University Counseling Center
THE UNIVERSITY OF UTAH

ANNUAL REPORT

JULY 1, 2020 – JUNE 30, 2021

TABLE OF CONTENTS

2020 – 2021 UCC ANNUAL REPORT HIGHLIGHTS

➢ This was the first year in the UCC's history that we operated completely virtually, due to the COVID-19 pandemic. The impact of the pandemic is reflected in this annual report.

➢ 2,115 unique clients visited the UCC (2.23% increase from 2019 – 2020).

➢ 13,937 total clinical sessions were provided (20.98% increase from 2019 – 2020).

➢ 1,769 initial intake sessions were conducted (30.75% increase from 2019 – 2020). The highest demand for intakes in September, October, February & March.

➢ Anxiety, Depression, and Stress remain the "Top 3"reasons clients report for seeking counseling.

➢ 7081 individual counseling sessions were provided for 1276 clients (24.29% increase in number of sessions and a 20.26% increase in clients served as compared to 2019 – 2020).

➢ 235 clients attended a counseling group for a total of 313 group sessions (11.32% decrease in the number of clients served for an equivalent number of group sessions for 2019 – 2020).

➢ 108 psychiatric medication evaluations and 504 follow-up medication management sessions were provided by our psychiatric APRNs (14.89% increase in medication evaluations and .78% decrease in medication follow up sessions from 2019 – 2020).

➢ 149 crisis intervention appointments were provided by our Mental Health Intervention Specialist and other staff (64.69% decrease from 2019 – 2020).

➢ 362 face-to-face case management appointments were conducted (40.31% increase from 2019 – 2020).

➢ 50.24% of clients reliably improved according to the overall CCAPS Distress Index, which is higher than last year's 42.90% improvement rate.

➢ 234 workshops, presentations, and virtual tabling events were provided to 98 campus departments over 17 different topic areas (44.12% increase in the number of departments served; 9.65% decrease from 2019 – 2020).

➢ 25 undergraduate and graduate student trainees worked side by side with licensed clinical staff providing intake assessments, crisis intervention sessions, individual, group, and couples counseling, psychological assessments, and Mindfulness Center workshops.

OVERVIEW

ACCOMPLISHMENTS. Primary accomplishments for 2020– 20201 include *1) Our ability to effectively provide all counseling center functions virtually*. Teletherapy increased the accessibility of UCC services, decreased no-show rates, and demonstrated higher levels of client improvement as measured by the CCAPS Distress Index. *2) Clinical staff position increases.* With support from the Student Mental Health Fee that funded three new permanent clinical positions*,* we now fall into the International Accreditation of Counseling Services (IACS) recommended ratio of 1 counselor for every 1000 – 1500 students (1:1424) when all positions are filled. *3) Increased counseling services accessibility and utilization.* Building on our successful transition to virtual service delivery and new positions, additional factors likely contributed to the greater clinical utilization outlined in this annual report. In October 2020, we began to provide free counseling services (with the exception of medication services), after reducing our eligibility requirements in March 2020 so that now all matriculated undergraduate and graduate students enrolled in at least one course may access UCC services. We have increased our number of embedded therapists to six, who serve the Equity, Diversity, & Inclusion offices, the St. George satellite campus, and the Colleges of Law, Health Sciences, and Engineering, resulting in a significant increase in clinical utilization in these embedded sites compared to the previous year*.*

ONE UNIVERSITY*.* The UCC has always prioritized campus partnerships and has closely collaborated with departments across the university. UCC staff participate in several key campus committees including the Behavioral Intervention Team, the Basic Needs Collective, McCluskey Center for Violence Prevention Respondent Services Working Group, Mental Health First Responders Advisory Committee, Public Safety Advisory Committee, and the Racist & Bias Incident Response Team. We provided 357 hours of consultation and outreach to departments on the main and health sciences campuses. We remain active partners in several capacities with the Center for Disability & Access and Housing & Residential Education. Our training efforts include close collaboration with academic training partners in the College of Social Work and Educational Psychology and Psychology departments. Our new embedded therapist positions have solidified our collaborations with our new academic partners and have increased access for students in the colleges served by our embedded staff.

EQUITY, DIVERSITY, AND INCLUSION. As evidenced in our mission statement, we are deeply committed to providing support to all U students, with a special emphasis on reaching out to underrepresented and marginalized student populations. We collaborate closely with those offices serving diverse students on our campus (e.g., CESA and International Students & Scholar Services). Our intern diversity initiatives exemplify how we prioritize connecting with diverse student groups. We actively provide social justice-oriented outreach programs and support for students affected by national and global events. UCC staff regularly participate in professional development trainings to increase their skill and awareness in providing multiculturally sensitive and informed therapy. As outlined in our UCC anti-racism plan, we continued our internal work groups for BIPOC and white staff, and worked with the Office of Inclusive Excellence to assess our department using the Intercultural Development Inventory.

COVID-19 IMPACTS: As reported last year, after the onset of COVID-19 in March 2020, we quickly transitioned all UCC clinical services for students residing in Utah to HIPAA virtual platforms, allowing us to

offer clinical services to ongoing clients at the beginning of the pandemic with minimal interruption. We successfully transitioned intakes and therapy/support group sessions to HIPAA Zoom during the Summer 2020 semester. New clients now complete intake paperwork online prior to their intake appointments. Crisis and triage services are provided by telephone and HIPAA Zoom. Mindfulness Center offerings and outreach presentations are also conducted virtually, and we continue to provide the successful *Coping With Chaos* workshop that offers support for U students, staff, and faculty impacted by the COVID pandemic. Our staff worked valiantly this past year to provide excellent and effective care to our clients and support to our campus partners while navigating the personal and sustained impact of the COVID pandemic.

INTRODUCTION

UCC OVERVIEW AND ORGANIZATION

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

UCC LEADERSHIP. Lauren Weitzman, PhD, served as the UCC Director and completed her seventeenth year in this role. Dr. Weitzman continued to report to Stacy Ackerlind, PhD, Interim Assistant Vice President for Health & Wellness. The Executive Committee was comprised of Dr. Weitzman and the Associate Directors for Clinical Services and Training, Josh Newbury, LCSW (Interim Clinical Director) and Steven Lucero, PhD, respectively. The Executive Committee meets on a bi-weekly basis. The UCC leadership team, renamed the "L" Team, continued to oversee our COVID operations and make strategic decisions for UCC functioning as the pandemic unfolded. UCC L Team membership consisted of the Director (Dr. Weitzman), two Associate Directors (Josh Newbury and Steven Lucero), two Assistant Directors (Danielle Fetty-Lovell, PhD/Clinical and Susan Chamberlain, PhD/Training) our lead Mental Health Intervention Specialist (Roberto Martinez, LCSW), Coordinator of Testing and Assessment and UCC Technology Solutions (Jake Van Epps, PhD), and the Clinical Office Manager (Catherine Riney, MA).

UCC NEW POSITIONS. The UCC was fortunate to receive additional funding from the Student Mental Health Fee for two new embedded therapist positions: Equity, Diversity & Inclusion (1.0 FTE) and Satellite Campus Telehealth Specialist (.75 FTE), as well as permanent funding for the College of Law embedded therapist (1.0 FTE). We successfully hired for the College of Law position in August 2021, at which time Dr. Luana Nan resumed her full-time responsibilities within the UCC.

UCC STAFF AND ORGANIZATIONAL CHANGES. With Cindy Harling's phased retirement beginning July 1,

2020, Josh Newbury, LCSW, was appointed Interim Associate Director for Clinical Services and Danielle Fetty, PhD, was selected as Interim Assistant Clinical Director. We hired Sonia Johnson, CMHC as the second member of the Equity, Diversity & Inclusion embedded therapist team in October, 2020. Ms. Johnson subsequently left this position in June 2021 to pursue an opportunity with the University of Utah Athletics Psychological Health & Wellness unit. Alex White, CMCH, was hired as our new Satellite Campus Telehealth Specialist in December, 2020, transitioning into this role from his previous contract therapist position. Jake Van Epps, PhD, Coordinator of Testing and Assessment, resigned his position in November 2020 to take on a new role in the University of Utah Resiliency Center. Jean Young was appointed the Interim Testing Center Program Manager and took on the supervision of all Testing Center functions. Steven Lucero, PhD, Associate Director for Training, resigned his position in April 2021 to pursue a new opportunity in a national telehealth therapy company. Susan Chamberlain, PhD, was appointed Interim Associate Director for Training and began in this role on June 1, 2021. Josh Newbury, LCSW, was selected as Interim Assistant Training Director.

Dr. Van Epps' departure created the opportunity to reassess the relationship of the Testing Center to the UCC. After consultation with the Student Affairs Leadership Team, we began the transition in January 2021 for the Testing Center to report to Jerry Basford, AVP for Finance & Operations as of July 1, 2021. The UCC will retain the psychological assessment function, with Prometric and all other Testing Center functions remaining with the Testing Center. Additionally, this administrative change allowed us to utilize Dr. Van Epps salary line for much needed compensation increases that are better in line with national benchmarks, and to set aside funding for additional UCC leadership assistant director positions.

UCC ORGANIZATION, CLINICAL STAFF AND FUNCTIONAL AREAS. The mental health functions of the University Counseling Center are organized by coordinating area, with a permanent clinical staff member holding responsibility for each coordinating area. In 2020 – 2021, the UCC permanent clinical staff was a team of nine licensed psychologists (including the Director), six licensed clinical social workers, two certified social workers, two licensed clinical mental health counselors, one associate clinical mental health counselor, and two psychiatric nurse practitioners. Our clinical training staff consisted of four psychology doctoral interns, four master's level social work interns, two social work practicum students (one who worked only half the year), five counseling psychology doctoral core practicum counselors, and four clinical psychology doctoral assessment and CBT practicum counselors (total of 19 clinical trainees). Six *Change Coalition* undergraduate interns worked in our Mindfulness Center. The Testing Center and Prometric computerized testing function are coordinated by program managers who oversee personnel and daily functioning. The Testing Center annual report is provided separately this year.

The 2021-20201 UCC Organizational Chart may be found in Appendix A. Appendix B provides a listing of University Counseling Center staff. A conceptual diagram of UCC functions is found below. The three direct service functions (Clinical Services, Consultation/Outreach, Teaching/Curriculum) are in the middle of the diagram, surrounded by the Training, Diversity and Research/Evaluation functions.

UCC FUNCTIONAL AREAS

RESEARCH/EVALUATION

DIVERSITY

TRAINING

CLINICAL

OUTREACH/
CONSULTATION

ACADEMIC
SUPPORT
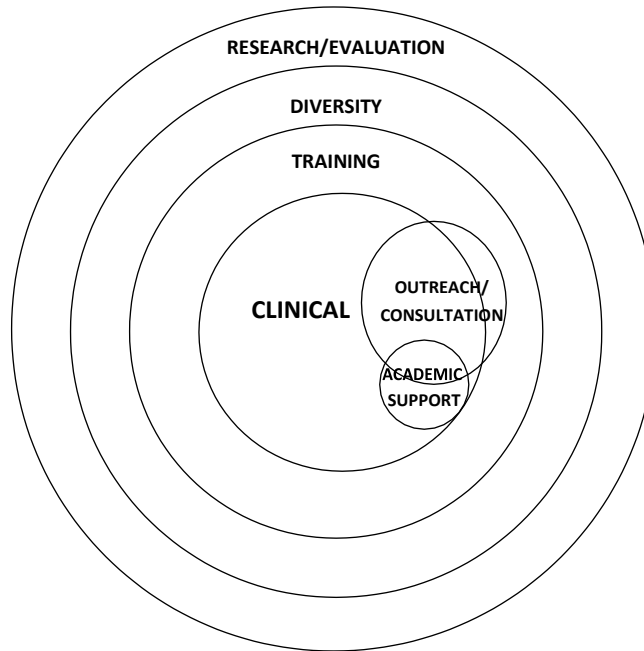
UCC ACCREDITATION. The UCC is accredited by the International Accreditation of Counseling Services (IACS) and the American Psychological Association (APA) as a doctoral psychology internship program site. We received the full 10-year reaccreditation following our APA site visit in March 2020, and continue to monitor our service and training functions in light of these accreditation requirements.

UCC CORE OBJECTIVE #1: PROVIDE DIRECT MENTAL HEALTH SERVICES

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

OVERVIEW OF UCC CLIENT DEMOGRAPHICS & SEVERITY OF CLIENT CONCERNS

UTILIZATION DATA: UCC CLIENT DEMOGRAPHICS. The typical UCC client is a White, straight woman between 19 and 29, self-referred, from the U.S., reporting no religious affiliation, identifying as single and living with roommates off campus. She does not identify as having any disabilities, is doing well academically (B or better GPA), has health insurance and is not taking any psychiatric medications at present but has had mental health counseling in the past. She has waited 4 days to get an intake appointment and has a CCAPS Distress Index at the 51th percentile, indicating she is slightly 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, 60.56% of our clients who filled out new demographic information last year identify as women and about 2.44% identify as transgender or a "self-identified" gender. The majority (71.93%) identify as straight and (28.01%) identify as bisexual, gay, lesbian, questioning or "self-identify" (up from 26.91% last year).

Among clients who identify country of origin as other than the US, the highest numbers report China, India, Korea, Iran, and Mexico as home. Overall, 73 countries are represented. Down slightly from last year, likely due to the disruption of the COVID pandemic where many international students returned to their home countries, about 7.23% of our clients identify as international students.

69.32% percent of our clients identify as White or Caucasian, with 10.46% identifying as Asian or Asian-American, 1.73% as African-American or Black, 10.18% as Hispanic/Latino/a, 0.005% as American Indian/Alaskan Native, 0.003% as Pacific Islander, 5.90% as multi-racial and 1.54% as "other" or "self-identify."

The average age of our clients is 24. In terms of religion, 39.92% of our clients report they have "no affiliation." Of those who do endorse an affiliation, the higher percentage identify as members of The Church of Jesus Christ of Latter-day Saints (19.75%), followed by "self-identify" (13.92%) and Catholic (8.22%). About half of our clients identify as "single" at the time of their intake (48.33%), with 15.02% married and 1.21% in a "civil union or equivalent." 33.49% report they are in a "serious dating

relationship." Most clients live off campus (79.45%) with less than 1% in a fraternity/sorority and 22.04% "on campus." Many (43.28%) live with roommates, while 25.44% live with spouse/partner/significant other. 13.81% live with parents and 15.70% live alone. 6.05% live with children.

Similar to last year, 20.93% of our clients report they are "first generation" college students. 62.06% report undergraduate status at intake (13.48% freshman, 14.24% sophomores, 19.05% juniors and 15.29% seniors). 35.49% report their status to be graduate or professional student. Mean self-reported GPA is 3.49. About 1.30% of UCC clients report current or prior military service. Of those who do, 26.92% report having experienced "military trauma." 6.2% of our clients are registered with the Center for Disability Services at the time of intake.

50.18% consider themselves as "self-referred." Among specific referral sources cited, "friend" was most common (22.84%), followed by "family member" (10.73%), "faculty" (9.08%), website/social media (3.16%), and Student Health (3.40%).

SEVERITY LEVEL OF UCC CLIENTS. About 58.67% of our clients have utilized mental health services previously and 25.77% have taken psychotropic medications. 7.17% have been hospitalized for mental health conditions, with ranges from 1 to "more than 5" hospitalizations.

26.89% of our clients reported that they have engaged in self-harming behavior at least once. 35.48% indicate they have considered suicide. Clinician's intake interviews reveal that 39.8% of clients at intake report current suicidal ideation (an increase from last year's 21.2%), with 9.33% reporting past suicide attempts. 3.88% also reported they have considered harming others, and 1.02% report past harm to another.

26.12% of our clients reported they had been subject to an unwanted sexual experience; 33.74 % of female clients, 12.11% (up from 11.99% last year) of male clients, and 50% of transgender and self-identify gender clients (up from 43.75% from last year) reported being subject to an unwanted sexual experience. Clients reported other types of victimization as well, with 40.09% indicating they had been harassed or abused (up from 42.85last year% last year). 44.87% reported "PTSD" experiences. We do not know what types of experiences clients were categorizing in this way as clients were not asked explicitly during the intake assessment documents.

In terms of family, 17.09% of clients report that a family member attempted suicide (6.15% died by suicide), 11.5% have a family member who was prosecuted for criminal activity, 17.28% have a parent with a drinking problem, and 6.96% report having a parent with a drug problem. 12.49% report physical abuse in the family while 5.27 % report sexual abuse in their family.

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

GOAL 1: CONDUCT EFFECTIVE AND EFFICIENT INTAKE ASSESSMENTS

As the first step in accessing UCC virtual clinical services, potential clients call our main number and are greeted by a receptionist who makes initial queries regarding eligibility and asks a truncated version of Request for Services (RFS) questions to determine a possible mental health crisis. Clients in crisis are referred to the Mental Health Intervention Specialist (MHIS) for assessment, possible crisis intervention, crisis intake or other service. Individuals who do not meet criteria for "mental health crisis" are offered the option of scheduling an advanced intake. The counselors are divided between teams for each day of the week, and we typically offer about 10-16 Advanced Intakes appointments per week per team. Please note that with COVID virtual service delivery, the decision was made to schedule advanced intakes only and no longer offer same day intakes given technological and confidentiality implications. Somewhat surprisingly, this shift decreased intake wait times, likely due to the increase in available advance intake appointments each week, and we plan to continue to offer advance intakes only moving forward.

  a. **Outcome: Intake wait time.** Over the year July 1, 2020 – June 30, 2021, the average wait for intakes was 2.89 days working days (3.97 days if counting weekends). The average wait for an Advanced Intake (not including Crisis Intakes) was 3.96 working days (2.89 with weekends). This represents a 65.4% decrease in intake wait time compared to last year (8.34 working days for all intake types; 11.45 working days for Advanced Intakes). Canceled and no-showed Advanced Intake appointments were down to 5.6%, which is a 72.5% decrease from the previous year (20.4%). This significant reduction in intake wait times likely reflects this year's decision to provide advance intakes only, as well as the increase in the number of intakes available each week with the addition of the Friday clinical team. Figure 1 below represents the wait time (in days) per number of intakes with that wait time.

FIGURE 1: ADVANCED INTAKE WAIT TIME FREQUENCY (2020-2021)

Figure 1: Advanced Intake Wait Time Frequency (2020-2021)
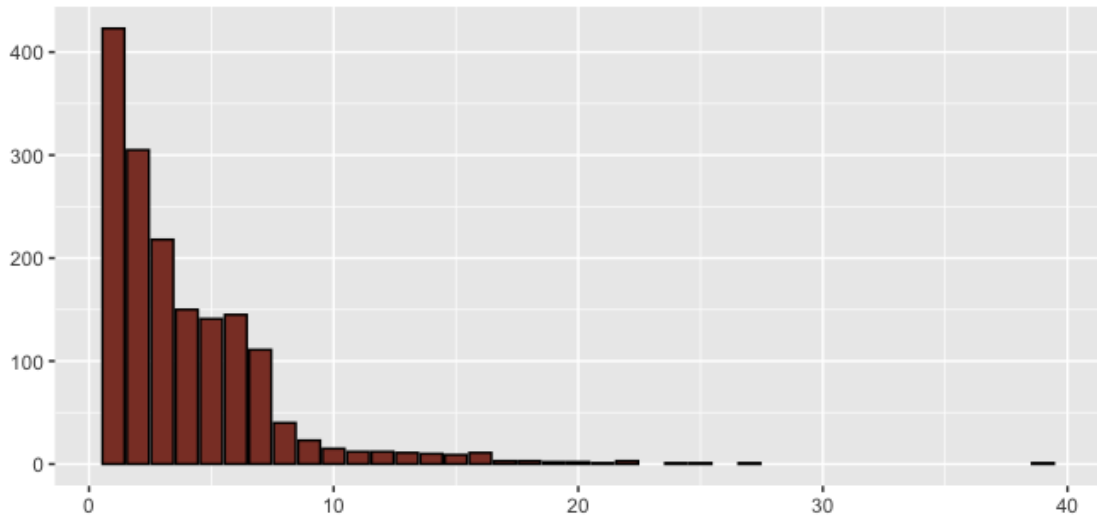
b. **Outcome: Intake utilization.** This past year UCC staff conducted 1507 Advanced Intakes (TMH; 62.23%), 154 Embedded Advanced Intakes (3.76%), 4 Crisis Intakes (2.29%), 5 extended intakes (less than 1%) and 86 Couples Intakes (3.39%) for a total of 1,769 intake sessions. This is an 30.75% increase compared to last year, which likely reflects both the resumption of virtual intakes in Summer 2020 for the entire year and the impact of our embedded therapists providing additional intakes in their embedded sites. We suspended single-session triage appointments once intakes were reinstated in Summer 2020. Crisis intakes occur via the Mental Health Intervention Specialists who triage anyone who endorses any one of the critical items on the Request for Services sheet or who otherwise presents with a mental health crisis. Highest demand for Intakes was in September and October during the fall semester, and January and February in the spring semester. Overall, clients accessed UCC for any service at the highest rates in October and November during the fall semester and January and February during the spring semester. The trend for use of UCC services has shifted in recent years to earlier in the year and remaining high rather than peaking during spring semester. Figure 2 provides a graphical representation of the proportions of intakes conducted in 2020-2021.

FIGURE 2: INTAKE UTILIZATION BY APPOINTMENT TYPE (2020-2021)

Figure 2: Intake Utlization by Appointment Type (2020-2021)

Intake: Advanced (TMH) 85.4%
(Embedded) Intake (TMH) 8.73%
Intake: Couples Counseling 4.54%

- Intake: Advanced (TMH)
- (Embedded) Intake (TMH)
- Intake: Couples Counseling
- Intake, Assessment (TMH)
- Intake: Couples Counseling (IN-PERSON)
- Intake: Crisis (TMH)
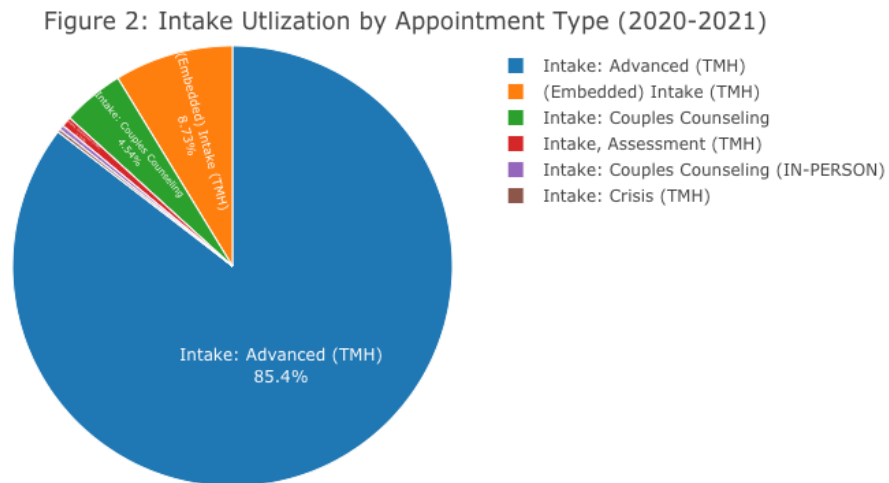
c. **Outcome: Assess level of distress at intake.** Clients complete a measure of distress at each counseling visit, including intake and crisis sessions. At intake, clients complete the CCAPS 62, while at follow up therapy sessions clients complete the shorter CCAPS 34 (Center for Collegiate Mental Health, 2015). Overall distress is measured via a "Distress Index." At intake, UCC clients had a Distress Index raw score of 1.82, which falls at the 51st percentile of individuals seeking services at university or college counseling centers nationwide. This indicates that at intake – on average – University of Utah UCC clients identified themselves as more distressed than 51% of a large national sample of students seeking services at counseling centers. The highest overall distress for our clients was reported on the Academic Distress subscale, followed by Family Distress, Generalized Anxiety, and Social Anxiety (See Figure 3). Interestingly, our clients showed most deviation from other counseling center clients on Academic Distress (55% were above the national average). With the exception of Academic Distress, these comparative numbers were surprisingly lower than last year. Figure 4 summarizes Family History data reported at intake.

FIGURE 3: CCAPS SCALE SCORES AT INTAKE (2020-2021)

Distress Index   **1.82 (51th percentile)**

Academic Distress   2.07 (55rd percentile)

Eating Concerns   1.05 (51th percentile)

Social Anxiety   2.04 (50th percentile)

Depression   1.76 (50th percentile)

Generalized Anxiety   1.83 (50th percentile)

Hostility   0.91 (47th percentile)

Substance Use   0.52 (45th percentile)

FIGURE 4: FAMILY HISTORY OF UCC CLIENTS (2019 – 2020)

Item	Percent
Family member diagnosed with mental disorder	40.89%
Frequent hostile arguing	38.47%
Parents divorced before 18	26.33%
Parents unemployed for extended period	21.51%
Family frequently moved	20.47%
Family member with eating problem	18.44%
Parent with drinking problem	17.28%
Family member hospitalized for emotional issue	17.23%
Family member attempted suicide	17.09%
Family member with debilitating illness, injury, handicap	16.68%
Rape/sexual assault of self or family member	15.54%
Physical abuse in family	12.49%
Family member prosecuted for criminal activity	11.51%
Parent with drug problem	6.96%
Family member died by suicide	6.15%
Sexual abuse in family	5.27%
Death of parent before 18	4.26%
Parent with gambling problem	2.27%

In Summary,

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

6 have had previous counseling or psychotherapy

5 report "PTSD" experiences

4 have considered suicide

4 have been harassed or abused

4 have a family member with a mental disorder

4 were exposed to frequent and hostile arguing at home

3 have a parent with a drinking problem

3 are taking psychotropic medications

3 are engaging in self-harming behaviors

3 have had an unwanted sexual experience

3 have engaged in binge drinking in the past 2 weeks

3 had parents who divorced during their childhood

2 had a family member hospitalized for mental health reasons

2 had a family member attempt suicide

2 are using marijuana

1 has been psychiatrically hospitalized

At least 1 has made a suicide attempt

1 were aware of physical abuse going on in the family

1 was aware of rape or sexual assault in the family

1 had a family member complete suicide

1 had a family member who was prosecuted for criminal activity

d. **Outcome: Identify reasons students use UCC services.** As part of the intake process, clients are asked to review a list of typical (and not so typical) concerns they might be experiencing and to indicate which are applicable to them. See Figure 5 for the most frequent concerns reported by our clients at intake. Table 1 provides comparative data over the past five years (2020—2021). The impact of the COVID pandemic is illustrated in higher percentages of loneliness compared to the previous year.

FIGURE 5: TOP CLIENT CONCERNS REPORTED AT INTAKE

Anxiety (68.67%)

Depression (56.07%)

Stress (53.72%)

Academic (47.77%)

Self-esteem (31.90 %)

Loneliness (31.67%)

Social anxiety (26.00%)

Relationship with partner (25.14%)

Family I grew up in (22.68%)

Relationship with friends (15.75%)
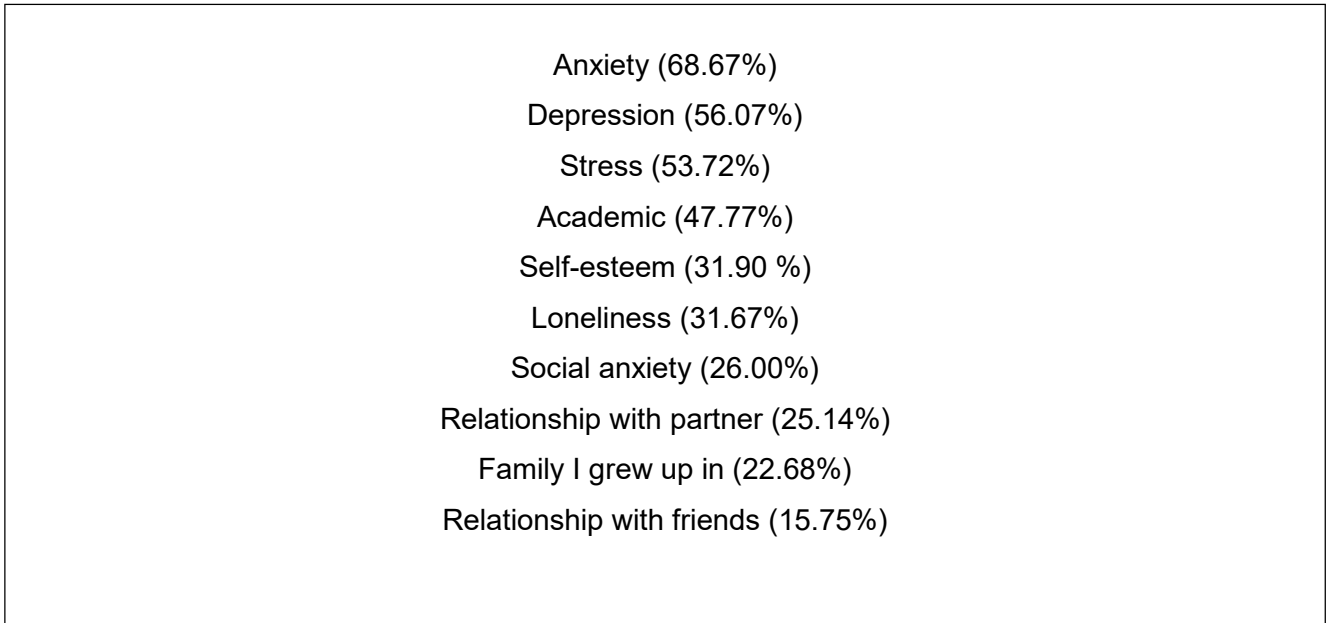
TABLE 1: TOP CLIENT CONCERNS REPORTED AT INTAKE BY PERCENT ENDORSED (2017-2021)

	2017	**2018**	**2019**	**2020**	**2021**
Anxiety	70.8 (1)	68.8 (1)	67.5 (1)	70.3 (1)	68.7 (1)
Depression	63.7 (2)	62.7 (2)	57.9 (2)	61 (2)	56.1 (2)
Stress	60.1 (3)	56.6 (3)	55.8 (3)	55.2 (3)	53.7 (3)
Academic	45.0 (4)	44.2 (4)	46.6 (4)	45.8 (4)	47.8 (4)
Self-esteem	39.7 (5)	37.4 (5)	35.9 (5)	37.4 (5)	31.9 (5)
Loneliness	28.4 (7)	32.3 (6)	30.1 (7)	30.5 (7)	31.7 (6)
Social Anxiety	29.7 (6)	30.3 (7)	31.1 (6)	31.7 (6)	26.0 (7)
Relationship w/ part*ner*	28.2 (8)	25.4 (8)	28.0 (8)	21.3 (9)	25.1 (8)
Family I grew up in	20.7 (9)	22.0 (9)	22.4 (9)	23.2 (8)	22.7 (9)
Relationship w/ friends	17.3 (10)	18.8 (10)	17.7 (10)	17.6 (10)	15.8 (10)

a. **Outcome: Effective Disposition.** Make assignment to appropriate UCC counseling service or community provider. Clinical teams meet at the end of the day (M-F) to make assignments to individual counselors, groups, workshops, assessment, or in some cases, referral to the community. We added a Friday clinical team in Fall 2020 to more evenly distribute the number of intakes across the week. Each client is briefly presented by the staff member who met with the client for intake or crisis and the team reviews the client "paperwork." Following the team meeting, the team leader and the Mental Health Intervention Specialist make the counselor assignment.

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

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. Please note that we reduced client eligibility requirements in March 2020 and removed most client fees in October 2020 given the support we receive from the Student Mental Health Fee.

a. **Outcome: Total Sessions Provided**. **This past year we provided 13,937 sessions of direct service (up 20.98% from 2019-20) to 2,115 clients (up 2.23% from 2019-20).** These increases are likely attributable to the suspension of most client fees, reduced client eligibility requirements, an increase in permanent staff FTE, and our virtual therapy platforms which increased accessibility for many students.

b. **Outcome: Individual Sessions Provided**. The most frequently used service is ***individual counseling***, which is available to matriculated undergraduate and graduate students enrolled in at least one course. Individual counseling is meant to be relatively short term, with a general expectation of up to 12 sessions per year, although for training purposes and when circumstances allow or require, we may extend that limit. **In 2020 – 2021, UCC staff provided 7,081 sessions of individual therapy 24.29*% increase from last year)* for 1,276 clients (20.26% increase).** In addition, staff met with 250 clients for case management services for a total of **303.23** hours for a total of 362 appointments**. This represents a 40.31% increase in *case management appointments* from the previous year.** Case management services may have been provided to current clients or to former clients. One likely contributing factor to this year's increase is the higher percentage of students residing outside of Utah due to the COVID pandemic. In this instance, case management appointments were utilized to assist students in finding local therapist and other mental health resources.

c. **Outcome: Group Counseling Sessions Provided**. *Group counseling* is an effective and somewhat more efficient modality for addressing mental health concerns. The UCC has a very active group psychotherapy program. This past year we offered 14 therapy groups (general interpersonal and population-specific), 1 skills group, 4 UCC-based support groups, and 3 support groups offered in collaboration with the Center for Ethnic Student Affairs and the Women's Resource Center. **235 clients attended therapy groups (generally not the same clients that are in individual counseling; and independent of support groups), for a total of 313 group sessions. *This represents an 11.32% decrease in students served while group counseling sessions remained equivalent compared to the previous year***. While we successfully resumed therapy groups virtually in Summer 2020, these decreases likely reflect the impact of the COVID pandemic with more students residing outside of Utah and possible implications of student "Zoom fatigue." 169 of these group clients attended pre-group screening/orientation appointments.

UCC support groups were very successful this past year. The table below summarizes support group utilization in 2020 – 2021.

TABLE 2: UCC AND CAMPUS PARTNER SUPPORT GROUPS (2020 – 2021)

SUPPORT GROUP	TOTAL HOURS	TOTAL # STUDENTS SERVED	AVERAGE # STUDENTS/ SESSION
Faith & Doubt	59.5	188	4.7
Loss & Transformation (Grief)	27.0	87	3.2
Women in STEM	35.0	209	6.0
Beyond Binaries	36.0	158	4.4
Women of Color (WRC collaboration)	55.0	264	6.3
Building Resilience Stress Support (CESA collaboration)	73.3	281	5.1
Asian American Student Association Support Group (CESA collaboration)	9.5	193	27.6

d. **Outcome: Embedded Site Intake and Individual Sessions Provided**. As noted in the introduction to this report, we now have six embedded therapists serving the Equity, Diversity, & Inclusion offices, the St. George satellite campus, and the Colleges of Law, Health Sciences, and Engineering. Table 3 below summarizes the increase in intake and individual therapy appointment utilization compared to the academic year. Please note that we only have these comparison data for a subset of our embedded sites at this time.

TABLE 3: CLINICAL UTILIZATION COMPARISON IN EMBEDDED SITES (2021 – 2022)

	Law	Pharmacy	Health	Nursing
F19-S20				
UCC Intakes	8	4	66	30
Emb Intakes	25	N/A	N/A	N/A
TOTAL INTAKE	33	4	66	30
UCC Ind	86	38	274	155
Emb Ind	61	N/A	N/A	N/A
TOTAL IND	147	38	274	155
F20-S21				
UCC Intakes	13	3	114	41
Emb Intakes	27	8	6	21
TOTAL INTAKE	40	11	120	62
UCC Ind	63	21	508	153
Emb Ind	180	34	51	94
TOTAL IND	243	55	559	247
% Intake Increase	**21.2%**	**175.0%**	**81.8%**	**106.7%**
% Ind Increase	**65.3%**	**44.7%**	**104%**	**59.4%**

e. **Outcome: Couple/Relationship Counseling Sessions Provided**. We also offer *couple/relationship counseling*, although we do so on a more limited basis. **This past year 43 couple/relationship intake sessions were conducted, and 33 partners attended 150 couple/relationship counseling sessions**, representing an 86.95% increase for couple/relationship intakes, 123.88% increase for couple/relationship sessions, and a 43.48% increase for partners served. These increases are likely due to the increased accessibility of providing telemental health which omitted the need for partners to be together and on-site to receive services.

f. **Outcome: Crisis Intervention services provided**. This past year, **133.25 hours were devoted to 149 crisis appointments and crisis intakes serving 149 unique clients.** This represents a 64.69% decrease in the number of overall all crisis appointments. This significant decrease is likely due to the impact of the COVID pandemic. With our virtual operations this past year, we were not able to provide "walk-in" crisis support and most students were not physically present on the University of Utah campus. **The top client reported reasons for attending crisis appointments were:**

    1. "A U of U faculty or staff member has encouraged me to request a crisis appointment" (30.4%)
    2. "I am here today because someone close to me had died recently" (14.8%)
    3. "I am currently unable to keep myself safe" (11.1%)
    4. "I am here today because I have been physically or sexually assaulted" (11.1%)
    5. "I am here today because I have experienced microaggressions, discrimination, or oppression" (9.6%)
    6. "I am at risk to end my life or seriously harm someone else" (7.4%)
    7. "I am having strange experiences such as hearing voices or seeing things" (4.4%)

g. **Outcome: Case management and in-house clinical consultation**. As part of our model for clinical effectiveness and excellent graduate training, UCC staff spends significant time *documenting case management services*. Staff devoted **303.23 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.), **representing a 33.14% increase from last year.** This increase is connected to the significant increase in face-to-face case management sessions, likely a result of more students residing outside of Utah during the pandemic.

h. **Outcome: Reduction in no-show and late cancellations**. The UCC continued its effort to decrease the number of students not attending their scheduled appointments by sending email and text-based appointment reminders and having no-show fees. **This year, only 4.0% of appointments were reported as no-shows, a 38.46% decrease from the previous year.** One very likely factor

contributing to this steep decrease in no-show rates is the transition to virtual counseling services, omitting the need to travel to the physical UCC office to receive care. Figures 6 and 7 below provide a graphical representation of percentage of no-show, and clients who no- showed appointments at least once.

FIGURE 6: PERCENT APPOINTMENTS NO-SHOW OR CANCELLED LATE (2020-2021)

FIGURE 7: PERCENT CLIENTS NO-SHOW OR CANCELLED LATE (2020-2021)

Figure 6. Percent of Appointments that were No-show or Cancelled Late (2018-2021)

Figure 7. Percent of Clients that No-showed or Cancelled Late (2018-2021)
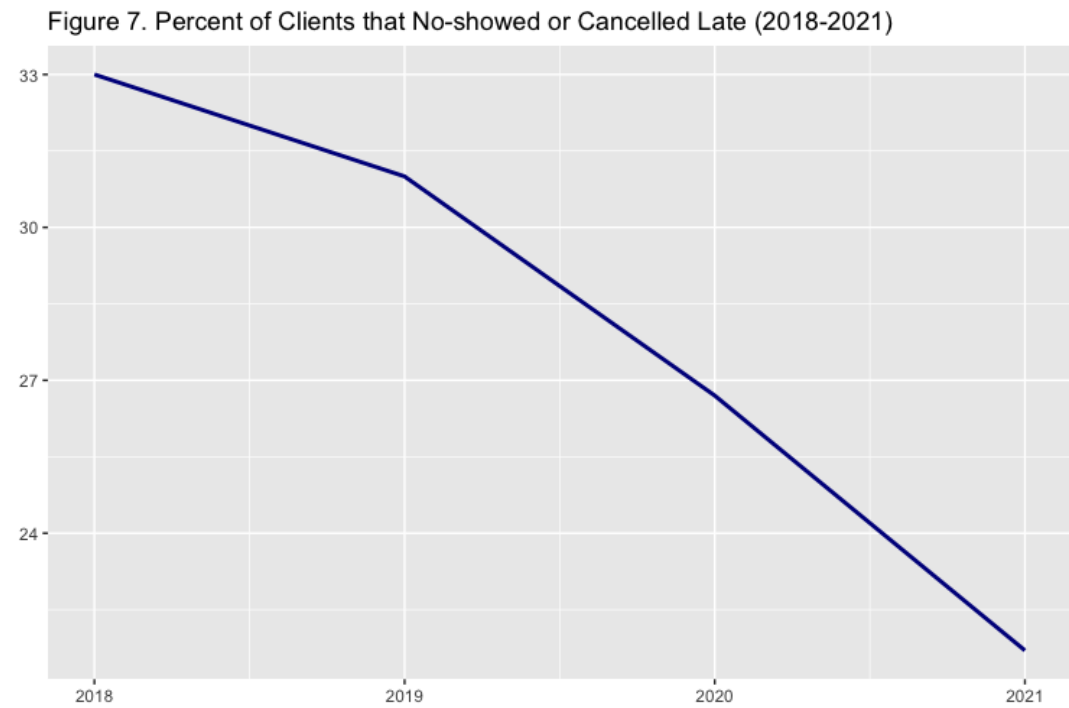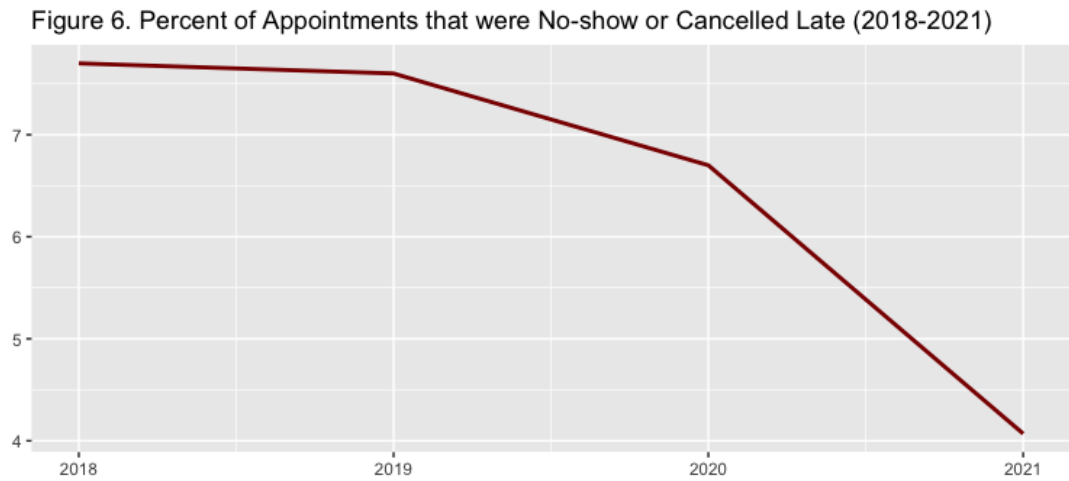
i.   *Outcome: Mindfulness Center structured workshop utilization*. This year, our **Mindfulness Center** offered five 30-minute *Drop-In Meditation* Sessions per week in the fall and spring semesters and one 30-minute drop-in meditations per week during the summer semester. The Mindfulness Center provided 37 offerings of the 4-part (1 hour per module) workshop series, *Feel Better Now* mindfulness workshop (2 series/week in the summer, and 5 series/week in the fall and spring semesters). *Drop-in Meditations* met 156 times and served an average of 1 person per meeting (range 0-8 people). *Feel Better Now* workshops served an average of 3 people per module (range 0-28, per module). The 4-week *Mindful Approach to Work/Life Balance* workshop for U graduate students, staff, and faculty was held 5 times and served an average of 6 individuals (range 2-23 participants, per module). The Mindfulness Center offered a 4-part workshop for managing ADHD symptoms: *Mental Coaching for Success: A Workshop for Neurodiverse Students*. We offered the workshop five times, which served an average of 6 students per module (range 1-15, per module). We again offered the 3-week workshop, *Coping with COVID Chaos*, which was developed with the onset of the pandemic. *Coping with COVID Chaos* was offered 4 times over the year and served an average of 4 participants (range 0-9). A new 2-part *Radical Self-Compassion for BIPOC Students* workshop was developed by permanent clinical staff (1 offering; 2 students per module). Undergraduate Interns developed additional novel programming: a 4-part *Mindful Resilience* workshop (1 offering, average of 9 participants per module, range 4-13); *Queering the Conversation*, a workshop for preventing intimate partner violence (2 participants); and *Compassion + Connection: A Two Night Event* (2 offerings; average of 3 participants per night, range 2-3 participants).

j.   **Outcome: Psychological assessment services provided**. The Counseling Center offers limited *psychological assessment* services to clients who are actively engaged in psychotherapy with one of our staff. Staffing for this service comes through our relationship with the Department of Psychology who houses their second-year adult assessment practicum at the UCC. Doctoral students in this practicum provide extensive personality, cognitive, learning disability, ADHD and other assessments to our clients without cost to the clients. Assessments are also provided by our doctoral level Psychology Interns who, as part of their APA-approved internship at our UCC, are required to complete at least 2 full assessments per semester, although this year, due to COVID-19, interns were only able to complete one each. **Fourteen clients completed assessments for a total of 40 appointments (including feedback sessions)** and took advantage of this excellent and very low-cost service last year.

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

FIGURE 8: MAJOR CLINICAL APPOINTMENTS (2020-2021)

Figure 8: Major Clinical Appointments (2018-2019)
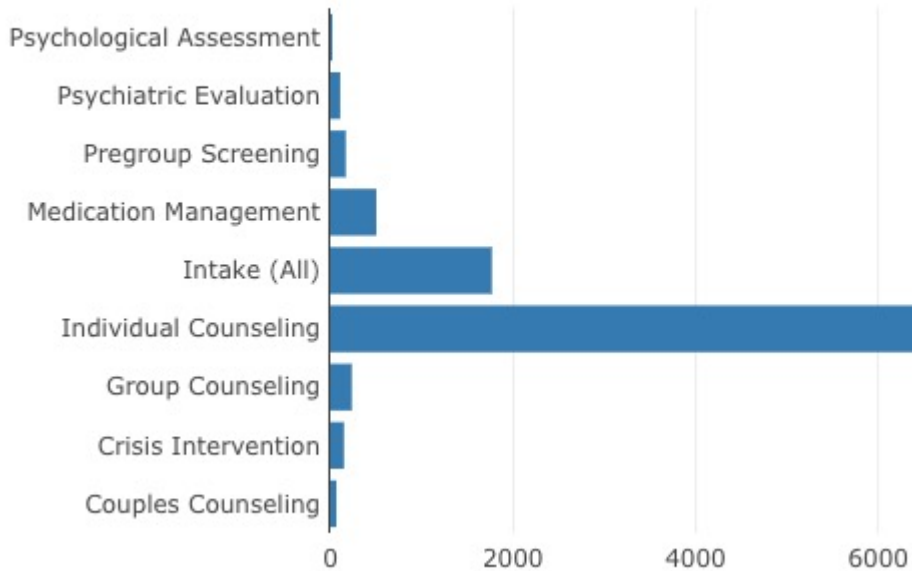
FIGURE 9: MONTHLY NUMBER OF INTAKE/CRISIS APPOINTMENTS (2020-2021)

Figure 9: Monthly Intake/Crisis Appointments (2020-2021
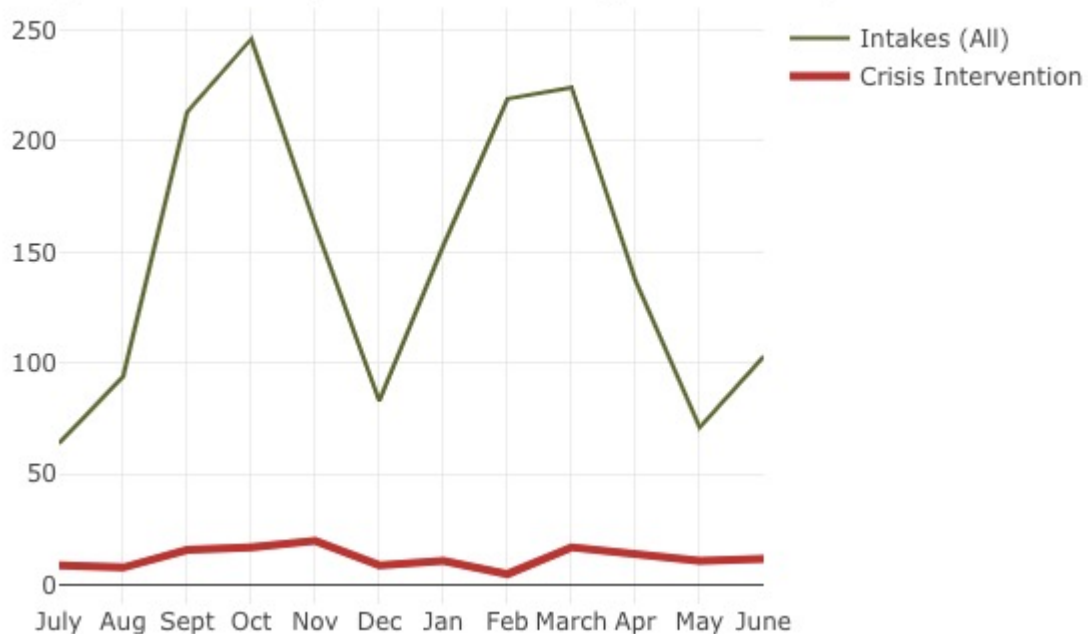
FIGURE 10: INDIVIDUAL COUNSELING SESSIONS BY MONTH (2020-2021)

k. **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 outcomes below.

- *50.24 % of clients reliably improved according to the overall Distress Index* and 0.002% reliably worsened ($n = 534$)
- *67.53% of clients reliably improved* on the *Substance Abuse* subscale and 2.59% reliably worsened ($n = 154$)
- *60.57% of clients reliably improved* on the *Hostility* subscale and 8.97% reliably worsened ($n = 312$)
- *48.51% of clients reliably improved* on the *Depression* subscale and 1.56% reliably worsened, ($n = 705$)
- *32.98% of clients reliably improved* on the *Eating Concerns* subscale and 10.65% reliably worsened ($n = 220$)
- *30.23% of clients reliably improved* on the *Academic Distress* subscale and 1.48% reliably worsened ($n = 602$)
- *29.72% of clients reliably improved* on the *Generalized Anxiety* subscale and 0.009% reliably worsened ($n = 757$)
- *26.07% of clients reliably improved* on the *Social Anxiety* subscale and 1.07% reliably worsened ($n = 416$)

Suicidal ideation. We pay particular attention to several CCAPS items known as "critical items." These items track suicidal ideation, impulse control, and thoughts of harming others. CCAPS items are scaled from "1" ("not at all like me") to "4" ("very much like me"). **For the item: "*I have thoughts of ending my life*," 24 clients endorsed this at a "4" at their first administration and 51 clients endorsed this at a "4" at some point in their counseling**. Furthermore, 71 clients endorsed a "3" for this item at intake. While lower than last year's endorsements, this continues to indicate a concerning level of suicidal thought and potential intent to die. At the latest administration of the CCAPS, 13 clients endorsed a "4" and 38 endorsed a "3" for this item. These data suggest that with counseling, students with high levels of suicidal ideation are likely to report diminished levels of SI.

Thoughts of harming others. With regard to the item "*I am afraid I might lose control and act violently*", 5 clients endorsed this at a "4" at their first administration, and at the last session 5 clients did. Similarly, 20 endorsed a "3" at their first administration, and at their latest treatment session 9 clients did. The data are supportive of diminished concerns about acting out with violence after receiving treatment at the UCC. On the item "*I have thoughts of hurting others*" 1 clients endorsed this at a "4" at the first administration, and at the latest assessment, 1 did. 6 clients endorsed this item at a "3" at their first administration, and 4 endorsed it at a

"3" at the latest session. Results for this item are more concerning, as it appears that while counseling is effective in diminishing thoughts of harm to others, for clients who endorse this item at the highest levels, the decrease by the end of treatment assessment is less than for clients who endorse suicidal ideation.

l. **Outcome: Operate within the 12-session short-term framework for individual counseling. The average number of individual counseling sessions per client was 5.33.** Forty-eight clients were seen for more than 12 sessions during the year, with a maximum of 19 sessions. This represents a 7.69% decrease in the number of clients seen for more than 12 sessions and a 57.75% decrease in the maximum number of sessions compared to 2019 – 20. 58.21% of clients were seen in individual counseling for 1-5 sessions. The average number of all appointments (intakes, individual, crisis, medication management, etc.) per client was 6.12

m. **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:

- *73.68% of clients reliably improved* on the *Substance Use* subscale and 0% reliably worsened ($n = 19$)
- *54.34% of clients reliably improved* on the *Hostility* subscale and 19.56% reliably worsened ($n = 46$)
- *43.22% of clients reliably improved* on the *Depression* subscale and 1.68% reliably worsened, ($n = 118$)
- *39.80% of clients reliably improved according to the overall Distress Index* and 1% reliably worsened ($n = 103$)
- *39.62% of clients reliably improved* on the *Eating Concerns* subscale and 145.09% reliably worsened ($n = 53$)
- *37.25% of clients reliably improved* on the *Academic Distress* subscale and 3.92% reliably worsened ($n = 102$)
- *27.72% of clients reliably improved* on the *Social Anxiety* subscale and 2.97% reliably worsened ($n = 101$)
- *27.11% of clients reliably improved* on the *Generalized Anxiety* subscale and 2.5% reliably worsened ($n = 118$)

n. **Outcome: Clinical staff remains current in terms of clinical best practices**. UCC staff actively attend and participate in local and national conferences. See the UCC Staff Excellence section for a listing of local and national conferences and workshops attended by UCC staff. Due to COVID and the university's travel freeze, all professional development opportunities this past year were virtual or online learning. COVID also resulted in a 50% decrease of professional development funding available to permanent staff.

o. **Outcome: UCC services enhance student retention**. *One unfortunate impact of the COVID pandemic and move to virtual service delivery is that we were not able to conduct our annual waiting room survey to assess the impact of UCC service delivery on student retention.*

GOAL 3: PROVIDE PSYCHIATRIC MEDICATION SERVICES FOR UCC CLIENTS.

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

a. **Outcome: Psychiatry Services Provided. This past year clients attended 108 psychiatric medication evaluations (an 14.89% increase from the previous year) and 504 follow-up medication management appointments (.75% decrease from the previous year).** The maintenance of our medication management appointments reflects our ability to provide medication services virtually this past year. The increase in medication evaluations may reflect increases in anxiety and depression due to the ongoing impact of the COVID pandemic.

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

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

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

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

opportunities that bridge the University community with the greater Salt Lake Community, as well as the *Campus Community and Diversity and Inclusion Student Affairs Learning Domains*.

UCC Outreach was coordinated by Christina Kelly LeCluyse, LCSW in 2020 - 2021. Ms. Kelly LeCluyse was joined by Katy Riney, Clinical Office Manager, in Spring 2020. With the onset of COVID, all UCC outreach was conducted virtually this year. We continued to emphasize developing collaborative relationships with campus offices, particularly those that serve students with under-represented and marginalized identities (e.g., first generation college students; students of color).

Outreach highlights this year included the campus wide virtual event, *Movies for Mental Health* (M4MH), offered in September 2020 in collaboration with ASUU. M4MH is an online workshop offered by Art with Impact, a nonprofit organization that focuses on providing education on mental health through the arts, particularly film. In the M4MH workshop, participants viewed 3 short films that focused on mental health related themes. The workshop provided an opportunity for discussion about the films, psychoeducation on emotion regulation skills and a panel discussion. Panelists included two staff members from the UCC, a representative from one of our campus partners (the Center for Student Wellness), a student who shared his own mental health experience, and a representative from the community that spoke about services available to students off campus.

The UCC maintained an active social media presence throughout the year. Due to the pandemic, our social media platforms became the main source of providing campus wide outreach campaigns. Included in the themes addressed in our social media were the following topics: mindfulness practice and stress reduction skills, mental health practices focused on promoting mental and emotional wellness, destigmatizing mental health issues and therapy, social justice issues, interpersonal violence, gratitude, how to promote healthy connection with others, managing stressors related to the pandemic, self-care practices and information about services offered.

Starting in the spring semester, the UCC helped virtually staff the Basic Needs Collective (BNC) on a weekly basis. The BNC was created to provide students with a supportive space in which they would be provided with a wealth of resources and services to help them address any needs that they might have. The UCC provided information on our services and practices that promote good mental health.

Throughout the year, outreach services were provided to campus partners that focus on serving students with under-represented and marginalized identities including CESA, TRIO, the Dream Center, First Generation Scholars and Beacon Scholars. In addition, several of our staff and undergraduate interns developed and offered workshops that focused on radical self-compassion to students of color.

In the spring semester, the UCC offered another virtual movie event titled *It's Real: College Students and Mental Health*. This event featured a 20-minute documentary that followed the lives of five college students who were struggling with anxiety, depression, social isolation and suicidality. A discussion followed the viewing of the film along with information on UCC services.

In April, the UCC was able to offer an in-person mindfulness workshop at Red Butte Gardens. This workshop was created and led by a UCC social work intern. Based on this event, the UCC will now offer a mindfulness workshop once a semester at the Gardens.

Table 4 outlines the 10 campus units with which the UCC collaborated most frequently when providing clinical consultation and outreach prevention programs. These figures reflect the impact of our new embedded therapist relationships with the College of Engineering, Colleges of Health Science, Equity, Diversity & Inclusion, and the St. George Graduate Center. We provided 88.33 hours of support to CESA (68% increase compared to last year), largely reflecting the impact of our new Equity, Diversity, & Inclusion embedded therapist team. Due to renewed collaborations related to new workshop offerings, the International Student & Scholar Success Center has returned to our "Top 10", reaching 72 people via 15 workshops. Additionally, we provided 46.5 hours of consultation and outreach to the campus community (reaching 835 people) and 24.5 hours of consultation and outreach to the general Salt Lake community (reaching 79 people).

TABLE 4: MOST FREQUENT CAMPUS PARTNER COLLABORATIONS
2020 –2021

Program/Department Service Provided To	Hours	Number of People	Number of Contacts (Consultations + Outreach Programs)
CESA	88.33	483	71
BIT	55.0	740	37
College of Engineering	21.0	359	22
International Student & Scholar Services	15.25	72	15
Nursing	14.75	275	18
Housing & Residential Education	13.92	236	14
Dean of Students Office	12.5	61	25
St. George Graduate Center	12.0	74	13
Asian American Student Association	10.0	208	9
Student Affairs	9.0	94	11
ASUU	9.0	72	7

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

GOAL 1: MAINTAIN EFFECTIVE RESPONSIVENESS TO STUDENTS OF CONCERN

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

a. **Outcome: Efficiently respond to questions and provide effective consultation. This past year, we recorded 357 campus consultation contacts (270.92 hours), which represents a 2.29% increase in recorded contacts** compared to 2019 – 2020. We continue to be more consistent in recording consultation contacts in Titanium. **28.2% of these consultations for which we have data related to a U of U student, 14.4% to a U of U department, 5.0% to a U staff member, 1.9% to a U staff member and 13.5% to the community**.

GOAL 2: PROVIDE CAMPUS OUTREACH AND PREVENTIVE EDUCATIONAL PROGRAMS

a. **Outcome: Develop and maintain effective collaborative relationships with campus partners**. Table 5 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 5: MOST FREQUENT CAMPUS PARTNER COLLABORATIONS FOR OUTREACH PRESENTATIONS (2020 – 2021)

Program/Department Service Provided To	Hours	Number of People	Number of Presentations/ Trainings
CESA	82.33	391	64
International Student & Scholar Services	15.25	72	15
Housing & Residential Education	10.0	222	7
Asian American Student Association	10.0	208	9
College of Nursing	9.0	251	10
ASUU	9.0	72	7
St. George Graduate Center	5.25	52	5
Athletics	4.75	25	1
Communication	4.50	46	5
College of Law	4.50	46	5

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

A total of 234 workshops/presentations/tabling events were provided to 98 different campus departments over 17 different topic areas, including stress management, suicide prevention, LGBTQ and multicultural issues, managing life roles, and information about UCC services. While this is a 9.7% decrease from the previous year in total outreach presentations, likely due to the COVID pandemic, we served 44% more campus departments, demonstrating we had a much broader reach in outreach services than in past years. These numbers also include 32.4 hours of COVID-related outreach, provided to 772 people, including the *Coping with Chaos* Mindfulness Center workshop developed to support the U community after the onset of the COVID-19 pandemic.

Our records show that the UCC provided 280.4 hours of outreach presentations and tabling events to 5,704 students/faculty/staff. 46 of these outreach presentations were provided asynchronously online. The UCC spent 413.83 hours of preparation time for outreach activities. Please note that this year's outreach numbers decreased 20.56% from the previous year, reflecting another direct impact of the COVID pandemic.

The *Intervening with Students in Distress* workshop, developed and presented in collaboration with the Center for Student Wellness and the Dean of Students Office was co-presented by Dr. Lauren Weitzman to 15 campus units. Colleges and departments that received this presentation included Art & Art History, the Basic Needs Collective, College of Engineering, Educational Opportunity Program, Communication, College of Science, Family & Consumer Studies, Film & Media Arts, HRE, Modern Dance, and TRIO.

Campus Tabling Events: Tabling was severely curtailed with the COVID pandemic. The UCC participated virtually in the School of Medicine Resource Fair and August Weeks of Welcome. We also created a video for the Student Success Advocates during the January Weeks of Welcome. providing opportunities to introduce people to our services and respond to their requests for information about mental health concerns. Creating innovative tabling remains 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.

For the first time, the UCC provided support for the *Basic Needs Collective* two hours a week during the Spring 2020 semester. Our Social Work practicum counselor was available virtually to answer any questions about the UCC or how to access our services.

Media Outreach: We recorded 12 media outreach contacts this year, largely representing interviews regarding the impact of the COVID-19 pandemic with KSL, KUTV, and Telemundo, as well as contributions to @theU, *Continuum* U Alumni magazine, and President Watkins' *U Rising* Podcast.

A summary of all outreach programs by topic for 2020 – 2021 is provided in Table 6.

TABLE 6: SUMMARY OF OUTREACH PROGRAMS (2020 – 2021)

Outreach Category	Number of Presentations/ Appointments	Hours	Number of People
Mental Health Issues	82	95.8	2110
UCC Services	52	46.1	1510
COVID-19 Related	30	32.4	772
Diversity	21	23.5	459
Mindfulness	10	12.1	144
Professional Development (Ethics & Training Issues)	7	8.8	100
Personal Development (includes MBTI workshops)	6	5.0	79
Academic Skills	4	4.0	5
Interpersonal Skills	4	3.8	30
Career Development	3	3.5	102
Tabling	23	34.4	94
Total	**242**	**269.4**	**5,405**

c. **Outcome: Provide confidential, anonymous online mental health screenings.** The UCC continues to offer online screenings for the ninth continuous year. These screenings are located and accessible on the UCC's Website Home Page. **A total of 2,385 online mental health screenings were taken this year, which was a 16.93% decrease compared to last year.** The breakdown of total screenings is as follows: Generalized Anxiety (757), Depression (666), Bipolar (288), Disordered Eating (235), Post-traumatic Stress (173, Wellbeing (135), Psychosis (66), Substance Use (46), Alcohol Misuse (15), and Brief Gambling Screen (4). While the total number of online screenings was smaller than last year, these data demonstrate increases in the total number of Generalized Anxiety, Depression, Disordered Eating, Post-traumatic Stress, and Substance Use screens taken. Additionally, Generalized Anxiety screens represented the highest total, as compared to last year when the most Depression screens were completed.

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

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

This was the 23rd year of the Faculty Liaison Program, which was created to develop and strengthen working relationships between UCC staff and academic departments/faculty. This program has helped academic departments/faculty better access services at the UCC and provides a specific individual contact when clinical consultation is necessary.

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

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

c. *Outcome: Monthly University of Utah College Open Houses. **The COVID pandemic again prohibited our ability to hold College Open Houses this year. We plan to resume these open houses once it is safe to do so.***

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

GOAL 4: SUSTAIN A VIBRANT SOCIAL MEDIA PRESENCE.

The UCC maintained an active social media presence throughout the year. Due to the pandemic, our social media platforms became the main source of providing campus wide outreach campaigns. Included in the themes addressed in our social media were the following topics: mindfulness practice and stress reduction skills, mental health practices focused on promoting mental and emotional wellness, destigmatizing mental health issues and therapy, social justice issues, interpersonal violence, gratitude, how to promote healthy connection with others, managing stressors related to the pandemic, self-care practices and information about services offered. The UCC Social Media Policy to establish guidelines for posting to social media may be found in Appendix E.

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

https://www.facebook.com/UofUCounseling
Our UCC Facebook page provides information about mental health topics and UCC therapy groups, workshops and social justice activities. We have emphasized skills-focused content such as mindful breathing and self compassion exercises. In the past year, our Facebook activity has remained relatively stable as we continued to focus on creating Instagram content. We currently have 883 followers, equivalent to last year. We had 660 "views" for our peak posting, with a total of 210 individual posts reaching 5950 people.

http://instagram.com/uofucounseling

Instagram continues to be an active elements of our UCC social media platform. UCC Instagram has 1921 current followers (up 9.96% from 2019 – 2020). We have created 210 posts last year, with 1,650 accounts reached.

https://twitter.com/UofUCounseling
We have 742 Twitter followers, with 210 posts over the past year. One indicated of activity on the UCC Twitter site is 5,319 "tweet impressions", representing how "far" a tweet has gone and the number of times a tweet has appeared on an individual's timeline.

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

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

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

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

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

In 2020 – 2021, UCC staff logged 133.25 hours of direct crisis intervention services (150 appointments). 4 crisis intakes were conducted during this timeframe. This represents a 69.9% decrease in crisis intervention hours and 66.9% decrease in appointments. This was an unexpected impact of the COVID-19 pandemic and likely relates to the fact that most students were not on campus this year. Please note that crisis intakes begin as crisis intervention sessions. If the student is eligible for UCC services, a crisis intake can be conducted with the appointment changed in Titanium accordingly.

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

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

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

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

a. **Outcome: Efficiently respond to campus crises**. The UCC is pro-active in reaching out to campus units whenever we learn of the death of a student, staff, or faculty member**. In 2020 – 2021, we provided 2 virtual community support meetings facilitated by UCC staff following a critical incident such as a suicide, student death, or other traumatic event.** As noted above, we also provided 32.4 hours of outreach support to the campus community related to the COVID-19 pandemic.

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

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

a. **Outcome: Participate on campus safety-related committees**. The UCC Clinical Director serves as a member of the Behavioral Intervention Team, which operates out of the Dean of Students office. This UCC role on this team is to provide mental health guidance, consultation and support. **Josh Newbury, Interim Associate Director for Clinical Services, served on the Behavioral Intervention Team in 2020 – 2021 and logged 55.0 hours in this role.**

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

a. **Outcome: Provide evidence-based campus suicide prevention trainings**. Suicide prevention trainings were provided to 4 campus departments in 2020 – 2021 for 192 people.

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

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

The training of undergraduate and graduate-level students in Psychology, Social Work, and related disciplines is a highly valued and central function of the UCC. In addition to contributing to the educational mission of the University of Utah, UCC trainees provide direct clinical services to University students. As detailed below, Departmental Core Objectives of the UCC permanent clinical staff in the Training area in 2020-2021 included the recruitment, selection, orientation, training, supervision, oversight, evaluation and administration of 19 graduate-level trainees in a total of 6 clinical UCC training programs from across campus and across the country. We also recruited and selected 6 Change Coalition undergraduate interns from the University of Utah, who received training and supervision to provide Mindfulness Center services and campus outreach presentations, resulting in a total of 25 agency trainees this year.

Training Program Changes and Accomplishments for 2020-2021

For the 2020-2021 academic year, the UCC Training Committee was comprised of:
- Steve Lucero, PhD, MBA (Training Director) maintained overall responsibility for agency training and directly administered the psychology internship through May 31, 2021, at which time Susan Chamberlain, PhD became the Interim Training Director after Dr. Lucero's resignation.
- Susan Chamberlain, PhD (Assistant Training Director and Coordinator of Psychology Practicum Training) administered the doctoral clinical (CBT and assessment practicum) and counseling psychology practicum training programs.
- Josh Newbury, LCSW (Coordinator of Social Work Training) provided direct administrative responsibility for social work internship and practicum.
- Claudia Reyes, LCSW (Coordinator of Social Work Practicum Training) oversaw the Social Work Practicum program.
- Alexis Arczynski, PhD. (Coordinator of Mindfulness Center and Undergraduate Internship) oversaw the Change Coalition Undergraduate Internship program.
- Representatives from the Psychology Intern and Social Work Intern Cohorts attended once a month.

The Training Committee completed successful searches for the 2020-2021 academic year:
- Matched with four psychology interns from APA-accredited academic programs at Texas A&M University, University of Oregon, University of Missouri-Kansas City, and Ball State University.
- Selected four social work interns and two practicum students from the University of Utah College of Social Work.
- Selected four first-year Change Coalition Undergraduate Interns and two advanced undergraduate interns from disciplines and colleges across the University of Utah.

UCC Trainees complete a Systems Intervention Project under the coordination of Drs. Susan Chamberlain in which they collaborate with UCC and University of Utah faculty, staff, and administrators in providing a summative project aimed at supporting equity and inclusion at the University of Utah.

During March 2020, all training activities including seminars, group work, and supervision moved to virtual formats. All trainees successfully completed the APA-sponsored telehealth training to ensure ethical practice. All Counseling Center functions continued to operate virtually during 2020 – 2021. Trainees were able to successfully complete their internship and practicum requirements.

Change Coalition Undergraduate Interns continued to support our social media platforms, developed our first UCC podcast, *Mental Jargon in the Margins*, and further updated our Feel Better Now workshops. *Change Coalition* Undergraduate Interns also worked to develop programming for Utah non-religious communities and healthy relationships in the LGBTQ community.

Social work interns and practicum trainees completed System Intervention Projects on:
- Red Butte Garden Mindfulness Workshop
- Engagement with the Basic Needs Collective
- Supporting First Generation College Students
- UCC In-Service on LGBTQ populations and interpersonal violence

Psychology interns completed Systems Intervention Project projects on:
- Supporting International Student Mental Health and Academic Success
- Supporting Native Students in collaboration with the American Indian Resource Center
- Supporting Students on the Autism Spectrum
- Diversity and Nursing

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*.

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

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

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

These interns provide individual, group and couples therapy, intake assessment, crisis intervention services, and campus community outreach. They also complete a Systems Intervention Project on campus. The UCC averages approximately twenty applicants each year for our four social work internship slots. Our six Licensed Clinical Social Workers (LCSWs) are all currently actively or previously approved Field Faculty for the University of Utah's College of Social work, marking an important collaboration between Student Affairs and Academic Affairs on campus. These LCSWs provide clinical training and supervision via small group and individual mentorship. Agency supervisors oversee and incur professional liability for interns' work.

TABLE 7: SOCIAL WORK INTERNS' CLINICAL CONTRIBUTIONS (2020–2021)
N=4; Total FTE = 2

Appointment Type	Number Sessions	Increase/Decrease from 19-20
Intake Sessions	123	66%
Individual Psychotherapy	525	54%
Group Psychotherapy	92	46%
Outreach Presentations	21 (22.5 hours)	50%

Social Work Practicum. The UCC also selects two social work practicum students who are entering their first year of the Social Work Master's program who complete a 15 hour per week practicum across the Fall and Spring semesters. Please note that this year one of our Social Work Practicum Counselors only worked Fall 2020 given failure to meet program requirements and expectations, which accounts for the decrease in intake and group psychotherapy sessions below.

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

TABLE 8: SOCIAL WORK PRAC CLINICAL CONTRIBUTIONS (2020–2021)
N=2; Total FTE = 0.375

Appointment Type	Number Sessions	Increase/Decrease from 19-20
Intake Sessions	17	-51%
Individual Psychotherapy	16	33%
Group Psychotherapy	19	-37%
Outreach Presentations	13 (13.25hours)	-30%

Psychology Practicum Training. The UCC functions as a "core" practicum site for all 2nd year doctoral students in Counseling Psychology and in Clinical Psychology at the University of Utah. Five Counseling Psychology trainees spent approximately 12 – 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 8-10 hours per week.

Each of these practicum is another important example of collaboration between Student Affairs and Academic Affairs at the University. While clinical supervision for the Clinical Psychology doctoral students is provided by licensed academic faculty members, UCC psychologists licensed for more than two years and doctoral interns provide supervision for the Counseling Psychology doctoral students.

TABLE 9: COUNSELING PRACTICUM COUNSELORS' CLINICAL CONTRIBUTIONS (2020–2021)
N=5; Total FTE = 1.25

Appointment Type	Number Sessions	Increase/Decrease from 19-20
Intake	117	18%
Individual Psychotherapy	648	11%

TABLE 10: CLINICAL PRACTICUM COUNSELORS' CLINICAL CONTRIBUTIONS (2020–2021)
N=4; Total FTE = .8

Appointment Type	Number Sessions	Increase/Decrease from 19-20
Intake	55	N/A (first year providing)
Individual Psychotherapy	648	98%
Integrated Psychological Assessments	8	-33%

Change Coalition Undergraduate Internship. This was the second year of the *Change Coalition* Undergraduate Intern program, whose mission is to build fiercely compassionate, radically resilient, and socially just campus communities in order to support the educational mission of the University of Utah. The *Change Coalition* training program is administered by Dr. Alexis Arczynski and consists of six undergraduate students selected in a competitive application process. This was the first year that we selected two "advanced *Change Coalition* Undergraduate Interns," who provided mentoring and supervision to the first-year interns. *Change Coalition* undergraduate interns provided drop-in meditation, *Feel Better Now* workshops, and *Mental Coaching* workshops in the UCC Mindfulness Center. They also created novel programming offered in the Mindfulness Center, including *Compassion + Connection—A two Night Event*, *Queering the Conversation* workshops, and *Mindful Resilience* workshops. Further, they offered responsive (in response to campus requests) and proactive (reaching out to campus communities) outreach presentations to the campus community. *Change Coalition* interns engaged with UCC social media, providing postings with relevant information to help get the word out about UCC and Mindfulness Center services, as well as psychoeducation on self-care and resilience. They even took over the U of U's main Instagram page to promote the internship and Mindfulness Center. *Change Coalition* interns also created pre-recorded mindfulness meditations for the Mindfulness Center website, focused on the theme wellness beyond whiteness, and created our first podcast, *Mental Jargon in the Margins*.

TABLE 11: CHANGE COALITION UCC CONTRIBUTIONS (2020–2021)
N=6; Total FTE = .15

Mindfulness Center Sessions (Hours)	Outreach Presentations (Hours)
101 (89)	25 (33)

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

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

GOAL 2: ADMINISTER AN APA ACCREDITED PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING PROGRAM.

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

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

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

The UCC hosted an APA reaccreditation site visit for our psychology doctoral internship training program on March 9 – 10, 2020. We were fortunate to be one of the last in-person accreditation site visits prior to APA suspending site visits due to COVID-19. The APA Commission on Accreditation provided 10-year full-accreditation to our doctoral internship program.

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

TABLE 12: PSYCHOLOGY INTERNS' CLINICAL CONTRIBUTIONS (2020 – 2021)
N=4; Total FTE = 4.0

Appointment Type	Number Sessions	Increase/Decrease from 19-20
Intake	246	-1%
Crisis Intervention	7	-56%
Couple/Relationship Psychotherapy	18	13%
Individual Psychotherapy	1,309	23%
Group Psychotherapy	149	3%
Integrated Psychological Assessments	7	75%
Face-to-Face Case Management	31	107%
Outreach Consultations/Presentations	41	-68%
Teaching Hours	107	-36%
Mindfulness Center Sessions	79	52%

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

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

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

d. **Outcome: Work collaboratively with national and interface with psychology doctoral faculty locally and nationally**. In addition to maintaining APA-accreditation of the psychology internship, the UCC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA). Dr. Steven Lucero maintained memberships in each of these national organizations and interacted with them and academic programs in the following ways:
   1. APA:
      i. Filed an Annual Report Online (ARO) of demographic and outcome data related to the current and past year's psychology intern cohorts.
      ii. Participated in the national APA Minority Fellowship Program to recruit diverse intern applicants to UCC.
      iii. Received full 10-year APA re-accreditation.
   2. APPIC:
      i. Registered for the annual APPIC Internship Match, a computer-based matching service whereby national internship applicants and internship sites enter into binding placement agreements.
   3. Academic Programs & Faculty Members:
      i. Interacted regularly with faculty members in Clinical Psychology and Counseling Psychology on campus and across the country in recruiting and selecting interns.
      ii. Corresponded with faculty Directors of Clinical Training (DCTs) regarding the performance of current psychology interns.

This involvement in professional organizations and with academic programs has raised awareness of the UCC psychology internship nationally and has helped ensure a steady stream of applicants for UCC psychology internships. We had 62 applicants this year for our four psychology internship slots. We were also successful in raising intern salaries to more closely approximate national salary levels given the new Federal Labor Standard Act regulations.

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UCC PLAN FOR THE FUTURE

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UCC ANTICIPATED CHALLENGES. *impact of the COVID-19 pandemic on therapist well-being and personnel changes.* This has been an exceptionally difficult year for UCC staff who have had to adjust to virtual service delivery models while managing the uncertainty and ongoing personal impact of the COVID pandemic, as well as difficult political and national events. With the compressed 2020 – 2021 academic calendar that omitted semester breaks and COVID limitations on travel, staff were not able to take their usual leave time for personal rejuvenation. As reflected in this report, client utilization increased this past year, so staff worked extremely hard under these challenging circumstances. Additionally, the COVID pandemic has caused staff to re-examine priorities related to their personal work-life integration. The advent of new companies that provide telemental health and the growing

popularity of virtual counseling services has created a new competitive job market for therapists. While we were able to increase clinical staff salaries to better match national benchmarks this past year, we continue to risk additional staff leaving the UCC for higher pay and less stressful lifestyles. Increased flexibility in staff work schedule options (see "new normal" section below) will hopefully offset this threat.

The ***severity of presenting concerns for clients seeking services at the UCC*** continues to represent an area of challenge. As summarized on page 14 of this Annual Report, 35.5% of intake clients report current suicidal ideation. Large numbers of our clients report PTSD experiences (44.9%) and many endorse significant family history concerns (e.g., family member suicide attempt or family member prosecuted for criminal activity). The average Distress Index reported at intake this year indicates that students presenting for intake are experiencing at the 51st percentile, e.g., UCC clients identified themselves as more distressed than 51% of a large national sample of students seeking services at counseling centers. A majority of our clients (58.7%) have previously accessed mental health services before coming to the UCC, with 25.8% of intake clients having taken psychotropic medication in the past and 7.2% have been previously hospitalized for mental health concerns.

Budget Impact of COVID, client fee restructuring, and changes in Testing Center report. The UCC budget has been negatively impacted by several factors this past year. The required 3% budget cut in 2019 – 2020 resulted in the decision not to replace our full-time Clinical and Training Secretary who resigned to pursue a graduate Social Work program. The decision to restructure client fees, while an important way to increase student access and be responsive to new Student Mental Health Fee (SMHF) funding, decreased our client fee income. This decrease was partially offset by the new SMHF funding we received in 2019 – 2020 for four of our *Change Coalition* Undergraduate Interns. We have historically relied on Testing Center funds have to augment UCC operational costs, update our computers, and provide professional development funding for staff. The combination of the COVID pandemic that severely impacted Testing Center Prometric operations and the administrative separation of the Testing Center from the UCC, has had an unanticipated negative impact on the Counseling Center budget, from which it will take some time to recover.

UCC ANTICIPATED OPPORTUNITIES. ***Permanent clinical staff FTE now falls within the recommended International Accreditation Counseling Services (IACS) recommended ratio.*** With continued support from Student Affairs, in 2020 – 2021 we received additional Student Mental Health Fee funding for a full-time Equity, Diversity, & Inclusion embedded counselor, permanent funding for the College of Law embedded psychologist, and a .75 FTE Mental Health Counselor who has responsibility for developing telehealth services for University of Utah satellite campuses. ***With these new positions, and all positions filled, we have achieved a 1 counselor:1424 student ratio based on a 33,000 enrollment figure.***

Our embedded therapist model continues to be an extremely successful in increasing access for students in the academic colleges served and in the provision of additional support to college faculty, staff, and academic advisors. As mentioned elsewhere in this report, we have seen a substantial positive impact on increased utilization in the departments and colleges served by our embedded therapists. While we continue to serve all U students via the main UCC office, we are very

pleased with the ability of our embedded therapists to serve the students, staff, and faculty in these departments. We expect that the success of our embedded therapists will likely elicit interest from other academic colleges for this model of service delivery, and we plan to develop new partnerships as funding allows.

Better after-hours support for students living in the residence halls. The UCC is now in its second year of its partnership with the Mental Health 1st Responder Team (MH1), funded by the Huntsman Mental Health gift and formerly known as SMARTER. Torrence Wimbish, PhD, CMHC, was hired in 2020 to provide leadership for this team and oversight of two crisis therapists who are on-call to Housing & Residential Education staff 4:00 pm – 2:00 am during Fall and Spring semesters. As a UCC Staff Associate, Dr. Wimbish collaborates closely with our Interim Clinical Director to provide longer-term counseling to students who received MH1 support. The MH1 team is planning to increase service options to include group therapy this upcoming year.

JED Campus Certification. The University of Utah is now a JED Campus, thanks to a generous donation from the Marriott family that supported this distinction for all Utah institutions of higher education. In the first year of the JED process, University of Utah undergraduate and graduate students were surveyed with the Healthy Minds Study and we completed our initial baseline assessment. Our virtual site-visit was held May 10 – 11, 2021, where we received an overview of our baseline assessment and collaborated with campus partners to set strategic goals to continue to improve our ability to support overall mental health and well-being. We also had a convening of all Utah JED campuses on June 14, 2021. We will continue with the JED Campus process over the next three years.

Keeling & Associates 2021 Consultation Project Student Affairs retained Keeling & Associates to evaluate UCC functioning and the broader functioning of the new Health & Wellness reporting line. The Keeling team completed an external review in March 2020 and proposed several recommendations for UCC structure, service delivery, training programs, and enhancing our relationships with campus partners. We are about to launch a next phase of work with Keeling to re-vision and further strengthen UCC vision, mission, and consider how the UCC can move forward in a newly imagined approach to our role and function in supporting holistic mental health & wellness on campus. This consultation will provide the opportunity to build on and refresh our existing innovative and best practice service delivery options to better serve students on our campus, as well as developing an overdue organizational restructure that provides additional leadership opportunities for UCC staff and a better framework for the significant growth of our center.

"NEW NORMAL" ON-LINE SERVICES AND HYBRID WORK SCHEDULES. Now that we have all of our virtual infrastructure and clinical procedures in place, we will continue to provide telehealth counseling to students as we return to in-person options for crisis and individual counseling services in Fall 2021. We surveyed our clients in Spring 2021 with the majority reporting that they find virtual counseling effective and want to continue receiving UCC services in this modality. The added convenience of attending virtual counseling sessions and increased comfort speaking with their therapist from the privacy of their own home are additional factors in support of this modality. Our virtual Mindfulness Center offerings have been consistently well-attended and we have been able to reach more students, staff, and faculty across campus. Our asynchronous CANVAS course modules on

UCC Services and other mental health related topics have also been well-received and will continue to be a staple of our outreach service delivery. With the University's *Work Re-Imagined* 24-month pilot program and support from our division, we are excited to embark on a new hybrid work schedule where staff will work three days on-site and two days from home. This has also allowed us to extend evening counseling hours to include a 6:00 pm virtual appointment to four days a week. The new option of a 4 10-hour work schedule option supports these extended evening hours and is being well received by permanent staff who desire more scheduling flexibility.

UCC GRANTS/CONTRACTS: N/A.

UCC GIFTS/NEW REVENUE: As noted above, we were successful in receiving new revenue in the 2020 Student Mental Health Fee cycle for three clinical positions (Equity, Diversity & Inclusion embedded therapist, permanent funding for the College of Law embedded therapist, and a new Satellite Campus Telehealth Specialist (.75 FTE). We also received revenue for two Grit Digital Health mental health applications (You @ Utah and NOD), which will expand our ability to provide support to students for their overall mental health and wellness. We were the recipient of a $1500 Parent Fund grant to bring Art with Impact's *Movies for Mental Health* program to our campus in collaboration with our ASUU student leaders.

UCC STAFF EXCELLENCE (2020 – 2021)

UCC AWARDS AND RECOGNITIONS

STAFF	AWARDS AND RECOGNITIONS
Riney, Katy	Black Cultural Center *Maya Angelou* Award

UCC COMMITTEE MEMBERSHIPS

STAFF	COMMITTEE
Cone-Uemura, Karen	American Group Psychotherapy Association Group Psychotherapist Certification Board (Member) American Group Psychotherapy Association Diversity, Equity & Inclusion Task Force (Member)
Haden, Jack	University of Utah LGBT Resource Center Pride Week Planning Committee (Member) University of Utah Transgender Health Patient & Family Advisory Board Member) HRE Resident Outreach Coordinator Search Committee (Member)
Jenkins-Lloyd, Rachel	University of Utah JED Campus Task Force (Member)
Kelly LeCluyse, Christina	University of Utah Safe U/Healthy Relationships Committee (Member)
Lucero, Steve	University of Utah Staff Council (Member) Student Affairs Professional Development Committee (Member)
Newbury, Josh	University of Utah Behavioral Intervention Team (Member) University of Utah McCluskey Center for Violence Prevention Respondent Services Working Group (Member) University of Utah Mental Health First Responders Advisory Committee (Member) University of Utah Public Safety Advisory Committee (Member) University of Utah Student Death Protocol Committee (Member) Social Work Training in College Counseling Centers (Member)

Weitzman, Lauren	University of Utah Edie Kochenour Memorial Lecture Subcommittee (Chair)
	University of Utah Edie Kochenour Memorial Lecture Fund Advisory Board (Co-chair)
	University of Utah Mental Health First Responders Advisory Committee (Member)
	University of Utah JED Campus Task Force (Member)
	University of Utah Racist & Bias Incident Response Team (Member)
	University of Utah Student Death Protocol Committee (Member)
	Association of University and College Counseling Center Directors Salt Lake City 2016 New Directors and First Time Attendees Orientation Committee (Co-chair)

UCC PRESENTATIONS AND PUBLICATIONS

Presentations

Cone-Uemura, K. (2021, June). *Psychological Safety.* Presentation for Utah Valley University Executive Education Diversity, Equity & Inclusion Certificate Program.

Cone-Uemura, K. (2021, May). *Regenerating, strengthening and reconstituting: Empowerment & transformation in the face of systemic oppression.* Workshop for BIPOC attendees at the Minnesota Group Psychotherapy Society Annual Conference.

Cone-Uemura, K., Harris, D. J., & Rutan, J. S. (2021, May). *Fostering healing through empowerment & humility*. Panel presentation at From Breakdown To Breakthrough, the Eastern Group Psychotherapy Society Spring Event.

Bogomaz, M., Martin, J., **Cone-Uemura, K.**, Songco, D., Zukor, T., Postlewaite., M., Packard, A., Cole, S., Weiss, A., Dehili, V. (2021, Jan - March). *Principles of Group Psychotherapy, Part 1 and 2.* Five-Week Teleconference Series and Workshop presented at the American Group Psychotherapy Association Annual Connect.

Cone-Uemura, K. (2020, December 5). *Using Difference to Foster Dialogue, Not Division.* Presentation at the Third Annual Florida Group Psychotherapy Association Conference..

Cone-Uemura, K., Hahn, N., & Ribeiro, M. (2020, October 25). *Addressing Diversity in Process Groups with University Students*. Webinar presented by the American Group Psychotherapy Association College Counseling and Other Educational Settings Special Interest Group.

Haden, J. (2020). Working with neurodiverse students. Presented to the Center for Student Wellness, University of Utah.

Haden, J. (2021). Support group facilitation. Presented to the University of Nebraska-Lincoln Counseling and Psychological Services.

Haden, J. (2021). Affirming & resilience based therapy with trans/nonbinary/gender diverse clients. Presented to the Educational Psychology Feminist Multicultural Therapy course, University of Utah.

Klimczak, K.S., **Lucero, S.**, Davis, C.H., **Van Epps, J.J.** & Levin, M.E. (2021). Effectiveness and implementation of the ACT Daily app for college students. Paper presented at the 19th annual World Conference of the Association for Contextual and Behavioral Sciences.

Axford, K.E., Caperton, D.D., **Lucero, S.**, **Van Epps, J.J.**, Narayanan, S., Atkins, D.C., & Imel, Z.E. (2021). Agreement of therapist skill use with self-reported theoretical orientation. Poster to be presented at the American Psychological Association Annual Convention.

Zhang, X., Imel, Z.E., Atkins, D.C., Narayanan, S., **Van Epps, J.J** , & **Lucero, S**. (2021). Large-Scale Assessment of Therapists' Basic Skill Use. Poster presented at the American Psychological Association Annual Convention.

Lucero, S. (2020). Disrupting Systemic Microaggressions. Presentation to Western Regional Iverson Bell Summit.

Lucas, R., & **Lucero, S.** (2020). Becoming an Effective Ally in Veterinary Medicine. Presentation to Western Regional Iverson Bell Summit.

UCC FACULTY APPOINTMENTS

Name	Position	Academic Department
Arczynski, Alexis	Adjunct Professor	Educational Psychology
Haden, Jack	Field Instructor	College of Social Work
Harris, Frances	Adjunct Professor Adjunct Professor	Educational Psychology Psychiatry
Kelly LeCluyse, Christina	Field Instructor	College of Social Work
Martinez, Roberto	Field Instructor Clinical Instructor	College of Social Work College of Social Work
Newbury, Josh	Field Instructor	College of Social Work
Reyes, Claudia	Field Instructor	College of Social Work
Van Epps, Jake	Adjunct Assistant Professor	Educational Psychology
Weitzman, Lauren	Adjunct Professor	Educational Psychology
Zhang, Sui	Field Instructor	College of Social Work

UCC STAFF HIGHLIGHTS

Cone-Uemura, Karen	Received PSYPACT Licensure for interjurisdictional telehealth practice
Jenkins-Lloyd, Rachel	Expert Content Reviewer for the Journal of Interpersonal Violence articles on domestic violence and sexual assault
Newbury, Josh	Annual coordination of mandatory Crisis Response Plan training for UCC clinical staff that is open to campus partners; Provided ongoing support over the past year to the Office of the Dean of Students, Victim Survivor Advocates, and Women's Resource Center
UCC DESRV Team	Susan Chamberlain, Stacy Dorais, Danielle Fetty-Lovell, Josh Newbury, and Claudia Reyes collaborated to launch the UCC Disordered Eating Support and Referral Consultation Group, which provides support to clients with disordered eating concerns, treatment withing the UCC as appropriate, and facilitates referrals to community providers for longer term care

LOCAL AND NATIONAL WORKSHOPS AND CONFERENCES ATTENDED BY UCC STAFF
JULY 1, 2020 – JUNE 30, 2021

LOCAL/REGIONAL CONFERENCES, WORKSHOPS & TRAININGS
- Affirmative Therapy (American Psychological Association)
- An Introduction to the Puppy Play Community (LGBTQ Affirmative Therapist Guild of Utah)
- Becoming a Solution-Focused Therapist (Psychotherapy Networker/PESI)
- Body Image Interventions: 6 Fundamental Areas of Healing (Center for Change)
- Boosting Academic Success
- Can't Stop Moving: ADHD and Tardive Dyskinesia
- Care and Treatment of Intersex People (LGBTQ Affirmative Therapist Guild of Utah)
- Care of the Perinatal Woman (Massachusetts General Center Women's Health)
- Changing the Dancer and the Dance – Emotionally Focused Therapy with Individuals (EFIT) and Families (Institute for Emotion Focused Family Training)
- Chewing the Fat: Metabolic Issues in Mental Illness
- COVID-19 Care: Substance Use Disorder and Suicide Prevention
- Coping with COVID-19: Using DBT Skills to Help us and our Clients Manage in Times of Crisis
- Creating Meaningful Change (Psychotherapy Networker/PESI)
- Dialectical Behavioral Therapy Skills (Psychwire)
- EMDR Training Level 2
- Emotion Focused Therapy online training
- Exposure Based CBT for Social Anxiety
- Female Mental Health
- Fundamentals of Complex Trauma & Dissociation
- Gender Affirmative Couples Therapy with Transgender/Gender Expansive (TGE) Couples (LGBTQ Affirmative Therapist Guild of Utah)
- Gottman Method Couples Therapy Training (Levels 2 & 3)
- Gut Instincts: Trauma, the Brain, and the Gut
- Is Self-Interest Really In Your Best Interest? Exploring the Benefits of Self-Transcendent Experiences (University of Utah College of Social Work)
- Health at Every Size's Role in Health Care

- Ketamine Masterclass (PsychTech)
- Mental Health Series: Supporting Students Virtual Roundtable
- Mindful Self-Compassion (Kristin Neff & Chris Germer)
- NeuroAffective Relational Model (NARM) Level 1 Training
- Psychedelic Medicine & Other Innovative New Treatments for Eating Disorders
- Psychotropic Adherence
- Radically Open Dialectical Behavior Therapy (Center for Change)
- Responding to and Treating the Trauma of Racism: Bearing Witness in Psychotherapy (Dr. Carlton Green)
- Rest Your Weary Head: Insomnia & Migraines
- Risk Assessment and Crisis Intervention for Suicidal Adolescents: Practice Guidelines for Telehealth Services during the COVID-19 Pandemic (Utah Center for Evidence-Based Treatment)
- Sex Therapy 101 (Part 1)
- Suicide surveillance, a new study of trans* folks and suicide (LGBTQ Affirmative Therapist Guild)
- Ten Ways to Enhance Emotions in Therapy: The Transforming Power of Affect Therapeutic Adventure Professional Group Extended Education Series
- The Cutting-Edge of Major Depressive Disorder
- The Cutting-Edge of Mood Disorders
- The Cutting-Edge of Psychosis
- The Grief Summit: Grief Counseling and Treatment in a Pandemic of Loss
- Trans-affirmative Best Practices (Dr. Budge)
- Trauma and the Internal Family Systems Model: Releasing Personal and Legacy Burdens Understanding the Risks of Trauma Exposure and Increasing Resilience in Graduate Students
- Treating Insomnia with CBT
- UCC Crisis Response Plan Training (Dr. Erika Roberge)
- UCC Disordered Eating Training
- UCC Identity-Affirming Psychotherapy for Autistic College Students
- Utilizing Yoga and Meditation Therapies Working With Clients Whose Identities Differ From Your Own (LGBTQ Affirmative Therapist Guild of Utah)
- Wisdom of Age: Dementia-Related Psychosis & Alzheimer's
- Working with Emotions in Depression and Anxiety (Dr. Leslie Greenberg)
- Working with Emotions and the Therapeutic Relationship in Teletherapy
- Working Through Triggers: Emotion-Focused Self-Supervision Techniques for Eating Disorder Clinicians

NATIONAL PROFESSIONAL CONFERENCES & TRAININGS
- American Group Psychotherapy Association (AGPA)
- Association of Counseling Center Training Agencies (ACCTA)
- Association for University and College Counseling Center Directors (AUCCCD)
- Association for University and College Counseling Center Outreach (AUCCC)
- Depression on College Campuses Conference
- Psychotherapy Networker Symposium
- Society for the Exploration of Psychotherapy Integration

ANTI-RACISM ACTION PLAN
UNIVERSITY COUNSELING CENTER

Position Statement

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

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

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

Current anti-racism initiatives offered by the UCC include:

- Ongoing in-house training on multiculturalism, working with diverse client populations, identity intersectionality, among other topics. This includes our monthly "Lunch & Learn" brown bag seminar.

- Intern System Intervention Projects (SIPs), where interns identify an under-served student population and partner with campus offices serving these students to develop clinical and outreach interventions so that we better serve these students. More information on 2020 – 2021 SIPs can be found in the outreach and training sections of our annual report.

- Our Change Coalition Undergraduate Internship program has a special focus on social justice and utilizes a peer-based model to expand the UCC's reach to under-served and diverse U students.

- Our new Equity, Diversity & Inclusion embedded therapist team, which consists of 2 counselors who share their time between the main UCC office and EDI units.

- Support groups specifically targeted to diverse student populations (e.g., Beyond Binaries support group; Women in STEM support group; Building Resilience & Stress Support and Asian American Student Association support groups held at CESA; Women of Color support group co-facilitated by UCC and WRC).

Current practices that promote anti-racist work and/or anti-racism within the UCC:

• We strive to increase the diversity of UCC permanent staff when hiring new staff members. Our training staff consistently include interns who represent racial/ethnic and sexual orientation diversity.

• Beginning Summer 2020, two anti-racism working groups for BIPOC and White-identified permanent staff were created. Participation in these work groups is optional, but encouraged. The focus of these groups is to review agency structure and procedures from an anti-racist lens, as well as read relevant books, articles, and other anti-racism literature.

•. We created an anonymous survey in January 2021 that provided the opportunity for staff to identify and prioritize UCC anti-racist actions. Anti-racist actions that were highly prioritized by staff included increasing BIPOC staff in UCC leadership and decision-making roles, increasing leadership "avenues of opportunity" for all staff, addressing current staff compensation levels, re-evaluating agency values from an anti-racist lens, agency-wide anti-racist trainings, and addressing barriers that BIPOC staff face when seeking UCC services.

•. Current initiatives coming out of our anti-racism working groups include a review of client demographics and procedures for students referred to community care as well as the consideration of alternative leadership and coordinating area oversight structures.

•. The Office of Inclusive Excellence facilitated the UCC team taking the Intercultural Development Inventory (IDI) assessment in Fall 2020. Each staff member received individual feedback from an IDI facilitator. As an agency, we reviewed our agency development across IDI developmental levels, and will continue to utilize this information moving forward.

•. We provide financial and professional development support for staff to attend anti-racist focused workshops and conference (on campus and regional/national). Specific trainings are listed in the UCC Staff Excellence section of our annual report.

UCC Anti-Racism Plan: This is a phased plan. We will continue to develop our goals and initiatives as a staff as informed by our anti-racism workgroups and staff dialogue.

1. UCC Anti-Racism Workgroups. The BIPOC work group met through Fall 2020. The White-identified anti-racist work group met in Fall 2020 and Spring 2021, and will resume monthly meetings in September after taking a pause for summer. At this point in our agency process, we are prioritizing a space where White staff can continue to hold themselves accountable without burdening staff of color with further emotional labor.
2. Addressing Anti-Racism in Staff Meetings: We continue discuss anti-racist agency initiatives in our regular staff meetings.
3. Increase staff diversity. As noted above we strive to continue to increase the diversity of UCC staff when searching for new positions.
4. Enhance retention of diverse staff. We plan to continue to focus on strategies to retain diverse staff in our office. This includes practices such as identifying mentors for new BIPOC staff, continuing to examine salary levels, and re-evaluating agency structure and leadership opportunities to promote greater equity in our team.
5. Maintain professional development support for staff to attend anti-racist focused workshops and conference.

Community Partners Integral to Success

The UCC collaborates closely with our Student Affairs, EDI, and academic campus partners, which we view as critical to the success of our goals. This collaboration is enhanced by our prioritization of intern SIPs and the provision of support groups referenced above. UCC staff serve on several divisional and campus committees (e.g., LGBTRC Pride Week Committee; Racist & Bias Incident Response Team; Public Safety Advisory Committee).

Balancing Commitments

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

What are you recommending as divisional priorities?

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

APPENDIX A: UCC ORGANIZATIONAL CHART

Lauren M. Weitzman
Director

Josh Newbury
Interim Associate Director, Clinical Services

Susan Chamberlain
Interim Associate Director, Training

Administrative Assistant
JoAnn Kanege

Clinical Services
Josh Newbury

Training
Susan Chamberlain

Outreach/Consultation
Christina Kelly LeCluyse
Katy Riney

Research/Evaluation

Administrative Assistant

Clinical Office Manager
Katy Riney

Front Desk
Brooke Diston
Scarlet Lajara Johnson

Clinical Services

Interim Assistant Clinical Director
Danielle Fetty-Lovell
Claudia Reyes (F21)

Licesnsed Psychologists, Clinical Social Workers, CMHC's, LMFT's

Clinical Team Leaders
Karen Cone-Uemura
Christina Kelly LeCluyse
Roberto Martinez
Josh Newbury
Alex White

Mental Health Intervention Specialist
Roberto Martinez
Jack Haden

APRN
Rachel Jenkins-Lloyd
Stacey Dorais

Embedded Therapists

Groups
Gretchen Anstadt

Assessment
Uma Dorn

Mindfulness Center
Luana Nan

Care Management & Community Resources
Claudia Reyes

Clinical Administrative Support
Scarlet Lajara Johnson

Training

Interim Assistant Training Director
Josh Newbury

Training Committee
Susan Chamberlain
Kamala Ganesh
Josh Newbury
Claudia Reyes
Intern Reps

Social Work Training
Josh Newbury
Claudia Reyes

Psychology Internship
Susan Chamberlain

Coordinator of Practicum Training
Frances Harris

Counseling Psychology Practicum
Frances Harris

Clinical Psychology Practicum
Frances Harris

Change Coalition
Kamala Ganesh
Natalie Wilson

Training Administrative Support
Brook Diston

Outreach/Consultation

Prevention & Outreach Programs
Christina Kelly LeCluyse
Katy Riney

Consultation Services
Lauren Weitzman

Public Relations
Lauren Weitzman

Systems Intervention Projects
Susan Chamberlain
Kamala Ganesh

Identity & Inclusitvity Multicultural Issues Course
Karen Cone-Uemura

Career Services Internship Program
Lauren Weitzman

Research/Evaluation

Research Assistant
Kate Axford

Research Commitee

UCC CLINICAL STAFF

UCC Executive Committee

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

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

Susan Chamberlain, Ph.D.
 Interim Associate Director for Training (begin June)
 Practicum Training Co-Coordinator, Resilient U
 Ph.D. – West Virginia University, Morgantown, Counseling Psychology
 M.S. – Indiana University, Bloomington, Counseling and Counselor Education
 B.A. – Brigham Young University, Anthropology: Sociocultural Emphasis

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

UCC Clinical Mental Health Therapists

Jiabao Gao, M.S.
 College of Engineering Embedded Therapist
 M.S. – Villanova University, Clinical Mental Health Counseling
 M.A. – University at Buffalo, State University of New York, Psychology
 B.S. --   Capital University of Economics and Business, Accounting

Sonia Johnson, M.Ed.
 Equity, Diversity & Inclusion Embedded Therapist
 M.Ed. -- Boston University, Counseling Psychology
 B.S. -- DePaul University, Psychology

Alex White, M.S.
Telehealth Specialist Satellite Campus Embedded Therapist
M.S. – Prescott College, Clinical Mental Health Counseling
B.A. – Middlebury College, Latin American Studies: History

UCC Licensed Clinical Social Workers

Gretchen Anstadt, C.S.W.
Coordinator, Groups (Begin January)
M.S.W. - University of Utah, School of Social Work
B.S. – Southern Utah State, Psychology

Kamala Ganesh, C.S.W.
Co-Coordinator, Change Coalition Undergraduate Internship Program
M.S.W. - University of Utah, School of Social Work
B.A. – University of Virginia, Biology

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

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

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

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

Natalie Wilson, C.S.W.
Equity, Diversity & Inclusion Embedded Therapist
M.S.W. - University of Utah. School of Social Work
B.S.W. – Brigham Young University

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

UCC Staff Psychologists

Alexis Arczynski, Ph.D.
Coordinator, Mindfulness Center
Co-Coordinator, Change Coalition Undergraduate Internship Program
Ph.D. – University of Utah, Counseling Psychology
M.S. – California State University, Fullerton, Department of Counseling
B.A. – Chapman University, Psychology Department

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

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

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

Kimberly Meyers, Ph.D.
Colleges of Health Science Embedded Therapist
Ph.D. – University of Utah, Counseling Psychology
M.S. – University of Utah, Counseling Psychology
B.S. – University of Utah, Psychology, Sociology & Anthropology

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

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

UCC Psychiatric Advanced Practice Registered Nurses (APRN)

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

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

UCC CLINICAL TRAINEES

Psychology Doctoral Interns
    Michael Azarani, M.Ed., Oklahoma State University
    Sheilagh Fox, M.S., Brigham Young University
    Luke Huckaby, M.Ed., University of Louisville
    CJ Park, M.A., University of Missouri

Social Work Interns (from the University of Utah)
    Amy Johnson, B.S.W.
    Liz McCooey, B.S.W.
    Michelle Peets, B.S.
    George Valdez, B.S.

Social Work Practicum Counselors (from the University of Utah)
    Brandon Campbell, M.S.
    Molly Cord, B.S.W. (End December)

Counseling Psychology Doctoral Practicum Students (from the University of Utah)
    Kate Axford
    Erin Buttars
    Laurice Cabrera
    Ethan Evans
    Sam Findley

Clinical Psychology Assessment Practicum Students (from the University of Utah)
    Kirsten Bootes
    Jasmin Guevara
    Leah Thomas
    Julia Vehar

Clinical Psychology Doctoral Practicum Students (from the University of Utah)
    Kirsten Bootes
    Jasmin Guevara
    Leah Thomas
    Julia Vehar

Research Assistant (from the University of Utah)
    Kate Axford

Change Coalition Undergraduate Interns (from the University of Utah
    Abrielle Fulwider
    Mariah Hight
    Liv Huntzinger
    Angela Pham
    Edwin Santos Lapiz
    Will Tanguy

UCC ADMINISTRATIVE STAFF

JoAnn Kanegae,
    Administrative Assistant to the Director

Catherine Riney
    Clinical Office Manager

Brooke Diston
    UCC Front Desk Executive Secretary

Scarlet Johnson
    UCC Front Desk Executive Secretary

UCC STAFF ASSOCIATES

Nellie Arrieta, LCSW
    Women's Resource Center

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

Katie Baucom, Ph.D.
    Psychology Department

Amber Choruby Whiteley, Ph.D.
     Educational Psychology Department

Rob Davies, Ph.D.
    Graduate Medical Education

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

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

Lois Huebner, Ph.D.
   Professor Emeritus

Zach Imel, Ph.D.
   Educational Psychology Department

Scott Langenecker, Ph.D.
   Psychiatry Department

Feea Leifker, Ph.D., M.P.H.
   Psychology Department

Mark Pfitzner, M.D.
   Student Health Center

Jonathan Ravarino, Ph.D., LCSW
   Athletic Department

David Rozek, Ph.D.
   Psychiatry Department

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

Karen Tao, Ph.D.
   Educational Psychology Department

Jennifer Taylor, Ph.D.
   Educational Psychology Department

Sommer Thorgusen, Ph.D.
   Psychology Department

Steve Varechok , LCSW
   Clinical Social Worker Independent Practice

Torrence Wimbish, Ph.D., CMHC
   Huntsman Mental Health Institute

SUMMARY

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

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.

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.