

Table of Contents

Introduction	2
Mission of Counseling Services at Pacific	3
Program	5
Leadership	25
Organization and Management / Human Resources	29
Financial Resources	33
Facilities, Technology, and Equipment	34
Legal Responsibilities and Ethics	35
Equity and Access / Diversity	39
Campus and External Relations	41
Assessment and Evaluation	43
Recommendations	45

Appendices

Appendix 1 – Assessing Potentially Violent Clients	47
Appendix 2 – Assessing Violent Behavior	50
Appendix 3 – Tarasoff Warnings When Clients Threaten Identifiable Others	51
Appendix 4 – Assessing Potentially Suicidal Clients	52
Appendix 5 – Checklist for Assessing Suicidal Behavior	54
Appendix 6 – University of the Pacific’s Policy for Student Transport	56
Appendix 7 – University of Pittsburgh Director Survey (excerpts)	57
Appendix 8 - AUCCCD Statement on State Governors Task Forces	60
Appendix 9 – Training Information	63
Appendix 10 – Curriculum Vita of Dr. Stacie Turks	72
Appendix 11 – Curriculum Vita of Dr. Charlene Patterson	78
Appendix 12 – 2007-2008 Counseling Services Proposed Budget	81
Appendix 13 – CWC Inter-Office Referral Form	84
Appendix 14 – Sample of Evaluation Forms	86
Appendix 15– Sample of Satisfaction Assessment	89

INTRODUCTION

This report is organized to respond to the criterion dimensions of accountability for university counseling centers, established by the Counseling for the Advancement of Standards in Higher Education (CAS). The goal of the CAS guidelines and standards is to “provide college counselors with criteria to develop, enhance, evaluate, and judge the quality of the campus counseling services offered” (CAS Self-Assessment Guide for Counseling Services, 2006).

Each of the 10 numbered categories below is titled with a CAS component and is followed by (**in bold**) an explanation of the requisite criteria for that component. Next is a description related to the operations of Counseling Services at the University of the Pacific. Many areas also include recommendations that are designed to result in improved service delivery, develop or enhance intended learning outcomes, or ensure student and staff retention. Finally, the resources need to enact the recommendations are detailed.

The information presented in this report is also meant to be understood in the context of national and state trends of mental health treatment in colleges and universities. There is evidence from the last decade that more students are entering secondary education with pre-existing mental health conditions, have more severe issues than in the past, and are already on psychotropic medication (The University of Pittsburgh and The American College Counseling Association. *National Survey of College and University Counseling Center Directors*, 2006; California Student Mental Health Initiative, 2007). For example, depression, anxiety, eating disorders, and suicidal ideation have been on the rise. As a result of attending to more critical diagnoses, it can be an even bigger challenge for university counseling center staff to meet the needs of those struggling with more traditional or less acute problems, such as homesickness or adjustment to college life.

Much of college counseling is now done within the framework of brief therapy or crisis intervention. This design is typically utilized to afford the maximum number of students timely access to therapy and to allow counseling center staff the opportunity to conduct broad reaching outreach presentations. Meeting all of the demands often increases stress for clinicians. Psychology literature describes the need for self-care to counteract burnout.

1. Mission

Counseling Services (CS) must incorporate student learning and student development in its mission. CS must enhance overall educational experiences. CS must develop, record, disseminate, implement, and regularly review its mission and goals. Mission statements must be consistent with the mission and goals of the institution and with the standards in this document. CS must operate as an integral part of the institution's overall mission.

The mission of CS is to assist students to define and accomplish personal, academic, and career goals. To accomplish the mission, the scope of CS must include:

- **high quality individual and group counseling services to students who may be experiencing psychological, behavioral, or learning difficulties**
- **programming focused on the developmental needs of college students to maximize the potential of students to benefit from the academic environment and experience**
- **consultative services to the institution to help foster an environment supportive of the intellectual, emotional, spiritual and physical development of students**
- **assessment services to identify student needs and appropriate services and referrals**

Mission of Counseling Services at Pacific

We offer:

- A place where your voice will be heard.
- A compassionate and confidential atmosphere to discuss personal concerns.
- Specialized therapeutic assistance to students who are encountering adjustment problems or who are experiencing psychological and emotional distress.
- Our services to Pacific students from all backgrounds, ages and walks of life.
- Our skills and expertise to the Pacific community through consultation, prevention services and outreach.

We honor:

- The unique strengths and challenges of our students, while working to enhance their life skills, coping strategies and interpersonal relationships.
- The academic mission of the University by assisting students in ways that help them remain enrolled at Pacific.

We value:

- Our passion and commitment to students' well-being.
- Our ability to model and demonstrate self-care and balance.
- Being flexible and creative in our efforts to assist students
- Integrity in all of our interactions.

The mission of the Counseling Center is to promote student growth and development, with regard to both personal characteristics and interpersonal competencies. We do this in the service of enabling students to benefit from and maximize their educational experience at Pacific. Through individual, couples, and group psychotherapy, persons may come to appreciate the uniqueness of their personalities and discover new ways to develop potentials. As a result, we see students move toward healthy change, wholeness, and ongoing growth even after the psychotherapy process ends.

Additionally, Counseling Services serves a role within the University at large. As the resident mental health experts on campus, we work in conjunction with our colleagues in the division of Student Life towards the promotion of a healthy university environment for all those who learn and work here. We accomplish this part of the mission by providing professional outreach and educational services, and by fostering collaborative relationships across the division.

2. Program

The formal education of students consists of the curriculum and the co-curriculum, and must promote student learning and development that is purposeful and holistic. Counseling Services (CS) must identify relevant and desirable student learning and development outcomes and provide programs and services that encourage the achievement of those outcomes.

Relevant and desirable outcomes include: intellectual growth, effective communication, realistic self-appraisal, enhanced self-esteem, clarified values, career choices, leadership development, healthy behaviors, meaningful interpersonal relationships, independence, collaboration, social responsibility, satisfying and productive lifestyles, appreciation of diversity, spiritual awareness, and achievement of personal and educational goals.

CS must provide evidence of its impact on the achievement of student learning and development outcomes.

Counseling Services, a distinct unit within the division of student life, is designed to promote student development and learning through a holistic approach. The foundation for our approach is a design to collaborate with Health Services (co-located within the Wellness Center) and the Chaplain's Office for "Mind/Body/Spirit" wellness. As well, Counseling Services intentionally informs the campus community through outreach, consultation and collaboration with other Student Life departments, and staff and faculty throughout Pacific. In addition to the criteria above, the programming of Counseling Services at Pacific is compared to and informed by state and national trends, and examined in the context of changing student demographics and needs.

Following therapeutic services at Counseling Services, a student is expected to increase his or her ability to realistically examine personal strengths and challenges, clarify core values, identify needs, effectively communicate those needs to important others, and to engage in a lifestyle that is congruent with the identified values. In the context of the university environment and the developmental stage of our student population, enhancing the potential for multifaceted learning is a primary goal of the Counseling Center. In this regard, students often demonstrate increased competence in appreciating diversity, spiritual awareness, academic and/or career choices, family dynamics, interpersonal relationships, social responsibility, and healthy behaviors.

Counseling Services offers individual therapy from a brief therapy model through a variety of integrative theoretical orientations. The clinical staff use the following theoretical orientations: psychodynamic, cognitive behavioral, multicultural, feminist, family systems and solution-focused; all with a humanistic underpinning and considerations of the developmental stage of the student client.

A brief model was recommended by an outside consultant in the spring of 2005. Although the average number of sessions was, and remains, approximately 6 sessions, the staff designed and implemented a more transparent and purposeful model shortly

thereafter. Registered Pacific students who have paid the Health Fee may access one intake session and ten individual sessions total during the fall and spring semesters. An additional ten sessions are available during the summer sessions to those who are registered and have paid the Health Fee. Emergency sessions are also available year-round and are not included in the ten session limit. Exceptions include any client diagnosed with an eating disorder, as the literature is clear that eating disorders require longer term care for effective treatment. Each therapist is also permitted to carry 2 clients on a long-term basis for training or professional interest/development, and client need. There is a clearly defined process in place for applying to have a client receive long-term services. The staff member completes an application form detailing the reasons the client is appropriate for more sessions, presents their request before a committee of therapy colleagues, and if approved has the request signed by the director (or designee).

Emergency Coverage

Emergency coverage occurs in several different ways. During business hours there is one hour each day set aside and covered by staff for emergencies. If a student in crisis is unable to come during that hour, there are policies in place for interrupting on-site staff. After hours the Director is available for phone consultations.

Although a larger staff would be able to schedule more coverage during the work day (in excess of the 1 hour we schedule), the system for seeing students on an emergent basis seems to be working fairly well. Between September 1, 2006 and September 1, 2007 there were 66 emergency appointments for 54 clients that lasted 67.5 hours. These appointments account for approximately 4% of the 1658 total attended sessions during that time. From September through mid-October 2007, an additional 8 emergency appointments for 8 clients (10.25 hours) occurred. In addition, there were another 3 emergency sessions with law students from September to mid-October 2007.

The Director of Counseling Services is the contact for after-hours emergency consultation with university staff. This represents a change from 2005 when each staff member took turns carrying a university cell phone for one week at a time. That year we tracked the appropriate usage of the after hours contacts. Of the 59 calls, only 3 were not wrong numbers. Two of those calls were true psychological consultations. As a result, the Director decided to eliminate the cost of the phone and to assume the responsibility of being available for consultations through her own cell phone. In her absence, the Director assigns a designee and alerts the relevant staff of the change in contact information. Although the incidents of after-hours contacts have (anecdotally) increased since 2005, the process in place still appears to be sufficient. This assessment is based on a positive feedback from Student Life partners.

As well, in 2005 the Director met with the Dean of Students (then Interim Vice President of Student Life) and the Assistant Vice President who oversees Residential Life to determine appropriate protocol for whom to notify in the event of an after-hours psychological consultation. All agreed on a two-tiered approach in effort to protect the confidentiality of the student. The only concern noted is related to student life staff members who continue to inform uninvolved staff via email.

The staff of Counseling Services is often asked to consult with others in Student Life or faculty members to better serve the emergent needs of students. Specifically, the staff of Residential Life, Judicial Affairs, Student Academic Support Services, Public Safety, the Student Victim Advocate, the Assistant Dean of Students, the Dean of Students and the Vice President of Student Life have all relied on the recommendations of the therapeutic professionals in Counseling Services. Calls from faculty increased directly after the tragedy at Virginia Tech, and have continued.

Criteria for when and how to address psychological emergencies of Pacific students are detailed below. Additional specific instructions can be found in Appendices 1-6.

Scheduling Emergency Sessions

When students present their concerns as being “emergent” and a delay in services would be detrimental for them, every effort will be made to provide the soonest possible appointment for them. Emergencies will be assigned first to the therapist who has an open emergency appointment slot for that day. If that emergency slot is unavailable, the student will be seen by a therapist in the following order of priority: 1) therapist with an open therapy slot, 2) therapist with clinical admin time, 3) therapist in an interruptible onsite meeting, and 4) Director of Counseling Services.

When an emergency client is seen by a therapist whose caseload is already full, the client will be informed that this particular therapist will likely be unavailable for future sessions. It is the responsibility of the therapist in this situation to meet with the client to assess immediate need and then refer if necessary.

Every effort will be made to connect returning clients with their ongoing therapists when they have emergent needs. However, when their ongoing therapist is unavailable for the emergent situation, clients will be temporarily paired according to the above order of priority. In this situation, clients will be informed that the emergency contact with the new therapist is a one-time event and subsequently referred back to the treating therapist after the emergency session. It is the responsibility of the emergency therapist to inform the treating therapist of the emergency contact.

All emergency contacts must be documented on an Emergency Note, which requires the therapist’s signature as well as the Director’s signature.

The front desk staff is the first contact for students scheduling emergency sessions. Counseling Services has its Office Coordinator. In her absence, the Health Services front desk staff attend to counseling clients. Each front line administrative staff is trained in the procedures for making emergency appointments. Initially, the clinician who served as Operations Coordinator reviewed the protocol with the relevant staff. Currently (and since his departure), the Counseling Services Office Coordinator updates the training with Health Services staff as needed. In addition, the “Front Desk Manual” describes

specific instructions for querying upset students and contacting therapists. Below is an excerpt from the manual:

CRISIS AND EMERGENCY GUIDELINES

- If a student (or someone on behalf of the student) calls or walks into the CWC with a mental health emergency, find the staff member listed in the following order:
 - 1) **Any therapist with an open therapy slot**
 - 2) **Any therapist with clinical admin time**
 - 3) **Any therapist in an interruptible onsite meeting**
 - 4) **Director of Counseling Services**
 - 5) **Associate Director/Training Director**
 - 6) **Any therapist onsite**
- If feasible, instruct the emergency walk-in student to complete all of the intake forms.
- If a student (or someone on behalf of the student) calls for a non-emergency consultation, find the Director of Counseling Services or Associate Director. Leave a written message if neither one is unavailable.

How to assess what step(s) are necessary and appropriate:

- **Questions you can/should ask:**

Are you mainly feeling very upset and uncomfortable, or is there some real danger to you or someone else?

Is this an emergency or really urgent?

Do you feel in danger of hurting yourself or someone else?

Is your life, health, safety, or that of someone else in danger?

Is there some external situation that makes it especially urgent that you see someone?

Situations:

- Student looks significantly upset (crying, “intense”, shaking, angry or shouting, etc):
Offer the emergency appointment for the same day. If this doesn’t seem soon enough, or there are no free times, find a staff member in the order listed at the top of this page.
- Student says it is an emergency or very urgent:
Offer an appointment as soon as there is an opening the same day...(as above)
- Student says or implies that there is some risk to himself or someone else:
Offer an immediate appointment – if there are no openings in the next hour or so, interrupt a staff member to talk to the student and make a quick assessment of urgency.
- Student is acting bizarrely (“crazy” talk or actions, difficult to understand (other than accent):
Consult with a staff member immediately.
- Student appears threatening – very angry, hitting or throwing things, saying nasty things or making threats:
Pleasantly tell the client you will see if you can find someone to help them. Notify the Director of Counseling Services immediately. Call Public Safety (x62537) and alert them of the situation.

The Office Coordinator does a very good job of following the protocol and appropriately referring students based on the level of distress. It appears to be more difficult for the Health Services staff to recall the procedures; likely due to the infrequency with which they interact with counseling crises and the significant differences between Health and Counseling processes.

Emergency Phone Numbers

The emergency phone number for the Department of Public Safety at Pacific is (209) 946-3911 (or simply dial “63911” from a campus phone).

The phone number for San Joaquin County Mental Health is (209) 468-8686.

The phone number for St. Joseph’s Behavioral Health Center is (209) 461-2100 or (800) 559-0558. Any staff person wanting to access consultation regarding an assessment for hospitalization can call and ask for assistance from the staff person on call at St. Joseph’s Behavioral Health Center. At times an evaluator from the hospital will come onsite to see a client and assess for hospitalization. At other times, the evaluator will ask that the student be transported to the hospital so that an evaluation can take place there.

Crisis Management Guidelines

The following are general guidelines for goals, assessment issues, and intervention strategies when clients present to Counseling Services in crisis.

Overall goal

To restore the client to her/his previous level of functioning.

Assessment Issues

Suicidality, homicidality, and mental status all need to be assessed (specific procedures for assessing suicide and homicide risk are included in the Policy and Procedures Manual).

Intervention Strategies

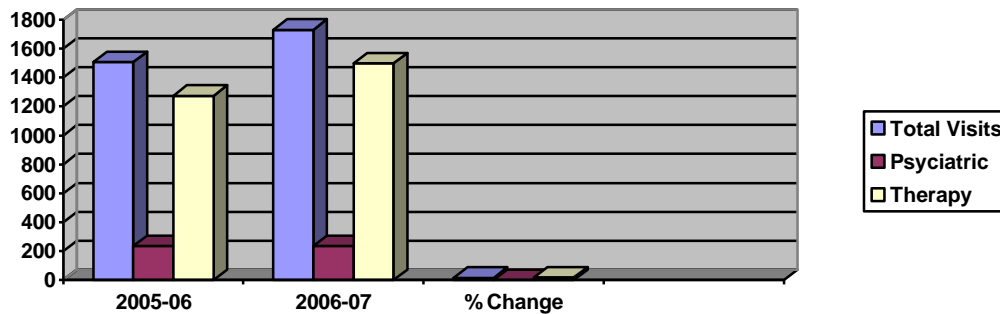
1. Listen actively with concern: use empathy and compassion to provide emotional support and lessen feelings of anxiety or guilt.
2. Be calm and supportive.
3. Use authority to maximize safety and to model control: be directive and firm when necessary.
4. Encourage the open expression of feeling (unless the client is out of control and displaying more affect might be dangerous).
5. Help the client understand and resolve aspects of the crisis whenever possible (can do this by examining perceptions, the effect that strong emotions are having on the situation, etc.)
6. Gradually help the client to accept reality.

7. Link the client to a supportive network: use your direct influence to advocate action and mobilize others to help (e.g. Resident Advisors, police, etc).
8. Explore new ways of coping with immediate problems.
9. Reinforce newly learned coping skills and follow up after the resolution of the crisis. During the follow up phase, it is important to further explore the precipitants of the crisis and make plans for coping with similar experiences in the future.

Individual Therapy Statistics

Staff conducted a total of 1498 individual therapy sessions with 334 students between September 2006 and May 2007. This represents a 17.5% increase in sessions from the year before and is likely connected to the reactivation of the internship program which increased the size of the staff.

COUNSELING SESSIONS ATTENDED 2005-06 and 2006-07



Couples Therapy

Couples counseling is available for partners if both are enrolled students at Pacific who have paid the health fee. Ten sessions is the limit per year. In the 2006-07 academic year 45 couples' sessions occurred for 10 clients.

Group Therapy

The consultant mentioned above also suggested that Pacific needed to offer more group therapy opportunities in order to allow more students access to our services. (Note: Counseling Services sees 9-10% of the student population each year which is consistent with national averages). Group counseling has been offered each year; however, during the last three years one or no groups actually occurred. During this time, therapy groups for undergraduate student support, transition group (1st year and transfer students), graduate student support, assertiveness, grief, depression, eating disorders/body image concerns, and dissertation support have been developed. Only the grief group ran during

the last 3 years. The difficulty getting groups established and consistently attended is common on smaller college campuses. None of the counseling center directors of independent colleges or universities in California in attendance at the Organization of Counseling Center Directors in Higher Education (OCCDHE) Spring 2006 conference reported having groups running at their institution. Anecdotally, most believe that the dual (or more) roles group members may hold with each other (ex. classmates, roommates, club members, mutual friends, etc.) is a likely deterrent to group membership. Also, at Pacific, students typically are attracted the individualized attention as advertised within the university mission statement. These and other factors may impact our ability to successfully run group therapy at Pacific. We will continue to look for opportunities within the individual therapy population. Therapists check with each other at our staff meetings for multiple clients with similar issues who would benefit from a group therapy experience. If and when a critical mass is reached (ideally 5-6 students), group therapy is scheduled. Thus far in the fall semester of 2007 there is interest in developing a group for students who recently stopped using/abusing substances and are looking for a support group as a way of staying away from friends who still use drugs.

We have additional strategies for offering group therapy for the 2007-08 school year. One plan is to contact individual academic departments to assess specific needs of the students that apply throughout the department (ex. stress management in the School of Pharmacy) and offer groups within the school. Another idea is to reach out to students and inform them of group possibilities through the Counseling Services website and perhaps other online resources.

Outreach

Outreach services provided by Counseling Services evolve and respond to current campus needs and requests. In 2005 the outside consultant identified a need for pre-planned outreach activities for students in order to have a more visible presence on campus and make contact with a greater percentage of students. In response, the staff created the "Interactive Workshop Series" which featured monthly topics including time management, sexual assault/domestic violence, effective communication, stress management, procrastination, relationship issues, healthy body image, and substance use. The timing of each workshop was designed to coincide with academic or personal situations. For example, "Relationship issues" was offered in February, near Valentine's Day and "Time Management" was offered at the beginning of the fall semester. Despite extensive (and expensive) advertising efforts, the series was so poorly attended that it was cancelled by years end.

Our current approach to providing outreach is much more responsive to identified rather than anticipated needs. In this way, our efforts are well received and attended. Yearly we get requests from academic departments to present on general (ex. accessing services) or specific (ex. assertiveness) topics in the classroom, participate in new student orientation, present to staff and faculty groups on relevant topics such as self-care and how to refer or deal with troubled students. Examples of improved results: In 2006-07, 565 students

participated in stress management presentations, 75 in time management, 200 in Safe Zone trainings, and 33 in assertiveness training.

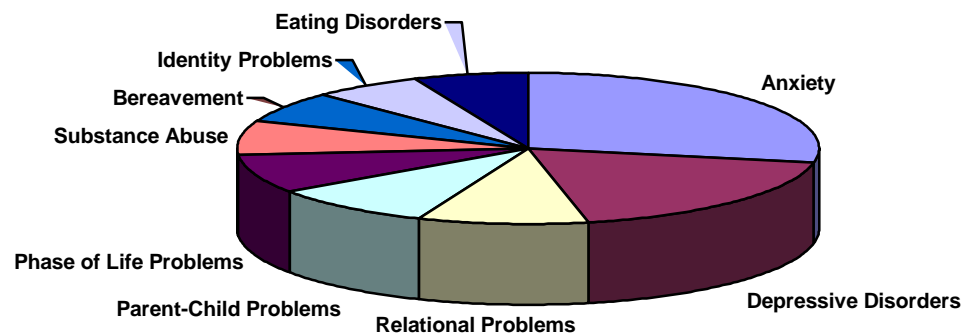
We also facilitate survey participation on campus for alcohol and eating disorders screening. Additionally, Counseling Services, in partnership with the Student Victim Advocate, provides a class on alcohol use/ awareness for students mandated through Judicial Affairs, Housing, or Athletics. Students are also welcome to attend without a mandate if they choose to increase their knowledge of alcohol use. 399 people were engaged either in the alcohol awareness screening or class in this school year (06-07).

In relation to national trends, we compare the intentions and outcomes of Counseling Services at Pacific with those of our colleagues. In this way we attempt to administer appropriate, current and meaningful interventions for the students and the university community. In addition, comparing the experiences of Pacific students to students at other institutions around the country enables us to analyze the ways in which resources are being allocated, helps identify the programs in which we are innovative, areas in which we are promoting and adhering to best practices, and identify gaps in service. The annual survey of counseling center directors throughout the nation, conducted by the University of Pittsburgh, is one important resource for this information (please see Appendix 7).

From this national perspective we have learned that a significant concern that has been growing in intensity across the country over the past ten years is the large number of students coming to college counseling centers with severe psychological problems. An all time high 92% of counseling center directors stated that this problem has continued to increase in recent years. This trend is not only a concern for counseling centers but the vast majority of directors believe that these troubled students are of growing concern to college administrators across the country, to faculty members who encounter these problems in the classroom and to residence life staff who are often the first line of support in trying to assist these students.

Counseling Center directors recently reported that 43% of clients have what they describe as severe psychological problems. 8.7% had problems that were so serious that they could not remain in school, and 32.6% experienced severe distress such as depression, anxiety, panic attacks, suicidal ideation etc. but were able to be successfully treated with available treatment modalities and within allowed time limits. On average, a little over 8 students per school were hospitalized for psychological problems during the past year for a total of 2,462 students. In 2001 only 5 students per school, on average, were hospitalized. Issues for Pacific students seen in Counseling Services were similar, as seen below:

PRESENTING PROBLEMS AT COUNSELING SERVICES, UNIVERSITY OF THE PACIFIC – 2006-07



In addition, 95% of directors in the national survey believed that the number of students coming to campus who are already taking psychiatric medication has also increased. This response reflects a rise from 2004 when 92% of the directors believed that students were on psychotropic medication before arriving at college. Of the students who are being seen in college counseling centers 25% were taking psychiatric medication, which was up from 20% in 2003. At Pacific, we have a set number of hours of psychiatric services (4 per week during the fall and spring semesters; 3 every other week during the summer sessions). Therefore, we saw no increase in these sessions. This is not an indication that there is not an increase in Pacific students on psychiatric medications, however. We did authorize minimal (only 6 due to budget constraints) additional hours by our psychiatric consultant and have referred students to the Director of Health Services (Nurse Practitioner) for medication management on occasions when the MD was unavailable. The typical wait time during the school year to see the psychiatrist is about 3 weeks.

Other service concerns of counseling directors showed increases from the 2004 national survey conducted by the University of Pittsburgh staff. Concerns about the increases in client self injury reports went from 54.9 to 68.7%, the need to find better referral sources for students needing long term care from 54.3 to 67%, the growing demand for services without needed increases in resources from 53.7 to 59.4%, and the increased demand for crisis counseling from 44.8 to 50.6%. As referenced earlier, Pacific students attended 66 emergency appointments between September 2006 and May 2007.

Directors reported 154 suicides in the past year which has remained fairly constant in recent years. It should be noted, however, that 127 of the 154 students who committed suicide had never sought assistance at their campus counseling or mental health service (61% occurred off-campus). Although 5 students from the Stockton and McGeorge campuses were hospitalized for suicidal ideation, fortunately none committed suicide in the 2006-07 academic year.

The reasons for the increase in students experiencing severe psychological distress are varied and speculative. College counseling center directors who were queried on this

topic suggest that one major contributor is, in part, a success story. Large numbers of students who would not have been able to attend college in the past because of their psychological problems now can do so because of the advent of new psychiatric medications. Many of these students are successful in college but often require supervision of their medication and on-going psychological support. Other reasons given include increased family dysfunction, too early exposure to drugs, alcohol and sexual experience that they are not emotionally prepared to handle and, perhaps excessive pampering of those young people who have led sheltered lives, leaving them vulnerable to the stressors of college life.

Whatever the reasons for these increasing problems, the evidence gathered from these surveys is clear. Colleges and Universities are facing a growing problem that, if unchecked, could impact significantly on college life. Mental health problems can adversely affect academic achievement, classroom management, and student retention. On an individual level, mental health problems can negatively impact a student's physical, emotional, cognitive and social well being and in some of the more severe cases lead to suicide or violent acting out.

On the more positive side, 82.5 % of directors who responded to the survey believe that the higher administration on their campuses has a growing awareness of both the growing demand for counseling services and the greater complexity of the problems students bring to counseling centers. 39.2% of directors report that this awareness has already led to an increase in needed resources for their centers. At Pacific, the leadership of student life collaborates well to attend to the needs of students who struggle with mental health difficulties. Throughout this document are examples of additional staffing, budget and technology resources that have been recently added. In addition, senior leaders make themselves available for effective, appropriate, ethical communications regarding concerns and solutions.

When placing our services into national context, it is important to note that the tragedy that took place on April 16, 2007 at Virginia Tech has brought the work, challenges, resources and support related to effectively managing students with mental health issues on college campuses into focus. Conversations are occurring all over the country in order to assess (or reassess) the appropriate nature of the collaborations on campus, particularly as mandated by HIPAA, FERPA and professional ethics. The biggest change that occurred on our campus after this incident was an increase in consultation calls from faculty members concerned about the writings or behaviors of a student. They most often asked for advice on approaching the student or for a more formal evaluation from a therapist.

Closer to home, public universities in California have recently responded to increased severity in student mental health problems, insufficient staffing and non-competitive funding by conducting studies and appealing to the California state legislature for additional resources. According to the 2006 MHSOAC (Mental Health Services Oversight and Accountability Commission) Student Mental Health Initiative,

nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning. In addition, late adolescence and young adulthood are periods of high risk for “first break” episodes of psychosis and other major mental illnesses as well as the onset of eating disorders and substance abuse issues. UC reports that in contrast to the past, about one in four students who seek counseling services have identified mental health issues and are receiving psychotropic medications. In the past 10 years, visits to the Student Health Centers have more than doubled...

This heightened need to address students in crisis has diminished the ability for campuses to provide assistance to other students whose problems are not so acute but who are dealing with concerns of a more “traditional” nature, such as homesickness, questions of identity, relationship issues and concerns over career choices. The greater numbers of students who need mental health services, along with the increased complexity of the issues they face, have overwhelmed the capacity of colleges and universities to respond appropriately. Much like the public mental health system, they must focus on crisis response rather than crisis prevention and promotion of well-being...

For many college and university students, the lack of resources to address mental health problems puts them in serious jeopardy.... Only 20% of those students were receiving mental health services – *80% of students who were thinking of suicide received no mental health services at all.* Racial and ethnic minority, gay and lesbian, and graduate students are at particularly high risk because of the multiple challenges they face.

The study resulted in statewide initiative funds (\$60 million were allotted by the state legislature in June 2007) for a Student Mental Health Initiative (SMHI) in response to the tragedy at Virginia Tech. The purpose of this project is to enhance the mental health of students. The report acknowledges that “While tragic incidents are rare, the urgency to take steps to prevent such incidents is undeniable.” (MHSOAC Student Mental Health Initiative, 2007).

Policies and Procedures

Counseling Services at the University of the Pacific has established policies and procedures for service delivery that are in accordance with university standards, professional ethics, and state and federal laws. Each staff member is given the opportunity and expected to become familiar with our policies and procedures upon arrival, as well as keep abreast of any/all updates or changes and to conduct his or her self accordingly. Below are several of the specifics outlined in the Counseling Services Policy and Procedure Manual.

Eligibility for Services

Any student who is currently enrolled at Pacific and has paid their health fee is eligible for counseling during the academic year. There is no additional charge to students for these services, as they are supported financially through the student health fee. Clients and potential clients are asked for their enrollment status when making appointments with the Counseling Services Office Coordinator. Any staff who has a question about a client’s enrollment status or the appropriateness of meeting with a client should speak with the Director about the situation.

Summer Session

During the summer, only Pacific students enrolled in Summer Session who have paid their health fee are eligible for services. This eligibility extends only to the session for which they are currently enrolled.

Graduation, Withdrawal, Leave of Absence

Graduating students may not be seen after the last day of classes. Students who withdraw or take a leave of absence may not be seen after the date of their withdrawal until they are reenrolled. Appropriate referrals will be made to assist the student with continuity of their follow-up care.

Couples

Pacific students are eligible for services in the form of couples counseling if both are registered in the current semester (or summer session) and have both paid the Health Fee. Non-student spouses/partners are NOT eligible for counseling services.

Family Members

Family members are NOT eligible for counseling services; however, they may on occasion (with client consent or as allowed by law) be included in a consultation or referral for the student family member.

Treating Minors

Counseling Services at Pacific follows California state law with regard to the treatment of minors with and without parental consent. In general, clinicians must request that a Consent to Treat Form be signed by a parent when any student under the age of 18 presents for treatment. Clinicians are responsible for checking birthdates and ages on all new clients. Anyone under the age of 18 will be informed of the policy before their first therapy session so they can make a decision regarding whether or not to begin treatment, given their parents will be notified.

There are a few instances where counseling may be offered **without** parental consent. The applicable examples are as follows:

- 1) Any minor, regardless of age, can consent to counseling about pregnancy, contraception, abortion (Civil Code S34.5) or sexual assault (Civil Code S34.9).
- 2) Minors 12 years of age or older can consent to counseling if the therapist judges the minor to be mature enough to participate meaningfully in counseling on an outpatient basis, **and either**
 - a. The minor is in danger of serious physical or mental harm to self or others without such counseling, **OR**
 - b. The minor is the alleged victim of incest or child abuse. (Civil Code S25.9)
- 3) If the conditions for #2 above are met and parents are NOT contacted to give consent for treatment, the therapist must note in the record

whether or not attempts to contact the parents were made and if not, the reason for same.

- 4) Minors 15 years of age and older can consent to any counseling **IF** living separately from their parents and managing their own finances (Civil Code S34.6).
- 5) Minors of any age can consent for counseling **IF** they are legally emancipated or legally married (Civil Code 63-a).

Confidentiality

General Confidentiality Policy

Services obtained through Counseling Services are confidential, in keeping with general ethical standards for mental health professionals. Although Counseling Services is part of a larger university, no records or information about student clients will be released to any other campus office or official without the student's written consent. There are a few legal exceptions to these general regulations regarding confidentiality, and they are delineated below.

Legal Exceptions to Confidentiality:

- When a client reports abuse or neglect of a child, a report must be made to the appropriate state authority.
- When a client reports abuse of a dependent adult or elderly person, a report must be made to the appropriate state authority.
- When a client is deemed by the therapist to be a threat to her/himself, a specific other, or the property of another, the therapist must comply with the law and make necessary reports to the appropriate agencies and/or individuals potentially affected.
- At times, Counseling Services may receive a court order from a judge compelling the release of client records.

Records Storage

In accordance with APA guidelines and California state law, all client records will be maintained for a minimum of seven (7) years. Paper charts consist of all signed consent forms, background information submitted by the client, manual attendance records and any subsequent, pertinent paper documents (i.e. referral forms, psychiatric records). All psychotherapy notes and electronic attendance records are maintained in Titanium and backed up on its server.

Disclosure of Confidential Information (Release of Written Records)

Client Access to Records

Clients wanting access to their counseling records must submit a written request. The staff at Counseling Services will do their best to meet the student's request within 5 working days. The therapist will arrange to meet with the client to discuss the information in the record. *Any client may inspect or obtain copies of her/his official record unless it is determined that seeing the record would entail substantial risk of adverse consequences for the client.*

Refusal to Release Records to a Client

In those instances where a clinician has determined that showing a client her/his record would be detrimental, the clinician involved may still provide a verbal paraphrase of the contents of the record to the client if doing so would be helpful. When the request to inspect and/or obtain copies of all or part of a record is denied, there shall be a written entry in the chart noting the date of the request, the reason(s) for refusal, and a description of the specific adverse consequences anticipated. Additionally, any client whose request for records is denied will be informed by the Director in writing that she/he has the right to designate a licensed psychiatrist, psychologist, or other licensed mental health professionals as the recipient of the record.

Records of Minors Consenting for Treatment

Minor clients eligible to consent for their own treatment (as outlined above) have the same rights with regard to access of records as adult clients. Their parents or guardians shall have no access to their records without the minor's written consent.

Parental Access to Records of a Minor When the Parent is Consenting for Treatment

In general, clinicians working with minors will inform parents at the outset of treatment that therapy is most effective when clients are assured of confidentiality. It follows from this that parents will be encouraged NOT to review the records of their minor child, but instead to rely on periodic verbal reports from the treating clinician. All efforts should be made for the clinician and parent(s) to have an agreement in place as to the nature and scope of information to be shared at the outset of the treatment.

Parents or guardians who give their consent for counseling will have NO access to the minor's record IF it is determined that providing access would have a detrimental effect on the counselor's professional relationship with the minor.

Disclosure of Confidential Information to Third Parties

Any client who wants information about her/his record to be released to a third party must complete a written consent form. Counseling Services has these forms available at all times. Consent for the release of information is valid for 12 months after signing (unless otherwise noted). A client may, in writing, revoke their consent to release information at any time.

In instances where a third party presents a release of information form to Counseling Services signed by a former client, the Director or her designee will attempt to contact the former client to ensure that their signature for release of information is valid and to discuss the nature and scope of information that the client wants to be released prior to releasing any information to the third party.

Current policy states that in instances of a court order for release of records, Counseling Services will attempt to contact the client to discuss the nature and scope of information being requested. If there is information in the record which is not deemed relevant to the nature of the court case, the Counseling Service Director or designee will attempt to discuss the release of record with the judge to request that irrelevant portions of the record not be released. Suggestions for changes can be found in the “Recommendations” section below.

Child Abuse Reporting

All therapists have a legal responsibility to adhere to the following procedures when they become aware of child abuse:

Reporting Guidelines:

In accordance with the Penal Code 11166, a therapist who knows or has reasonable suspicion of child abuse shall report that knowledge to a child protective agency immediately. Determining the appropriate agency to contact depends on the location of the alleged victim’s home. Reports need to be made immediately or as soon as is practically possible by telephone, with a written report following within 36 hours of receiving the information. Abuse is understood to include:

- physical injury
- sexual molestation
- willful causation or permitting of a child to suffer unjustifiable pain or mental suffering, or
- willful causation or permitting of a child to be placed in a situation that endangers the child’s person or health

The report that goes to the appropriate state agency shall include the name of the counselor making the report, the name of the child affected, his or her whereabouts, the nature and extent of the injury or molestation, and any other information requested by the child protective agency, including what led the counselor to suspect child abuse. The official reporting form will be used and a copy retained in the client chart.

The local child protective agency is an excellent resource when questions or concerns arise about the appropriateness of reporting suspected abuse. In Stockton, the **Child Protective Services** office has a consultant available 24 hours a day who can be accessed by calling **(209) 468-1333**

Supervision for Child Abuse Reporting

Whenever an intern suspects that she/he might need to make a child abuse report, she/he shall consult with a supervisor immediately. This is in keeping with guidelines outlined by the O.C.C.D.H.E. organization. The intern will document the consultation with a supervisor in the client chart, and the supervisor will do the same in administrative files.

Ambiguous Reporting Situations

Any ambiguous reporting situation, including the decision to report past abuse of a person who is now an adult, will initiate consultation with a supervisor as well as a phone consultation with Child Protective Services. If it is concluded that a duty to report does indeed exist, the counselor will so notify the client at the time of disclosure. Any exception to this policy will be discussed with and documented by a supervisor.

Elder Abuse Reporting

Reporting Guidelines

California state law mandates the reporting of physical abuse of an Elder Adult (anyone over age 65) and dependent adults ages 18-64. Psychologists, psychiatrists, social workers, marriage and family counselors, and mental health interns are among those mandated to report. In accordance with the California Welfare and Institutions Code, when a counselor has reasonable suspicion of elder abuse, a verbal report must be made to the Elder Abuse Hotline (800) 992-1660 as soon as is reasonably possible. A written Elder Abuse Report Form will be completed by the counselor within 48 hours of receiving the information. The original report form is sent to the Hotline and a duplicate is kept in the client's chart.

Supervision for Elder Abuse Reporting

As with child abuse reporting, when there is suspicion of elder abuse interns will consult with a supervisor to determine the appropriateness of making a report.

Ambiguous Reporting Situations

In any ambiguous case, the Elder Abuse Hotline (number listed above) will be called for consultation.

Reporting Past Abuse by a Mental Health Professional

In accordance with Section 728 of the California Business and Professional Code, counselors will provide a brochure to any client who alleges previous sexual contact with a prior therapist during the course of treatment. The brochure is entitled, "Psychotherapy Never Includes Sex". The brochure "delineates the rights of, and remedies for, patients who have been involved sexually with their psychotherapist" (Section 728). The current counselor will discuss the contents of the brochure with the client, as well as the client's options for proceeding. The current counselor will **NOT** make a report to the appropriate licensing agency unless the client asks her/him to do so.

Informed Consent

During the first visit to the Counseling Center, all persons are advised in writing of the specific legal limits of confidentiality, the risks associated with participating in psychotherapy, and significant center policies. Clients and therapists are expected to review these pieces of information together, and the client then signs an acknowledgement stating that they have been advised of and understand these items. One copy of this form is given to the client for her/his personal records, and the other remains in the chart.

Video Taping of Sessions:

Therapy sessions will only be video taped with the written consent of the client. Forms for obtaining consent are located in the Supplies Office with other Counseling Services forms. Once a video recording is made and transferred to the supervisor on a portable storage device, it must remain under password protection in digital format. The original recording must be deleted from the hard drive of the computer. After webcam recordings have been utilized in supervision, the supervisor must immediately delete the recorded session from the portable storage device.

Ethical Standards

The Counseling Center staff functions in accordance with the highest possible ethical standards, and adheres to the published code of the American Psychological Association with regard to ethical aspirations and acceptable behaviors for clinicians. A copy of the APA Ethical Guidelines is located in the back of the policies and procedures manual. In addition to the APA ethical standards, counseling services staff adheres to the laws and regulations of the State of California as they apply to mental health practitioners. All situations presenting ethical issues or concerns are reviewed carefully, occasionally involve outside consultation, and are resolved in accordance with recognized professional codes.

The Director keeps informed of policy statements and recommendations on ethical issues by maintaining membership in O.C.C.D. H.E. (Organization of Counseling Center Directors in Higher Education). This organization meets on a regular basis to discuss policies and procedures specifically appropriate to counseling center experiences. The Training Director maintains membership in ACCTA (Association of Counseling Center Training Agencies) to keep current with the training best practices, policies and procedures.

Training program

Counseling Services reinstated a training program in 2006-07 for doctoral candidate psychology students. This 12 month work experience is a necessary requirement for future psychologists. It occurs after they have successfully completed all doctoral level coursework, but before being conferred with a doctoral degree.

There are several purposes and benefits of this program. First, having interns allows us to increase service provision to the students. Second, senior staff members are infused with energy and gain additional knowledge as we interact with those most recently engaged in the didactics of the field. The learning is a two-way process. Interns benefit from the expertise and experience of those currently in practice. Next, therapists are able to give back to the profession by training future practitioners. Finally, Pacific gains regional and national exposure and credibility through the training program.

Interns are selected through a complex national matching process. We advertise our program through the Pacific website (see Appendix 8). Interested candidates apply to our site in the fall for the following school year. The application process is standardized by APPIC (Association of Psychology Post-doctoral and Internship Centers) to include a 30+ page application form, related academic and work experience documentation, and references. Once we receive the application materials from interested candidates, we review the information in teams and then as a full staff. Next, recommendations are made regarding which applicants will be offered an interview. We conduct only telephone interviews for interns. This follows the tradition of not penalizing those who cannot afford to travel nationwide to attend in-person interviews. Once the phone interviews are complete we rank order the applicants we are willing to have come to Pacific. At the same time applicants are rank ordering the sites where they would like to work. The National Matching Service combines this information and notifies both parties by email of the match results on “Match Day”. Any candidates who were not matched and any sites with remaining openings may then participate in the Clearinghouse to obtain/fill a position.

In preparation for the 2006-07 year Pacific participated in the Clearinghouse only. We had not received confirmation of funding for the two new positions in time to enter the “match”. On “Match Day” we received 82 applications by email or fax for the 2 slots. By the end of the day we had the 2 positions filled. For the 3 2007-08 intern openings we engaged in the above described match process and successfully matched all 3.

Our next goal for the training program is to become accredited by the American Psychological Association (APA). Preparation for APA accreditation was designated for the 2007-08 year; however, due to the delay in obtaining full staffing (detailed in section 4) the self-study has been postponed. This process involves a rigorous self-study in eight domains outlined by APA and submitted for review. Upon acceptance of the self-study, an on-site review is completed and a report from the site reviewers is submitted to the review committee. A decision is rendered. Upon accreditation, periodic and routine reviews occur in various cycles. Targeted submission date of the CWCCS self study is now September 1, 2009. This voluntary accreditation protects the public interest, assures quality services, gives public recognition to quality programs, and fosters innovation in training.

Program Recommendations

- **Provide competitive salaries**
 - Since the Virginia Tech tragedy, the state of California recognized the risk involved in operating without needed resources for counseling. Given the additional funding available for neighboring universities, it has become increasingly difficult to attract, hire and retain experienced therapists. *Service to students, risk management, intern training, and resources to the campus at large are negatively impacted without sufficient Counseling staff.*
 - Continued *collaboration with Human Resources* to reclassify the job grades in Counseling Services and support increased salaries is needed. The professional therapist requires higher education, continued training, and state licensure in ways that do not apply to other jobs within the current grade categories.
 - *Additional funding from the Institutional Priorities Committee* is the best way to provide the needed resources. The state of California provides additional funds only for the public school system. Therefore, private institutions must rely on internal sources of support. It is imperative that mental health resources remain a funding priority for Pacific.
- **Direct Access to Legal Counsel**
 - Current policy does not allow for the Director of Counseling Services to have direct access to the university legal counsel. In instances when access to student therapy files is court ordered, the privacy of the student must be breached by sharing that information with the Vice President of Student Life (who does have access to legal counsel). *Ethical guidelines suggest that the therapist (or in this case the Director of Counseling Services) obtain legal consultation regarding how to proceed with the court order.* Therefore, approval for direct access for the Director to university legal counsel, in cases of court ordered access to student therapy records, is needed.
- **Yearly Trainings for Student Life Staff regarding confidential protocols for notification of Student Mental Health Emergencies**
 - Regularly reviewing the protocol for keeping mental health information as confidential as possible and appropriate is needed, given the turn over in Student Life staff. Additionally, the ethical and legal guidelines to which Counseling Services staff members adhere are foreign to our partners in Student Life.
- **Repetitive Trainings for Health Services Front Desk Staff regarding Counseling Services Policies**
 - Counseling client services are in jeopardy when the Office Coordinator is not at her desk. During lunch hours, sick and vacation days, and during the

last hour of every business day (5:00 – 6:00 pm), the Health Services front desk staff engage in operations that are quite different than their ordinary duties as they provide back-up coverage for Counseling Services. There are numerous examples of appointments being scheduled incorrectly and procedures being missed. Ideally, Counseling Services would have its own additional administrative support. However, *if we remain dependent on another department to provide coverage, time must be allowed to review protocols and for Health Services staff to become more familiar with the electronic scheduling system used by Counseling Services (Titanium).*

- **Additional Resources for Psychiatric Hours**

- The hourly fee of the consulting psychiatrist is paid through the operating budget of Counseling Services. With the documented evidence of more students coming to college on psychotropic medication, it stands to reason that Pacific students would utilize more hours with the psychiatrist if they were available. The Director has only authorized minimal additional hours due to the constraints of the operating budget. *Either the hourly fee needs to be paid from a different fund or the operating expenses need to be increased in order to appropriately attend to the medication needs of students.*

3. Leadership

Effective and ethical leadership is essential to the success of all organizations. Institutions must appoint, position, and empower Counseling Services (CS) leaders within the administrative structure to accomplish stated missions. CS Leaders at various levels must be selected on the basis of formal education and training, relevant work experience, personal skills and competencies, relevant professional credentials, as well as potential for promoting learning and development in students, applying effective practices to educational processes, and enhancing institutional effectiveness. Institutions must determine expectations of accountability for leaders and fairly assess their performance.

Leaders of CS must exercise authority over resources for which they are responsible to achieve their respective missions.

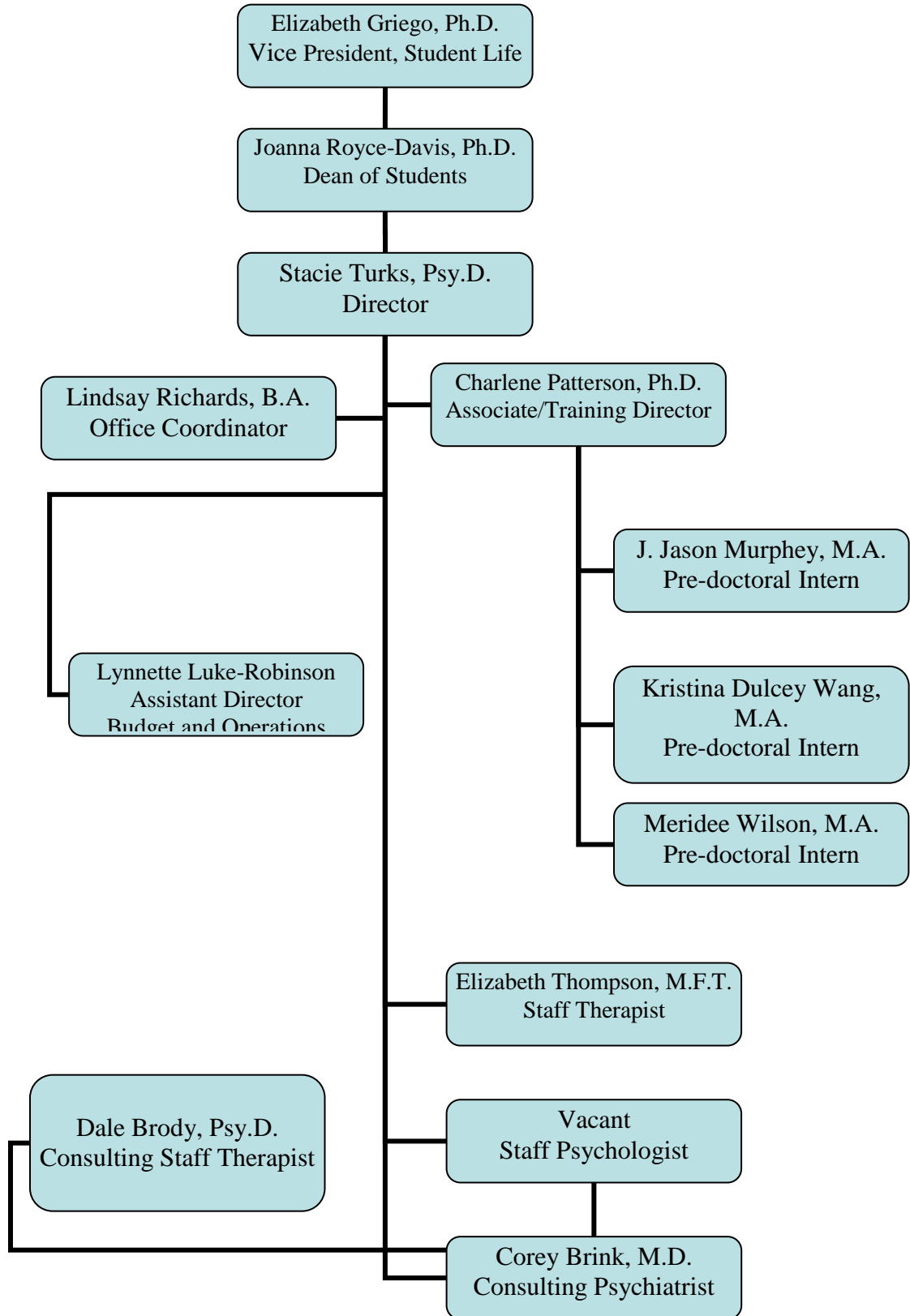
CS leaders must:

- articulate a vision for their organization**
- set goals and objectives based on the needs and capabilities of the population served**
- promote student learning and development**
- prescribe and practice ethical behavior**
- recruit, select, supervise, and develop others in the organization**
- manage financial resources**
- coordinate human resources**
- plan, budget for, and evaluate personnel and programs**
- apply effective practices to educational and administrative processes**
- communicate effectively**
- initiate collaborative interaction between individuals and agencies that possess legitimate concerns and interests in the functional area**

CS leaders must identify and find means to address individual, organizational, or environmental conditions that inhibit goal achievement.

CS leaders must promote campus environments that result in multiple opportunities for student learning and development.

2007-2008 Counseling Services is organized as follows:



The leadership of Counseling Services consists of the Director and Associate Director/ Training Director. Please see the curriculum vitae of Stacie Turks, Psy.D. (Director) and Charlene Patterson, Ph.D. (Associate/Training Director) in appendix 9 and appendix 10, respectively. Dr. Turks is currently licensed to practice by the Board of Psychology in California. In addition, Dr. Turks is a member of the American Psychological Association (APA), the California Psychological Association (CPA), the Organization of Counseling Center Directors in Higher Education (OCCDHE) and the Association of University and College Counseling Center Directors (AUCCCD). Dr. Patterson holds current licenses to practice in both Michigan and California and is an active member of ACCTA (American College Counseling Training Association), the national organization for Training Directors.

Dr. Turks reports directly to the Dean of Students, Dr. Joanna Royce-Davis, who also holds a doctoral degree in psychology. In her role as Director, Dr. Turks reviews and writes policy; conducts therapy sessions for students in both Stockton and at the McGeorge School of Law in Sacramento; provides administrative supervision to the counseling staff at both campuses; consults with McGeorge staff for mental health accommodation requests; participates in outreach at both campuses, is the after-hours contact for staff consultations regarding mental health emergencies, and is a member of several university committees (Crisis Response Team, University Diversity Committee, Students at Risk Committee).

In addition to her role within the division of Student Life, Dr. Turks is an adjunct professor in the Benerd School of education. She teaches two courses, one undergraduate and one graduate. The first, *Cultural Basis of Bias in Education*, is part of a new program for para-educators en route to a combination Bachelors degree and certification program. The second, *Counseling Theories*, is designed to aid future Student Affairs professionals conceptualize how human change occurs. Dr. Turks is connected to the Stockton community by being a board member of Delta Health Care, an organization dedicated to providing wellness programs for women and children.

The leadership style of the director is best described as democratic in that she includes subordinates in decision making. She strives to be direct in her communication style. The leadership goals of the director represent the vision for the department. Dr. Turks is purposeful in attending to each staff member's needs for growth, development and support. These goals mirror those we promote for students.

We are very fortunate to have had the opportunity to hire Charlene Patterson, Ph.D., the former Director of the counseling center at the Michigan State University. She coincidentally relocated to Stockton with her family in 2006. Her expertise and perspective provide Counseling Services and Pacific additional resources from which to serve students. Dr. Patterson, in her Associate Director role, is proactive and dedicated in her commitment to supporting the Director. As Training Director, she oversees the pre-doctoral psychology intern program, prepares for the next intern cohort, and will coordinate the process for APA accreditation. Both Drs. Turks and Patterson consider the

mission of Counseling Services, Student Life, and the University of the Pacific as decisions are collaboratively determined for the department.

4. Organization and Management / Human Resources

Guided by an overarching intent to ensure student learning and development, Counseling Services (CS) must be structured purposefully and managed effectively to achieve stated goals. Evidence of appropriate structure must include current and accessible policies and procedures, written performance expectations for all employees, functional workflow graphics or organizational charts, and clearly stated service delivery expectations.

Evidence of effective management must include use of comprehensive and accurate information for decisions, clear sources and channels of authority, effective communication practices, decision-making and conflict resolution procedures, responsiveness to changing conditions, accountability and evaluation systems, and recognition and reward processes. CS must provide channels within the organization for regular review of administrative policies and procedures.

Counseling Services (CS) must be staffed adequately by individuals qualified to accomplish its mission and goals. Within established guidelines of the institution, CS must establish procedures for staff selection, training, and evaluation; set expectations for supervision, and provide appropriate professional development opportunities. CS must strive to improve the professional competence and skills of all personnel it employs.

Counseling functions must be performed by professionals from disciplines such as counseling and clinical psychology, counselor education, psychiatry, and clinical social work, and by others with appropriate training, credentials, and supervised experience.

CS professional staff members must hold an earned graduate degree in a field relevant to the position they hold or must possess an appropriate combination of educational credentials and related work experience.

Degree or credential-seeking interns must be qualified by enrollment in an appropriate field of study and by relevant experience. These individuals must be trained and supervised adequately by professional staff members holding educational credentials and related work experience appropriate for supervision.

Student employees and volunteers must be carefully selected, trained, supervised, and evaluated. They must be trained on how and when to refer those in need of assistance to qualified staff members and have access to a supervisor for assistance in making these judgments. Student employees and volunteers must be provided clear and precise job descriptions, pre-service training based on assessed needs, and continuing staff development.

Salary levels and fringe benefits for all CS staff members must be commensurate with those for comparable positions within the institution, in similar institutions, and in the relevant geographic area.

CS must institute hiring and promotion practices that are fair, inclusive, and non-discriminatory. CS must employ a diverse staff to provide readily identifiable role models for students and to enrich the campus community.

CS must create and maintain position descriptions for all staff members and provide regular performance planning and appraisals.

CS must have a system for regular staff evaluation and must provide access to continuing education and professional development opportunities, including in-service training programs and participation in professional conferences and workshops.

The director of counseling services must have an appropriate combination of graduate course work, formal training, and supervised experience.

Counseling staff members must have an appropriate combination of graduate course work, formal training, and supervised experience.

The level of CS staffing must be established and reviewed regularly with regard to service demands, enrollment, user surveys, diversity of services offered, institutional resources, and other mental health and student services that may be available on the campus and in the local community.

CS must have technical and support staff members adequate to accomplish its mission. CS staff members must be technologically proficient and qualified to perform their job functions, be knowledgeable of ethical and legal uses of technology, and have access to training. The level of staffing and workloads must be adequate and appropriate for program and service demands.

In the 2006-07 academic year Counseling Services was staffed by 4 therapists and 2 pre-doctoral psychology interns. Beginning in the 2007-08 academic year, an additional pre-doctoral psychology intern in Stockton and a part-time therapist for the McGeorge School of Law campus were added to the staff; while one therapist left Pacific and the position has yet to be filled.

The ability to retain therapists is a major concern. Since 2006, 2 of the 4 clinicians are now employed at nearby university counseling centers (UC-Davis and Stanford). Another of the staff from 2006 is currently working a reduced schedule that allows her the flexibility to earn far more on the days away from Pacific. Two of the three staff members supplement their income with teaching positions. The statistics on other schools paying more than Pacific are well known within the counseling community. Without addressing the gap between Pacific salaries and others, we risk losing more staff. The result of being understaffed is burnout and dissatisfaction. Clearly, in the current climate of increased student mental health needs, the issue of limited counseling availability is not a risk we should take.

Currently the staff consists of a total of 3.15 FTE (full time equivalent), without trainees. Subtracting the time required (by law) for supervisory responsibilities, time for administrative duties, and the time worked by interns, the actual therapist to direct student service ratio is about 1:2200. This ratio is above the guidelines established by the

International Association of Counseling Services, Inc of 1:1000-1500. “Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. Professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies.” (2000. *Accreditation Standards for Universities and Colleges*, pg 14).

The staff currently includes the Director (full time), Associate/Training Director (full-time), Licensed Marriage and Family Therapist (3/4 time), Staff Therapist (part-time: 2 afternoons per week at McGeorge), Pre-doctoral Interns (full time), and Office Coordinator (full time). There is one unfilled full-time Staff Psychologist position as of mid-October 2007. The impact of this vacancy is tremendous. The original staffing plan (3 doctoral level psychologists: 3 pre-doctoral interns) was designed to enable each pre-doctoral intern (unlicensed) to have a doctoral-level licensed clinician for individual clinical supervision. Two hours of individual face-to-face supervision per week is required by law. Since we have only 2 licensed clinicians at the doctoral level, the Director provides individual supervision to 2 interns. The other therapist provides adjunct supervision (MFT: pre-doctoral level).

All unlicensed therapists require 10% of their work time to be in supervision. The funding available for hiring another staff therapist will likely result in hiring an unlicensed post-doctoral candidate. This assumption is based on having made offers to licensed psychologists who refused, based on the salary. We will expect that once hired, the new staff member will become licensed within 18 months (after 1500 supervised hours). During that initial period of employment, either the Training Director or Director will have to provide even more clinical supervision. As well, we will not have the opportunity to fulfill our initial plan of one-to-one supervision ratio between interns and psychologists until well into the next academic year. Again, it is important to state that this delay also postpones our APA self-study and the possibility of bringing the training program into the elite level of APA-approved.

Each senior staff member has taken on a coordinator position in addition to the regular duties of therapy and/or administration. These positions (outreach, multicultural, assessment and quality assurance coordinator) facilitate the operations of the center. The outreach coordinator fields all requests for presentations on the campus and conducts the outreach training seminar for interns. The multicultural coordinator teaches the intern seminar and oversees diversity proficiency among all staff members. The quality assurance coordinator is responsible for first line oversight of policy and ethics adherence of all staff. This coordinator assists the director in identifying and addressing challenges in these areas. Examples of ethical issues in psychology include timely record keeping and confidentiality.

The counseling staff located on the Stockton campus has, for the last 3 years, been involved with providing services at the McGeorge School of Law campus in Sacramento. In recent years two therapists have each devoted one-half day per week in Sacramento, primarily to provide therapy sessions and occasionally outreach programming to law students, as well as consultation to law school staff and faculty. In 2007-08, our plan was

only to offer therapy sessions at the Stockton location due to the increase in student needs, decrease in staffing, and financial considerations. Discussions at the division level and above resulted in increasing staff to include a part-time therapist (2 afternoons/week) dedicated to the McGeorge campus, in addition to one therapist (the Director) continuing to provide therapy, supervision and consulting services. The Director provides administrative supervision to the contract therapist located in Sacramento, as she is now part of the Counseling Services staff. Our long-term plan is to facilitate the “Three campuses – One University” concept by expanding our coordinated base of operations to include another therapist at the San Francisco campus, all with oversight from the Director in Stockton.

For psychiatric evaluation and medication management, Counseling Services contracts a part-time consulting psychiatrist (4 hours/week during the fall and summer semesters, 3 hours every other week during the summer). As noted previously, there is need for additional hours; however, the availability of the psychiatrist and the limited funding do not currently allow for more psychiatric service delivery.

The staff of Counseling Services often referred students diagnosed with eating disorders or with concerns about weight, body image or nutrition to the Registered Dietician (part of Health Services staff) who worked day time hours in 2006. After her untimely death, it has been difficult to find an RD who is available during the day to work the part-time hours funded by Health Services. Currently, the dietician works in the Wellness Center after 5:00 on several evenings. Most therapists have little or access to her and therefore rarely refer students.

Organization and Management/Human Resources Recommendations

- **Take Steps to Ensure Staff Retention and Lower Staff/Student Ratio**
 - Approval from Student Life administration related to flexible work schedules. Creative work solutions have been shown to increase work satisfaction and retention.
 - Advocacy from Student Life administration regarding salary increases.
 - Support from the Chief Financial Officer for increased compensation for employees and consultants.

5. Financial Resources

Counseling Services (CS) must have adequate funding to accomplish its mission and goals. Funding priorities must be determined within the context of the stated mission, goals, objectives, and comprehensive analysis of the needs and capabilities of students and the availability of internal or external resources.

CS must demonstrate fiscal responsibility and cost effectiveness consistent with institutional protocols.

Counseling Services had an approved (anticipated) operating budget of \$60,500 for the 2007-08 academic year; however, the actual (received) operating budget is \$51,712.00. This number is identical to the budget of the previous year. The anticipated budget was approved with the understanding that additional resources would become available as Health Services charged insurance companies for services rendered. Thus far it is unclear if any monies will be added to the Counseling Services budget. Since the billing process is new this year, it has yet to be determined how much additional income will to the Wellness Center.

The director, in conjunction with the Associate Director for Budget and Operations and Office Coordinator, facilitates the expenditures for the department. Fiscal decisions are based on the needs for professional development. The budget includes expenses for computer/ technology equipment, psychological assessment tools, professional organizational membership and conference attendance, reference materials. It is important to note that the largest expense in the budget is the salary of the consulting psychiatrist.

In this fiscal year, we replaced one computer, added another computer and webcam for the additional intern office. The plans to order more computerized psychological assessment instruments (Woodcock-Johnson) are on hold because of the lessened operating budget. The current budget does not allow us to keep pace with student and intern training needs.

Some additional resources have been provided by the “No Show” fees collected. In 2006-07 we collected over \$1900 in these fees. As well, the Sacramento campus paid us the reimbursement of the travel expenses to that campus in 2006-07 and will continue to do so in 2007-08.

According to the 2006 report from the University of California system, “workforce retention issues contribute to the problem as they do in the public mental health system. The entire UC system lags behind the private sector in salaries for mental health professionals; in one six-month period in 2004-2005, UC San Diego lost 50% of its counseling and psychological staff largely because of salary concerns. These concerns are also barriers for the CSU and CCC systems”. Retention has also been a problem at Pacific (described in above sections), in large part due to fiscal limitations. The detailed budget is outlined in Appendix 12. **Recommendations for financial resources are throughout the document and summarized in the last section.**

6. Facilities, Technology, and Equipment

Counseling Services (CS) must have adequate, suitably located facilities, adequate technology, and equipment to support its mission and goals efficiently and effectively. Facilities, technology, and equipment must be evaluated regularly and be in compliance with relevant federal, state, provincial, and local requirements to provide for access, health, safety, and security.

CS must maintain a physical and social environment that facilitates optimal functioning and insures appropriate confidentiality.

Counseling Services is co-located with Health Services in the Cowell Wellness Center on the north end of campus. There are some challenges to sharing this space. Therapy requires a calm, quiet space and often the noise level from Health Services exceeds the ideal for therapy. In addition, we are below residence hall rooms and often hear the noise of showers through the older pipes in the building or the music from students' electronic equipment. Finally, sessions are typically disrupted by outdoor landscape/lawn care or police sirens (Public Safety is located downstairs in the same building). One solution may be to add insulating materials to the walls.

The counseling offices and hallway were purposely decorated to provide a relaxing, welcoming atmosphere. Each office is equipped with a desk, lamp(s), chair(s), computer, printer, filing cabinet, love seat, white noise machine, and heater/fan.

In September 2006, we implemented a computer-based program specifically designed for college and university counseling centers (Titanium). Titanium allows us the opportunity to schedule appointments, enter and maintain client demographic information, take notes electronically, and track relevant data such as frequency of diagnoses, (reported) ethnicity, academic major, year in school, and number of sessions.

In addition, the 3 intern offices are each equipped with a webcam for video recording sessions for supervision. Supervisors obtain the recording on a password protected portable memory device and after reviewing the session, delete the session.

The Counseling Center website does not contain as many resources as many other university counseling center websites. It would be advantageous for students, faculty and staff if the site were easier to navigate and included, for example, links to mental health sites or self-help information. The Office Coordinator does a good job updating information, but has no control over when new information is actually "live" (available to be seen) on our web pages.

Facilities, Technology and Equipment Recommendations

- **Add insulating materials to the offices in Counseling Services**
- **Increase content of website**
 - Have Office Coordinator research and add materials approved by Director.
 - Determine processes that allow faster addition of materials onto website.

7. Legal Responsibilities and Ethics

Counseling Services (CS) staff members must be knowledgeable about and responsive to laws and regulations that relate to their respective responsibilities. CS staff members must inform users of programs and services and officials, as appropriate, of legal obligations and limitations including constitutional, statutory, regulatory, and case law; mandatory laws and orders emanating from federal, state/provincial and local governments; and the institution's policies.

CS staff members must use reasonable and informed practices to limit the liability exposure of the institution, its officers, employees, and agents. Staff members must be informed about institutional policies regarding personal liability and related insurance coverage options.

The institution must provide access to legal advice for CS staff members as needed to carry out assigned responsibilities.

The institution must inform CS staff and students in a timely and systematic fashion about extraordinary or changing legal obligations and potential liabilities. All persons involved in the delivery of Counseling Services (CS) must adhere to the highest principles of ethical behavior. CS must develop or adopt and implement appropriate statements of ethical practice. CS must publish these statements and ensure their periodic review by relevant constituencies .

CS staff members must recognize and avoid personal conflict of interest or appearance thereof in their transactions with students and others. Staff members must strive to ensure the fair, objective, and impartial treatment of all persons with whom they deal.

When handling institutional funds, all CS staff members must ensure that such funds are managed in accordance with established and responsible accounting procedures and the fiscal policies or processes of the institution.

CS staff members must be knowledgeable about and practice ethical behavior in the use of technology.

CS staff members must not participate in nor condone any form of harassment that demeans persons or creates an intimidating, hostile, or offensive campus environment.

CS staff members must perform their duties within the limits of their training, expertise, and competence. When these limits are exceeded, individuals in need of further assistance must be referred to persons possessing appropriate qualifications.

CS staff members must use suitable means to confront and otherwise hold accountable other staff members who exhibit unethical behavior.

CS staff members must conform to relevant federal, state/provincial, and local statutes which govern the delivery of counseling and psychological services.

CS staff members must be familiar with and adhere to relevant ethical standards in the field, including those professional procedures for intake, assessment, case notes, termination summaries and the preparation, use, and distribution of psychological tests.

Client status and information disclosed in individual counseling sessions must remain confidential, unless written permission to divulge the information is given by the student.

Clients must be made aware of issues such as the limits to confidentiality during intake or early in the counseling process so they can participate from a position of informed consent.

All CS staff members must disclose to appropriate authorities information judged to be of an emergency nature, especially when the safety of the individual or others is involved.

When the condition of a client is indicative of clear and imminent danger to the client or to others, counseling staff members must take reasonable personal action that may involve informing responsible authorities, and when possible, consulting with other professionals. In such cases, counseling staff members must be cognizant of pertinent ethical principles, state/provincial or federal statutes, and local mental health guidelines that stipulate the limits of confidentiality.

CS must maintain records in a confidential and secure manner while specifying procedures to monitor access, use, and maintenance of the records.

CS staff members must ensure that privacy and confidentiality are maintained with respect to all communications and records to the extent that such records are protected under the law and appropriate statements of ethical practice. Information contained in students' education records must not be disclosed without written consent except as allowed by relevant laws and institutional policies. CS staff members must disclose to appropriate authorities information judged to be of an emergency nature, especially when the safety of the individual or others is involved, or when otherwise required by institutional policy or relevant law.

All CS staff members must be aware of and comply with the provisions contained in the institution's human subjects research policy and in other relevant institutional policies addressing ethical practices and confidentiality of research data concerning individuals.

In response to the growing need to attend to the mental health issues of students, we found it necessary to put a more transparent process in place for students returning to campus after a mental health leave of absence. All requests will be considered within the guidelines of best practice for treatment of the individual diagnosis of the student. In collaboration with the Dean of Students and the Vice President of Student Life, Counseling Services was instrumental in developing a new policy to be including in the Tiger Lore code of student conduct. The new policy, beginning in the fall of 2007, requires formally defining the "Case Management Committee".

The Case Management Committee is chaired by the Vice President of Student Life. The committee members are the Dean of Students, the Associate Dean of Students, the Assistant Vice President of Student Life for Housing and Dining Services, the Director of Counseling Services, the Director of Judicial Affairs, the Director of Services for Students with Disabilities and other members as needed. Each committee member may designate a representative in the event that he or she is unavailable. The Case Management Committee meets to gather information from involved university staff and faculty, to determine if there is cause for concern regarding a student, and to assess if enough behavioral evidence exists to require a student to take a mental health leave of absence. This system appears to be required and is working well. Already the committee met 4 times in September 2007.

When preparing for reinstatement to the university, students must notify the Case Management Committee in writing that he/she wishes to return to Pacific by published dates (related to each semester). Included in the letter must be an account of how the student spent his/her time away from the university, reasons the student believes he/she is better prepared to handle the academic rigors and social environment of university life, and details of the student's plan to access and receive appropriate, continuing support and/or mental health treatment (or resume treatment in the event of a relapse of his/her condition, if his/her condition has remitted).

The student must also submit to the Case Management committee one original of a *Consent for Release of Information* form for each mental health service provider seen during his/her time away on mental health leave of absence, and give each mental health service provider seen during his/her time away a copy of the *Community Provider Report* form to complete and mail directly to the Case Management Committee. In addition, the student is responsible for having a transcript mailed directly to the Case Management Committee for any university or college classes he/she has taken while away on mental health leave of absence. In the event he/she is taking classes for which a transcript will not be available until after the mental health leave of absence deadline, he/she may instead have each professor send a brief e-mail or letter to the Case Management Committee indicating either the expected grade for the course or the student's status to date. Finally, the student must arrange for a brief letter of recommendation to be mailed directly to the Case Management Committee for any paid employment, volunteer work, and/or internships in which he/she has engaged during his/her time away on mental health leave of absence. The letter should indicate the dates of employment, part-time or full-time status, and the student's general performance in the position.

Upon receipt of all of the above documentation, the student may expect the Case Management Committee to review all paperwork within 2 days, a counseling center therapist to schedule a return interview/evaluation(s) with student within 7 days (unless delayed by student), the therapist will report findings to Case Management Committee and the decision is made whether or not to readmit the student within the next 3 days. The student will be notified of decision in writing and by telephone by the following day. The Associate Dean of Students then notifies student's college within 2 days. The process is expected to be complete within 15 working days (unless delayed by student).

Another ethical issue that has been the topic of much discussion is the appropriate sharing of health information within the Wellness Center. HIPAA regulations clearly state that psychotherapy notes are excluded from Protected Health Information (PHI). PHI does however, permit sharing the number of sessions, the dates of those sessions, a summary of the symptoms(s), diagnosis, treatment plan/ modalities, medications, clinical test results, progress to date, functional status and prognosis. The ethical dilemma for counseling staff relates to balancing the confidentiality that is essential to the work we do with the useful and necessary collaboration that leads to the best mental and physical healthcare a student can receive.

Our most recent attempt to accomplish all of the above is utilizing a more detailed version of the CWC (Cowell Wellness Center) Interoffice Referral Form (Appendix 13). It has been updated to specify all of the PHI categories and is used to exchange that information between the mid-level healthcare providers (Nurse Practitioner of Physician's Assistant) and doctoral and masters level therapy staff when we have a patient/client in common, being treated for a relevant problem. For example, if a therapist has diagnosed a student with a depressive disorder and they are referred to Health Services for an anti-depressant then the referral form is completed. Because Counseling Services adheres to both *contact* and *content* confidentiality, information is only shared when the medical treatment is related to a psychological disorder or medications may interfere with one another.

One other ethical issue that may, but has yet to occur at Pacific, is related to receiving a subpoena to access records. The process we would follow should therapy records be subpoenaed is to have the Vice President of Student Life consult with the university legal counsel. If the attorney determines that the subpoena is to be followed, then the information would be passed on to the Director of Counseling Services to comply with the court order.

8. Equity and Access / Diversity

Counseling Services (CS) staff members must ensure that services and programs are provided on a fair and equitable basis. CS facilities, programs and services must be accessible. Hours of operation and delivery of and access to programs and services must be responsive to the needs of all students and other constituents.

CS must be open and readily accessible to all students and must not discriminate except where sanctioned by law and institutional policy. Discrimination must be avoided on the bases of age; color; creed; cultural heritage; disability; ethnicity; gender identity; nationality; political affiliation; religious affiliation; sex; sexual orientation; or social, economic, marital, or veteran status.

Consistent with their mission and goals, CS must take affirmative action to remedy significant imbalances in student participation and staffing patterns.

As the demographic profiles of campuses change and new instructional delivery methods are introduced, institutions must recognize the needs of students who participate in distance learning for access to programs and services offered on campus. Institutions must provide appropriate services in ways that are accessible to distance learners and assist them in identifying and gaining access to other appropriate services in their geographic region.

Within the context of each institution's unique mission, diversity enriches the community and enhances the collegiate experience for all; therefore, Counseling Services (CS) must nurture environments where commonalities and differences among people are recognized and honored.

CS must promote educational experiences that are characterized by open and continuous communication that deepens understanding of one's own identity, culture, and heritage, and that of others. CS must educate and promote respect about commonalities and differences in their historical and cultural contexts.

CS must address the characteristics and needs of a diverse population when establishing and implementing policies and procedures.

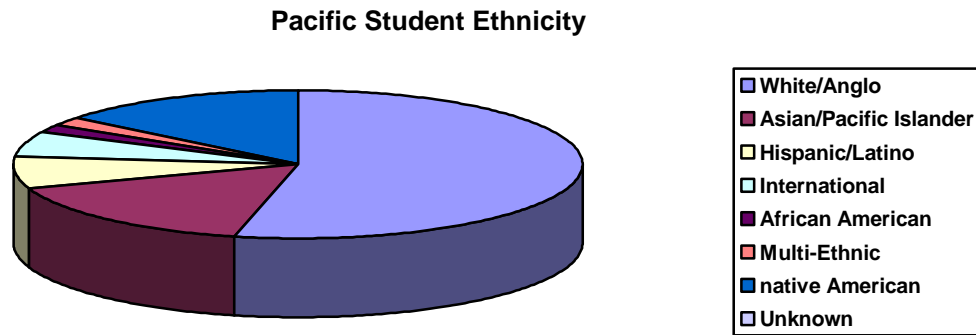
Of those who reported, the ethnic breakdown of clients at Counseling Services is:

COUNSELING SERVICES CLIENT ETHNICITY 2006-07



The largest percentage of students identified as White (56.3%), followed by those of Asian decent (17.9%), More than 1 ethnicity (7.9%), Hispanic/Latino (6.2%), African American/Black (1.8%), International Student (.6%) and Native American (.6%). 8.8% of those who came in did not identify an ethnic background.

The campus statistics for ethnicity are White/Caucasian (45%), Asian/Pacific Islander (30%), Hispanic (9%), International (4%), African-American (3%), Multi-Ethnic (1%), Native American (1%), and Unknown (8%).



The rank order of the ethnicity of the client population roughly mirrors that of the campus population. The exceptions are fewer multi-ethnic students and more international students come to counseling. However, with 8% of the therapy clientele having not reported ethnicity (“unknown” above), any conclusions about the differences are likely invalid. Overall, it may be that therapy is accessed in relative proportion and by students from a variety of ethnic backgrounds.

Counseling Services additionally is proactive and committed to recruiting, hiring and maintaining a diverse staff. It is our intent to be representative of the population served.

9. Campus and External Relations

Counseling Services (CS) must establish, maintain, and promote effective relations with relevant individuals, campus offices, and external agencies. Where adequate mental health resources are not available on campus, CS must establish and maintain close working relationships with off-campus community mental health resources.

As a unit within the Division of Student Life, Counseling Services is committed to partnering with other units. In addition, Counseling Services regularly works with faculty, staff from other divisions and the Stockton and Sacramento communities.

One of the most common collaborations takes place between Counseling and Health Services. As referenced above, there is a form designed to be utilized for referrals when a student has been seen by a provider from unit and that provider determines that the student would benefit from services from the other. The providers (therapists and nurse practitioners) are also scheduled to meet for one hour every other week for a multi-disciplinary team meeting to discuss the students that we treat in common. The other Health Services staff member that is an important connection for Counseling Services staff is the dietician. Unfortunately, at this time, the limited day time availability of the dietician (she came from 5:00 to 6:00 pm this past spring) severely limits the contact and hinders the referral process as a result.

The staff of Counseling Services consults with faculty and staff on a regular basis. Counseling staff members also conduct outreach activities in the classroom requested by faculty and outside the classroom for campus groups. For example, stress management talks are frequently offered as well as orientation to the therapy services at Pacific.

Another important collaboration occurs between Counseling Services and the Crisis Response Team (CRT). The goals of the CRT are to coordinate the University's response to student, faculty and staff emergencies; to offer counseling, guidance, and support to students, faculty, staff, their families and members of the University community; and to use student, faculty and staff emergencies, when appropriate, as opportunities to educate the campus community and enhance the quality of life for all individuals touched by such emergencies. The director (or designee) serves on the CRT and is one of the primary responders (or facilitator of response) when there is a student, staff or faculty crisis that impacts their psychological wellbeing. The CRT definition of a student, faculty or staff emergency is a serious or life threatening situation that involves or impacts a University of the Pacific student, faculty or staff, which exceeds or overwhelms normal response procedures. Such situations may include but are not limited to:

1. Aggravated battery/robbery
2. Crimes of Violence
3. Death of Student
4. Death in Family
5. Fire in campus building
6. Medical emergency:

- Serious injury/hospitalization
- Sexual battery or sexual assault
- 7. Mental health crisis:
 - Suicide attempt or threat
 - Psychotic episode
- 8. Natural Disaster
- 9. Study abroad crisis
- 10. Terrorist threats:
 - Acts of War
 - Bio-terrorism
 - Bomb threat or explosion
 - Campus disturbances and demonstrations
 - Hostage taking/Barricaded person
 - Possession of a weapon

Pacific also attempts to be familiar with the community therapy providers who are most interested in and experienced working with the young adult population. Given our brief model of service provision, there are times when it is most appropriate to refer a student into the community for long term care. We keep and update a binder of information on local therapists that includes their contact information, specialties, fees and insurance taken.

Campus and External Relations Recommendations

- **Greater Access to Consulting Partners**
 - *Service to students is negatively impacted without sufficient access to a Registered Dietician.*
 - *Additional funding from the Institutional Priorities Committee* is the best way to pay for the needed resources. It is imperative that mental health resources remain a funding priority for Pacific.

10. Assessment and Evaluation

Counseling Services (CS) must conduct regular assessment and evaluations. CS must employ effective qualitative and quantitative methodologies as appropriate, to determine whether and to what degree the stated mission, goals, and student learning and development outcomes are being met. The process must employ sufficient and sound assessment measures to ensure comprehensiveness. Data collected must include responses from students and other affected constituencies.

CS must evaluate periodically how well they complement and enhance the institution's stated mission and educational effectiveness.

Results of these evaluations must be used in revising and improving programs and services and in recognizing staff performance.

Assessment of the goals of Counseling Services is designed to be accomplished in a number of ways. First, evaluations of the interns, the supervisors, the training seminars, the training director, and the overall program are conducted for the training program. We use evaluation forms, examples of which are shown in Appendix 14. After the first year using these forms and the plan to conduct an APA self-study, there is one change already planned. We will develop distal surveys which offer opportunity for honest appraisals without the power dynamic confounding the responses. This will be accomplished by having the interns fill out the surveys after completing the internship and mailed back to the Training Director.

Second, we conduct a satisfaction survey with the clients (students) who have utilized therapy sessions. Up to this point, we have only conducted the survey at the end of the spring semester. Our plan is to have students fill out the survey twice each semester (during the 6th and 11th weeks) in order to capture a greater number of responses and more relevant information. The purpose of the survey is gain feedback on the experience students have when they come to the center, the students' sense of their improvement, if any, as a result of therapy, how (if at all) therapy impacts retention at Pacific, and any suggestions for improved customer service. As a result of the feedback from other student life staff (during the assessment activity of the student life retreat) we have added an opportunity for students to express comments related to their multicultural/diversity experience at Counseling Services. The complete survey can be viewed in Appendix 15.

Outreach activity is designed to be evaluated as well. Audience members at an outreach presentation are given a brief evaluation form at the end of the program. This was new to Counseling Services in 2006-07, and sometimes staff did not remember to administer the survey. Our goal in 2007-08 is to ensure that all outreach programs include the evaluation component. This will be accomplished by assigning oversight of the evaluation process to the Outreach Coordinator. Once the evaluation is administered, the Outreach Coordinator will collect the data and share that information with the Director.

Another assessment goal is to be able to relate the counseling services evaluations within the context of student life division goals. This assessment is coordinated through the

office of Academic Support Services. In this way, we ensure that our programming is consistent with the goals of the division. The Director heads an inter-disciplinary committee that examines the departmental efforts designed to address diversity and leadership. The goals are detailed below:

Assessment Goals – Counseling Services – 2007-08

Leadership

1. As a result of the internship training program, containing close-ended questions pre-doctoral interns will demonstrate presentation Psychological Association Pre-Doctoral and programming skills that respond to assessed needs related to students' psychological well being.
2. As a result of the internship training program, pre-doctoral interns will effectively present information about the services and programs of Counseling Services.

Method of Measurement

- Supervisor evaluation
- Comparison to American Program standards
- Event/Program evaluation

Diversity

3. As a result of the internship training program, pre-doctoral interns will demonstrate self-awareness of their own culture and how it impacts cross-cultural therapeutic interactions.
4. Where applicable to the presenting issue, after the therapeutic experience, students will report improved personal and interpersonal cultural understanding.

- Seminar Evaluation forms
- Student Satisfaction Survey

Assessment and Evaluation Recommendations

- **Restructure Timing for Evaluations**
 - *Student satisfaction surveys to be distributed 4 times per year.*
 - *Intern evaluations of the training program to be completed after they have completed the year.*

11. Recommendations

We (the staff of Counseling Services, in conjunction with the leadership of Student Life) have taken very seriously this opportunity to examine ourselves and to move toward excellence. After careful consideration of the operations of Counseling Services, there are several recommendations for improvement of services to students. Overall, we are requesting that the budgetary needs of Counseling Services be more adequately met in an effort to provide students with the best care and to ensure the retention of qualified, valued staff members.

The following is a summary of the recommendations:

- **Provide competitive salaries**
 - Since the Virginia Tech tragedy, the state of California recognized the risk involved in operating without needed resources for counseling. Given the additional funding available for neighboring universities, it has become increasingly difficult to attract, hire and retain experienced therapists. *Service to students, risk management, intern training, and resources to the campus at large are negatively impacted without sufficient Counseling staff.*
 - Continued *collaboration with Human Resources* to reclassify the job grades in Counseling Services and support increased salaries is needed. The professional therapist requires higher education, continued training, and state licensure in ways that do not apply to other jobs within the current grade categories.
 - *Additional funding from the Institutional Priorities Committee* is the best way to provide the needed resources. The state of California provides additional funds only for the public school system. Therefore, private institutions must rely on internal sources of support. It is imperative that mental health resources remain a funding priority for Pacific.
- **Direct Access to Legal Counsel**
 - Current policy does not allow for the Director of Counseling Services to have direct access to the university legal counsel. In instances when access to student therapy files is court ordered, the privacy of the student must be breached by sharing that information with the Vice President of Student Life (who does have access to legal counsel). *Ethical guidelines suggest that the therapist (or in this case the Director of Counseling Services) obtain legal consultation regarding how to proceed with the court order.* Therefore, approval for direct access for the Director to university legal counsel, in cases of court ordered access to student therapy records, is needed.

- **Yearly Trainings for Student Life Staff regarding confidential protocols for notification of Student Mental Health Emergencies**
 - Regularly reviewing the protocol for keeping mental health information as confidential as possible and appropriate is needed, given the turn over in Student Life staff. Additionally, the ethical and legal guidelines to which Counseling Services staff members adhere are foreign to our partners in Student Life.

- **Repetitive Trainings for Health Services Front Desk Staff regarding Counseling Services Policies**
 - Counseling client services are in jeopardy when the Office Coordinator is not at her desk. During lunch hours, sick and vacation days, and during the last hour of every business day (5:00 – 6:00 pm), the Health Services front desk staff engage in operations that are quite different than their ordinary duties as they provide back-up coverage for Counseling Services. There are numerous examples of appointments being scheduled incorrectly and procedures being missed. Ideally, Counseling Services would have its own additional administrative support. However, *if we remain dependent on another department to provide coverage, time must be allowed to review protocols and for Health Services staff to become more familiar with the electronic scheduling system used by Counseling Services (Titanium).*

- **Additional Resources for Psychiatric Hours**
 - The hourly fee of the consulting psychiatrist is paid through the operating budget of Counseling Services. With the documented evidence of more students coming to college on psychotropic medication, it stands to reason that Pacific students would utilize more hours with the psychiatrist if they were available. The Director has only authorized minimal additional hours due to the constraints of the operating budget. *Either the hourly fee needs to be paid from a different fund or the operating expenses need to be increased in order to appropriately attend to the medication needs of students.*

- **Take Steps to Ensure Staff Retention and Lower Staff/Student Ratio**

Staff retention is critical for the continuity of care of students with psychological challenges/difficulties. Staff members are aware that the pay scale of neighboring universities and colleges exceeds that of the compensation at Pacific. While staff members state that they are pleased with most of the working conditions, the pay is a challenge to the level of content. Industrial Organizational Psychology research tells us that while employees will not stay on a job where they are unhappy just for the pay, employees will leave if they are underpaid. A recent example occurred when a former Associate Director left Pacific and received a higher salary for a university staff psychologist position (in the Nor Cal region). The available salary dollars also make it difficult to hire the most qualified candidates when other, more lucrative positions are available in the area. This has been evidenced in our Fall 07 search for an additional (replacement) staff psychologist.

- *Approval from Student Life administration related to flexible work schedules.* Creative work solutions have been shown to increase work satisfaction and retention.
- *Advocacy from Student Life administration regarding salary increases.*
- *Support from the Chief Financial Officer for increased compensation for employees and consultants.*
- **Add insulating materials to the offices in Counseling Services**
- **Increase content of website**
 - Have Office Coordinator research and add materials approved by Director.
 - Determine processes that allow faster addition of materials onto website.
- **Greater Access to Consulting Partners**
 - *Service to students is negatively impacted without sufficient access to a Registered Dietician.*
 - *Additional funding from the Institutional Priorities Committee* is the best way to pay for the needed resources. It is imperative that mental health resources remain a funding priority for Pacific.

Additional time with a nutritionist at the Wellness Center would also help meet the needs of students. Most students suffering from disordered eating patterns would benefit from adding nutrition consultations to the multidisciplinary treatment required by best practices. At this time, the part-time contract nutritionist (employed by Health Services) is rarely available to meet with the therapists on staff. She typically works after 5 pm, the time when the majority of Counseling Staff members are leaving for the day. Increased availability to both staff (for consultation) and students (for appointments) is crucial for student care.

- **Restructure Timing for Evaluations**
 - *Student satisfaction surveys to be distributed 4 times per year.*
 - *Intern evaluations of the training program to be completed after they have completed the year.*

Appendix 1

Assessing Potentially Violent Clients

Policy

It is the policy of Counseling Services to follow the guidelines set forth by the OCCDHE when dealing with potentially violent clients. All Counseling Services providers have an ethical and legal responsibility to follow these procedures when s/he becomes aware that a client is at risk for harming another or the property of another.

Evaluating and Documenting

Once a therapist becomes aware that a client intends harm toward an identifiable other, s/he must immediately notify the Director, or a clinical supervisor for consultation. The main points of this conversation will be noted in the client's chart and signed by both the therapist and the senior staff member or supervisor who is consulting. Each individual client's potential for violence will be assessed by using the checklist that follows.

After the initial consultation has taken place and the items on the checklist assessed, the therapist and supervisor will make a decision together as to how to proceed. If it is felt that violence is possible or likely, the Director will empanel at least 1 other staff member for consultation and determine a course of action. In cases where at least one member of the panel decides that there is no real danger, a decision may be made to proceed no further with the evaluation at that time. In cases where there appears to be reasonable concern for danger, a decision may be made to undertake further evaluation and actions. Possible actions include:

Further psychological assessment, including the administration of individual psychological tests.

Referral to a staff therapist or consulting psychiatrist for the purposes of making a differential diagnosis.

Referral for other medical diagnostic or laboratory procedures and/or hospitalization if appropriate.

Calling Public Safety to transport the student to County Mental Health or St. Joseph's Behavioral Health Center on a 5150.

Continual contact with the Director or clinical supervisor will be necessary as the case continues to unfold. Throughout the course of the client's involvement with Counseling Services, appropriate documentation of events taking place and the evaluative process will be kept in the client chart.

In the event that a trainee is seeing a client deemed potentially violent, her/his supervisor will assume responsibility for the implementation of the procedures outlined above. Depending on the level of experience and skills of the trainee, a decision may be made to transfer the client to a senior staff member.

(Guidelines for completing lethality assessments and for evaluating the need for a Tarasoff warning are included in the following pages.)

Appendix 2

Assessing Violent Behavior

The following four questions can be used to assess a client's potential for violence. Generally, a positive answer to two or more of them would warrant notification of the intended victim (procedures for this follow), and/or other precautionary measures.

This checklist is not intended to be exhaustive. The therapist should exercise reasonable professional judgment in adding to or subtracting from the list in light of the particular circumstances of the case.

1. Has the client expressed some specific intention to commit violence (beyond transitory thoughts or expression of feeling)?

Yes	No
-----	----
- 1a. Has the client identified the kind of action s/he intends?

Yes	No
-----	----
- 1b. Does the client have the ability to carry out the plan (i.e. access to a weapon, proximity to the victim)?

Yes	No
-----	----
2. Has the client identified an intended victim?

Yes	No
-----	----
3. Is the client able to understand what s/he is doing but is incapable of exercising self control? (A history of prior violence would suggest that self control is difficult.)

Yes	No
-----	----
4. Is the client incapable of collaborating with the therapist in maintaining control of her/his behavior?

Yes	No
-----	----

Appendix 3

Tarasoff Warnings When Clients Threaten Identifiable Others

Based on the evaluation using the guidelines delineated previously, it may be appropriate to notify the intended victim of the client's threats and a law enforcement agency.

1. In general, when a disclosure to harm another is made, it is appropriate to notify the client at that time that you have a legal and ethical duty to warn the intended victim and law enforcement. However, if the clinician and supervisor feel that notifying the client would exacerbate the threat of violence, the client does not have to be informed.
2. The laws of the state of California make it mandatory that therapists make every reasonable effort to notify intended victims. This can happen via telephone, certified mail, etc. The therapist needs to be specific regarding the nature of the threats.
3. The laws of the state of California also make it mandatory for therapists to notify the appropriate law enforcement agency when a client makes a threat to an identifiable person. Depending on the circumstances, this may be University Police, Stockton City Police, or police from another jurisdiction where the potential victim resides. The therapist will need to be specific about the nature of the threat and the client's potential access to weapons, etc.

Appendix 4

D. Assessing Potentially Suicidal Clients

Policy

It is the policy of Counseling Services to follow the guidelines set forth by the OCCDHE when assisting potentially suicidal clients. Expectations for the assessment process and documentation follow.

Evaluation and Documentation Procedures

- A. Any therapist who has a reasonable belief that a client is at risk for suicidal behavior is required to do a thorough assessment. A therapist in this situation must also consult with a supervisor or one other senior staff member designated by the Director. The purpose for the consultation is to determine what additional steps, if any, need to be taken to assure the safety of the client. The fact that the consultation took place and the decisions made therein will be noted in the client chart, including the signatures of both the treating clinician and the consulting staff member.
- A. Should the consultation result in a joint opinion that there is no probable danger (risk of suicide), no further intervention will be required. However, should the consultation result in an opinion that there is potential danger (risk for suicide) further evaluation and/or actions may be warranted. Possible additional steps are as follows:
- Review of the case by a peer review (similar to procedure for assessing risk for harm to others)
 - Completion of a psychological assessment battery
 - Referral to another staff member or to the consulting psychiatrist
 - Consultation with a professional at one of the local hospitals to determine the client's need for hospitalization (either voluntary or involuntary)
 - Evaluation for possible medical or neurological factors affecting the client's level of functioning
- C. Continued contact between the treating clinician and the Director (or designee) is required until the suicide risk abates.
- D. In instances where the suicidal client is a minor, efforts will be made to involve the client's family and/or spouse. When the suicidal client is of legal age, efforts will be made to involve at least one person involved in a primary relationship with the client (e.g. significant other, parent, trusted friend). In both instances, every effort will be made to obtain the client's permission before involving outside others. However, if the client is not cooperative and will not give her/his permission to involve others while suicide risk is high, the treating clinician may still advise a family member, spouse or significant other of the situation. Communications

with outside others when a client is suicidal should be specific regarding the nature of the danger, and may be done either in person, by telephone, or by certified mail. The client should be advised that such a step has been taken.

- E. In the event that a trainee is seeing a client deemed potentially suicidal, her/his supervisor will assume responsibility for the implementation of the procedures outlined above. Depending on the level of experience and skills of the trainee, a decision may be made to transfer the client to a senior staff member.

(Guidelines for assessing suicide potential are included in pages that follow.)

Yes

No

E. Voluntary Hospitalization

When a therapist has a reasonable belief that a client, as a result of a mental disorder, is a danger to self or others or is gravely disabled, the therapist may assist the client in arranging for appropriate hospitalization. At times such a hospitalization will be voluntary and the client will be able to work with the therapist in setting up care.

Therapists usually begin this process by calling the appropriate hospital facility to ensure the availability of a bed (“appropriate” may be determined by client factors such as ability to pay, insurance coverage, location of hospital, etc.). The therapist may also contact the admitting psychiatrist (or other admitting clinician, such as a member of the P.E.T. team) to confer about the client. Most clients needing hospitalization in the Stockton area will be referred either to St. Joseph’s Behavioral Health Center or to San Joaquin County Mental Health.

Once hospitalization has been arranged, the therapist will assist the client in making plans for transportation to the facility. Contacting family members or friends for help in this area may be appropriate in some cases. In situations where obtaining a ride from a friend or family member isn’t possible/feasible, the therapist may arrange for a taxi, an ambulance, or a police escort to the hospital.

F. Involuntary Hospitalization

The Welfare and Institutions Code, Section 5150 provides therapists with the ability to initiate procedures for involuntary hospitalization when a client, as a result of a mental disorder, is deemed to be a danger to self or others or is gravely disabled, and is not willing to be hospitalized voluntarily. A “5150” involuntary commitment allows a facility to hold the client up to 72 hours while additional assessment and/or treatment take place.

If a therapist feels that a client meets the criteria for a 5150 hold, s/he will first consult with the Director (or designee). If the Director concurs that the client is in need of involuntary hospitalization, she and the therapist will work out a plan for having the client evaluated by the local psychiatric emergency team (the P.E.T. team) or for having the client transported to a safe facility for further evaluation. It may be necessary for the therapist to contact the Pacific police for assistance with detaining the client until help arrives.

Appendix 6

G. University of the Pacific's Policy for Student Transport (Voluntary or Involuntary)

Per university policy at Pacific, and in line with the informed consent form, 2 other individuals on campus need to be notified of a client transport. The guideline for this communication is as follows:

If the client transported is currently an on-campus resident, then the Associate Vice President of Student Life who oversees the CWC **and** the Assistant Vice President of Student Life who oversees Housing will be contacted via phone by the treating therapist, and told the following information: The client's name and that the client has been transported to (name of) hospital.

If the client transported is an off-campus resident, then **only** the Dean of Students who oversees the CWC will be contacted via phone by the treating therapist and told the following information: The client's name and that the client has been transported to (name of) hospital.

After this phone contact has been made, the Associate Vice President of Student Life who oversees the CWC and the Assistant Vice President of Student Life who oversees Housing (if applicable for contact) will then make decisions regarding further contacts with others on campus if necessary, and the CWC and treating therapist cannot ensure subsequent confidentiality.

Appendix 7

The University of Pittsburgh and The American College Counseling Association have announced the release of their co-sponsored 2006 National Survey of College and University Counseling Center Directors. The monograph, which is published annually, by the International Association of Counseling Services, is now accessible on its website <http://www.iacsinc.org>

The study which has been conducted for the past 25 years surveyed a record high 367 counseling centers from 45 states and 2 Canadian provinces and several of the trends noted in recent surveys have been continued.

A significant concern that has been growing in intensity over the past ten years is the large number of students coming to college counseling centers with severe psychological problems. This is an issue of importance for counseling centers across the country. 92% (an all time high) of counseling center directors stated that this problem has continued to increase in recent years. This trend is not only a concern for counseling centers but the vast majority of directors believe that these troubled students are of growing concern to college administrators across the country, to faculty member who encounter these problems in the classroom and to residence life staff who are often the first people on campus who are often the first line of support in trying to assist these students.

Counseling Center directors reported in 2005 that, while the majority of students they see bring to their centers the normal developmental problems common to this age group, 43% of them have what they describe as severe psychological problems. 8.7% had problems that were so serious that they could not remain in school, and 32.6% experienced severe distress such as depression, anxiety, panic attacks, suicidal ideation etc. but were able to be successfully treated with available treatment modalities and within allowed time limits. On average, a little over 8 students per school were hospitalized for psychological problems during the past year for a total of 2,462 students. In 2001 only 5 students per school, on average, were hospitalized.

In addition, 95% of directors believed that the number of students coming to campus who are already taking psychiatric medication has also increased. (up from 92% last year). Of the students who are being seen in college counseling centers 25% were taking psychiatric medication, which was up from 20% in 2003, 17% in 2000 and 9% in 1994.

Other service concerns of counseling directors showed increases from the 2004 survey.

Concerns about the increases in client self injury reports went from 54.9

to 68.7%, the need to find better referral sources for students needing long term care from 54.3 to 67%, the growing demand for services without needed increases in resources from 53.7 to 59.4%, and the increased demand for crisis counseling from 44.8 to 50.6%.

Directors reported 154 suicides in the past year which has remained fairly constant in recent years. It should be noted, however, that 127 of the 154 students who committed suicide had never sought assistance at their campus counseling or mental health service. 75% of the suicides were male, 83% were undergraduates and most of the suicides (61% occurred off-campus. To the extent that directors were able to access this information 45% of the suicidal students were depressed, 37% had relationship problems, 32% were known to have made previous attempts, 39% were on psychiatric medication, and 20% had a previous psychiatric hospitalization.

In response to this growing concern about students problems 47% of the counseling centers surveyed held a depression screening day on their campuses (up from 41.6% in 2004). 9,416 students were screened and 3,484 were referred for treatment. Other actions taken by directors to respond to the increase in students with more serious psychological problems are reported in the survey.

The reasons for this increase of students experiencing severe psychological success are diverse and speculative. College counseling center directors who were queried on this topic suggest that one major contributor is, in part, a success story. Large numbers of students who would not have been able to attend college in the past because of their psychological problems now can do so because of the advent of new psychiatric medications. Many of these students are successful in college but often require supervision of their medication and on-going psychological support. Other reasons given include increased family dysfunction, too early exposure to drugs, alcohol and sexual experience that they are not emotionally prepared to handle and, perhaps excessive pampering of those young people who have led very protected lives which leaves them vulnerable to the stressors of college life.

Whatever the reasons for these increasing problems, the evidence gathered from these surveys is clear. Colleges and Universities are facing a growing problem that, if unchecked, could impact significantly on college life. Mental health problems can adversely affect academic achievement, classroom management, and student retention. On an individual level mental health problems can impact negatively on a student's physical, emotional, cognitive and social well being and in some of the more severe cases lead to suicide or violent acting out.

On the more positive side, 82.5 % of directors who responded to the 2005

survey believe that the higher administration on their campuses has a growing awareness of both the growing demand for counseling services and the greater complexity of the problems students bring to counseling centers. 39.2% of directors (up from 35% in 2004) report that this awareness has already led to an increase in needed resources for their centers and 20.4%, (up from 15%) believe that new resources will be forthcoming.

Appendix 8

Association for University and College Counseling Center Directors (AUCCCD) Statement on State Governors Task Forces

The last several years have brought an increased national focus on college mental health issues as evidenced by internal reports of increased need for clinical services, high profile law suits, numerous articles in the national media, and the tragic shootings at Virginia Tech. All of these events have triggered a variety of responses, but the Virginia Tech shootings, with the subsequent reports and panels at the federal and state levels, have generated the greatest response. At one level, this attention has been much needed and brought focus to an important issue; however, some of the attention has included statements and information that presents only part of a much more complex picture. The purpose of this statement from the Association for University and College Counseling Center Directors (AUCCCD) is to provide balance to that picture.

College and university students have been characterized in various stories and reports as a young and vulnerable population. As mental health professionals working with this population, we would be the first to acknowledge the developmental issues confronted by these students; however, 18-24 years who are not in college or who serve in the military share many of the same developmental issues. In many respects college students are no different from their peers in the issues that they face and actually have a suicide rate that is half that of their peers who do not attend college. AUCCCD affirms that the college students we work with are legally adults and that they are entitled to the same confidentiality that protects all adults who seek counseling from a mental health professional. This is codified in state mental health law and psychology, social work, and counseling licensure laws. These laws acknowledge that confidentiality in treatment does save lives. Some writers and reports have recommended that colleges and universities notify parents when their student appears troubled. This procedure often makes sense for faculty, residence life staff, and other student affairs professionals, and it is allowed under the Federal Education Right to Privacy Act (FERPA) if there are serious concerns about student behavior. Counseling staff, too, often involve parents or others with the student's consent in the treatment process if doing so would aid in the treatment of the troubled student. However, suggestions that counseling staff routinely involve parents in the treatment process against a student's will are ill-considered. This abrogation of the student's rights should only be used when state law allows, when it is a treatment team decision, and when it is a last resort in cases where other options for safety have been explored and discarded. It should also be acknowledged that a requirement to involve parents is not always an effective treatment intervention and in some situations can actually make a difficult situation worse.

Another issue that has received considerable attention is related to a recommendation that college and university administrators mandate ongoing counseling for troubled college students. Mental health services at their heart respect the ethical principle of autonomy for clients or patients. Accrediting standards of the International Association of Counseling Services (IACS) have long prohibited mandating counseling for students at any accredited counseling service. AUCCCD supports this stance. While AUCCCD is opposed to ongoing mandated treatment, we recognize the value of mandated assessment when it is precipitated by clear problematic behavior and violation of college and university conduct codes.

Administrative models and the counseling center's relationship with the campus health service have also been the focus of media attention. In particular, a recent article in the *New England Journal of Medicine* has suggested that college and university counseling services could provide more effective services if the "stature and visibility" of the person in charge of mental health services was raised. AUCCCD strongly supports efforts to raise the stature and visibility of all directors of counseling services, but we believe that effective leadership of a mental health service is more about the leadership qualities of the individual as well as experience working with college students, and less about the professional affiliation of the person holding the position of director. AUCCCD affirms that there are many different models of providing counseling services on college and university campuses. Effective directors may hold the professional title of counselor, social worker, psychologist or, of course, physician. Our position on this issue is reflective of the amazing diversity of college campuses across the globe which our 758 members represent. AUCCCD also affirms that it is the responsibility of both college and university counseling services and health services to work together in a collegial and cooperative manner in service to the same students. We acknowledge that there is no one, single administrative structure to accomplish this task best. A recent article has quoted data from AUCCCD's most recent 2006 survey which found that 65% of counseling services were not administratively integrated with health services. This statistic does not mean that those services do not have strong and effective professional relationships. Quite the contrary! Many counseling and health centers operate within the same division and/or under the purview of the same Vice President. Our study does not support the conclusion that merging campus counseling and health services is the most effective nor sole administrative structure that would serve our students well. A merged counseling and health center is simply one of many effective models for provision of services.

A final complexity that is often overlooked is that college and university counseling services for decades have been leaders in the provision of counseling service to our students. We have pioneered student outreach, worked effectively to lower barriers to students seeking services, routinely considered the role that culture might play in services provided, designed and implemented mental health triage systems (including crisis hotlines), structured policies and procedures for

health and mental health leaves from campus, as well as other issues addressed by these articles, lawsuits, and task forces. AUCCCD continues to recommend that administrators and state governments seek input from the professionals who have a wealth of experience and information to share—the counseling center director at the local campus. We respectfully request that these individuals listen to the directors and their staffs at the various institutions when forming policy to address these very important issues.

Maggie Gartner, Ph.D., President
Greg Eells, Ph.D., President-elect
The Association for University and College Counseling Center Directors
September 18, 2007

Appendix 9 – Training Information

The Program: Philosophy and Goals

The internship training program is designed to train highly competent professionals in the field. We aim to foster independence and provide for the development of versatile “generalists” in the field of psychology. We are committed to promoting excellence and competence with psychological skill levels, and strive to provide experiences that allow for interpersonal depth and enhanced clinical ability within a humanistic framework. The internship year is an opportunity to further hone specialty areas, and concentration and emphasis on these areas is encouraged and supported through the training model. Our goal is to provide a strong foundation that lends itself to the development of professionals in the field, while still respecting the individuality of each intern. Objectives to be obtained during this internship year include ethical, social and personal responsibility to the profession and to the individual clients; development and solidification of clinical skills; continuous attention, increased awareness and introspection, and intentionality regarding the impact of diversity in daily lives; and the development of a strong professional identity. A more personal objective is for each intern to be nurtured within their own development and view of self as a conscientious, competent, respected psychologist.

Educational Model and Objectives

Our internship training program is based on a “developmental apprenticeship” approach.

This model allows for each intern’s specialized skill sets and needs to be met within our training objectives and framework, and fosters independence as a practitioner through direct and observed experiences with senior staff members. Staff members fulfill multiple roles in the training process with interns. These roles include consultant, teacher, supervisor, educator and advocate. These roles provide interns with mentors in the process of transition from “trainee” to “professional”. Our model is developmental in the ways that we are able to adapt our program requirements to fit with each intern’s specialized needs and already developed skills in the field. We aim to support solidified training and enhance those skills, while providing challenges and new experiences within a supportive venue.

Our model supports our philosophy of training and strives to meet 4 independent objectives under the goal of developing strong professionals in the field of psychology.

Objective 1: Foster ethical, social and personal responsibility. As psychologists we have ethical duties and obligations to our clients, our profession and ourselves. We specifically provide training in legal and ethical obligations to aid in developing conscientious professionals in the field.

Objective 2: Development and solidifying strong clinical skills. Training and supervision in specific clinical skills of intakes, therapy models, crisis intervention, group and couples therapy, assessment, and outreach and consultation work to meet this objective. In our goal to train competent generalists in the field, there is a multitude of skill sets in differing clinical roles that are required.

Objective 3: Increasing awareness and appreciation of cultural, individual and group differences. Through our Multicultural Seminar, as well as through the opportunity to develop specialized liaisons on campus, we promote respect and training in these areas. It is a goal during the internship year to provide for many opportunities to both work with diversity and create awareness of diversity within an all encompassing framework (diversity is examined in each seminar as well as through clinical work).

Objective 4: Development of a strong personal and professional identity. As the cornerstone year that is highlighted as “the year of training” for professionals, an important and valued piece is comfort level with skills as a professional and with the view of yourself as a professional. This development requires skills in honest and clear communication, conflict management and a clear idea of boundaries and roles within relationships. As therapists in the world, we are allotted a precious view into individual’s psyche’s and private thoughts. An important development is respect for this process and a clear idea of how our personalities affect the shape of our professional identities. Part of this development involves encouragement of self-care, which is modeled and supported by senior staff members.

Detailed Training Experiences

Components of the Internship Program

A. Clinical Caseload

A significant amount of intern training time is devoted to the development of clinical skills. 50% of intern’s weekly time is reserved for clinical duties, which include intakes, individual therapy appointments, group and couples therapy, and crisis appointments. Interns are encouraged to see short-term as well as long-term clients (10% of caseload) to add to their experience.

B. Individual Supervision

One of the cornerstones of the intern training program is the individual supervision component. Full-time interns will spend 2 hours each week in individual supervision with licensed staff members. As each of the licensed staff members comes to her work with a different set of skills, training, and experiences, there can be no uniform theoretical orientation with regard to the conceptualization of clinical work or supervision. Interns and supervisors are encouraged to spend some time at the beginning of the year discussing their backgrounds and expectations before coming to some understanding of how they will work together.

C. Training Seminars

Interns spend approximately four to five hours a week in a didactic training seminar. Please see Intern Seminars for more information. A range of topics will be covered.

D. Psychological Assessment

Interns are expected to complete at least two full assessment batteries per internship year. Interns are trained on the administration, scoring, and application of measures deemed appropriate for these particular types of evaluations. A wide range of tests could be employed, including the WAIS-III, the MMPI, the Rorschach, and others. Students are referred for testing by other clinicians in the counseling center as well as by the Office for Students with Disabilities.

E. Outreach and Consultation

Because a significant part of the Counseling Center mission involves outreach and education activities, interns are expected to participate in these duties as well. Interns discuss with their supervisors opportunities to conduct outreach activities, then come to some decisions about where to focus energies for the year. For instance, some interns may have particular interests in connecting with specific student groups (i.e. Greek organizations, LGBTQ students, re-entry students, etc.) while other interns may want to foster partnerships with particular departments in Student Life (i.e. Housing, the Community Involvement Program, Judicial Affairs, etc.). Every effort will be made to match intern interest with campus need.

In addition to the intern-specific activities listed above, interns participate in all other professional activities related to being a staff person in Counseling Services. These include attending staff meetings, case conferences, and divisional meetings as required. Interns are also required to attend intern seminars each week. These seminars are described and outlined below.

Intern Seminars

Assessment Seminar

This seminar addresses the psychological assessment skills of the intern. Didactic instruction and supervised practice in objective personality assessment are provided. Specifically, the assessment coordinator works with the interns in developing their skills with the clinical interview, and with administration and interpretation of a variety of objective and projective assessments. Report writing and providing client feedback are key components of the seminar. Interns are taught how to integrate test findings in treatment recommendations and planning.

Case Conference

Case conference is designed to give interns additional experience in the oral and written presentation of their clinical work. It provides an additional hour of supervision each week on cases and the opportunity for feedback from senior staff members in an informal and supportive fashion.

Multicultural Seminar

The multicultural seminar is designed to increase awareness, sensitivity, and intentionality regarding the impact of diversity in daily lives. Interns should expect to engage in self-reflection while learning to incorporate a widening array of considerations for therapeutic situations. In the spring and summer semesters, one hour meetings will include didactic trainings as well as discussion of multicultural cases with senior staff. By the end of this experience, interns should expect to be able to describe the lens through which they view the world and how this view impacts their professional identity and practice. The seminar culminates with intern case presentations.

Outreach and Consultation Seminar

The Outreach/Consultation Seminar is a highly experiential seminar focusing on training interns to effectively establish and maintain positive working relationships with faculty, staff, administrators and students, as well as other campus support services. The intern will become a competent and skilled presenter/liaison with the ability to access support services when needed for clients, as well as support the needs of the campus community through consultations and effective presentations. Topics for this seminar include how to develop, market, implement and coordinate outreach presentations to the campus community, how to compose clear and concise correspondence and communicate effectively, how to create and organize a project of special interest that also meets a need on the campus. Interns will also learn how to use PowerPoint and other technical support in an engaging and effective way, how to create a presentation topic keeping the intended audience in mind, and the basics of verbal, vocal and visual communication during a presentation.

Professional Issues Seminar

The primary purpose of this seminar is for interns to address issues of professional growth and development as a psychologist and facilitate their entry into professional psychology. Presentations by staff members, community professionals, and interns cover a wide range of topics based on the intern group's needs and special topics that are of interest to them. California law and ethics will be covered in this seminar, as well as our professional code of conduct as psychologists.

Treatment Modalities Seminar

In the Treatment Modalities Seminar, various forms of psychotherapy and other relevant clinical interventions will be presented and discussed. First, the key theorists and their respective theoretical frameworks will be outlined. Second, data and research related to each treatment modality will be reviewed. Third, clinical utility and application will be addressed primarily through experiential learning (e.g., vignettes, role playing, case discussion, etc.). By the end of this weekly yearlong seminar, interns should be able to describe each of the major forms of psychotherapy and have a basic understanding of how and when to apply each modality. Interns also should be able to identify the more useful clinical interventions as applied to university settings.

Professional Development / Dissertation Time

Interns are given two hours per week to devote to projects and activities that will enhance their professional development or facilitate progress on their dissertations. In the past, interns have used these hours for dissertation or other research projects, professional reading, or additional training experiences.

Specialty Areas / Consultation Project

In addition, interns are given the opportunity to work closely with one of the existing on campus service centers to further develop interest in a specialized area. This interest is cultivated through a consultation project that is supervised by the Outreach/Consultation Seminar leader. There are many choices of service centers on campus. Examples are the Women's Resource Center (C.A.R.E.), The Career Resource Center, The Athletics Department, Public Safety, The Student Victim Advocate, The Chapel, Multicultural Affairs, and The PRIDE center.

Intern Responsibilities Sample Weekly Schedule

Activity	Fall/Spring	Summer
Psychotherapy (Individual and Group Treatment)	17.0	17.0
Intake Appointments	2.0	2.0
Emergency Appointments	1.0	1.0
Individual Supervision	2.0	2.0
Professional Issues Seminar	1.0	1.0
Outreach and Consultation Seminar (Rotates with Assessment Seminar)	2.0	2.0
Diversity Seminar	1.0 ¹	1.0 ¹
Therapy Modality Seminar	1.0	1.0
Case Conference/Group Supervision	1.0	1.0
Staff Meeting	0.5	0.5
Paperwork	7.0	7.0
Prof. Development/Dissertation time	2.0	2.0
Intern Group Time	0.5	0.5
After hours emergency coverage	0.0 ²	0.0 ²
TOTAL HOURS SCHEDULED PER WEEK	40.0	40.0

1 This seminar is only offered in the Fall and Early Spring
2 Interns provide three weeks of after hours emergency coverage each semester.

Evaluation Procedures

Evaluation Processes

At the beginning of each semester, interns and their supervisors meet to set professional and personal goals. Evaluation forms, listing the criteria on which an intern's performance will be based, will be distributed and reviewed with all new interns at the beginning of their training experience at Pacific. Interns are responsible for articulating the focus of their training, while supervisors assist interns in identifying other issues that need attention. At mid-semester (usually in October and March), the training staff meets with each intern to provide feedback about his/her performance and to solicit feedback about the intern's training experience. A written informal progress report is completed at mid-semester. A more formal process occurs at the end of each semester (usually in February and August) with the report being sent to the intern's home program Training Director. The written evaluation describes the intern's strengths and skills, areas of growth during the semester, and suggested areas for further training. Written evaluations of interns cover performance in the following five areas:

A. Training Competencies

1. Clinical Skills

This includes initial intake appointments, crisis sessions, individual therapy, couples and group work. Case conceptualization, ability to treatment plan, engage client in treatment, accurately diagnose and assess are examples of clinical skills that are evaluated.

2. Supervision (Use of Supervision)

Abilities demonstrated in supervision, use of supervision and acceptance/integration of feedback are components of the evaluations.

3. Consultation and Outreach Skills

Demonstrated skills in outreach and consultation are assessed as competency areas.

4. Professional Expectations (Legal & Ethical)

Interns are expected to follow Counseling Services policy and procedures. Evaluations in this area focus on professionalism in the center, legal & ethical knowledge, record-keeping, self awareness and respect for colleagues.

5. Performance in each Seminar

Feedback is based on independent ratings by each seminar leader, and is based on the intern's increase in skill level, demonstrated openness, gained competency, and performance on required tasks/assignments. Each seminar leader will explore their learning objectives and syllabus at the start of the internship year.

B. Disputed Evaluations

In a case where an evaluation is disputed and informal discussion does not resolve the issue, the Training Director will convene a review committee to oversee the dispute. The review committee will consist of two permanent staff and the Training Director. The Training Director will appoint someone other than her/himself to function as committee

chair. All material relevant to the dispute will be submitted to chair of the committee, and the committee will then serve two functions: 1) to mediate the dispute, if possible, and 2) to serve as an arbitration committee if mediation proves unsuccessful. If the dispute is with the Training Director, the responsibility to appoint the committee will be delegated to a staff member mutually agreed upon by both parties.

C. Supervisor Evaluations

Interns are invited to give informal feedback to supervisors throughout the training year. Interns will also have the opportunity to provide more formal feedback to supervisors each January and June in the form of supervisor evaluations. The Counseling Center will provide interns with this form prior to the designated times for review.

In July, the Training Committee meets to formally discuss the intern's completion of the internship. The Director of the Center and the Training Director hold an exit interview with the intern and current supervisor to review the internship experience.

Terms of Employment

Duration of Internship

The internship at the University of Pacific, Counseling Services is a full-time, one year, paid internship. The internship begins August 1, 2007 and ends July 31, 2008.

Stipend and Benefits

All interns will receive a **University Benefits** package. Interns are currently paid \$20,000 per year and receive a bi-monthly paycheck. All University employees are required to have a small percentage of their monthly income deducted for a contribution toward retirement. If desired, interns are entitled to have these deductions refunded upon completion of the internship and termination of employment at Pacific.

Interns are allowed all University holidays (usually 10-11 days per year). Interns are granted up to 12 days of sick leave over the year. On rare occasions, provisions such as increasing after-hours emergency coverage or extending the internship will be made in order to ensure that an adequate number of days have been worked to complete the 2000 hour internship.

By the end of the internship year, interns will have accrued 2 weeks of vacation. It is expected that interns will preserve vacation hours to be taken during the final 2 weeks of the internship year.

Professional development leave time is also provided (up to 3 days per year) for attending conferences, job search interviews and/or dissertation committee meetings, contingent upon the approval of the Director.

Interns are entitled to the full range of medical and insurance plans available to all staff members working on campus, including major medical, dental, vision, long-term disability,

and optional life insurance. Professional liability coverage is also provided for all University related activities.

Interns receive a staff I.D. card that allows them to use the library and check out materials for an extended time. Interns are also entitled to purchase a staff parking tag, which allows for parking behind the Wellness Center.

Each office is also equipped with a computer with word processing and electronic mail capabilities.

Application and Intern Selection Procedures

Qualifications of Applicants

We seek high-energy individuals for our internship program who are open to learning, able to balance multiple roles and responsibilities, receptive to feedback, and motivated to develop a wide range of skills that may be requested of a psychologist. We accept applications from students enrolled in APA-accredited counseling and clinical psychology programs. Beyond this, we also require the following qualifications:

1. All coursework toward the doctoral degree must be completed by the end of the 2007-2008 academic year. Required courses to be taken in Winter/Spring 2008 should be listed in the AAPI application.
2. A minimum of 500 hours of direct clinical contact (face to face hours in individual/couples, group, and/or test administration) must be completed by August 1, 2008.
3. Comprehensive exams, or their equivalent, must be completed by Fall 2007. Results need to be reported no later than December 14, 2007. [Note: This information may be conveyed AFTER our official November 2, 2007 application deadline, if necessary.]
4. Certification of internship readiness by the candidate's academic program is required.
5. Demonstrated experience with the college-age population (not necessarily at a university).

Application Forms, Procedures and Deadlines

Applications must include:

1. Completed APPIC Application for Psychology Internship (AAPI). You may obtain a copy of the current AAPI from the APPIC web site: <http://www.appic.org/>. [Note: You do NOT need to include information on Section 4: Children and Adolescent Test Administration Form.]
2. Current Vita

3. Official transcripts of academic records of all graduate-level coursework
4. **AN ATTACHED LETTER OF RECOMMENDATION** completed by three persons who have observed your academic, clinical, and applied performance.

All application materials must be submitted in hard copy and received by 5:00 p.m. on Friday, November 2, 2007.

**Send applications to: Charlene Patterson, Ph.D.
Training Director
University of the Pacific
Cowell Wellness Center
3601 Pacific Ave
Stockton, CA 95211**

Intern Selection Procedures

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Counseling Services adheres to all other APPIC guidelines as well, and we intend to participate in the Computer Matching process (Program Code Number 1272) for selecting our 2008-2009 class of interns. To register with the National Matching Service, access their website at: <http://www.natmatch.com/psychint>. After the closing deadline listed above, all completed applications will be individually reviewed over a period of several weeks and ranked. Following this initial review those applicants who will be invited for a telephone interview will be contacted by December 14th. Candidates who are no longer being considered will be notified by mail. Phone interviews are generally conducted by two members of the Intern Selection Committee and last approximately 60 minutes. Applicants are encouraged to visit the Cowell Wellness Center at any time, but on-site interviews are NOT offered. Following the telephone interviews, the top candidates will be rank-ordered and placed on our list which will be submitted to APPIC.

University of the Pacific is an equal opportunity/affirmative action employer and complies with all federal and California state laws, regulations, and executive orders regarding affirmative action requirements. In order to assist the university in meeting its affirmative action responsibilities, ethnic minorities, and other protected class members are encouraged to apply and to so identify themselves.

APPIC MATCH POLICIES: 2006-2007

<http://www.appic.org>

Appendix 10 – Curriculum Vita of Dr. Stacie Turks

STACIE TURKS, Psy.D.

EDUCATION

- January 2000 to October 2004 **Illinois School of Professional Psychology**
(a division of Argosy University /Chicago Northwest Campus)
Rolling Meadows, Illinois
Doctorate in Clinical Psychology (Psy.D.), GPA: 3.96/4.0
Fully Accredited by the American Psychological Association
(APA)
- May 2003 **Defended Dissertation:** Family Therapy Theory: Limitations for
Treating African American Families and Training White
Therapists
- February 1992 to May 1994 **Rider University**
Lawrenceville, New Jersey
Master of Arts, with distinction, in Counseling Services
GPA: 3.95/4.0
- September 1975 to May 1979 **Syracuse University**
Syracuse, New York
Bachelor of Arts in Policy Studies

GRADUATE EDUCATIONAL SCHOLARSHIP / AWARDS

- Fall 2001 **Multicultural Committee Fellowship**
Illinois School of Professional Psychology/ Chicago Northwest
- Fall 2000 **Multicultural Committee Fellowship**
Illinois School of Professional Psychology/ Chicago Northwest
- Fall 2001 **“Student of the Year” Award**
Illinois School of Professional Psychology/ Chicago Northwest

CLINICAL/COUNSELING WORK EXPERIENCE

- January 2006 to Present **Director, Counseling Services**
Cowell Wellness Center, University of the Pacific
Stockton, California
- October 2005 to January 2006 **Interim Director, Counseling Services**
Cowell Wellness Center, University of the Pacific
Stockton, California
- July 2005 to October 2005 **Associate Director, Clinical Services**
Multicultural Services Coordinator
Cowell Wellness Center, University of the Pacific
Stockton, California
- Develop and implement brief therapy clinical service model; Coordinate crisis and intake appointments, group scheduling, and clinical case load management for staff; Approve long-term client requests from staff; Develop proposed operating budget for Counseling Services; Attend Director's meeting; Conduct intake, individual, and couples therapy sessions with university students; Provide 24 hour "On-Call" crisis coverage for students in distress; Write intake reports and progress notes; Consult with faculty, staff, parents and community professionals regarding student concerns; Develop staff trainings on issues of diversity
- August 2004 to June 2005 **Staff Psychologist**
Cowell Wellness Center, University of the Pacific
Stockton, California
- Supervised by Susan Williams-Quinlan, Ph.D. and Katie Cougevan, Ph.D.
- Conduct intake, individual, and couples therapy sessions with university students; Provide 24 hour "On-Call" crisis coverage

for students in distress, one week at a time, every four weeks; Write intake reports and progress notes; Consult with faculty, staff, parents and community professionals regarding student concerns; Conduct workshops for students on mental health topics, including stress management and mood disorders; Guest lecture for classes on multicultural and diversity issues; Participate in Resident Advisor training; Conduct “letting Go” workshop for parents of incoming first year students; Participate in team meetings for case consultation; Attend staff meetings and trainings; Attend university Crisis Response Team meetings and act as liaison for Counseling Services; Participate in Programming Reconsidered Task Force

August 2003 to
July 2004

Doctoral Intern, APA approved Internship in Clinical Psychology
(40 hours per week)

**University of California at Santa Barbara Counseling and
Career Services**

Santa Barbara, California

Supervised by Juan Riker, Ph.D., Jeanne Stanford, Ph.D., Peter Russell, Ph.D., Jeana Dressel, Ph.D., and Jane Carlisle, Ph.D.

- Conduct intake and individual therapy sessions with university students suffering from unipolar and bipolar depression, anxiety, adjustment disorders, eating disorders, relationship issues, family of origin disputes, sexual identity conflicts, and personality disorders; Provide half day “On-Call” crisis coverage for students in distress, six times per quarter; Co-lead process therapy group for students suffering from depression; Co-lead structured Assertiveness Training group; Provide year round supervision of doctoral level student; Provide recommendation letters for supervisee; Administer, score, and interpret objective and subjective psychotherapy assessment;

Conduct outreach and consultation to student athletes, staff, and faculty on campus; Write intake reports and progress notes; Participate in team meetings for case assignment; Attend staff meetings

August 2002 to
May 2002

Therapy Practicum Student, APA approved site (600 hours)
Northern Illinois University Counseling Center

DeKalb, Illinois

Supervised by Anna Beth Payne, Ph.D. and Tes Tuason, Ph.D.

- Conducted individual therapy sessions for university students concerned with anxiety, depression, substance abuse, anger management, marital and partner relationships, and eating disorders; Process observed women's therapy group; Interview students for triage disposition; Wrote first session reports and progress notes, including DSM-IV TR diagnosis and treatment planning; Participated in team meetings for assignments of clients

September 2001 to
May 2002

Psychodiagnostic Practicum Student (600 hours)

Lake County Juvenile Court Services

Vernon Hills, Illinois

Supervised by Steven D. Peters, Psy.D.

- Administered intelligence, achievement, objective, and projective tests to juveniles from 12 to 16 years old from diverse backgrounds; Scored and interpreted a variety of intellectual, objective, and projective tests; Formulated psychological reports that were supervised by Licensed Clinical Psychologist; Attended and contributed to staff consultations; Attended family therapy seminars and observed live interventions

December 1994 to July 1997 **Counselor/ Social Service Coordinator**
Trent Center
Trenton, New Jersey

- Provided individual and group counseling to senior citizens in independent living setting; Provided social service support to senior citizens; Edited and Contributed articles to and in-house publication

September 1993 to April 1994 **Intern, Master's Level**
Womanspace (Shelter and services for abused women)
Trenton, New Jersey
Supervised by Sharon Metro-Pertes, M. A.

- Provided individual counseling to abused women in transition to independent living; Provided individual counseling to abused women living in shelter; Provided individual counseling to children living in shelter; Attended and contributed to staff consultations; Participated in group activities for shelter residents; Participated in "Working with Abused Women" workshop; attended by counseling, clerical, and law enforcement officials in New Jersey to facilitate cooperation and understanding in working with this population.

TEACHING EXPERIENCE

August 2005 to Present **Assistant Professor, Counseling Theories (EADM 245)**
Benard School of Education, University of the Pacific
Stockton, CA

- Develop curriculum for Master's Level graduate course; Lecture once weekly; Provide students with feedback on assignments

- August 2006 to Present **Assistant Professor, Cultural Basis of Bias in Education (EADM 130)**
Benard School of Education, University of the Pacific
Stockton, CA
- Develop curriculum for undergraduate course for para-educators; Lecture once weekly; Provide students with feedback on assignments
- January 2004 to April 2004 **Co-teacher, Introduction to Applied Psychology (ED 165)**
University of California at Santa Barbara
Santa Barbara, CA
Supervised by Peter Russell, Ph.D.
- coordinate curriculum for upper division undergraduate course; Lecture twice weekly; Provide students with feedback on assignments; Review applications for multicultural panel discussion; Facilitate faculty meetings with co-teacher and teaching assistants
- February 2004 to April 2004 **Guest Lecturer**
Antioch University
Santa Barbara, CA
- Speak to master's level counseling students on conducting therapy with African American families; Lecture to master's level counseling students on racial identity development

PROFESSIONAL WORK EXPERIENCE

- December 1990 to December 1994 **Owner**
Stacie Rose Forms Design
Bensalem, Pennsylvania
- Designed custom business forms; Performed accounting functions for business

Appendix 11 – Curriculum Vita of Dr. Charlene Patterson

CHARLENE D. PATTERSON, Ph.D.

EDUCATION

Doctor of Philosophy: Counseling Psychology, 1993

Michigan State University, East Lansing, MI

Master of Social Work, 1976

Michigan State University, East Lansing, MI

Bachelor of Arts, Social Work, French, 1969

Valparaiso University, Valparaiso, IN

EXPERIENCE

**Associate/Training Director, Cowell Wellness Center, Counseling Services,
University of the Pacific**

Stockton, CA, July 2006 – Present

Duties: Assist Director in administrative and clinical operations planning and oversight of counseling services; perform other duties as assigned by the Director; develop training program for pre-doctoral psychology internship program in compliance with APPIC standards and APA ethical guidelines.

Director, Counseling Center, Michigan State University

East Lansing, MI, August 2004 – December 31, 2005

Duties: Oversight and management of all clinical and administrative operations of the Counseling Center; vision and creative leadership in design, development, implementation and assessment of all professional services; direct or indirect supervision of all permanent and contractual staff including hiring, training, evaluation and corrective action as needed (29.5 FTE); oversight of 1.7m budget including multiple funding sources; membership on university-wide committees; collaboration with mental health partners and allied academic and support services units; experience with and commitment to working with diverse populations of students, faculty, and staff; report to the Vice President of Student Affairs and Services.

Acting Director, Counseling Center, Michigan State University

East Lansing, MI, May 2003 – August 2004

Duties: Assume responsibility of all duties of Director.

Associate Director, Counseling Center, Michigan State University

East Lansing, MI, 1999 – 2003

Duties: Oversight of clinical operations; supervision of clinical administrators and staff; provide direct clinical services including intake, individual, group, and couples therapy; advise student organizations; provide outreach and programming; update and revise policies and procedures; chair Quality Assurance Committee; enhance service delivery including outreach to diverse student communities; other duties as assigned by director.

Staff Psychologist, Counseling Center, Michigan State University

East Lansing, MI, 1996 – 2003

Duties: Clinical intake, individual, group, and couples therapy, crisis intervention, consultation with students, faculty, and staff and partnership units; targeted students of color in counseling as part of the Multi-Ethnic Counseling Center Alliance (M.E.C.C.A.)

Psychotherapist, Samaritan Counseling Center of Central Michigan

East Lansing, MI, 1994 – 1996

Duties: Clinical assessment, diagnosis (DSM-IV criteria); psychotherapy for adults, children, and families; individual and group treatment.

District Supervisor, Department of Social Welfare, Reach Up Program

Burlington, VT, 1993 – 1994

Duties: Supervision of five on-site case managers, technical assistance to six contracted supervisors and case managers, service coordination with Vermont Department of Employment and Training, Family Services Unit, Department of Social Welfare; planning and conducting interagency education planning team meetings; direct oversight of district budget.

Psychology Intern, (Pre-Doctoral), Counseling Center, Michigan State University

East Lansing, MI, 1990 – 1991

Duties: Individual and group therapy services to student population; development and implementation of treatment plans.

Graduate Assistant, Counseling Center, Michigan State University

East Lansing, MI, 1988 – 1990

Duties: Consultation to residence hall staff; developed and presented programs for diverse student populations; assisted senior staff with other duties as assigned.

Psychotherapist, Meridian Professional Psychological Consultants

East Lansing, MI, 1986 – 1987

Duties: Intake assessments; diagnostic summaries (DSM-II criteria) for children, adults and families; development and implementation of treatment plans, support groups for African-American women; substance abuse screening and intakes, individual group therapy for men and women.

Regional Adoption Supervisor, Illinois Department of Children and Family Services

Chicago, IL, 1985 – 1986

Duties: Administrative oversight of regional budget; supervision of clinical staff; permanency planning monitoring for long-term foster care cases contracted to private child welfare agencies within the region; coordination of special needs adoptions including subsidized and interstate compact needs.

Adoption Supervisor, Children's Home and Aid Society of Illinois

Chicago, IL, 1982 – 1986

Duties: Management of development, administration, and supervision of African-American adoptions outpost facility; developed, implemented, and coordinated

community and media recruitment efforts for special needs children; monitored interagency and interstate adoptions; served as community liaison with African-American adoptive parents group.

Fellow, Chicago, Target, Homes Now for Black Children National Project

Detroit, MI, 1982 – 1984

Duties: Represent Chicago target in national adoption project; coordinated permanency planning efforts of eight Chicago-area adoption agencies for targeted African-American, older, and special needs children; coordinated recruitment, placement, and agency practices; consulted with Illinois One Church- One Child adoption initiative.

Adoption, Supervisor, Children’s Home and Aid Society of Illinois

Chicago, IL, 1979 – 1982

Duties: Supervision of adoption unit (7 clinical social workers), monitored placement activities and adoption consummations; implemented recruitment of adoptive parents for children with special needs.

LICENSURE

State of California, Board of Psychology, #21301
State of Michigan, Board of Psychology, #6301009149

PROFESSIONAL MEMBERSHIPS

National Association of Social Workers; National Association of Black Social Workers;
American Psychological Association
Association of Black Psychologists – Michigan Chapter
National Register of Health Service Providers of Psychology

Appendix 12 – 2007-08 Counseling Services PROPOSED Budget

Acct #	Description/Breakdown	Stacie's Budget	itemized costs	Actual YTD	Total actual	Variance	Totals
7014	Awards/Trophies	400.00					400.00
	Screening Day Prizes		0.00	0.00		0.00	
	Total actual costs		400.00		0.00		
7016	Audio-visual equip	600.00					600.00
	Webcam		100.00	0.00		0.00	
	Audio tape recorder		75.00				
	DVD video cam		350.00	0.00			
	Total actual costs		525.00		0.00		
7018	Audio-visual supplies	300.00					300.00
	DVDs for video cam		150.00	0.00			
	PEGI video		130.00				
	Total actual costs		280.00		0.00		
7020	Books/reference matls	1,000.00					1,000.00
	(DSM-IV-TR) reference		0.00	0.00			
	Total actual costs		1,000.00		0.00		
7023	Computer licensing fee	1,200.00					1,200.00
	Titanium Software (\$1000 for Yr 3)		1,000.00	0.00		0.00	
	NCS Assessments (lic)		89.00	0.00		0.00	
	Total actual costs		1,089.00		0.00		
7024	Computer equip	3,000.00					3,000.00
	Dell-Intern		1,500.00	0.00			
	Dell-Intern		1,500.00	0.00		0.00	
	Total actual costs		3,000.00		0.00		
7719	Dept recover/VM ware	0.00					0.00
	Titanium server VM (OIT)		0.00			0.00	
	Total actual costs		0.00		0.00		
7707	Computer center-maintenance	1,000.00					1,000.00
	OIT-VM ware (FY08-prepd)		0.00				
	Total actual costs		1,000.00		0.00		
7028	Memberships-Institutional	4,600.00					4,600.00
	AUCCCD		130.00	0.00			
	OCCDHE (July renewal)		30.00	0.00			

	APPIC renewal)	(April		630.00	0.00		
	ACCTA			300.00	0.00		
	APA (Nov renewal)			350.00	0.00		
	CA Psych Assoc (January renewal)			113.00			
	APA Self Study			3,000.00	0.00		
	Total actual costs			4,553.00	0.00		
703 4	Employee Training		11,100.00				0.00
501	Stacie			1,500.00			1,500. 00
	Total actual costs				0.00		
501	Stacie - Director			1,500.00			1,500. 00
	Total actual costs				0.00		
502	Charlene			1,500.00			1,500. 00
	Total actual costs				0.00		
502	Charlene - Assoc/Training			1,200.00			1,200. 00
	ACCTA Conference			445.00			
	OCCDHE (fall)						
	APPIC Conference			0.00			
	Total actual costs				0.00		
503	Liz			1,500.00			1,500. 00
	Total actual costs				0.00		
504	Oliver			1,500.00			1,500. 00
	Total actual costs				0.00		
505	Interns			1,500.00			1,500. 00
	Total actual costs				0.00		
507	Lindsay			500.00			500.00
	Total actual costs				0.00		
703 4	Total actual costs			11,145.00	0.00		
703 8	Instructional supplies		2,300.00				2,300. 00
	NCS Assessment Programs (5)			0.00	0.00		
	MBTI (CPP Inc)			175.00	0.00		
	Riverside Pub-Woodcock Johnson III			1,500.00	0.00		
	Alcohol Screening (College Response)			165.00	0.00		
	Eating disorders			165.00	0.00		
	Total actual costs			2,005.00	0.00		

7048	Misc. supplies	350.00	0.00				350.00
	Door signs						
	Business cards						
	Total actual costs		350.00		0.00		
7064	Publications/subscriptions	2,000.00					2,000.00
	Outreach		360.00				
	Forms/Brochures		1,000.00				
	U of I Counseling Center		115.00				
	Printing/Duplicating		500.00				
	Total actual costs		1,975.00		0.00		
7154	Travel-mileage, etc.	500.00					500.00
	Total actual costs		500.00	0.00	0.00		
	Retreat/Refreshments	1,000.00					1,000.00
	CS Staff Retreat						
	Refreshments						
	Total actual costs		1,000.00		0.00		
7156	Travel-Other expenses	4,500.00					4,500.00
	Total actual costs		4,500.00		0.00		
	Charlene airfare to Atlanta (ACCTA)		514				
	Charlene hotel in Atlanta		679				
7212	Consulting Fees	26,150.00					26,150.00
	Corey Brink, MD		25,500.00	0.00			
	Total actual costs		25,500.00		0.00		
7214	Contractors	500.00					500.00
	Guest lecturers		500.00	0.00			
	Total actual costs		500.00		0.00		
	Subtotal	60,500.00	59,322.00	0.00	0.00	0.00	60,100.00
	Total	60,500.00	59,322.00				60,100.00

Appendix 13 – Cowell Wellness Center Inter-Office Referral Form

Emergency

CWC INTEROFFICE REFERRAL FORM

(Deliver directly to Provider in a sealed envelope)

Student's Name: _____ DOB: _____ ID#: _____

Date of Referral: _____

To: NP/PA Physician Dietician Therapist Psychiatrist

Protected Health Information:

Visits/Sessions: _____ # of _____ From: _____ To: _____
(Date) (Date)

Symptom(s): _____

Diagnosis: _____

Treatment Modalities/Plan: _____

Medication
Prescription/Monitoring: _____

Clinical Test
Results: _____

Progress to Date/Functional
Status: _____

Prognosis: _____

Signature of Referring Provider:

CONSULTATION NOTE

To: _____ Date: _____

Signature of Treating

Provider:

Appendix 14

INTERN SEMINAR EVALUATION FORM

Please assist us by evaluating this seminar. Your feedback is essential in our planning future seminars.

Seminar Topic:

Facilitator: _____

Date:

1. How much did you benefit from this seminar?

	5	4	3	2	1
	very much	somewhat	undecided	not much	not at
all					

2. The information covered related to the stated topic.

	5	4	3	2	1
	very much	somewhat	undecided	not much	not at
all					

3. The seminar stimulated ideas relative to future interventions related to this topic.

	5	4	3	2	1
	very much	somewhat	undecided	not much	not at
all					

4. The facilitator was knowledgeable and/or resourceful about the seminar topic.

	5	4	3	2	1
	very much	somewhat	undecided	not much	not at
all					

5. The seminar contributed to my skill acquisition.

	5	4	3	2	1
	very much	somewhat	undecided	not much	not at
all					

6. Other aspects of this topic that I wish had been covered.

	5	4	3	2	1
	very much	somewhat	undecided	not much	not at
all					

7. Additional comments/Suggestions: (continue on back, if needed)

SUPERVISOR EVALUATION FORM

Supervisor: _____

Intern: _____

Date: _____

A. Please assess the following activities that your supervisor provided using the scale below and adding any comments that may be helpful. Use the back if necessary.

Not Useful 1 2 3 4 5 6 7 Very Useful

Usefulness

_____ 1. Help in conceptualizing client dynamics.
 Comments:

_____ 2. Help in defining treatment goals.
 Comments:

_____ 3. Help in executing treatment plans.
 Comments:

_____ 4. Offering a safe atmosphere where I could feel free to make mistakes and explore
my
 weaker areas.
 Comments:

_____ 5. Dealing with my personal dynamics when it was relevant.
 Comments:

_____ 6. Recognizing potential ethical concerns.
 Comments:

_____7. Helping me to broaden my ability to counsel a wide variety of clients.
Comments:

_____8. Help in other areas (what areas : _____)
Comments:

B. Please rate these aspects of supervision.

- _____1. Supervisor's comments on my tapes.
- _____2. Supervisor's availability for brief "on the spot" consultation.
- _____3. Supervisor's awareness of agency procedures.
- _____4. Supervisor's promptness and regularity of appointments.
- _____5. Supervisor's productive use of our time.

C. Please answer the following questions:

1. Describe a critical incident during supervision which had a great deal of positive impact on you.

2. Describe a critical incident during supervision in which your supervisor could have been more helpful.

Appendix 15 – Sample of Satisfaction Assessment

STUDENT SURVEY

As part of our ongoing effort to improve Counseling Services, we invite you to take a few minutes to complete this double-sided survey. Please be as honest and objective as possible in your responses. All information will be treated in a confidential manner and will be anonymously grouped with other responses for reporting purposes. Thank you very much for your feedback.

Name of Your Therapist: _____

Please circle your response to the following items:

1. Class Year:

- a. Frosh b. Sophomore c. Junior d. Senior e. Graduate Student

2. College

Affiliation:

- a. College of the Pacific b. Conservatory of Music c. Continuing Education
d. Evening Degree Program e. School of Business f. School of Dentistry
g. School of Education h. School of Engineering/C.S. i. School of International Studies
j. School of Law k. School of Pharmacy/Health Sci l. The Graduate School

3. Gender:

- a. Female b. Male c. Intersex d. Transgender

4. Ethnicity:

- a. African American/Black b. Asian/Pacific Islander c. Hispanic/Latino(a)
d. Middle Eastern e. Native American/First Nations f. White/Euro American
g. Multiracial – please specify: _____
h. Other – please specify: _____

5. Sexual Orientation:

- a. Bisexual b. Gay c. Heterosexual d. Lesbian e. Questioning f. Decline to Answer

6. Residence:

- a. On-campus Housing b. Off-campus with Parent/Relative c. Other Off-campus Housing

7. Was this your first experience with counseling/therapy?

- a. Yes b. No

- If not, were you previously seen here for counseling? a. Yes b. No

8. How many counseling/therapy sessions did you attend? a. 1 b. 2 - 5 c. 6 - 10 d. 11+

9. Did you have enough sessions to meet your needs? a. Yes b. No

- If not, how many more sessions would you have needed?
-

10. How would you rate the following at Counseling Services?

	Poor				Excellent	
a. Timeliness after initial call	1	2	3	4	5	N/A
b. Reception procedures	1	2	3	4	5	N/A
c. Counseling Services environment	1	2	3	4	5	N/A
d. Counseling Services location	1	2	3	4	5	N/A
e. Emergency services	1	2	3	4	5	N/A
f. Psychiatric services	1	2	3	4	5	N/A
g. Front desk staff	1	2	3	4	5	N/A

11. Check off any of the following issues/concerns on which you worked in counseling here and rate the degree to which you experienced improvement.

Issues/Concerns	No Improvement			Much Improvement	
<input type="checkbox"/> a. Academic Problems	1	2	3	4	5
<input type="checkbox"/> b. Adjustment/Transition Issues	1	2	3	4	5
<input type="checkbox"/> c. Alcohol/Drug Issues	1	2	3	4	5
<input type="checkbox"/> d. Anxiety/Fears/Panic Attacks	1	2	3	4	5
<input type="checkbox"/> e. Attention/Concentration Difficulties	1	2	3	4	5
<input type="checkbox"/> f. Body Image/Eating Concerns	1	2	3	4	5
<input type="checkbox"/> g. Dating/Marital Problems	1	2	3	4	5
<input type="checkbox"/> h. Depressed Feelings	1	2	3	4	5
<input type="checkbox"/> i. Family Conflict	1	2	3	4	5
<input type="checkbox"/> j. Feeling Guilty/Shameful	1	2	3	4	5
<input type="checkbox"/> k. Feeling Hopeless/Worthless	1	2	3	4	5
<input type="checkbox"/> l. Gender/Sexual Identity Issues	1	2	3	4	5
<input type="checkbox"/> m. Grief/Mourning Issues	1	2	3	4	5
<input type="checkbox"/> n. Interpersonal Conflict	1	2	3	4	5
<input type="checkbox"/> o. Loneliness/Isolation	1	2	3	4	5
<input type="checkbox"/> p. Mood Changes	1	2	3	4	5
<input type="checkbox"/> q. Motivation Concerns/Low Energy	1	2	3	4	5
<input type="checkbox"/> r. Obsessions/Compulsions	1	2	3	4	5
<input type="checkbox"/> s. Paranoid Thoughts	1	2	3	4	5
<input type="checkbox"/> t. Procrastination	1	2	3	4	5
<input type="checkbox"/> u. Self-Injury	1	2	3	4	5
<input type="checkbox"/> v. Sexual Abuse/Assault/Problems	1	2	3	4	5
<input type="checkbox"/> w. Sleep Difficulties	1	2	3	4	5

_____	x. Shyness/Social Withdrawal	1	2	3	4	5
_____	y. Stress	1	2	3	4	5
_____	z. Suicidal/Homicidal Thoughts	1	2	3	4	5
_____	Other: _____	1	2	3	4	5

12. Rate the intensity of distress you experienced during the following time frames.

		No Distress				Much Distress
a.	Prior to counseling here	1	2	3	4	5
b.	At this point in time	1	2	3	4	5

13. If you have ended counseling here, what was the reason(s)? _____

14. How satisfied are you with the results of your counseling experience here?

	Very Unsatisfied					Very Satisfied
	1	2	3	4		5

15. If you had another problem, would you come back to Counseling Services?

a. Yes b. No

• Why or why not? _____

16. Did your Counseling Services experiences help you remain enrolled here?

a. Yes b. No

17. How did you hear about Counseling Services? _____

18. Additional Comments? _____