PEPPERDINE COUNSELING CENTER

PROGRAM REVIEW

2017-2018

PEPPERDINE UNIVERSITY
STUDENT AFFAIRS

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INTRODUCTION

A. The Internal Context

The Counseling Center is a department within the Student Affairs Division, reporting to the Office of the Provost. Located on the Malibu campus, the Counseling Center is a provider of mental health services for students. Though students from all Pepperdine schools are eligible to partake in the offerings of the Counseling Center, those enrolled in Malibu are most likely to receive services

Services offered by the Center fall into three broad categories:

1) Counseling, which includes individual, dyadic, and group counseling for a variety of mental health concerns, ranging from minor/developmental concerns, to situational crises and various serious mental illnesses.
2) Outreach & Prevention, which includes prevention-oriented presentations and convocations open to the student body, mental health-focused class lectures, and mental health screenings.
3) Training & Consultations, which involve equipping others in the university community to be prepared to identify and support students who have mental health concerns. This includes Counseling Center staff educating RAs, SLAs, faculty, and staff through training sessions and one-on-one consultation conversations. The Center participates in multi-disciplinary University consultation groups, specifically the Student of Concern Committee and the Threat Assessment Committee.

The Counseling Center has been operational on the Malibu campus for more than 35 years, with a seismic shift in the 2005 2006 Academic Year. At that time, the Counseling Center moved away from its fee for service model to provide free counseling services. This dramatically increased the utilization of the Center. Since counseling fees were eliminated, the total number of clients served has increased more than 170%.

A number of changes have occurred since the last Program Review, in 2013-2014. Some of the changes address concerns identified in that report.

1) The Counseling Center has increased the number of counseling hours available for students, by increasing its part time clinicians. The Center now employs more part time clinicians and can offer more individual therapy hours to students.
2) The number of students utilizing counseling services continues to increase. Since academic year 2013-2014, the number of students served has increased by 23%.
3) The number of crisis appointments has increased by 66% (83 to 248). Additionally, staff have changed the way walk-in appointments are assessed, so that administrative assistants are not called upon to provide a clinical assessment of needs.
4) The office suite has been remodeled. Three new clinical offices were added, and the waiting room has been re-imagined to provide more space for the front desk staff and more room for students.
5) The Department of Health and Wellness has been established by Student Affairs. Its Coordinator executes and participates in outreach programming efforts for the Counseling Center. Staffing for this department comes largely from students, including interns, student

workers, and volunteers. This provides an opportunity for student involvement in the outreach work of the Counseling Center.

6) With more complex and urgent needs arising on campus, the Counseling Center is increasingly involved in providing crisis response and support to the University. This has resulted in a change in service delivery in the Counseling Center (providing more urgent/crisis appointments) and in increased participation by Center staff in the University's Student Care Team.
7) As the number of clients has increased, so has the need for administrative support. The Center's front desk is now staffed by two full time staff persons.
8) Group offerings have changed. All clients are encouraged to participate in a resilience-building group, running multiple times each week. Other regular groups include gender-based process groups, skill building groups, recovery groups, and an art therapy group.
9) The conference room has become a more protected space. The only non-Counseling Center meetings taking place in that room are related to Health and Wellness Education programming. During these meetings, client confidentiality is protected by utilization of the suite's back door, thus avoiding encounters with clients in the waiting room.
10) A salary study has been executed with comparable schools, and newly licensed staff have received pay adjustments so that their compensation is comparable to those peers.

B. The External Context

Over the last 20 years, much has been written about increased demand for services at University Counseling Centers. These nationwide trends are present on the Pepperdine campus. More students are presenting for support. More of those histories are complex (requiring more than traditional weekly individual counseling). More students have needs that are quite severe; without appropriate support, they will likely not be able to complete school successfully, let alone live an abundant life. At the Counseling Center, these changes have necessitated ongoing modifications in service delivery, an increase in clinical staff, greater partnering with other departments to expand provisions for support, and creativity in managing office space.

C. Mission, Purposes, Goals, and Outcomes

Counseling Center Mission

The Counseling Center seeks to promote mental health at Pepperdine University by providing:

- Direct service: Providing individual, relationship, and group counseling
- Consultation and Training: Equipping concerned others to respond
- Prevention/Outreach: Educating the students' community proactively

Recognizing that mental health issues are inextricably intertwined with academic functioning and spiritual development, the Counseling Center's objectives are supportive of the University's primary commitments and its mission of strengthening student lives for purpose, service, and leadership.

Counseling Center Goals**:**

The Counseling Center's goals are to promote mental health among Pepperdine students by providing individual, relationship, and group counseling; consultation and training; and prevention and outreach—all within the Christian context of Pepperdine's mission.

Counseling Center Student Learning Outcomes

Students who participate in programs of the Counseling Center will:

1) Demonstrate an increased understanding of mental health.
2) Engage in cognitions and behaviors that will improve their own mental health.
3) Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.
4) Integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health.

The Mission, Goals, and Learning Outcomes of the Counseling Center further the mission of the University. Without wellness in the realm of mental health, students are significantly less able to go forward to lead lives of purpose, service, and leadership. For those who do not struggle personally, the prevention and outreach programming will provide psychoeducational tools that will facilitate their ability to be helpful to those who are in need.

ANALYSIS OF EVIDENCE

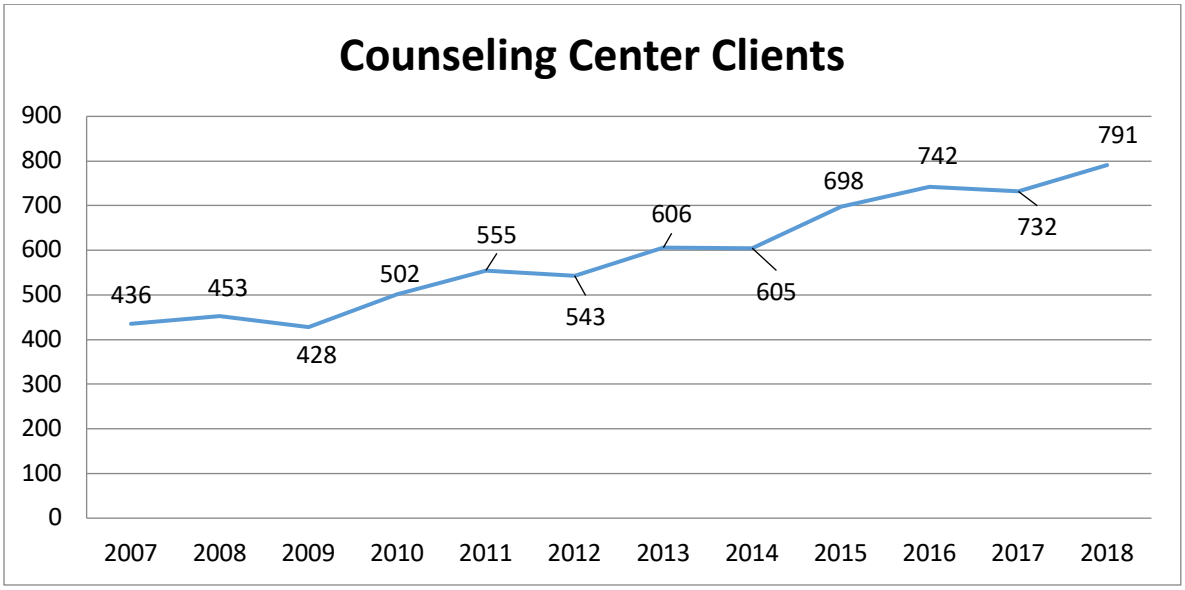
A. Service Usage and Evaluation

Services Provided/Rationale for Services/Usage Trends

Counseling. The Counseling Center provides counseling services to Pepperdine students. A staff of professional clinicians offer individual, group, and relationship therapy within a brief setting. These services are necessary to support student wellness. Often, if there is a disruption on a psychological level, students are unable to fulfill their academic responsibilities. Alternatively, the distress could result in performance at a level substantially below their true abilities. With a licensed, professional staff, counselors are able to support students through a variety of presentations, from developmentally normal concerns (e.g., homesickness, relationship distress, time management) to more serious mental health challenges like anxiety, substance abuse, or eating disorders. Though rank order varies slightly each year, the most common presenting concerns are typically anxiety, academic stress, depression, and career/future concerns. See Appendix A for client concerns reported at intake.

During New Student Orientation, first year students and their parents are a part of various programs where counselors are present and offer information about the Center and its services. After the Academic Year begins, Counseling staff also accept invitations to participate in a number of First Year Seminars to lecture on various topics related to mental health and wellness. Being offered by others as a resource is also essential to students' awareness of counseling services. When a student, in their encounters with faculty, staff, or another department, appears to be in need of mental health support, it is likely the student will be referred to the Center. There are also a number of prevention and outreach events hosted by the Counseling Center every year, focused on students, but open to all members of the campus community. Some of these are topical talks or presentations, and others promote general wellness. All events make known the services of the Counseling Center.

During the 2017-2018 Academic Year, nearly 800 students utilized the services of the Counseling Center. This is an increase of 8% versus the previous academic year, and continues the overall trend present for the last 10 years, of either an increase versus the prior year, or a plateau year with no notable difference. Compared to the 2013-2014 Academic Year, there has been an increase of 30%. About 85% of all clients are enrolled at Seaver, with the School of Law as the next biggest group of clients. See Appendix B for utilization trends by school.

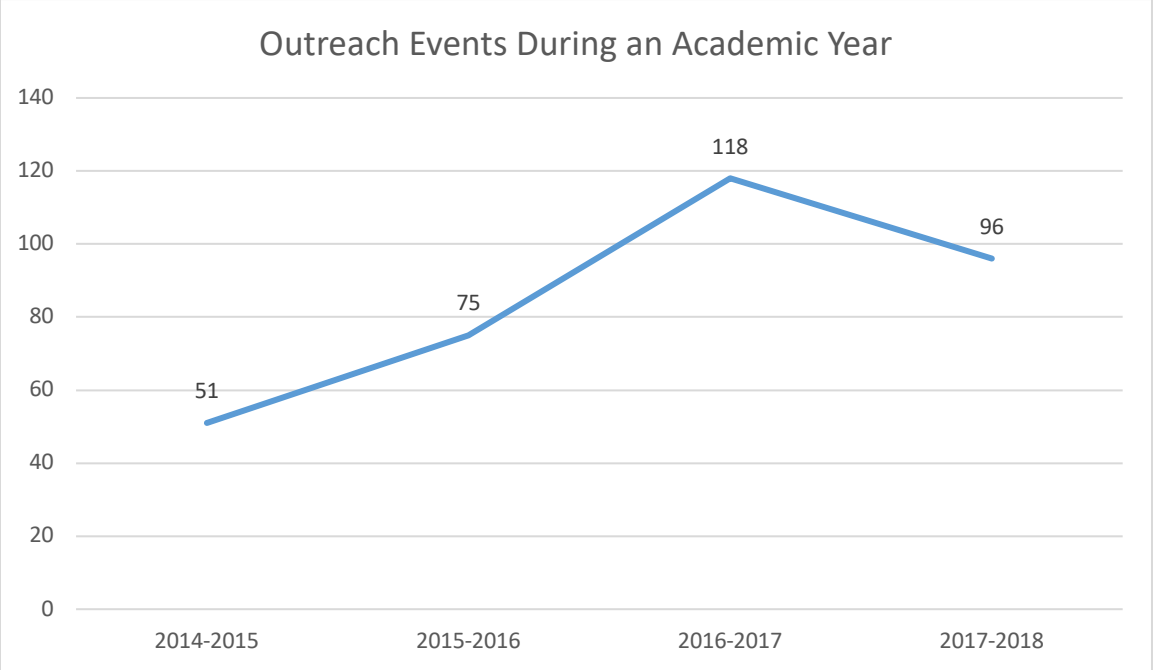


Prevention and Outreach. The Counseling Center develops a slate of programming each year targeted mostly towards Seaver students. This includes topical talks, residence hall presentations, campus-wide screenings, lectures in academic classes, and convocation events. With each of these events, the hope is to proactively educate in order to raise awareness. Such increased awareness may prompt a referral before situations deteriorate or problems develop. One of the most wide-reaching programs is the Sexual Assault Prevention program, an event that takes the Counseling Center staff, along with volunteer student leaders, into the first year students' residence halls to talk about sexual misconduct and raise awareness about related resources. Not only do students learn more information about the topic, they meet members of an inter-departmental team, including the Counseling Center staff, Housing and Residence Life, and Title IX. They also receive valuable information about a local off-campus resource in this area, the Santa Monica Rape Treatment Center. This program runs for three nights during the first week of school, when risk is high for the occurrence of sexual assault and related misconduct.

Another notable program has been the launch of a bystander intervention program, Step Up. As more was learned about the circumstances of a student's completed suicide in Fall 2014, the campus was primed to take action in order to prevent future tragedies. In Spring 2015, The Counseling Center rolled out the Step Up program. It was originally developed at the University of Arizona in cooperation with the NCAA, and has since been adopted at other schools. The program is based on solid theoretical grounding and has had promising research findings. The Step Up program fits well with Pepperdine's values as it encourages members of the community to live by their values, to "step up" and care for one another. In many ways, it is the Good Samaritan parable, lived out. Much of the Counseling Center

outreach slate either focuses on or includes some language around “how to help a friend”, and is branded with the Step Up logo.

Outreach programs are available to any part of the Pepperdine community. The Counseling Center works closely with student leaders to remind them of the Center’s commitment to serve in this way, and numerous departments request the Counseling Center’s presence to provide information and engagement around special mental health topics and college mental health in general. Although with some of the bigger events, it’s difficult to know exactly how many students were present, recorded data suggests an overall increase in the number of outreach offerings since the last program review. The decrease in events during Academic Year 2017-2018 is likely due to some budget cuts in the Health & Wellness Education department.



Consultation and Training. Consultation and Training are delivered to the community in both planned and spontaneous methods. Consultations are offered to any community partner who’d like to learn more about how to help a student who is struggling. This includes parents, who often call the Counseling Center with concerns about their children (or their roommates). Faculty, staff, and even concerned students are welcome to come in or call for a consult at any time. These encounters ultimately broaden the “net” that supports Pepperdine students. They also increase the level of preparedness and ability to respond when a mental health-related situation occurs in the Pepperdine community. The Counseling Center Director also regularly participates in the Student Care Team and the Threat Assessment Team, thinking through a mental health lens about various situations that occur in students’ lives.

One of the broader-reaching Training events is the Training of student leaders in Housing and Residence Life. The Counseling Center staff spends several days before school begins providing psychoeducation

and equipping them to identify and offer basic support to students experiencing challenging situations, including disrupted mental health. Topics include listening skills, sexual assault, alcohol and drugs, eating disorders, self-injurious behaviors, psychosis, and suicide prevention. Given that these students are often the first to know when something is amiss with a resident, it is of paramount importance that they know both what to look for and what to do when things like this occur. The staff also provide annual training for new Seaver faculty about college mental health and resources to support students in need. Additionally, departments around the university request training from the Counseling Center staff. The Center has presented among staff on topics like panic attacks, post-traumatic stress, and disruptive personalities.

Active partnerships between the Counseling Center and these community constituents ensure that the Counseling Center staff is top of mind as a resource, available not only to provide therapists, but to participate in a consultation or a training on a particular topic of interest.

Disaggregated Data

In its Annual Report, the Center disaggregates data to better understand which students are utilizing the counseling services of the Center. Since the last program review, the breakdown by gender has remained pretty stable, with more females receiving services than males. The Center has added a Trans option to the gender selections on its intake paperwork; few clients identify their gender as Trans. University enrollment trends on gender have also been stable during these years. Versus enrollment, females continue to be overrepresented at the Counseling Center by about 10%.

Ethnicity of Counseling Center clients has held steady over the last few years for African Americans, multi-racial students, Native Hawaiians, and persons identifying as American Indians or Alaska Natives. There has been a slight decrease in clients who identify as Asian or Asian American. The percentage of white clients increased slightly in Academic Year 2015-2016, but has remained flat since that time. There has been some variation in LatinX clients, but no discernable trends. For the University, there are no notable trends among a particular ethnicity. Enrollment of minority students has fallen in Academic Year 2017 after an increase in the previous two years, and the last two academic years have shown an increase in international students. Compared to University enrollment, whites, Asian/Asian Americans, and multi-racial students are overrepresented among Counseling Center clients. International students are slightly underrepresented.

Classifications of worship practices are aligned with the standardized data categories of the Center for College Mental Health (CCMH). As such, they are more general and do not typically reflect a student's current worship denomination. There has been a small but steady downward trend in clients who identify as Christian or Catholic, and an increase in clients who identify as agnostic or atheist. This is mirrored by the way clients talk about the importance of faith or religion in their life. There is a slight decrease in those who identify religion as very important/important and a slight increase in clients identifying religion as very unimportant/unimportant. See Appendix C for client data disaggregated.

No disaggregated data is available for outreach or consultation work. Because of the nature of these offerings/programs, such data is not collected regularly.

Student Feedback

Knowledge of how clients feel about the services they receive from the Counseling Center is very important. An indirect commentary on students' feedback is present in the intake paperwork, where clients are asked who referred them to the Counseling Center. Following "self", the most frequently cited response is "friend." Typically over 20% of clients each year endorse that a friend has encouraged them to utilize Counseling Center services. This is evidence of students' awareness of the service and belief that connecting to the Counseling Center will alleviate suffering amongst their friends.

More formal and direct feedback comes from an evaluation, sent or given to all students who have used counseling services during the year. Over the years, evaluations of counseling services have been positive. Most of the ratings are between 4 and 5 (satisfied and very satisfied) for questions about their therapist, their response to counseling, and benefits of counseling. In the past couple of years, as the Center has sought to grow its group program, more questions have been asked about group participation (or lack thereof). Not surprisingly, given that students have been reluctant to participate in groups, there are reservations about being treated in a group format, and mixed feedback on the usefulness of Resilience groups that typically follow intake appointments. The Counseling Center continues to refine the content of the Resilience group to reflect skills and techniques that will be useful to students as they seek to learn how to tolerate distress and regulate emotions. Appendices D and E hold summaries of the client evaluations.

Feedback on psychiatric services is similarly positive. Over 80% of students report that it is Important or Very Important for these services to be provided on campus. They also provide positive feedback about the services of the Center's psychiatrist, with ratings between 4 and 5 (satisfied and very satisfied) for almost all items.

Meeting Demand

With number of clients growing every year, meeting demand for counseling services is an ongoing challenge. In order to avoid utilization of a wait list, numerous strategies have been put to use. The Center's Resilience groups help to provide good basic skills for coping and managing stress for students after their intake appointment is complete. The Counseling Center also hires in part time staff to augment the therapy hours that are provided by full time staff. The hours needed from part time clinicians has grown every year, typically generating overages in the salaries budget line.

With the increase in clients and clinicians has come an increase in workflow for Center administrative assistants. Initially, a second administrative assistant was brought in to cover lunch hours for the primary full time staff person. The work has grown in such a way that it is frequently evident that more work is present than current staffing levels (1.78 FTE) support. Each month of the Fall and Spring semester, these staff persons accrue overtime in pursuit of meeting the needs of students and an ever-increasing clinical staff.

The Center has greatly improved its visibility in recent years, increasing demand for outreach services. This helps accomplish multiple Counseling Center goals by facilitating appropriate referrals and equipping concerned others on campus to respond to student need. However, with increased requests for counseling services, counselors are less able to develop and staff various outreach programs on campus. The addition of the Health and Wellness Education department in Academic Year 2015-2016 has considerably lightened the load of counseling staff in terms of Outreach. By partnering with that

department, therapists have been able to develop and staff programming while sharing execution and management of events with Health and Wellness.

Benchmarking

The Counseling Center stays abreast of University Counseling Center best practices in a number of ways, including complying with accreditation standards, and participation in relevant professional organizations and national data studies.

The Counseling Center is accredited by the International Association of Counseling Services (IACS). This organization has clear standards for multiple areas of Counseling Center functioning, including Relationship to the community, Ethical standards, and Personnel. For detail on these standards, see https://0201.nccdn.net/1_2/000/000/195/93c/STANDARDS-Sec.-IV.-Amended-10-22-2016--edited-12-2016--edited-10-13-2018.pdf. Annual reviews and subsequent re-accreditation confirm that the Center functions within professional standards.

The Center also participates in ongoing discussions about college mental health through membership in the Center for Collegiate Mental Health. Partnering institutions have standardized data collected from students during counseling intakes. Thus, the forms utilized by Pepperdine students have items that are consistent with intake forms at colleges across the country. Pepperdine also remains active with the Association of College and University Counseling Center Directors. The annual survey from this group helps to benchmark areas like staffing, emergency procedures, type of collaboration with campus partners, and ethical issues. The AUCCCD listserv also provides very accessible feedback from colleagues whose campuses are similar to Pepperdine on various variables including enrollment size, geography, and faith heritage.

Reflective Discussion

The services of the Counseling Center meet national accreditation standards, and continue to be in great demand. Counseling clients represent multiple ethnicities from all Pepperdine programs, with some overrepresented, but none currently underrepresented. Males and international students are under-utilizing counseling services, and as such, would benefit from more targeted outreach or marketing efforts. Feedback via evaluations suggests that students benefit from the counseling support they receive, and students rate the services highly.

B. Student Learning

Students who participate in the programs and services of the Counseling Center will:

1) Demonstrate an increased understanding of mental health.
2) Engage in cognitions and behaviors that will improve their own mental health.
3) Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.
4) Integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health.

Curriculum Map

Services & Programs	SLO 1 Knowledge	SLO 2 Self-Care	SLO 3 Others-Focus	SLO 4 Faith-Focus
Counseling	✓	✓		✓
Outreach & Prevention	✓	✓	✓	✓
Training & Consultation	✓	✓	✓	✓

Each year, the Counseling Center focuses on assessing one of the Student Learning Outcomes. During the 2014-2015 Academic Year, the SLO of focus was "Students who participate in the programs and services of the Counseling Center will demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns." This was measured in two of the Center's major program areas: Outreach & Prevention, and Training and Consultation.

Outreach/Prevention

Outreach and prevention programming the Counseling Center provides to students is designed to help students consider their own lives but also to be better prepared to empathize with and assist others. Thus, assessment data for this outcome was collected in four different outreach programs: The Sexual Assault Prevention Program for First Year Students, the Step Up Program Training with Fraternity Leadership, and three Convocations on specific topics: depression, sexual misconduct, and substance abuse. Each of these direct assessments are summarized below:

Sexual Assault Prevention Program with First-Year Students: In order to assess the knowledge gained by students through the sexual assault prevention program, one men's residence hall and one women's residence hall were given a 5-item pre-test immediately prior to the presentation and a post-test immediately following the presentation. In order to assess this specific learning outcome, all of the items focused on helping a friend in a sexual assault situation. The questions specifically addressed reporting laws, date rape drug testing, the Immunity for Victims policy, confidential resources, and bystander intervention. The average pre-test score (n=83; female=38, male=45) was 66%. The average post-test score (n=77; female=38, male=39) was 78%. Three of the items were answered correctly on the post-test by over 80% of the students: reporting laws, Immunity for Victims, and confidential resources. The item about bystander intervention was answered correctly on the post-test by over 70% of students.

Significant improvement from pre- to post-test was evident on three of the five items. These items addressed reporting laws (45.8% pre-test, 84.4% post-test), Immunity for Victims (77.1% pre-test, 89.6% post-test), and bystander intervention (54.2% pre-test, 72.7% post-test). Knowledge gain was not seen on the date rape drug testing item, where the percentage of students answering correctly was nearly the same pre- and post-test (pre=65.1%, post=64.9%). The scores on confidential resources actually dropped from 86.7% to 81.8% on the confidential resources item, which seemed to be due to more

students choosing multiple answers to the question on the post-test (where only one choice was considered correct). Men and women answered the questions in a similar manner with the exception of the date rape drug-testing question. Men answered this question correctly at higher rates on both the pre- and post-test. Knowledge gain was clearly seen from pre- to post-test. Students learned about sexual assault prevention and were able to apply their knowledge in the context of helping a friend.

Closing the Loop: Years of data collection, including this round, continue to demonstrate that students learn critical information in these trainings, so they will continue. Extra attention will be given in upcoming programs regarding the information about date rape drugs and confidential resources. These topics will be emphasized in training student leaders as well.

Step Up Training for Fraternity Leadership: Fraternity leadership were trained by Counseling Center staff in the bystander intervention program Step Up, giving them the knowledge and tools necessary to intervene during problematic situations involving issues such as alcohol abuse, depression, and sexual misconduct. A total of 28 students attended the event and completed a post-test, in order to assess their learning of the Step Up principles. Student's average total scores were 6.43 out of a possible 7, indicating they seemed to understand the material quite well. The weakest score on the post-test (.75) involved a question related to conforming to others' behaviors or attitudes (question 5). Feedback from students attending the presentation indicated that they especially appreciated the videos and found the program informational and motivational. Students also suggested the program could be shorter and more engaging. Most importantly 79% of students stated that they are more likely to help others than before the training.

Step Up Questions	**Post-Test**
1) The bystander effect refers to the finding that:	1.00
2) The phenomenon in which each bystander's sense of responsibility to help decreases as the number of witnesses increases best defines:	.86
3) Using the 5 Step Model of the decisions bystanders make before helping (or not helping) which of the following is NOT one of the stages in the model?	.96
4) Value Based Decisions take into account which of the following:	.93
5) When we conform to others' behaviors or attitudes it could be because of all the following EXCEPT:	.75
6) The S.E.E. model stands for:	1.00
7) Perspective Taking is when you:	.93
Average Total Score	6.43

Closing the loop: Given good direct evidence of post-test scores and students' reflections that this training led them to be more motivated to help, the program will continue and expand. Extra attention will be placed on the conformity section of the training since this item showed the weakest scores. Additionally, future presentations will be shorter and more interactive.

Depression Convocation: This outreach program instructed students in how to understand and respond to their friends who might be depressed. In order to directly assess the SLO, pre- and post-tests were given to the 59 students who attended. Total scores increased significantly, from 4.19 to a 5.27 out of a possible 6. An examination of improvement on particular items is also noteworthy. A relatively high percentage of students were able to correctly answer questions related to the definition of depression (question #2) and the leading cause of depression (question #5) on both the pre-test and post-test, which may indicate that certain items on the test were not intellectually challenging enough for the students. It is worth noting that during the pre-test, just over half of the students answered question 1 correctly, while 81% answered this correctly on the post-test. This item addressed the percentage of Pepperdine students feeling depressed. The weakest score on the pre-test (.14) involved students identifying which types of depression are defined as "low level depression for a long period of time." This low score may be attributed to student's lack of knowledge about mental health disorders prior to attending the club convocation event. However, information about the types of depression was provided during the training and the percentage of students whom answered this question correctly on the post-test increased drastically (.78). The highest score on the post-test (.95) was in response to question 4. This score indicates that students understand the primary message of the presentation, which is to educate students on the importance of taking action to help others struggling with depression. When asked after the training how the students would assist others in getting help for their depression, the majority of students said that they would take more personal measures to help their friend (66%), followed by referring friends to a professional (15%) and a combination of helping directly and referring to a professional (19%).

Depression Questions	Pre-Test	Post-Test
1. In the past year, what percentage of Pepperdine students reported that they felt so depressed it was difficult to function?	.54	.81
2. Definition of depression:	.92	.90
3. Students struggling with low level depression for a long period of time might have	.14	.78
4. I shouldn't bring up the topic of suicide with a friend if they aren't mentioning it directly because I don't want to put that thought in their head	.78	.95
5. The #1 cause of depression is	.88	.93
6. One way I can make a difference in leading people to get help for their depression is to …	.90	.90
Average Total Score	4.19	5.27

Closing the Loop: This program will not need major revision, according to this data; however, it will be important that the Counseling Center find ways to see that more students (beyond a single Convo event) get this information.

Sexual Misconduct Convocation: A convocation event was offered to educate students on sexual misconduct. A pre-test and post-test were distributed to each student, with a total of 50 tests being returned and analyzed. Total scores increased significantly, from an average of 3.70 to an average 7.48 out of a possible 9. An examination of improvement on particular items is also noteworthy. The greatest increases in pre- to post-test scores were in regards to students identifying dating violence (from 6% in pre-test to 48% in post-test), domestic violence (from 4% in pre-test to 42% in post-test), and discrimination (from 6% in pre-test to 40% in post-test) as types of sexual misconduct. However, the percentage of students who were able to correctly identify sexual assault as sexual misconduct and at least one sign of sexual misconduct decreased by 20% from the pre-test to the post-test. In closing the loop, during future presentations more emphasis will be placed on describing sexual assault and how to recognize signs of sexual misconduct. During the post-test, students were asked to define what the Step Up Program is. A majority of the students (35 out of 50) correctly identified the Step Up program as a bystander intervention program. Students who had previously attended a Step Up event scored higher on the post-test (7.52) than students who had not previously attended an event (7.44). These results support the notion that attending multiple presentations reinforces the learning of Step Up principles.

Question: Identify types and signs of sexual misconduct	**Pre-Test**	**Post-Test**
1. Sexual Assault	.76	.56
2. Sexual Harassment	.48	.52
3. Dating Violence	.06	.48
4. Domestic Violence	.04	.42
5. Stalking	.28	.56
6. Discrimination	.06	.40
7. At least one sign	.88	.60
8. Two signs	.76	.54
9. Three signs	.56	.50
Average Total Score	3.7	7.48

Closing the Loop: These results are somewhat confusing (e.g., why would fewer students be able to identify sexual assault or note at least one sign after the program?) and suggest that perhaps students

were not taking the post-tests seriously. Programs on this topic will be repeated and more thought will be given to the timing and length of the assessments.

Alcohol and Drug Abuse Convocation: A convocation event was given to educate students on alcohol and drug abuse. A pretest and posttest were given to each student, with a total of 53 tests distributed and analyzed. Total scores increased significantly, from 2.79 to a 3.55 out of a possible 5. An examination of improvement on particular items is also noteworthy. The item (question 5) that showed the greatest increase from pre-test scores (.23) to post-test scores (.81) asked students the average length of time from onset of alcohol addiction to seeking help for the problem. The item regarding the idea of keeping the conversation going until the person admits a problem actually went in the wrong direction (worse on post-test). The item regarding warning signs also had low post-test scores.

Alcohol and Drug Abuse Questions	**Pre-Test**	**Post-Test**
1. The CRAFT approach of intervention encourages	.77	.79
2. One of the factors that hinders the Christian community's response to alcohol and drug problem is	.68	.92
3. The most important factor when addressing an alcohol and drug problem of a friend is to make sure you keep the conversation going until they admit to the problem	.70	.62
4. What are three signs you would see in yourself/others that would let you know that an alcohol or drug problem might be developing?	.42	.40
5. The average length of time between the onset of an alcohol and drug problem and when the person gets help is	.23	.81
Average Total Score	2.79	3.55

Closing the Loop: Future presenters will put more emphasis on warning signs and how to approach the conversation with friends with suspected substance abuse problems.

Consultation/Training

This Student Learning Outcome (empathizing and assisting others with mental health problems) was also assessed following training and consultation offerings.

RA/SLA Training: Partnership between Housing and Residence Life and the Center is one of the most vital relationships in responding to students with mental health needs. As a result, counselors provide annual training for their student leaders, the RAs and SLAs. Training topics include Self Care, Sexual Assault, Alcohol and Drug Issues, Helping Skills, and Severe Mental Health Concerns (e.g., eating disorders, psychosis, self-injury). This year, utilizing online surveys at the conclusion of Spring Semester 2015, RAs and SLAs were asked to identify how they have used the information acquired during training sessions in their roles as RAs and SLAs. Review of these responses indicates that RAs and SLAs have applied newly acquired information from their trainings to their roles when relevant to the needs of their residents. For example, many student leaders indicated that they were more knowledgeable about potential issues students face and were able to broach topics with residents that would have otherwise been intimidating. They also noted wanting more information regarding self-care and helping students with more basic problems such as homesickness. See below for a sampling of the RA/SLA responses.

In your role as RA/SLA this year, have you used what you learned in the Counseling Center training regarding

Answer Options	**not at all**	**in minor ways**	**in significant ways**	**Rating Average**	**Response Count**
college mental health	1	24	22	2.45	47
helping skills/making referrals	5	18	23	2.43	47
sexual assault	36	7	4	1.32	47
drug and alcohol concerns	17	20	10	1.85	47
eating disorders	27	17	3	1.49	47
cutting/self-injury	32	5	10	1.53	47
major mental illness/psychosis	24	13	9	1.72	47
suicide prevention	22	15	9	1.77	47
				answered question	**47**
				skipped question	**0**

RA/SLA comments about information learned and used about responding to sexual assault
No instances of sexual assault occurred in my residence hall.
I have not used this information to deal with a sexual assault case, but I have been able to have healthy conversations with residents regarding sex, sexual assault, how to prevent it, and what to do if it ever happens.
I have had residents come to me with things that have happened to them at parties that they do not feel comfortable with and ask me if I think what happened was considered sexual assault or not, it has been helpful to walk with them through that process of knowing that anything unwanted is not appropriate.
I talked to both men and women going out to social events about the importance of being safe, staying with one another, and about our anonymous calling service
Providing passive programming before spring break centered on safety and the dangers of assault

RA/SLA comments about information learned and used about suicide prevention
Directly asking. Being there consistently. Referring to counseling center. Surrounding her with good friends and resources.
I got a hold of someone's counselor as soon as I found out that they were contemplating suicide. The counselor was able to intervene.
Ability to recognize depression signs
I have used this information more times than I wish I would have, I feel extremely confident in addressing someone with suicidal ideation.
When I heard any trigger words relating to suicide or depression, I immediately reported the conversation to professionals and made sure the resident got the attention they needed.

What other information do RAs/SLAs wish had been covered in the Counseling Center training?
The big things (sexual assault, suicide prevention, eating disorders, etc.) are HUGE and valuable. But it would also be nice to talk about just "normal freshman struggles—homesickness, making friends, immaturity, etc. and how we can help our residents with those sorts of things.
I wish we had talked more about protecting our own mental health as RAs and SLAs. This is a hard job in so many ways, but especially emotionally. It would've been helpful to have some information ahead of time on how to handle the emotional difficulties that come with this job.

Words to avoid and words to use when residents come to you while they are lonely, depressed, or have been sexually assaulted. Also, I dealt with three rather significant panic attacks this year and wish I could have had more training on what to do in those moments.
How to bring someone to a the state that they are not 'crazy' if they get counseling There is still a stigma around any kind of psychological aid that often deters people from having important conversations.
This doesn't exactly hinder my experience in my role but if during the trainings there was more information that was covered on what exactly a counseling center session looks like (since I had to accompany one of my residents during a session one time and didn't really know what to expect so I felt a little uneasy at the beginning). I think it would give us leaders a better idea of what our residents would be going through, and to ease their minds about it if they appear to be hesitant/scared to go to a counseling session.

Closing the Loop: Additional information regarding self-care and how to support students struggling with more minor concerns will be added. Also, logistics will be worked out with HRL so that more direct assessment of learning can be assessed using pre- and post-tests (as was the plan for this year, which was not realized).

Consultation: The Counseling Center provides support for students who seek consultation on how to assist others with mental health concerns. This year, utilizing online surveys administered at the end of Spring Semester 2015, individuals who sought consultation were asked about their motivation behind seeking a consultation, what their experience was like, and what they learned. Although the number of respondents was minimal, a review of these responses reveals that a consultation with the Center helped to confirm or normalize the severity of the presented cases, and those who sought a consultation were able to better understand their limits around how much they could help the students in need. See below for a sampling of the students' responses.

I came to the Counseling Center seeking consultation regarding another student who was struggling with		
Answer Options	**Response Percent**	**Response Count**
Depression	20.0%	1
Suicidality	0.0%	0
Self-injury (e.g., cutting)	20.0%	1
Drug or Alcohol Problems	40.0%	2
Disordered Eating	60.0%	3
Family Problems	60.0%	3

Other (please specify)	20.0%	1
	answered question	**5**
	skipped question	**0**

What I wanted to learn was		
Answer Options	**Response Percent**	**Response Count**
What I should say	80.0%	4
What I should do	100.0%	5
How I could get them to the Counseling Center	60.0%	3
How I could set appropriate boundaries	40.0%	2
Other (please specify)	0.0%	0
	answered question	**5**
	skipped question	**0**

What those seeking consultation learned to help with their concern about another student
How normal that student's experience was and how we must all find ways to cope.
What to say and how to say it to get her the help she needed.
I think the counseling center helped me to confirm that the situation was not normal and that I was not just imagining her issues.
I learned what things to focus on and what to avoid when talking with my friend.

What those seeking consultation did differently in the situation as a result of their visit to the Center
Suggesting to that student various ways to cope/escape different from the harmful things she was used to
I was able to set boundaries.
I think I was more specific about how to speak to my friend about her eating habits.
I talked to my friend in different ways regarding her eating disorder in order to highlight healthier methods of losing and maintaining weight.

Closing the Loop: Counselors will continue to utilize data forms to track consultation provided to concerned others who inquire about ways to support their friends or family. Follow-up with consultation cases regarding students whose concerns are more severe will be considered. Increased promotion of consultation services and resources on the Center's website will also be under consideration.

During the 2015-2016 Academic Year, the SLO of focus was "Students who participate in the programs and services of the Counseling Center will integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health." This was measured in three of the Center's major program areas: Counseling, Outreach & Prevention, and Training.

Counseling

Counseling includes integration of faith with psychological principals for those clients who request this. This Student Learning Outcome was measured in the area of counseling in two ways. Clients were asked directly and counselors were given the opportunity to reflect on this work.

Center's Annual Client Feedback Survey: To explore this Student Learning Outcome, this year, the Counseling Center's annual client feedback survey included items regarding the integration of faith and psychological principles. For example, students were asked how much they agreed with the statement, "The counseling I received helped me understand and improve my mental health by exploring the connection between faith and psychological principles." Seventy-nine percent of responding clients indicated this was at least somewhat true. Twenty-four percent indicated this was "very much" the case. On a question regarding whether counseling helped them to clarify and adhere to their values, 93% of student clients at least somewhat agreed; 48% very much.

Clients were also given an opportunity to share an example of how counseling helped them make connections faith and psychological principals. Responses included having a counselor "integrate his own faith during the sessions," or counselors helping the client "see God's hand through my ups and downs while also effectively meeting my psychological needs," "embrace my worthiness and belovedness by the Lord," "use faith to cope," and "understanding how my faith plays a role in my actions and also understanding the thoughts behind my actions."

In addition, clients were asked, "Were emotional struggles or mental health issues affecting your spiritual life?" Sixty-nine percent of clients reported that this was true. Of those, 75% reported that counseling helped.

Although these findings are important, it should be noted that, very atypically, only 29% of student clients completed surveys this year. Measures are in place to ensure a broader sampling next year as has been the case for years.

Closing the Loop: Integration of faith is clearly important to many Pepperdine students seeking counseling. This data suggests that counselors are integrating faith into the sessions and many students are finding this to be helpful. Continued discussion in staff meetings and continuing education on these topics will be encouraged.

Counselor Reflection Surveys: Integration of psychological and theological principles is also an important aspect of the work of the counseling that occurs at the Center for clients who are seeking this type of help. To understand better if and how that was being done and if student clients were growing in this area, a qualitative Counselor Reflection Survey which was completed by 8 counselors. This measure provided opportunity for counselors to consider one client who sought faith being brought into the counseling work and describe how they integrated/taught theological and psychological principles and what evidence they have that the client made progress in integration.

Counselors reported that they brought faith or theological principles into the counseling in a number of ways, including the following:

1) Encouraging connections beyond the Counseling Center to help clients to develop in this regard (e.g., encouraging a client to consider contacting the Chaplain's Office to set up a spiritual mentorship).
2) Directly speaking about spiritual matters in session (e.g. explored what faith has to do with their "roots" and their current challenge, how God has "shown up" in their trauma recovery; spiritual dimensions of thoughts and emotions).
3) Encouraged reading (Bible, other spiritual books)
4) Encouraging prayer and meditation.
5) Incorporating Biblical stories.

Counselors observed evidence of clients' increased integration, including

1) Reports clients are engaging more in spiritual practices---solitude with God, meditation prayer, scripture reading, spiritual journaling
2) Finding spiritual meaning in painful events
3) Seeking growth opportunities (Spiritual mentorships, Listening to spiritual podcasts).
4) Becoming more connected with church
5) Reporting feeling closer to God
6) Feeling less guilty, forgiving self

Closing the Loop: The above highlights from the qualitative data collected do demonstrate that, when clients are open to discussing matters of faith, counselors are doing integration work and clients are benefitting. Counselors will be encouraged to continue to do this work and to share with each other theories, resources, and strategies they use to do good integration work.

Training

Resident Assistant and Spiritual Life Advisors Training Pre-Post Tests: Partnership between Housing and Residence Life (HRL) and the Counseling Center is one of the most vital relationships in responding to students with mental health needs. Thus, counselors provide annual training for their student leaders, which include (Resident Assistants) and SLAs (Spiritual Life Advisors). Clearly, this year's student leaders view this training as valuable.

Percentage of student leaders who agreed or strongly agreed the training was useful to their role.

	SLA	RA
Alcohol and Drugs	89	91
Sexual Assault	100	89
Significant Mental Health Issues	78	89
Suicide	91	100
Step Up Bystander Intervention	89	82

RAs and SLAs view their work with residents as a ministry, so training and assessment this year had a special focus on helping them think about the integration of psychological and theological concepts in their work. These student leaders were provided with an introductory session that covered mental health issues broadly, the partnership between Counseling Center and HRL, and the bystander intervention program, Step Up. Following the intro training, RAs/SLAs were divided into smaller groups to receive training on specific topics including Alcohol and Drug Issues, Sexual Assault, Severe Mental Health Concerns (e.g., eating disorders, psychosis, self-injury), and Suicide. Counselors providing the training were instructed to particularly mindful about discussing faith-related implications. Pre- and post-tests were administered for each topic, in order to gain feedback from the students on what they learned from the trainings, including spiritual aspects. RAs and SLAs were asked questions regarding how they would integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health topics listed above. Pre-test results indicate that many RAs and SLAs were already thinking along these lines before the training, but post-tests scores were higher in some areas. For example, 23% on the pre-test were able to name the theological grounding of the bystander intervention program Step Up (that Step Up is essentially a modern day application of Good Samaritan story). Sixty three percent understood that connection afterwards. Importantly, the training seemed to help RAs and SLAs realize the importance of not always needing to have an overly simplistic religious answer, but learning to appreciate the value of listening. For example, in asked about their response to sexual assault, on pre-tests, 21% mentioned the importance of listening to the student, expressing compassion, or non-blaming support while 41% gave a response that fit in that category on the post-test. Given the nature of the questions, it is difficult to know if higher numbers understood these concepts but did not mention this in their open-ended response.

An examination of the open-ended comments does show numerous examples of thoughtful reflection on the integration of psychological and theological ideas. Some are highlighted below.

- Both psychology and Christianity require us to be compassionate, so have more of it. Listen when people are crying out for help, don't ignore the signs.

- To love others regardless of where they are in their journey. To support them, or help them get support from a professional.

- It is our responsibility to look out for one another. This means that if one person is taking advantage of someone else, it is my duty to help the abused. This isn't just because I am an RA, but it's because I should help my brothers and sisters in Christ.

- Christ values them and created them. Love them unconditionally even in difficult circumstances.

- My faith and understanding of psychology will hopefully help me address sexual assault with the framework of God's unending love and care for each of us, even though circumstances are difficult.

- Show love always and do not judge, but we are in a role to disciple and that is a role we will take seriously. Our community standards are in place with a purpose.

- I think that my faith has shown me that everyone is beautiful and made in the image of God, and with that, everyone has a purpose and meaning in this life. So, when it comes to mental health, I think that we have to approach each of these cases as the whole individual and show them how loved they are, and that there are professionals on campus that can help.

- By viewing mental health issues as medical issues requiring treatment but also viewing the people who struggle with them as children of God who need connection with others

Closing the Loop: Given the ministry-oriented attitudes of most RA and SLA student leaders, integration of spiritual and psychological principals should be an ongoing emphasis in their training.

<u>Outreach/Prevention</u>
In the program area of outreach and prevention, this Student Learning Outcome was examined in a Club Convo focusing on identity issues. Below are some of the student responses.

1. In what ways has this Club Convo helped you to integrate your Christian faith with psychological principles in understanding and maintaining your mental health?
    - Realizing that mindfulness can be combined with scripture.
    - Making time to reflect and breathe is so necessary and important.
    - …by making me stop and look back at how I'm doing and growing in my life. It also helped me realize aspects of my life that needed work.
    - It's helped me to trace the roots of certain negative thoughts I have for myself and be able to change it into something positive.
    - It's given me real practical ways to do so.
    - It has helped me to realize that my strength comes from God and it has used psychologized principles such as reflecting, visualizing, sharing, and writing to help me to see how wide and how deep God's love is for me.
2. In what ways has this Club Convo impacted your sense of identity?
    - Helped me to get a better idea of myself and reflect on things I would have ordinarily thought about.
    - Learning what my "roots" were has helped me gain a better understanding of my identity.
    - Its helped me to think of the components that make me, me. My strengths and weaknesses, and what I can do to develop and grow as an individual.

3. In what ways has this Club Convo impacted your relationships with others?
    - Made me realize I should find myself a community/ expand my circle of people.
    - This helped me realize I need to manage time by allocating enough alone time and enough time spend with others.
    - Its helped me to realize that we're all struggling and we all have a past that molds us into who we are. This helps me to be more understanding and interested in getting to know people on a deeper level.
    - I have been making more time for my family and friends but also not letting them be my roots.
    - It was cool getting to hear from others in the group and see what things affect their identities and how they are similar or differ from mine.
4. Are there any other ways that your thoughts or behaviors have changed as a result of this Club Convo?
    - Being more positive even about the seemingly negative
    - See myself in a more positive less critical light
    - I'm more mindful of the way I go about my day and how I interact with others.
    - I think I came out with more positive perspective of growth and change.
    - I just feel more hopeful, faithful, and happier. I am sorry that it is over.

During the 2016-2017 Academic Year, the SLO of focus was "Students who participate in the programs and services of the Counseling Center will demonstrate an increased understanding of mental health." This was measured in three of the Center's major program areas: Counseling, Training, and Outreach & Prevention.

Counseling

As a client's particular concerns are addressed, their understanding of mental health principles should increase. This Student Learning outcome was measured in the area of counseling by asking clients directly, and by asking counselors to reflect on their work with some randomly selected clients.

Center's Annual Client Feedback Survey: As a part of the evaluation of services, counseling clients were asked to rate the degree to which counseling helped them to "engage in thoughts and behaviors that will improve my mental health." Ninety-five percent of the clients who answered this question said this was true, at least "somewhat", with 80% indicating it was true "a lot" or "very much." The average rating of this item was a 4.3 on a scale of 1 to 5, with 5 being the most positive. Clients were also asked to rate the degree to which counseling helped them to "know more about mental health than I did when I came in." Eighty-seven percent of clients responding said this was true, at least "somewhat", with 72% indicating it was true "a lot" or "very much." The average rating of this item was 3.9. Within the open-ended questions of the evaluation, many clients went on to provide some detail about what they'd learned from counseling. A few examples of those responses are listed below.

Self-Knowledge	Relationships
- To believe in myself	-Dealing with co-dependency
- Who I am, why I am	-Confronting problems in my relationships

- I am valuable and worthy of love	-Understand and appreciate differences with people I love

Knowledge about mental health	Skills to manage anxiety and depression
- A thought is just a thought	- Mindful meditations
- How my brain works and how this contributes to my difficulties	- How to deal with my anxiety and panic attacks
- How to accept things as they are	- All about cognitive distortions
- Be more aware of my thoughts and how they affect me subconsciously	- How to control the images in my mind and not let them control me

Closing the Loop: An increased understanding of mental health is a natural byproduct of receiving personal counseling. This data suggests that counselors are helping students better understand mental health and that students are able to identify things they have learned in treatment. The Center will encourage counselors to continue to provide psychoeducation as well as skills appropriate to a student's particular symptoms.

Counselor Reflection Surveys: Increasing students' understanding of mental health principles is also an important aspect of the work of the counseling that occurs at the Center. To explore this SLO from a counselor's perspective, a qualitative Counselor Reflection Survey which was completed by 6 counselors. This measure provided an opportunity for counselors to consider their work with specific (though randomly chosen) clients and whether they believe the clients have increased their understanding of mental health.

Counselors reported that they attempted to have clients develop an increased understanding of mental health in a number of ways, including the following:

1. Providing psychoeducation on effective coping, the grief process, relationship dynamics, stress, and addiction.
2. Incorporating therapeutic tools into treatment, such as videos, books, websites, handouts, and iPhone apps.
3. Providing affirmation of healthy choices and effective coping.
4. Direct instruction related to mental health principles.
5. Engaging in discussions related to mental health principles with clients in sessions, including discussions about feelings, anxiety, stress, mood regulation, communication styles, relationship dynamics, addiction and grief.

Counselors observed evidence of clients' increased understanding of mental health in a number of ways, including

1. Reports clients are using the coping and self-care strategies they developed in counseling.

2. Reports clients are better able to manage challenging emotions.
3. Reduction of maladaptive behaviors such as disordered eating.
4. Utilizing recommended resources and sources of support to aid in recovery.
5. Reduction of symptoms such as anxiety, stress, and depression.
6. Reports of improved relationships.

Closing the Loop: The above highlights from the qualitative data collected demonstrate that counselors are providing resources to improve mental health as well as psychoeducation and discussions related to mental health to help enhance student's comprehension of valuable mental health principles. Counselors will be encouraged to continue to do this work and to share with each other theories, resources, and strategies they use to continue to help clients enhance their understanding of mental health.

Training

Resident Advisors and Spiritual Life Advisors Questionnaire: The partnership between Housing and Residence Life (HRL) and the Counseling Center is crucial in providing support to students who are struggling. Each year, counselors provide training for their student leaders, which include (Resident Assistants) and SLAs (Spiritual Life Advisors). As they learn more about various elements of mental health, they are better equipped to respond to the psychological situations that emerge with their residents. During the Fall 2016 training, RAs and SLAs split up into smaller groups to receive training on specific topics including Alcohol and Drug Issues, Sexual Assault, Severe Mental Health Concerns (e.g., eating disorders, psychosis, self-injury), and Suicide Prevention.

In the topical presentations, the majority of the RAs and SLAs agreed that they'd learned more about that particular topic.

	Agree	Strongly Agree
Mental health	55	36.7
Disordered eating	58.3	33.3
How to respond to sexual assault victims	55.6	44.4
How to identify an alcohol or drug problem	62.2	24.3

Many were also able to clearly state specific symptoms or signs associated with a particular psychological presentation.

	% of student leaders to correctly identify ...
Symptoms of psychosis	58
What a victim most needs when talking with you about an assault	58

Confidential resources for sexual assault victims	83
Signs of an alcohol or drug problem	54
Symptoms of alcohol poisoning	92
Direct signs of suicidality	73
Indirect signs of suicidality	47

In Spring Semester, additional training was done with the Summer RAs and students traveling abroad regarding Alcohol awareness. In a post-presentation questionnaire, students demonstrated great knowledge of many of the concepts that were discussed.

	Summer RAs	Students Traveling Abroad
	% of student group correctly answering prompts about …	
Pepperdine students' drinking behavior	100	98
The Good Samaritan policy	100	90
When to call if someone is sick after drinking	100	99
Signs of an alcohol problem	100	86
How to support a student struggling with alcohol	100	95
Enabling	100	89

Closing the Loop: The annual fall RA/SLA training is of vital importance for the HRL student leaders. The feedback from these presentations confirms that they are, in those moments, increasing their knowledge about mental health and learning more about notable observations among their residents. How well the details of these presentations has been learned is mixed, at best. A lot of information is presented in these orientation sessions. Perhaps it would be beneficial to provide a refresher at some

point during the year when the student leaders are able to attend with a more singular focus, and to review and assess one topic at a time. The Counseling Center staff will continue to look for ways to impart crucial mental health knowledge to this group.

Outreach/Prevention

Counseling Center screening events are designed to create a space for the campus community to assess their current knowledge on mental health topics, interact with the counseling staff, learn more about mental health and how to Step Up (to help) if a friend is struggling. Students stop by the Counseling Center table in the plaza, fill out a short questionnaire, review the questionnaire with a counselor, and receive some sort of free food incentive for participation.

This year the Counseling Center offered six screening events: Title IX, Depression/Anxiety, Stress and Coping, Alcohol and Substance Use, Disordered Eating, and a second Depression/Anxiety. The screening questionnaires for each event were updated to include questions on how to identify if someone is struggling and what one could do to support a struggling friend. Once students completed the questionnaires, they reviewed their responses with a counselor and had the opportunity to dialogue about that particular topic.

During the Depression screening, 73% of students were able to correctly identify that anxiety disorders, such as PTSD, general anxiety disorder, or panic disorder, often accompany depression. 68% of students were able to correctly identify two warning signs that a friend might have depression. All students had to review their responses with a counselor, so those unable to identify the correct responses were given feedback on the questions they missed. In reviewing the new bystander approach to mental health topics, as opposed to the traditional screening forms, counselors reported that students were more engaged in the conversations. Students seemed to open up more since the conversation wasn't about screening them for mental health issues but rather equipping them to identify those issues in a friend. Interestingly, counselors believed that this led more students to open up about their own struggles as counselors shared several anecdotes of students walking straight from the screening to the Counseling Center to make an appointment.

Closing the Loop: Counseling Center screenings continue to equip students with increased knowledge on mental health topics, and the new bystander intervention model has been successful in enhancing dialogue between counselors and students, which may increase the number of students that feel comfortable seeking help from the Counseling Center. Future screenings will continue to utilize this format.

C. Student Success

Challenges in mental health can affect multiple areas of a person's life, and inevitably, their ability to succeed academically. Multiple national studies reflect this observation, that counseling services can improve retention. At Pepperdine, there is evidence for this in both service utilization and students' reports of what has helped them to remain in college.

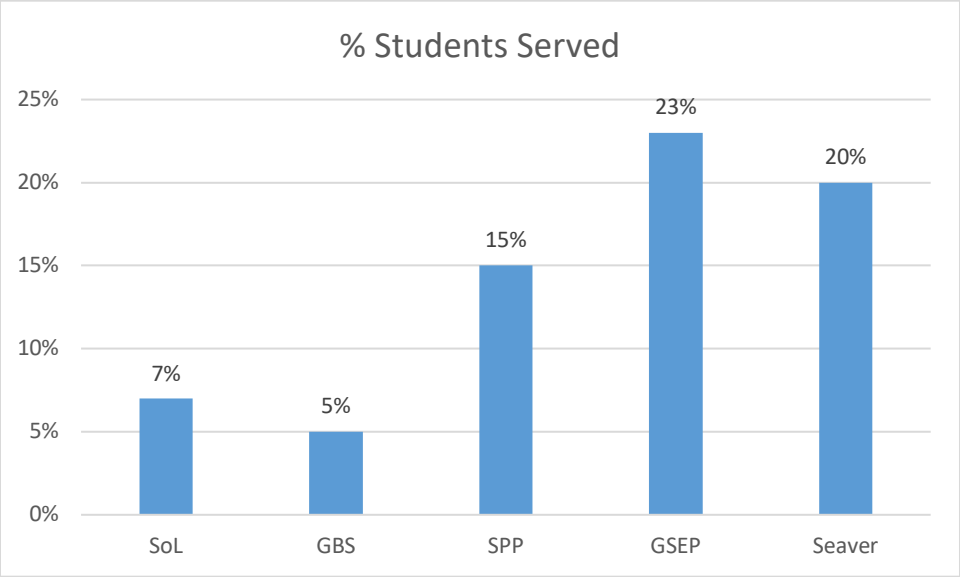
Of the students graduating from Seaver in the 2017-2018 academic year, nearly 38% had received services from the Counseling Center at some point during their enrollment. As students evaluate the

services they received at the Counseling Center, over half of them typically report that mental health concerns are interfering with academic performance. Last year, 77% of those who were having trouble with academics reported that counseling helped. Some students (33% last year) also contemplate leaving Pepperdine, and 49% of them said that counseling had helped them to remain enrolled. Though thriving academically is not always the stated goal of a Counseling Center client, receiving support for the challenges they face is ultimately a factor in the success of many.

D. Meaning, Quality, and Integrity

Verification of the meaning, quality, and integrity of programming in the Counseling Center is found in sections above speaking to the Center's accreditation, sustained connection with best practices and current policies by way of connection to peer institutions, and high ratings among students who utilize services.

All schools of Pepperdine University make use of counseling services, and many benefit from the prevention and outreach slate. The graph below indicates the percentage of Malibu-enrolled students who utilized counseling services last year. The Counseling Center collects additional demographic variables from its counseling clients, and is glad to provide that data in order to be useful in co-curricular development for other programs.



As stated in the Counseling Center mission, a foundation of good mental health is integral to success in other areas of student life. Thereby, the Center does not intend to be isolated from other aspects of the University, but seeks to engage with the whole student and the holistic experience of a degree from Pepperdine. When a student seeks support at the Counseling Center, the staff connects them not only with Counseling Center resources, but with partners on campus who may be able to offer targeted support or guidance that will prove useful in the student's journey. The Center staff, through multiple outreach and prevention programs, also supports the good work of other departments, equipping them to serve, or offering programming related to ongoing questions about their work with student. The

Counseling Center seeks to integrate faith into its work whenever appropriate and possible. Any strengths-based work or interventions include an exploration of resources that are connected to faith practices or resources. With counseling clients, faith is a part of therapy as students feel comfortable. The Center staff participate in convocation offerings, either one-time lectures, or club convo series. Thereby, the integrity and distinction of a Pepperdine degree is maintained in the programming of the Counseling Center.

E. Staff and Faculty

The Counseling Center staff has been fortunate enough to experience very little turnover. With Connie Horton's move to Vice President of Student Affairs and the resignation of a full time Counselor, there was some change this year. Those who remain run the gamut of experience at Pepperdine, from almost 3 years to 15 years. Representation of gender is mostly female, with 3 women and 1 man on staff. Half of the staff are African American, and half are white. On multiple other variables, the staff is homogenous (e.g., Christian, cisgender, not disabled). Qualifications and achievements of each of the full time staff is below.

Nivla Y. Fitzpatrick, Ph.D.
Director, Counseling Center

Degrees held
Ph.D., Clinical Psychology, Fuller Theological Seminary
M.A., Clinical Psychology, Fuller Theological Seminary
M.A., Theology, Fuller Theological Seminary

Licenses held
Licensed psychologist, CA

Specialties
College Mental Health
Counseling Center Training programs
Clinical Service delivery

Summary of CEU participation/ongoing professional development
Mental Health Technology
Legal and Ethical Issues
Threat Assessment/ Violence Risk
Promoting Emotional Well-being among Asian American University Students
Competency-based Clinical Supervision
Suicide Prevention
Regularly attends conferences of the Association of University and College Counseling Center Directors (AUCCCD) and the California Organization of College Counseling Directors in Higher Education (OCCDHE).

External funding awarded
N/A

Shelle Welty, Psy.D.

Degrees held
Psy.D., Clinical Psychology, Fuller Theological Seminary
M.A., Clinical Psychology, Fuller Theological Seminary
M.A., Theology, Fuller Theological Seminary

M.A., Counseling, Lincoln Christian University

Licenses held
Licensed psychologist, CA

Specialties
Trauma
Eating Disorders

Presentations
Welty, S., Scholz, R., & Coleman, L. (September 2014). Sexual Assault 101: A Primary Prevention Program with First-Year Students. UC Student Mental Health Best Practice Conference,

Welty, S. & Horton, C. (October 2014). College Student Loneliness: Understanding the Problem and Considering Solutions. California Gold: Organization of Counseling Center Directors in Higher Education Conference, Pismo Beach, CA.

Summary of CEU Training/Ongoing Professional Development
Mindfulness
Trauma
Supervision
Law & Ethics
Motivational Interviewing
Interpersonal Psychotherapy
Dialectical Behavior Therapy
Sport Psychology

External funding awarded
N/A

Jeffrey W. Williams, AMFT

Degrees held
M.A., Clinical Psychology with an emphasis on Marriage and Family Therapy, Pepperdine University

Specialties
Clinical Needs of Men
Acceptance and Commitment Therapy (ACT)
Porn Addiction
Vicarious Trauma

Diversity and Equity Issues

Summary of CEU Training/Ongoing Professional Development
ACT
Vicarious Trauma
Seeking Educational Equity and Diversity (SEED) Facilitator

Sparkle Greenhaw, PhD, NCC, LPCC

Licenses held
National Certified Counselor
Licensed Professional Clinical Counselor, CA

Degrees held
M.A., Counselor Education with a Specialty in college and University Counseling, University of North Texas
Ph.D., Counselor Education with a Specialty in college and University Counseling, University of North Texas

Specialties
Substance Use/Abuse
College Student Development

Summary of CEU participation/ongoing professional development
NASPA Mental Health and Alcohol Strategies
Motivational Interviewing/BASICS Training
The Defining Line – Diagnostic Criteria of the DSM-V
Theories, Therapies, and Techniques (Theoretical Orientations, Interventions, and Practical Applications)
Trends in the Magnitude and Prevention of College Drinking 1998-2014

External funding received
None during this time period.

F. Sustainability: Evidence of Program Viability

Demand for the Program
Demand for counseling services continues to grow each year. The total number of students seen in 2017-2018 was up 8% versus the previous year, and 30% since the last program review. This is consistent with national trends for mental health service utilization on college campuses. A slowdown is not anticipated.

Allocation of Resources
There are 5 full time counselors at the Counseling Center, and 1.77 FTE of administrative support. Considering enrollment on the Malibu campus (4420 average Fall 17-Spring 18), this appears to be within the guidelines recommended by its accrediting body, IACS. IACS recommends one FTE for every

1,000-1500 students. However, several variables must be acknowledged. The counselors with administrative responsibilities are not able to maintain a full caseload. The Director serves on University committees where a mental health perspective is a factor, and manages the clinical operations of the Center. The Associate Director supervises the Training, Group, and Eating Disorders program in the Center. As the only two psychologists with broad ranging supervision capabilities, they also provide a significant amount of supervision for graduate students in training and other unlicensed clinicians. Another counselor also serves as the campus' Alcohol and Other Drug Education Coordinator, and has hours carved out to focus on policy, planning, and programming in that area. This leaves two counselors with full-time clinical expectations.

Another significant factor is the location of the Malibu campus. Although the Center functions within a brief framework (with limits on the number of sessions), there are limited options for referrals in the community. Unless a student has transportation and abundant discretionary income, it is difficult for them to secure off-campus treatment. So as not to abandon clients who cannot access care in other places, counselors often exceed the brief limits, and as such, are not available to take on new clients. The hiring of part time clinical staff has ensured that the Center can operate without a waitlist (as has been requested by University administrators).

Taken all together, these factors point towards a need for additional counselors. Each year, part-time temporary counselors are hired as needed to meet clinical demand when all full time counselors and graduate student trainees have full caseloads. This meets the immediate needs of the department in that there are counselors available to see students. However, given the current climate, where student presentations are increasingly complex and there is a notable increase in demand each year, the need for additional full time staff remains. (Part time staff are not as accessible during the time they are not at the Counseling Center and as such, management of these more complex cases becomes more difficult when the treating therapist is offsite and unavailable.) The Counseling Center would make good use of more counselors and of staff who could respond to students with urgent needs (e.g., crisis appointments).

As the number of clients increase, so does the need for additional administrative assistance. The front desk is staffed by one full time regular position and one part time (.77 FTE) temporary position. The increase of clients translates to an increase in phone calls, emails, and walk-in traffic from students. There are also collateral calls from campus partners, colleagues outside the department who need support as they care for the students in their midst. In keeping with the IACS guidelines, and to protect clients' confidentiality, the nature of these positions require professional staff with sound judgment and maturity.

Staff receive evaluations once each year, in accordance with University guidelines. Each counselor answers some questions about their performance for the year, and sits with their supervisor to review and receive a letter summarizing the year and their contributions to the department and the University. Administrative staff also complete the questionnaire and receive an evaluation based on the University template. Staff typically receive some feedback from the client evaluations, and monthly check-ins on whether clinical goals (number or clients seen) are being met. All unlicensed clinicians are supervised according to their governing body (e.g., California Board of Behavioral Sciences).

Renewal of clinical licenses requires participation in a specified number of continuing education units each year. Counselors must fulfill those requirements, and they are also encouraged to pursue studies

that will benefit the growth of the Center and expand services to students. Fees for CE and License renewal are covered either by Student Affairs or the Counseling Center, with priority given to counselors whose licenses are renewing in the current year. So far, this method has worked well. Counselors are able to attend training that meets stated needs for licensure and clinical interest.

While many staff would like to engage in research and program development, there is little time to allot to those pursuits. Providing counseling services is the priority in the Counseling Center, and with an increase in demand and urgent presentations, research and program development time is often overtaken by clinical needs. Summers used to hold an opportunity for research projects, but clinical demands in combination with limited staff (counselors on 11 month contracts) have resulted in less time for those endeavors. Through listservs and professional organization, staff stay abreast of current trends. Initiatives in the Annual Report are utilized to explore some areas of interest and need.

Facilities

As expected, the increase of clients served each year pushes the limits what the physical space can provide in terms of counseling appointments. In the summer of 2015, there was a net gain of 2 new offices, as the collaborative work space in the suite was segmented into three small therapy offices, and one counseling office was given to the new Health and Wellness Coordinator. This gain allowed for less office sharing by administrative staff. Since that time, however, nearly 100 new clients are seen each year. Especially in the last half of the semester, office sharing is still part of the workflow of the Counseling Center, as is the use of the conference room (when not being used for groups) for individual therapy sessions. Center staff have begun to investigate utilization of spaces in other buildings and other parts of the campus so that all client needs can be met while maintaining the promise of a safe, confidential meeting space.

Outreach programming for the Counseling Center typically occurs in other spaces at the University. With sufficient lead time for scheduling, identifying rooms or other locations for these events has not been a challenge.

Financial Resources

The Counseling Center budget is mostly driven (96%) by staff expenses, with limited revenue generated from psychiatric services and testing fees. Counseling Center expenses have increased by nearly 8% since the last Program Review. About 94% of that increase is due to increases in staff salaries and related departmental burdens. Knowing that staff salaries continue to increase each year, the Counseling Center works to limit spending in other areas so that requests for external funding are minimized. Given the trend of more clients each year and the resulting need for additional clinical staff, it is likely that staff expenses will continue to increase and push past the budget allotment. There is a clear need for additional funds for additional clinicians and for administrative support staff.

International Association of Counseling Services, Inc.

Counseling Center

Pepperdine University

Field Visit Report

Conducted November 28-29, 2016

Michele Willingham, Psy.D. (Chair)

Michelle Cooper, Ph.D.

INTRODUCTION

A field visit to the Counseling Center at Pepperdine University was conducted by Dr. Michele Willingham, Chair, and Dr. Michelle Cooper on November 28 and 29, 2016. The purpose of the visit was to evaluate this center for re-accreditation. Prior to visiting the Center the field visitors reviewed preliminary materials, including accreditation application materials with updates, historical documents and First Board Reviewers' comments.

While on-site, the field visitors met with the Senior Director and Clinical Director, full and part-time clinical and support staff, post-docs, practicum trainees, student affairs staff from the campus, the Vice President for Students Affairs, and multiple other administrators including several Associate Vice Presidents, Vice Presidents and the President of the University. The site visitors also reviewed client records, and toured the Counseling Center physical facilities. At the end of the visit, the field visitors met with Counseling Center staff and trainees, the Senior Director and Clinical Director, and the Vice President for Student Affairs to provide them with verbal feedback. A detailed field visit schedule is attached.

OVERVIEW

Pepperdine University

Founded as George Pepperdine College in 1937, Pepperdine has a long history as "a Christian university committed to the highest standards of academic excellence and Christian values, where students are strengthened for lives of purpose, service, and leadership." The original campus was located in the Vermont Knolls area of Los Angeles, a few miles south of downtown. In 1968, the college received a donation of 138 acres of undeveloped ranch land in Malibu, for the construction of a new campus. The Malibu property was dedicated in May of 1970, and the first students attended classes in Malibu Fall semester of 1972.

Today the 830 acre Malibu campus houses 5 colleges offering 73 degree programs. Pepperdine also has 5 satellite graduate campuses across Southern California and 6 international campuses on 6 different continents. The University enrolled just over 3500 undergrad and close to 4300 graduate students this Fall 2016, with 750 being new first time freshman. Most undergrads and many graduate students reside at the Malibu campus in one of 5 undergrad or grad residence hall/apartment complexes and 24 individual residential houses. 48% of Pepperdine's undergrad students are white, and among ethnic minority undergrads currently attending 14% are Hispanic/ Latino, 11% are Asian or Pacific Islander, 5% are multi-race, just under 5% are African-American, and less than 1% are Native American. 11% are international students.

Counseling Center

The Counseling Center at Pepperdine University is an independent service unit within Student Affairs. It is directed by Dr. Connie Horton, Senior Director of Counseling, Health and Wellness & Associate Vice President for Student Life, who reports to the Vice President for Student Affairs and Dean of Students, Dr. Mark Davis, who reports to the Provost Dr. Rick Marrs. The

Counseling Center occupies part of a floor in a multi-story student services building. The Counseling Center's mission is "to promote mental health at Pepperdine University by providing… counseling... equipping concerned others to respond… and educating the student community proactively."

In addition to the Senior Director/Associate Vice President who is a psychologist, the Counseling Center staff includes 5 full-time clinicians (3 psychologists), 5 part-time therapists, and 2 part-time psychiatrists who, as a team, provide clinical services for the student population of just over 4,300 students who attend the Malibu campus. They are consultants to the campus community and collaborate with various campus partners across the Malibu and satellite campuses. The Center also has 2 full-time administrative support staff. Pepperdine's Counseling Center is a training site where licensed professional staff support practicum-level therapy (2 part-time trainees), MFT intern (1 part-time intern), and post-doctoral training (2 part-time residents).

I. RELATIONSHIP OF COUNSELING CENTER TO UNIVERSITY COMMUNITY

I. A. Center Independence/Neutrality

The Counseling Center at Pepperdine is an independent service unit within Student Affairs. The Senior Director reports to the Vice President for Student Affairs who reports to the University Provost. Responsibility and authority for personnel and functioning of the Counseling Center rests with the Senior Director who oversees the budget. Counseling Center staff are fully engaged with and responsive to their campus partners, consulting with and supporting the work of their student affairs colleagues.

The Center's Senior Director serves on Pepperdine's Threat Assessment and Student Care Teams, where she acts as consultant. She does do not share any confidential client information with these teams without a release or as mandated by law. Counseling Center personnel are not involved in decision-making regarding admissions, disciplinary action, or any other administrative concern involving students, although they do provide consultation, as requested, in support of their campus partners and colleagues.

I. B. Role in Student Affairs/Linkages/Networks

The Counseling Center is one of several student affairs departments at Pepperdine. It is viewed as a valuable unit and an important resource to the campus community. The site visitors were impressed by the number of campus partners that made efforts to meet with us, and these partners uniformly describe the Counseling Center as being "highly skilled, professional, responsive, nimble, relational and very sensitive to marginalized students" and the campus as a whole. One partner shared: "… students trust them, and want to go there. Anyone we send there, even if hesitant at first, they have a good experience."

I. C. Relationship with Chief Student Affairs Officer & Senior Administration

Dr. Connie Horton, Senior Director of Counseling, Health and Wellness & Associate Vice President for Student Life reports to the Vice President for Student Affairs and Dean of Students, Dr. Mark Davis, who reports to the Provost Dr. Rick Marrs. The site visitors met with the VPSA and Provost along with several other senior administrators, including President Andrew Benton, where issues of funding and strategic planning for the future growth of the Counseling Center were discussed. During these meetings, it was clear that there is mutual respect and good working relationships between all of these professionals. In fact, the Counseling Center at Pepperdine, and its Senior Director, Dr. Horton, enjoy unprecedented support from senior administration. In speaking about the Counseling Center, one administrator said "… if we don't have one of the best counseling centers in the nation then I'd like to see what one is. Dr. Horton is an extremely capable leader and provides incredible oversight. There just isn't a time that I interact with Connie that I'm not impressed."

Dr. Marrs, University Provost, noted that he was responsible for the recent (2015) reorganization that positioned Student Affairs and the Counseling Center as reporting to him rather than the Dean of Seaver (Pepperdine's Undergraduate College), due to increasing issues at the University's graduate schools, including satellite and international locations. He trusts and "relies on his admin team to handle day to day operations," and is only "pulled in on major crises/issues," yet seems familiar with the high demands being faced by the Counseling Center, noting that "when it is clear their workload is overwhelming, we work with the President to find one time money to the fix the immediate issue and then consider this long-term during the budget process."

Dr. Mark Davis, Vice President for Student Affairs, noted that the reorganization sought to address rising needs for counseling services and consultation across all the University's schools and locations, and he appears invested in the Counseling Center's development and success. He mentioned working with University Advancement to do fundraising for the Counseling Center and engaging a student consultation team (from a senior capstone business course) to consider ways the Counseling Center can better serve international students. He seems attentive to Counseling staff salaries, noting the University's goal for them to be at the 75th percentile of regional salaries. Unfortunately, though seemingly positive, this goal may not be adequate given the on-call crisis duties expected, as well as the impossibility of staff residing locally and having to commute long-distances to work at the Malibu campus.

Dr. Davis also mentioned the University's "guiding principle" for the Counseling Center is "no waiting list," stating "we need to serve students," and "we don't want them being told 'we can't see you for 3 weeks.'" He and other administrators appear committed to "do whatever it takes to make sure that doesn't happen." The Counseling Center maintains a pool of part-time counselors who are called upon whenever demand outpaces capacity, and the University Budget Director noted that for both the Health and Counseling departments, "if they have needs, we always try to meet their needs," during the annual budgeting process, but "they generally run into deficit, which is expected."

President Benton shared his leadership philosophy, to "hire the right people and listen to them," noting that strategic vision starts with the budget process, and that Drs. Davis and Horton must advocate and speak into that. Thus, it is important for the Senior Director and Vice President for Student Affairs to keep relevant data and information about Counseling Center successes and challenges, especially your needs

for more space, more full-time staff and an intentional response to increased acuity and utilization of your services, consistently in the forefront of key administrator's minds to ensure student mental health needs remain a high priority for Pepperdine administrators. Pepperdine will benefit from having a more proactive rather than reactive strategic vision at higher administrative levels, fully informed by input from Dr. Horton and her team, for developing the Counseling Center to adequately service the entire University, including graduate schools, and to provide parallel services at their satellite campuses and international locations.

II. COUNSELING SERVICE ROLES AND FUNCTION

Pepperdine's Counseling Center successfully fulfills the four essential roles specified by IACS standards in serving their university community. Staff address personal adjustment, social, developmental, and emotional/psychological problems through assessment, crisis intervention, individual, group and couples counseling, and referrals. They also support student success, growth and development and contribute to campus safety through prevention, education, consultation, research, program evaluation, training and outreach activities. Pepperdine's Counseling Center offers all nine program functions required by IACS with intentional focus on tailoring their service priorities toward the particular needs of their student population.

II.A. Individual and Group Counseling

Students can make initial contact with the Counseling Center in-person, by phone, or by emailing a general counseling center email address that is monitored by administrative staff. In all such cases, admin staff then assist students in establishing or re-establishing services. This can be done by coming in to complete informed consent and initial paperwork via the web component of the electronic recordkeeping system, Titanium Schedule, at two privacy-screened laptop kiosks in the Counseling Center waiting room, or by providing students a link to complete this paperwork online. All clients complete the CCAPS 62 at intake and for clients who are seen for 5 sessions or more the CCAPS is re-administered to assess progress and/or changes in symptoms. The Standardized Data Set (SDS), a recommended demographic survey developed by the Center for Collegiate Mental Health (CCMH) is also completed at intake. Through this portal, new, returning or existing clients access urgent/emergent crisis services, ongoing routine individual, couples or group counseling services, referral coordination, and psychiatric consultation or medication management.

The Counseling Center has implemented an innovative process for individual intakes and case assignment that both gets students who want therapy connected in a reasonable time frame, and provides them with immediate intervention. Every new client is required to attend/complete a 2-session Resiliency skills building group between the time they complete their initial intake appointment and get assigned to an individual therapist. The Counseling Center is doing short-term work, without an imposed session limit, but makes exceptions where clinically warranted. The average number of all appointments per client is 5.8.

There is no billing for services at the Counseling Center, except for consultations with one of their two psychiatrists. As noted above, the Center is able to call upon a pool of part-time counselors during peak demand times, enabling them to consistently operate without a wait list.

Generally speaking group options are effective ways to maximize access, and the Counseling Center has a small but effective groups program, providing as many as 5 topical groups each semester, such as Stress & Coping for Law Students, or DBT Skills for mood management. The Center lacks space for holding groups, having only one conference room that serves all their needs for large group gatherings from student counseling groups to staff meetings. While it might be possible to find other spaces on campus in which to hold groups, this would pose challenges for student confidentiality. This and other lack of space issues are discussed later in this report.

Campus partners indicate appreciation for the services and support provided by Center clinicians. However, intentional growth of permanent, full-time licensed staff is required to ensure that individual, couples and group counseling treatment services remain a core foundation of the clinical services offered by the Counseling Center. Campus partners unanimously commented they, "don't know how they (Counseling Center staff) have the capacity to do what they do," and that the Counseling Center is "underfunded, under-staffed," and their physical space "is totally inadequate."

II.B. Crisis Intervention and Emergency Services

The Counseling Center provides crisis/on call services during regular business hours on weekdays. Student or campus partner requests for crisis support, either by phone or in person, are typically managed by the Center's Associate Director, though a recent reorganization of full-time counselor schedules seeks to share that responsibility among available staff by having each clinician be more readily available one day per week. Feedback shared by campus partners indicate appreciation and gratitude for the responsiveness of Counseling Center staff in mental health emergencies, citing staff as professional, timely and effective. Stakeholders prefer coordinating care with Center staff for student emergencies but also express concern for clinical staff in light of the increasing severity and demand for crisis services.

Outside Counseling Center hours of operation, students, faculty and staff access assistance through University Campus Safety. Full-time clinical staff rotate on-call crisis coverage, where they are available 24 hours a day by telephone, and will frequently drive in to campus to manage student crises that occur outside regular business hours.

The Counseling Center provides access to on-site psychiatric care for students needing medication evaluations, with consulting psychiatrists at the Center two afternoons a week. Students must be engaged in therapy at the Counseling Center to access psychiatric services. Expansion of psychiatric services is also strongly recommended given overall access to psychiatric services is significantly lacking, and wait times for psychiatric appointments can, at times, be 3 weeks to a month.

In addition to increasing full-time staff and psychiatric services at the Counseling Center, it would also be beneficial to invest in a crisis phone service such as ProtoCall, which most campuses have found to be

very affordable and an additional source of support for students, faculty and staff, particularly where a campus has a large residential population. Further, the addition of a 24/7 phone service can facilitate the wrap-around support that Center staff provide during regular office hours for effective post-crisis follow-up while preserving the quality of care and preventing clinician burnout.

II.C. Outreach Interventions

There is always a delicate balance to be struck in time spent on outreach versus responding to needs for therapy and crisis services. Counseling Center staff are actively involved in collaborative outreach and training related initiatives within the Division of Student Affairs, including RA training and interpersonal violence prevention. Counseling Center staff also provide specific outreach programming on request from campus groups and participate in screening efforts throughout the academic year.

As we interacted with campus stakeholders, it became quite clear that the Counseling Center is highly valued and appreciated by the University. Staff from International Programs, Commuter and Transfer Student Support Services, Student Health, Disability Resources, Dean of Students Office, Athletics, Housing and Residence Life, the Center for Women's Leadership and many more all spoke very positively of the proactive, visible, approachable, collaborative, and engaged campus outreach efforts of the Counseling Center.

Campus colleagues expressed particular appreciation for their: sensitivity to marginalized groups, inclusivity and intentionality toward students of color, bystander education and suicide prevention efforts, participation in convocation series, and training provided to staff and faculty related to managing distressed or difficult students. Campus partners made it clear they desire and need more outreach and prevention services yet recognize the lack of Counseling Center staff and clinical/crisis demands they are already managing make that impossible. One campus partner noted, "they get busier as the year goes on, and we don't want to overwhelm them."

II.D. Consultation Interventions

Again, campus partners and administrators are pleased with the Counseling Center's accessibility and responsiveness to their consultation needs. They spoke very appreciatively of the competent, helpful response they receive, by phone and often in person, when they are working with a distressed student or faced with some other crisis. Campus partners shared several specific circumstances where Center staff were "extremely responsive," including the recent death of a long-time campus employee, and a case involving a student stalking a faculty member. A campus partner from an off-site satellite campus expressed appreciation for Dr. Horton's "caring, responsiveness, and helpful coaching by telephone" in support of their handling a difficult student situation.

II.E. Referral Resources

Counseling Center staff are aware of and help students connect with relevant campus referral resources. Offices and programs that assist students within the Division of Student Affairs include disability resources, learning center writing and tutoring services, and campus ministries spiritual support. Student Health partners noted that communication and collaboration between the centers is good, and that mutual referrals are frequent. They are currently partnering with the Counseling Center on early identification of students with depression.

While the Counseling Center has and continues cultivating community referral resources to whom it can send students, there are significant challenges in getting students to use them given the somewhat isolated location of the Malibu campus and student transportation/financial issues.

II.F. Research

IACS identifies research as an integral responsibility of the counseling service for ongoing quality improvement, accountability and enhancement of overall effectiveness. Pepperdine's Counseling Center is a direct service operation with high service demands so that research in the classical sense is not a high priority, but the Center participates in national benchmarking efforts such as the NCHA and CCMH. The Counseling Center has also placed value on conducting program evaluation and has demonstrated ongoing initiatives aimed at quality improvement.

Adding additional staff and/or expanding Center administrative staff hours over the summer would support placing more emphasis on benchmarking with national data pools. Reporting on trends in student mental health needs to the overall campus community, and especially to administrators in support of budgeting and strategic planning, is crucial.

II.G. Program Evaluation

IACS recommends that program evaluation occur regularly and intentionally and encourages the incorporation of comparative data from relevant collegiate mental health sources. The Counseling Center is utilizing client satisfaction surveys and the data they produce to improve clinical services. The Center also analyzes appointment stats and demographic factors to track trends in student usage and student characteristics, and puts together a comprehensive annual report.

Again, adding additional staff and/or expanding Center administrative staff hours over the summer could potentially support analyzing repeated CCAPS data to demonstrate clinical effectiveness and outcomes.

II.H. Professional Development

The Counseling Center affords all staff professional development opportunities through regular in-service trainings, release time and financial support to attend continuing education, professional development trainings, or conferences. Part of the newly appointed Assistant Director's role is to expand in-service CE opportunities for staff. The Center's Senior Director states that she and her staff can request release time and financial support for outside professional development activities through Student Affairs, and that no recent requests have been denied. However, it seems that full-time clinical staff might be reluctant to make such requests, given the high level of clinical demands, outreach, consultation, and rotating crisis coverage they are each managing.

II.I. Training Programs

Pepperdine's Counseling Center values training and appears to be involved at a level equal to their capacity for recruiting, selecting, training, and supervising trainees. The center hires two part-time practicum trainees from local doctoral psychology programs each year, and quite unusually for the region, pays these trainees a modest hourly wage. The Center appears to take an appropriate developmental approach to training, and case assignments for practicum students are made after intakes are completed, based on their assessed competency level. Additionally, part-time staff therapists can be post-doctoral trainees completing hours for licensure.

Due to scheduling, the site visitors were only able to meet with one of the two current practicum trainees and one part-time staff post-doc; however, both spoke very highly of the training and supervision being provided them. The practicum trainee noted this was her second year of practicum at Pepperdine, having chosen to and been allowed to return for another year.

She reported feeling "welcome to take part in all aspects of the Center's program, including training RAs, sexual assault prevention events, and resilience groups." The clients she has seen, "started with appropriate levels of severity and increased levels as she settled in." She stated feeling "very included as a colleague who is part of the team." When asked for areas where the training program might need improvement, she said, "I can't think of any downside, it has been an overwhelmingly positive experience."

III. Ethical Standards

III.A. Selection of Staff and Training on Policy/Ethics

Counseling Center clinical staff, as well as support staff, are competent, service-oriented and well-versed in ethical standards relevant to their responsibilities. Clinical staff members appear to be qualified for

their positions in that they have graduated from accredited training programs, have had the required internship placements, and are licensed, or in the case of unlicensed staff, properly supervised. Written procedures and policies are available, and all staff and interns receive orientation to the electronic medical records system (Titanium) which includes information on confidentiality and privacy laws. These topics are consistently reinforced in staff meetings and in-service training times.

III.B. Confidentiality of Counseling

The Counseling Center has clearly written policies regarding confidentiality and informed consent, and follows the standards set forth in federal and state laws and the relevant professional codes of ethics regarding the release of confidential information. Copies of forms reflecting their procedures to protect client confidentiality were provided, including their Informed Consent, Consent for Treatment of a Minor, and Authorization to Release Information. Visitors saw no concerns with staff awareness of their obligations and limitations regarding confidentiality. The Center has the requisite policies and client information regarding confidentiality and its exceptions. It appears to employ the standard safeguards for such information including appropriate log in credentialing for electronic records, and relevant warnings on electronic mail messages. In addition, digital recordings for training purposes are considered treatment records and are afforded the same protection as other client records. All recordings are destroyed by the end of the training experience. The size and proximity of the Counseling Center's front desk to waiting students poses privacy concerns that can only be addressed with more space. See V.F.

III.C. Imminent Danger

The Counseling Center follows state and national laws regarding breaking confidentiality in the case of imminent danger. On their informed consent, the Center lists imminent danger to self and others as reasons to break confidentiality. Specific guidelines exist to assess for imminent danger as well as procedures for the pursuit of involuntary hospitalization. Center policy and procedures also outline internal safety procedures to be followed if Counseling Center staff believe they are in danger from a client.

III.D. Psychological Tests

The Counseling Center follows legal and ethical standards in their use of psychological tests, which are limited to mostly standardized symptom screening measures (Beck inventories). Feedback is appropriately shared with clients, and scores and test materials are kept within students' confidential case files. Policies and procedures address appropriate administration, interpretation and use of all screening instruments. Where clinically appropriate, referrals for specific psycho-educational assessment are made to local community providers.

III.E. Research (see also II.F.3.)

The Counseling Center has appropriate review practices in place to ensure ethical conduct of research activity. The Center takes care to ensure that ongoing service delivery is not disrupted or compromised, that confidentiality and voluntary consent is secured, and that all ethical standards for research are maintained. There are also university policies in place that oversee the process of research and protect human subjects.

III.F. Case Records

Current records are kept electronically using the Titanium system. The electronic records are stored on a secure server within the University's infrastructure and data is passphrase protected at multiple levels. Paper files are kept in locked file cabinets in a secure, locked location within the center, and only appropriate staff has access to them. The field visitors reviewed a random sample of electronic records and found the case records to have the components mentioned in the application, including: Standardized Data Form from CCMH, CCAPS-62 completed at intake and follow-up administrations, and signed progress notes. Paper records contain treatment consent and other forms not found in Titanium requiring a client signature and other paper records (e.g. raw test data, information received from other agencies, authorization to disclose or receive confidential client information, letters written on behalf of clients, and other paper-based correspondence.)

The vast majority of clinical case notes for both licensed staff and trainees, with one noted exception, are being completed in a timely manner, which is quite impressive in light of the service demands and caseload sizes being managed. The completed notes were helpful, thoughtful, and provided a useful snapshot of client contacts. Intakes and progress notes appear to utilize typical mental health case note templates; however, they rely on a lengthy narrative format. The Center is encouraged to expand their use of Titanium data forms within case notes to increase speed and efficiency in completing documentation.

We did not find evidence of a structured means for closing cases and taking them off a therapist's caseload, so staff have large numbers of clients (100+) showing as active on their caseloads. While CCMH best practices are clearly evident, such as documentation of CCAPS administrations linked to clinical treatment, the Counseling Center appears to be underutilizing Titanium Schedule's more recent termination form and caseload management features as a means for enhancing efficiency in this regard.

III.G. Disposition of Records

Case records are maintained for seven years, or seven years past when clients turn 18, per state law and ethical standards. Paper records are shredded on site, within the counseling center. Titanium has a secure method built-in to purge electronic records; however, it is unclear whether the Center implements electronic destruction of records per state law and ethical standards as well. Digital recordings of trainee sessions are deleted when the training experience ends.

III.H. Access to Records

Access to either paper or electronic records is limited to Counseling Center staff. The staff gain access to particular records based on their individual job status, duties and responsibilities. The description in the application materials regarding access to the electronic record system appears thorough and accurate. It may be useful for the Center to consider scanning and electronically storing all remaining paper case files within Titanium, thereby eliminating having to maintain paper files and minimizing needs for storage cabinets.

III.I. Shared Electronic Records Systems

N/A

III.J. Regulatory Awareness

Review of the Counseling Center Policy and Procedure Manual, forms in use, and conversation with staff members indicate a high degree of awareness concerning regulatory matters. Staff are aware of the laws, obligations, and limitations of their respective roles.

III.K. Technology

The Counseling Center appears to utilize technology in a way that simplifies and organizes its work effectively. The Center has a fax machine and copier located in a secure area in the Center, monitored by front desk staff. The Center has an effective website that provides information to campus members about their services as well as links to other relevant campus resources. Policies concerning access to technology resources, and the confidential use of fax information are in place.

Email is the primary form of inter-office communication with clear instruction and monitoring against utilization of any client identifying data via electronic means. Clients provide email addresses and grant written consent for scheduling and related email communication from the Center. Center staff signatures include a disclaimer regarding lack of confidentiality of email communication.

Staff appear to be competent in the use of technology, and have access to university IT personnel when support is needed. Titanium Schedule software is used for client data, scheduling, and case records. Non-clinical staff do not have access to clinical information. The Center's Associate Director ensures that software updates in Titanium are maintained. It appears that service to students is disrupted at times

due to log-in access or other issues of connectivity. The mission central nature of Titanium and addressing these issues needs to be of the highest priority for University IT personnel.

IV. Counseling Service Personnel

IV.A. Director

Dr. Connie Horton has been the Counseling Center Director since 2005, and was made Senior Director of Counseling, Health and Wellness & Associate Vice President for Student Life in 2010. Dr. Horton has a doctoral degree in psychology and has ultimate responsibility for the overall administration of the Center's budget and supervision of Counseling Center professional and administrative staff. She also serves as the University's Chief Mental Health Officer and sits on both their Student Care and Threat Assessment Teams.

While relevant and complementary in their function, Pepperdine's Health Services department, and the functions of Health Promotion & Wellness and AOD Education & Prevention also fall under Dr. Horton's administrative and supervisory responsibilities, as well as leading division-wide student outcomes assessment efforts. Neither Dr. Horton herself, nor any of the professional staff or administrators who met with the site visitors mentioned this as being problematic. In fact, everyone spoke glowingly of Dr. Horton's outstanding leadership. However, it seems reasonable to question whether such demands allow her sufficient time and energy to devote to the intense demands of a busy counseling center and training site.

IV.B. Professional Staff, Degree Levels & Types of Training

All professional staff have appropriate training and degrees. The psychologist who serves as the Center's Associate Director & Training Director is knowledgeable, competent, and capably manages the day-to-day operations of the Center. Students benefit from the multi-disciplinary make-up of the Counseling Center staff, which includes 2 part-time consulting psychiatrists, 2 more full-time licensed psychologists, 2 full-time licensed therapists (1 of whom is an AOD prevention specialist), 1 full-time wellness educator, and 5 part-time therapists. Staff regularly and effectively consult about legal and ethical issues and support one another. Weekly staff meetings and case consultations facilitate the Counseling Center's effectiveness in serving both traditional undergraduate and graduate/professional school students. There was appreciation noted among campus partners for recently hiring a diverse clinician who represents some of Pepperdine's marginalized student populations, as well as hiring a health educator who can focus full-time on prevention education.

IV.D. Trainees

As mentioned earlier, the Counseling Center is a highly appreciated training site where staff support practicum-level therapy training for local clinical psychology doctoral programs (2 part-time trainees). See II. I.

IV.E. Support Staff

Counseling Center administrative support staff are knowledgeable, dedicated, competent individuals who are essential to the day-to-day operation of the Counseling Center. Support staff report feeling "heard, listened to, and well-supported." They are clearly stretched in supporting all of the Center's personnel and functions, with both covering front office/reception duties and each supporting the Senior Director and Associate Director in their administrative needs.
Campus partners describe Counseling Center support staff as "exceptional," noting "they are kind, welcoming, and caring," and the part-time clinicians who met with the site visitors said, "the front desk staff are key to group cohesion."

Attention should be paid to increasing support staff as the Counseling Center increases professional staff, whether by adding multiple part-time clinicians during each year, or hiring more permanent, full-time staff psychologists or therapists in the future.

IV.G. Professional Status

Counseling Center professional staff are not considered faculty, but staff have the same benefits (e.g., insurance, vacation, sick leave, retirement) and institutional rights in terms of due process and grievance policies. Counseling Center staff does not typically have other faculty privileges such as sabbatical leave, and they are not represented in the University's Faculty governance system.

V. RELATED GUIDELINES

V.A. Professional Development

The Division of Student Affairs affords Counseling Center staff professional development opportunities through release time (average 5-6 days per year) and financial support for licensed permanent clinical staff to attend continuing education or professional conferences. The Counseling Center also offers professional development opportunities through regular in-service trainings and is seeking to increase CE seminars within the department.

V.B. Staffing Practices

The Counseling Center seeks to increase the diversity of their staff, whenever hiring for open staff or trainee positions. Currently, four of their full-time support staff and counseling professionals are persons of color, and the ratio for all Counseling Center full and part-time staff identifying as cisgender male to female is 4 to 14.

V.C. Size of Staff

The Counseling Center staff-to-student ratio is well within IACS standards; however, not all full-time staff provide direct service. The Center's ability to add part-time clinical staff to meet peak demands and operate without a wait-list is great, but this practice cannot replace the stability gained from adding

fulltime embedded clinical staff who are able to coordinate additional services and collaboration within the campus community.

V.D. Workload

It is clear that workloads are very demanding; however, Counseling Center clinical staff report feeling "well-supported" and able to speak up when overwhelmed. Intentional efforts at community building appear to go a long way in maintaining a positive, healthy work environment. Center clinical staff do note that "the days when everyone shows up are hard," because "you hope for a no-show so you can get your notes done."

Also, some campus partners suggested that the Counseling Center clinical team would benefit from a "compassion fatigue workshop," "spiritual retreat," or some other "meaningful 1-day option that would bring them some relief." Thus, despite positive attitudes and good morale, the weight and resulting fatigue of counselor workloads is visibly apparent to some of their campus colleagues.

Clearly, current workloads do not afford adequate time for all aspects of counselor professional functioning. Hoping for no-shows in order to get clinical documentation done puts both professional quality and ethics at risk, as do forgoing self-care or professional development opportunities due to high clinical demands or student needs. Intentional growth of permanent, full-time licensed staff is required to ensure more reasonable workloads that support the ethical, high quality clinical services being offered by the Counseling Center. In addition to increasing full-time staff and psychiatric services at the Counseling Center, investing in a crisis phone service such as ProtoCall, can also help preserve the quality of care and prevent clinician burnout.

V.E. Compensation

The cost of living in the Malibu area is clearly an issue, requiring all professional and support staff as well as trainees to commute long distances to the Malibu campus. Despite this challenge, staff expressed no specific concerns regarding the adequacy of their compensation. As noted above, the VPSA appears to be attentive to counseling staff salaries; however, it may be important for Counseling Center leadership to keep the realities of demanding workloads and long commutes on the minds of their administrators, whenever possible. It is also important for Center leadership and administrators to consider intentional career ladders and advancement opportunities to enhance retention of quality clinicians.

V.F. Physical Facilities

The Counseling Center occupies part of a floor in a multi-story student services building, which also houses several other student success and support offices. The Center is making excellent and creative use of the physical resources they have to provide a functional, confidential, and therapeutic environment for therapy staff and the students they serve. A recent remodel of the Center waiting room and some internal offices was viewed by all as a major improvement.

Despite this, space for most of the Center's clinical service functions is still wholly inadequate. The Center has only one conference room that serves all their needs for large group gatherings from student counseling groups to staff meetings. Having the health educator's office located within the Center creates difficulties for her, in meeting with graduate assistants or peer educators, and for maintaining client confidentiality and privacy. Site Visitors observed front desk staff carefully wording phone conversations in an effort to preserve client privacy, due to waiting students being seated too close in proximity to the front desk. Lack of private offices requires psychiatrists, part-time clinicians and trainees to juggle available office space with full-time clinical staff, creating significant scheduling challenges and even double-booking at times. Clinical staff joked about a staff member returning from a restroom break and finding their office occupied by another clinician in session with a client. Clearly exploration of how to gain additional/adjacent space within the existing building or locating clinicians in satellite offices both on the Malibu campus and potentially at satellite campuses is needed.

VI. Miscellaneous Information

VI.A. Director Turnover

There has not been excessive turnover in the Director position; Dr. Horton has been in this role since 2005.

VI.B. HIPAA

The Center is not a covered entity under HIPAA.

VI.C. Legal Actions

The Center is not involved in any civil or criminal legal actions or charges of ethical misconduct.

VI.D. Center Self Evaluation: Strong Points and Areas for Improvement

In their application materials, the Counseling Center noted their strengths as have dedicated, qualified professional counselors who are trusted and highly utilized by students. Adequate funding is provided so that the Center can hire part-time counselors during peak operation times and everyone works collegially and cooperatively to maximize the use of available space to care for their clients. Challenges noted include increasing in-house professional development opportunities for staff as well as group therapy options.

RECOMMENDATIONS

I.C. It is important for the Senior Director and Vice President for Student Affairs to keep relevant data and information about Counseling Center successes and challenges, especially your needs for more space, more full-time staff and an intentional response to increased acuity and utilization of your services, consistently in the forefront of key administrator's minds to ensure student mental health needs remain a high priority for Pepperdine administrators.

I.C. Pepperdine will benefit from having a more proactive rather than reactive strategic vision at higher administrative levels, fully informed by input from Dr. Horton and her team, for developing the Counseling Center to adequately service the entire University, including graduate schools, and to provide parallel services at their satellite campuses and international locations.

II.A. The Counseling Center has a growing groups program, but they have inadequate space in which to conduct them.

II.A. Intentional growth of permanent, full-time licensed staff is required to ensure that individual, couples and group counseling treatment services remain a core foundation of the clinical services offered by the Counseling Center.

II.B. Expansion of psychiatric services is strongly recommended given overall access to psychiatric services is lacking, and wait times for psychiatric appointments can, at times, be 3 weeks to a month.

II.B. It would be beneficial to invest in a crisis phone service such as ProtoCall, as an additional source of support for students, faculty and staff. The addition of a 24/7 phone service can facilitate the wrap-around support that Center staff provide during regular office hours while preserving the quality of care and preventing clinician burnout.

II.C. Campus partners desire and need more outreach and prevention services yet recognize the lack of Counseling Center staff and clinical/crisis demands they are already managing make that impossible. Additional fulltime clinical staff, who are able to coordinate outreach services and collaboration with the campus community are required to address these needs.

II.F. Adding additional staff and/or expanding Center administrative staff hours over the summer would support placing more emphasis on benchmarking with national data pools. Reporting on trends in student mental health needs to the overall campus community, and especially to administrators in support of budgeting and strategic planning, is crucial.

II.G. Adding additional staff and/or expanding Center administrative staff hours over the summer could potentially support analyzing repeated CCAPS data to demonstrate clinical effectiveness and outcomes.

II.H. Though staff can request release time and financial support for outside professional development activities through Student Affairs, clinical staff might be reluctant to make such requests, given the high level of clinical demands, outreach, consultation, and rotating crisis coverage they are each managing.

III.B. The size and proximity of the Counseling Center's front desk to waiting students poses privacy concerns that can only be addressed with more space.

III.F. Intakes and progress notes appear to utilize typical mental health case note templates; however, they rely on a lengthy narrative format. The Center is encouraged to expand their use of Titanium data forms within case notes to increase speed and efficiency in completing documentation.

III.F. We did not find evidence of a structured means for closing cases and taking them off a therapist's caseload, so staff have large numbers of clients (100+) showing as active on their caseloads. The Counseling Center appears to be underutilizing Titanium Schedule's more recent termination form and caseload management features as a means for enhancing efficiency in this regard.

III.G. The Counseling Center should outline a specific plan to implement electronic destruction of records from Titanium when their policy dictates.

III.H. It may be useful for the Center to consider scanning and electronically storing all remaining paper case files within Titanium, thereby eliminating having to maintain paper files and minimizing needs for storage cabinets.

III.K. It appears that service to students is disrupted at times due to log-in access or other issues of connectivity. The mission central nature of Titanium and addressing these issues needs to be of the highest priority for University IT personnel.

IV.A. It may be helpful to consider whether Dr. Horton's many administrative and supervisory responsibilities allow her sufficient time and energy to devote to the intense demands of a busy counseling center and training site.

IV.E. Attention should be paid to increasing support staff as the Counseling Center increases professional staff, whether by adding multiple part-time clinicians during each year, or hiring more permanent, full-time staff psychologists or therapists in the future.

V.D. Despite positive attitudes and good morale, current workloads do not afford adequate time for all aspects of counselor professional functioning. Intentional growth of permanent, full-time licensed staff is required to ensure more reasonable workloads that support the ethical, high quality clinical services being offered by the Counseling Center.

V.D. In addition to increasing full-time staff and psychiatric services at the Counseling Center, investing in a crisis phone service such as ProtoCall, can also help preserve the quality of care and prevent clinician burnout.

V.E. It may be important for Counseling Center leadership to keep the realities of demanding workloads and long commutes on the minds of their administrators, whenever compensation is being discussed.

V.E. It is also important for Center leadership and administrators to consider intentional career ladders and advancement opportunities to enhance retention of quality clinicians.

V.F. (also II.A. and III.B.) Space for most of the Center's clinical service functions is inadequate. Exploration of how to gain additional/adjacent space within the existing building or locating clinicians in satellite offices both on the Malibu campus and potentially at satellite campuses is needed.

Respectfully submitted,
Michele Willingham, Psy.D., Chair
Michelle Cooper, Ph.D.

Christopher Flynn, Ph.D.
Director, Thomas E. Cook Counseling Center
240 McComas Hall (0108)
895 Washington Street
Virginia Tech
Blacksburg, Virginia 24061

Dr. Flynn,

Thank you for the opportunity to review the Field Visit Report. We are grateful to our Field Visitors who were so competent and thorough both in their visit and in this report. We are generally very pleased with the positive feedback and the recommendations.

There are only a few minor corrections:

1) Our students do not complete intakes online away from the office via a web component. They do use the web component in the office, nor is a web "portal" the way students access services.
2) The Resilience groups are not required. They are invited/expected for most non-crises clients; however, if students decline the offer, they will still be allowed to begin individual counseling.
3) Our General Counsel has determined we are considered an HIPAA entity.
4) There is a recognition in the report that the Center hired "a diverse clinician who represents some of Pepperdine's marginalized student populations." We have actually been attentive to diversity in hiring clinician**s,** and are pleased that two of our most recent full-time hires and a few of recent part-time hires being persons of color. We also closely monitor usage rates and are pleased to report that students of color are not underrepresented in our client numbers, relative to their numbers in the student population.
5) The CCAPS is administered after 6 (not 5) sessions.
   The report references that the wait time for a psychiatry appointment can be 3 weeks to one month. Although we agree that would need additional psychiatric hours, a wait that long would be highly unusual and only if a student gives us very limited available options. More typically, a student would wait 1-2 weeks for an appointment.
6) The report only references doctoral trainees, because that is what we happened to have at the time the visitors came, but we actually have up to four trainees which include masters and doctoral level students per year.

RECOMMENDATIONS

I.C. It is important for the Senior Director and Vice President for Student Affairs to keep relevant data and information about Counseling Center successes and challenges, especially your needs for more space, more full-time staff and an intentional response to increased acuity and utilization of your services, consistently in the forefront of key administrator's minds to ensure student mental health needs remain a high priority for Pepperdine administrators.

We couldn't agree more! We do keep relevant data "at the ready," and the Senior Director frequently makes formal presentations, has informal conversations, or sends emails to administrators. As other points in the report note, top leaders are aware of the increasing need and have been quite supportive. This will continue to be a priority.

I.C. Pepperdine will benefit from having a more proactive rather than reactive strategic vision at higher administrative levels, fully informed by input from Dr. Horton and her team, for developing the Counseling Center to adequately service the entire University, including graduate schools, and to provide parallel services at their satellite campuses and international locations.

This is an important initiative which will take some time to fully unfold. One major step that we will be taking in 2 weeks, is to include all of the graduate/law schools in the National College Health Assessment II survey. This will give us some needed data regarding mental health issues at all of Pepperdine's schools. Pepperdine has long participated in this survey biennially; however, previously only undergraduates were included. Now that Student Affairs (including the Counseling Center) report through the Provost and more clearly are designated to serve all of the schools, needs assessments and service planning are needed.

II.A. The Counseling Center has a growing groups program, but they have inadequate space in which to conduct them.

It would certainly be ideal to have an additional group therapy room, and we will continue to advocate for additional space needs; however for now, the dual-function staff meeting room/group room is frequently available.

II.A. Intentional growth of permanent, full-time licensed staff is required to ensure that individual, couples and group counseling treatment services remain a core foundation of the clinical services offered by the Counseling Center.

Agreed! We put in a budget proposal (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results

II.B. Expansion of psychiatric services is strongly recommended given overall access to psychiatric services is lacking, and wait times for psychiatric appointments can, at times, be 3 weeks to a month.

Agreed! We put in a budget proposal (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

II.B. It would be beneficial to invest in a crisis phone service such as ProtoCall, as an additional source of support for students, faculty and staff. The addition of a 24/7 phone service can facilitate the wrap-around support that Center staff provide during regular office hours while preserving the quality of care and preventing clinician burnout.

Agreed! We put in a budget proposal (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

II.C. Campus partners desire and need more outreach and prevention services yet recognize the lack of Counseling Center staff and clinical/crisis demands they are already managing make that impossible. Additional fulltime clinical staff, who are able to coordinate outreach services and collaboration with the campus community are required to address these needs.

We do quite a bit of outreach through our partnership with the Wellness department. We certainly agree that there is much more that could be done, especially in particular areas such as AOD. We understand the field visitors also heard that campus partners would like additional training about how to respond to mental health concerns as they work directly with students. We agree and will make this a 2017-2018 strategic initiative (priority). Clearly, if additional staffing is available (see the items above), that will be easier to manage, but it will be a priority effort regardless.

II.F. Adding additional staff and/or expanding Center administrative staff hours over the summer would support placing more emphasis on benchmarking with national data pools. Reporting on trends in student mental health needs to the overall campus community, and especially to administrators in support of budgeting and strategic planning, is crucial.

Agreed! We put in a budget proposal (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

II.G. Adding additional staff and/or expanding Center administrative staff hours over the summer could potentially support analyzing repeated CCAPS data to demonstrate clinical effectiveness and outcomes.

Agreed! We put in a budget proposal (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

II.H. Though staff can request release time and financial support for outside professional development activities through Student Affairs, clinical staff might be reluctant to make such requests, given the high level of clinical demands, outreach, consultation, and rotating crisis coverage they are each managing.

We will continue to monitor staff morale, support and encourage professional development, and assess client loads.

III.B. The size and proximity of the Counseling Center's front desk to waiting students poses privacy concerns that can only be addressed with more space.

This is a concern; however, it is unrealistic that the Center will acquire additional space in the near future. Front desk staff are exceptionally cautious in attending to confidentiality/privacy when students are in the waiting room (e.g., not using names when making phone calls, etc.). White noise machines were also installed in the walls (including in the front area) to help address these concerns.

III.F. Intakes and progress notes appear to utilize typical mental health case note templates; however, they rely on a lengthy narrative format. The Center is encouraged to expand their use of Titanium data forms within case notes to increase speed and efficiency in completing documentation.

This will be a priority item for the Clinical Director to address this summer.

III.F. We did not find evidence of a structured means for closing cases and taking them off a therapist's caseload, so staff have large numbers of clients (100+) showing as active on their caseloads. The Counseling Center appears to be underutilizing Titanium Schedule's more recent termination form and caseload management features as a means for enhancing efficiency in this regard.

Although we do have an alternate system of tracking caseloads, the Clinical Director will explore whether using the function on Titanium would be more efficient. This will be on her summer priority list.

III.G. The Counseling Center should outline a specific plan to implement electronic destruction of records from Titanium when their policy dictates.

We do have such a policy in the manual. Specific plans will be addressed by the Clinical Director this summer.

III.H. It may be useful for the Center to consider scanning and electronically storing all remaining paper case files within Titanium, thereby eliminating having to maintain paper files and minimizing needs for storage cabinets.

We will investigate this possibility (depending on staffing) this summer.

III.K. It appears that service to students is disrupted at times due to log-in access or other issues of connectivity. The mission central nature of Titanium and addressing these issues needs to be of the highest priority for University IT personnel.

We have had recent meeting with key IT personnel who seem to understand the needs and recent problems. The Clinical Director, in consultation with IT and Info Security are developing a new protocol for shared work space, including computer use to address long-in delays and disruptions. They also continue to work with Network Engineering to address connectivity concerns.

IV.A. It may be helpful to consider whether Dr. Horton's many administrative and supervisory responsibilities allow her sufficient time and energy to devote to the intense demands of a busy counseling center and training site.

We will continue to monitor this. At this time, given that Dr. Fitzpatrick manages so much of the day-to-day operations of the Center, the system seems manageable.

IV.E. Attention should be paid to increasing support staff as the Counseling Center increases professional staff, whether by adding multiple part-time clinicians during each year, or hiring more permanent, full-time staff psychologists or therapists in the future.

Agreed! We put in a budget proposal (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

V.D. Despite positive attitudes and good morale, current workloads do not afford adequate time for all aspects of counselor professional functioning. Intentional growth of permanent, full-time licensed staff is required to ensure more reasonable workloads that support the ethical, high quality clinical services being offered by the Counseling Center.

Agreed! We put in a budget proposal for additional full and part-time support (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

V.D. In addition to increasing full-time staff and psychiatric services at the Counseling Center, investing in a crisis phone service such as ProtoCall, can also help preserve the quality of care and prevent clinician burnout.

Agreed! We put in a budget proposal for additional full and part-time support (complete with supportive data, trends, etc.) for the FY 18 year and are awaiting results.

V.E. It may be important for Counseling Center leadership to keep the realities of demanding workloads and long commutes on the minds of their administrators, whenever compensation is being discussed.

Agreed. Pepperdine struggles with this for many positions. Thus, it is not unfamiliar. The VP of Student Affairs does advocating for having Student Affairs (including Counseling) salaries at the 75th national percentile.

V.E. It is also important for Center leadership and administrators to consider intentional career ladders and advancement opportunities to enhance retention of quality clinicians.

We will explore this beginning this summer with conversations with HR and by benchmarking with some peer institutions. This will also be discussed with Counselors to determine their views.

V.F. (also II.A. and III.B.) Space for most of the Center's clinical service functions is inadequate. Exploration of how to gain additional/adjacent space within the existing building or locating clinicians in satellite offices both on the Malibu campus and potentially at satellite campuses is needed.

We will do some additional exploration of such possibilities this summer.

SUMMARY, REFLECTIONS, QUALITY IMPROVEMENT PLAN

The programs of the Counseling Center are well aligned with its goals and those of the University. Furthermore, the Counseling Center's outcomes are aligned with the Institutional Learning Outcomes. The high quality of services delivered is reflected by the evaluation of students who are served at the Center, and by the reputation the Center has built as a resource for multiple campus partners. Program goals and student learning outcomes are achieved each year, and providing important feedback to improve service delivery. Decidedly welcoming to all, the Center's programs and resources support the wellness of a whole person, not limited to psychological or emotional spheres.

National trends and service utilization point towards the importance of college mental health. The services and programs of the Counseling Center will benefit from continued innovation and improvement in order to deliver quality services amidst continual growth. The following goals are proposed.

Quality Improvement Plan

Action 1: The Counseling Center will, in cooperation with the Health and Wellness Coordinator, review the Outreach/Prevention and Training slates. The goals will be to 1) identify each partner's contribution to wellness, 2) to develop a set of programs that includes current audiences and more adequately responds to the needs of campus partners, and 3) to ensure that campus partners are equipped to care and respond.
Resources: Neutral, but may depend on the new programming ideas that are developed
Timeline: Information Gathering during Fall 2019, Review next steps during Spring 2020, Integrate where possible with slate Fall 2020
Staff Lead: Sparkle Greenhaw to coordinate; individual clinical staff to work with designated campus partners to assess needs

Action 2: Increase efforts to reach under-served demographics (including men), and at-risk populations (including the LGBTQ community).
Resources: Neutral, but may depend on implementation of findings
Timeline: Benchmarking Spring 2019, Review findings Summer and Fall 2019, Integrate where possible Spring 2020 and Fall 2020.
Staff Lead: Jeff Williams, MA (underserved populations) and Nivla Y. Fitzpatrick (LGBTQ)

Action 3: Create a rubric to identify appropriate timing for the hiring of additional clinical staff.
Resources: Neutral
Timeline: Summer 2019 to benchmark and gather data points; Complete plan Spring 2020
Staff Lead: Nivla Y. Fitzpatrick

Action 4: Explore short-term and long-term options for additional counseling spaces.
Resources: Neutral
Timeline: Summer 2019 to explore potential options for Fall 2019; Academic Year 2019-2020 to explore possibilities
Staff Lead: Nivla Y. Fitzpatrick

Action 5: Hire more administrative support staff to fully cover summers and provide additional needed support during the Fall and Spring semesters.

Resources: Will require a formal budget request
Timeline: Spring 2019: fill part time position and explore funding for summer position; Implementation as soon as regular funding has been secured
Staff Lead: Nivla Y. Fitzpatrick

Action 6: Expand group program.
Resources: Neutral
Timeline: Review research and write proposal Academic Year 2019-2020; Implement next steps Academic Year 2020-2021
Staff Lead: Shelle Welty

Action 7: Develop plans for the Counseling Center to increase support for the University, including graduate schools, satellite campuses, and international locations.
Resources: Neutral
Timeline: Information gathering Fall 2019 and Spring 2020; Implement next steps Academic Year 2020-2021
Staff Lead: Esther Lee

Action 8: Add 1 full day of psychiatric services.
Resources: Will require a formal budget request
Timeline: Develop position description Summer 2019; Begin networking immediately; Hire to take place once $ is secured
Staff Lead: Nivla Y. Fitzpatrick to develop position description; All staff to network

Action 9: Increase speed and efficiency in completing clinical documentation.
Resources: Will require a formal budget request (PC hardware)
Timeline: Explore simplified documentation spring 2019; Implementation Fall 2019
Staff Lead: Counseling Center Intake Committee

APPENDIX A
CLIENTS' PRESENTING CONCERNS

2017-2018 Client Reported Current Concerns at Intake - Grouped by Themes

Note---students could endorse multiple concerns

	% of Seaver Undergrad Clients	% of Grad School Clients
Anxiety/Stress		
General Stress	60.4	64.0
Anxiety	65.3	68.4
Career/Future Concerns	33.8	42.1
Academic Stress	51.6	53.5
Time Management	24.4	21.9
Homesick/Adjustment	19.4	14.0
$ Management	10.9	15.8
Sleep Problems	31.3	37.7
Self-injury (non-suicidal)	4.6	5.3
Depression/Suicidality/Loss		
Depression	41.5	41.2
Grief/Loss	14.3	15.8
Suicidal Thoughts/Attempt	12.5	7.1
Relationship Concerns/ Violence		
Family Concerns	32.1	39.5
Relationship Problems	35.3	36.8
Loneliness	36.9	31.6
Anger	13.7	14.9
Sexual Assault	4.0	5.3
Domestic Violence, Partner Violence	1.3	5.3
Personal Concerns/ Self Image/Addiction/Other		
Self-Esteem	41.7	38.6
Eating Disorder	10.5	8.8
Alcohol/Drugs	6.4	5.3
Sexual Issues	4.3	4.4
Other	3.5	8.8

Most Common Undergrad Concerns

- ✓ Anxiety
- ✓ General Stress
- ✓ Academic Stress
- ✓ Self-Esteem
- ✓ Depression

Most Common Grad Concerns

- ✓ Anxiety
- ✓ General Stress
- ✓ Academic Stress
- ✓ Career/Future Concerns
- ✓ Depression

APPENDIX B
CLIENTS BY SCHOOL

Counseling Center Clients by School

2014-2015

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	581	83
GSBM	19	3
GSEP	11	2
School of Law	70	10
Public Policy	8	1
Seaver Grad	9	1
TOTAL	698	

2015-2016

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	625	84
GSBM	22	3
GSEP	26	4
School of Law	50	7
Public Policy	8	1
Seaver Grad	11	1
TOTAL	742	

2016-2017

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	599	82
GSBM	22	3
GSEP	21	3
School of Law	66	9
Public Policy	16	2
Seaver Grad	8	1
TOTAL	732	

2017-2018

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	677	86
GSBM	22	3
GSEP	22	3
School of Law	48	6
Public Policy	9	1
Seaver Grad	13	2
TOTAL	791	

APPENDIX C
DISAGGREGATED CLIENT DATA

Demographics of Counseling Center Clients

	% in 14-15	% in 15-16	% in 16-17	% in 17-18
Gender				
Female	67	67	68	68
Male	33	33	32	32
Transgender	--	--	< 1	--
Year in School				
1st	25	29	29	29
2nd	21	13	17	16
3rd	33	30	27	32
4th	22	28	27	24
Sexual Orientation				
Bisexual	2	2	2	4
Gay	2	2	2	2
Heterosexual	95	94	93	92
Lesbian	< 1	< 1	< 1	< 1
Questioning	1	2	1	2
Ethnicity				
African American	8	7	8	6
Asian/Asian-American	17	17	13	14
White	54	58	58	57
Hispanic/Latinx	11	8	11	13
Multi-Racial/Ethnic	8	9	9	9
American Indian/Alaska Native	< 1	< 1	< 1	< 1
Native Hawaiian	< 1	1	< 1	1
International Students	9.8	9.7	9.7	10.5
Religion				
Christian	88	87	86	85
Jewish	1	1	1	1
Muslim	1	< 1	< 1	< 1
Buddhist	1	2	< 1	< 1
Hindu	< 1	< 1	< 1	< 1
Agnostic or Atheist	8	8	11	11
Consider Religion				
Very Important/Important	66	66	64	64
Neutral	23	26	24	25
Very Unimportant/Unimportant	10	8	12	11

APPENDIX D
CLIENT FEEDBACK: COUNSELING

Counseling Services Evaluation
2014-2015

	Gender		Client Status	
	Male	Female	Voluntary	Judicial
Fall 2014	20.3%	79.7%	92.8%	7.2%
Spring 2015	28.9%	71.1%	91.1%	8.9%

General Center Feedback	Fall 2014 n= 79 Average Response 1 (very dissatisfied) to 5 (very satisfied)	Spring 2015 n= 48 Average Response 1 (very dissatisfied) to 5 (very satisfied)
Office atmosphere	4.29	4.48
Receptionist/Office Manager	4.55	4.63
Location (Main Campus)	4.27	4.31
Facilities (Office Suite)	4.47	4.48
Wait time from call to 1st appt	4.18	4.21
Overall experience w/ center	4.35	4.56

Counseling Evaluation My counselor…	Fall 2014 n= 79 Average Response 1 (strongly disagree) to 5 (strongly agree)	Spring 2015 n= 48 Average Response 1 (strongly disagree) to 5 (strongly agree)
Treats me respectfully	4.78	4.91
Understands my difficulty	4.55	4.76
Is helpful	4.50	4.78
Helps me take responsibility for my life	4.47	4.72
Seems professional	4.66	4.87
Is a comfortable/safe person to be around	4.65	4.87
Respects my confidentiality	4.77	4.89
Is someone I would recommend to a friend	4.34	4.70

Response to Counseling Counseling…	Fall 2014 n= 79 Average Response 1 (strongly disagree) to 5 (strongly agree)	Spring 2015 n= 48 Average Response 1 (strongly disagree) to 5 (strongly agree)
Has helped me cope with problems	4.28	4.44
Has helped reduce my symptoms	4.01	4.27
Has helped improve my relationships	3.96	4.07
Has increased my sense of well-being	4.24	4.27
Being available on campus is important to me	4.63	4.69
Being free of charge is important to me	4.83	4.69

	Fall 2014 n= 79	Spring 2015 n= 48

The counseling I received helped me…	Average Response 1 (not at all) to 5 (very much)	
better understand and respect myself	3.99	4.00
clarify and adhere to my values	3.88	4.03
communicate effectively	3.94	3.98
identify good resources for managing my life	4.03	4.18
engage in thoughts and behaviors that will improve my mental health	4.19	4.36
understand and improve my mental health by exploring the connection between faith and psychological principles	3.78	4.00
learn skills so I can help others, from diverse backgrounds, who have mental health concerns	3.61	4.07
know more about mental health than I did when I came in	3.74	4.02

Have you had trouble focusing on academics?		
a) yes, and counseling has helped my focus	49.3%	42.2%
b) yes, but counseling has not helped my focus	29.0%	15.6%
c) no, never a problem	21.7%	42.2%

Had you considered leaving Pepperdine?		
a) yes, and counseling has helped me to stay	29.4%	24.4%
b) yes, but counseling did not help in my decision to stay	23.5%	13.3%
c) no, leaving Pepperdine was never a consideration for me	47.1%	62.2%

Were emotional struggles or mental health issues affecting your spiritual life?		
a) yes, and counseling has helped my spiritual development	43.5%	31.1%
b) yes, but counseling has not helped my spiritual development	21.7%	20.0%
c) no, not an issue	34.8%	48.9%

Counseling Services Evaluation
Spring 2016
N=29

Gender		Client Status	
Male	Female	Voluntary	Judicial
28.6	71.4	96.4	3.6

General Center Feedback	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Office Atmosphere	4.8
Administrative Assistants/Receptionists	4.8
Location (Main Campus)	4.6
Facilities (Office Suite)	4.7
Wait Time from 1st Call /Email to 1st Appt.	4.2
Overall Experience with Center	4.8

Counseling Evaluation My therapist …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Treats me respectfully	5.0
Understands my difficulty	4.7
Is helpful	4.8
Helps me take responsibility for my life	4.7
Seems professional	4.9
Is a comfortable/safe person to be around	5.0
Respects my confidentiality	5.0
Is someone I would recommend to a friend	4.9
Was sensitive to cultural differences	4.9

Response to Counseling Counseling …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Has helped me cope with problems	5.0
Has helped reduce my symptoms	4.7
Has helped improve my relationships	4.8
Has increased my sense of well-being	4.7
Being available on campus is important to me	4.9
Being free of charge is important to me	5.0

The counseling I received helped me …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Better understand and respect myself	4.3
Clarify and adhere to my values	4.2
Communicate effectively	4.3
Identify good resources for managing my life	4.3
Engage in thoughts and behaviors that will improve my mental health	4.4
To know more about mental health than I did when I came in	4.1
Learn skills so I can help others, from diverse backgrounds, who have mental health concerns	3.7
Understand and improve my mental health by exploring the connection between faith and psychological principles	3.6

Have you had trouble focusing on academics?	
a) Yes, and counseling has helped my focus	51.7%
b) Yes, but counseling has not helped my focus	24.1%
c) No, never a problem	24.1%

Had you considered leaving Pepperdine?	
a) Yes, and counseling has helped me to stay	17.2%
b) Yes, but counseling did not help in my decision to stay	10.3%
c) No, leaving Pepperdine was never a consideration for me	72.4%

Were emotional struggles or mental health issues affecting your spiritual life?	
a) Yes, and counseling has helped my spiritual development	51.7
b) Yes, but counseling has not helped my spiritual development	17.2
c) No, not an issue	31.0

Counseling Services Evaluation
2016-2017

	Gender		Client Status	
	Male	Female	Voluntary	Judicial
Fall 2016	17.1%	82.9%	100.0%	0.0%
Spring 2017	20.5%	79.5%	96.6%	3.4%

General Center Feedback	Fall 2016 n = 78 Average Response 1 (very dissatisfied) to 5 (very satisfied)	Spring 2017 n = 123 Average Response 1 (very dissatisfied) to 5 (very satisfied)
Office Atmosphere	4.5	4.6
Administrative Assistants/Receptionists	4.5	4.7
Location (Main Campus)	4.3	4.4
Facilities (Office Suite)	4.3	4.6
Wait Time from 1st Call /Email to 1st Appt.	4.0	4.4
Wait Time from Intake until 1st Counseling Appt	3.8	4.3
Overall Experience with Center	4.2	4.6

Groups		
Did you attend any groups this semester?		
a) yes	--	13.8%
b) no	--	86.2%
Did you participate in the Growth & Resilience group?		
a) yes, both sessions	22.4%	10.8%
b) yes, one session	10.5%	10.8%
c) no, I did not	67.1%	78.4%
How helpful did you find the Resilience groups?		
a) not at all helpful	8.3%	0.0%
b) a little bit helpful	6.9%	9.2%
c) somewhat helpful	9.7%	11.8%
d) quite helpful	9.7%	6.6%
e) extremely helpful	0.0%	2.6%
f) N/A (did not attend)	65.3%	69.7%

	Fall 2016 n = 78	Spring 2017 n = 123
Groups		
If you did not attend the Resilience groups, why not?		
a) Uncomfortable in a group setting	40.5%	40.7%
b) Times didn't fit my schedule	42.9%	37.0%
c) I wasn't told about the group	30.9%	42.6%
In which other groups did you participate?		
a) Real Men, Real Talk	14.3%%	0.0%
b) Eating Disorders	14.3%	5.6%
c) Mindfulness	28.6%	22.2%
d) Women's Group	14.3%	5.6%
e) Finding Freedom	28.6%	0.0%
How helpful did you find the Resilience groups?	Average Response 1 (very dissatisfied) to 5 (very satisfied)	
a) not at all helpful	8.3%	0.0%
b) a little bit helpful	6.9%	9.2%
c) somewhat helpful	9.7%	11.8%
d) quite helpful	9.7%	6.6%
d) extremely helpful	0.0%	2.6%
e) N/A (did not attend)	65.3%	69.7%

Counseling Evaluation My therapist …	Average Response 1 (very dissatisfied) to 5 (very satisfied)	
Treats me respectfully	4.7	4.9
Understands my difficulty	4.5	4.7
Is helpful	4.4	4.7
Helps me take responsibility for my life	4.4	4.7
Seems professional	4.6	4.9
Is a comfortable/safe person to be around	4.6	4.9
Respects my confidentiality	4.7	4.9
Is someone I would recommend to a friend	4.4	4.8
Was sensitive to cultural differences	4.6	4.8

Response to Counseling Counseling …	Average Response 1 (very dissatisfied) to 5 (very satisfied)	
Has helped me cope with problems	4.1	4.5
Has helped reduce my symptoms	4.0	4.2
Has helped improve my relationships	4.0	4.2
Has increased my sense of well-being	4.2	4.3
Being available on campus is important to me	4.8	4.7
Being free of charge is important to me	4.8	4.8

	Fall 2016 n = 78	Spring 2017 n = 123
The counseling I received helped me …	Average Response 1 (very dissatisfied) to 5 (very satisfied)	
Better understand and respect myself	4.0	4.1
Clarify and adhere to my values	4.0	4.0
Communicate effectively	3.9	4.1
Identify good resources for managing my life	3.9	4.3
Engage in thoughts and behaviors that will improve my mental health	4.1	4.4
To know more about mental health than I did when I came in	3.9	3.8
Learn skills so I can help others, from diverse backgrounds, who have mental health concerns	3.7	3.9
Understand and improve my mental health by exploring the connection between faith and psychological principles	3.8	4.1

Have you had trouble focusing on academics?		
a) Yes, and counseling has helped my focus	44.9%	44.3%
b) Yes, but counseling has not helped my focus	31.9%	20.9%
c) No, never a problem	23.2%	34.8%

Had you considered leaving Pepperdine?		
a) Yes, and counseling helped to stay	25.0%	21.5%
b) Yes, but counseling did not help in my decision to stay	25.0%	19.0%
c) No, leaving Pepperdine was never a consideration for me	50.0%	59.5%

Were emotional struggles or mental health issues affecting your spiritual life?		
a) Yes, and counseling has helped my spiritual development	29.0%	35.6%
b) Yes, but counseling has not helped my spiritual development	37.7%	19.1%
c) No, not an issue	33.3%	45.2%

Counseling Services
Spring 2018
N=153

Gender		Client Status	
Male	Female	Voluntary	Judicial
22.6%	77.4%	97.7%	2.3%

General Center Feedback	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Office Atmosphere	4.5
Administrative Assistants/Receptionists	4.5
Location (Main Campus)	4.4
Facilities (Office Suite)	4.4
Wait Time from 1st Call /Email to 1st Appt.	4.2
Wait Time from Intake until 1st Counseling Appt.	4.2
Overall Experience with Center	4.4

Groups	
Did you attend any groups this year?	
a) yes	19.0%
b) no	80.9%
Did you participate in the Stress Less group?	
a) yes,	3.2%
b) no, I did not	96.8%
How helpful did you find the Stress Less group?	
a) not at all helpful	1.7%
b) a little bit helpful	0.0%
c) somewhat helpful	3.5%
d) quite helpful	1.7%
e) extremely helpful	1.7%
f) N/A (did not attend)	91.2%
If you did not attend the Stress Less groups, why not?	
a) Uncomfortable in a group setting	17.0%
b) Times didn't fit my schedule	37.5%
c) I wasn't told about the group	54.5%

Counseling Evaluation My therapist …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Treats me respectfully	4.9
Understands my difficulty	4.7
Is helpful	4.7
Helps me take responsibility for my life	4.7
Seems professional	4.8
Is a comfortable/safe person to be around	4.8
Respects my confidentiality	4.9
Is someone I would recommend to a friend	4.7
Was sensitive to cultural differences	4.8

Response to Counseling Counseling …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Has helped me cope with problems	4.5
Has helped reduce my symptoms	4.3
Has helped improve my relationships	4.3
Has increased my sense of well-being	4.4
Being available on campus is important to me	4.8
Being free of charge is important to me	4.9

The counseling I received helped me …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Better understand and respect myself	4.2
Clarify and adhere to my values	4.1
Communicate effectively	4.1
Identify good resources for managing my life	4.2
Engage in thoughts and behaviors that will improve my mental health	4.3
To know more about mental health than I did when I came in	4.1
Learn skills so I can help others, from diverse backgrounds, who have mental health concerns	3.8
Understand and improve my mental health by exploring the connection between faith and psychological principles	4.0

Have you had trouble focusing on academics?	
a) Yes, and counseling has helped my focus	54.1%
b) Yes, but counseling has not helped my focus	16.3%
c) No, never a problem	29.6%

Had you considered leaving Pepperdine?	
a) Yes, and counseling has helped me to stay	16.4%
b) Yes, but counseling did not help in my decision to stay	17.1%
c) No, leaving Pepperdine was never a consideration for me	66.4%

Were emotional struggles or mental health issues affecting your spiritual life?	
a) Yes, and counseling has helped my spiritual development	42.1%
b) Yes, but counseling has not helped my spiritual development	18.0%
c) No, not an issue	39.8%

APPENDIX E
CLIENT FEEDBACK: PSYCHIATRY

Psychiatric Services
2014-2015

How satisfied are you with…	Average Response 1 (very dissatisfied) - 5 (very satisfied)	
	Fall 2014 n= 23	Spring 2015 n=20
Appointment availability	3.83	3.95
Length of sessions with MD	3.74	4.05
Fee	3.48	3.50

How important it is to you that psychiatric services are available on campus?		
a) very unimportant	18.2%	30.0%
b) unimportant	--	--
c) neutral	9.1%	--
d) important	31.8%	30.0%
e) very important	40.9%	40.0%

What would you have done if psychiatric services were not available on campus?		
a) find a local physician	36.4%	31.6%
b) make arrangements to get meds from MD at home	40.9%	5.3%
c) not take medications	22.7%	42.1%
d) other	--	21.0%

Psychiatrist Evaluation My psychiatrist…	Average Response 1 (strongly disagree) - 5 (strongly agree)	
Treats me respectfully	4.71	4.68
Took a relevant medical history	4.24	4.53
Took a reasonably thorough psychiatric history	4.48	4.58
Understands my difficulty	4.24	4.16
Is helpful	4.48	4.37
Is reliable	4.29	4.32
Explains medication options well	4.24	4.37
Understood family/other reservations re: meds	4.37	4.33
Taught me the basics about taking medications	4.21	4.18
Seems professional	4.62	4.37
Tells me about potential med side-effects	4.29	4.35
Has a warm "bedside manner"	4.21	3.95
Checks in with me regarding safety concerns	4.15	4.32
Checks in with me regarding side effects	4.10	4.26
Explains what I do in a psychiatric emergency	3.53	3.83
Is someone I would recommend to a friend	4.00	4.11

Psychiatric Services
Spring 2016
N=9

How satisfied are you with …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Appointment Availability	3.8
Length of sessions with MD	4.0
Fee	3.3

How important is it to you that psychiatric services are available on campus?	
a) Very unimportant	22.2%
b) Unimportant	0.0%
c) Neutral	22.2%
d) Important	22.2%
e) Very Important	33.3%

What would you have done if psychiatric services were not available on campus?	
a) Find a local physician	25.0%
b) Make arrangements to get meds from MD at home	37.5%
c) Not take medications	25.0%
d) Other	12.5%

Psychiatrist Evaluation My psychiatrist …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Treats me respectfully	4.7
Took a relevant medical history	4.7
Took a reasonably thorough psychiatric history	4.7
Understands my difficulty	4.6
Is helpful	4.5
Is reliable	4.6
Explains medication options well	4.7
Understood family/other reservations re: meds	4.3
Taught me the basics about taking medications	4.4
Seems professional	4.7
Tells me about potential med side-effects	4.9
Has a warm "bedside manner"	4.1
Checks in with me regarding safety concerns (suicidality, self-injury)	4.6
Checks in with me regarding side effects	4.4
Explains what I should do in a psychiatric emergency	3.9
Is someone I would recommend to a friend	3.7

Psychiatric Services
2016-2017

How satisfied are you with …	Fall 2016 n = 29 Average Response 1 (very dissatisfied) to 5 (very satisfied)	Spring 2017 n = 22 Average Response 1 (very dissatisfied) to 5 (very satisfied)
Appointment Availability	4.0	4.0
Length of sessions with MD	4.2	4.2
Fee	3.8	3.3

How important is it to you that psychiatric services are available on campus?		
a) Very unimportant	20.7%	9.5%
b) Unimportant	0.0%	0.0%
c) Neutral	3.4%	4.8%
d) Important	20.7%	23.8%
e) Very Important	55.2%	61.9%

What would you have done if psychiatric services were not available on campus?		
a) Find a local physician	44.8%	52.4%
b) Make arrangements to get meds from MD at home	13.8%	14.3%
c) Not take medications	37.9%	28.6%
d) Other	3.4%	4.8%

Psychiatrist Evaluation My psychiatrist …	Average Response 1 (very dissatisfied) to 5 (very satisfied)	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Treats me respectfully	4.7	4.7
Took a relevant medical history	4.6	4.6
Took a reasonably thorough psychiatric history	4.6	4.3
Understands my difficulty	4.3	4.2
Is helpful	4.4	4.6
Is reliable	4.4	4.6
Explains medication options well	4.6	4.5
Understood family/other reservations re: meds	4.2	4.3
Taught me the basics about taking medications	4.6	4.2
Seems professional	4.7	4.7
Tells me about potential med side-effects	4.6	4.6
Has a warm "bedside manner"	4.1	4.2
Checks in with me regarding safety concerns (suicidality, self-injury)	4.6	4.2
Checks in with me regarding side effects	4.5	4.2
Explains what I should do in a psychiatric emergency	4.0	3.8
Is someone I would recommend to a friend	4.1	4.2

Psychiatric Services
Spring 2018
N=38

How satisfied are you with …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Appointment Availability	4.0
Length of sessions with MD	4.1
Fee	3.8

How important is it to you that psychiatric services are available on campus?	
a) Very unimportant	24.3%
b) Unimportant	0.0%
c) Neutral	2.7%
d) Important	24.3%
e) Very Important	48.6%

What would you have done if psychiatric services were not available on campus?	
a) Find a local physician	48.6%
b) Make arrangements to get meds from MD at home	5.4%
c) Not take medications	43.2%
d) Other	2.7%

Psychiatrist Evaluation My psychiatrist …	Average Response 1 (very dissatisfied) to 5 (very satisfied)
Treats me respectfully	4.6
Took a relevant medical history	4.2
Took a reasonably thorough psychiatric history	4.3
Understands my difficulty	4.2
Is helpful	4.2
Is reliable	4.5
Explains medication options well	4.1
Understood family/other reservations re: meds	4.1
Taught me the basics about taking medications	4.3
Seems professional	4.3
Tells me about potential med side-effects	4.4
Has a warm "bedside manner"	3.9
Checks in with me regarding safety concerns (suicidality, self-injury)	4.3
Checks in with me regarding side effects	4.1
Explains what I should do in a psychiatric emergency	3.6
Is someone I would recommend to a friend	3.9