raised
awareness of the UCC psychology internship nationally and has helped ensure a steady
stream of applicants for UCC psychology internships, averaging 65.3 applicants per year
for our four psychology internship slots across the past three years.

UCC PLAN FOR THE FUTURE

UCC ANTICIPATED CHALLENGES. We continue to face the significant challenge of meeting the increased
demand for services and the trend for increasing severity level of the clients with whom we work with
relatively stable staffing levels. As displayed in Figure 11, the trend for a steady increase in the number
of clients seen in the UCC since 2002 – 2003 continues upward. We saw 1421 unique clients in 2014 –
2015, representing a 14.6% increase in numbers of client seen since last year (1240 clients). As seen in
Figure 12, crisis intervention sessions also continue to steadily increase. In 2014 – 2015, UCC staff logged
335.67 hours of direct crisis intervention services (347 appointments), demonstrating a 70.8% increase
from 196.58 hours in 2013 – 2014. The number of crisis intervention appointments increased 59.2%
from 218 appointments last year. As documented on page 4 of this annual report, the severity of client
presenting concerns continues to be formidable, with 36% of our clients indicating that they have
considered suicide, 26% of our clients reporting self-harming behaviors, and 9% indicating thoughts of
harming others. Clients are also experiencing and coping with significant trauma such as sexual assault,
PTSD, and the suicide of a family member. While we are effective in serving greater numbers of clients
with increased severity levels, this work continues to take a toll on UCC staff who conduct the
demanding work of managing client crises and treating clients in high distress.
Note: Our current clinical services delivery model, instituted in 2012, was developed specifically to more strictly define our crisis services and to increase efficiency in meeting clinical demand (which explains the drop in crisis sessions seen for 2012 – 2013).
Our current staffing levels fall below International Association of Counseling Services (IACS) standards, which recommend a 1.0 FTE professional staff member for every 1,000–1,500 students. We have not received funding for a new position since the hire of Sui Zhang, L.C.S.W., in December 2013. The current UCC staffing ratio is 2632 (30,273 students [total matriculated student headcount]/11.50 professional staff FTE). In the absence of permanent funding we have hired part-time and interim mental health therapists and staff psychologists using monies accrued from Testing Center income. We plan to once again request funding for a new permanent staff crisis interventionist in the upcoming budget cycle.

Another continued challenge is a decrease in psychiatry hours relative to past years. This has been true with our attending psychiatrist over time, as well as with psychiatry residents more recently. The Department of Psychiatry has not provided additional resident funding since 2013-2014 year which increased our total psychiatry resident time to 1.2 FTE. Our psychiatry resident time has since been cut nearly in half and has returned to the .67 FTE level that is the maximum the UCC can fund (and all of which comes from Ledger 2 monies requiring us to pay benefits in addition to resident salaries).

This loss of attending psychiatrist and psychiatry resident time has had real consequences for psychiatry service delivery at UCC. Wait times for psychiatric evaluations continue to increase, resulting in the need to refer more clients to the Student Health Center or other practitioners for medication management. The loss of psychiatry time has been compounded by a trend in psychiatry resident rotation assignments whereby a greater number of residents is being assigned to rotations for shorter periods of time. In 2014–2015 we had one resident in the UCC for a half-day. Because each of these residents must be supervised, this places a higher burden on our attending psychiatrist to provide supervision during regular UCC working hours—which also reduces the attending’s time to provide direct clinical service. As noted on page 18 of the annual report, while the total number of psychiatric evaluations remained stable over the last year, medication management appointments decreased by 25%, representing the decrease in psychiatry time compared to the previous year.

A challenge that has become of increasing concern is the physical layout of the UCC in terms of insufficient waiting room and clinical office space. With the increase in the number of clients, the current waiting area is often full, requiring some clients to stand while waiting for their appointment. Confidentiality concerns arise for clients who are seen by staff whose clinical offices are in the Testing Center, requiring intake and returning clients to walk through University College. Some faculty members seen at the UCC have requested a private waiting area to prevent the possibility of encountering a student from their academic department while waiting for services. We also continue to be challenged by the physical barrier of operating on the third and fourth floors of the Student Services Building without having one full floor dedicated to UCC services. This creates challenges related to integrating and unifying all UCC counseling, academic support, and testing functions and can result in staff, especially those on the third floor, expressing feelings of isolation and marginalization. We continue to make utilize our current space as best as we can, but these efforts are limited by our current size and the layout of neighboring units such as University College and Career Services.

**UCC ANTICIPATED OPPORTUNITIES.** We greatly appreciated receiving funding from central administration this past budget cycle for salary increases and additional compensation for permanent
clinical staff who serve as clinical team leaders. We also are feeling optimistic about the addition of a fourth social work intern beginning in 2016 – 2017. We continue to consider the possibility of adding a fifth psychology intern. UCC data show that our clinical return per dollar of salary is greater for psychology interns than for other trainees or part-time staff. This would also allow us to respond to recommendations from the Association of Psychology Postdoctoral and Internship Centers, (APPIC), the Association of Counseling Center Training Agencies (ACCTA) and the American Psychological Association (APA) to address the current national psychology internship imbalance crisis. These agencies have implored APA-accredited internship sites to each add one psychology doctoral intern position to their internship training programs. While the additional of social work and psychology interns would not directly impact our IACS staffing ratio given that these are trainee positions, it would certainly increase our ability to meet current demand for counseling services.

As noted on page 79 in this annual report, the Testing Center has expanded its psychological assessment services and is now offering LD/ADHD assessments to the campus and greater community. The Testing Center has hired a 1.0 FTE Assessment Fellow to conduct these assessments in addition to providing approximately six hours of clinical services in the UCC. If successful, we plan to further expand this offering which provides an important and affordable service in addition to generating additional income that we rely on for funding our operating and non-Ledger 1 personnel expenses.

**UCC GRANTS/CONTRACTS.** The UCC has been fortunate to have received annual funding from the Student Affairs Parent Fund. In Spring 2015 we received a $2000 grant to purchase stackable chairs for one of our therapy group rooms that is being updated to create a more welcoming and therapeutic space. We again received a grant in 2014 – 2015 from the MUSE Project to continue having an undergraduate student serve as our UCC Mental Health Ambassador. As a MUSE Internship Partner, we received 50% of the funding for a 10 hour per week, 10 week undergraduate intern who worked with our prevention and outreach efforts.

**UCC GIFTS/NEW REVENUE:** As noted above, we received new revenue from Central Administration this past year for clinical staff salary increases and additional compensation for clinical team leaders. We do not anticipate any future gifts at this time.
CENTER FOR STUDENT WELLNESS MISSION AND SERVICES

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

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

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

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

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

The CSW guiding rationale is the more we are able to reach across campus to develop partnerships, the more students get connected to wellness resources and services. The office maintains strong collaborative relationships with campus and community groups. The collaborations often include presentations, programs, workshops, or trainings around different health and wellness topics. Our partnerships include offices such as: Housing and Residential Education; Dean of Students; Utah Department of Health; Associated Students of the University of Utah (ASUU); Rape Recovery Center and more. Our collaborations with Housing and Residential Education are well developed and in 2014-2015 we held a flu shot clinic in the Peterson Heritage Center to vaccinate residents against influenza, trained
Residential Assistant’s (RA’s) about how to handle conflict management, alcohol risk management, general wellness topics and inter-personal violence. With the Dean of Students Office and the Office of Equal Opportunity we collaborated to launch HAVEN, an online sexual assault prevention module for all new students scheduled to be implemented 2015-2016. We also began discussions on how to streamline and collaborate around victim advocacy services, with the CSW’s Sexual Assault Support Advocate employees. The Utah Department of Health partnered with us to help train the staff on how to run mobile clinics. We opened the FeedU Food Pantry with the support of the Campus Bookstore and Bennion Center. The food pantry officially opened in October 2014. Throughout 2014-2015 we partnered with ASUU to launch the It’s On Us Campaign, a national effort to educate bystanders and to prevent sexual violence. The Rape Recovery Center has partnered with us to train members of Beta Theta Pi about rape culture, supporting victims of sexual violence and preventing assaults.

Office staff also coordinated, chaired, or participated in the following groups during 2014-2015: Professional Development Committee, University Pride Committee, Women’s Leadership Summit, Behavior Intervention Team, and U of U Farmer’s Market Committee. Off campus participation includes Salt Lake County Sexual Assault Response Team and the Men’s Anti-Violence Network. Some of these positions have been long standing commitments for several years, and some were new appointments that allowed us inventive ways to collaborate more widely across campus.

This coming year, the CSW plans to reach out and to develop new partnerships, in particular, paying more attention to Academic Affairs.

**Goals:** 1.) Create and maintain campus partnerships with Student and Academic Affairs, 2.) Through partnerships reach a diverse and larger student population, 3.) Adapt health and wellness messaging to meet our partner’s student population needs.

**Outcomes:** 1.) Collaborate with three different offices each semester, 2.) Increase outreach programs by 5%, 3.) Complete student targeted programs.

1. Though the CSW keeps track of who, what, where programming happens, we have not spent time intentionally connecting with and developing new partnerships outside of Student Affairs.
2. CSW outreach programs increased from 157 unique outreaches in 2013-2014 to 284 outreaches for 2014-2015, representing an 80.9% increase. Currently, CSW staff keeps track of their outreach efforts in personal EXCEL spreadsheets which includes information such as office presented to, topic, length of time, and number of students in attendance. The CSW is expected to update the EXCEL spreadsheet throughout the year. See Figure 18 for the number of individual outreach presentations completed by each staff member. See Figure 19 for the offices for which the CSW performed outreach and number of students reached.
3. Previously, the CSW had reached out to populations of students who would be considered ‘high risk’, which includes Greek Organizations and students who live on
campus. The office does provide outreach to student identity based groups, but could be more intentional in this regard.

Student Affairs Learning Domains: Health and Wellness; Diversity and Inclusion; Campus Community.
Student Affairs Strategic Plan: 1, 3, 5 and 8.

FIGURE 13: CSW OUTREACH PRESENTATIONS PER STAFF MEMBER
**Some students made individual contact twice. Orientation, Housing & Residential Education and Greek Life have been separated out of the Student Affairs category due to the high volume of outreach within those organizations.**

**Outreach topics include:**

- Alcohol prevention and education
  - Including alcohol poisoning information
- Stress management and reduction
- Sleep health
- Sexual health
- Healthy relationships
- Anti-violence
  - Bystander intervention
  - Rape mythology
- Orientation – new student and transfer
- NCHA Data sharing
- How to Help Students in Distress
- Conflict Resolution
CSW KEY ACTIVITY #2: PROVIDE OUTREACH AND HEALTH AND WELLNESS EDUCATION TO THE CAMPUS COMMUNITY.

Health promotion and education information sharing is one of the main purposes of the CSW. The office works to create programming and outreaches around health topics that impact college students. The staff uses interactive programs that are fun, safe and make it easy for students to gain information. The CSW staff use data driven research, best practices and the National College Health Assessment to help tailor messaging while also staying current on college health trends. The programming the CSW runs range from one time education to ongoing programs and messaging. One time health and wellness education is valued by the CSW and consists of the majority of our outreach and programming. As reported above, we have contact with several different campus entities totaling 284 outreach presentations that allowed CSW staff to interact with thousands of students across campus in 2014-2015. Some of those interactions were repeated interactions to the same students through ongoing programs and messages, and most contacts were with new individual students. While the effectiveness of those one-time interactions are not assessed, we are confident the contacts help spread awareness about the CSW as an important resource for students on campus.

CSW staff surveyed students around their perceptions of the office based on the outreach contacts, their increase in knowledge around the topic they received information on, and their level of comfort using the CSW as a resource. Of the people surveyed, 72.5% strongly agree and 23% agree with the statement “I would feel comfortable going to the Center for Student Wellness if I had questions about health and wellness.” In the 2015-2016 school year the CSW wants to increase the amount of surveys they actually give out. The staff encountered some barriers to disseminating the survey, however we will be more diligent in collecting data in the new school year.

CSW piloted the Wellness Advocate Certificate in 2014-2015 The objective of this new program is to educate students on basic health and wellness topics with the goal of having them become student extensions of CSW staff that are able to help support and empower University of Utah students to lead healthier, safer lives. The training requires completion of three modules on general wellness, healthy relationships, and anti-violence prevention and intervention to become a CSW certified Wellness Advocates. Twenty four students and staff completed the modules which were held throughout the school year. The CSW collected data differently from last year, but the information showed increases in knowledge and confidence in using the information in peer interventions. The CSW plans to continue to hold modules in 2015-2016 to certify more students. We also have a continued plan to assess how students are retaining the information they’ve learned and their likelihood of using it to improve their peer’s wellness.

The office enjoys one time programming, but sees the value in creating education that is data driven and consistent, as a way to help students retain messages. The CSW sees the value in adding to our current programming and outreach efforts by incorporating individual health engagement opportunities for students as well as series programs to allow for more constant messaging that is usable and memorable.
For several years the CSW has taught Prime for Life, an evidence-based prevention and intervention program to teach sanctioned students to reduce their risk around alcohol and substance use. Ninety students were sanctioned to take Prime for Life either through Housing and Residential Education, Dean of Students, SLC Court Systems, or other institutions of higher education (ex. Westminster). Students consistently report that information around alcohol tolerance and alcohol poisoning is beneficial health information. These results continued to be consistent in the 2014-2015 assessments. Additionally, the CSW conducted post-test surveys to help assess if attending Prime for Life has any impact on behavior change of how students who attend are using alcohol. The survey went through many adaptations before it was administered, which delayed the survey’s wasn’t dissemination in the planned timeline. As a result, the response rate was low (22 %). Of the 20 students who responded, 30% said they were more aware of the concerns/issues around safe drinking, 40% said they made changes/made and continued changes around safe drinking. The following are responses when asked to describe specific strategies students have implemented since attending Prime for Life:

“I am more aware of how drinking affects myself and am more aware of drinking habits of those around me.”

“I’m more careful with my friends, and always ensure there is at least one person who is more responsible and aware.”

“I have made sure to keep track of my mental state while drinking as well as friends, and keeping each other in check by watching how much we are drinking.”

In spring semester 2015, the CSW participated in the National College Health Assessment, a nationally recognized research survey that gives us data about University of Utah students’ health habits, behaviors, and perceptions. This year 410 students participated in the survey, although the number is lower than previous years, it is still high enough to generalize to the larger population. Data such as this survey help inform the type of programming and education we do for students. As a result we have implemented more education and outreach around sleep, stress, and nutrition. The use of this data illustrates how the CSW staff use data-driven information to decide how to best educate students on health and wellness information. See Figure 15 for the Top 10 Academic Impacts for the 2015 National College Health Assessment.
FIGURE 15: TOP 10 NCHA ACADEMIC IMPACTS

**Goals:** 1.) Referencing the Stages of Behavior Change model, encourage students to engage in their health, 2.) Use data, research and national trends to create intentional programming, 3.) Combat stigma by creating health positive spaces where students feel safe asking questions.

**Outcomes:** 1.) Depending where they are in the stages of change model, students leave programs with an increased awareness of knowledge and/or motivators to change, 2.) Every program implemented is rooted in data, 3.) Establish baseline showing the majority of students surveyed felt they could ask questions and/or see the CSW office and staff as a safe space.

1. The Stages of Behavior Change gives the office a unique opportunity to ask students to self-reflect on their own health and experience. The CSW can use personal assessments, messaging, and strategies for students to use when learning about health and wellness.
2. The office prides itself on being thoughtful about best practices, which includes reaching out to other institutions, reading the Journal of American College Health, and researching programs.
3. The office staff naturally develops positive rapports with students and staff alike. This year the CSW will establish a baseline showing the majority of students surveyed felt they could ask questions, either in presentations, outreaches, or in the office.

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

**Student Affairs Strategic Plan:** 1, 3, 5, 6, and 8.
CSW KEY ACTIVITY #3: PROVIDE DIRECT WELLNESS SERVICES TO STUDENTS.

Research has shown when people have individualized direct wellness interventions the message is more likely to make a long term impact. Though the staff is small, the CSW has created and maintained partnerships with offices that can help with direct service programming. Coaching Wellness Graduate students, in the College of Health, have interned in the office and provided one-on-one wellness coaching along with wellness workshops for students. With the help of the graduate interns, CSW continued the Wellness Coaching program. Anecdotally, students reacted well to the introduction of this service and we developed a new assessment to give out to future clients.

One in two sexually active young people will contract a Sexually Transmitted Disease by the age of 25 and most will not know they have it. With the University of Utah’s average age range falling directly into this statistic, the CSW staff has identified that offering free HIV/STD testing to our students is a needed direct service. During 2014-2015 CSW staff and student volunteers moved from testing in the Student Health Center to mobile testing clinics held throughout the school year. This year, the CSW tested 255 students for HIV and 239 for chlamydia/gonorrhea, totaling 494 free STD tests. This represents over a 200% increase (*approximately, since some students were tested multiple times) in students tested from the previous year where the CSW only tested 100 students. These mobile testing clinics allow us to talk individually with students about their risk factors and then create an individualized plan to keep them safer when having sex. In addition to the higher numbers, the office had two students test positive for gonorrhea and eight test positive for chlamydia, this means the students were also treated for free.

In 2013, the office started a campaign to engage students in their health around condom distribution. The idea was to sell 20 condoms for $2, when students come in they engage with one of the staff around condom use and safe sex. The office sold 1752 condoms, which totals roughly 87 bags and interacted with approximately 60 students, answering questions and supporting them in their sexual health needs. The office keeps track of the number of condoms sold and the number and offices to whom we distribute condoms. Last year we gave away 1723 condoms to various offices and organizations. The CSW also partners with Bedsider, a national organization with student representatives on the University of Utah campus, to give out free condoms at events. We will continue to keep track of condom distribution.

CSW continued to spend time developing new anti-interpersonal violence and victim advocacy programs and services. The SASA victim advocate, whose main role is to help student survivors navigate campus policies and protocols as well as the criminal justice system, was a welcome resource and service on campus. The advocate worked with 48 survivors in 2014 – 2015. With the new federal mandates, the office is helping the University of Utah meet compliance around victim services, outreach, and prevention around sexual violence.

Goals: 1.) Provide easily accessible, cost effective and quality wellness interventions, 2.) Address personal wants and needs to encourage change and/or seek appropriate resources, 3.) Create awareness and share education around wellness.
Outcomes: 1.) Increase direct interventions by 5%, 2.) Depending on the situation, when appropriate follow-up or ask questions around satisfaction. For example: two week follow up with Well Coaching participants, victim services case management, and intake forms for STD test counseling, 3.) Create basic marking strategies to disseminate programs, services and information.

1. The CSW hopes to continue to increase the number of students who participate in the CSW’s free or low cost services such as STD/HIV testing and Wellness Coaching.
2. Through outreach and programming, the CSW is often seen as a first stop for resource referral for other campus entities. When appropriate the CSW staff can follow up with students who came for questions or services, which will include connecting them to appropriate offices. We have not done this yet, but plan to do in the upcoming year.
3. The campus has a large student population, and the CSW knows it will not be able to reach everyone. However, the goal this year is to make connections with offices, organizations, resources in hopes of reaching as many students as possible. This means using strategy to market events and programming, like communicating with advisors, passive communication like flyers.

Student Affairs Learning Domains: Health and Wellness; Diversity and Inclusion; Campus Community; Leadership; Practical Competence; Critical Thinking
Student Affairs Strategic Plan: 1, 3, 5, 8

CSW Anticipated Challenges. The CSW continues to be challenged by how our small staff size limits our ability to dedicate our time to crafting and providing campus outreach programs. While CSW staff and student interns are creating more opportunities to develop programming like wellness coaching, student involvement, clinics, and leadership opportunities, these efforts are time consuming particularly with a small staff who juggles many roles in the office and on campus. With a small staff the CSW is often over committed to programming and outreach. As we make more connections, we make we run the risk of being unable to meet campus partner needs. In addition, because our team feels so strongly about connecting with people and offices, we continue to feel the need to say “yes” to every opportunity which can mean working 40+ hours in any given work week. A related challenge is staff availability, which results in our taking a passive stance toward outreach by necessity because of our time constraints. We prefer to be more active in the process, but there we always reach a point in the year where we become reactive and do not have the ability to be proactive in our outreach efforts. We strive to speak to a holistic wellness model. This approach to campus outreach would be facilitated by developing a system where staff specialized in certain health topics and/or whose job is to advise and engage student groups, which would in turn require a greater number of health educators and prevention specialists on the CSW staff.

CSW Anticipated Opportunities. Research indicates that direct one-on-one interactions are more effective and increase long term health impacts. CSW efforts in this area provide our office the opportunity to branch out of the one-time outreach programming model to one that has the potential to have lasting effects. Our continued relationship with the College of Health provides the ongoing opportunity to refine the wellness coaching program. The Sexual Assault Services Advocate is now full-
time and the CSW received funding from University of Utah Administration to hire an additional victim advocate. The hope is the two full-time staff will have time to conduct anti-violence programming in addition to seeing individual students. Another area of growth are the mobile STD/HIV clinics that bring the resource to areas where students congregate, thus increasing the numbers of students being tested. We continue to project an increase in STD/HIV testing on campus. The CSW staff has increased with the addition of a new full-time victim advocate and increasing Jo’D Petersen’s part-time position to full-time. This increase in staff means more outreaches and collaborations with campus and community partners. Increased collaboration means increased understanding of campus partner needs and wants. Though our office sees many students, connecting with different offices means learning more about health issues that impact different student populations and reaching a larger student population. We also look forward to continuing an assessment system for programs and services. Robustly assessing our programs will help our staff demonstrate their impact on the health and wellness of students on campus. While small in number, all CSW staff has the ability to speak knowledgably about a myriad of health topics and address issues that come up in outreach presentations. Additionally, this year we are meeting with University Marketing and Communications to better market and promote our office and programming.

**CSW Grants/Contracts.** The CSW was awarded $2000 Parent Fund grants for our annual “Sleep Letter.” All new students receive information about sleep hygiene and are invited to come to the CSW to pick up a sleep kit.

**CSW Gifts/Revenue.** The CSW received monies from University of Utah Central Administration to raise the part-time SASA full-time status and additional funding to hire a second SASA.
LEARNING SUCCESS CENTER MISSION AND SERVICES

The Learning Success Center is an academic support program designed to give students the assistance they need in order to have a successful academic experience. The program is made up of three components: ASUU Tutoring Services and Supplemental Instruction, coordinated by Leslie Giles-Smith; and Strategies for College Success (ED PS 2600), coordinated by Ali Pappas during the 2014-2015 program year, with Salvia Artman as the incoming coordinator. The Learning Success Center works collaboratively with many other Student Affairs offices and other campus programs to provide study skills, learning assistance, tutoring and mentoring for adult learners.

The LSC staff has spent the past year studying how the program is perceived and what can be done to better reflect the type of services provided by the Center. This study culminated in several changes that were implemented at the beginning of Spring Semester 2015. First the name was changed from the former Learning Enhancement Program to the current Learning Success Center. In addition, the program moved to larger office space in SSB #328. This larger space allowed for a more welcoming environment, more consistent with the goals of the LSC. With these changes came a renewed effort to standardize the look or “brand” of departmental websites and promotional materials. This work was accomplished with the help of support staff including Brenda Flynn, Learning Success Center executive secretary; Adrienne Call, ASUU Tutoring Services office manager; Scott Shepherd and Stephanie Martin, Learning Success Center research assistants; and Brendan Willis, LSC learning specialist.

This report will describe in detail the key activities of the Learning Success Center along with goals and outcomes for each.

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

The primary goal of ASUU Tutoring Services is to provide high quality, affordable tutoring for the most “in-demand” lower division, general education courses. To that end, the Learning Success Center employs 100 tutors with an annual turnover of approximately 40 tutors. In addition, there are four work study students hired to assist with data entry, making tutor referrals, and other assorted office tasks.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Most “In-Demand” Courses</th>
<th>Course #’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td></td>
<td>1010, 1030, 1050, 1060, 1070, 1090, 1210, 2210, 2250</td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
<td>1110, 1120, 1210, 1220, 2310, 2320, 3510, 3620</td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td>2010, 2020, 2210, 2220</td>
</tr>
<tr>
<td>Biology</td>
<td></td>
<td>1210, 2030, 2325, 2420, 3510, 3620</td>
</tr>
<tr>
<td>Economics</td>
<td></td>
<td>2010, 2020, 4010, 4020</td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td>1010, 2010, or assistance with writing assignments for other courses</td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td>1010, 1020, 2010, 2020</td>
</tr>
<tr>
<td>French</td>
<td></td>
<td>1010, 1020, 2010, 2020</td>
</tr>
<tr>
<td>Accounting</td>
<td></td>
<td>2600, 3600</td>
</tr>
<tr>
<td>ESL</td>
<td>Assistance with writing, speaking, and cultural acclamation</td>
<td></td>
</tr>
<tr>
<td>OIS</td>
<td>2340, 3440</td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>3040</td>
<td></td>
</tr>
<tr>
<td>Computer Science</td>
<td>1410</td>
<td></td>
</tr>
<tr>
<td>History</td>
<td>1700</td>
<td></td>
</tr>
<tr>
<td>Statistics</td>
<td>Econ 3640, Psych 3000, Soc 3112, Business 3440</td>
<td></td>
</tr>
</tbody>
</table>
ASUU Tutoring Services functions as a referral service. Students struggling in their courses are given the name and contact information for multiple tutors with expertise in the needed subject area. By providing more than one name, the student is assured of finding a tutor whose schedule is compatible with their own. It is the responsibility of the student to call and schedule their own appointment. Tutoring sessions are held at any time and location that is convenient for both the tutor and the student. The only requirement is that session locations be limited to public buildings, avoiding private homes and dorm rooms.

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

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

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

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

ASUU Tutoring Services also sponsors two drop-in tutoring facilities. The first is housed in the Heritage Center and is subsidized by Student Affairs. The second is a pilot program requested and subsidized by ASUU to provide free, evening tutoring in the Marriott Library. Both centers provide assistance with math, science, and writing five nights a week. Any University of Utah student may take advantage of these resources. They are free of charge and no appointment is necessary. This service is the result of collaboration with Housing and Residential Education, ASUU and the office of the VP of Student Affairs. Approximately 1355.5 hours of tutoring were provided for 313 students in the past academic year.

ASUU Tutoring Services strives to provide students with the best possible academic support for their situation. Recognizing that there are other tutoring programs on campus that can contribute to this goal, ASUU Tutoring Services continues to work with student groups and other learning assistance programs to inform students of their options. To that end, ASUU Tutoring Services continues to update and publish a master list of alternative tutoring services. This list is posted on the Learning Success Center website and is widely shared with academic departments, Student Affairs offices and other student groups.
The success of ASUU Tutoring Services is due in large part to collaborations with many campus partners. Several academic departments, Student Affairs offices, student groups and other organizations provide funding to assist their students in securing tutoring services. During the past year these partners included Athletics, the Block “U” program, Larry Miller Scholars, the College of Fine Arts, Opportunity Scholars (DESB), Veteran’s Affairs, the Veteran’s Support Center, Women’s Resource Center, Naval ROTC, the Refugee Education Initiative, University College, and the State Office of Vocational Rehabilitation.

**TUTORING GOALS AND OUTCOMES**

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

The following outcomes highlight how this goal has been accomplished.

**Targeted Outcome #1**

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

**Actual Outcome #1**

802 students inquired about tutoring. 526 students or 66% followed through and participated in a tutoring session.

Although the ASUU Tutoring Services staff will continue striving to improve this percentage, it is worth speculating about what happens to the 34% who do not use ASUU Tutoring Services. Not all students are looking for paid, pre-scheduled, one-on-one tutoring. The Tutoring Center staff frequently makes referrals to other Learning Success Center services (Heritage & Marriott Drop-In Tutoring, Supplemental Instruction, Study Skills Seminars, etc.) In addition, information is provided about available tutoring through other departments and organizations (Math Lab, Writing Center, DESB, etc.). Many of these students may actually have received the help they needed as a result of their inquiry, but are not accounted for in ASUU Tutoring Services records.

In the future it would be helpful to try to document which, if any, services the 34% used.

**Targeted Outcome #2**

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

**Actual Outcome #2**

At present ASUU Tutoring Services has no consistent, reliable method for students to report their satisfaction with their tutoring experience. Although students are encouraged to evaluate their tutors, ASUU Tutoring Services is unable to mandate student participation. The response rate is currently less than 3%. This suggests that only those students who are highly satisfied are willing to invest the time and effort to submit an evaluation. The Learning Success Center is planning to address this low response rate.
rate by allowing the students to complete the survey on-line through a link accessible through the ASUU Tutoring Services website, thus minimizing the effort required to provide feedback. This method seems more in keeping with the preferred method of today’s digitally connected students.

ASUU TUTORING SERVICES UTILIZATION DATA

TABLE 12
STUDENT SERVICES LOCATION
(One-on-one, appointment-based tutoring)

<table>
<thead>
<tr>
<th>Students using one-on-one, subject specific tutoring</th>
<th>Tutoring by gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester</td>
<td># of Students</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Fall 2014</td>
<td>188</td>
</tr>
<tr>
<td>Spring 2015</td>
<td>239</td>
</tr>
<tr>
<td>Summer 2015</td>
<td>99</td>
</tr>
<tr>
<td>TOTAL</td>
<td>526</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by subject</th>
<th>Tutoring by year in school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject</td>
<td>#</td>
</tr>
<tr>
<td>Accounting</td>
<td>16</td>
</tr>
<tr>
<td>Biology</td>
<td>28</td>
</tr>
<tr>
<td>Chemistry</td>
<td>47</td>
</tr>
<tr>
<td>Economics</td>
<td>35</td>
</tr>
<tr>
<td>Finance</td>
<td>9</td>
</tr>
<tr>
<td>Math</td>
<td>222</td>
</tr>
<tr>
<td>OIS</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>76</td>
</tr>
<tr>
<td>Physics</td>
<td>52</td>
</tr>
<tr>
<td>Foreign Language</td>
<td>17</td>
</tr>
<tr>
<td>Writing</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>526</td>
</tr>
</tbody>
</table>

All utilization data is self-reported by students. The Learning Success Center has recently purchased software that will vastly improve the data collection process. Since the software is intended to interface with PeopleSoft it will not only make the data collection process more convenient and efficient, but also more accurate and consistent. The intent is to implement the new software by Spring Semester 2016.
### TABLE 13
**HERITAGE CENTER LOCATION**

<table>
<thead>
<tr>
<th>Students using drop-in tutoring</th>
<th>Fall 2014</th>
<th>Spr 2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Students Using</td>
<td>94</td>
<td>29</td>
<td>123</td>
</tr>
<tr>
<td>Students w/ Multiple Visits</td>
<td>40</td>
<td>15</td>
<td>55</td>
</tr>
<tr>
<td>“At-Risk” Students</td>
<td>42</td>
<td>13</td>
<td>55</td>
</tr>
<tr>
<td>Total # of Tutoring Hours</td>
<td>327</td>
<td>253</td>
<td>580</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by gender</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>55</td>
<td>45%</td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>48%</td>
</tr>
<tr>
<td>Undeclared</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by year in school</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>62</td>
<td>51%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>21</td>
<td>17%</td>
</tr>
<tr>
<td>Junior</td>
<td>14</td>
<td>11%</td>
</tr>
<tr>
<td>Senior</td>
<td>12</td>
<td>10%</td>
</tr>
<tr>
<td>Other/Undeclared</td>
<td>14</td>
<td>11%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by subject</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Math</td>
<td>81</td>
<td>66%</td>
</tr>
<tr>
<td>Other/Undeclared</td>
<td>18</td>
<td>15%</td>
</tr>
<tr>
<td>Physics</td>
<td>16</td>
<td>13%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
<td>100%</td>
</tr>
</tbody>
</table>

### TABLE 14
**MARRIOTT LIBRARY LOCATION**

<table>
<thead>
<tr>
<th>Students using drop-in tutoring</th>
<th>Fall 2014</th>
<th>Spr 2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Students Using</td>
<td>117</td>
<td>73</td>
<td>190</td>
</tr>
<tr>
<td>Students w/ Multiple Visits</td>
<td>48</td>
<td>46</td>
<td>94</td>
</tr>
<tr>
<td>“At-Risk” Students</td>
<td>72</td>
<td>48</td>
<td>120</td>
</tr>
<tr>
<td>Total # of Tutoring Hours</td>
<td>336.5</td>
<td>439.0</td>
<td>775.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by gender</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>96</td>
<td>51%</td>
</tr>
<tr>
<td>Male</td>
<td>84</td>
<td>44%</td>
</tr>
<tr>
<td>Undeclared</td>
<td>10</td>
<td>5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>190</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by year in school</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>44</td>
<td>24%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>48</td>
<td>25%</td>
</tr>
<tr>
<td>Junior</td>
<td>47</td>
<td>24%</td>
</tr>
<tr>
<td>Senior</td>
<td>24</td>
<td>13%</td>
</tr>
<tr>
<td>Other/Undeclared</td>
<td>27</td>
<td>14%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>190</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tutoring by subject</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Chemistry</td>
<td>18</td>
<td>10%</td>
</tr>
<tr>
<td>Math</td>
<td>106</td>
<td>56%</td>
</tr>
<tr>
<td>Other/Undeclared</td>
<td>35</td>
<td>18%</td>
</tr>
<tr>
<td>Physics</td>
<td>16</td>
<td>8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>190</td>
<td>100%</td>
</tr>
</tbody>
</table>
LSC KEY ACTIVITY #2: SUPPLEMENTAL INSTRUCTION

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

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

During the 2014-2015 year, the SI program had seventeen undergraduate student instructors and two student supervisors. Throughout the course of the year the SI staff evaluated feedback from faculty and students to determine the demand for extending SI into additional courses. Based on this assessment, SI will be added to two sections of Math 1210 for the following academic year.

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

The SI program has continued to work with undergraduate research assistants to assess the efficacy of the SI program, help evaluate the effectiveness of the SI leaders and assist with upgrades to the Learning Success Center website. This information, relevant to students, academic departments, and potential funding sources, is highlighted in the Goals and Outcomes section. Scott Shepherd was our research assistant Fall Semester with Stephanie Martin taking over for Scott during Spring Semester. Although both RA’s made valuable contributions, the process of hiring and training new staff at mid-year made it difficult to provide the level of assessment that was accomplished in the previous year.

SUPPLEMENTAL INSTRUCTION (SI) GOALS AND OUTCOMES

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

The following outcomes highlight how this goal has been accomplished.
**Targeted Outcome #1**

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

**Actual Outcome #1**

Actual outcomes are not available at this time. As referenced above, the turnover in research assistants created some difficulty in receiving authorization to access student grades necessary for making the comparisons in a timely fashion. The SI staff is still working on resolving this issue. However based on historical performance and anecdotal feedback, it would appear that SI participants continue to outperform their peers who do not participate.

**Targeted Outcome #2**

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

**Actual Outcome #2**

According to Campus Labs surveys, on average, students rated SI effectiveness as 4.64 on a scale of 1-5. In addition to overall effectiveness, SI leaders were also evaluated on specific teaching strategies. This information, found on the accompanying graphs, will be used in determining areas of training that might need additional attention.
FIGURE 16
SUPPLEMENTAL INSTRUCTION ONLINE SELF-REPORTED STUDENT SURVEYS

SI Program

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

Improved Student Skills

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

SI Leader Qualities

1= Asks questions that encouraged thoughtful response
2= Provides positive feedback when students are successful
3= Begins the session with an attention getting activity
4= Uses a variety of creative instructional techniques
5= Gives helpful tips for improving study skills
6= Provides clear, easy to understand explanations
7= Uses appropriate examples to illustrate the point being discussed
8= Encourages student participation
9= Reviews material at the end of session or activity
10= Friendly, personable, and easy to interact with
11= Reliable and punctual
12= Knowledgeable about course content
13= Organized and well prepared
TABLE 15
SUPPLEMENTAL INSTRUCTION UTILIZATION DATA

<table>
<thead>
<tr>
<th>Course</th>
<th>Number of Students</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall 2014</td>
<td>Spring 2015</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Accounting 2600</td>
<td>54</td>
<td>59</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td>Biology 1210</td>
<td>-</td>
<td>73</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Biology 2325</td>
<td>331</td>
<td>281</td>
<td>312</td>
<td></td>
</tr>
<tr>
<td>Chemistry 1110 &amp; 1120</td>
<td>37</td>
<td>13</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Chemistry 1210</td>
<td>126</td>
<td>174</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Chemistry 1220</td>
<td>88</td>
<td>72</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>Chemistry 2310</td>
<td>66</td>
<td>66</td>
<td>132</td>
<td></td>
</tr>
<tr>
<td>Chemistry 2320</td>
<td>111</td>
<td>130</td>
<td>241</td>
<td></td>
</tr>
<tr>
<td>History 1700</td>
<td>14</td>
<td>27</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>History 1700</td>
<td>68</td>
<td>50</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Math 1010</td>
<td>41</td>
<td>23</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Math 1010</td>
<td>34</td>
<td>40</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>Math 1050</td>
<td>47</td>
<td>56</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Math 1050</td>
<td>56</td>
<td>47</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Physics 2010 &amp; 2020</td>
<td>136</td>
<td>38</td>
<td>174</td>
<td></td>
</tr>
<tr>
<td>Physics 2210</td>
<td>102</td>
<td>67</td>
<td>169</td>
<td></td>
</tr>
<tr>
<td>Psych 1010</td>
<td>48</td>
<td>48</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1359</strong></td>
<td><strong>1264</strong></td>
<td><strong>2623</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI Contact Hours</th>
<th>Fall 2014</th>
<th>Spring 2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5560</td>
<td>5779</td>
<td>11,339</td>
</tr>
</tbody>
</table>

More detailed demographic information is unavailable at this time.
LSC KEY ACTIVITY #3: ED PS 2600 – STRATEGIES FOR COLLEGE SUCCESS

The purpose of the three-credit Educational Psychology 2600 class is to assist students in developing and improving academic and life skills that will promote effective transitions into the university environment, greater academic success, and higher retention rates. The course emphasizes topics such as personal awareness, time management, critical thinking, reading and note taking skills, test taking, goal setting, diversity awareness, stress management, and wellness. The course is taught by graduate student instructors from the Educational Psychology Department.

During the 2014-2015 academic year, 12 class sections were held, for a total enrollment of 141 students. Students are made aware of the course, in part, through 5-minute presentations given at Student Orientations and through Academic Advisors. The Center for Teaching and Learning (CTLE) administers online teaching evaluations at the end of both fall and spring semesters as a way for students to anonymously provide feedback on their learning experiences in their courses. Student feedback on the course content and instruction remains positive overall.

Students in Ed Psych 2600 assessed their academic preparedness by completing a survey through Campus Labs. Instructors utilized the baseline survey results at the beginning of each semester to gain a better understanding of their students’ needs and preferences for the class. Results from the post-survey were used to understand student growth through the semester, make curriculum changes and improvements, and direct training for future ED Psych 2600 instructors. Students rated themselves on skills related to setting and following through on goals, identifying and remembering important information in lectures, managing time effectively, feeling comfortable when speaking/participating in class, performing well on tests, managing stress effectively, identifying legitimate/factual sources of information, adapting to different teaching styles, succeeding in college level coursework, and feeling connected to the University of Utah. Pre/Post comparisons of the results of these surveys show an increase in student self-ratings upon exiting the course by at least 5% in both the Fall and Spring semesters. Further, all comparisons on the mean differences of students’ self-ratings of these skills were statistically significant (p<.05) during the fall semester, and 7 out of 10 ratings were statistically significant (p<.05) during the spring semester. Continued curriculum planning is needed to address students’ expressed need for performing well on tests, succeeding in college level coursework, and feeling connected to the University of Utah.

STRATEGIES FOR COLLEGE SUCCESS GOALS AND OUTCOMES

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

The following outcomes highlight how this goal has been accomplished.
**Targeted Outcome #1**

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

**Actual Outcome #1**

- 91.1% of all respondents across course sections and semesters of the course found “course materials helpful” (responses ranged from mildly agree to strongly agree).
- 82.6% of respondents across course sections and semesters reported that they “learned a great deal” (mildly agree-strongly agree) from the course.
- 84.4% found EDPS to be an “overall effective course” (mildly agree- strongly agree).

**Targeted Outcome #2**

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

**Actual Outcome #2**

Surveys show an increase in student self-ratings upon exiting the course by at least 5% in both the Fall and Spring semesters.

**Targeted Outcome #3**

Instructors will maintain a minimum of 4.0 rating by students in evaluations on a scale of 1-6.

**Actual Outcome #3**

ED PS 2600 instructors received an average evaluation score of 5.45/6.0 from students over both fall and spring semesters, and no instructor received a rating below 4.13/6.0 on their evaluations at any time.

### TABLE 16

**STRATEGIES OF COLLEGE SUCCESS UTILIZATION DATA**

<table>
<thead>
<tr>
<th>Section</th>
<th>Fall 2014</th>
<th>Spring 2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 001</td>
<td>9</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Section 002</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Section 003</td>
<td>24</td>
<td>9</td>
<td>33</td>
</tr>
<tr>
<td>Section 004</td>
<td>7</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Section 005</td>
<td>9</td>
<td>---</td>
<td>9</td>
</tr>
<tr>
<td>Section 006</td>
<td>18</td>
<td>---</td>
<td>18</td>
</tr>
<tr>
<td>Section 007</td>
<td>17</td>
<td>---</td>
<td>17</td>
</tr>
<tr>
<td>Section 008</td>
<td>12</td>
<td>---</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102</strong></td>
<td><strong>39</strong></td>
<td><strong>141</strong></td>
</tr>
</tbody>
</table>
LSC KEY ACTIVITY #4: TRAINING

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

ASUU TUTORING SERVICES TRAINING

All tutors, new to ASUU Tutoring Services, are required to participate in a New Tutor Orientation session. Four New Tutor Orientation sessions were held in 2014-2015 with thirty-nine new tutors attending. Topics covered include Tutoring Services organization, goals of tutoring, tutoring do’s and don’ts, preparing for the tutoring session, assessment, tutoring students with disabilities, and structure of a tutoring session. In addition, departmental policies and procedures were discussed. Participant evaluations are summarized in the following table:

**TABLE 17
NEW TUTOR ORIENTATION EVALUATION DATA**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>26</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clarity</td>
<td>34</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Organization</td>
<td>33</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL INSTRUCTION TRAINING

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

The second method of training is accomplished through monthly staff development meetings. Some months SI leaders meet in small groups and have discussions or receive instruction facilitated by the SI peer supervisors. These supervisors are highly skilled students who have been successful SI leaders.
themselves and are knowledgeable about the SI model and good pedagogy. Other months all SI leaders meet together for presentations on education related topics presented by LSC staff or other invited presenters. Staff development topics addressed in 2014-2015 included the following:

FIGURE 17
2014 – 2015 SI STAFF DEVELOPMENT TOPICS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Taking &amp; Test Anxiety</td>
<td>Ali Pappas, LSC</td>
</tr>
<tr>
<td>New Research on Interactive Classrooms</td>
<td>Leslie Giles-Smith, LSC</td>
</tr>
<tr>
<td>Ethical Dilemmas in Supplemental Instruction</td>
<td>Drew Ellingson, LSC</td>
</tr>
<tr>
<td>Understanding the Myers-Briggs Type Indicator</td>
<td>Lauren Weitzman, UCC</td>
</tr>
<tr>
<td>“Win as Much as You Can” Team Building for SI</td>
<td>Leslie Giles-Smith, LSC</td>
</tr>
</tbody>
</table>

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

ED PS 2600 – STRATEGIES FOR COLLEGE SUCCESS TRAINING

The Ed Psych 2600 staff continued to hold regular training/support meetings in which course content, and teaching issues are discussed. Additionally, new instructors participated in a teaching practicum during the fall semester to increase knowledge of pedagogy and teaching philosophies.

TRAINING GOALS AND OUTCOMES

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

The following outcomes highlight how this goal has been accomplished.

Targeted Outcome #1

100% of tutors, SI leaders, and ED PS 2600 instructors will participate in training.
**Actual Outcome #1**

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

- **Thirty-nine** tutors for ASUU Tutoring Services

- **Nineteen** SI leaders and supervisors:
  
  David Muir         Nate Smith         James Campbell
  Abby Shettig      Scott Anjewierden   James Williams
  Marisol Zarate    Julius Ulugia       Andrea Bryant
  James Newton      Samantha Lee        Alyssa Smith
  Sarah Sandoval    Trevor Brunnenmeyer  Spencer Reynolds
  Tom Zimmerman     Drew Ellingson      Brendan Willis
  Shavauna Peterson

- **Five** ED PS 2600 instructors:
  
  Hope Allred
  Salvia Artman
  Aaron Dembe
  Christina Soma
  Amber Whiteley

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

**Targeted Outcome #2**

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

**Actual Outcome #2**

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

- Good use of names! It seems silly but it’s very important.
- Awesome attendance.
- Emphasis on periodic trends.
- Analogies to increase students understanding. Example: 19 kids and counting for electronegativity.
- Opening up the session to questions. Awesome. This is a great thing to do especially before tests.
- Good relationship with students.
- Emphasis that you had trouble with this when you were learning the material and that this isn’t naturally an easy subject.
- I like your Socratic questioning. Leading questions.
- Checking that everyone is good to move on before you move on. Awesome.
- “I will talk to you after class about this thing we went over at the beginning of class” I like the way you handled this situation.
- I like that you stayed after to answer extra questions.
- Overall, I think that the students who attended your session got a lot out of it, and this is the most important thing to me.

Suggestions to improve on:

- Get the kids in the back and on the wings engaged in the session. A lot of students were just kind of sitting there passively. There are a couple things you can do to make this easier.
  - Ask everyone to sit in the middle third of the room
  - Group activities.
  - Ask questions by picking a random name on your sign-in sheet.
- Things relating to questioning techniques:
  - After someone gives a correct answer, ask them to explain why the answer is correct. The answer doesn’t matter if they don’t understand it.
  - Positive answers to questions. An example that happened in your class is
    - So +1 means they have an extra proton?
    - I can see why you think that, but it isn’t quite right. Can anyone explain what it means to have +1 charge?
  - Focus on redirects. Easiest way in the world to get students talking to each other.
  - Generally speaking you should avoid “Do you understand?” This shuts off questions. Asking the positive version of this “What can I make clearer?” or “What questions do you have?” is the same question that encourages discussion.
- The traditional lecture model is teacher talking to student. You want to have the students talking to each other. Currently, the students are talking to you.
  - Using group activities forces students to talk to each other. Especially with this many kids, you’ll be able to keep them a lot more focused in groups.
  - Using redirects forces students to talk to each other.
- Try to make sure there is a logical flow to your board work. Sometimes you jumped around the board a little too much to be clear.
The success of the LSC’s academic support programs is contingent upon the greater campus community developing an awareness of the services provided. Faculty and staff need to be well informed in order to make appropriate referrals to their students. Students need to be well informed in order to choose to participate. Consequently outreach is a significant part of the mission of the Learning Success Center.

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

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

Outreach was especially important this year, since the Learning Success Center made several significant changes. After months of discussion and research, the former Learning Enhancement Program morphed into the new Learning Success Center. The new name more accurately reflected the purpose and mission of the organization. Along with the change in name came a change in space, moving offices next door into Student Services Building Room 328. This larger space lent itself to a more welcoming environment that is consistent with the goals of the Learning Success Center. The bookmark at the right represents the new look or “brand” of the Learning Success Center. All of these changes were addressed in outreach events throughout the year.
OUTREACH GOALS AND OUTCOMES

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

The following outcomes highlight how this goal has been accomplished.

**Targeted Outcome #1**

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

**Actual Outcome #1**

LSC staff presented and tabled at 11 new student Orientations. Staff members also presented or tabled at 27 additional events for multiple organizations and departments on campus, including the Center for New Student and Family Programs, the physician’s assistant graduate program, the pharmacy graduate program, Office for Equity and Diversity, LEAP, Center for Ethnic Student Affairs, TRiO students, and Center for Disability Services. All workshops are held free of charge and are open to interested students.

**Targeted Outcome #2**

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

**Actual Outcome #2**

Ali Pappas, Strategies for College Success Coordinator, held weekly office hours for consultation, meeting with 21 individual students. During these sessions she gave advice on improving study skills and shared resources for students to receive additional assistance.

**LSC Outreach Utilization Data**

The attached table lists all of the outreach that was undertaken by the LSC staff---49 events. Unfortunately no tracking was done of the number of students participating in each activity. However it is safe to assume that thousands of students received valuable information regarding academic success resources.
### TABLE 18
**LSC OUTREACH DATA (2014 – 2015)**

<table>
<thead>
<tr>
<th># of Events</th>
<th>Type of Event</th>
<th>LSC Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Orientation Tabling</td>
<td>LSC Staff</td>
</tr>
<tr>
<td>11</td>
<td>Orientation Presentations</td>
<td>Ali Pappas</td>
</tr>
<tr>
<td>5</td>
<td>Academic Support Services Presentations</td>
<td>Leslie Giles-Smith</td>
</tr>
<tr>
<td>11</td>
<td>Other Tabling Events</td>
<td>LSC Staff</td>
</tr>
<tr>
<td>3</td>
<td>Tutoring Center Open House Events</td>
<td>LSC Staff</td>
</tr>
<tr>
<td>8</td>
<td>Learning Strategies Presentations</td>
<td>Ali Pappas</td>
</tr>
</tbody>
</table>

### LSC STUDENT AFFAIRS ALIGNMENT

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

The Learning Success Center aligns most closely with the following SA Strategic Objectives:

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

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

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

### LSC RELATION OF GOALS AND OUTCOMES TO RETENTION AND GRADUATION

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

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

Tutoring Services Comments:

“Tutor really cares.”

“He explains material really well.”

“Tutor is awesome! So intelligent, smart, kind, helpful! I learned a lot!”

“He is very kind, helpful, patient, and very knowledgeable.”

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

“Tutor was very dependable, kind, and a great help. She was always willing to help with everything. Awesome!”

Supplement Instruction Comments:

“SI leader did a wonderful job and I always enjoyed going to her SI sessions. She helped me immensely, and I was completely lost at the beginning of this class.”

“SI leader is awesome, she made spending more time in a class room enjoyable and easy to justify going to and not blow off. So many lectures I just needed the big picture concept of what was going on, she was able to articulate those big concepts in an understandable way and gave tools for working through the details and problems. I'll easily get an A in this course, without SI my grade would be way worse. She is great!”

“I cannot say enough about how helpful my SI leader was to my general understanding and learning development for math 1010 this semester. She was a very relatable person, went over relevant material for the course and probably I have a higher grade now than if I did not attend the SIs...she's a great math teacher. Five stars, SI!”

“I loved the time that I was able to spend with my SI leader. She is so personable, professional, and caring. I love how she actually cares how I do. It means a lot to feel like I have the leadership of the class on my team.”

“I really enjoyed my SI leader; he is super friendly and does a great job of helping us understand how to use equations, and before each test would give us a quick review of the topics we should probably study.”

“I thought my SI leader did a great job this semester in my math 1050 class. If I wasn’t understanding a concept she would provide great one on one help that I couldn't receive in my math class. I thought SI was super helpful for test preparation too. I recommended SI to my friends this semester because she was so helpful!”
“My SI leader is great, he is very knowledgeable about the subject and very eager to help us. You can tell he wants his students to succeed.”

“My SI leader was very knowledgeable, always prepared, and answered every question. He went out of his was to have SI's before tests, and went over everything that was going to be on those tests. He helped me a ton.”

“My SI leader was a miracle she really helped me threw the struggles of Organic Chemistry. She explained things really well which helped me understand concepts I was having a hard time understanding.”

“My SI leader was wonderful! Very clear, very patient, and always willing to help out and she explained everything very thoroughly. I went at the beginning of the semester for extra review, but personally I didn't really need it. I still thought it was helpful to have for students who were struggling, though.”

“My SI leader was a great instructor! She encouraged student participation, created challenging practice review exams, and explained the concepts very well.”

**LSC PLAN FOR THE FUTURE, CHALLENGES AND OPPORTUNITIES**

As mentioned earlier, this has been a year of changes for the Learning Success Center. Most of these changes are the result of concerns addressed in the “Challenges” section of the 2013-2014 report. There was a great deal of misunderstanding and confusion regarding LSC programs. Although the Learning Success Center is a unified network of services with a clear mission, it was not always recognized as such by the greater campus community. The previous name, LEP was often confused with LEAP, ELP and other campus programs. In addition there was a general lack of understanding as to the purpose of the programs. After consulting with U of U faculty, staff and student groups, along with research into what comparable institutions were doing in regard to academic assistance, the following changes were implemented:

- The name, Learning Success Center, was adopted in place of the former Learning Enhancement Program.
- The LSC moved to a larger space in SSB #328. This space allows for more productive office space, as well as tutoring/meeting space and a more inviting atmosphere.
- Outreach and marketing strategies have relied on a more consistent, unified message and look. All three programs focus on metacognition—helping students to understand their own learning processes and strategies in regard to academic improvement.
- The graphic featured in the Outreach section has been standardized and used on all LSC materials and presentations.
- Free toothbrush campaign has raised awareness of LSC by encouraging all students to study daily, just like brushing their teeth.
- LSC websites have been updated and improved, reflecting changes in name and look.
• There has been a greater attempt to cross-train LSC staff in order to more readily share resources and information about all three of the program components.

• Software has been purchased to improve 1) the methods used when seeking tutoring, and 2) the data collection process. The intent is to implement this new software by Spring Semester 2016. This will provide the data necessary to compare utilization pre and post implementation. The comparison and the conclusions that may be drawn will be explored in next year’s annual report.

• Expanded presence on campus by collaborating to create the ASUU Drop-In Tutoring Center in the Marriott Library.

Despite these improvements, The Learning Success Center still faces several challenges. Most of these challenges are the result of inadequate budgets and confusing organizational practices. Most notably:

• Both ASUU Tutoring Services and the Supplemental Instruction program operate almost exclusively from a 2-account. These accounts receive no State funding and require passing operational costs onto students and academic departments. The State funding that is appropriated covers only the most basic staffing needs, nothing more.

• Implementation of TutorTrac software will require occasional IT assistance. There is currently no budget allotted for IT assistance for the Learning Success Center. An IT assistant could also help with website maintenance.

• The Learning Success Center is often overlooked as an academic assistance provider. The inclusion of the program in Student Affairs, rather than Academic Affairs is not intuitive for many people looking for assistance. This problem manifests itself in the LSC’s lack of inclusion in many academic websites.

• Although the LSC is one comprehensive program, its components are coordinated independently of one another. The ASUU Tutoring Services and SI coordinator has no direct responsibility for ED PS 2600. Similarly, the ED PS 2600 coordinator has no direct responsibility for tutoring and SI. This unique organizational structure has occasionally caused confusion when others assume that there is more cross-over than there actually is.

• Enrollment continues to decrease in the ED PS 2600 course. Under prepared students continue to enter the University and yet LSC’s presence at New Student Orientation has been cut back in the past year.

• Utilization numbers for one-on-one, appointment-based tutoring are declining. Fortunately this is being offset by increases in drop-in tutoring, but it is still cause for concern.

The Learning Success Center takes pride in the improvements that they have made and the quality work that they have accomplished despite these challenges. Still, the LSC and ED PS 2600 strive to continue growing and strengthening the services offered to students at the University of Utah.
TESTING CENTER MISSION AND SERVICES

SERVICES

The Testing Center created and implemented a plan to provide LD/ADHD testing to more closely align with mental health services and strategic plan. This testing begins Fall Semester, 2015. This will also help the Testing Center to adapt to the continued changing academic testing environment at the University of Utah and nationally. The 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. The Testing Center works closely with the Center for Disability Services to provide proctoring and testing space to meet student testing accommodations. In addition, the Testing Center houses a number of individually administered tests for use by UCC counselors.

Staff

Rob Davies, Ph.D. (Fall, 2014) and Clark Slagle, Ph.D. (Spring, 2015) coordinated the Testing Center. David Lund continued in his role as Testing Specialist and Jo Ann Maxwell remained in her role as the Testing Center Office Assistant, with plans to retire in November, 2015. In addition to the permanent, full-time staff, the Testing Center employs ten to twelve part-time proctors and Prometric Test Center Administrators (TCAs) to administer paper-based and computer-based testing.

Hours

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

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

The Testing Center administers two main types of testing for the university. First, the center delivers in-absentia tests for students who are unable to take a test when it is administered in class. Instructors are able to use this service to give make-up exams, optional exams, and other exams outside of normal classroom time. In addition, the Testing Center provides testing for the Center for Disability Services, Distance Education, and Independent Study. This service is open to University of Utah students and faculty but a number of students from other universities and colleges also complete in-absentia testing at the Testing Center. In 2014-2015, the Testing Center administered 2470 in-absentia exams (a reduction of 20% from previous year.) The Testing Center has both quiet and private testing space for CDS accommodated testing.
University Testing Goals: 1) Provide outstanding customer service, 2) highest level of test security, and 3) excellent value to students and faculty.

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

1. No formal satisfaction data was collected from students or faculty using our services however we received only three formal complaints related to our customer service. Plans are in place for a customer service survey in early Spring 2016 to better assess outcomes in this area.

2. While there were incidents where tests were slow to arrive or presumed lost in campus mail, or miscommunication between faculty and the testing center about whether tests were to be mailed or picked up, all tests were eventually accounted for.

3. The testing center increased the price for in-absentia testing services during the summer of 2015 from $5 to $7. This increase was necessary to help cover fixed costs. There is no charge for faculty or departments who use in-absentia testing center services.

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

A second major type of university testing administered is placement and credit-by-exam tests. Placement tests offered by the Testing Center include math placement and the writing placement essay. The math placement and writing placement tests are utilized by students who either want to challenge their placement based on their ACT score or do not have a valid ACT score. Math placement constitutes one of the principle tests administered by the testing center and accounted for 31% (up from 26% last year) of our academic testing. The math placement and writing placement tests are given via computer on one of our 12 stations.

Credit-by-exam tests include CLEP, which provides students 3 credit hours and a waiving of a liberal education requirement when passed successfully and the Foreign Language Assessment Test (FLAT’s). The Testing Center no longer offers the Modern Language Assessment (MLA) MLA as less expensive and more valid assessment options exist for students. In addition to these placement and credit-by-exam tests, the Testing Center administers the Residual ACT and the Institutional Test of English as a Foreign Language (TOEFL) exam. These admissions tests are alternatives for the national based tests and are valid only at the University of Utah.

The Testing Center also offers the computerized Miller Analogies Test (MAT). This test is used by some departments on campus for admission into graduate programs, often as an alternative to the Graduate Records Exam (GRE). This is a national based exam; therefore students from other institutions also use the center for this test.
Placement Testing and Credit-by-Exam Goals: 1) Provide easy and timely access to placement testing for students. 2) Provide excellent customer service. 3) High Quality proctoring and test security services. 4) Timely results 5) Maintain Data base.

Placement Testing and Credit-by-Exam Outcomes: 1) Students will be able to schedule a placement test within 3 business days. 2) High level of satisfaction of those using our services. 3) No tests compromised. 4) Results will be posted within 2 business days.

1. Typically (approximately 98% of the time) students are able to make a same day appointment for placement or Credit by Exam testing. During finals week and the first week of school scheduling is tighter. The Testing Center extended hours significantly for finals week to provide better service in Spring, 2015. Testing flow was smooth and student demand was met easily.
2. Plans are in place for a satisfaction survey of our services (to take place Spring 2016) to better assess our customers’ needs however we received no formal complaints regarding our testing procedures.
3. No tests were lost or compromised.
4. Results of Math placement testing are given to the student immediately upon completion of testing and are posted within 1 business day to the PeopleSoft database. Writing placement exams are forwarded to the English Department for scoring and results are posted by the department. CLEP exam results are given to the student immediately upon completion and are maintained by CollegeBoard. FLATS are scored by computer; however it will likely shift to web-based proctoring soon. Residual ACT and TOEFL exams are scored by the testing center within one day and results are typically posted the same day.

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

The Testing Center provides psychological testing services to the UCC and other qualified off-campus professionals. The testing center will provide LD/ADHD assessments beginning Fall semester, 2015 at a reduced cost for students. Psychological testing will likely become an increasingly greater activity for the testing center.

These tests include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-3 (MCMI-3), the NEO Personality Inventory - Revised (NEO-PI-R), Thomas-Kilmann Conflict Mode Instrument (TKI) and the Weschler Adult Intelligence Scale-IV (WAIS-IV). The major career assessment instruments include the Strong Interest Inventory (SII) and the Myers-Briggs Type Indicator (MBTI). Both of these exams are administered on-line via an internet web-browser. A total of 739 psychological tests were given in 2014-15 which is a 14% increase over last year (after a 21% increase previous fiscal year).
Psychological Testing Goals: 1) Provide a broad selection of personality, intelligence, achievement, and psychological assessment for clinicians in the University Counseling Center and in the community. 2) Provide excellent test administration and scoring.

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

1. The testing center offers a wide selection of psychological assessments and continually updates inventory as new testing is offered. We offer the major intellectual, achievement and personality tests being used in the field and update our inventory yearly.
2. No formal satisfaction data was collected from students or faculty using our services however comments about the ease of our procedures and using our services are common.
3. All tests were scored and available within 3 business days of being completed by clients.

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

Prometric revenue this year increased by 0.2% compared to last fiscal year. Hours will be increased in the upcoming year to maximize revenues. The Testing Center is in year three of a five year contract with Prometric which went into effect on January 1, 2013. The new contract continues a quality bonus program that affords the opportunity to increase compensation. Prometric revenue has also increased every year for the past 7 years with increasing profitability. We also hired on and trained 3 new Prometric employees. Jean Young is our current Lead. Testing required for Utah Insurance Agents made up a significant portion of our testing volume. However, Prometric no longer has a contract with Utah Insurance Agents. This loss of revenue was replaced with increased revenue from other testing.

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

Prometric Center Outcomes: 1) Provide secure services. 2. No failed secret shops. 3. No tests lost, stolen or otherwise compromised. 4. Increase revenue.

1. For fiscal year 2014-2015, the Prometric Center has been adapting to changing industry standards and competition in terms of test security. As Prometric corporate office institutes tighter controls, our Prometric Center continues to adapt and update security protocols.
2. We had no failed secret shops.
3. No tests lost, stolen or otherwise compromised.
4. Prometric revenue this year increased by 0.2% compared to last fiscal year.
NATIONAL PAPER-BASED TESTING

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

TEST SCANNING SERVICES

Test scanning service usage decreased 38.2% from the previous fiscal year, likely as a result of departments providing own scanning, instructors using other means of testing, and increased online courses and testing. As a result of this decrease, the Testing Center and UOnline Center agreed to transfer scanning services to UOnline.

Overall testing center revenue decreased by 0.5% this past fiscal year but has had an overall increase in revenue over the past 7 years (33% increase).
# TABLE 19
## SUMMARY OF TESTS PROVIDED IN 2014 – 2015

<table>
<thead>
<tr>
<th></th>
<th>2013-2014 Qty.</th>
<th>2014-2015 Qty.</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Tests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td>124</td>
<td>107</td>
<td>(13.7%)</td>
</tr>
<tr>
<td>CLEP</td>
<td>60</td>
<td>66</td>
<td>10%</td>
</tr>
<tr>
<td>In Absentia</td>
<td>3,054</td>
<td>2,470</td>
<td>(19.1%)</td>
</tr>
<tr>
<td>Institutional TOEFL</td>
<td>71</td>
<td>38</td>
<td>(46.5%)</td>
</tr>
<tr>
<td>FLATS</td>
<td>22</td>
<td>22</td>
<td>0%</td>
</tr>
<tr>
<td>MAT</td>
<td>157</td>
<td>133</td>
<td>(15.3%)</td>
</tr>
<tr>
<td>Math Placement</td>
<td>1,346</td>
<td>1,369</td>
<td>1.7%</td>
</tr>
<tr>
<td>MLA</td>
<td>83</td>
<td>72</td>
<td>(13.3%)</td>
</tr>
<tr>
<td>SPEAK</td>
<td>19</td>
<td>13</td>
<td>(31.6%)</td>
</tr>
<tr>
<td>Writing Placement</td>
<td>215</td>
<td>188</td>
<td>(12.6%)</td>
</tr>
<tr>
<td>Total Academic</td>
<td>5,151</td>
<td>4,478</td>
<td>(13.1%)</td>
</tr>
<tr>
<td><strong>Psychological Tests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEO</td>
<td>1</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>MBTI</td>
<td>281</td>
<td>368</td>
<td>31%</td>
</tr>
<tr>
<td>MCMI</td>
<td>3</td>
<td>0</td>
<td>n/a</td>
</tr>
<tr>
<td>MMPI-2</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>SII</td>
<td>145</td>
<td>132</td>
<td>(9%)</td>
</tr>
<tr>
<td>SCL-90-R</td>
<td>0</td>
<td>1</td>
<td>n/a</td>
</tr>
<tr>
<td>TKI</td>
<td>213</td>
<td>227</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>7</td>
<td>600%</td>
</tr>
<tr>
<td>Total Psychological</td>
<td>646</td>
<td>739</td>
<td>14%</td>
</tr>
</tbody>
</table>
TC CHALLENGES AND OPPORTUNITIES

In 2014-2015, The Testing Center generated $371,785.91 in revenue and netted $54,997.70

The Testing Center created and implemented a plan to provide LD/ADHD testing to more closely align with mental health services and strategic plan. This testing begins Fall Semester, 2015. This will also help the Testing Center to adapt to the continued changing academic testing environment at the University of Utah and nationally.

Several challenges and opportunities exist for the Testing Center. One of these has always been informing the university community of our services. To date our primary method of advertising our In Absentia testing and other services has been word of mouth and our website. Marketing will be much more of a focus for 2015-2016.

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

Currently Prometric is operating 70 hours/week and is open seven days per week including both Saturdays and Sundays. For 2015-2016, hours will be expanded to closer to 95 hours/week. Staffing the various shifts is a challenge with part time employees and plans for more permanent employees are being explored.

The Testing Center did not receive any grants or contracts in 2014 – 2015, nor any gifts.
PROFESSIONALISM. The UCC is committed to maintaining professionalism and staff excellence through professional service and ongoing professional development. Appendix C lists the local and national workshops and conferences attended by UCC staff in 2014 – 2015. Table 20 (below) outlines staff excellence across the categories of Awards and Recognitions, national, local and University of Utah Committee Memberships, Presentations and Publications and University of Utah Faculty Appointments.

UCC STAFF DEVELOPMENT SERIES. The UCC continued to sponsor an in-house Staff Development series, inviting campus and local speakers to present on a variety of relevant mental health topics. UCC Staff Associates are invited to attend most staff development presentations. As has been the case for several years, several of the presentations incorporated a multicultural focus. The Utah Psychological Association awarded UCC 9.0 hours of continuing education credit for psychologists attending all sessions. Social Work and CMHC staff are able to turn in their hours as verification of CE credit as well. The October kick-off presentation was Jo’D Petersen, CSW Sexual Assault and Support Advocate, presenting on Serving Adult Victims of Sexual Assault & Rape for our yearly joint in-service development with our colleagues from the Student Health Center. In November, the UCC research team provided their annual report entitled (Un) Frozen: Melting the Myths of Counseling Center Work: Severity, Utilization and Other Conundrums. The December presentation was A Legal Perspective on Same-Sex Marriage and Children’s Right to Be Queer, by Clifford Rosky, University of Utah Law Professor. The Spring term of 2014 began with a presentation by C. Kai Medina-Martinez, LCSW, LGBT Resource Center Director entitled Transitioning While at College: Best Practices when Working with Trans* Clients. In February, Kyle Reyes, Ph.D., Utah Valley University, provided a presentation on Where Do I Fit? Unpacking a Student’s Need to Belong, followed by Glade Ellingson, Ph.D. presenting on Professional Ethics, Multicultural Competence, and Social Justice: A Multidisciplinary Approach. The final session in the series was Karen Tao, Ph.D., Assistant Professor of Educational Psychology, who presented on Multicultural Counseling Competence: What We Know and Where we are Headed. Ratings of the 2014 – 2015 Staff Development presentations may be found in Appendix F.

RECRUITMENT AND RETENTION OF HIGHLY QUALIFIED STAFF. While we retained most of our professional staff in the 2014 – 2015 fiscal year, the UCC experienced a greater number of staff transitions than usual during this year. Lois Huebner, Ph.D. transitioned out of the Associate Director for Clinical Services role in August 2015 after beginning a phased retirement in July 2015. Dr. Huebner is currently working as a staff psychologist at .75 FTE. Clark Slagle, Ph.D. was hired in January 2015 to serve as Testing Center Coordinator and staff psychologist to replace Dr. Davies after he was appointed the new Associate Director for Clinical Services. Dr. Slagle took on the role of Coordinator of Practicum Training in addition to his other duties after Jonathan Ravarino, Ph.D. left the UCC in January 2015 to work at the Salt Lake VA Hospital. Christopher Chapman, Ph.D. joined the UCC in February 2015 in an interim staff psychologist position that was created with Dr. Ravarino’s departure. Dr. Chapman left the UCC in June 2015 to join the Weber State University Counseling and Psychological Services Center.
May 2015, Emily Miranda, L.C.S.W. left the UCC to join Open Sky Wilderness Therapy in Durango, Colorado and Torrence Wimbish, Ph.D. accepted a position at the Eva Carlston Academy, a residential treatment home for adolescent women in Salt Lake City. Josh Newbury, L.C.S.W. was hired in June 2015 to replace Ms. Miranda and took on the role of Coordinator of Social Work Training. The UCC had three temporary mental health therapists during 2014 – 2015. Molly Butterworth, M.S. was with the UCC through July 2014 and Claudia Zafran-Rona, M.A. through August 2014. Ms. Zafran-Rona continues to provide occasional crisis coverage for the UCC. James Dinh, C.S.W., was hired for four months beginning in May 2015 following his social work internship while we searched for a new Prevention/Outreach Coordinator to replace Dr. Wimbish. Mr. Dinh took a position at Tarleton State University’s Counseling Center once his temporary position ended.

**STAFF ACCOMPLISHMENTS.** As noted in Table 20, Glade Ellingson was awarded the Daniels Fund Leadership in Ethics Education Award by the University of Utah School of Business. Dr. Ellingson also received his 25 year University of Utah Staff Service Award. Cindy Harling and Emily Miranda were recognized by the University of Utah College of Social Work for their service as Clinical Supervisor (10 and 5 years, respectively). Several UCC staff members contribute to their national professional organizations in a variety of professional service roles and many provided presentations at professional conferences and workshops.
### TABLE 20
**UCC STAFF AWARDS/RECOGNITIONS, COMMITTEE MEMBERSHIPS, PRESENTATIONS/PUBLICATIONS AND FACULTY APPOINTMENTS**

#### UCC AWARDS AND RECOGNITIONS

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Awards and Recognitions</th>
</tr>
</thead>
</table>
| Ellingson, Glade | Daniels Fund Leadership in Ethics Education Award; School of Business, University of Utah  
25 Year Staff Service Award; University of Utah                                           |
| Harling, Cindy  | Recognition for 10 Years as Clinical Supervisor; College of Social Work, University of Utah                                                           |
| Harris, Frances | Student Affairs Diversity Certificate of Training, Student Affairs Diversity Council                                                                |
| Miranda, Emily  | Recognition for 5 Years as Clinical Supervisor; College of Social Work, University of Utah                                                           |
| Moench, Matthew | General Adult Psychiatry Teaching Award, Child and Adolescent Division, Department of Psychiatry, University of Utah                                         |

#### UCC COMMITTEE MEMBERSHIPS

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Committee</th>
</tr>
</thead>
</table>
| Cone-Uemura, Karen | Student Affairs Diversity Council (Member)  
Utah University And College Counseling Centers Annual Conference Planning Committee (Member)  
American Psychological Association State Leadership Conference (Diversity Liaison to the Committee of State Leaders)  
American Group Psychotherapy Association (Racial & Ethnic Minority Special Interest Group Co-facilitator) |
| Davies, Rob     | University of Utah Behavioral Intervention Team (Member)  
Association for the Coordination of Counseling Center Clinical Services Research and Development Subcommittee (Member)  
Center For Collegiate Mental Health, Board of Directors (Member) |
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellingson, Glade</td>
<td>Association of Counseling Center Training Agencies (Board of Directors)</td>
</tr>
<tr>
<td></td>
<td>Association of Counseling Center Training Agencies, Standing Committee on Bylaws (Chair)</td>
</tr>
<tr>
<td></td>
<td>Association of Counseling Center Training Agencies, 2014 Conference Program Chair</td>
</tr>
<tr>
<td></td>
<td>Association of Counseling Center Training Agencies, 2014 Liaison to Association of State &amp; Provincial Psychology Board (ASPPB)</td>
</tr>
<tr>
<td></td>
<td>Association for University and College Counseling Center Outreach, Conference Program Selection Committee (Member)</td>
</tr>
<tr>
<td></td>
<td>Association of Psychology Postdoctoral and Internship Centers (Associate Editor for APPIC's eNewsletter)</td>
</tr>
<tr>
<td>Flynn, Brenda</td>
<td>Student Affairs Non-Exempt Professional Development Committee (Member)</td>
</tr>
<tr>
<td>Giles-Smith, Leslie</td>
<td>College Reading and Learning Association (Coordinator of State, Regions &amp; Chapters)</td>
</tr>
<tr>
<td>Harling, Cindy</td>
<td>Student Athlete Wellness Committee (Member; UCC Liaison)</td>
</tr>
<tr>
<td>Huebner, Lois</td>
<td>University of Utah Behavioral Intervention Team (Member)</td>
</tr>
<tr>
<td></td>
<td>Pet Partners/Therapy Animals of Utah (Certified Animal Partner)</td>
</tr>
<tr>
<td>Keen, Kassy</td>
<td>Student Affairs Diversity Council (Member)</td>
</tr>
<tr>
<td>Liccardo, Marty</td>
<td>Health Promotion and Education SAC (Chair)</td>
</tr>
<tr>
<td></td>
<td>Salt Lake Sexual Nurse Examiners Board (Member)</td>
</tr>
<tr>
<td></td>
<td>Violence Prevention Advisory Council (Member)</td>
</tr>
<tr>
<td></td>
<td>Men’s Anti-Violence Network of Utah Board (Member)</td>
</tr>
<tr>
<td>Moench, Matthew</td>
<td>Utah Psychiatric Association (President)</td>
</tr>
<tr>
<td>Ravarino, Jonathan</td>
<td>University of Utah Sustainability Committee (Member)</td>
</tr>
<tr>
<td>Stiel, Katie</td>
<td>Student Affairs Professional Development Committee (Member)</td>
</tr>
<tr>
<td></td>
<td>University of Utah Behavioral Intervention Team (Member)</td>
</tr>
<tr>
<td></td>
<td>University of Utah Diversity Dialogue Group (Member)</td>
</tr>
<tr>
<td></td>
<td>Violence Prevention Advisory Council (Member)</td>
</tr>
</tbody>
</table>
Weitzman, Lauren  
Student Affairs Assistant Dean of Students/Behavioral Intervention Search Committee (Member)
University of Utah Edie Kochenour Memorial Lecture Fund Advisory Board (Co-chair)
University of Utah Edie Kochenour Memorial Lecture Subcommittee (Member)
Association of University and College Counseling Center Directors Salt Lake City 2015 Conference Planning Committee (Co-chair)
Association of University and College Counseling Center Directors Salt Lake City 2015 New Directors and First Time Attendees Orientation Committee (Co-chair)

Wimbish, Torrence  
Association for University and College Counseling Centers Outreach (AUCCCO) Steering Committee (Member)

Zhang, Sui  
Practicum Advisory Committee, College of Social Work (Member)

**UCC PRESENTATIONS AND PUBLICATIONS**


Fenn, Kris, Steil, Katiem & Keen, Kassy (2014). *Harnessing active citizenship: How to build an award winning alternative breaks program with responsible, inclusive, and innovative student leadership*. Region V Western Regional NASPA meeting, Salt Lake City, UT.


Liccardo, Marty (2014) UCASA and Rape Recovery Training, Salt Lake City, UT


Stiel, Katie (2014). *Best practices for responding to sexual assault panel*. Georgia State Sexual Assault Forum, Atlanta, GA.

Weitzman, L.M. (2014). *The mindfulness clinic at the University of Utah: Presented as part of the What a great idea: Innovations in college counseling panel* at the annual meeting of the Association of University and College Counseling Center Directors, Chicago, IL.

<table>
<thead>
<tr>
<th>Name</th>
<th>UCC Department</th>
<th>Position</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davies, Rob</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Educational Psychology</td>
</tr>
<tr>
<td>Ellingson, Glade</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Professor</td>
<td>Department of Psychiatry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Content Expert</td>
<td>College of Nursing</td>
</tr>
<tr>
<td>Harling, Cindy</td>
<td>UCC</td>
<td>Clinical Instructor</td>
<td>College of Social Work</td>
</tr>
<tr>
<td>Harris, Frances</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Professor</td>
<td>Department of Psychiatry</td>
</tr>
<tr>
<td>Huebner, Lois</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Instructor</td>
<td>Department of Psychiatry</td>
</tr>
<tr>
<td>Miranda, Emily</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Social Work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Professor</td>
<td>Department of Psychiatry</td>
</tr>
<tr>
<td>Moench, Matthew</td>
<td>UCC</td>
<td>Assistant Professor</td>
<td>School of Medicine (Clinic Track)</td>
</tr>
<tr>
<td>Newbury, Josh</td>
<td>UCC</td>
<td>Field Instructor</td>
<td>College of Social Work</td>
</tr>
<tr>
<td>Ravarino, Jonathan</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Professor</td>
<td>Department of Social Work</td>
</tr>
<tr>
<td>Weitzman, Lauren</td>
<td>UCC</td>
<td>Adjunct Professor</td>
<td>Department of Educational Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Assistant Professor</td>
<td>Department of Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjunct Associate Professor</td>
<td>Department of Psychiatry</td>
</tr>
</tbody>
</table>
APPENDIX B
UCC STAFF
JULY 1, 2014 – JUNE 30, 2015

UCC EXEMPT STAFF

UCC Executive Committee

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

Rob Davies, Ph.D.
Assistant Director for Assessment and Technology (through August 15, 2014)
Psychologist
Testing Center Coordinator (through August 15, 2014)
Coordinator, Assessment (through August 15, 2014)
Associate Director for Clinical Services (beginning August 16, 2014)
Adjunct Professor, Educational Psychology
Ph.D. - Brigham Young University, Clinical Psychology
B.A. - Idaho State University, Biology

A. Glade Ellingson, Ph.D.
Associate Director for Training
Psychologist
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 (through August 15, 2014)
Psychologist
Coordinator, UCC Research Team
Adjunct Professor, Educational Psychology
Clinical Instructor, Psychiatry
Ph.D. - Colorado State University, Counseling Psychology
M.S. - Colorado State University, Psychology
B.A. - Wheaton College, Mathematics & Psychology
UCC Attending Staff Psychiatrist

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

UCC Licensed Clinical Social Workers

Cindy Harling, L.C.S.W.
Assistant Clinical Director
Clinical Instructor, Psychiatry
Clinical Instructor, College of Social Work
M.S.W. – University of Utah School of Social Work
B.A. – University of Utah, Spanish

Emily Miranda, L.C.S.W.
Coordinator, Social Work Training (through April 2015)
Co-Coordinator, Community Resources (through April 2015)
Coordinator, UCC Mindfulness Clinic (January – April 2015)
M.S.W. - University of Utah
B.A. - Wheaton College, Psychology, Theology & Education

Josh Newbury, L.C.S.W.
Coordinator, Social Work Training (beginning June 2015)
Coordinator, UCC Mindfulness Clinic (beginning June 2015)
M.S.W. - University of Utah
B.S.W. University of Utah.

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

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

UCC Staff Psychologists

Chris Chapman, Ph.D.
Psychologist (Feb – June 2015)
Coordinator, Prevention and Outreach (May – June 2015)
Ph.D. – Brigham Young University, Clinical Psychology
B.S. – Westminster College, Psychology
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

Frances Harris, Ph.D.
Coordinator, Career Development Programs
Co-Coordinator, Couple Counseling
UCC Liaison, Strategies for College Success Course
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

Jonathan Ravarino, Ph.D., L.C.S.W.
Coordinator, Practicum Training (through January 16, 2015)
Coordinator, Mindfulness Clinic (through January 16, 2015)
Ph.D. - University of Utah, Counseling Psychology
M.S. - University of Utah, Counseling Psychology
M.S.W. - University of Utah, School of Social Work
B.S. - Pacific Lutheran University, Sociology

UCC Clinical Mental Health Counselors and Mental Health Therapists

Torrence Wimbish, Ph.D.
Associate Clinical Mental Health Counselor (through April 2015)
Coordinator, Prevention and Outreach (through April 2015)
Associate Clinical Mental Health Counselor (through April 2015)
Ph.D. - University of Utah, Counseling Psychology
M.S. - University of Utah, Counseling Psychology
M.A. - Oakland University, Counseling Psychology
B.A. - The King’s College, Clinical Psychology

Molly Butterworth, M.S.
Clinical Mental Health Professional (through July 2015)
M.S. – University of Utah, Clinical Psychology
B. A. – Dartmouth College, Psychology

James Dinh, C.S.W.
Mental Health Therapist (May – August 2015)
Coordinator, Prevention and Outreach (June – August 2015)
M.S.W. - University of Utah, School of Social Work
B.A. – University of Utah, Modern Dance
Claudia Zafran-Roma, M.A.
Clinical Mental Health Professional (through August 2015)
Clinical Mental Health Counselor (through August 2015)
Masters in Counseling – University of Phoenix
M.A – Hebrew University, Sociology and Social Anthropology
B.A. – Hebrew University, Education, Sociology and Social Anthropology

UCC TRAINEES

Psychiatric Residents (from the University of Utah)
Shawn Kohler, M.D.         Meghan Edmundson, M.D.
Emily McMillan, M.D.       Allie Shapiro, M.D.
Wei Song, M.D.

Psychology Doctoral Interns
Chris Davids, M.A, University of Missouri-Kansas City
Danielle Fetty, M.A., University of Southern Illinois
Amanda Mitchell, M.Ed., University of Louisville
Kate Rogers, M.A., American University

Social Work Interns (from the University of Utah)
James Dinh, B.F.A.          Carlos Rivera B.S.W.
Justin Zizumbo, B.S.W.

Counseling Psychology Doctoral Practicum Students (from the University of Utah)
Hope Andreason, M.Ed.        Carolina Corrales, M.A.
Aaron Dembe, B.A.            Summer Hickam, M.A.
Brian Pace, M.S.             David Shirley, M.S.

Clinical Psychology Assessment Practicum Students (from the University of Utah)
Alex Crenshaw, B.A.         Jasara Hogan, B.A.
Crosby Modrowski, B.A.      Madison Niermeyer, B.A.

Clinical Psychology Doctoral Practicum Students (from the University of Utah)
Daniel Bride, B.S.          Alex Crenshaw, B.A.
Jasara Hogan, B.A.          Crosby Modrowski, B.A.
Madison Niermeyer, B.A.     Nick Perry, B.A.
Andrea Wolfe-Clark, M.S.

Research Assistants (from the University of Utah)
Alex Kelly, M.S.Ed.         Brian Pace, M.S.

Center for Student Wellness Professional Staff

Katie Stiel, M.Ed.
Manager, Center for Student Wellness
M.Ed. - University of Utah, Educational Leadership & Policy
Graduate Certificate in Conflict Mediation
B.A. – Carroll College, Public Relations & Communications
Kassy Keen, M.P.H.
Prevention Specialist, Center for Student Wellness
M.P.H. – University of Utah, Public Health
B.S. – University of Utah, Sociology

Martin Liccardo, B.S.
Health Educator, Center for Student Wellness
B.S. – University of Utah

Jo’D Petersen, B.S.
Sexual Assault Services Advocate
B.S. – Weber State University

Learning Success Center Professional Staff

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

Ali Pappas, B.S.
Strategies for College Success Coordinator

Testing Center Professional Staff

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

UCC NON - EXEMPT STAFF

Adrienne Call, Office Manager, Tutoring Center
Brenda Flynn, Executive Secretary, Learning Enhancement Programs
JoAnn Kanegae, Administrative Assistant to the Director
David Lund, Testing Specialist
Jo Ann Maxwell, Testing Center Secretary
Douglas Hein, UCC Receptionist, Part-time
Janine Packer, UCC Receptionist
Becky Robinson, Executive Secretary
Pat Tsuyuki, UCC Administrative Secretary
UCC STAFF ASSOCIATES

Roxanne Bartel, M.D.
  Department of Psychiatry
Kristy K. Bartley, Ph.D.
  Women’s Resource Center
Katie Baucom, Ph.D.
  Psychology Department
A. Lee Beckstead, Ph.D.
  Aspen Grove Counseling
Craig Bryan, Psy.D, ABPP
  Psychology Department
Molly Butterworth, Ph.D.
  Psychology Department
Debra S. Daniels, LCSW
  Women’s Resource Center
David S. Derezotes, LCSW, Ph.D.
  College of Social Work
Donna Hawxhurst, Ph.D.
  Women’s Resource Center
Rob Hunsaker, LPC
  College of Education
Zach Imel, Ph.D.
  Educational Psychology Department
Alison LaFollette, Ph.D.
  University Neuropsychiatric Institute
Josh Newbury, LCSW (through May 2015)
  Rape Recovery Center
Scott McAward, Ph.D.
  Center for Disability Services
Sue Morrow, Ph.D.
  Educational Psychology Department
Ted Packard, Ph.D.
  Educational Psychology Department
Mark Pfitzner, M.D.
  Student Health Center
Amy Powell, M.D.
  School of Medicine
Jim Struve, LCSW
  Clinical Social Worker
Karen Tao, Ph.D.
  Educational Psychology Department
Steve Varechok , LCSW
  Clinical Social Worker
Elizabeth Walker, LCSW
  College of Social Work
Claudia Zafran-Rona, CMHC
  Independent Practice
APPENDIX C
LOCAL AND NATIONAL WORKSHOPS AND CONFERENCES ATTENDED BY UCC STAFF
JULY 1, 2014 – JUNE 30, 2015

LOCAL/REGIONAL CONFERENCES, WORKSHOPS & TRAININGS
• Counseling/Counseling Psychology Supervisor Recognition Event: Helping Couples Move from Reactive to Responsive: Interrupting Polarizing Processes with Couples Therapy
• Economic Case for Campus Mental Health Services Webinar
• FACES Compassion and Mindfulness Conference
• Not Alone Symposium, Westminster College
• Region V NASPA
• The Science of Happiness, University of California, Berkeley online MOOC course
• Trauma Informed Response to Sexual Assault: Rebecca Campbell
• Trauma Interviewing and Sexual Assault Myths, University of Utah
• University of Utah Academic Advising Conference
• University Counseling Center Annual Staff Development Series
• University of Utah Edie Kochenour Annual Memorial Lecture: Jeannie Kahwajy
• University of Utah Interdisciplinary Symposium on Empathy, Contemplative Practice and Pedagogy, the Humanities, and the Sciences
• University of Utah College of Social Work Faculty Development Workshops (Fall & Spring)
• University of Utah Student Affairs Professional Development Exempt Staff Retreat
• Utah College Reading and Learning Association Conference
• Utah University and College Counseling Centers Annual Conference

NATIONAL PROFESSIONAL CONFERENCES
• American College Health Association
• American Psychological Association State Leadership Conference
• American Group Psychotherapy Association
• Association for the Coordination of Counseling Center Clinical Services (ACCCCS)
• Association of Counseling Center Training Agencies (ACCTA)
• Association of State and Provincial Psychology Boards (ASPBB)
• Association for Women in Psychology (AWP)
• Association for University and College Counseling Center Directors (AUCCCD)
• Association for University and College Counseling Center Outreach (AUCCCO)
• College Reading and Learning Association
• Georgia State Sexual Assault Forum
•

NATIONAL PROFESSIONAL BOARD MEETINGS
• American Psychological Association of Graduate Students (APAGS) Fall 2013 APA Consolidated Meetings/Conference
• American Psychological Association of Graduate Students (APAGS) Spring 21014 APA Consolidated Meetings/Conference
• Association of Counseling Center Training Agencies (ACCTA)
• Center for Collegiate Mental Health (CCMH)
November 19, 2014

To Deans and Department Chairs,

As you may recall from President Pershing’s email sent in October, many of our students are experiencing significant distress as they navigate their college experience. I want to inform you about the University Counseling Center’s Faculty Liaison Program, an important resource for you and your faculty. We can assist you in referring students to appropriate Counseling Center services, provide consultation regarding distressed or disruptive students, and coordinate presentations to students and faculty on mental health topics.

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

- **“For Faculty & Staff” Webpage**: Here you will find several resources to assist you in identifying and working with student distress [http://counselingcenter.utah.edu/faculty/index.php](http://counselingcenter.utah.edu/faculty/index.php). You can also identify the Counseling Center staff member who is your department faculty liaison. [http://counselingcenter.utah.edu/faculty/department.php](http://counselingcenter.utah.edu/faculty/department.php)

- **“Gatekeeper Training”**: A 90-minute workshop to assist faculty in identifying signs of distress in students and in referring to appropriate campus resources. This program was developed as part of our Campus Suicide Prevention Grant efforts and can be requested at [http://counselingcenter.utah.edu/forms/request-presentation.php](http://counselingcenter.utah.edu/forms/request-presentation.php)

- **University Counseling Center Homepage**: [http://counselingcenter.utah.edu/index.php](http://counselingcenter.utah.edu/index.php)


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

We would greatly appreciate your forwarding this email directly to all faculty and graduate teaching assistants in your department as well as the graduate students who have teaching responsibilities so that they will be aware of the resources available from the Counseling Center.
One final note: The assignment of a Counseling Center staff member as the liaison to your department is meant to facilitate your access to our services, but is not meant to limit who you can contact. Please feel free to contact any member of our staff as you see fit.

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

Sincerely,

Lauren Weitzman, Ph.D.
lweitzman@sa.utah.edu
Director, University Counseling Center
801.581.6826
Summary:
The University Counseling Center (UCC) sponsors social media sites to further its mission to meet the cultural, educational, and informational needs of the campus community. Fans, followers, members, likers, and friends of our social media pages are encouraged to share, post, like, rate, upload videos and images, and converse with other fans and with content posted on this page. At times, the UCC’s sponsored sites are also a place for the public to share opinions about the center, mental health, and related subjects/issues. Comments are welcome and will be reviewed prior to publishing. The UCC reserves the right not to publish any posting, or to later remove it without notice or explanation.

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

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

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

The UCC does not collect, maintain or otherwise use the personal information stored on any third party site in any way other than to communicate with users on that site. Users may remove themselves at any time from the UCC’s “friends” or “fan” lists. Users should be aware that third party websites have their own privacy policies and should proceed accordingly.
Comments, posts, and messages are welcome on the UCC social media sites. Users are strongly encouraged to check facts, cite sources, and show respect in expressing their opinions. While the UCC recognizes and respects difference in opinion, all such interactions will be monitored and reviewed for content and relevancy. Having stated that, the UCC is not obligated to take any actions, and will not be responsible or liable for content posted by any subscriber in any forum, message board, or other area within these services.

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

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

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

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

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

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

Adapted from University of Utah Spencer S. Eccles Health Sciences Library Social Media Policy; and the University of Utah Health Care Social Media User Terms and Conditions.
# APPENDIX F
## RATINGS OF STAFF DEVELOPMENT PRESENTATIONS
### JULY 1, 2014 – JUNE 30, 2015

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Information</th>
<th>Presenter’s Style</th>
<th>Overall Rating</th>
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<tr>
<td>October 1, 2014 “Serving Adult Victims of Sexual Assault &amp; Rape”</td>
<td>4.80</td>
<td>4.30</td>
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<td>Jo’D Petersen, B.S., Center for Student Wellness, University of Utah</td>
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<td>November 5, 2014 “(Un) Frozen: Melting the Myths of Counseling Center Work:</td>
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<td>Severity, Utilization and Other Conundrums”</td>
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<td>Lois Huebner, Ph.D., Alex Kelley, M.Ed., Rob Davies, Ph.D., Amy Melling,</td>
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<td>Ph.D., Zac Imel, Ph.D., University of Utah</td>
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<td>December 3, 2014 “A Legal Perspective on Same-Sex Marriage and Children’s</td>
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<td>Right to Be Queer”</td>
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<td>Clifford J. Rosky, J.D., S. J. Quinney College of Law, University of Utah</td>
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<td>January 14, 2015 “Transitioning While at College: Best Practices when</td>
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<td>Working with Trans* Clients”</td>
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<td>C. Kai Medina-Martinez, LCSW, LGBT Resource Center, University of Utah</td>
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<td>February 4, 2015 “Where Do I Fit? Unpacking a Student’s Need to Belong”</td>
<td>4.64</td>
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<td>Kyle Reyes, Ph.D., Office of the President and School of Education, Utah</td>
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<td>Valley University, Orem, UT</td>
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<td>March 4, 2015 “Professional Ethics, Multicultural Competence, and Social</td>
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<td>Justice”</td>
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<td>A. Glade Ellingson, Ph.D., University Counseling Center, University of</td>
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<td>April 1, 2015 “Multicultural Counseling Competence: What we know and where</td>
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<td>we are headed”</td>
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<td>Karen Tao, Ph.D., Department of Educational Psychology, University of</td>
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