



University Counseling Center

THE UNIVERSITY OF UTAH

Annual Report
July 2010 through June 2011



A unit of
STUDENT AFFAIRS
THE UNIVERSITY OF UTAH

The African proverb, “It takes a village to raise a child”, aptly translates to the work we do at the University Counseling Center (UCC). As outlined in this annual report, UCC staff work closely together each year to provide excellent services to the University of Utah campus. In 2010 – 2011, we experienced a sustained increase in our clinical utilization, documenting the continued upward trend of an increase in the severity of client concerns and related crisis consultation and response. Initial intake appointments increased 7% and we served 9% more clients compared to the previous year. Group counseling appointments increased 30% and we provided 16% more psychiatric evaluations. We had 278 crisis appointments, representing a 32% increase over the past year. Tutoring and testing hours also increased. Our collaborative spirit allows us to support each other in these efforts and ensures that our clients and the students we work with receive the best clinical care, training, tutoring, and instruction possible.



Our strong commitment to our work as multiculturally competent professionals continues to grow and expand. Guided by a river rafting metaphor that enriched our agency multicultural development training this past year, we continued the ongoing process of self-awareness and learning related to better understanding ourselves as multicultural beings and exploring how this awareness manifests in our relationships with each other and with our clients. We launched our UCC Facebook page and have begun to utilize social media to better reach internet-savvy college students. We continue to nurture our relationships with our campus partners to increase the visibility and accessibility of our center. We expanded our Talking Helps Brochure series to target Student Veterans and Student Athletes.

Highlights from 2010 – 2011 include

- We conducted 864 intakes for new clients
- We provided 4765 individual and couples therapy sessions, held 11 different therapy groups, and conducted 156 psychiatric evaluations
- The top three reasons clients sought counseling at the UCC were anxiety, depression, and stress
- We provided training for 25 graduate trainees in five disciplines
- We generated 1093 semester credit hours through our teaching efforts in Educational Psychology and the Career Services Internship Program
- We provided outreach programs to 4318 students, staff, and faculty and provided online mental health screening for 775 individuals
- We provided 6998 hours of tutoring for 983 students, including drop-in tutoring services for students living in the residence halls at the Heritage Center
- We administered 7259 academic and psychological tests and provided 34,113 hours of computerized testing for students and community residents

It is my honor to work with a team of colleagues dedicated to providing excellent services across the range of counseling center functions. As a result of these ongoing efforts, it remains my humble opinion that the University of Utah is a model for counseling centers nationwide in our innovative and effective service delivery practices. Here's to “Staying in the Boat!” and to our ability to navigate both the rapids and calm waters of our day-to-day functioning with grace and skill.

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University of Utah Counseling Center Annual Report

July 2010 through June 2011

Overview

Leadership

Lauren Weitzman, Ph.D. continued in her seventh year as Director. In addition to Dr. Weitzman, the Executive Committee was comprised of Lois Huebner, Ph.D., Associate Director for Clinical Services and Glade Ellingson, Ph.D., Associate Director for Training. The Same Page Committee continued to meet bimonthly as the primary coordinating body for the UCC, consisting of the Director (Dr. Weitzman), the two Associate Directors (Drs. Huebner and Ellingson), the Assistant Clinical Director and Coordinator of Social Work Training (Cindy Harling, L.C.S.W) and the Assistant Director for Technology and Assessment (Rob Davies, Ph.D.). The Executive Committee met on a bimonthly basis.

Staff Changes and Accomplishments

In September, Jonathan Ravarino, Ph.D. and Torrence Wimbish, Ph.D. joined the UCC in staff psychologist positions. Ryan Randall, L.C.S.W. left the UCC in December after being selected by the Dean of Students Office as the new Behavioral Intervention Specialist. We hired Emily Miranda, L.C.S.W, who began at the UCC in January. The Center for Student Wellness, under the supervision of Megan DuBois, B.S., hired Katie Stiel, M.Ed. in November 2010 as the new Prevention Specialist after Brad Linn left to pursue a master's degree in Social Work.

The UCC received the 2010 *AUCCCD Award for Excellence in Counseling Center Scholarship* and Leslie Giles-Smith was awarded the *2010 Student Affairs Vice President's Award for Service Excellence*. Glade Ellingson Ph.D. was elected to the *ACCTA Board of Directors* and Rob Davies, Ph.D. was appointed to the *Center for Collegiate Mental Health Advisory Board*. Karen Cone-Uemura, Ph.D. is now listed in the National Registry as a *Certified Group Psychotherapist*. Gagan Singh, M.D. received the Department of Psychiatry's annual *Award for*

Excellence in the Clinical Area. Brian Droubay, Social Work Intern, was the recipient of the College of Social Work *Dr. Sharon Goodwill Memorial Award* for excellence in the field of mental health and Mona Lisa Chavez-Esqueda was awarded the College of Social Work *Blanch Scow Croft Willey Award* given for outstanding leadership and achievement. Finally, Elizabeth Proemmel, UCC Research Assistant, received an award for her proposal to the NASPA Women in Student Affairs Knowledge Community that included an invited presentation at the Portland NASPA Conference.

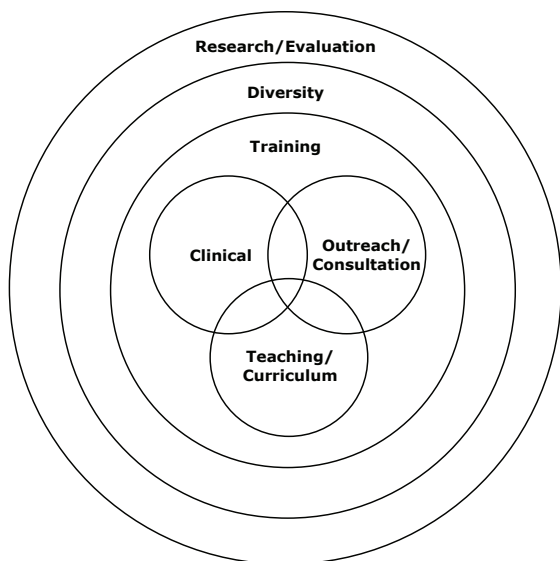
UCC Organization

The University Counseling Center is organized by functional area, with a permanent clinical staff member holding coordinator responsibility for each functional area. In addition, the three affiliate units (Testing Center, Learning Enhancement Program, and the Center for Student Wellness) have managers who oversee personnel and daily functioning in their areas. The 2010-2011 UCC Organizational Chart may be found in Appendix A. Figure 1 provides a conceptual diagram of UCC functions. The three direct service functions (Clinical Services, Consultation/Outreach, Teaching/Curriculum) are found in the middle of the diagram, surrounded by the Training, Diversity, and Research/Evaluation functions.

Mission

The purpose of the University Counseling Center is to facilitate and support the educational mission of the University of Utah. We provide developmental, preventive, and therapeutic services and programs that promote the intellectual, emotional, cultural, and social development of students, staff, and faculty. We advocate a philosophy of acceptance, compassion, and support for those we serve, as well as for each other. We aspire to respect cultural, individual, and role differences as we

Figure 1: UCC Functional Areas



continually work toward creating a safe and affirming climate for individuals of all ages, cultures, ethnicities, genders, gender identities, languages, mental & physical abilities, national origins, races, religions, sexual orientations, sizes, and socioeconomic statuses.

Accreditation

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

Counseling Services

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

and time-unlimited therapy groups. The UCC also provides formal psychological assessment and psychiatric services for ongoing clients as appropriate.

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

Clinical Staff

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

Clinical Team Model

The UCC has utilized a team model since Fall 1994. Under the current team model, each clinical staff member is assigned to one of four teams – a Monday, Tuesday, Wednesday or Thursday team. The team leaders this past year were: Cindy Harling, Jonathan Ravarino, Frances Harris and Lois Huebner. Members of each team are responsible to conduct all intakes scheduled on their team day and to manage crises or situations demanding an immediate response during their team day. Teams staff

cases for disposition in a one-hour meeting on the day following their team day. Individuals deemed appropriate for the Center's short term model are typically assigned to a counselor on the intake counselor's team, but may be referred to staff on another team if that is more appropriate for the client's needs or for training purposes. Occasionally clients are referred into the community if the UCC is not the most appropriate treatment provider. However, diminishing low cost and publicly funded community treatment options have created a situation in which the UCC is providing care for some individuals with chronic and severe mental health issues, which is beyond the scope of services anticipated by our mission statement. No formal wait list was maintained over the 2010-2011 year, largely due to the effectiveness of our clinical team model and our large training staff.

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

Clinical Utilization

From July 2010 through June 2011 staff conducted 864 advanced, same day, and couples intakes (plus 35 extended intakes). This is consistent with numbers over the past several years and represents a 7% increase over last year. There were 1019 scheduled advanced intake appointments with 743 attended and 81 scheduled same day appointments with 71 attended. There were 25 couples intakes scheduled with 50 people attending. The average wait for an intake was 11 days. 23% of clients were able to come in for their intake within 5 days of their request; 24% were able to come in 6-10 days from their request, while 38% waited 11-15 days and 15% waited 16-21 days. While many of these delays were related to the uneven timing of requests for intakes, significant numbers were due to students' difficult schedules.

Table 1 shows the monthly breakdown of intakes. Intakes peaked in September this past year, with a high of 119. Next busiest in terms of intakes were: March (96), February (93), October (90)

and November (86). 77% of intakes returned for counseling.

UCC staff worked with 1191 clients this past year, which represents a 9% increase over last year. Peak months for total appointments were March, April and February. The total number of appointments provided to clients during 2010-2011 was 8350, which represents an 8% increase over last year. Individual counseling accounted for 55% of total clinical appointments, while group accounted for 15.5%, couples counseling for 2% and med checks for 8%. The largest increase in number of appointments occurred for crisis intervention (up 32%) and group counseling appointments (up 30%). Also showing increased utilization were med management (up 20%), psychiatric evaluation (up 15%) and individual counseling appointments (up 5%). Only couples counseling appointments (down 30%) and substance abuse assessments (down 64%) declined. The decrease in substance abuse assessments coincides with the institution of a \$75 charge for each assessment. The continued decline in couples counseling seems likely related to our couples intake system that seeks to manage our capacity for couples work related to the other demands for our clinical services. Figure 2 shows the breakdown of appointments by percentage.

The average number of client appointments (all types) was 7.0, while the average number of individual counseling sessions was 5.8. Sixty percent of clients had 1-5 individual counseling appointments, while more than 83% had 10 or fewer. This is consistent with our short-term model. Only about 2% of our clients participated in more than 20 individual counseling appointments.

The UCC continued to be very busy with crisis management. We had 278 crisis appointments, a 32% increase over last year -- which continues the trend over past several years (14% increase in 09/10, 1% increase in 08/09 and a 39% increase in 07/08). This is now our all-time high. With the availability of a same-day intake appointment most mornings and afternoons in addition to our Team Crisis Coverage, we were able to handle the needs of our clients and the campus community. However, the continued high demand for crisis appointments is concerning.

Table 1: Clinical Appointments, July 2010 through June 2011

Month	AD & SD Intakes	AD Intakes	SD Intakes	Cpl Intakes (sessions)	Psych Evals	Other Appts.	Total Appts	# of Individuals Seen
July	24	20	4	2	9	350	387	
August	39	37	2	2	5	281	329	
September	116	106	10	3	9	542	673	
October	88	79	9	2	16	700	808	
November	82	78	4	4	17	812	919	
December	68	62	6	0	15	530	613	
January	77	68	9	2	18	565	664	
February	90	79	11	3	18	831	945	
March	95	89	6	1	23	919	1039	
April	68	61	7	0	8	881	957	
May	39	36	3	2	13	448	504	
June	28	28	0	4	5	471	512	
Total	814	743	71	25	156	7330	8350	1191

Table 2: Major Clinical Appointments by Type, July 2010 through June 2011

Clinical Appointment	Number	Percent
Intakes: Individual	814	10.0%
Intakes: Couples	50	0.6%
Extended Intakes	35	0.5%
Individual Counseling	4569	55.0%
Psychiatric Evals	156	2.0%
Med Management	666	8.0%
Pregroup Screening	137	2.0%
Group Counseling	1292	15.5%
Couples Counseling	196	2.0%
Family Counseling	0	0.0%
Case Management	42	0.5%
Crisis Intervention	278	3.0%
Testing	107	1.0%
Substance Abuse Assmt.	8	0.2%
Total	8350	

Psychiatric hospitalizations were back to a more normal level this past year, with 7 UCC clients admitted to local hospitals. These hospitalizations were typically in response to client suicidal ideation and intent that could not

be safely managed in a community setting.

The UCC (especially Lois Huebner) have continued a high level of involvement with the Dean of Students' Office (DOS). We participated on a weekly basis in the Behavior Intervention Team (BIT) meetings and in occasional Student of Concern Meetings. We also increased our clinical involvement with Housing and Residential Education (HRE), providing consultation with HRE staff about students displaying disturbing, distressing or potentially dangerous behavior. This responsiveness to the DOS and HRE has included significant numbers of evening/weekend/holiday phone contacts in order to provide timely support and consultation. With increasing consultation to the campus community we have been tracking more closely the time spent in this activity. In the past year we recorded 140 campus consultation contacts (a 9% increase from last year). The majority of these have been related to crisis situations emerging on campus or concerns of staff or faculty about particular students. Many of these contacts are unplanned and may involve multiple contacts across several days, which presents challenges for staff in recording time spent. The new Behavior Intervention Specialist position in the Dean of Students Office appears to have

Figure 2: Percentage Breakdown of Clinical Utilization by Appointment Type

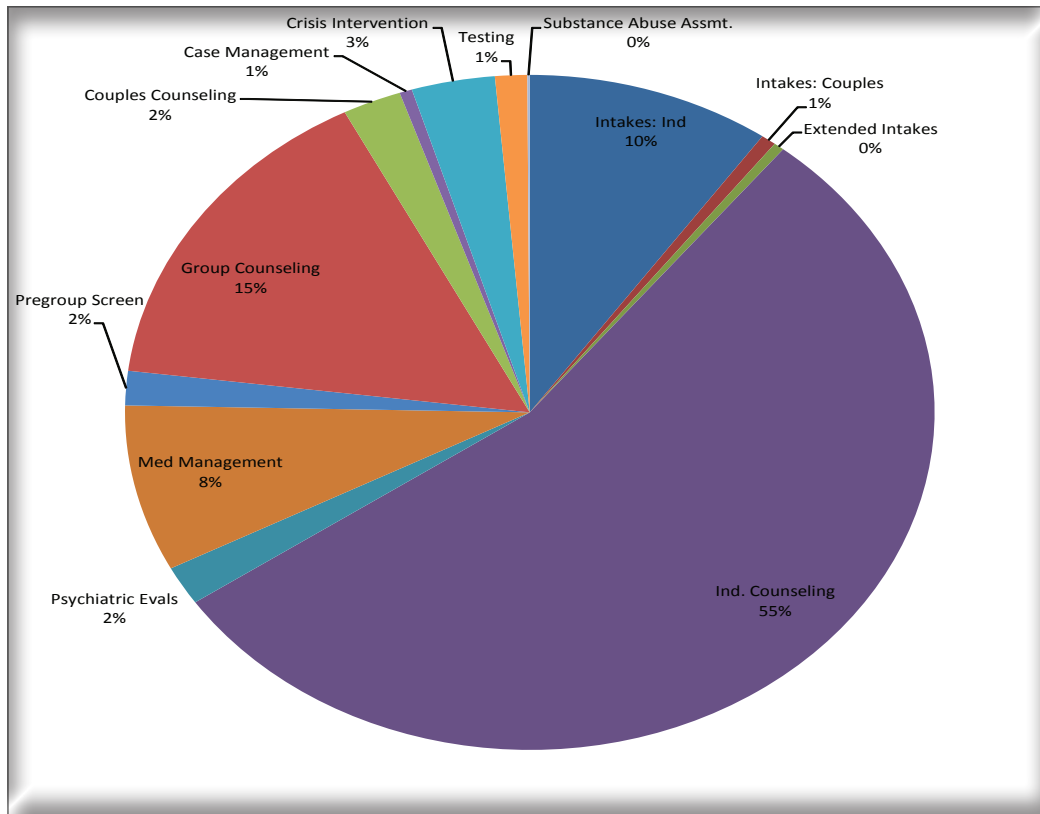


Table 3: Groups Offered, July 2010 through June 2011

Group
Lab 4 Life (Interpersonal Process)
LGBTQQ - Lesbian-Gay-Bisexual-Transgendered-Queer-Questioning
Uncover, Discover, Recover (Substance Abuse Recovery)
Surviving & Succeeding in Graduate School
Anxiety: Mind-Body Approaches (2 different groups in two semesters)
Strengthening Self-Esteem (Interpersonal Process)
Finding our Voice: A Group for Women of Color
Relating to Self & Others (Interpersonal Process Group for Women)
Merging Paths of Wellness (Support/Process/Psychoeducational Group)
The Men's Group (Interpersonal Process for Men)
Making Connections (Social Skills Group)

relieved some of the pressure for immediate UCC consultative response.

Karen Cone-Uemura again coordinated the group program this past year. Clients attended 1292 group sessions (a 30% increase over last year), in 11 groups, plus participated in 137 pre-group screenings. Therapy groups continue to be a primary focus at the UCC and are the “treatment of choice” for many clients.

Glenda Wilkinson and Jared Neslen co-coordinated the couples counseling area. During the past year we conducted 196 couples appointments (98 sessions with 50 clients) and 25 couples intakes. This represents about 3% of our client visits. As noted, we modified our couples intake procedures 2 years ago as we struggled with lack of capacity to offer as many couples intakes and counseling appointments as requested. For the past two years, rather than utilizing a wait list, couples were referred out once we had reached capacity. While this works better administratively, it likely relates to the continuing decline in couples counseling over the past two years. Many couples appointments are conducted conjointly by a permanent staff

member and a trainee thus providing a valuable training experience for our interns in addition to enhancing the services provided to couples via the co-therapist model.

The UCC offers psychological assessment to current clients of the center. Assessment services may be provided by clinical psychology assessment practicum students, psychology interns, counseling psychology practicum students or psychology permanent staff. In 2010-2011 we provided assessments for 30 clients (a 42% decrease over last year). This represents 107 appointments and 146 hours of testing (plus 26 hours of feedback for 24 clients). The reason for this decline is not clear.

We also continued to offer Substance Abuse Assessment services for clients of the UCC. These assessments provide clients and our staff with determinations about the level of care required for treatment. Those who are appropriate for the UCC typically participate in the Substance Abuse Group and/or individual counseling and may also avail themselves of medication services. Last year we provided substance abuse assessments for 8 clients (14 contact hours).

Psychiatric services are available to UCC clients who would benefit from psychiatric evaluation and/or medication management. Clients must be in concurrent counseling at the UCC or the Women's Resource Center (WRC) in order to receive psychiatric services at the UCC. This past year we were fortunate to have 2.5 residents (2.5 resident days; one resident joined us in January) plus an APRN intern who spent about two days a week with us. Psychiatric services continue to be central to our model, accounting for about 10% of client contacts. The psychiatric staff conducted 156 evaluations (a 16% increase from the previous year) and 666 medication check appointments (a 20% increase from last year; following a 21% increase the year before). Psychiatric service utilization may be one marker of increased severity among our clients.

Client Demographics

The following data represent demographic statistics on all clients seen from July 1, 2010

through June 30, 2011 who had an intake after January 2008. Demographic information provided by clients at intake indicated that 55.9% were female, 42.8% were male and .5% identified as transgender. With respect to age, 33% were 17-21 years old; 25% were 22-25 years old, and 41% were over 25. In terms of ethnicity, 1.7% identified as African-American/Black, 4.4% as Asian American/Asian, 0.6% as American Indian/Alaskan Native, 6.1% as Hispanic/Latino(a), 0.5% as Native Hawaiian/Pacific Islander, 2.6% as Multi-racial, 78.3% as Caucasian/White, and 1.8% as "other." The Counseling Center client population exceeded the University population in percentage of all categories of ethnicity except White and Native Hawaiian/Pacific Islander, indicating that we are serving students of color in close proportion to their enrollment at the U, and are, in fact, exceeding that to some extent. (Based on figures from Table A2 of the OBIA website, December 2010).

UCC clients came from 45 countries and 5.1% of our clients reported they are international students. This compares with about 8% of UU students who are registered as international students (per Director of the International Center, 8/23/11), suggesting that we are somewhat underserving that population. Clients reported a variety of religious affiliations, with the largest number (22.2%) identifying as LDS. 46.2% reported no religious affiliation. Most clients reported they were self-referred (42.9%), followed by referral by a friend (17.9%), family (12.5%), or faculty (8.2%).

In terms of relationship status, 52.2% were single; 25.1% were in a serious dating or committed relationship; 16% were married; 1% partnered, and 5.3% separated or divorced. 17.8% reported they live alone; 15.7% reported they live with parents; 25.1% reported they live with a spouse or significant other, 39.2% reported they live with roommate, and 8.2% reported they live with their children. 13.5% reported living in campus residence halls and 0.7% in fraternity/sorority housing. The majority of clients identified as heterosexual (85%), with 9.8% identifying as gay, lesbian, bisexual or questioning.

20.1% of clients claimed senior status; 20% were juniors; 14.5% sophomores; and 11.3%

freshman. 27.3% reported they were graduate students. 34% indicated they had transferred to the U from another school. 2.1% percent of our clients reported they were faculty or staff. Approximately 72% of our clients report being engaged in paid employment. Only 2.9% reported military service. Less than 1% of our clients reported a history of military trauma.

Just under 6% of our clients were already registered with the Center for Disability Services at the time of their intake. The highest number (29) were registered for ADHD, followed by “psychological disorder/condition” (28) and learning disorder (17). Other conditions warranting CDS involvement were physical health related disorders (7), neurological disorders (7), visual impairments (4), mobility impairments (4) and deaf or hard of hearing (3). [Some clients reported more than one disability as they are asked to “check all that apply.”]

70% of clients reported having health insurance (primarily student health insurance). 38% reported they were currently taking prescription medication at the time of their intake.

In terms of self-reported GPA, the mean was 3.29. Despite their good grades, 28% of clients reported their current issues affected their academic performance “substantially” and 16% “severely.” Only 7% said their academic performance was affected “not at all.” Clients reported job performance to be less affected: 25% “not at all;” 15% “substantially;” and 7% “severely.” On the other hand, personal relationships were the most affected, with 5% reporting “not at all,” 10% “slightly,” 31% “moderately,” 37% “substantially,” and 16% “severely.”

CCAPS Item Data

All clients at intake complete the CCAPS-62, a 62 item self-report questionnaire consisting of responses to stems such as “I have a lot of energy” on a 5 point scale. The scale range is from 0-4, with anchors at the lowest and highest points indicating the statement is “not at all like me” (0) to “extremely like me” (4). On individual client reports the client’s responses are summarized with a percentile rank comparing that client to a national sample of counseling center clients on

each of eight subscales: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility and Substance Use. Comparing UCC data to the Center for Collegiate Mental Health national counseling center sample shows that our clients are quite similar to clients at other universities. Using items where clients responded with a “3” or “4” on the 0 - 4 point scale, this is how our clients described themselves:

Reassuring:

I feel that my family loves me (75%)

I enjoy my classes (58%)

My family is basically a happy one (55%)

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

I make friends easily (51%)

I like myself (47%)

Troubling:

My thoughts are racing (53%)

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

I feel tense (49%)

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

I have sleep difficulties (46%)

I feel disconnected from others (45%)

I feel isolated and alone (43%)

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

I feel sad all the time (32%)

I feel that no one understands me (32%)

I feel helpless (31%)

I have unwanted thoughts I cannot control (27%)

I feel worthless (24%)

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

I lose touch with reality (20%)

I have difficulty controlling my temper (16%)

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

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

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

Client Experiences

The UCC also collects data about important client experiences at intake (see Table 4). According to these numbers, more than half (59%) of our clients have had previous counseling and nearly half (47%) have taken psychotropic medication. Fourteen percent have been psychiatrically hospitalized at least once. Just over one-third (35%) have considered suicide, and 15% have made an attempt. Nearly 50% reported having been the victim of some type of harassment, and

27% reported an experience of unwanted sexual contact. Twenty-nine percent have engaged in self-harm behaviors. Nearly 12% reported they had seriously considered injuring another person (but only 2.5% had done so). 7% report prior treatment for drug or alcohol problems.

These data also suggest considerable sources of distress in the families of UCC clients. The most common events that clients reported were: frequent hostile arguing (42%), family member diagnosed with a mental disorder (37%) and divorce/separation of parents prior to age 18 (33%). 15-22% of clients also reported someone in their family with an eating problem, with a debilitating illness/injury/handicap, who attempted suicide, who was hospitalized for emotional problems, who experienced rape or sexual assault, physical abuse in the family, a parent with a drinking problem, a parent with extended unemployment, and/or frequent moves.

Client-described Presenting Problems

Another questionnaire filled out at intake asks clients to identify which issues (from a list of 46) brought them into the Counseling Center on this particular day. Clients can check as many as apply. The most commonly checked items were anxiety (66%), depression (60%), stress (56%), academics (46%), self-esteem (39%), relationship with partner (31%) and loneliness

Table 4: Important Client Experiences Summary

Client Experiences	Never	Prior to College	Since Starting College	Both
Psychotropics	53%	12%	17%	15%
Drug & Alcohol Treatment	90%	5%	2%	>1%
Hospitalization	86%	6%	4%	1%
Self Injury	71%	13%	4%	8%
Considered Suicide	65%	12%	8%	11%
Attempted Suicide	85%	6%	4%	2%
Considered Injuring Another	88%	4%	2%	3%
Intentionally Injured Another	94%	2%	>1%	>1%
Unwanted Sex Exp.	73%	13%	6%	5%
Harassment	53%	22%	7%	16%
Prior Counseling	40%	19%	21%	17%

(32%). These are similar to issues that were identified most frequently last year. (see Table 5).

Table 5: Reasons for Seeking Counseling

Reason for Seeking Coun.	Num.	%
Anxiety	683	65%
Depression	642	61%
Stress	586	56%
Academic	481	46%
Self-Esteem	412	39%
Loneliness	351	34%
Relationship w/ Partner	321	31%
Social Anxiety	264	25%
Relationship w/ Friends	255	24%
Family I Grew Up In	220	21%

Training Program

The training of graduate-level students in Psychiatry, Psychology, and Social Work is a highly valued and central function at the UCC. This year we also added a trainee from the College of Nursing's Psychiatric Nursing APRN training program. Having multiple trainees from a variety of disciplines maximizes our ability to provide direct clinical services, teach academic courses, and have a robust outreach program. Glade Ellingson, Ph.D. completed his second year as the Training Director on July 1, 2011. During the 2010-2011 academic year the UCC Training Committee was comprised of Glade Ellingson, Ph.D. (Training Director), Cindy Harling, LCSW (Coordinator of Social Work Training), Jonathan Ravarino, Ph.D., LCSW (Coordinator of Practicum Training), and intern representatives from Psychology and Social Work.

The Psychology Internship training program at the University Counseling Center has been nationally recognized and accredited by the American Psychological Association since 1979. The UCC also is an active member of the Association of Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA). Glade Ellingson was active in ACCTA this year. In October 2010 he gave two presentations at

the national conference in Portland, Oregon; he also ran for—and was elected to—the ACCTA Board of Directors where he chairs the Standing Committee on Bylaws and works in New Member Programs.

The UCC is a sought-after outpatient psychiatry residency rotation for 3rd and 4th year residents completing their AMCGE-approved psychiatry residency at the University's School of Medicine. We also employ 3 LCSWs who are approved Field Faculty for the local College of Social work, making the UCC a prized location for 2nd year MSW interns. Finally, the UCC functions as a "core" practicum site for all 2nd year doctoral students in Counseling Psychology and in Clinical Psychology.

During 2010-2011, UCC provided clinical training experiences and supervision to a total of 25 graduate and professional students including Psychiatric Residents (3), pre-doctoral level Psychology Interns (4), Social Work Interns (3), an APRN Intern (1), Counseling Psychology Doctoral Practicum Counselors (8), Clinical Psychology Doctoral Assessment Practicum Counselors (4), and Clinical Psychology Doctoral Psychotherapy Practicum Counselors (6). In addition, the Center provided clinical supervision toward professional licensure to one Psychology Resident staff member and one Associate Professional Counselor accruing hours to become a Licensed Professional Counselor (LPC). The Center also provided research and evaluation training to one Research Assistant who was an advanced doctoral student from the Department of Educational Psychology. (See Table 6 and Appendix B.)

Consistent with the multicultural mission of the Counseling Center, intern and resident trainees represented a broad spectrum of diversity in terms of racial/ethnic backgrounds, cultural backgrounds, sexual orientations, religious preferences, and genders. Among the clinical supervisees were 3 Latinos/Latinas, 1 Asian American, 1 Hawaiian/Pacific Islander, 1 international student, 2 lesbians, 2 gay men, 1 bisexual individual, 15 women, and 10 men.

Table 6: Graduate Program, FTE, and Destination of Trainees, July 2010 - June 2011

Doctoral Psychology Interns and Graduate Program	FTE	Post UCC Destination
Melanie Brewster, Ph.D. <i>University of Florida</i>	1.0	Faculty, Counseling Psych., Teacher's College, Columbia
Adriane Cavallini, Ph.D. <i>Brigham Young University</i>	1.0	Counseling and Career Center, Brigham Young University
Hoku Conklin, Ph.D. <i>Brigham Young University</i>	1.0	Postdoctoral Fellow, University of California—San Diego
Nikki Jones, Ph.D. <i>Ball State University</i>	1.0	Psychology Instructor, Mesa State University
Social Work Interns and Graduate Program	FTE	Post UCC Destination
Mona Lisa Chavez-Esqueda, M.S.W. <i>University of Utah</i>	.50	Accepted to Social Work Ph.D. Program; University of Utah
Brian Droubay, M.S.W. <i>University of Utah</i>	.50	Clinician, Utah State Prison
Jacob Jacquez, M.S.W. <i>University of Utah</i>	.50	Program Manager, South Valley Sanctuary
Psychiatric Residents / APRN Intern	FTE	Post UCC Destination
Christopher Helfer, M.D. <i>University of Utah</i>	.25	4th Year Rotations
Ben Lewis, M.D. <i>University of Utah</i>	.25	4th Year Rotations
Michelle Vo, M.D. <i>University of Utah</i>	.25	Continuing at UCC; Triple Board Program
Susan Godwin, APRN <i>University of Utah</i>	.40	Continuing as Head Nurse, Univ. Hospitals & Clinics

Supervision of Trainees

Licensed permanent clinical staff members of the Counseling Center provided weekly clinical supervision to 11 of the graduate trainees and to 2 permanent staff members in their respective disciplines. Therefore, UCC licensed staff provided an average total of 19 hours per week of one-to-one clinical supervision during fall and spring semesters and 14.5 hours per week during summer semester. In addition, staff provided an average of 7 hours of training/clinical seminars to trainees weekly including UCC Training Seminar (Psychology and SW Interns combined), Psychology Training Seminar, Supervision Seminar, Social Work Training Seminar, Clinical Consultation Hour, Multicultural Development Seminar, and Staff Development Seminar. In addition, selected UCC trainees were provided with specialized training: 1) participation in the Utah University and College Counseling Centers Conference; and 2) Gatekeeper Training. UCC provided trainees with opportunities to gain supervised experience in counseling, assessment, and collaborative outreach/consultation; in addition, pre-doctoral psychology interns received supervised experience in providing clinical supervision, teaching academic classes, and conducting research and scholarship.

Faculty supervisors in Counseling Psychology and Clinical Psychology provided an additional 12-16 hours per week of one-to-one and small group clinical supervision to practicum counselors. Academic faculty members, including three UCC staff members who hold joint appointments in the Department of Educational Psychology, provided clinical supervision to the doctoral practicum counselors in Counseling Psychology, resulting in a total of approximately 250 hours of practicum supervision. In addition, Psychology Interns provided a total of 8 hours per week of individual clinical supervision to practicum counselors in Counseling Psychology (approximately 250 total hours of practicum supervision) during fall and spring semesters. Faculty members in the Department of Psychology provided supervision to the doctoral assessment practicum and to the psychotherapy practicum counselors in Clinical Psychology.

Trainee Service Delivery Efforts

Trainees significantly contributed to the counseling, outreach, and instructional services offered by UCC over the past year. Nearly every group of trainees provided a significantly higher number of clinical hours than their predecessors the previous year. Psychology Interns, Social Work Interns, Psychiatry Residents, Counseling Psychology Practicum Counselors, and Clinical Psychology Practicum Counselors conducted a total of 457 intake interviews and provided 2638 hours of individual and couples counseling to eligible students, staff, and faculty members (See Table 7). In addition, Psychology interns were instructors for 4 undergraduate courses including 2 sections of Career and Life Planning and 2 sections of Multicultural Issues. Social Work and Psychology Interns provided a total of 58 hours of Outreach services to the campus during the past year.

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

In addition, the Learning Enhancement Program provides training to graduate and undergraduate students. They hire, mentor, and coordinate graduate students each year who serve as teaching assistants in the Strategies for College Success courses that are offered in collaboration with the Department of Educational Psychology. The Supplemental Instruction Program trains qualified undergraduate students to assist other students in successfully completing targeted freshman and sophomore level courses with high D, E, and W rates through organized, peer assisted study sessions. The Tutoring Center, which is CRLA certified, also trains qualified students to assist students through one-on-one or group tutoring. Tutors complete training modules on a range of topics, including working with students with disabilities and assessing student learning styles.

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

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

Direct Services Provided by Select Groups of Trainees:

Trainee Position	# of Trainees	Intakes	Indiv/ Couples	Grp Appts
Psychology Interns (4.0 FTE)	4	255	1151	156
Social Work Interns (1.5 FTE)	3	75	312	83
Psychiatry Residents	3	0	99	0
Practicum Counselors - Clinical	6	0	47	0
Practicum Counselors - Counseling (~1.75)	8	157	947	5
Total Service Provided	25	457	2638	272

Percentage of UCC Overall Direct Services provided by all trainees

Service	N	% of UCC Service
Intakes, Extended Intakes	457	57%
Individual Counseling	2632	59%
Psychiatric Evaluations	118	76%
Medication Management	437	65%

Intern Diversity Initiatives

During spring semester, Psychology and Social Work Interns developed Diversity Initiatives often involving collaborations with other offices or student groups to promote and maintain liaison relationships between the UCC and offices and programs on campus that target the needs of underserved populations on the campus. These initiatives were conceptualized to be opportunities for Interns to utilize knowledge and skills acquired during fall semester to define a project of special interest to the Intern and to meet a perceived need of students, staff, or faculty.

Social Work Intern Diversity Initiatives

- One Social Work Intern paired with a Psychology Intern and focused on the needs of student-athletes. After completing a number of outreach presentations in the Athletic Department, they developed a questionnaire regarding mental health needs of student-athletes, student-athlete awareness of counseling services, and perceived barriers for student-athletes seeking counseling. They also developed a pamphlet targeting student-athletes for the UCC "Talking Helps" brochure series.
- Two Social Work Interns paired with each other to develop an experiential outreach workshop titled "What Would You Do?" Using videotaped scenarios from a popular television show these interns organized, advertised, and conducted an afternoon outreach for the university community focusing on racism, oppression, and difficult dialogues. They arranged for free pizza for participants and purposely held this outreach away from UCC, in the Union Theater. Those who participated found it valuable and illuminating.

Psychology Intern Diversity Initiatives

- One Psychology Intern paired with a SW intern to focus on student-athletes and mental health issues, working with the Athletics Department as described above.
- A second Psychology Intern carried out her Diversity Initiative by working with the International Center. She completed a literature review of the mental health needs of international students and met with representatives from the campus International Center to discuss barriers that international students face in seeking mental health services. She designed, wrote,

and sent out a survey to current and former UCC clients who identified as international students to assess how their needs were being addressed at UCC. She presented these findings to staff, along with recommendations about how we can better serve this population.

- A third Psychology Intern participated in the campus-wide committee for Love Your Body Week (Eating Disorders Awareness Week) and developed this into her diversity initiative. In addition to planning activities for that week (speakers, YouTube video, Post-it campaign, eating disorder screening, and a yoga class), she was asked to participate on a panel discussion about eating disorder treatment approaches. She also developed a brochure screening for eating disorder issues called "Information about Healthy Eating and Body Image."
- The final Psychology Intern was interested in strengthening the ties between UCC and the Women's Resource Center (WRC) by developing and running a Women's Graduate Student Group for 2 semesters. After planning, advertising, and laying the groundwork in Fall Semester, she paired with two WRC practicum counselors to co-facilitate the group in Spring and Summer Terms. The UCC Director also joined as a co-facilitator of the group one term and was the licensed supervisor for the offering.

Intern Accomplishments

Last spring Mona Lisa Chavez-Esqueda, MSW was accepted into the Social Work Doctoral Program at the University of Utah, which she is scheduled to begin Fall 2011. Brian Droubay, MSW took a position as a Clinician at the Utah State Prison, and Jacob Jacquez, MSW took a position as Program Manager & Mental Health Therapist at South Valley Sanctuary in West Jordan, Utah.

While the 4 Psychology Interns began the internship year in various stages of dissertation progress, all 4 successfully completed and defended their dissertations in the course of the year. Thus, all 4 Interns completed their doctoral degrees concurrent with completion of their UCC internships on July 31. Melanie Brewster, Ph.D. accepted a tenure-track faculty position in Counseling Psychology at Teacher's College, Columbia University. Adrienne Cavallini, Ph.D.,

accepted a Staff Psychologist position at the Counseling and Career Center at Brigham Young University. Hoku Conklin, Ph.D. accepted a Postdoctoral Fellow position at Counseling and Psychological Services at the University of California—San Diego. Nikki Jones, Ph.D. was hired as an Instructor at Mesa State University; she is also providing therapy to students at a satellite location for the university.

Other Training Program Changes and Accomplishments

This year was the first that UCC has been a training partner with the College of Nursing. Susan Godwin, RN, spent approximately 16 hours per week in the agency completing her practicum/internship requirements for the second year of her Advanced Practical Registered Nurse program with an emphasis in Psychiatric Nursing. As such, she provided individual therapy, group psychotherapy, psychiatric evaluations, and medication management to UCC clients. Glade Ellingson became a Clinical Preceptor in the College of Nursing to facilitate this training. Jared Neslen, M.Ed. continues in a full time staff position at the Counseling Center with 50% of his time dedicated to his role as psychometrist in the Testing Center and 50% dedicated to clinical service delivery. The Counseling Center continues to provide clinical supervision to Jared to accumulate the necessary hours for him to qualify for licensure as a Licensed Professional Counselor.

Through the national internship selection process for predoctoral internships in psychology conducted in February, UCC was successful in attracting four well-qualified psychology interns from doctoral programs accredited by the American Psychological Association. These interns for the 2011-2012 training year will come from 4 different academic programs: Brigham Young University (Counseling Psychology); the University of Missouri—Kansas City (Counseling Psychology); Penn State University (Counseling Psychology); and the University of Utah (Clinical Psychology).

Outreach and Consultation Services

Another major area of focus for the University Counseling Center (UCC) is Outreach and Consultation, which was jointly coordinated by Ryan Randall, LCSW and Torrence Wimbish, Ph.D. Ryan coordinated outreach in the summer and fall before leaving the UCC to take a position in the Dean of Students Office. Torrence coordinated outreach services in the spring of 2011. Outreach and consultation services are made available primarily to the University community, including student groups, administration, academic departments, and student services. Occasionally, presentations are also made to community groups in the Salt Lake City area. Outreach requests are fulfilled by UCC's permanent clinical staff as well by the psychology and social work interns. This allows staff members to make connections with the campus community and develop strong collaborative relationships with University students, faculty, and staff.

Outreach efforts are coordinated within the Outreach Coalition, a committee that meets on a monthly basis. This year's coalition members consisted of Ryan Randall, Lauren Weitzman, Torrence Wimbish, and Nikki Jones (pre-doctoral intern) from the UCC, along with Megan DuBois and Katie Stiel from the Center for Student Wellness, and Nicki Turnidge-Halvorson from the Learning Enhancement Program (LEP).

The UCC outreach and consultation program continues to be very active, offering presentations to a large number of organizations. A total of 141 workshops or presentations were provided to 54 different campus groups over 16 different topic areas, ranging from stress management to diversity related topics. The UCC provided 207.7 hours of presentations/workshops to 4,318 students/faculty/staff (see table 8). The UCC also put 236 hours of preparation time into outreach activities.

Our total workshops decreased from 157 to 141 this year, a 9% decrease from the 2009-2010 year. With regards to outreach participants, our numbers have also decreased from 5,315 students and community members in 2009-2010

to 4,343 in 2010-2011. These decreases could be related to the transition between outreach coordinators, more accurate record keeping and the UCC becoming more intentional with targeted outreach presentations in light of increasing clinical demands. Despite the slight decrease in this year's numbers, there has been a 57% increase in presentations over the past 5 years (since 2005-2006). These overall positive outreach trends demonstrate continued dedication, participation, and commitment of UCC permanent staff and interns to the campus community (see table 9).

The UCC participated in 29 campus tabling events providing many opportunities to introduce people to our services and respond to their requests for information about mental health concerns. Tabling events provided contact to approximately 700 University students, staff, and faculty.

Table 9: Top 10 Campus Units Served

Campus Unit	Num of People	Num of Trainings
Orientation	1398	42
General Campus	712	27
Educational Psychology	586	11
Medical School	258	6
CESA	178	6
Athletics	54	6
Housing & Res. Ed.	184	4
Student Affairs	108	4
Health Promotion & Ed.	-	4
Greeks	121	3

Table 8: Summary of Outreach Programs, July 2010 through June 2011

Outreach Category	Hours	# of People	# of Workshops
Academic Skills	2.5	15	1
Career Development	7.8	156	6
Diversity	29	635	15
Interpersonal Skills	12.3	265	8
Mental Health Issues	34.7	818	25
Personal Development	15.1	323	9
Professional Development	9.1	64	5
UCC Services (Includes Tabling)	97.1	2067	72
Total	207.7	4343	141

The UCC continues to offer online screenings for the sixth continuous year. These screenings are located and accessible on the UCC's Website Home Page. A total of 775 online mental health screenings were taken this year. The breakdown of total screenings is as follows: Depression (278), Bi-polar (139), Alcohol (37), Eating Disorders (99), Generalized Anxiety (171), and Post-traumatic Stress Disorder (PTSD) (51). Of those screened, 265 reported they would "very likely" seek out further mental health support.

This year, the UCC extended outreach efforts into social media to reach the campus demographic that may be more likely to access psycho-educational information via the internet. The UCC introduced a Facebook page that provides information about therapy groups, workshops, and UCC social justice activities. Also, the UCC collaborated with SPEAK (Students Promoting Eating Disorder Awareness & Knowledge) to create a YouTube outreach video that promoted and highlighted the importance of healthy body image/shape/size acceptance as part of the Love Your Body Week campus activities. To date, the video has received over 3,500 views.

This was the thirteenth 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 provide a specific individual contact when clinical consultation is necessary. <http://www.sa.utah.edu/counsel/forfaculty.htm>

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

Career Development

Frances Harris coordinated the Career Development programs at UCC for 2010-2011. Pat Tsuyuki provided administrative support for career programs including scheduling, grading, processing of internship files, and documentation of course evaluations. Staff of the Counseling Center and Career Services collaborated to offer courses and internships for academic credit that promote career development of students. In addition, staff at the Counseling Center provided career assessment and counseling as appropriate in individual and group psychotherapy sessions with undergraduate and graduate students.

Last year, staff of the Counseling Center and Career Services collaborated to offer several sections of Successful Career Planning (Ed. Psych. 3960, Sections 80 and 82), a one-credit, half-semester class designed to assist students in all majors in exploring their interests, skills, personal characteristics, and values as they relate to career decision-making and the world of work. Students also learned to set career-related goals, construct cover letters and resumes, and practice introducing themselves to potential employers. The class format included informational workshops and group discussions as well as individual appointments with a counselor in Career Services. These courses were collaboratively co-taught by two psychology interns from the Counseling Center and a Graduate Assistant in Career Services. Three sections of the class were offered last year by UCC staff: two sections for all majors in fall and one in spring semester. Total number of students enrolled in the Career and Life Planning classes taught by UCC staff was 24. Student evaluations of the new class were positive. New material on diversity, networking, resume writing, elevator speeches, and interviewing continue to enhance the course curriculum. See Table 10 for a summary of these data.

UCC psychologists also served as faculty

Table 10: Summary of Career Development Activities

Career and Life Planning Class: (ED PS 3960-80)	
Fall 2010	
# of Classes	2
# of Students	11
Spring 2011	
# of Classes	1
# of Students	13
Total # of Classes	3
Total # of Students	24
Career Services Internship Program	
Summer 2010	
# of Classes	2
# of Students	37
Fall 2010	
# of Classes	2
# of Students	37
Spring 2011	
# of Classes	2
# of Students	25
Total # of Classes	6
Total # of Students	99

for the Career Services Internship Program (CSIP) which involves students who enrolled in ED PS 3960, Sections 78-79. Advisors from Career Services monitored the progress of the students on weekly assignments and visited their internship work sites. Once the internship was completed, the UCC faculty member read the student's file, graded the final paper, and determined the extent to which the student met the individualized requirements of the course. During 2010-2011, Frances Harris served as primary faculty for the Career Services Internship Program; she was assisted by two Psychology Interns in fall and spring semesters. CSIP served 99 students during the year, totaling 388 semester credit hours (compared to 146 students and 526 SCH last year). Thus, the number of students served by the internship program decreased by 47 students compared to the number served last year. Similarly, the number of credit hours generated by the program decreased by 138 hours from last year. Given the poor economy in

the United States last year, it appears that fewer students sought internships than in the previous year. Students who registered for internships enrolled for an average of 3.9 hours of credit in 2010-11 compared to an average of 3.6 hours of credit in 2009-2010.

Career counseling was integrated with mental health and academic counseling in individual psychotherapy sessions and in group counseling sessions. This philosophy is consistent with the strategic objective to develop students as a whole through promotion of experiential learning opportunities and consideration of personal, educational, and career factors simultaneously. In addition, several psychotherapy groups offered at UCC, specifically focused on issues related to educational and career attainment such as the Surviving and Succeeding in Graduate School and Relating to Self and Others (for women students) groups as well as the Women of Color Group offered in collaboration with the Women's Resource Center. A new offering this year was the Women's Graduate Student Group which focused on empowerment, privilege, power, and intersecting identities of women in graduate school, another collaborative offering of the University Counseling Center and the Women's Resource Center.

The UCC is involved in on-going training and education of graduate trainees and new staff, ensuring that all staff members are properly trained to provide professional and competent service in career development, planning, and implementation. Frances Harris provided a two hour training seminar in career assessment and counseling for the Psychology Interns during Fall Orientation to highlight the importance of career issues in personal counseling. Pat Reilly, a new staff member in Career Services who coordinates career planning courses and teaches Successful Career Planning for humanities majors, also participated in the training session.

In addition, Frances Harris participated as a member of the Career Development Coordinating Committee of Career Services that also included participants from University College. Members of this meeting were collaboratively planning how to best address salient issues such as major choice, career planning, and job search

skills through courses, internships, and job search services at appropriate decision points in students' academic development. Some suggestions included providing career planning courses that are linked to the courses focused on selecting a major that are offered to undeclared students through University College and/or tailoring courses to meet the unique needs of specific student populations such as students served by the Center for Ethnic Student Affairs or by the Center for Disability Services. These approaches would build on the strategy used by Career Services in partnering with the College of Humanities and with the College of Social and Behavioral Sciences to offer career courses tailored to students in those majors. In this way, UCC and Career Services are collaborating to increase the accessibility of career resources to all students, including students from underrepresented groups on campus.

Multicultural Issues Courses

The Multicultural Issues (Ed Ps 3010) is a 3 credit, semester long, class taught in Fall and Spring semesters. A total of 10 students were enrolled, totalling 30 credit hours. The instructor and class ratings continue to be positive and this class has been a selling point among intern applicants and a very good training experience for our interns. In Fall semester the class was co-taught by two psychology interns, Hoku Conklin and Nikki Jones. In Spring semester it was co-taught by our other two psychology interns, Melanie Brewster and Adriane Cavallini. The teaching of the class was overseen by Dr. Rob Davies who acted as a supervisor and consultant for the instructors.

UCC Agency Diversity Initiatives

The UCC continued to host several agency diversity initiatives to facilitate the personal growth and professional development of our staff in the realms of diversity and multiculturally competent practice. These efforts clearly reflect the larger Students Affairs value of Commitment to Diversity and continue to result in an increased utilization of our services by students of color and other underrepresented groups. Continued evolution of our multicultural efforts resulted in

a revamped structure and process of providing agency multicultural training based on the work of the Summer 2010 UCC Diversity Committee. A predominant emphasis has been to be more intentional about the stages of our development as a group, given that new interns join the permanent staff at the beginning of each training year. We were inspired by a river-rafting metaphor to frame the possibility and adventure that occurs once we embark each year on our multicultural journey together.

Our annual Fall Retreat again engaged staff to provide service to the community at the Utah Food Bank. We also included more intentional team-building activities that set the groundwork for our clinical team affinity group structure. Agency multicultural training now occurs within the context of Multicultural Development trainings (MCD), which are held twice a month during Fall and Spring semesters. We have focused this training more deliberately on clinical service, with staff members taking turns presenting clinical cases and linking these case presentations to topical issues relevant to multicultural counseling competence. MCD trainings also include didactic presentations and smaller break-out groups where clinical teams can discuss together in a more personal way issues that emerge in the large group trainings. The Multicultural Coordinating Committee (MCCC) was formed to plan and shepherd this training throughout the year. The MCCC is co-chaired by Lauren Weitzman (Director) and Torrence Wimbish (UCC Diversity Initiatives Coordinator). One permanent staff member and two interns sit on the MCCC each year. This past year, Rob Davies, Hoku Conklin (Psychology Intern), and Mona Lisa Chavez-Esqueda (Social Work Intern) made up the remainder of the MCCC, which met on alternating weeks to plan the MCD trainings.

Staff Development

The UCC continued to sponsor an in-house Staff Development series, inviting campus and local speakers to present on a variety of relevant mental health topics. UCC Staff Associates are invited to attend the staff development presentations. As has been the case for several years, several of the presentations incorporated a multicultural focus and included one presentation

specially focused on ethical and/or legal issues. The Utah Psychological Association awarded UCC 12.5 hours of continuing education credit for psychologists attending all sessions. Social Work and LPC staff are able to turn in their hours as verification of CE credit as well.

The kick-off presentation was titled “Facets of identity: Exploring the overlap” and was provided by Karen Cone-Uemura, Ph.D. This two-hour presentation (open only to in-house staff) was another building block of our multicultural development training and provided the opportunity for staff to learn more about the unique identities that comprise our group this year. Session 2 in Fall semester was our annual report from the UCC Research Team, who presented on “Who uses the UCC? Findings from clinical data and the NASPA Assessment and Knowledge Consortium. Dolores Delgado Bernal, Ph.D. from the Department of Education, Culture, and Society then presented on “Creating possibilities for change in higher education: First-year experiences of students of color. The final presentation of Fall semester was provided by a colleague from BYU, Steve Smith, Ph.D., who shared his thoughts on “A Provo boy’s journey: How one dyed in the wool Mormon is trying to understand and bridge the great divide in psychology.”

The Spring term of 2010 started off with a presentation by Natalie Malovich, Ph.D. on “Negotiating ethical pitfalls: Common ethical dilemmas in mental health practice and how to avoid them.” The next session was “Pollyanna in the lab: What have we learned from the systematic study of positive thinking and health” by Lisa Aspinwall, Ph.D. and that included our colleagues from the Student Health Center. In session 3 former intern and current professor of Educational Psychology Jason Burrow-Sanchez, Ph.D. presented on the “Cultural accommodation of a substance abuse treatment program for Latino adolescents.” The final session in this series was a presentation by Steve Verachok, L.C.S.W. on “Outpatient management of eating disorders.” Please see Appendix D for a complete listing of staff development presentations along with a summary of evaluation ratings.

Technology

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

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

Using funds provided by one time monies we were also able to upgrade our psychiatry staff from a 15 year old tape recording dictation system to a digital dictation system. Psychiatry staff are now able to dictate their psychiatric evaluations in a digital format which is then saved to a secure server to be later accessed electronically for transcription. This system is much more secure, reliable and convenient than our old system.

Research Team

During the 2010-2011 year the research team included Lois Huebner (Coordinator), Rob Davies, Karen Cone-Uemura, Elizabeth Proemmel (RA) and Halley Brown (doctoral student).

The major emphasis for the research team over the past year has been our continued involvement in the data collection and research efforts of the Center for Collegiate Mental Health (CCMH). Currently CCMH has 170 college and university counseling center members of which 98 submitted data. All of the member centers collect a standardized set of data from their clients (with a few options to include additional questions), including demographics and client experiences, via the Standardized Data Set or SDS. Many member centers (including UCC)

also administer the CCAPS-62 at intake for a snapshot of clinical symptoms. In this last year, member universities had the opportunity to add administration of a shortened version of the CCAPS (the CCAPS 34) at all client sessions to track client change; the UCC elected to do this. These efforts are in support of a vision of creating a national data base reflective of the state of student mental health and student mental health history. Currently the UCC is administering both the CCAPS 34 and the OQ-45 at all counseling sessions. This effort is in service of comparing the utility of these assessment devices as well as determining their similarities and differences. To our knowledge the UCC is the only center concurrently administering these two instruments, although many centers use one or the other. Elizabeth Proemmel is conducting dissertation research exploring the relationships between these therapy outcome instruments using UCC data; we anticipate her study will add substantially to the discourse on assessing change in counseling center clients.

The UCC also chose to participate in another CCMH project this past year, a concurrent validation of the CCAPS-62. As part of this, the UCC administered the Beck Anxiety Inventory (along with our usual assessments) at intake for a relatively brief period of time last spring. Other universities conducted related validity studies using 8 other instruments, with at least two universities collecting data on each of the 9 measures. Analysis of these data is in process at CCMH.

This past year the CCMH published initial validity data, which gives us increased confidence in using this instrument. Furthermore, the anticipated access to the national data set is about to become reality, with the data set being made available to contributing universities (those who have been collecting data) in the spring of 2012. Also of note, Rob Davies was named to the Advisory Board of CCMH this past year.

The UCC participated in another national data collection effort organized by the University of Texas at Austin, the Texas Consortium Suicide Study. The UCC identified a random stratified sample of students (per specifications laid out by the Consortium) and arranged for these students

to receive the survey via email. Responses were sent to Texas for analysis. National findings, as well as those from the UU sample, will be made available to the UCC (and other institutions) later this year.

The research team again developed and implemented an internal programmatic evaluation. For this evaluation we studied client perceptions of their experience at the UCC, perceptions of change they have experienced, and their perceptions of barriers to initiating and sustaining involvement in counseling. This evaluation was administered only during fall 2010 (due to other data collection occurring in the spring), to 131 clients. Please see the section on Client Satisfaction and Feedback for a description of the evaluation and outcomes. Another project initiated this past year (by Halley Brown, a doctoral student in Counseling Psychology) is a study of the relative effectiveness of group therapy (only) vs. group plus individual vs. individual (only).

Client Satisfaction and Feedback

During a two week period each semester, the UCC typically asks all returning clients to complete a feedback survey. This method generates a cross sectional sample including clients with intake-only and clients with many sessions of counseling. This past year we administered our survey during fall semester only because of other changes to our routine data-collection (i.e., clients filling out the OQ-45 online at intake and filling out both the CCAPS 34 and the OQ45 at each follow-up session) and our sensitivity to client fatigue and time constraints. 131 clients participated in this survey. The instrument and all responses to open-ended questions can be found in appendix F and G. This section contains a brief summary of key findings.

The Counseling Center Client Survey administered during November 2010 was structured in three parts. Part I asked clients to read the UCC Multicultural Commitment Statement (“We strive to provide competent services for individuals of all ages, cultures, ethnicities, genders, gender identities, languages, mental and physical abilities, national origins, races, religions, sexual orientations, sizes and socioeconomic statuses”) and then to respond to the questions: “From your

perspective, how are we doing? If possible, please describe a relevant experience or two.” In Part II clients were presented with ten questions about the impact of counseling on their academic and personal life. These items constitute the student outcomes questions of the Client Experiences Questionnaire (a previously-used UCC feedback questionnaire). Clients were asked to respond to these impact statements on a 7-point Likert-type scale, from “strongly disagree” to “strongly agree.” There was also the option to check “too soon to tell.” Part III of the survey explored possible barriers to seeking help at the UCC. Half of the respondents were asked to respond to 3 open ended questions, as follows: ““Many people encounter barriers of various types to seeking and obtaining mental health services. As someone who has been able to overcome those barriers and come into counseling, please answer the following: 1. What issues/barriers did you struggle with that may have prevented you from seeking counseling? 2. What barriers are ongoing as you continue to participate in counseling? The other half of the respondents were given a list of 13 possible reasons for NOT seeking help and asked to indicate which issues were relevant for them prior to coming to the UCC and then to indicate (on a 5 point scale, from not at all (0) to extremely (4)) the extent to which these issues are currently relevant. Both groups also were asked to respond to the open ended question: “What could we do to help you reduce these concerns?”

Client responses concerning UCC’s effectiveness in supporting diversity in our counseling services were mostly positive. Many of the comments did not directly address our responsiveness to diversity, but reflected on the clients’ positive experience at the UCC in general. For example: “you guys are excellent.” “Psychiatrist and therapist have saved my life.” “I’ve only had an intake session so far, but it was very helpful. It gave me confidence that this will be a benefit to me.” “(therapist) is very helpful, the best counseling help I’ve had thus far.” “I’ve always felt welcomed when I walk through the door.” Other clients commented on how they have been able to “connect so well with a counselor,” “felt so comfortable opening up,” “I appreciate how calming therapist is.” “Therapist has made me feel safe and loved throughout my time with her.” “Even on my worst days I

feel I always leave better than I came in.” A few comments directly addressed multicultural aspects of the counseling experience, such as “this is a positive environment and atmosphere;” and “I have enjoyed that therapist understands Native traditions and values and knows about sacred ceremonies.” Other clients commented on non-therapy aspects of our service such as “receptionists are so sweet and friendly;” “I really enjoy that they are helping me with payments (deferring them until a later date);” “sessions are affordable.”

The only negative responses we received to this initial question were about switching from intake counselor to ongoing counselor (stated by one person) and wanting an increase in the number of yearly sessions (one person).

On the client outcomes questions (Part II), 31% of our respondents indicated they “somewhat” to “strongly” agreed with the statement that they were thinking of leaving the U of U before counseling, or were fearful they would have to leave. When we asked all student respondents (rather than just those who were thinking about leaving) whether counseling had helped them stay at the U, 50% agreed (“somewhat agree,” “agree,” or “strongly agree”) that it had. 54% of students agreed that counseling helped improve their academic performance, while 75% agreed that counseling had helped enhance their experience at the U. 73% percent of respondents agreed that counseling helped them think in more complex ways, while 59% agreed that counseling helped with their ability to attend, concentrate and/or persist at academic tasks. Outside the academic realm, 82% of respondents agreed that counseling helped improve the non-academic aspects of their life; 65% agreed that counseling helped them improve their interpersonal skills; 70% agreed that counseling improved the quality of their relationships and 68% agreed that counseling improved their ability to “be myself.”

In terms of assessing barriers to treatment prior to initiating counseling, those clients who responded to the list of 13 possible barriers overwhelmingly identified the belief that “I should be able to handle things on my own” as the most common impediment. The next most common barrier was “I felt embarrassed to seek

counseling;” followed by “I wasn’t sure if I really needed help.” Following that, clients endorsed “I didn’t think a mental health counselor would understand me” and “I felt I didn’t have time to attend counseling.”

On the open-ended version of this item clients identified the following barriers to initiating counseling, in rough order of frequency: cost/fear I couldn’t afford; time/schedule; shy/embarrassed; pride: I didn’t want to admit I needed help, I didn’t want to be “someone who needed therapy;” not wanting counseling; “didn’t think I needed it;” “don’t have anything to really be concerned about;” “failure to recognize problems;” “inability to accept vulnerability;” symptoms themselves (anxiety, depression, ADD); stigma; worries about confidentiality (specifically, fears that “things” would go on “their record;”); “afraid people would find out what I said;” previous experience with therapy or psychiatry that was negative; didn’t know where to come; unsure it would help; afraid I would end up on meds; experience seeing others relapse; fearful of judgment.

In terms of ongoing barriers, clients who responded to a list of 13 possible barriers, identified as most relevant: handle things on my own, no time, embarrassed, and symptoms kept me from coming in. All of these were rated as less than moderately relevant. For those who identified “receiving mental health services doesn’t fit with my family/cultural values” as an issue, it remained moderately significant. Quite a few respondents checked the barriers of expense, unsure if needed counseling, therapist not understanding, counselor expertise and didn’t know services were available or how to access --but rated them as only “somewhat” relevant. Ongoing barriers spontaneously identified in response to the open-ended question included: “impact of symptoms;” “concern that my worldview wouldn’t be accepted;” “feeling like I may not be able to get everything worked out;” “wondering when I will overcome issues;” “fear of hospitalization;” privacy; time, recent counselor change; money – “embarrassing to have to defer payments;” “makes me feel vulnerable;” time constraints; “loneliness;” “pride;” parking; “opening up;” “right fit with counselor;” “uncomfortable revealing personal issues, being honest” and “fearful it

won't work.”

Suggestions about how UCC could reduce these barriers or help potential clients reduce them included charging less, validation of feelings of shyness, having a list of procedures as they would occur in certain circumstances (related to medication and hospitalization), not having reassignment after intake, increasing awareness of UCC services, more advertising and “reliability” (this last comment was not explained). Most clients who responded to this item said there was “nothing” else UCC could or should do (n=16 of 27 responses).

Center for Student Wellness

The Center for Student Wellness (CFSW) is an affiliate office of the University Counseling Center and the Student Health Center and co-reports to both directors.

This year, the efforts of the CFSW were administered by three staff members: Megan DuBois, Program Manager; Katie Stiel, Prevention Coordinator (joined the staff in November); and Elizabeth Craig, Health Educator (left the center in April). A successful search for a new health educator was conducted this summer.

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

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

In terms of prevention activities, the CFSW conducted approximately 48 outreach presentations. These presentations and other related events involved over 300 hours of staff time and the Center for Student Wellness made contact with over 4000 individuals.

In addition, the CFSW develops and maintains strong collaborative relationships with campus and community prevention groups. This past year the CFSW coordinated, chaired, or co-chaired the following groups: the Alcohol and Drug Advisory Panel, the Campus Wellness Network, the Student Affairs Action Coalition Health and Wellness Subcommittee, and the Utah State Substance Abuse Prevention Panel. CFSW staff members were also a part of the Love your Body Week Committee, Student Affairs Action Coalition Student Programming Subcommittee, Health & Safety Committee, and the Sustainability Committee.

The CFSW encourages and supports professional development opportunities for staff. One or more staff members attended the following conferences this year: Utah Substance Abuse Prevention Conference, NCAA Apple Conference, Bacchus Network Regional Meeting, and American College Health Association National Meeting. Additionally, Katie Stiel certified as a Prime for Life instructor and Megan DuBois re-certified as a Prime for Life instructor.

The CFSW strives to implement prevention strategies that are evidence based and considered best practices in the prevention field. The CFSW maintains traditional substance abuse prevention roles and programs, including ensuring compliance with the federal Drug Free Schools and Communities Act and completing Biennial Reviews. This year, the CFSW offered 9 Prime for Life classes, an Alcohol Education Course for students who violate campus alcohol or drug policy. This fiscal year 144 students completed this course.

During Spring Semester, the CFSW assisted in the administration of the American College Health Association/ National College Health Assessment on campus. The University of Utah previously participated in 2002, 2004, 2006, and 2009. Students answer questions about their

habits, behaviors, and perceptions on prevalent health topics. Results provide information on health concerns that are impacting students and these results are utilized by the Center for Student Wellness to inform current and future office priorities and practices.

Learning Enhancement Program

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

Strategies for College Success

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

Table 11: ED PS 2600 Enrollment

Sem.	# of Sections	Total Students	Avg Class Size
FA 10	6	159	26.5
SP 11	4	58	14.5
Total	10	217	22.2

Total Credit Hours	651
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During the 2010-2011 academic year, 10 class sections were held, for a total enrollment of 217 students. Average enrollment for classes during fall semester increased to 26.5 students. Spring classes decreased to an average of 14.5 students. Although the number of sections offered decreased, enrollment for fall semester courses increased slightly. Students are made aware of the course, in part, through 5-minute presentations given at Student Orientations and through Academic Advisors. Student feedback on the course content and instruction remains positive overall. The Ed Psych 2600 coordinator and staff also conducted two test anxiety and two time management workshops that were open to all students on campus. Additional outreaches related to study and life skills were conducted for multiple organizations and departments on campus, including medical students, physician-assistant students, incoming students through the Center for Ethnic Student Affairs, and Masters of Social Work students. All workshops are held free of charge and are open to interested students.

The Ed Psych 2600 staff continued to hold regular training/support meetings in which course content, teaching issues, pedagogy, and teaching philosophies were addressed through dialogue, articles, instruction, and campus presentations.

For the first time, students in Ed Psych 2600 assessed their academic preparedness by completing the Student Strengths Inventory. This survey was utilized by instructors and students to develop greater self-awareness of personal strengths and areas of development in a variety of noncognitive areas which relate to academic success and retention at the collegiate level. In addition, students completed this inventory again at the end of the semester. On average for students enrolled in the course, there was a 16% increase in student resiliency, a 7% increase in student academic self-efficacy, and a 3% increase in social comfort.

Supplemental Instruction

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

Study groups are facilitated by undergraduate students who 1) have satisfactorily completed the relevant course or who can demonstrate competency in the subject area; 2) possess good interpersonal and communication skills; and 3) have a good academic record.

During the 2010-2011 year, the SI program had fourteen undergraduate student instructors and two student supervisors. SI groups were utilized by 2652 undergraduates, for a total of 14,600 direct contact hours with students fall and spring semesters.

SI leaders continue to receive training in discussion-leading techniques, study skills, and the SI model of instruction. Ongoing training was made a priority throughout the year through monthly, prescheduled staff development meetings. Guest presenters included Nicki Turnidge-Halvorson discussing test taking and test anxiety and Jonathon Ravarino discussing multicultural issues.

The SI program works closely with Assessment, Evaluation and Research in administering Student Voice surveys to students in SI related courses. These surveys suggest that the majority of students felt that SI had helped them understand the course material and hence receive a better

grade. In addition, narrative comments regarding the strengths and weaknesses of the SI leaders proved very helpful in identifying areas to focus on in future SI training.

ASUU Tutoring Center

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

During the 2010-2011 academic year, tutoring was provided individually or in groups to 736 students. A total of 6002 tutoring hours were reported. This marks an increase of 36% over last year's tutoring hours. There were 126 students employed as tutors in a variety of subject areas during the course of the year, with three work study students employed as office assistants.

In addition to individualized tutoring, the ASUU Tutoring Center also sponsors a drop-in tutoring facility housed in the Heritage Center. The Heritage Tutoring Center provides assistance with math, science, and writing five nights a week. Over 900 hours of tutoring were provided for 247 students.

The ASUU Tutoring Center continues to work closely with student groups and other learning assistance programs to inform students of their academic assistance options. To that end, the program manager, Leslie Giles-Smith participates in a number of campus committees, most notably the Committee for Writing and Language Resources that works with Global Pathways to identify resources for non-native English students.

In November 2010, the College Reading and Learning Association (CRLA) held their national conference in Salt Lake City. The LEP staff and several volunteer students had the opportunity to network with academic support professionals from throughout the United States. The conference was an excellent forum to

Table 12: Supplemental Instruction Utilization

Course	# of Students		
	FA 10	SP 11	Total
Accounting 2010	30	37	67
Biology 2315	317	268	585
Chemistry 1110	80	97	177
Chemistry 1210	63	114	177
Chemistry 1220	88	217	305
Chemistry 2310	76	112	188
Chemistry 2320	93	86	179
Math 1010	200	130	330
Math 1050	88	102	190
Physics 2010	56	57	113
Physics 2210	38	64	102
Psych. 1010	107	132	239
Total	1236	1416	2652

spotlight higher education in the state of Utah and particularly the work that is being done in the Learning Enhancement Program.

Table 13: ASUU Tutoring Center Utilization

SSB Location

Semester	# of Students	# of Hours
Fall 10	250	2141
Spring 11	401	2768
Summer 11	85	1093
Total	736	6002

Heritage Center Drop-in Location

	Fall	Spring
Total # of Students Utilizing	140	107
# of Students w/ Multiple Visits	75	52
# of "high risk" Students	65	58
Total # of Tutoring Hours	598	398

Testing Center

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

In addition to the permanent, full-time staff, the Testing Center employs approximately ten to twelve part-time proctors and Test Center Administrators (TCAs) to administer paper-based and computer-based testing. James Neslen serves as the Prometric Lead TCA. This past year the Testing Center remained open 7 days a week. Given our limited space Monday through Friday, testing time is split between paper and computer based testing. On Saturdays and Sundays, only

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

University Testing

The Testing Center administers two main types of testing for the university. First, the center delivers in-absentia tests for students who are unable to take a test when it is administered in class. Instructors are able to use this service to give make-up exams, optional exams, and other exams outside of normal classroom time. In addition, the Testing Center provides testing for the Center for Disability Services, Distance Education, and Independent Study. In addition to University of Utah students, a number of students from other universities and colleges also complete in-absentia testing at the Testing Center. In 2010-2011, the Testing Center administered 2,775 in-absentia exams. In-absentia testing made a large proportion (42%) of the academic testing, excluding Prometric exams, conducted over the year.

A second major type of university testing administered is placement and credit-by-exam tests. Placement tests offered by the Testing Center include math placement and the writing placement essay. The math placement test is now the primary way students are placed into math courses while the writing placement test is utilized only by students who either want to challenge their placement based on their ACT score or do not have a valid ACT score. Math placement now constitutes one of the principle tests administered by the testing center and accounts for 44% of our testing for the university compared to last year where it accounted for only 12%. The testing center added another three computer stations in-house to help absorb this increase and plan to install three more but we are limited by physical space. For Fall 2011 math placement testing was offered as part of freshman orientation and we offered testing sessions in computer labs outside of the testing center to accommodate this increase. Credit-by-exam tests include CLEP, which provides students 3 credit hours and a waiving of a liberal education requirement when passed successfully, and the Modern Language Assessment (MLA). The Test-

ing Center offers the MLA in Spanish, German, French, Italian, and Russian. Successfully passing this exam allows a student to purchase 16 language credits to satisfy the B.A. requirement for graduation. In addition to these placement and credit-by-exam tests, the Testing Center administers the Residual ACT and the Institutional Test of English as a Foreign Language (TOEFL) exam. These admissions tests are alternatives for the national based tests and are valid only at the University of Utah.

The Testing Center also offers the computerized Miller Analogies Test (MAT). This test is used by some departments on campus for admission into graduate programs, often as an alternative to the Graduate Records Exam (GRE). This is a national based exam; therefore students from other institutions also use the center for testing.

Psychological Testing

The Testing Center also provides psychological testing services to the UCC and other qualified off-campus professionals. These tests include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-3 (MCMI-3), the NEO Personality Inventory - Revised (NEO-PI-R), Thomas-Kilmann Conflict Mode Instrument (TKI) and the Weschler Adult Intelligence Scale-IV (WAIS-IV). The major career assessment instruments include the Strong Interest Inventory (SII) and the Myers-Briggs Type Indicator (MBTI). Both of these exams are administered on-line via an internet web-browser. A total of 728 psychological tests were taken in 2010-11 (see Table 14). The Testing Center continues to see a high demand for SII and MBTI assessments, particularly due to several large campus outreaches conducted by the Counseling Center staff utilizing these instruments.

National Paper-Based Testing

The Testing Center is also responsible for coordinating the national paper-based testing at the university. Jared Neslen coordinates this function. Testing occurs on most Saturdays and includes testing for the SAT, the Law School Admission Test (LSAT), the Medical College Admissions Test (MCAT), and the national ACT. In

addition, there are numerous smaller exams that are administered throughout the year. The Testing Center utilizes a strong pool of qualified proctors to supervise and administer these exams.

Prometric Computer-Based Testing

Computer-based testing has been a major part of the Testing Center since November 1998, when an agreement was signed with Prometric (formerly Sylvan) to begin computer-based testing. This past fiscal year, approximately 36,146 hours of computer testing was delivered which is a 6% increase over last year.

The Testing Center signed a new contract with Thomson Prometric in July 2008. The new contract continues a quality bonus program that affords the opportunity to increase compensation. For fiscal year 2010 - 2011, the Testing Center received a "Gold" (highest quality) quality bonus for 12 months for meeting, or exceeding, quality control standards. This means we had no failed secret shops and 95% or better on all Candidate survey attribute questions. In 08/09 Prometric revenue increased by 4% over 07/08 and by another 6% in 09/10. We continued this trend in 10/11 by increasing revenue by another 7.5% however, we are reaching capacity due to space limitations. We also hired on and trained 6 new Prometric employees and trained a new lead TCA, James Neslen. Utah Insurance has continued testing and currently makes up a significant portion of our testing volume.

Test Scanning Services

The Testing Center is the primary provider for scanning of bubble sheet tests at the University. David Lund, the Project Coordinator, oversees this function. For 2010-2011, we scanned 494 separate scanning jobs. The total number of bubble sheets scanned was 43,617 which was a decrease of approximately 11% compared to last fiscal year. This was due to the fact that some departments, such as Anthropology and Political Science, have acquired their own scanners and have begun scoring their tests in-house.

Overall testing center revenue increased by 16% this past fiscal year and profitability of the testing increased by 30%. This continues our trend

of increasing profitability over the past several years.

**Table 14: Tests Administered
July 2010 through June 2011**

Academic Tests		Qty.
ACT		199
CLEP		28
In Absentia		2775
Institutional TOEFL		87
MAT		108
Math Placement		2878
MLA		106
SPEAK		20
Writing Placement		330
Total Academic		6531
Psychological Tests		Qty.
NEO		2
MBTI		369
MCMI		8
MMPI-2		9
SII		254
SSI		0
TKI		84
Other		2
Total Psychological		728
Prometric Computer Based		
Total Testing Hours		34,113

Appendix A: UCC Organizational Chart

University Counseling Center

2010-2011

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

Administrative Assistant & Support Staff Services JoAnn Kanegae	Clinical Services Lois Huebner	Training Glade Ellingson	Outreach/ Consultation Torrence Weitzman	Career Development Frances Harris	UCC Diversity Initiatives Coordinator Torrence Weitzman	Asst Director for Assessment & Technology Rob Davies	Learning Enhancement Program	Center for Student Wellness Megan DuBois	Research/ Evaluation Lois Huebner
Receptionist Janine Packer	Asst Clinical Director Cindy Harling	Training Committee Glade Ellingson Cindy Harling Jonathan Ravarino Intern Reqs	Outreach Programs Torrence Weitzman	Career Classes & Workshops Frances Harris	Multicultural Coord Committee (MCCC) Lauren Weitzman Torrence Weitzman Glenda Wilkinson Intern Reqs	Testing Center Rob Davies	Tutoring Services Program Manager Leslie Giles-Smith	Prevention Specialist Katie Stiel	Research Assistant Alex Kelly
Secretary Reception Backup Pat Tsuyuki	Clinical Team Leaders	Psychiatric Residency Glade Ellingson	Consultation Services Lauren Weitzman	Career Services Internship Program Frances Harris	Multicultural Development Training	Psychometrist Jared Neslen	Learning Enhancement Program Secretary Brendia Flynn	Student Athlete Mentors SAMS	Research Committee
Secretary Clinical/Training Becky Robinson	Psychiatric Services Gagan Singh	Psychology Internship Glade Ellingson	Public Relations Lauren Weitzman		Multicultural Issues Course Rob Davies	Testing Specialist David Lund	Tutoring Center Office Manager Adrienne Call		
Work Study (1)	Couples & Families Glenda Wilkinson Jared Neslen	APRN Training Glade Ellingson	Intern Diversity Initiatives Torrence Weitzman			Testing Center Secretary Jo Ann Maxwell	Strategies for College Success Coordinator Nicki Tumidge-Halverson		
	Groups Karen Cone-Uemura	Coordinator of Social Work Training Cindy Harling	Outreach Coalition Torrence Weitzman			Prometric Computer-Based Testing James Neslen	Tutor Pool (120) Tutoring Work Study (4)		
	Assessment Rob Davies	Coordinator of Practicum Training Jonathan Ravarino				Testing Assistants	Supplemental Instruction Supervisors (6) Research (1) Leaders (14)		
	Eating Disorders Cindy Harling	Counseling Practicum Jonathan Ravarino				Management Information Systems/Technology Rob Davies	College Success T.A. (7)		
	Substance Abuse Karen Cone-Uemura	Clinical Psych Practica Jonathan Ravarino							
	Community Resources Emily Miranda	Advanced Field Practica Jonathan Ravarino							
	Clinical Staff Associates								

Appendix B: University Counseling Center Staff

University Counseling Center Staff
July 2010 through June 2011

EXEMPT STAFF

Lauren Weitzman, Ph.D.

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

Glade Ellingson, Ph.D.

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

Lois Huebner, Ph.D.

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

Rob Davies, Ph.D.

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

Karen Cone-Uemura, Ph.D.

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

Megan DuBois, M.S. MCHES

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

Leslie Giles-Smith, B.A.

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

Cindy Harling, L.C.S.W.

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

Frances Harris, Ph.D.

*Psychologist
Coordinator, Career Development Programs
Adjunct Professor, Educational Psychology
Adjunct Professor, Psychiatry
Ph.D. - University of Utah, Counseling Psychology
M.A. - University of Utah, School Counseling
B.A. - Duke University, Psychology & English Literature*

Emily Miranda, L.C.S.W.

*Clinical Social Worker
Coordinator, Community Resources
M.S.W. - University of Utah
B.A. - Wheaton College, Psychology, Theology & Educa-
tion*

Jared Neslen, M.Ed.

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

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

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

Gagandeep Singh, M.D.

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

Katie Stiel, M.Ed.

*Prevention Coordinator, Center for Student Wellness
M.Ed. - University of Utah, Educational Leadership &
Policy
B.A. – Carroll College, Public Relations & Communications*

Glenda Wilkinson, L.C.S.W.

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

Torrence Wimbish, Ph.D.

*Coordinator, Consultation and Outreach
Co-Chair UCC Multicultural Coordinating Committee
Psychology Resident
Ph.D. - University of Utah, Counseling Psychology
M.S. - University of Utah, Counseling Psychology
M.A. - Oakland University, Counseling Psychology
B.A. - The King's College, Clinical Psychology*

NON - EXEMPT STAFF

Adrienne Call, *Office Manager, Tutoring Center*
Brenda Flynn, *Executive Secretary, Learning Enhancement Programs*

Nicki Turnidge Halverson, *Strategies for College Success*

JoAnn Kanegae, *Administrative Assistant to the Director*

David Lund, *Testing Specialist*

Jo Ann Maxwell, *Testing Center Secretary*

Janine Packer, *UCC Receptionist*

Becky Robinson, *Administrative Secretary*

Pat Tsuyuki, *UCC Administrative Secretary*

TRAINEES**Psychiatric Residents (from the University of Utah)**

Chrisopher Helfer, M.D.

Ben Lewis, M.D.

Michell Vo, M.D.

Pre-doctoral Psychology Interns

Melanie Brewster, M.S., Univeristy of Florida

Adriane Cavallini, B.S., Brigham Young University

Hoku Conklin, B.A., Brigham Young University

Nikki Jones, M.S., Ball State University

Social Work Interns (from the University of Utah)

Mona Lisa Chavez-Esqueda, M.S.W.

Brian Droubay, M.S.W.

Jacob Jacquez, M.S.W.

APRN Intern

Susan Godwin, R.N.

Licensed Professional Counseling Intern

Jared Neslen, B.S., University of Utah

Research Assistant (from the University of Utah)

Elizabeth Proemmel, B.A.

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

Liz Abrams, M.A.

Jonathan Codell,

Angela Hicks, Ph.D.

Sara Hill, M.S.

Jess Jewell, M.S.

Amy Melling, B.A.

Ryan Stevenson, LCSW

Alberto Varela, B.S.

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

Kendrick Allen, B.S.

Amy Hughes, B.S.

Brian Thoma, B.S.

Lindsay Vaux, B.S.

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

Kendrick Allen, B.S.

Amy Hughes, B.S.

Holly Rau, B.S.

Sommer Thorgusen, B.S.

Brian Thoma, B.S.

STAFF ASSOCIATES

Stacy Ackerlind, Ph.D.

Research, Evaluation, Assessment, Student Affairs

Roxanne Bartel, M.D.

Department of Psychiatry

Kristy K. Bartley, Ph.D.

Women's Resource Center

A. Lee Beckstead, Ph.D.

Aspen Grove Counseling

Annie Christensen, LCSW

Dean of Students

Debra S. Daniels, M.S.W.

Women's Resource Center

David S. Derezotes, LCSW, Ph.D.

College of Social Work

Kari Ellingson, Ph.D.

Associate Vice President, Student Development

Paul Gore, Ph.D.

Educational Psychology Department

Jodi Groot, Ph.D.

College of Nursing

Donna Hawxhurst, Ph.D.

Women's Resource Center

Michael Himle, Ph.D.
Psychology Department

Rob Hunsaker, LPC
College of Education

Elizabeth Joy, M.D.
Family & Preventive Medicine
Child and Adolescent Psychiatry

Scott McAward, Ph.D.
Center for Disability Services

Sue Morrow, Ph.D.
Educational Psychology Department

Ted Packard, Ph.D.
Educational Psychology Department

Steven M. Ross, Ph.D.
Department of Psychiatry

Donald Strassberg, Ph.D.
Psychology Department

Elizabeth Walker, LCSW
College of Social Work

Paula Williams, Ph.D.
Psychology Department

Appendix C: Client Demographic Data

Demographic Data, July 2010 through June 2011*

Age (N=839)

Under 18	0.2%
18 to 21	32.8%
22 to 25	25.5%
Over 25	41.5%

Gender (N=839)

Female	55.9%
Male	42.8%
Transgender	0.5%

Relationship Status (N=839)

Divorced	3.2%
Married	16.0%
Domestic Partnership	1.0%
Committed Relationship	25.1%
Single	52.2%
Separated	1.9%

Sexual Orientation (N=839)

Heterosexual	85.2%
Gay	3.3%
Lesbian	1.3%
Bisexual	3.5%
Questioning/Uncertain	1.7%

Ethnicity (N=839)

African American	1.7%
Asian American / Pacific Islander	6.1%
Caucasian	78.3%
Latino(a)/Hispanic	6.0%
Native American	0.6%
More than One Ethnicity	2.6%
Other	1.8%

Living With (N=839)

Alone	17.8%
Children	8.2%
Parent(s)	15.7%
Roommate(s)	39.2%
Significant Other	25.1%

Classification (N=839)

Freshman	11.3%
Sophomore	14.5%
Junior	20.1%
Senior	20.1%
Graduate	27.3%
Non Student	1.8%
Faculty or Staff	2.1%
Other	3.0%

College (N=839)

Architecture	1.4%
Business	5.0%
Education	4.9%
Engineering	8.2%
Fine Arts	8.9%
Health	6.4%
Humanities	11.7%
Law	1.9%
Medicine	4.5%
Mines & Earth Sciences	1.1%
Nursing	2.6%
Pharmacy	1.1%
Science	10.0%
Social & Behavioral Sci	11.9%
Social Work	6.0%
Undecided	8.5%

Demographic Data, July 2010 through June 2011 (continued)

Residence (N=839)

Fraternity/Sorority	0.7%
Off Campus	80.9%
Residence Hall	13.5%
On/off campus Co-operative House	1.0%
Other	3.3%

GPA (N=665)

Under 1.5	>1.0%
1.5-2.0	4.2%
2.1-2.5	6.3%
2.6-3.0	20.9%
3.1-3.5	32.2%
3.6-4.0	35.9%

Referred by (N=839)

Self	42.9%
Family	12.5%
Friend	17.9%
Dean	1.2%
Faculty	8.2%
Religious Leader	0.4%
Housing & Residential Education	0.8%
Student Health / Hospital	5.7%
Career Services	0.4%
Disability Services	1.8%
Hospital	1.9%
Counseling Center Website	4.8%
Professional in the Community	2.0%
Other	8.2%

Religious Pref. (N=803)

Buddhist	0.4%
Catholic	9.7%
Hindu	0.5%
Jewish	1.4%
LDS	22.2%
Muslim	0.8%
Protestant	3.2%
Other	7.9%
No Religious Affiliation	46.2%
Prefer Not to Answer	6.2%

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

Not at all	4.8%	Substantially	37.3%
Only slightly	10.3%	Severely	16.2%
Moderately	30.5%		

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

Not at all	7.3%	Substantially	28.2%
Only slightly	15.1%	Severely	16.8%
Moderately	28.8%		

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

Not at all	24.7%	Substantially	15.1%
Only slightly	18.1%	Severely	6.8%
Moderately	25.0%		

Appendix D: Staff Development Presentations Ratings

Ratings of Staff Development Presentations
July 2010 through June 2011

Presentation	Information	Presenter's Style	Overall rating
October 6, 2010 Who Uses the UCC? Findings from Clinical Data and the NASPA Consortium Lois Huebner, Ph.D., D. Robert Davies, Ph.D., and Elizabeth Proemmel, M.S.	4.75	4.83	4.67
November 3, 2010 Creating Possibilities for Changes in Higher Education: First-Year Experiences of Students of Color Dolores Bernal, Ph.D.	4.75	4.58	4.67
December 1, 2010 A Provo Boy's Journey: How One Dyed in the Wool Mormon is Trying to Understand & Bridge the Great Divide in Psychology Steven A. Smith, Ph.D.	4.47	4.53	4.59
January 12, 2011 Negotiating Ethical Pitfalls: Common Ethical Dilemmas in Mental Health Practice and How to Avoid Them Natalie J. Malovich, Ph.D.	4.63	4.75	4.75
February 2, 2011 Pollyanna in the Lab: What Have We Learned from the Systematic Study of Positive Thinking and Health Lisa G. Aspinwall, Ph.D.	4.55	4.45	4.55
March 2, 2011 Cultural Accommodation of a Substance Abuse Treatment Program for Latino Adolescents Jason Burrow-Sanchez, Ph.D. & Megan Wrona, M.S.	4.50	4.63	4.75
April 6, 2011 Outpatient Management of Eating Disorders Steven J. Varechok, LCSW	4.56	4.81	4.56

*Ratings on 5-point scale

Appendix E: Staff Presentations and Publications

**UCC Staff National Presentations and Publications
July 2010 through June 2011**

NATIONAL AND STATE PRESENTATIONS

Cone-Uemura, K. (2011). Interactive Sociodrama: Fostering Difficult Dialogs. Presented at Columbia Teacher's College Winter Roundtable.

Cruz, C., **Ellingson, A.G.**, Gilbert, B. Lese-Fowler, K., & Zimmerman, M. (2010). Contemporary trends in counseling center internship training. Invited Plenary Session Panel Presentation at the Annual Conference of the Association of Counseling Center Training Agencies (ACCTA), Portland, Oregon.

Ellingson, A.G. (2010). What interns should know about licensing and credentialing: Description of a six-week intern training seminar. Presentation at the Annual Conference of the Association of Counseling Center Training Agencies (ACCTA), Portland, Oregon.

Ellingson, A.G. (2010). Ethics workshop: Confidentiality, competence, & personal-professional distinctions. Invited workshop for the Utah Neuropsychiatric Institute, Salt Lake City, Utah.

Ravarino, J. (2010). Comforting the Targeted and Targeting the Comfortable: Building multicultural allies on campus. Presented at the annual meeting of the Utah Counseling Centers Conference, Park City, UT.

Weitzman, L.M. & Wimbish, T.R. (2011). Collaborative Multicultural Outreach Programming: How to Make it Work. Presented at the 4th Annual National Outreach Conference for Counseling Centers, Park City, UT.

Weitzman, L.M. (2010). Cultivating the leader within. Presented as part of the "Introductory Leadership Institute" at the annual meeting of the Association of University and College Counseling Center Directors, Portland, OR.

Weitzman, L.M. (2010). Consulting directors on duty. Presented at the annual meeting of the Association of University and College Counseling Center Directors, Portland, OR.

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

Wimbish, T.R. (2011) Men & Muscles: The Growing Body Dissatisfaction Among Men. Presented at University of Oregon All sizes fit week.

Appendix F: Client Survey Questionnaires

uNID: _____

University of Utah Counseling Center Client Survey, Fall 2010

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

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

Please see reverse for additional questions.

Many people encounter barriers of various types to seeking and obtaining mental health services. As someone who has been able to overcome those barriers and come into counseling, please answer the following.

	Which of these issues did you struggle with before seeking counseling? (Check all that apply.)	To what extent do these issues remain?				
		Not at all	Somewhat	Moderately	A lot	Extremely
I felt I should be able to handle things on my own.	<input type="checkbox"/>	0	1	2	3	4
I assumed it would be too expensive.	<input type="checkbox"/>	0	1	2	3	4
I felt embarrassed to seek counseling.	<input type="checkbox"/>	0	1	2	3	4
I wasn't sure if I really needed help.	<input type="checkbox"/>	0	1	2	3	4
I didn't think a mental health counselor would understand me.	<input type="checkbox"/>	0	1	2	3	4
I felt I didn't have time to attend counseling.	<input type="checkbox"/>	0	1	2	3	4
My issues didn't seem serious enough to seek counseling.	<input type="checkbox"/>	0	1	2	3	4
The nature of my symptoms kept me from coming in (e.g., I was too sad or anxious to leave my home).	<input type="checkbox"/>	0	1	2	3	4
I was concerned about the level of expertise of the counselor.	<input type="checkbox"/>	0	1	2	3	4
I had a negative experience with counseling in the past.	<input type="checkbox"/>	0	1	2	3	4
I didn't know services were available to me and/or how to access them.	<input type="checkbox"/>	0	1	2	3	4
Receiving mental health services doesn't fit with my family/cultural values.	<input type="checkbox"/>	0	1	2	3	4
My idea of what therapy is seemed like a bad fit for me.	<input type="checkbox"/>	0	1	2	3	4
Other. Please describe:	<input type="checkbox"/>	0	1	2	3	4

What could we do to help you reduce these concerns?

Appendix G: Client Experience Questionnaire Comments

Client Experiences Questionnaire Qualitative Comments Fall 2010

Key:

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

Very Positive

- I requested someone female & liberal-minded & am super happy w/ my therapist match (name).
- You guys are doing excellent work! Psychiatrist and therapist have saved my life! That is not an exaggerated statement.
- From my perspective, you’re doing an excellent job. I’ve never felt before that I could connect so well with a counselor, and feel so comfortable opening up.
- I’ve only had an intake session so far, but it was very helpful. It gave me confidence that this will be a benefit to me.
- Really enjoy my counselor, has really helped give insight & help
- I felt like the staff was polite and friendly. My counselor listens very well.
- Very well, at least for me! Name is very helpful, the best counseling help I’ve had thus far! And the receptionists are so sweet and friendly! And I really enjoy that they are helping me with payments (deferring them until a later date). It’s great here!
- I think you are doing very well.
- My counselor has been great at working to understand my personal situations
- I have always felt welcomed when I walk through the door. Name and name [front desk staff] are always nice! I have only come a few times but I know this is a positive environment & atmosphere.
- Great. No complaints
- Very well—I have been helped so much—I appreciate how calming therapist is and I am grateful for the doctor and the help I have received medically.
- I have met with therapist twice and I am very satisfied by the progress that I have made with his help and knowledge.
- Excellent – therapist has helped me a lot.
- I have enjoyed that therapist understands Native traditions & values & knows some about sacred ceremonies. You guys are losing an amazing therapist.
- Great! Sessions are affordable with considerate counselors having personal & group counseling is a great help
- Therapist has made me feel safe and loved throughout my time with her. No matter what I talk about I feel I am in a trusting and positive place. The ladies at the front desk always greet me with a smile and a warm welcome. Even on my worst days I feel I always leave better than I came in. The all around positive experience keeps me coming back, so I can continue to grow and work through the stresses of the day-to-day life.
- I think you do an amazing job providing competent services for everyone.
- The counseling experience has been practical and fulfilling. Therapist has done a profoundly well-needed service in assisting with my mental illness.
- Therapist is very open to my experiences and non-judgemental. She provides a variety of alternatives for my problems to be resolved.

Neutral or Somewhat Positive

- This is my first session
- First session, not applicable
- Ok
- Mostly good
- Adding an addiction support therapy group would be beneficial, as many students struggle with

addictive substances and behaviors.

- I've only been in for the intake session. I felt comfortable and as if the therapist were non-judgemental.
- I've only been here a few weeks so I don't really know yet.
- Pretty well

Negative

- It was hard switching from the counselor at my intake session (who I really liked) to another who did things a little differently
- I would really like to see an increase in the yearly number of appointments students can use. I often feel as if I have to ration my sessions so as not to run out by the end of the school year. Other universities I attended had unlimited sessions & I wonder why Utah only provides 12/year.

Barriers to seeking treatment

- Anxiety/depression/drug use
- Cost, time & flexibility with my schedule. Having it on campus enables me to come regularly.
- None, I believe in counseling for all
- Money; feeling shy about discussing emotionally charged issues
- Pride; I didn't want to admit to myself that I needed outside help. I felt like I would be weak if I needed it.
- I'd previously received counseling here, which was very negative due to medication (prescribed by psychiatrist) and it's affects on who I am. I was determined to change my life so in the intake I told them I would NEVER take medication through my own will.
- I've always used counseling in times of difficulty.
- Stigma and failure to recognize problems
- I was worried information would be put on my record. I also didn't want to be someone who needed therapy and thought I could manage my thoughts on my own.
- I didn't know where to come and I was worried about being able to afford it.
- Depression—inability to even get out of bed!
- Money to pay for it; afraid people would find out what I say in counseling.
- I didn't believe I needed counseling. I had said, "Why can't I deal w/ my own problems?" But, my mother has been thru counseling & advised me to go.
- Embarrassment and financial concerns.
- Time, money and the belief that I don't need counseling
- Time and money have been an issue, but this counseling center has been very helpful in both areas.
- Nervousness / unsure if it could help
- Pride
- Was afraid to end up on medication (which did not happen)
- The fear that they wouldn't help. It was mainly from outside rumors about what people say about counseling that ended up not being true.
- Issues w/ ADD which I didn't even know I had.
- None really
- My inability to accept my vulnerability
- None [times 2]
- That I do not have anything to be really concerned about—no real problems.
- I originally wanted to go through my insurance company since I have insurance. The fee here is comparable to my co-pay and it was much easier to find someone right away.
- N/A
- That I'm an LSAC myself so confidentiality & I appreciate you guys were willing to not videotape my sessions.
- At first I didn't realize that counseling was so readily available. But as soon as I did I had no

struggle in seeking help. I wanted to come.

- I haven't dealt with barriers for seeking counseling, but I have dealt with other people's view on me going to counseling and know that I am helping myself stay healthy & encourage others to do the same.
- My own thinking of not wanting counseling. Thinking that it will not help
- I wish I could come more frequently (limit on my attendance per University regulation)
- Experience working with wilderness therapy & the immediate relapse of too many students who faked their way through the program to get out.
- Having prior issues with therapists and not growing throughout therapy. Fearful of judgment

Ongoing barriers

- Anxiety/depression
- Only myself, but I enjoy coming so usually not an issue
- Concern that my left of left non-traditional outlook on life wouldn't be accommodated/understood but this doesn't seem to be an issue.
- Possibly feeling like I may not be able to get everything worked out
- Fear of hospitalization; privacy
- Time & feeling not as worthwhile --> changed counselors recently
- Personal anxiety. Wondering when I will overcome issues that are still holding me back.
- Affording it (at the time of the session). It is embarrassing to have to defer payments. :)
- Counseling is very emotional and makes me feel vulnerable. I have to come at the right time so that I can cool down after.
- Still some about money, but way better
- Overcoming the feeling of loneliness
- Time constraints of a busy student.
- Counselors seem to come and go and its hard to start new relationships
- Time is still a little bit of an issue, but there are only 24 hours in a day!
- Pride
- N/A [times 2]
- My social life and the continuity of my depression. I am also struggling academically (again) hope to improve that.
- Ability to focus and concentrate on school. My life is way stressful and I am able to count on my counselor to help me and with good advise.
- None really. Maybe finding parking on campus (but I realize that's not what you're asking).
- None thus far
- None [times 3]
- Opening up
- Too soon to tell, 1st session
- Heavy work & school loads, & experiencing anxiety. And that [therapist] is eavling – I will see him privately
- I would enjoy going to group counseling, but feel I need to overcome a group of people seeing me in a vulnerable state. I love seeing [therapist] & sharing with her, but hope to get to a point where I can share in a group setting and possibly learn from others going through similar issues.
- Time constraints, money issues right fit with counselor counselor
- Uncomfortable revealing personal information, being honest
- I have a very busy schedule!
- Fearful it won't work.

What could we do to help you reduce these concerns?

- Nothing
- Validation [related to being shy to discuss personal concerns]
- Coming to counselling weekly is very helpful, but it's still \$40/month. That may not be a lot to some, but for a fully independent student w/ a part-time job it's kind of hard. I feel I have to pay the \$10/wk even though it's kind of difficult.
- Perhaps include a list of procedures as they would occur in certain circumstances. [related to medication and hospitalization]
- Keep councilors for extended period [related to being reassigned]
- Awareness [several barriers checked]
- No, mostly depends on if counselor understands you
- Nothing. It will come from within.
- Well you already work with me so well! So, nothing! :)
- Nothing. That's the nature of the beast! [emotional nature of counseling]
- Ways to overcome these feelings [of loneliness]
- I don't know.
- Nothing, you have all been helpful.
- N/A [times 3]
- Nothing, I'm slowly getting over it [pride]
- I am not sure, I fear some things don't have solutions to everything.
- Nothing—just having a counselor and medication is enough for me.
- Nothing/no complaints
- Same as above [Too soon to tell, 1st session]
- Keep [therapist]
- I just need to find out more about group counseling and prepare myself to just do it.
- I am not sure
- More advertising & reliability
- I think you're doing everything right.
- Provide a different way of thinking and coping [related to not being sure if it would work]

