PEPPERDINE COUNSELING CENTER

PROGRAM REVIEW

2013-2014

PEPPERDINE UNIVERSITY
STUDENT AFFAIRS

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Appendices

A. The Internal Context

The Pepperdine Counseling Center is the primary department focused on the promotion of student mental health at the University. The Center, which began in the 1970s, is a department of the Division of Student Affairs. All five schools of Pepperdine are served by the Counseling Center. Students who attend classes on the Malibu campus, where the center is located, are most likely to avail themselves to 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, or 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 Center staff educating RAs, faculty, and staff through training sessions and individual as-needed consultation sessions. The Center participates in collaborative consultation bodies, specifically the Student of Concern Committee and the Threat Assessment Committee.

A number of changes have occurred since the last program review, which was completed in 2004, including addressing a number of concerns that were identified at that time.

1) The Counseling Center has moved from temporary facilities (a trailer building in the Rho parking lot) to expanded, professional, permanent facilities, a suite centrally located at the Tyler Campus Center on the main campus of Seaver College.

2) The Counseling Center now engages in much more outreach and prevention programming to promote mental health and access to care when needed.

3) Fees were eliminated for counseling, thereby eliminating a key deterrent to students seeking care.

4) Many more students (an increase of over 125% since the last program review) are now seeking counseling services from the Center.

5) The Counseling Center, beginning in 2007, coordinates the administration of biannual administration of the National College Health Assessment (NCHA II) to assess mental health concerns among the Pepperdine undergraduate study body.

6) Counseling Center clinicians are more sought after resources to assist faculty, staff, and administration in addressing student mental health concern.

B. The External Context

Immediate, local external context (Malibu)---Providing services on campus is particularly important at Pepperdine due to the largely rural nature of the surrounding Malibu area. There are few local providers, and mass transportation is extremely limited. Even for students who do have cars, most mental health options would be at least an hour's drive round trip. Given students' often demanding academic, co-curricular, and work schedule, this is an untenable solution on a weekly basis. Client feedback consistently demonstrates that counseling services being available on campus is important (means typically over 4.6 on a scale of 1-5 on this client survey item). Feedback regarding client satisfaction with psychiatric services is also very positive.

National Picture--As identified in The College of the Overwhelmed (Kadison, 2005), mental health concerns are on the rise on college campuses nationally. Surveys of College Counseling Center Directors (Gallagher and AUCCCD surveys over the last decade) confirm these observations and empirical studies (such as Benton et al) verify that mental health concerns at college counseling centers are increasing in frequency, severity, and complexity. Surveys of the general study body (e.g., The American College Health Association's NCHA II) well document that the concerns go beyond students who are seeking care. Data collected at Pepperdine's Counseling Center and among Pepperdine's general student body (using NCHA II) confirm that Pepperdine is not exempt from these concerning trends. Although some issues (e.g., binge drinking) occur at lower rates at Pepperdine, most mental health concerns occur at similar rates at Pepperdine as they do nationally, and some statistics are even more concerning at Pepperdine (e.g., loneliness, and stress interfering with academics).

B. Mission, Goals and Outcomes

University Mission Statement
Pepperdine is 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.

Student Affairs Mission Statement
The mission of Student Affairs is to strengthen students for lives of Christian purpose, service, and leadership by providing high-quality co-curricular programs and services that promote student learning and development.

Counseling Center Mission Statement
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.

Pepperdine Counseling Center Learning Outcomes

A student who participates in Counseling Center programs will be able to:

1. *(Knowledge)* – Demonstrate an increased understanding of mental health.

2. *(Self-Care)* – Engage in cognitions and behaviors that will improve mental health.

3. *(Others-Focus)* – Demonstrate skills to empathize with, and assist others, from diverse backgrounds, who have mental health concerns.

4. *(Faith-Focus)* – Integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health.

Alignment
As noted in the Center's mission statement, "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." The Counseling Center's work aligns with the University's commitments, objectives, and mission in numerous ways.

Mental health concerns can directly interfere with a student's ability to develop in areas of Pepperdine's commitments of academic excellence and spiritual growth. For example, a student's depression may impede class attendance and engagement. Anxiety can interfere greatly with public speaking or even inhibit writing. Students with significantly unresolved family pathology may have difficulty considering important spiritual concepts. Similarly, students' ability to develop lives of purpose, service, and leadership can be hindered by unaddressed mental illness or mental health concerns. Securing the needed assistance to successfully address these issues in their lives unencumbers students and frees them to truly pursue lives of purpose, service, and leadership. Thus, counseling and psychiatric services provided by the Center are in support of alignment.

Additionally, the outreach and training provided by the Counseling Center helps students, even those who are not currently struggling with their own mental heath concerns, be better equipped for one very broad area of service---understanding and responding to others who are suffering in this regard. For example, students who participate in various outreach and training programs may learn how to be empathic listeners and good helpers, how to respond to another who discloses suicidal thoughts or a sexual assault or a person who is exhibiting signs of an eating disorder, a substance abuse problem, or psychotic symptoms. They learn how to serve.

The Counseling Center is also a "behind the scenes" supporter of the University's Strategic Plan, Boundless Horizons. Students are in a better position to advance their learning and engage in the spiritual offerings of the University when their mental health obstacles are being addressed. By addressing issues of loneliness, social anxiety, relationships, and life balance in counseling, consultation/training, and outreach/prevention the Counseling Center is contributing to the community at Pepperdine. By providing multiculturally competent counseling services, participating in diversity-related outreach efforts, attending to disaggregated client service numbers, being intentional in hiring practices and staff development efforts, the Center supports the goal of increasing institutional diversity.

The following alignment map highlights a number of points of congruence.

Alignment Map

Core Commitments	Values	Learning Environment Outcomes	Institutional Learning Outcomes	Department Learning Outcomes	Other Aspects of Alignment
Purpose	**Knowledge and Scholarship**	Promote a vibrant, intellectual life that cherishes the liberal arts and graduate/professional education and which exhibits intellectual rigor and practical relevance.	Demonstrate expertise in an academic or professional discipline, display proficiency in the discipline and engage in the process of academic discovery.	SLO #1 Demonstrate an increased understanding of mental health.	Mental health concerns can be obstacles that prevent students from being able to live out lives of purpose.
	Faith and Heritage	Focus on the students and their whole development, educating the heart, soul, and mind, mission and values consistent with the University's.	Appreciate the complex relationship between faith, learning and practice.	SLO #4 Integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health.	
	Community and Global Understanding	Integrate principles that embrace human diversity in responding to pressing real-world problems.	Develop and enact a compelling personal and professional vision that values diversity.	SLO #3 Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.	

Service	**Knowledge and Scholarship**	Celebrate all forms of scholarship (Boyer 1990), including discovery, teaching, integration, and application.	Apply knowledge to real-world challenges.	SLO #3 Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.	The Counseling Center, through its training activities equips student leaders for service to fellow students struggling with mental health issues. Outreach efforts of the Center help the general student body more fully understand mental health issues, helping them to be sensitive to peers who are struggling and consider lives of service in this area.
	Faith and Heritage	Honor God and our heritage by welcoming and serving people from diverse religious, ethnic, and socio-economic communities.	Respond to the call to serve others.	SLO #3 Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.	
	Community and Global Understanding	Recruit and retain diverse faculty, staff, and student body and reflect the communities served by the university and out of which the university emerges.	Demonstrate commitment to service and civic engagement.	SLO #3 Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.	
Leadership	**Knowledge and Scholarship**	Provide curricula and co-curricula that are rigorous and relevant to the evolving needs of students.	Think critically and creatively, communicate clearly, and act with integrity.	SLO #2 Engage in cognitions and behaviors that will improve one's own mental health.	Because leaders have good self-awareness, having addressed their own "issues" and are sensitive to the concerns of others, Counseling, Outreach, and Training programs of the Center help prepare students for leadership.
	Faith and Heritage	Promote strong and meaningful ties with our religious heritage and maintain fidelity to the Christian mission.	Practice responsible conduct and allow decisions and directions to be informed by a value-centered life.	SLO #2 Engage in cognitions and behaviors that will improve one's own mental health.	
	Community and Global Understanding	Facilitate dialogue, action, and opportunities for local and global leadership.	Use global and local leadership opportunities in pursuit of justice.	SLO #3 Demonstrate skills to empathize with and assist others, from diverse backgrounds, who have mental health concerns.	

Note – Student Affairs, like Seaver College, has adopted the IEOs as its Division Learning Outcomes.

ANALYSIS OF EVIDENCE

A. Service Usage and Evaluation

Services Provided/Rationale for Services

Consistent with the mission of the Center, services provided fall into three broad categories:

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

Direct Services are needed to intervene with students struggling with a range of mental health issues. This includes students seeking individual and group counseling for normal, developmental issues, such as homesickness, individuation, and stress management. Other students need counseling for more significant mental health concerns such as eating disorders, substance, abuse, depression, and anxiety. Still others have major mental illnesses such as Schizophrenia or Bi-polar Disorder. Appendix A shows the concerns that clients are reporting at intake. The top few reasons for seeking services tend to remain stable, over time. Some trends are noteworthy, however, in comparing the data from 2005-2006 (the year after the last program review) to 2012-2013. Among undergraduates, general stress has risen to be a concern among 61% of clients (compared to 52% previously); anxiety has risen to 60% (from 47%) and sleep problems have raised from 26% to 33%. This increasing cluster (stress, anxiety, sleep problems) does capture what clinicians are observing among the student clients and is comparable with trends in the study body as measured by the NCHA II. As evidenced by the increasing numbers of students (606 last year; over a 125% increase since the last program review), there is clear need for this type of services. Because of the increasingly serious mental health concerns, Counseling Center staff are also frequently responding to mental health emergencies. Over 40 suicide assessments are conducted each year with a number of them resulting in hospitalizations. Over the last five years, Center staff clinicians have responded to 19 psychotic breaks/episodes (in which students lost touch with reality, having delusions, hallucinations, etc.) and a number of sexual assault and domestic violence emergencies. In addition to the counseling services, some students also receive psychiatric/medication consultation services at the Counseling Center. This number has been increasing as well; 88 students saw the psychiatrist last year.

Consultation and Training is needed to equip others to be part of the support available to students with mental health concerns. As mental health concerns increase, the "safety net" also needs to be expanded. Thus, the Counseling Center provides training to key campus constituencies (e.g., RAs, SLAs, faculty, staff) to help them prepare to identify and respond to students in distress. Counseling Center staff provides RAs and SLAs training provided by the Counseling Center on topics such as mental health trends, helping skills, alcohol and drug issues, sexual assault, eating disorders, self-injurious behaviors, psychosis, and suicide prevention. Another example is an annual training for new faculty regarding the services of the Center and how they can be instrumental in identifying and referring students who need care. In addition to these and other training programs offered, Counseling Center staff provides consultations. Faculty, staff, parents and other students call or come to the Center to discuss students they are worried about. "My student is acting oddly in class. What should I do?" "I think one of my residents has an eating disorder; she is obviously losing too much weight and exercises excessively." "My son is depressed and is not leaving his room. What can be done?" "I think my roommate is cutting herself. What do I say?" These are the type of calls and questions the Center staff address. Additionally, the Director consults as a member of the Student of Concern Committee and the University's Threat Assessment Team.

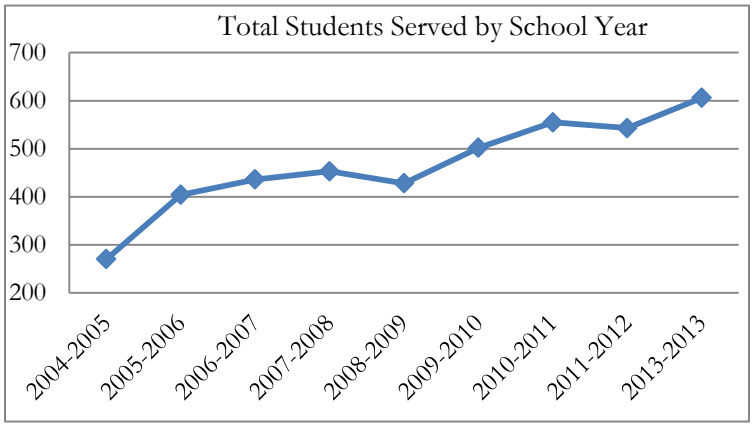
Outreach and Prevention programs are a needed proactive effort to reach the student body before problems develop or deteriorate further. Mental health screening days for depression, eating disorders, and alcohol abuse are an important component. Outreach efforts include also academic course lectures and convocation presentations regarding mental health topics. One of the Center's most significant prevention efforts is the Sexual Assault Prevention Programming. The Center provides sexual assault prevention programming to incoming freshmen in an effort to reduce students' risk of sexual assault and to inform them of available resources in the event that a sexual assault does occur. The prevention programming is personalized to the Pepperdine student population and allows for face-to-face interaction between freshman and student leaders, Housing and Residence Life staff, Counseling Center staff, and Santa Monica Rape Treatment Center staff as the program content is presented. The program includes a definition of sexual assault, risk reduction strategies, resources for victims, bystander intervention strategies, reporting options, and Pepperdine's policies regarding sexual assault.

Beyond general mental health, The Counseling Center provides a range of Alcohol and Other Drug (AOD) services to the Pepperdine community. The Counseling Center offers preventative services through on-line educational programming for all new Pepperdine students, training sessions for student leaders, educational talks to high risk groups such as athletic teams and Greek organizations and through campus-wide events like Alcohol Screening Day. Clinically, the Counseling Center provides AOD assessments for students found in violation of AOD policies (described in the Student Handbook) using a protocol modeled after the Brief Alcohol Screening Intervention of College Students (BASICS), among best practices in the field. The Center also offers therapy services for a number of students with mild-moderate expressions of substance abuse concerns, as well as ongoing aftercare for students in recovery.

Raising awareness of services

Students are made aware of services through a variety of means. From the very beginning of a student's experience at Pepperdine, they learn of the Counseling Center. At all five schools at Pepperdine, The Counseling Center is represented in presentations during New Student Orientation through presentations to students and families, fairs, and/or in written material and advertisements in NSO materials. At Seaver, the very first week of classes, the Sexual Assault Prevention Programs are led by the Center staff, so, within that specific content, students are again reminded of the Center's existence and offerings. Visits to First Year Seminars also alert students to this resource. The Center's webpage, digital signage, Facebook page, and posters remind all Pepperdine students of the Center's offerings.

Usage rates and trends



Usage has increase dramatically since the program review in 2004.

A number of factors have contributed to this increase. Certainly, overall mental health trends nationally are a significant contributing factor. When fees for counseling services were discontinued, there was an immediate significant increase in students' usage rates, a change of about +50% in the subsequent year (2005-2006). Since that time, the total number of counseling clients has increased by about 5-15% annually. Currently, over 600 students are seen for counseling every year. This includes students from all five schools, with approximately 80% of clients coming from Seaver. See Appendix B for additional details regarding usage.

Disaggregated Data and University Comparisons

Every year, the Center make concerted efforts to carefully consider disaggregated data to fully understand who is and is not using services of the Center. At Pepperdine's Center, as is the case in most mental health service centers, males are less likely to seek services. . In the last two years, the percentage of females seeking counseling services has increased slightly, after being essentially flat from 2008-2009 through 2010-2011. Females are overrepresented versus University enrollment, by about 10%. In recent years, there has been a steady increase of females enrolled at Pepperdine, with about a 5% increase from 2008-2009 to 2012-2013, thus explaining a portion of the Counseling Center's changes.

Ethnicity of Counseling Center clients has shifted over the last 5 years. The percentage of white counseling clients has decreased by about 10%, and there have been increases in African American, Asian, and Hispanic/Latino clients. Much of these changes have mirrored shifts in the Pepperdine Student Body. Compared to University enrollment, whites and African Americans are overrepresented within the Counseling Center population, and Hispanic/Latinos are underrepresented.

The Counseling Center uses classifications for religious preferences that align with a national standardized data set through the Center for Collegiate Mental Health (CCMH). As such, the classifications are not consistent with those of the University. Although the percentage of Christian clients appears to have decreased the past few years, the change is likely due to the effect of CCMH separating Christians from Catholics in response choice (2009-2010 through 2012-2013). All other groups have remained stable during recent years. Among Christians, the largest denominational representation comes from non-denominational students, Church of Christ, and Presbyterians. Church of Christ clients have declined in recent years, from 15% of all clients in 2008-2009 to 11% in 2012-2013. This is in keeping with (though a greater decline than) Church of Christ representation at the University, which has decreased from 8.5% to 6.9% during that same period. See Appendix C for client data disaggregated on a number of variables.

Trends regarding outreach efforts have remained fairly stagnant. As discussed, the Center does some important outreach and prevention work and does this consistently. Every year the screening days are offered, the sexual assault prevention program is presented in first-year halls, First Year Seminar lectures are given, etc.. However, because very busy clinicians offer the programs, there is limited time for expansion of additional programs or creative innovations of programs that are offered.

Student Feedback

The Counseling Center greatly values the students' voice in our evaluation of the Counseling Services. The Center seeks that student feedback in a variety of ways. Perhaps most compelling is that year after year, the top referral source (not counting self-referral) is other students. Nineteen percent of student clients were referred by friends. That students would so frequently refer their friends to the Center is highly valued feedback.

The Counseling Center also solicits formal feedback from students who have used the services of the Center. The Center has moved to a mostly online format for its client evaluations. Appendix D holds all of the client evaluations, including items related to CAS Standards (the previous model used within Student Affairs) and the more recent student learning outcomes, which are highlighted on the second page of each year. Evaluations are consistently positive, with most of the feedback between 4 and 5 (satisfied and very satisfied) about the Center, a client's particular counselor, and client's general response to counseling. Of special note are items like "My counselor seems professional, " "My counselor is a comfortable/safe person to be around," "My counselor respects my confidentiality," "My counselor is someone I would recommend to a friend," and "Counseling being free of charge is important to me," which are typically rated above 4.3.

Additional student feedback was collected through student focus groups and interviews conducted by the Office of Institutional Effectiveness (See Appendices F, G, H) and through student data collected by a Service Leadership student group (a study of group therapy marketing; appendix I). Finally, the Counseling Center staff regularly solicits feedback from student leaders. For example, the student leader partners in the Sexual Assault Prevention programs are given opportunity to review the program and suggest modifications for the next year. Similarly, the opinions of students involved in Active Minds, the student organization focused on decreasing stigma regarding mental illness, are welcomed as the Center plans outreach activities such as mental health screenings.

Meeting Demand

To date, the Pepperdine Counseling Center has not had to utilize a "wait list," delaying care to students seeking help. Even during the busiest periods, through the help of adding additional part-time temporary counselors, students can be seen within one week of calling for an appointment. It should be noted, however, that for the last few years, as client numbers have continued to increase, this has not been possible without exceeding the funds budgeted to the department. To date, the administration has been gracious about this overage and has reiterated their preference to avoid a waitlist arrangement.

Benchmarking and Best Practices

The Counseling Center keeps up with best practices and benchmarking through a number of ways. This includes meeting accreditation standards, benchmarking with identified institutions, participating in national Counseling Center surveys and shared data sets, being involved in related professional organizations, and keeping up with relevant professional literature.

The Center is accredited by the International Association of Counseling Services (IACS),

which is the Accreditation Association for University and College Counseling Services. This organization has clear standards, which Pepperdine's Center must meet to continue to receive accreditation. http://www.iacsinc.org/IACS%20STANDARDS%20rev%2010-3-11.pdf Annual renewals affirm that the Center is functioning within professional standards.

Formal benchmarking is done with the University's identified peer and aspirational institutions and some particular Christian institutions that have been identified as Student Affairs comparisons. For example, the tables below shows peer group comparisons regarding staffing ratios.

Institution	# of Students:	# of Counselors	Ratio
Abilene Christian	3626	4.5	805 to 1
Azusa Pacific	10184	6	1697 to 1
Baylor	12918	8	1615 to 1
Boston College	9110	11	827 to 1
Brandeis	3588	3	1196 to 1
Calvin	4034	7	576 to 1
Carleton	2055	3	685 to 1
Claremont Colleges	6300	8	788 to 1
Notre Dame	8475	11	770 to 1
Occidental	2176	3	725 to 1
Pepperdine	4500 (Malibu)	6	750 to 1
Point Loma	2376	5	475 to 1
Rice	3848	5.5	700 to 1
Santa Clara	5250	7	750 to 1
Seattle Pacific	4270	3	610 to 1
St. Olaf	3125	3.5	893 to 1
Samford	3013	1	3013 to 1
University of San Diego	5665	9	629 to 1
Valporaso	3964	4.5	881 to 1
Vanderbilt	11965	7	1709 to 1
Wake Forest	4815	7	688 to 1
Westmont	1341	2.2	610 to 1
Whitworth	2506	5	501 to 1

An additional example of benchmarking with peer institutions is that, as the Health and Counseling Centers at Pepperdine Centers determine whether to propose a Health Fee to administration as a way to meet increasing demands, there has been benchmarking done with peers. Initial results are shown below.

Institution	Health Fee
Abilene	No
Azusa Pacific	No
Baylor	No
Boston College	Yes
Brandeis	Yes
Calvin	No

Claremont	No
Occidental	No
Point Loma	No
Rice	Yes
Samford	No
Santa Clara	No
St. Olaf	No
Valparaiso	Yes
Vanderbilt	Yes
Wake Forest	Yes
Westmont	Yes
Whitworth	No
University of San Diego	Yes

These are just two examples. Since the last program review, the Pepperdine Counseling Center has queried these same institutions regarding a number of topics, including counseling groups, sexual assault and alcohol/drug services, mental health leave policies, administrative assistance coverage, and counselor salaries.

Another way of keeping up with national practice includes Pepperdine's participation in an ongoing national study conducted by the Center of Collegiate Mental Health (Note---Pepperdine Counseling Center's Associate Director, Dr. Nivla Fitzpatrick has been a member of the board of CCMH). In order to participate in this research organization, all members must agree to use a uniform intake procedure and share their deidentified data. Thus, Pepperdine's intake forms are consistent with the nearly 250 institutions involved in this Center. Increasingly, the expectations of this group are setting the standards for the field. Pepperdine also participates in the annual survey of the Association of College and University Counseling Center Directors. Thus, Pepperdine can benchmark our staffing, clinical practices, salaries, emergency procedures, ethical issues, etc. with schools nationally, and can compare with subsets of schools (e.g., similar size institutions). http://www.aucccd.org/support/Monograph_2012_AUCCCD%20Public.pdf

The Center, through Director, Dr. Connie Horton, is an active participant in both the California organization of university counseling centers (OCCDHE) and the national organization of university counseling center directors (AUCCCD). Through the regular attendance of conferences and networking with colleagues throughout the state and nation, Pepperdine is able to keep up with national trends, best practices, and innovative approaches to the Center's work. Dr. Horton herself regularly participates in these organizations as a conference presenter, mentor for new directors, "Director on Duty" consultant, and Elements of Excellence (the group that identifies and delivers time-sensitive, critical programming at the AUCCCD conferences) guest and presenter---all evidence that her peers believe the Pepperdine center to be a good model of current practice.

In addition to the invaluable presentations and in-person networking these conferences provide, the reading of the related list serves allows significant opportunity to keep abreast of national trends, legislative changes, and practice suggestions. Additionally, Dr. Horton frequently queries the list when needing to compare Pepperdine's practice with respected Centers around the country. Threat assessment, mental health leave policies, Sexual Assault

prevention programs, ADHD assessment practices, and suicide prevention training programs---these are some of the examples of topics of Pepperdine's inquiries to the list serves since the last Program Review in yet another form of benchmarking.

Finally, the Center keeps up with best practices through keeping up with professional literature. During the 2012-13 academic year, the Center's sexual assault prevention program was evaluated through a review of recent research articles on college sexual assault programming. The literature review established that the following are consistently shown to be beneficial elements of a sexual assault prevention program: longer interventions, presenters with more status/expertise, single-gender audience, and content that includes discussions of gender-role socialization, general information about rape, rape myths versus facts, risk-reduction strategies, rape attitudes, rape avoidance strategies, men's motivation to rape, victim empathy, dating communication, and controlled drinking. The Center's presentations incorporation of all of these elements was affirmed by this review.

Reflective discussion about service offerings, usage, and evaluation

The Center seems to be offering services that meet national accreditation standards, are viewed as best practice in the field, and are in great demand. Male and female students, representing great ethnic diversity, from all schools, are using the counseling and psychiatric services. As noted above, there are some student groups who are under-utilizing services, and they should be focus of outreach/advertising efforts. Students continue to rate the services very highly.

B. Student Learning

Student Learning Outcomes

A student who participates in Counseling Center programs will be able to:

1. Demonstrate an increased understanding of mental health.
2. Engage in cognitions and behaviors that will improve 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.

1) Curriculum map

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

Detailed Outreach & Prevention Curriculum Map

Outreach Program Examples	SLO 1 Knowledge	SLO 2 Self-Care	SLO 3 Others-Focus	SLO 4 Faith-Focus
Sexual Assault (Frosh)	✓	✓	✓	
My Student Body (Frosh)	✓	✓	✓	
Club Convos (examples)				
Attitude of Gratitude	✓	✓		✓
Off the Hook (porn)	✓	✓		✓
First Year Journey	✓	✓		✓
Senior Transitions	✓	✓		✓
Spiritual Narratives	✓		✓	✓
Sharper Image (body image)	✓	✓		✓
Soundtracks of Our Lives	✓	✓		✓
Masculinity & Faith	✓	✓		✓
Strangers in a Strange Land (International students)	✓	✓	✓	✓
Grace-filled Balance (stress mgmt.)	✓	✓		✓
Stress & Coping-Where is God?	✓	✓		✓
One-Time Convos				
Stress & Coping-Where is God?	✓	✓		✓
Egalitarian Relationships	✓	✓	✓	✓
Relationship Violence	✓	✓	✓	✓
AOD	✓	✓		✓
How to Help a Friend	✓		✓	✓

Although the SLOs are broad, more specific outcomes are taught/expected, depending on the program. For example, in the Sexual Assault Programming, the specific student learning outcomes would be as follows:

1. **Demonstrate an increased understanding of mental health, including:**
    a. Definitions of sexual assault and consent
    b. Laws and university policies regarding assault

2. **Engage in cognitions and behaviors that will improve mental health, including**:
    a. Understanding and engaging in risk reduction strategies to substantially decrease chances of being assaulted
    b. Understand the role of alcohol in most college sexual assaults; engage in healthy choices in this regard

3. **Demonstrate skills to empathize with, and assist others, from diverse backgrounds, who have mental health concerns**, **including:**
    a. Develop skills to engage in bystander intervention
    b. Learn how to respond to, and get help for someone who has been assaulted

4. **Integrate a Christian faith and worldview with psychological principles in understanding and maintaining mental health**.
    a. Understand Christian worldview about worth and dignity of each person and how that informs the view that sexual assaults must be prevented.

Assessment Plan

Each year, the Counseling Center focuses assessment efforts primarily on one of the Student Learning Outcomes. Below is the Assessment Plan that continues to evolve.

Assessment PLAN

Year	SLO	Program		
		Counseling	**Outreach & Prevention**	**Training & Consultation**
1	SLO 1: Knowledge	□ Ask on counseling client evaluation if knowledge increased □ Counselors will complete a general assessment on all clients and a more detailed assessment of increased student mental health knowledge on two randomly	□ Pre/post knowledge questions at outreach □ My Student body data re: knowledge acquisition □ Assess sexual assault knowledge before and after programming through pre- and post-tests and focus groups.	□ RA/SLA pre/post knowledge questions

		selected clients and will answer one learning related question on all clients.		
2	SLO 2: Self-Focus	□ Learning goals identified and tracked as part of treatment planning/monitoring □ Ask on counseling client evaluation if personal skills increased □ Ask counselors on end-of-year summary form and detailed reflection form re: evidence of increased application of skills □ AOD clients will complete reflection re: risk reduction strategies learned and implemented.	□ Convo and Club participants will complete one-minute reflection regarding how program changed their thinking and how they intend to change their behavior. □ Sexual assault prevention program: Pre-post testing and focus groups regarding cognitive and behavior learning based on program.	□ RA/SLA one minute reflections regarding how training changed their thinking and behavior.
3	SLO 3: Others-Focus	□ □	□ Short essays of those participating in one-time convos and journals of club convos regarding progress in knowing how to help friends**.**	□ RD reports of RA/SLA abilities (after training) to identify and refer residents needing services □ Post-tests confirming knowledge obtained
4	SLO 4: Faith-Focus	□ Ask on counseling client evaluation if counseling helped them integrate faith and mental health □ Ask counselors on end-of-year summary form if integration was a part of treatment and, if so, is evident in client's thinking/coping.	□ Short essays of those participating in one-time convos and journals of club convos regarding progress in integrating faith and mental health**.**	□ RD Reports, SOC, and Counseling Center observations of RAs/SLAs approaching their work as ministry.

STUDENT LEARNING OUTCOMES ASSESSMENT

The division of Student Affairs has a long history of assessment, data gathering, and data-based decision making, For well over a decade, there have been clear expectations for monthly reports, annual reports, data collection, and strategic initiatives that are created based on that data and success measured by the data. By 2010, all departments were also expected to identify measureable Student Learning Outcomes and by 2011, begin assessing them. Each department has been expected to identify four Student Learning Outcomes and focus assessment primarily on one outcome each year, starting with the 2011-2012 academic years.

As a part of the division, the Counseling Center has been on that same assessment schedule. The Center has long been gathering data, making data-based decisions, and writing assessment reports. Within the last few years, the Center has moved into the realm of identifying and assessing Student Learning Outcomes. Counseling Center clinicians now clearly view themselves as mental health professionals *and co-curricular educators*. Although it is true that there is wide variety of what students who participate in the programs of the Counseling Center need to learn and are taught, identifying broad SLOs makes the process applicable to the majority of students/counseling clients and measureable through indirect, direct, and authentic assessment methods. Although, because of the nature of the work of the Counseling Center, some of the strategies are "softer" than the most sophisticated empirical social science experiment. Nonetheless, taken together, the various "snapshots" do provide evidence of student learning occurring.

In 2010, the following SLOs were identified:

Students who participate in programs offered by the Counseling Center will

1) Demonstrate an increased understanding of mental health.
2) Engage in cognitions and behaviors that will improve one's 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.

Beginning in 2011-2012, the assessment of Student Learning Outcomes began. Division-wide, it was determined that departments would focus on one Student Learning Outcome per year in its assessment efforts. The first Student Learning Objective (SLO) that was the primary focus of assessment efforts was **"Students who participate in services and programs of the Counseling Center will demonstrate an increased understanding of mental health."** This SLO was measured in each of the Center's major program areas: Counseling, Outreach/Prevention, and Consultation/Training. Below is a discussion of direct, indirect, and authentic assessment highlights in each area.

Counseling

Therapist Observations

On an end-of-the year summary for each client, counselors indicated whether there was evidence of "increased knowledge of mental health." Counselors endorsed this item positively for 76% of all clients, and for 86% of clients who completed 3 or more sessions.

To assess client learning more thoroughly, counselors completed an assessment questionnaire regarding two of their randomly selected clients. Counselors rated the degree to which the client increased in his or her understanding of mental health and indicated what mental health topics were addressed, what strategies were used to help students increase their understanding, and what evidence was used to assess student learning.

Clients' increased understanding of mental health, as assessed by counselors, averaged 4.0, on a five point scale, with five indicating understanding increased "very much." An average of four indicates that, in counselor's opinion, most students receiving counseling at the Center increased in their understanding of their mental health.

Clearly, what mental health information needs to be learned varied by clients. Counselors reported on the questionnaires that relationship dynamics, depression, and mood regulation were the most commonly addressed mental health topics. Discussion, direct instruction, and reading recommendations were the most frequently reported "instructional strategies."

Examples of those strategies include the following:

- "…Used the Anxiety and Phobia Workbook. Psychoeducation in session."
- "…Discussion about the impact of major life transitions on one's mood "
- "…Exploring underlying beliefs and cognitions with an emphasis on identifying, challenging, and modifying distorted or unhealthy ones"

Counselors identified a variety of indirect and direct sources evidencing client learning. Counselors noted that they relied on clients' self-report of behavioral changes, including reported use of newly developed skills that had been taught in counseling. Additionally, counselors cited evidence they were able to observe directly in session, including clients' increased understanding and insight. Examples of counselors' report of the evidence follow:

- "Client decreased harmful behavior and began implementing more effective coping strategies."
- "Client began applying cognitive and behavioral strategies to social situations…applying these strategies lowered her anxiety and increased her enjoyment of the social situation."
- "Client began to identify her triggers for binge eating and could discuss when her mood influenced her desire to binge."

Client Reports

As part of the Client Evaluation of Counseling Services, counseling clients were asked to rate the degree to which the Counseling Center helped them to "know more about mental health than when they first came in." In the fall, 72 percent of the clients who answered this question said this was true, at least "somewhat," with 49% indicating it was true "a lot" or "very much." The average was a 3.56, on a scale of 1 to 5, with 5 being most positive. In the spring, 79 percent indicated that the statement regarding the Counseling Center helping

them "know more about mental health" was at least "somewhat" true for them, with 54 percent indicating it was true "a lot" or "very much." The average score for that semester was a 3.67.

The majority of students who completed the evaluation were able to identify the mental health concept(s) they learned and how that had helped them. Examples included the following:

Example of something you learned in counseling	How has that helped you?
Stress management	Helped me with my course load and to manage other activities and relationships in my life
Meditation methods	Helps me calm down and sleep at night
Breathing techniques	To relax if I feel I am having a panic attack
I have learned "getting better" is a journey and there is not a magic formula to fix my problems.	I have realistic expectations of myself now and I realize overcoming my depression will take time.
Isolation is tempting but ultimately destructive.	I've made a point to not withdraw for too long.
I learned how to communicate better my emotions. I learned that it's okay to not always be "okay."	I don't bottle up my feelings so much anymore and now I know better ways of dealing with and expressing my emotions.
I learned how to understand and believe that experiences of my past do not reflect upon who I am as a person. (Bad things didn't happen to me because I was bad or deserved it.)	I feel more empowered to feel less like a victim and instead take responsibility of my actions. I am learning how to create safe boundaries between others and myself.
Asking what expectations someone else has of me to improve our relationship.	I was able to discuss this with my mother in order to prepare for living under the same roof as her.

Training/Consultation

Housing and Residence Life is one of the Center's most critical partners in responding to students with mental health concerns. Thus, Counselors provide annual training for their student leaders, the RAs and SLAs. Training topics include Introduction to Mental Health Issues; Helping Skills; Sexual Assault; Alcohol and Drug Issues; Severe Mental Health Concerns such as eating disorders, self-injury, and psychosis; and Suicide Prevention. During the fall of 2011, using the Minute Paper Method (Angelo & Cross, 1993) at the conclusion of each session, RAs and SLAs were asked to identify one important piece of information that they learned.

Review of these responses suggests that RAs and SLAs did "take away" key aspects of mental health information. For example, as hoped, many of these student leaders remembered the concerning reality that loneliness is a frequent problem at Pepperdine that they could help address. Many also reported learning how to identify psychotic symptoms and alcohol poisoning. They also indicated an increased awareness of resources available to help victims of sexual assault. Very importantly, many identified that they learned when and how to make a referral to the Counseling Center.

Outreach/Prevention

Sexual Assault Prevention Programming

The annual Sexual Assault Prevention Program required of all first-year residential students was a major focus for assessing the 2011-2012 primary SLO. Students who participated in the Counseling Center-led program were given post-tests to determine if they learned key facts regarding sexual assault dynamics, risk-reduction strategies, victim assistance, and Pepperdine policies and resources. Overall, the results suggest students did learn critical information. It should be noted that it is possible, since there was no pre-test, that students already knew much of this information. However, some of the material was Pepperdine-specific, so it is not likely that all of the information was already known. The assessment measure included 10 items. The average score was 8.8 correct. Six of the ten items (regarding definitional issues, date rape drugs, bystander intervention, Pepperdine policy, and Pepperdine resources) were answered correctly by at least 90% of the students. Two more (regarding legal requirements and confidential/free resources) were answered correctly by more than 85% of students. Two items had significantly lower correct response rates, 67% and 68%. These items addressed the percentage of sexual assaults involving alcohol or other drugs and risk reduction strategies. Given the critical importance of this information, these topics were given extra attention the following year in the training of student leaders and in the "script" used in these programs.

Convos and Club Convos

An important aspect of the Counseling Center's outreach and prevention programming are Convos and Club Convos. These are one-time or six-week outreach efforts in which counselors address mental health issues, integrating psychological and theological concepts. Thus, quantitative or qualitative data regarding what mental health information was learned was gathered for a number of these offerings. For example, in the Club Convo "A Sharper Image," which focuses on healthy body image, direct measurement was used as pre-/post measures were administered. Eight out of the 10 students made important progress after receiving the mental health information. The average on all 10 items improved, with the most significant improvement on two items: "When I look in the mirror, I can't help but

concentrate on the parts of my body that I dislike or hate" and "I am afraid of gaining weight or being fat." LOpen-ended Minute Paper responses from other Club Convos also suggest learning. For example, in the Club Convo "Senior Female Athletes Transitions," one student noted learning, "…how my personality and past experiences can help me with my transition out of college and find the right career for me and my personality." A student in the "Attitude of Gratitude" Club Convo noted, "Each lesson that we have learned during this time is extremely applicable and I am looking forward to using them. I am really going to try and keep up with the journal and letters because when you write things, it forces you to see the good." A student in the "Continuing Connections" Club Convo noted, "I learned about the different aspects of friendship and how to realize the important parts of friendships. We learned about choosing friends, friends as family members, making sacrifices for friends, and how friends shape each other by being honest with them and telling them not always what they want to hear."

Students also reported important learning in one-time Convos. In "Stress and Coping: Where is God in This?," a student reported learning, "That many don't make the connection that faith can help cope with stress…also the importance of sleep and exercise. [I also learned about] Dallas Willard on non-discipleship, the story of Elijah… [And] that exercising gratitude helps [us] cope." A student in the "Take Back Your Time" Convo learned, "how my anxiety is both the reason and excuse for my terrible procrastination habits." A "Students in Recovery" attendee noted, "I learned that alcoholism affects a broad spectrum of society and no one is immune to the consequences of alcohol." In the Convo "Christian and Psychological Languages of Depression," students described many insights learned, including, "...what causes depression, and how the psychological language influences one's mind," that "…the languages of 'sin' and of 'pathology' are not mutually exclusive," and, "…how depression could stem from spiritual unfulfillment [sic]." Finally, after "The Caveman Cult: How the Myth of Male Weakness Hurts Everyone," one student noted, "I learned about historical perspectives on gender issues and how they have shifted and formed today's current gender views."

Closing the Loop

Overall, the learning assessments indicated that many students who participate in Counseling Center services and programs have increased their understanding of mental health. The data did, however, provide some guidance regarding potential improvements.

Counseling – Based on the data, and by observation of the assessment process, Counselors were expected to become more intentional at intake appointments and first counseling sessions to identify goals for individualized learning, and at future appointments, discuss how learning is progressing, and reflect on learning progress at termination. This should increase the percentages of students who meet the learning objectives while at the same time supporting the Center's brief therapy model.

Outreach/Prevention –Based on data, future sexual assault prevention sessions placed an extra emphasis on the topics that had lower post-test scores, the connection between alcohol and sexual assault, and sexual assault risk reduction strategies.

During the 2012-2013 academic year, the second SLO was given special assessment attention during the upcoming academic year was **"Students who participate in services and programs of the Counseling Center will engage in cognitions and behaviors that will improve one's own mental health."** Again, this SLO was measured in each of the Center's major program areas.

Counseling

Therapist Observations

On an end-of-the year summary for each client, counselors indicated whether there was evidence of students engaging in "cognitions and behaviors that will improve their own mental health." Counselors endorsed this item positively for 63% of all clients, and for 82% of clients who completed 3 or more sessions.

For a more detailed look at whether clients were engaging in new thoughts and behaviors, counselors again completed a questionnaire on two randomly selected clients. Counselors rated the degree to which their client engaged in *cognitions* to improve their mental health and, separately, the degree to which their client engaged in changed *behaviors* to improve their mental health. Counselors also indicated the area of concern (e.g., alcohol use, depression), evidence of changed cognitions or behavior, and strategies used to help the client make those changes.

Counselors' assessment of clients engaging in positively improved cognitions averaged 3.3 on a five point scale, with five indicating that the engagement of these cognitions had happened "very much." For improved behaviors, counselors' assessment averaged 3.2. For clients who attended more than 4 sessions, the counselors' ratings increased, with the assessment of improved cognitions increasing to 4.0, and improved behavior increasing to 4.0.

On these assessment questionnaires, counselors reported that the positive changes were most likely reported by the client (82%), though often there was direct evidence observed by the therapist (45%). The primary strategy used by counselors to help clients improve their thinking and behavior was direct instruction (72%). Counselors also engaged in discussion (66%) aimed towards helping improve thoughts and behavior. Bibliotherapy resources (e.g., books, websites, brochures) were used less frequently (25%).

Most clients who present for services at the Counseling Center are learning a variety of new thoughts and behaviors that will improve their own mental health. Drawn from termination summaries, completed on all clients, examples of the changed thought or behavior, and how it was observed are listed by concern below.

Depression		
	Cognitions	Behaviors
Therapist Observed	Challenged perfectionistic expectations that contribute to symptoms Utilization of mindfulness skills	Decreased crying in session Increased distress tolerance skills Wider range of emotional expression Ability to discuss feared situations without trepidation
Client Reported	Decreased suicidal ideations	Decreased cutting behavior Increased assertiveness in communication

Anxiety		
	Cognitions	Behaviors
Therapist Observed	Decreased assumptions of racism that were contributing to social anxiety	Decreased psychomotor agitation Engaged in exposure interventions
Client Reported	Focus on positive interactions with people Use of self-talk to increase ability to self-soothe	Engaged in impulse control behaviors associated with OCD symptoms Increased ability to maintain focus on schoolwork (i.e. anxiety provoking stimulus)

Alcohol and Other Drug Issues		
	Cognitions	Behaviors
Therapist Observed	Evidence of increased awareness of contributing factors to use	Increased use of healthy coping mechanisms in place of AOD use
Client Reported	Awareness of social anxiety thoughts contributing to use of substances	Eliminated use of marijuana Decreased use of alcohol

Distorted Thoughts (Psychosis/Bipolar)		
	Cognitions	Behaviors
Therapist Observed	Developed awareness of how illicit substances affect psychotic symptoms	Identification of behaviors that indicated worsening manic symptoms
Client Reported	Increased understanding of diagnosis of schizophrenia	Medication compliance

Client Reports

As part of the Client Evaluation of Counseling Services, counseling clients were asked to rate the degree to which the Counseling Center helped them to "engage in thoughts and behaviors that will improve my mental health." In the fall, 88% of the clients who answered this question said this was true, at least "somewhat," with 71% indicating it was true "a lot" or "very much." The average was a 4.12, on a scale of 1 to 5, with 5 being most positive. In the spring, 90% indicated this was at least "somewhat" true for them, with 73% indicating it was true "a lot" or "very much." The average score for that semester was a 4.1.

For clients who completed the evaluation, their assessment of the SLO mirrored that of the counselors, with most indicating they had engaged in new thoughts and behaviors that improved their mental health. Within the evaluation, many students went on to provide some detail about the new ways of thinking and behaving that they learned in counseling. Examples are below.

An example of a new way of thinking you learned in counseling:	How that has helped you?
I learned to be more accepting of myself and manage emotions.	My relationships are better, my grades are better, and I'm not as stressed out.
I learned that the problem I face are delusions such as the fact that invisible people do not exist.	It comforted me a bit.
I am worthy. My emotions are valid. I am a good person.	I became more forgiving of myself. I made better choices, especially in relationships.
No matter how illogical an emotion may seem, it still needs to be recognized.	It helped me to pay attention to how I am feeling instead of automatically dismissing it.

An example of a new way of behaving you learned in counseling:	How that has helped you:
Drink slower	Been safer. Keep a lower BAC.
In order to get more comfortable with the fact that germs are on everything and are unavoidable, I've learned to try to wash my possessions less, even after they touch the ground.	It has helped me be more comfortable with (and less freaked out by) the germs all around me.
Deep breathing when I'm feeling stressed, instead of "looping" in panic mode	When I feel like I'm going to freak out, I try to do deep breathing to calm myself down instead of letting it spiral out of control.
Being more self-confident. Less destructive eating patterns.	Accepting my body. Believing in myself.

Client Reports: AOD Assessment

To better ascertain what students were learning from completing a formal alcohol and other drug assessment, clients were given a 3 question feedback form which asked, "Based on the feedback during my AOD assessment":

- The thing that stood out to me most was…
- One risk reduction strategy I learned about or will use it…
- Other thoughts

The rationale for this type of assessment is also consistent with the format of the overall AOD assessment, which is based on the idea that the most effective interventions provide personalized feedback about an individual's AOD use and the opportunity to reflect and respond to this feedback (Nelson and Winters, 2012). This instrument was piloted with 5 students this year and their responses to the questions were as follows:

Student	Thing that stood out to me the most…	One risk reduction strategy I learned about or will use is…	Any other thoughts?
1	Understanding and listening – didn't feel judged	Knowing that it doesn't need to be used as an anesthetic but rather can be enjoyed and that's ok	Thanks for making this process pretty painless.
2	I have kept my drinking at a constant pace and it should not harm me or others around me in the future.	Keeping track of how many drinks I have per hour. One to one and ½ drinks will keep me at a decent BAC	The assessments were helpful and helped me understand my drinking rate more. This is a great tool to prevent heavy drinking or help rehab.
3	The fact that alcohol affects men and women in drastically different ways. It is important to know what you are putting in your body and how it is affecting you.	To plan ahead and decide that you will not be drinking that night (especially if you are underage)	
4	It confirmed what I already knew which is that I need to cut back on my drinking.	I need to figure out ways to keep myself away from alcohol when I'm feeling angry or sad. That's what got me into this mess.	I had planned on lying, but the counselor made me feel comfortable.
5	How little I knew about my drinking	Although I don't usually drink a lot, I now know exactly how much I can drink to avoid having problems.	Keep up the good work!

From the preliminary results, students seemed to gain insights into their drinking behavior leading to positive changes in their thinking about future interactions with alcohol. Additionally, two of the students seemed surprised with how comfortable the AOD

assessment was for them. This provides some initial support that training efforts with counseling center staff members on motivational enhancement strategies have been effective.

Training/Consultation

Again this year, the Minute Paper Method (Angelo & Cross, 1993) was used at the conclusion of each session in which Counseling Center staff provided training to Housing and Residential Life student staff. This year, RAs and SLAs were asked to identify how the sessions changed their thinking and will change their behavior.

Review of these responses suggests that RAs and SLAs did change their thoughts and action plans based on the training. For example, as hoped, many student leaders indicated they have a new understanding of what to look for (regarding students with various mental health concerns) and how to respond (e.g., be supportive/non-judgmental, refer to counseling).

Outreach/Prevention

Sexual Assault Prevention Programming

All first-year students who participated in the sexual assault prevention program were again given post-tests following the presentation. Overall, results were indicative of high levels of understanding. The average post-test score (n=645) was 89.8%. Seven of the eleven items were answered correctly by over 90% of students. These items addressed reporting laws, date rape drug testing, rape attitudes, rape myths, and resources for victims, immunity for victims, and bystander intervention. The item regarding reporting laws was answered significantly differently by men and women, with women getting it correct 96.7% of the time and men answering correctly only 82.2% of the time. Another two items were answered correctly by over 80% of students. These items addressed ways of reducing risk and the association of alcohol with sexual assault. There was little difference between men and women on the risk reduction item. For the alcohol item, significantly fewer men responded correctly (82.9%) than women (95.8%). Another two items were answered correctly by 70% of students. These items addressed confidential resources for victims and rape myths. It seems that the possible responses to the rape myth item were worded in a way that may have been confusing to some students, which may account for the low percentage of correct responses on this item.

While the post-test results provided valuable information, in order to determine what students already knew before the presentations, and to determine how long they retained the information, two residence halls (one female and one male) were given pretests and participated in follow-up focus groups. Residents from these halls took pre-tests prior to the presentation, took the initial post-test following the presentation, engaged in two focus groups, and completed the post-test again following each of the focus groups. The focus groups took place in September (3 weeks after the presentation) and February (approximately 6 months after the presentation).

The overall average pre-test score (n=71) was 71.5% correct. Women showed a large increase in score from the pre-test to the initial post-test, moving from an average of 71.1% correct to 96.4% correct. Men also had a large increase from pre- to post-test, moving from 71.9% correct to 87.5 % correct. Average scores over time showed a sustained increase from the pre-test averages. Averages for the first (n=56) and second (n=52) focus groups were

91.5% and 86.7% correct, respectively. Women's scores dropped over time to 84.8% correct in February, while men's scores were less variable over time, with an average of 89.9% correct in February. Clearly, most students understood the Immunity for Victims policy, as indicated by correct answers in over 92% of cases for all post-tests for both men and women.

Analysis of responses to particular items revealed what students knew coming to Pepperdine, what knowledge was gained during the presentation, how well particular information was retained over time, and in which areas men and women responded similarly and differently. The items that students answered correctly at a lower percentage on the pre-test were the items that were most often answered incorrectly at post-test and/or showed the least maintenance of improvement over time. Fewer than 50% of students had correct answers on pre-test items regarding reporting laws, alcohol association with sexual assault, risk reduction strategies, and confidential resources for victims. It is helpful to keep in mind that, while significant increases were seen in students' percentage of correct responses to these items in the first post-test (46.5%-90.4% for reporting laws, 41.7% - 84.5% for alcohol association, 30.6% - 87.2% for risk reduction strategies, and 43.5% - 73.5% for confidential resources), three of them (alcohol association, risk reduction strategies, and confidential resources) showed a significant decline in correct answers among men and/or women over time.

The results of this assessment will be a helpful guide for future presentations. It is clear that students are learning from the presentations. They come to Pepperdine with less knowledge about reporting laws, the role of alcohol in sexual assault, risk reduction strategies, and resources available to victims. Accurate information in these areas will help students develop healthy cognitions and behaviors. Thus, these areas need continued refinement in the presentation and continued attention throughout the academic year.

Convos and Club Convos

As noted earlier, an important aspect of the Counseling Center's outreach and prevention programming are Convos. Thus, student participants in the program were again asked about this year's Student Learning Outcome of focus----how their thinking and behaving would change based on the program. Students who participated in these programs identified numerous ways their thinking and plans for behaving were changed.

Reported changes in thinking included students learning to consider another's perspective and become more empathic. For example, in one Convo focused on addiction issues, a student noted "it is more common than I thought and it does not make a person a bad person. They just need help." After another Convo on depression, a student noted, "I wasn't aware of how many people struggle with depression at Pepperdine, and their depression is at a level where they feel like it impacts their schoolwork." Students becoming more self-reflective in ways that will help their own health and mental health as evidenced by comments such as, "It made me realize that I need to reanalyze how I deal with stress" and "My health will become more of a priority in my life. I will think about my health more and about the repercussions of my bad habits related to my health." Other thinking changes could help students prevent future problems for themselves or others as evidenced by this student's comment after a relationship violence convo, "Violence can be progressive, so it

can be hard to distinguish clearly what's okay/not okay. That's why it's important to be conscious and not let things escalate or get out of hand."

Students also noted that they intended to make specific behavioral changes after participating in the programs. For example, after the Convo program "Created for Community" one student noted the intention to "Develop more relationships with people that will encourage and uplift me" while another noted the intention to "smile more" to "brighten someone else's day." Other feedback included very specific self-care strategies such as "Maintain quality sleep each night or as much as possible" (after Sleep and Sabbath Convo) and "Stop taking Aderall" (after a program on prescription drug abuse).

As a part of the Convocation Program, Convo programs offered by the Counseling Center offer an integration of spiritual and psychological dimensions. Students' comments about their thinking and behaving evidence they are learning about how to bring the two resources together in their own lives. One student noted the need to, "Be more aware of keeping God at the center instead of allowing my own mind to control me." Another reported, "I realized that I must really listen to my mind. I should really go to God in times of stress because he is always there and brings peace to my heart if I am sad."

On one convo program, "Why Worry?" a more direct measure approach was taken to measure student learning. Students were given a test before and after the presentation, measuring their knowledge of the material covered, including a definition of worry, ways worry is useful, ways worry is useless, and recommended ways to control worry. Pre-tests scores ranged from 0 to 7 on a possible 10. The majority of students (73%) scored lower than 5 on the pre-tests. The average pre-test score was 3.7. Post-test scores showed a significant improvement, with a range of 4 to 10, and an average of 7.4. The majority (68%) of students scored a "passing" score of 7 out of 10 or higher on the post-test. This particular group of students only met on this one occasion. Thus, there is no way to know how long students retained this information, or if their behavior changed as a result; however, given that, on average scores doubled, it is apparent that many students learned valuable that likely changed their thinking and behaving in healthy ways.

Student learning data was also collected in some Club Convos. Most notably, "A Sharper Image" participants completed pre-and post measures regarding eating/body image-related thinking at the beginning and the end of the 6-week program. Using a 4-point scale with 4 being most healthy, positive changes were significant on the following items:

> "I think of myself and my body in terms of appearance, not in terms of how it feels and what it does for me." (Pre = 2.8; Post = 3.3)
>
> "I spend a large part of my time thinking about food, weight, calories, and/or appearance." (Pre = 2.7; Post = 3.2)
>
> "I am afraid of gaining weight or being fat." (Pre = 1.9; Post = 2.6)

Overall, scores improved from 27.2 to 31.2, suggesting progress was made on the Student Learning Outcome as participating students learned to think in healthy ways.

Closing the Loop

The Counseling Center continues to make data based decisions in revising programs to improve student services and programs.

Overall, data collected this year confirms that important student learning is occurring; however, the Center continues to respond to data suggesting room for improvement. Thus, modifications will be made in the coming year based on Student Learning Outcome data collected this year. Those include the following:

1) Counseling: The more sessions a client attended, the greater the likelihood that the SLO was accomplished. This suggests that there may be some room for improvement among clients who present for only 1-3 sessions. For AOD assessment clients, one challenge of gathering data was having counselors remember to administer the feedback form at the conclusion of AOD assessments. Given the mandated nature of these sessions, reaching a higher completion rate should be less of a challenge versus gaining feedback from voluntary clients. In the future, it will be important to develop a better system for requesting feedback, perhaps using an online format.

2) Outreach: Sexual Assault Prevention Program: This year's assessment indicated that men would benefit from more emphasis, during the presentation, on reporting laws and that both men and women need more clarity on which available resources are confidential. Next year's presentation will provide more emphasis and clarity in these areas. Furthermore, it became clear that the knowledge learned from the presentation needs reinforcement over time in order to be retained, especially in regards to the association between alcohol and sexual assault, risk reduction strategies, and confidential resources (areas where students had the least knowledge prior to the presentation). Efforts will be made next year to provide reminders over the course of the year, perhaps in the form of digital signage or hall meetings.

3) Outreach: Convo Programs and Training RAs/SLAs: Although it is encouraging to see, from open ended responses to Convo programs and RA/SLA training, that students are learning valuable information from our outreach and training efforts, these measures do not assess what key information is not learned. Thus, more of a pre-/post test model (as piloted in the one Convo program) will be used to more accurately assess student learning.

Student Success

Nationally, studies have shown that counseling services can improve retention. Clearly, at Pepperdine, many graduating students have received counseling from the Center (e.g., 32% of Seaver's last graduating class).

Typically, over fifty percent of clients that their mental health concerns were interfering with academic performance. The majority (e.g., 67% last year) note that counseling helped. Sometimes the mental health concern is such that students consider leaving college, or transferring to go to school somewhere else. Of those who indicated they were thinking of leaving Pepperdine (37% of clients last year), 67% said that counseling helped them to stay. Clearly, for many students, the services of the Center have a role in their success.

Meaning, Quality, and Integrity of the Degree

The university is required to define and ensure a distinctive and coherent educational experience for each of its degree programs. Because this is a degree-focused requirement, the Counseling Center will not address this issue as directly in the program reviews compared to academic departments that do not offer degrees. That being said, this department is attentive to issues of meaning, quality, and integrity in multiple ways.

This includes:

1) Evidence described above, from client feedback, accreditation, and benchmarking, demonstrates that programming offered by the Center is high quality, satisfactory to the students and meeting national standards. Clearly, this evidence speaks to issues of meaning, quality, and integrity.

2) As recently agreed upon in the ASLC, this department will begin providing data, disaggregated by school or major, to OIE that may be used by schools and academic departments in addressing co-curricular components of their degree students (e.g., What percentage of School of Law students used the Counseling Center? How many Economics majors used the services of the Center? Etc.) when conducting their program evaluations.

3) Finally, issues of meaning, quality, and integrity also involve the holistic experience of students who earn degrees from Pepperdine. Clearly University resources dedicated to the Counseling Center is evidence that Pepperdine cares for the whole student and provides support for mental health, which as discussed earlier, is inextricably intertwined with other Pepperdine goals and objectives (e.g., academic excellence, spiritual development, and the development of lives of purpose, service, and leadership). Another aspect of integrity is that the Counseling Center, while respecting the religious diversity of the student body provides some services from a uniquely Christian perspective, including integration of faith into the counseling sessions of those who want this and integration of faith into some of the outreach program (One-time and Club Convos).

STAFF/FACULTY

What are the qualifications and achievements of the staff/faculty in the program in relation to the program purpose and goals? How do faculty/staff members' backgrounds, expertise, research, and other professional work contribute to the quality of the program?

Connie Horton, Ph.D.
Associate Dean of Students
Director, Counseling Center

Degrees held
BA Psychology, Pepperdine University
MS Counseling, California State University Fullerton
PhD Educational Psychology (School Psychology Program), University of Texas at Austin

Licenses held
Licensed psychologist, CA
Licensed clinical psychologist, IL

Specialties
Child abuse
General college mental health issues

Record of scholarship-- 2008 through present

Publications
Horton, C. & Davis, M. (2009). Students of concern committee: Coordinating care. Association of Christians in Student Development: Koinonia, Summer, 5-7.

Presentations
Horton, C. (October 2012) Chaired panel "Mentoring Memories" during Association for University and College Counseling Center Directors 2012 conference, Newport, RI.

Horton, C. (April 2012) Student Affairs Assessment: Challenges and Successful Strategies: In Asamen, J,.(chair), Keeping the Ball Rolling: Developing a System that Supports Undergraduate and Graduate Programs and Student Services MakeReal Progress in Assessing Student Learning Outcomes. WASC Academic Resource Conference (ARC), Costa Mesa, Ca.

Horton, C. (April 2011). Loneliness: Problem or Solution. Paper presented to the Annual Conference of the Christian Association of Psychological Studies, Indianapolis, IN.

Horton, C. (October 2010). Panelist and chair. Eating Disorders: Clinical, administrative, and student of concern approaches, including addiction, self-harm, and other conceptual models. Annual Conference of the Association of University and College Counseling Center Directors, Portland, OR.

Horton, C. (October 2010) Panelist in B. Hardin (Chair). Raising the Bar: Outreach and clinical intervention with law students. Annual Conference of the Association of University and College Counseling Center Directors, Portland, OR.

Horton, C. & Rosen, D. (October 2008). Panelist and chair. Tough work in tough times: Stress

and coping in today's counseling center. Annual Conference of the Association of University and College Counseling Center Directors, Ft. Worth, TX.

Summary of CEU participation/ongoing professional development
Regularly attend conferences of the Association of University and College Counseling Center Directors (AUCCCD) and the California Organization of College Counseling Directors in Higher Education (OCCDHE).

Since last program review also attended conferences of the American College Health Association, the Christian Association of Psychological Studies, the American Governing Boards Conference, the American Council on Education and numerous assessment-focused Conferences (including ones sponsored by WASC, NASPA, and ACPA)

Nivla Fitzpatrick, Ph.D.

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
General college mental health
Training in Counseling Centers

Summary of CEU participation/ongoing professional development
Multi-cultural considerations for therapy, supervision
Ethics, Risk Mgmt., HIPAA in a digital era
Positive Psychology

Robert Scholz

Degrees held
M.A., Professional Psychology, Counseling Emphasis, Geneva College

Licenses held
Licensed Marriage and Family Therapist – California
Licensed Professional Counselor – Arizona
Nationally Certified Counselor through National Board of Certified Counselors

Specialties
Alcohol and Other Drugs
Men's Issues
Sports Psychology
Motivational Interviewing
Sexual Addiction

Record of scholarship-- 2008 through present

Publications

Scholz, R. & Hall, S. (2014). Motivational interviewing with men in therapy. In M. Englar-Carlson (Ed.), A counselor's guide to working with men. American Counseling Association, Alexandria, VA.

Scholz, R. & Hall, S. (2012). Engaging men in mandated psychotherapy. In B.K. Schwartz & H. Cellini (Eds.), The sex offender. Vol. 7. Civic Research Institute, Kingston, NJ.

Englar-Carlson, M., & Stevens, M. A., & Scholz, R. (2010). Psychotherapy with men. In J.C. Chrisler & D. R. McCreary (Eds.), Handbook of gender research in psychology.

Presentations

Scholz, R. (May 2013). *Engaging Resistance: Creating Partnerships for Change in Sex Offender Treatment.* Pre-Conference workshop presented at the California Coalition on Sex Offending conference.

Scholz, R. (March 2013). *You Really Want Me to Go See a Shrink? Engaging Christian Men in Therapy*. Presented workshop at Christian Association of Psychological Science annual conference. Portland, OR

Scholz, R. (January 2012). *Men in Mandated Treatment. What Counselor Educators Should Know about Men's Experiences in Treatment*. Presented at the 10th Annual Hawaii International Conference on Education. Honolulu, HI

Scholz, R. (November 2011). *Welcoming Resistance into the Room: Motivational interviewing strategies with Men in Treatment.* Workshop presented at the Relationship Training Institute's Staying Ahead of the Curve Conference. San Diego, CA

Scholz, R. (June 2011). *Engaging the Digital Mind: Understanding and Encountering Trends in Social Networking, Gaming, and Mental Health*. Workshop presented at the American College Health Association Annual Conference. Phoenix, AZ

Scholz, R. (June 2011). *College Students, Sex and the Internet: Understanding and Responding to Students Struggling with Sexually Compulsive Behavior Problems*. Poster presented at the American College Health Association Annual Conference. Phoenix, AZ

Scholz, R. (September 2010). *Teens, Sex and the Internet: Understanding Compulsive and Problematic Sexual Behavior in Adolescents*. Workshop presented at the Ben Franklin Institute Summit for Clinical Excellence: Treating the IGeneration, Scottsdale, AZ

Scholz, R. (August 2010). *U.S. Men's Experiences of Psychotherapy: A Grounded Theory Study*. Poster presentation at the American Psychological Association Convention. San Diego, CA

Scholz, R. (April 2010). *Motivational Interviewing with Men*. Workshop presented at Conference on Counseling Men in Difficult Times: Strategies for Addressing the Mental Health Needs of Men. Fullerton, CA

Scholz, R. (March 2010). *Positive Approaches to Sexual Offender Treatment: The Good Lives Model in Action*. Pre-Conference Institute at the American Counseling Association Annual Conference, Pittsburgh,

PA

Scholz, R. (November 2009). *Motivational Interviewing with Substance-Abusing Homeless Men*. Training for PsyD. Trainees, Program Administrators, and Clinical Supervisors at the Union Rescue Mission, Los Angeles, CA

Scholz, R. (November 2008). *Sexual Violence Prevention and Intervention: What University Professionals Should Know About the Etiology of Sexually Assaultive Behavior*. Poster presented at the U.S. Department of Education's 22nd Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education, St. Paul, MN

Scholz, R. (October 2008). *Engaging Men in Mandated Treatment: Linking Masculinity Research to Clinical Practice*. Association for the Treatment of Sexual Abusers Annual Conference, Atlanta, GA

Scholz, R. (May 2008). *Sexual Assault: Understanding the Offender & What Campuses Can Do to Intervene.* Workshop presented at the UCLA - Santa Monica Rape Treatment Center Campus Roundtable, Santa Monica, CA

Scholz, R. (March 2008). *Engaging Men in Sex Offender Treatment: Understanding the Unique Qualities Men Bring to Therapy*. American Counseling Association Annual Conference, Honolulu, HI

Summary of CEU participation/ongoing professional development
SMART Recovery group facilitator training.
Best practices with suicidal clients.
Supervision and Law and Ethics Training Courses
Counseling Men in Difficult Times Conference
Motivational Interviewing, 3-Day Intensive Workshop

External funding awarded
N/A

Shelle Welte, Ph.D.
Psychologist

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

Licenses held
Licensed Clinical Psychologist

Specialties (and how those specialties align with the services/programs the Counseling Center offers)
Has a special interest in trauma work, which is especially suitable for work with eating disorders, general trauma work, and teaching emotion regulation skills to students. It is also a good fit for work with the annual sexual assault presentations for freshmen.

Summary of CEU participation/ongoing professional development
The CEU's have focused on DBT and EMDR for the past two years. These areas very helpful for short term work, particularly when there is a recent or past trauma involved.

SUSTAINABILITY: EVIDENCE OF PROGRAM VIABILITY

Demands for the Program
As discussed earlier, demand has continued to increase since the last program review. There has been over a 125% increase in the number of students receiving Counseling since the last program review. It is expected that the demand will continue to increase.

Allocation of Resources
Faculty/Staff – Are there sufficient numbers of faculty/staff to maintain program quality? Do program faculty/staff have the support they need to do their work?

The Pepperdine Counseling Center typically has 5 full time licensed staff one position is currently unfilled. Given the Pepperdine Malibu student body (approximately 4500 between all of the schools), on the surface, the ratio is within the allowable standards of the accrediting body. However, a closer look at the roles/demands of the staff members, suggests that additional staffing may be needed. For example, Dr. Horton is the Director for the Center. So, in addition to her own direct clinical work, she has administrative responsibilities that range from representing the department on the Student of Concern Committee and the Threat Assessment Committee to budget management and report writing. Additionally, as Associate Dean, she is coordinates assessment effort throughout the Division of Student Affairs. The Health Center Director also reports to Dr. Horton. Similarly, Associate Director, Nivla Fitzpatrick does clinical work, but functions as Clinical Director and Training Director and, therefore, has numerous additional areas of responsibility include managing client flow, organizing trainee seminar, human resource functions, etc.. Assistant Director, Robert Scholz also serves as Alcohol and Other Drug Services Coordinator and Outreach Coordinator. Thus, only two positions that held by Dr. Shelle Welty and one unfilled position have full-time clinical expectations. Those two positions do have some additional responsibilities (e.g., Dr. Welty coordinates the Sexual Assault Prevention Program), but these are viewed as primarily clinical positions. All five of these clinicians also rotate in the after-hours on-call duty schedule. Thus, the actual number of full-time clinicians dedicated to clinical work is lower than it appears.

> Part-time temporary counselors are hired as needed to meet the clinical demand when all full-time clinicians and trainees have full caseloads. This is a solution that, to some extent, meets the needs; however, as demands continue to increase, and there are increasingly severe and complex cases, it is important that the full-time team is sufficiently large to coordinate the care of so many students in need. Questions have emerged among the staff regarding whether there is the need for an additional full-time clinician, a case manager, and/or an outreach coordinator.
>
> Perhaps most clear is the need for additional administrative assistance. The increased demand has not just impacted the clinicians. A 125% increase has meant more than twice as many clients calling to schedule/change appointments, double the numbers of parents calling, much more filing, many more calls from the

pharmacy regarding prescription refills, more counselors' schedules to manage, etc. It may be unreasonable to expect that one administrative assistant can reasonably continue to meet the demands. Additionally, IACS accreditation changed guidelines. Now, no students, including graduate students, are allowed to work at the front desk. Thus, lunchtime is a challenge since it is a university expectation that the office remain open. For all of these reasons, the Center has been using part of the funds intended for part-time temporary counselors to pay for some part-time, temporary clerical assistance. It seems this needs to be recognized as an ongoing need, not a "temporary" situation.

Staff review, evaluation and supervision processes

Per university and division policies, all full-time staff have an annual review. The process involves the employee completing a reflective questionnaire, a review of client evaluations, an examination of session numbers compared to expectations, and observations by supervisor and peers. Per legal/professional ethical requirements, all unlicensed staff members receive weekly supervision.

Professional development opportunities and resources

Departmental funds cover licensure renewal and professional memberships for all full-time clinicians. Continuing education funds are distributed through a Student Affairs Division process. Priorities are given to employees presenting and/or needing the continuing education units. To date, our Counseling Center staff have not had difficulty receiving funds for programs they wished to attend.

Time for research, program development

This area remains a challenge. As discussed before, annual conference attendance does help staff to keep informed regarding national trends and best practices. Additionally, annual Strategic Initiatives agreed upon among the staff do help the Center stay focused on a few identified areas for innovation and improvement each year. Staff would enjoy more opportunities for reflection and development; however, client demands fill much of the staff time during the school year, and summers, though quieter, have limited staff in the office at time due to staff's 11-month contracts.

Facilities

The Counseling Center office suite is a large, professional, centrally located facility, which represents a vast improvement from the temporary/trailer building, which previously housed the Center. Unfortunately, however, even the eight offices in this suite are not enough to prevent full-time staff from needing to share their office. At regular, weekly days throughout the peek times of the semester, the Director/Associate Dean, Associate Director, and Assistant Directors all must vacate their offices. If they are not seeing clients at the time, (e.g., they are in meetings, working on monthly reports, etc.) their offices are used by part-time counselors to hold counseling sessions. Thus, Center staff would like to consider possibilities of construction options to add additional office space.

For outreach, programming venues of all different sizes throughout the university are available to be reserved by the Center. Additionally, the conference room within the center is a good option for group therapy, Club Convos, staff meetings, and Student of Concern meetings.

Financial resources, trends

The Counseling Center budget has increased by 8% over the last five years. This is primarily due to raises in the salary line (9% over the last five years). The non-salary operating budget has only increased by 1%. Given that expenses---from office supplies to online prevention programs---have increased, this creates an actual decreases is relative resources available. An initial salary review suggests that the full-time counselor positions are not currently at competitive rates, and as discussed above, there is a need for additional administrative assistance/clerical staff. Also noted above as the reality that for the last few years, the Center has exceeded its budget (with administrative support) to cover the needed part-time clinician time to avoid a wait list. In sum, there appears to be a need for additional funds for operations, for salary increase, for administrative assistance, and for part-time clinicians.

Pepperdine University
Counseling Center
External Review – Final Report
Date of Review: 2/19/14 – 2/21/14

Jim Marsh, Ph.D.
Director of Counseling Services
Baylor University

Executive Summary

The External Review was conducted on site over a three-day period from 2/19/14 to 2/21/14. In addition to the campus visit, phone consultations were completed with three campus stakeholders prior to and following the campus visit. Counseling Center staff also forwarded copies of their current departmental self-study, annual reports for the past five years, and all documentation/forms used by the Counseling Center. The final report is organized around the following areas: (1) Review of Major Departmental Strengths; (2) Review of Major Departmental Challenges/Opportunities for Improvement; (3) Prioritized List of Recommendations; and (4) Additional Areas for Consideration. Following these four major sections is a completed External Review Summary Sheet provided in Appendix B of the Program Review Non-Academic Guidebook dated 1-28-14. Included below is a list of all stakeholders interviewed as part of the External Review Process:

Dr. Connie Horton, Associate Dean of Students, Director, Counseling Center
Dr. Connie Fulmer, Associate Dean, Seaver College
    Advancement of Student Learning Committee
    Coordinator New Faculty Orientation
Beverly Wright, Administrative Assistant, Counseling Center
Dr. Shelle Welty, Psychologist, Counseling Center
Dr. Nivla Fitzpatrick, Associate Director/Clinical Director, Counseling Center
Robert Scholz, MFT, Assistant Director/AOD Outreach Coordinator
Nancy Safinick, PA, Director, Health Center
Dr. Lucy Larson, Medical Director, Health Center
Members of Student of Concern Committee
    Andrea Harris, Senior Director, Student Administrative Services
    Brian Dawson, Associate Dean Housing & Residential Life
    Tabatha Jones Jolivet, Associate Dean of Students
Dr. Mark Davis, Dean of Students
Phil Phillips, Vice President for Administration & Chair, Threat Assessment Team
Dr. Rick Marrs, Dean Seaver College
Trainees, Counseling Center
    Jessica Foss
    Natalie Kazarian
    Megan Patterson
Sheryl Covey, Assistant Dean for Administration, School of Public Policy
Al Sturgeon, Assistant Dean for Student Life, School of Law
Sharon Beard, Associate Dean of Students
Student focus group with seniors
Student focus group with Student Government Association and Housing and Residential Life

Review of Major Departmental Strengths

Counseling Center Staff: Counseling Center staff members are held in high regard by all stakeholders including students, faculty and staff across all campus locations interviewed. This perception was consistent on both the Seaver Campus and the graduate and law schools interviewed. Staff members are viewed as highly competent, caring, and professional. Several stakeholders expressed the belief that on-campus services were perceived as better than off-campus services. There is a high level of trust with the Counseling Center and they are viewed as experts in their field. A consistent theme across all interviews was the responsiveness of staff members to the needs of both students and staff in urgent situations. Several stakeholders shared specific examples of how Counseling Center staff responded quickly and provided assistance to an urgent situation. The Counseling Center has a good reputation among students. Data from evaluations further support this as 19% of students seeking services were referred by a friend.

Staff members are viewed as working very hard and being very efficient with the resources they have. The Counseling Center does not carry a waitlist for students and sees 13.4% of the student population each year which is above the average of 9.75% (AUCCCD 2011-2012 Annual Survey) for a university with a student population of 4,500.

Dr. Horton is viewed as a great leader and highly respected across campus. Her perspective is highly valued among all stakeholders. Dr. Horton is also respected nationally as she has given numerous presentations to, and served the membership of, the Association for University and College Counseling Center Directors.

There is a diversity of interests, strengths, and areas of expertise among staff clinicians. Furthermore, the Counseling Center is IACS accredited and participates on a national level with other university counseling centers through the Center for Collegiate Mental Health (CCMH) at Penn State University.

Outreach/Educational Programming: The Counseling Center has been intentional in their efforts to provide additional outreach programming to the Pepperdine community. Campus stakeholders repeatedly expressed appreciation for the improvement in providing these programs. The Counseling Center is considered highly visible on campus and the content of the programs is equally valued. Counseling Center staff provided 139 outreach programs in 2012-2013. Although the AUCCCD annual survey does not collect data on the number of outreach programs for benchmarking, the number of programs provided is comparable to the Baylor University Counseling Center which has a larger staff and student body as well as a designated Outreach Coordinator. Considerable time has

been invested in the preparation and delivery of these programs. Campus stakeholders expressed a desire for more of these programs, yet realized the realistic limitation based on resources. The Counseling Center has a strong voice regarding the overall discussion on student mental health and well-being on campus through their involvement on the Students of Concern Committee (SOC) and the Threat Assessment Team (TAT).

Access to Services: A theme throughout the review process was the high accessibility of services. Student groups routinely commented on the availability of appointments and the clear perception that students can quickly access Counseling Center services. Historically, there had been a fee ($100 for 10 sessions) associated with the Counseling Center. Several stakeholders commented that the removal of the student fee was a positive move and increased access to services.

Student Learning Outcomes: Overall, the Student Learning Outcomes (SLOs) and the assessment process is very clear and well organized. There is a clear connection between Counseling Center SLOs to Counseling Center Goals through the various mission statements (Counseling Center, Student Affairs, and the University) and ultimately to the vision for Pepperdine University, "Boundless Horizons 2010." The SLOs vary in complexity and call for a range of assessment methods which add to the overall robustness of the assessment process and the potential meaningfulness of the data. The process of selecting one outcome per year seems to simplify what can be a complicated process. The Counseling Center has responded to the data by developing appropriate plans for improvement. Overall, the process of assessing SLOs is well done and ahead of most comparable departments.

Counseling Center Forms and Documentation: As part of the site visit process, copies of all documentation, procedures, and Counseling Center forms were reviewed for accuracy and compliance with general counseling center practice. All forms were well organized and clear. The Counseling Center has appropriate documentation in place for compliance with state and federal laws as well as compliance with professional ethics. Documentation provided clear procedures for how to respond in specific situations (e.g. steps to take in response to a student reporting sexual assault).

Review of Major Departmental Challenges/Opportunities for Improvement

Administrative Assistant: The most significant challenge for the Counseling Center is the level of administrative support staff. Since the last program review, there has been a nearly 125% increase in the number of students seen for counseling without a corresponding increasing in the level of administrative support staff. In addition, there has been a major increase in the number of outreach programs offered each year and full-time staff have taken on additional administrative roles. For example, Dr. Horton has assumed the additional role of coordinating the assessment of Student Learning Outcomes for the Division and the

oversight of the Health Center. Dr. Nivla Fitzpatrick is responsible for the clinical operations of the Center. Robert Scholz is responsible for the Alcohol and Other Drug program on campus. Dr. Shelle Welty is responsible for the Sexual Assault Prevention programs. All of the above require adequate administrative support to operate efficiently.

The current administrative assistant (Ms. Beverly Wright) is very competent and during her short tenure in this position has been able to manage what is most likely the job of two people. However, this may prove to be too much to ask of one person. The Counseling Center has experienced turnover in this position, part of which may be due to the unreasonable expectations placed on the position. It is challenging for the current Administrative Assistant to leave the front desk area for any reason since no one would be present to answer the phone, respond to a student walking in for assistance, etc. The clinical staff are aware of the demands on this position and are taking on administrative support staff responsibilities to protect this position. As a result, inadequate administrative support is creating stress on the entire system Due to professional ethics and IACS accreditation standards, this person must be a professional (non-student) staff member.

Outreach/Educational Programming: Although considered a strength of the department by many stakeholders, there are challenges and opportunities for improvement. A broader issue raised for Student Life was the lack of a model or system for providing outreach programs. Several commented on the need for a more centrally organized outreach system. Across all of the Division there has been an increase in outreach programs but also a clear sense that many efforts are duplicated. The Counseling Center is no exception to this broader issue within the Division. They are engaging in more outreach programs but it is unclear if their efforts are being duplicated in other areas. The overall organization and efficiency could be improved.

Office Space: Although the current space is a significant upgrade from the previous location, there are challenges presented by the space limitations. There are not enough offices for the current staff. Clinical staff routinely leave their office and allow others to use it for counseling sessions. This often means clinical staff may see a student for counseling one hour and then move to a general work area during the next to complete case notes or other projects. Both the Associate Dean/Director of Counseling and the Associate Director routinely move from their office to complete administrative duties in general work areas.

Professional Development: Due to an overall increase in the demand for services placed on staff (increased number of students seen for services, increase in number of outreach programs, and additional administrative responsibilities), the opportunity for professional development has been overshadowed. Staff would benefit from more opportunities to consult with and learn from one another, share information from conferences, and think more intentionally about initiatives. All staff, especially more junior staff members, need feedback on their progress toward

meeting goals and targets. Recommend funds for annual staff retreat as well as funds to invite speakers for in-service training on important topics. Recommend peer consultation model on a monthly basis for staff to discuss cases (for more time than is allowed in staff meetings currently) or share information learned from conferences.

Prioritized List of Recommendations

1. Hire Additional Administrative Support: Recommend creating an Office Manager position in addition to the current Administrative Assistant position. The Administrative Assistant could be responsible for managing staff schedules, checking students in and out of appointments, answering the phone and taking messages, manage recording keeping, and other similar duties. An Office Manager could share some of the duties of the Administrative Assistant but also provide support to clinical staff with reports, managing budget items, scheduling meetings and outreach events. More specifically, Dr. Horton and Dr. Nivla Fitzpatrick in their roles as Associate Dean and Assistant Director would benefit from the additional administrative support that could be provided by an Office Manager. Overall, this could provide much needed support for the administrative responsibilities of the clinical staff and ultimately provide better service for students.

2. Campus Planning Architect: Recommend working with a campus planning architect to evaluate the current Counseling Center space in an effort to expand the file room and create two additional counseling offices. The architect could also evaluate the front office arrangement to create an area that allows space for two people while taking into consideration the need to enhance privacy for students making appointments and control the movement of students into the clinical area. Also recommend allowing use of the wireless capability currently in the office with the laptop computers students use to complete initial paperwork. The cords are inconvenient and create a potential tripping hazard for students and staff.

3. Outreach Coordinator: All stakeholders, including all of the schools represented, commented on the value of the outreach/educational programs offered by the Counseling Center. There were several requests for more programs with the understanding that there were limited resources. Recommend hiring an additional staff member with the title of Outreach Coordinator. This position could provide organization and direction to the outreach programs of the department. Furthermore, this position could assess the effectiveness of programs and work with other departments to minimize duplication of efforts. An Outreach Coordinator could work with student groups to create peer education models or initiate mental health advocacy groups such as Active Minds on campus. An additional staff member designated as the Outreach Coordinator would also provide

direct clinical services to students and keep the staff to student ratio at 1:750 instead of the current ratio of 1:900.

Additional Items for Consideration

Website: Although the Counseling Center website is well organized, informative, and useful, the process of locating the Counseling Center website was more difficult than anticipated. There are links on the main university website to other counseling centers listed as community counseling centers in Irvine and West Los Angeles. The Pepperdine Counseling Center is listed among these other options.

Counseling Center Conference Room: The Counseling Center conference room is used for a number of non-clinical staff meetings on campus. Due to the location of the waiting room, anyone attending a meeting in the conference room can easily observe students waiting for counseling. This compromises the confidentiality/privacy of students seeking services. Recommend identifying another area on campus for non-clinical staff (e.g. Student Life staff) to hold meetings.

Crisis Appointments: The current process for screening students in crisis is to use the Administrative Assistant as the "screener" and then make an appropriate disposition. Although this is a common practice in many counseling centers and is currently working for the Counseling Center at Pepperdine, ultimately this may not be the best process to have a non-clinical person in this role. The current Administrative Assistant (Beverly Wright) has a background in Human Resources which is an advantage for her in this role. Others in this position, without a similar background, may find this stressful and overwhelming. It may be worth exploring other processes that are less person-dependent for the future.

Model for Outreach Programs: An outreach model discussed during the site visit was the Work Team model. Work Teams bring together staff from across the Division to address a specific campus issue. Work Teams also distribute the work across the Division and allow for a more efficient use of staff time. Advantages of this model include the opportunity for less experienced staff to gain leadership opportunities and experts in specific areas to serve as consultants to the teams.

Expanded Group Programming: One of the proposed changes in the Counseling Center Self-Study was the expansion of their group programs. During the site visit we discussed the importance of creating a "group culture" through a commitment to establishing groups, marketing on campus, belief in the efficacy of group, all staff leading a group and even co-leading as a way of building morale and camaraderie. Current staff are interested in expanding groups. Group therapy is as effective as individual therapy, allows for more students to be seen, and can provide a way for students to receive services beyond session limits for individual therapy.

Staff to Student Ratio: An important national benchmark for counseling centers is the staff to student ratio based on size of the student population. The self-study materials list the staff to student ratio as 1:750. This ratio includes Dr. Connie Horton as someone providing clinical services. In her role as Associate Dean with oversight of both the Health and Counseling Center as well as division-level responsibilities for the assessment of student learning outcomes, it is not realistic to include her position in this ratio. Although listed as the Associate Director, Dr. Nivla Fitzpatrick functions like a typical Director which reduces her clinical caseload. The current ratio is closer to 1:900 or 1:1,000, which is within recommended ranges[i] but also suggests the need for an additional clinical staff (see recommendation for Outreach Coordinator) to make up for clinical hours lost to administrative responsibilities.

Front Office Manual: Recommend development of a front office procedures manual to clarify protocol for front office staff.

Use of Undergraduate/Graduate Students to Deliver Programs: A consistent question raised across the site visit was the possibility of using undergraduate and graduate students in roles to support the work of the Counseling Center. Potential opportunities exist for the use of peer educators or student advisory boards and other student groups to help with outreach programs. In addition to enhancing the work of the department, such opportunities can provide meaningful work experiences for students. The department currently has counseling interns from different locations at the graduate student level. To take full advantage of these opportunities will require an additional staff person to provide the supervision and direction that would be needed.

Recommend Salary Review for Newly Licensed Staff: One of the five proposed changes in the Self-Study Report involves an increase to the salary of full-time clinical positions. The current salary structure has been reviewed and compared to both local and national averages. Based on the review and recognition of the cost of living comparison for the Pepperdine area, it is recommended that salaries for newly licensed doctoral level staff (Psychologists) be increased. Data from public universities in California suggest a range from $65,000 to $80,000 for a comparable position. Comparable salary for a newly licensed psychologist at Baylor University in Waco, TX is $62,000. When adjusted for location this would equate to between $89,000 and $104,000 in the Los Angeles area. Thus, by all comparisons, Pepperdine's current salary of approximately $60,000 for newly licensed staff appears grossly inadequate.

Direct Service Hours: There are national averages and IACS recommendations for the percent of time devoted to "direct service" hours. The national average is 60% (24 hours) of a staff members time be devoted to direct service and IACS recommends no more that 65% of a staff members time be devoted to direct service. The current weekly expectation for a full-time clinical staff member at Pepperdine is 50%. However, the actual direct service hours for all full-time clinical staff

members is higher than the 50% mark and meeting, or exceeding, the 60% target. Recommend starting full-time clinical positions with a weekly expectation of 24 direct service hours each week and then accounting for other duties from this starting point. Several staff have additional administrative responsibilities for campus programs and these need to be considered when setting weekly direct service expectations. Recommend positions without additional responsibilities, such as the currently open counselor position, have a weekly expectation of 24 direct service hours. In sum, clinical staff are meeting or exceeding national expectations of direct service delivery hours; however, there may be a more clear way of documenting expectations and adjustments.

Pepperdine University - External Review Summary Sheet

Program: Counseling Center **Date of Review: February 19-21, 2014**

Instructions: Please complete this summary sheet at the end of your site visit and submit it to the Director before the exit interview. The summary sheet will assist you in identifying key areas (strengths and improvements needed) to address in your final report.

Please rate the following program review criteria using the following:

E= Exemplary **S=** Satisfactory **N=** Needs Improvement **U=** Unclear/need more information

1. CURRICULUM/PROGRAM/SERVICES OFFERED		**Evaluation E, S, N, or U**
1.1	The current curriculum of programs and services offered is appropriate for a department of this type at this institution	E
1.2	The numbers of students participating in the programs and services offered by this department is what would be expected.	E
1.3	Representation of various student groups in accessing services of this department is what would be expected (e.g., There are no groups under-utilizing services) According to the Self-Study Report, Hispanics/Latinos are the only underrepresented group receiving Counseling Center services.	S
1.4	Do you recommend any changes to enhance the curriculum (content, design, course availability, etc.)? If so, please explain and advise. Please see Final Report	

2. STUDENT EXPERIENCES		**Evaluation E, S, N, or U**
2.1	Students are satisfied with the overall quality of their experience win this department	E
2.2	Faculty and staff colleagues feel comfortable referring students to this department.	E
3.3	Access to services (e.g., wait times) is reasonable and appropriate	E
3.4	Do you recommend any changes to improve student experiences with this department? If so, please explain and advise.	

	Please see Final Report.

3. DEPARTMENT LEARNING OUTCOMES (IF APPROPRIATE)		Evaluation
3.1	The department student learning outcomes reflect the most important skills, knowledge, and values the this department should be teaching	E
3.2	The assessment plan is appropriate and the assessment practices are yielding the needed information to determine how well students are learning the department student learning outcomes.	E
3.3	Do you recommend any changes to enhance student achievement or program assessment of the Department's Learning Outcomes? If so, please explain and advise. Please see Final Report.	

4. STAFF/FACULTY QUALITY		Evaluation E, S, N, or U
4.1	Staff/Faculty competencies/credentials are appropriate for the discipline and degree.	S
4.2	Staff/Faculty specialties correspond to program needs and to the concentrations in which they serve.	E
4.3	The system for evaluating staff facilitates continuous improvement	S
4.4	Staff/faculty are adequately supported and engaged in ongoing professional development necessary for staying current in their field and continuously updating their courses/curriculum.	N
4.5	Do you recommend staff/faculty changes (qualifications, expertise, professional development, etc.) to enhance program quality and student learning? If so, please explain and advise. Please see Final Report.	

5. DIVERSITY		Evaluation E, S, N, or U
5.1	The department demonstrates a commitment to diversity in its service and program delivery and staff composition	S
5.2	Do you recommend changes to the commitment of diversity? If so, please explain and advise.	

	The department is aware that Hispanics/Latinos are an underrepresent population receiving their services. Recommend focused outreach programs through student organizations and other areas to inform Hispanic/Latino students of services available to them.

6. PROGRAM ADMINISTRATION AND SUPPORT		**Evaluation E, S, N, or U**
6.1	The administrative assistant support adequate to meet the needs of this department.	N
6.2	The department has adequate office space.	N
6.3	The program has accurately identified and prioritized the program's most pressing resource needs.	S
6.4	The department enjoys support from division colleagues and upper administration	E
6.5	Overall program administration is efficient, effective and meets professional standards.	E
6.6	Do you recommend any changes to strengthen the program's current administration, support, and resources (including possible reallocations of resources from current program operations to fund new budgetary needs)? Please see Final Report.	

7. PROPOSED CHANGES		**Evaluation E, S, N, or U**
7.1	The proposed changes are responsive to the program's most important needs.	S
7.2	The program makes use of assessment results, institutional research data, and other information obtained from students/alumni/employers as the basis of its proposed improvements.	E
7.3	Do you recommend changes to the program's proposed changes. If so, please explain and advise. Please see Final Report.	

8. OVERALL PROGRAM SUMMARY

8.1	What are the major strengths and weaknesses of the program? In your formal report, please identify and cite the evidence that supports your answer. Please see Final Report.
8.2	What goals would you suggest the program set for the next five years (please list in order of priority, the most important goal first) and how do these comport with those identified in the self-study? In your formal report, please identify and cite the evidence that supports your answer. Please see Final Report.
8.3	What are the most realistic and important strategies the program can use to achieve the highest priority goals? Please see Final Report.
8.4	What goals would require additional resources? What level of resources would these goals require? How might the program secure these resources? Please see Final Report.

The national average according to the 2011-2012 AUCCCD Annual Survey is 1:1,287 for all four-year private universities. Historically, Tier I private schools have averaged closer to a 1:1,000 student ratio. IACS recommends an average of 1:1,000 – 1,500. The Pepperdine Counseling Center serves 13.4% of the student population compared to 9.75% for schools of a similar size, a difference of 3.65%. This increase is consistent with private schools with high academic rigor and should be considered when evaluating the staff to student ratio for the Pepperdine Counseling Center.

Response to External Reviewer's Report

Counseling Center staff were very pleased with Dr. Marsh's expert understanding of the university counseling field in general and his insights regarding Pepperdine's Counseling Center in particular. Center staff were gratified to have Dr. Marsh affirm the Center's strengths, including quality of staff, extent of outreach programming, accessibility of services, student learning outcomes, forms, and documentation. Following is a response to his prioritized list of recommendations:

1) Administrative Assistant: We wholeheartedly agree that there is a need for more administrative assistance, that it is untenable for a single staff person to continue to manage a client flow (and related phone calls, faxes, file maintenance, appointment scheduling, etc.) that has increased nearly 125% in recent years. Other needs for administrative support within the Counseling Center have also increased as staff responsibilities have changed. We have previously unsuccessfully attempted to secure a budget increase to cover an additional position. We will continue to propose the additional funding.

2) Office Space: This is a critical issue for the Counseling Center. The practice of having full-time staff members/administrators regularly share their offices, exiting when attending to administrative responsibilities, is inefficient and uncomfortable, adding to the stress of already demanding positions. Additionally, as the reviewer noted elsewhere in his report, the set up of the front desk and waiting room area is also not ideal. The distance between the administrative assistant's workspace and the file room increases inefficiency by increasing response time to incoming clients and phone inquiries. It also increases the risk of confidentiality breaches. An initial appointment with campus architects has already occurred; costing out various options is forthcoming.

3) Outreach Coordinator: We support the addition of an Outreach Coordinator position, a dedicated professional who could provide organization and direction to training and prevention activities, maximize coordination with other departments on campus whose interests are similar, and supervise related student groups.

We appreciate Dr. Marsh's insight in his "Additional Items for Consideration" section as well, and especially plan to take action to explore these observations:

a) The Counseling Center conference room should not be used for non-Counseling Center meetings (to protect client confidentiality).

b) The crisis appointment system should be reviewed.

c) Work teams may more effectively address outreach needs.

d) Group therapy services should be expanded.

e) The Center could involve students more in advisory roles and outreach efforts.

f) Salary for most newly licensed staff should be reviewed.

III. SUMMARY, REFLECTIONS, AND QUALITY IMPROVEMENT PLAN

Based on the self-study, and the external reviewer it seems that the Counseling Center does generally have curriculum, practices, processes, and resources that are properly aligned with the goals of the program. Additionally, it is clear that the department outcomes are aligned with the Institutional Outcomes (ILO's). The quality does seem to be at a high level, commensurate with the university's expectations. Program goals are being achieved, and student-learning outcomes are being met. Much could be expanded, however, in the areas of outreach and prevention (regarding sexual assault, alcohol abuse, depression, suicide, etc.) if resources allowed. Clinical demands continue to increase, so resources (financial, space, and staff energy) are being taxed.

Based on data regarding trends among the student body (high levels of anxiety, stress) and clients (increasing numbers, with more complex presentations, and frequently high levels of stress and anxiety), and the other data examined through self-stud and the external review process, the following QIP goals are proposed.

Quality Improvement Plan

Action 1: The Counseling Center will add an additional administrative assistant position.
Evidence: Counseling Center data demonstrate a nearly 125% increase in students seeking counseling services since the since the last program review. The external reviewer commented both on this evidence and the increased administrative responsibilities taken on by Center leaders (e.g., supervision of Health Center, coordination of assessment for all of Student Affairs, coordination of alcohol and sexual assault education programs) in noting that the demand is clearly too much for one person.
Expected Outcome: Creation of an additional role, Office Manager, who would supervise the Administrative Assistant in their general office duties and provide direct support for Center leaders in their administrative responsibilities
Responsible Parties: Dr. Connie Horton, Associate Dean of Students and Director of the Pepperdine Counseling Center and Associate Director, Dr. Nivla Fitzpatrick
Timeline: 2014-2015 – creation of job description and securing funds; 2015-2016 – search process for additional staff
Type of Action: Resource Required

Action 2: The Counseling Center office space will be modified to create additional offices and a more efficient front desk/waiting room configuration.
Evidence: Counseling Center data demonstrate a nearly 125% increase in students using counseling services the since the last program review. Keeping up with this demand is creating obvious space challenges. The external reviewer commented both on this evidence and the observation of the unfortunate reality of office sharing (e.g., Director and Associate Director frequently needing to leave their offices if not in a counseling session to provide space for part-time clinicians to see clients). The continual need for the Administrative

Assistant to frequent the file room necessitates an increase in proximity between the waiting room and file room.
Expected Outcome: Sufficient office space created and elimination of need for full-time professionals to vacate offices
Responsible Parties: Dr. Connie Horton, Associate Dean of Students and Director of the Pepperdine Counseling Center with assistance from Beverly Wright, Administrative Assistant
Timeline: Initial conversations with University architects have begun. Pending funding, modifications could occur during Christmas Break 2014 or summer 2015.
Type of Action: Resource Required

Action 3: Group therapy services will be expanded.
Evidence: Current groups are underutilized. Student consultation group's perspective based on survey data and qualitative responses from group therapy participants, is that group therapy should be expanded and marketed in particular ways (e.g., carefully chosen names; targeting international students; brochures using testimonials, etc).
Expected Outcome: More students will access group therapy services, thereby reducing individual therapy needs and increasing support for students who would otherwise not seek care.
Responsible Parties: Dr. Nivla Fitzpatrick, Associate Director
Timeline: Beginning 2014-2015
Type of Action: Resource Neutral

Action 4: Counseling Center conference room use will be protected.
Evidence: External reviewer commented on confidentiality concerns of having University meetings (e.g., Student of Concern) in the Counseling Center's space.
Expected Outcome: Clients will have confidentiality protected (not see Dean of Students, Public Safety Officers, etc. in the Counseling Center).
Responsible Parties: Counseling Center staff, led by Connie Horton, supported by Beverly Wright
Timeline: Effective 2014-2015
Type of Action: Resource Neutral

Action 5: Crisis appointment system will be reviewed.
Evidence: External Reviewer pointed out current system may not be most efficient or client-centered and puts undue pressure on Administrative Assistant.
Expected Outcome: Clients in crisis are assessed quickly and treated according to the urgency of their need; Administrative Assistant is less stressed.
Responsible Parties: Dr. Nivla Fitzpatrick, Associate Director
Timeline: 2014-2015 Investigate alternate models; 2015-2016 implement chosen option
Type of Action: Resource Neutral

Action 6: Implement Student Affairs work teams for outreach/prevention programming efforts.
Evidence: Counseling Center data demonstrate a nearly 125% increase in students seeking counseling services since the since the last program review. Clinicians are stretched with clinical demands and have limited time for outreach coordination. NCHA Data confirm need for expanded outreach and prevention efforts
Expected Outcome: Coordinated efforts, shared with Student Affairs Partners
Responsible Parties: Robert Scholz, Assistant Director
Timeline: Explore models 2014-2015; implement chosen alternative 2015-2016
Type of Action: Resource neutral

Action 7: Add an Outreach Coordinator Position.
Evidence: Counseling Center data demonstrate a nearly 125% increase in students seeking counseling services; Pepperdine's National College Health Assessment Data confirms that the increase in mental health concerns is not limited to the clients; many other students are also suffering. The external reviewer commented on the need for a coordinator to more strategically and efficiently organize the department's (and Division's) efforts in this regard.
Expected Outcome: A comprehensive vision of outreach/prevention will be developed, articulated and implemented.
Responsible Parties: Dr. Connie Horton, Associate Dean of Students and Director of the Pepperdine Counseling Center
Timeline: Develop job description 2014; implementation 2015-2016
Type of Action: Resource Required

Action 8: The Center will involve students more in advisory and outreach efforts.
Evidence: The External Reviewer made note of an opportunity for students to support the work of the Counseling Center. Their participation could broaden the department's reach and provide meaningful work experiences for students interested in the field.
Expected Outcome: Counseling Center programs and services will be more attuned to student needs, limitations, and interests.
Responsible Parties: Dr. Connie Horton, Associate Dean of Students and Director of the Pepperdine Counseling Center
Timeline: Academic Year 2014-2015
Type of Action: Resource Neutral

Action 9: Review salary for most newly licensed staff.
Evidence: Benchmarking data from other Centers, indicating discrepancy
Expected Outcome: Improved salary for psychologist/counselor positions
Responsible Parties: Dr. Connie Horton, Associate Dean of Students and Director of the Pepperdine Counseling Center
Timeline: Beginning 2014-2015 if funds are available
Type of Action: Resource Required

APPENDIX A
CLIENT CONCERNS

Client Reported Current Concerns at Intake (2012-2013) - Grouped by Themes

**Note---students could endorse multiple concerns*

	% of Seaver Undergrad Clients	% of Grad School Clients
Anxiety/Stress		
General Stress	61	56
Anxiety	60	60
Career/Future Concerns	37	46
Academic Stress	49	58
Time Management	24	28
Homesick/Adjustment	20	15
$ Management	13	15
Sleep Problems	33	30
Self-injury (non-suicidal)	3	1
Depression/Suicidality/Loss		
Depression	41	41
Grief/Loss	15	7
Suicidal Thoughts/Attempt	8	5
Relationship Concerns/ Violence		
Family Concerns	34	29
Relationship Problems	38	48
Loneliness	36	34
Anger	13	16
Sexual Assault	3	3
Partner Violence	<1	2
Personal Concerns/ Self Image/Addiction/Other		
Self-esteem	38	46
Eating Disorder	10	9
Alcohol/Drugs	7	8
Sexual Issues	4	11
Other	5	5

Most Common Undergrad Concerns

- ✓ General Stress
- ✓ Anxiety
- ✓ Academic Stress
- ✓ Depression
- ✓ Self-esteem
- ✓ Relationship Problems

Most Common Grad Concerns

- ✓ Anxiety
- ✓ Academic Stress
- ✓ General Stress
- ✓ Relationship Problems
- ✓ Career/Future Concerns
- ✓ Self-esteem

APPENDIX B
CLIENTS BY SCHOOL

2008-2009

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	316	74
GSBM	14	3
GSEP	24	6
School of Law	59	14
Public Policy	10	2
Seaver Grad	5	1
Total	428	

2009-2010

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	404	81
GSBM	7	1
GSEP	17	3
School of Law	59	12
Public Policy	8	1
Seaver Grad	7	1
Total	502	

2010-2011

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	430	77
GSBM	21	4
GSEP	13	2
School of Law	72	13
Public Policy	8	1
Seaver Grad	11	2
Total	555	

2011-2012

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	440	81
GSBM	15	3
GSEP	14	3
School of Law	59	11
Public Policy	6	1
Seaver Grad	9	2
Total	543	

2012-2013

School	Number of Counseling Clients	% of Clients
Seaver Undergrad	499	82
GSBM	8	1
GSEP	20	3
School of Law	66	11
Public Policy	5	1
Seaver Grad	8	1
Total	606	

APPENDIX C

DISAGGREGATED CLIENT DATA

Demographics of Counseling Center Clients

	08-09	09-10	10-11	11-12	12-13
Gender					
Male	35	36	36	33	31
Female	65	63	64	67	69
Ethnicity					
African American	5	6	8	8	10
Asian/Asian American	5	10	10	11	12
Caucasian	70	64	62	60	58
Hispanic/Latino/Latina	5	7	7	9	8
Am Indian/AK Native	<1	<1	<1	<1	<1
Pacific Islander	<1	<1	<1	<1	1
Puerto Rican	--	--	--	--	--
Multi-Racial/Ethnic	7	6	8	5	8
Other	4	4	2	2	3
International Students	7	7	7	8	7
Religion					
Agnostic	6	4	6	5	6
Atheist	<1	<1	1	1	3
Buddhist	<1	<1	<1	<1	<1
Catholic	--	15	15	12	13
Christian	73	60	58	63	63
Hindu	<1	<1	<1	<1	<1
Jewish	2	2	2	2	<1
Muslim	2	<1	<1	<1	<1
No preference	7	7	10	6	8
Christian Denominations*					
Christian/non-denom	26	28	27	45	47
Church of Christ	21	24	19	19	18
Catholic	16	7	--	--	--
Presbyterian	5	7	7	9	9
Other Denominations	15	20	18	22	16
% Total clients who are	15	15	11	12	11
Church of Christ					

*Percentage of those who identified as Christians

APPENDIX D

CLIENT FEEDBACK: COUNSELING

Client Evaluation of Pepperdine Counseling Center
Counseling Services - 2008-2009 Academic Year

	Fall 08 N=52	Spring 09 N=64
General Center Feedback	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)
Office Atmosphere	4.5	4.5
Receptionist/Office Manager	4.9	4.8
Location (Rho Lot)	4.1	4.1
Facilities (Trailer Bldg.)	3.7	3.8
Wait time from call to 1st apt.	4.5	4.3
Overall experience w/center	4.7	4.6
Counselor Evaluation My counselor….	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
Treats me respectfully	4.9	4.9
Understands my difficulty	4.8	4.7
Is helpful	4.8	4.7
Helps me take responsibility for my life	4.7	4.6
Seems professional	4.9	4.8
Is a comfortable/safe person to be around	4.9	4.9
Respects my confidentiality	4.9	4.9
Is someone I would recommend to a friend	4.8	4.8
Response to Counseling Counseling….	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
Has helped me cope with my problems	4.3	4.5
Has helped reduce my symptoms	3.9	4.3
Has helped improve my relationships	3.9	4.3
Has increased my sense of well-being	4.3	4.4
Being available on campus is important	4.8	4.7
Being free of charge is important	4.8	4.9

The counseling I received helped me….	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
	Fall 08 N=52	Spring 09 N=64
Grow intellectually	4.0	3.6
Communicate more effectively	4.2	4.1
Enhance my self esteem	4.1	3.8
Develop a realistic self-appraisal	4.1	4.2
Clarify my values	4.1	3.9
Feel more clear re: my career choices	3.5	3.4
Develop leadership skills	3.4	3.1
Increase my healthy behavior	4.2	4.3
Improve meaningful interpersonal relationships	4.1	4.2
Become independent	3.8	3.8
Improve my collaborative skills	3.7	3.7
Enhance my sense of social responsibility	3.7	3.5
Feel encouraged to maintain a satisfying and productive lifestyle	4.3	4.3
Enhance my appreciation of diversity	3.5	3.2
Increase my spiritual awareness	3.6	3.4
Clarify my personal and educational goals	4.0	3.9
Have you had trouble focusing on academics?		
Yes, and counseling has helped	48.0%	57.4%
Yes, but counseling has not helped	14.4%	11.5%
No, never a problem	38.0%	31.1%
Had you considered leaving Pepperdine?		
Yes, counseling has helped me to stay	29.4%	27.4%
Yes, but counseling did not help the decision	9.8%	12.9%
No, leaving Pepperdine was never a consideration	60.8%	59.7%
Were emotional struggles or mental health issues affecting your spiritual life?		
Yes, counseling has helped my spiritual developmen	27.5%	38.7%
Yes, but counseling has not helped my spiritual development	17.6%	17.7%
No, not an issue	54.9%	43.5%

Client Evaluation of Pepperdine Counseling Center
Counseling Services
2009-2010 Academic Year

	Fall 2009 n=67	Spring 2010 n=41
General Center Feedback	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)
Office atmosphere	4.7	4.7
Receptionist/Office Manager	4.9	4.8
Location (Main Campus)	4.3	4.4
Facilities (Office Suite)	4.7	4.6
Wait time from call to 1st appt	4.5	4.4
Overall experience w/ center	4.8	4.6

Counseling Evaluation My counselor…	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
Treats me respectfully	4.9	4.8
Understands my difficulty	4.6	4.7
Is helpful	4.6	4.6
Helps me take responsibility for my life	4.6	4.6
Seems professional	4.9	4.7
Is a comfortable/safe person to be around	4.9	4.8
Respects my confidentiality	4.8	4.9
Is someone I would recommend to a friend	4.7	4.7

Response to Counseling Counseling…	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
Has helped me cope with problems	4.4	4.3
Has helped reduce my symptoms	4.1	4.2
Has helped improve my relationships	4.0	4.0
Has increased my sense of well-being	4.2	4.3
Being available on campus is important to me	4.7	4.8
Being free of charge is important to me	4.8	4.8

	Fall 2009 n=67	Spring 2010 n=41
The counseling I received helped me…	Mean Response Scale of 1 (not at all) to 5 (very much)	Mean Response Scale of 1 (not at all) to 5 (very much)
Grow intellectually	3.7	3.8
Communicate more effectively	4.0	4.1
Enhance my self-esteem	3.7	3.9
Develop a realistic self-appraisal	3.9	4.1
Clarify my values	3.9	4.0
Feel more clear re: my career choices	3.3	3.5
Develop leadership skills	3.1	3.1
Increase my healthy behavior	4.2	4.2
Improve meaningful interpersonal relationships	4.1	4.0
Become independent	3.6	3.6
Improve my collaborative skills	3.5	3.6
Enhance my sense of social responsibility	3.7	3.6
Feel encouraged to maintain a satisfying and productive lifestyle	4.2	4.4
Enhance my appreciation of diversity	3.3	4.0
Increase my spiritual awareness	3.4	3.5
Clarify my personal and educational goals	4.0	4.1

Have you had trouble focusing on academics		
a) yes, and counseling has helped my focus	61.4%	53.8%
b) yes, but counseling has not helped my focus	17.5%	28.2%
c) no, never a problem	21.1%	17.9%

Had you considered leaving Pepperdine?		
a) yes, and counseling has helped me to stay	38.6%	33.3%
b) yes, but counseling did not help in my decision to stay	14.0%	15.4%
c) no, leaving Pepperdine was never a consideration for me	47.4%	51.3%

Were emotional struggles or mental health issues affecting your spiritual life?		
a) yes, and counseling has helped my spiritual development	43.9%	43.6%
b) yes, but counseling has not helped my spiritual development	26.3%	25.6%
c) no, not an issue	29.8%	30.8%

Client Evaluation of Pepperdine Counseling Center
Counseling Services
2010 – 2011 Academic Year

	Gender		Client status	
	Male	Female	Voluntary	Judicial
Fall 2010	26.7%	73.3%	95.7%	4.3%
Spring 2011	23.1%	76.9%	100%	--

General Center Feedback	Fall 2010 n=61 Mean Response 1 (very dissatisfied) to 5 (very satisfied)	Spring 2011 n=52 Mean Response 1 (very dissatisfied) to 5 (very satisfied)
Office atmosphere	4.7	4.6
Receptionist/Office Manager	4.8	4.8
Location (Main Campus)	4.7	4.4
Facilities (Office Suite)	4.7	4.6
Wait time from call to 1st appt	4.6	4.5
Overall experience w/ center	4.8	4.6

Counseling Evaluation My counselor…	Mean Response 1 (strongly disagree) to 5 (strongly agree)	Mean Response 1 (strongly disagree) to 5 (strongly agree)
Treats me respectfully	4.9	4.9
Understands my difficulty	4.6	4.8
Is helpful	4.5	4.7
Helps me take responsibility for my life	4.5	4.6
Seems professional	4.9	4.8
Is a comfortable/safe person to be around	4.9	4.8
Respects my confidentiality	4.9	4.7
Is someone I would recommend to a friend	4.7	4.8

Response to Counseling Counseling…	Mean Response 1 (strongly disagree) to 5 (strongly agree)	Mean Response 1 (strongly disagree) to 5 (strongly agree)
Has helped me cope with problems	4.2	4.2
Has helped reduce my symptoms	3.8	4.1
Has helped improve my relationships	3.9	4.1
Has increased my sense of well-being	4.1	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

The counseling I received helped me…	Mean Response 1 (not at all) to 5 (very much)	Mean Response 1 (not at all) to 5 (very much)
better understand and respect myself	4.0	4.3
develop a more coherent sense of identity	3.9	4.2
commit to my own set of values and ethics	3.9	3.9
develop my own belief system and spiritual path	3.3	3.3
make meaningful relationships	3.7	3.8
learn a healthy balance of giving and receiving help	4.0	4.1
collaborate with others	3.7	3.6
develop leadership skills	3.2	3.3
learn to set goals and make plans to achieve them	4.0	3.9
communicate more effectively	4.1	4.1
count on myself to manage my life (e.g., time, money)	4.0	3.8
maintain health and wellness	4.0	4.0
find my own path to a purposeful and satisfying life	3.9	4.1

Have you had trouble focusing on academics?		
a) yes, and counseling has helped my focus	57.4%	50.%
b) yes, but counseling has not helped my focus	23.0%	25.0%
c) no, never a problem	19.7%	25.0%

Had you considered leaving Pepperdine?		
a) yes, and counseling has helped me to stay	21.7%	13.5%
b) yes, but counseling did not help in my decision to stay	18.3%	11.5%
c) no, leaving Pepperdine was never a consideration for me	60.0%	75.0%

Were emotional struggles or mental health issues affecting your spiritual life?		
a) yes, and counseling has helped my spiritual development	36.1%	38.5%
b) yes, but counseling has not helped my spiritual development	23.0%	13.5%
c) no, not an issue	41.0%	48.1%

Client Evaluation of Pepperdine Counseling Center
Counseling Services
2011-2012 Academic Year

	Gender		Client Status	
	Male	Female	Voluntary	Judicial
Fall 2011	19%	81%	98%	2%
Spring 2012	21%	79%	98%	2%

General Center Feedback	Fall 2011 n=60 Average Response 1 (very dissatisfied) to 5 (very satisfied)	Spring 2012 n=62 Average Response 1 (very dissatisfied) to 5 (very satisfied)
Office atmosphere	4.18	4.27
Receptionist/Office Manager	4.32	4.13
Location (Main Campus)	4.32	4.42
Facilities (Office Suite)	4.37	4.40
Wait time from call to 1st appt	4.12	4.32
Overall experience w/ center	4.27	4.34

Counseling Evaluation My counselor…	Average Response 1 (strongly disagree) to 5 (strongly agree)	
Treats me respectfully	4.76	4.71
Understands my difficulty	4.35	4.33
Is helpful	4.42	4.19
Helps me take responsibility for my life	4.36	4.22
Seems professional	4.64	4.53
Is a comfortable/safe person to be around	4.64	4.68
Respects my confidentiality	4.70	4.80
Is someone I would recommend to a friend	4.44	4.33

Response to Counseling Counseling…	Average Response 1 (strongly disagree) to 5 (strongly agree)	
Has helped me cope with problems	4.30	4.19
Has helped reduce my symptoms	3.90	3.96
Has helped improve my relationships	4.00	4.02
Has increased my sense of well-being	4.12	4.05
Being available on campus is important to me	4.57	4.71
Being free of charge is important to me	4.80	4.71

The counseling I received helped me…	Average Response 1 (not at all) to 5 (very much)	
better understand and respect myself	3.80	3.86
clarify and adhere to my values	3.66	3.64
communicate effectively	3.89	3.87
identify good resources for managing my life	3.87	3.84
engage in thoughts and behaviors that will improve my mental health	4.11	3.86
understand and improve my mental health by exploring the connection between faith and psychological principles	3.38	3.22
learn skills so I can help others, from diverse backgrounds, who have mental health concerns	3.32	3.48
know more about mental health than I did when I came in	3.56	3.67

Have you had trouble focusing on academics?		
a) yes, and counseling has helped my focus	38%	40%
b) yes, but counseling has not helped my focus	23%	23%
c) no, never a problem	38%	37%

Had you considered leaving Pepperdine?		
a) yes, and counseling has helped me to stay	19%	23%
b) yes, but counseling did not help in my decision to stay	17%	21%
c) no, leaving Pepperdine was never a consideration for me	64%	56%

Were emotional struggles or mental health issues affecting your spiritual life?		
a) yes, and counseling has helped my spiritual development	23%	33%
b) yes, but counseling has not helped my spiritual development	21%	26%
c) no, not an issue	55%	40%

Client Evaluation of Pepperdine Counseling Center
Counseling Services
2012-2013 Academic Year

	Gender		Client Status	
	Male	Female	Voluntary	Judicial
Fall 2012	14.7%	85.3%	97.1%	2.9%
Spring 2013	32.9%	67.1%	97.1%	2.9%

General Center Feedback	Fall 2012 n=45 Average Response 1 (very dissatisfied) to 5 (very satisfied)	Spring 2013 n=79 Average Response 1 (very dissatisfied) to 5 (very satisfied)
Office atmosphere	4.29	4.34
Receptionist/Office Manager	4.33	4.46
Location (Main Campus)	4.36	4.25
Facilities (Office Suite)	4.44	4.28
Wait time from call to 1st appt	4.05	4.23
Overall experience w/ center	4.23	4.26

Counseling Evaluation My counselor…	Average Response 1 (strongly disagree) to 5 (strongly agree)	
Treats me respectfully	4.77	4.74
Understands my difficulty	4.40	4.48
Is helpful	4.45	4.51
Helps me take responsibility for my life	4.37	4.50
Seems professional	4.73	4.73
Is a comfortable/safe person to be around	4.64	4.68
Respects my confidentiality	4.81	4.75
Is someone I would recommend to a friend	4.45	4.56

Response to Counseling Counseling…	Average Response 1 (strongly disagree) to 5 (strongly agree)	
Has helped me cope with problems	4.10	4.29
Has helped reduce my symptoms	3.92	4.08
Has helped improve my relationships	3.87	4.17
Has increased my sense of well-being	4.10	4.22
Being available on campus is important to me	4.69	4.72
Being free of charge is important to me	4.83	4.80

The counseling I received helped me…	Average Response 1 (not at all) to 5 (very much)	
better understand and respect myself	3.94	3.99
clarify and adhere to my values	4.00	3.79
communicate effectively	4.00	3.88

	Fall 2012 n=45	Spring 2013 n=79
identify good resources for managing my life	3.79	3.88
engage in thoughts and behaviors that will improve my mental health	4.12	4.10
understand and improve my mental health by exploring the connection between faith and psychological principles	3.63	3.58
learn skills so I can help others, from diverse backgrounds, who have mental health concerns	3.30	3.31
know more about mental health than I did when I came in	3.83	3.76

Have you had trouble focusing on academics?		
a) yes, and counseling has helped my focus	42.9%	42.5%
b) yes, but counseling has not helped my focus	28.6%	17.8%
c) no, never a problem	28.6%	39.7%

Had you considered leaving Pepperdine?		
a) yes, and counseling has helped me to stay	36.1%	24.7%
b) yes, but counseling did not help in my decision to stay	16.7%	12.3%
c) no, leaving Pepperdine was never a consideration for me	47.2%	63.0%

Were emotional struggles or mental health issues affecting your spiritual life?		
a) yes, and counseling has helped my spiritual development	33.3%	22.2%
b) yes, but counseling has not helped my spiritual development	25.0%	23.6%
c) no, not an issue	41.7%	54.2%

APPENDIX E

CLIENT FEEDBACK: PSYCHIATRY

Client Evaluation of Pepperdine Counseling Center
Psychiatric Services
2008-2009 Academic Year

	Fall 08 N=10	Spring 09 N=74
How satisfied are you with…	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)
Appointment availability	4.0	4.5
Length of sessions with MD	4.2	4.1
Fee	3.5	3.4
How important is it to you that psychiatrist services are available on campus…		
Very unimportant	--	10%
Unimportant	--	--
Neutral	10%	--
Important	60%	10%
Very important	30%	80%
What would you have done if psychiatric services were not available on campus…		
Find a local physician	40%	30%
Make arrangements to get meds from MD at home	30%	20%
Not take medications	30%	20%
Other	--	30%
Psychiatrist Evaluation My psychiatrist…	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)
Treats me respectfully	4.6	4.7
Took a relevant medical history	4.6	4.5
Took a reasonably thorough psychiatric history	4.6	4.5
Understands my difficulty	4.4	4.4
Is helpful	4.6	4.5
Is reliable	4.5	4.5
Explains medication options well	4.4	4.6
Understood family/other reservations re: meds	4.4	4.3
Taught me the basics about taking medications	4.2	4.4
Seems professional	4.6	4.7
Tells me about potential med side-effects	4.2	4.2
Has a warm "bedside manner"	4.1	4.3

	Fall 08 N=10	Spring 09 N=10
Psychiatrist Evaluation My psychiatrist…	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)
Checks in with me regarding safety concerns (suicidality, self-injury)	4.7	4.6
Checks in with me regarding side-effects	4.5	4.7
Explains what I do in a psychiatric emergency	4.0	3.4
Is someone I would recommend to a friend	4.4	4.5

Client Evaluation of Pepperdine Counseling Center
Psychiatric Services
2009-2010 Academic Year

	Fall 2009 n=11	Spring 2010 n=9
How satisfied are you with	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)	Mean Response Scale of 1 (very dissatisfied) to 5 (very satisfied)
Appointment availability	3.7	4.5
Length of sessions with MD	4.6	4.5
Fee	3.8	4.0

How important it is to you that psychiatric services are available on campus		
a) very unimportant	0%	0%
b) unimportant	0%	0%
c) neutral	0%	12.5%
d) important	30.0%	25.0%
e) very important	70.0%	62.5%

What would you have done if psychiatric services were not available on campus		
a) find a local physician	20.0%	50.0%
b) make arrangements to get meds from MD at home	0%	25.0%
c) not take medications	70.0%	12.5%
d) other	10.0%	12.5%

Psychiatrist Evaluation My psychiatrist…	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
Treats me respectfully	5.0	4.8
Took a relevant medical history	4.6	4.5
Took a reasonably thorough psychiatric history	4.6	4.6
Understands my difficulty	4.2	4.6
Is helpful	4.4	4.8
Is reliable	4.6	4.8
Explains medication options well	4.6	4.8
Understood family/other reservations re: meds	4.5	4.6
Taught me the basics about taking medications	4.8	4.0
Seems professional	4.9	4.6
Tells ms about potential med side-effects	4.9	4.5
Has a warm "bedside manner"	4.6	4.6
Checks in with me regarding safety concerns	4.8	4.9

	Fall 2009 n=11	Spring 2013 n=9
Psychiatrist Evaluation My psychiatrist….	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)	Mean Response Scale of 1 (strongly disagree) to 5 (strongly agree)
Checks in with me regarding side effects	4.8	4.5
Explains what I do in a psychiatric emergency	4.1	3.9
Is someone I would recommend to a friend	4.7	4.4

Client Evaluation of Pepperdine Counseling Center
Psychiatric Services
2010 – 2011 Academic Year

	Fall 2010 n=9	Spring 2011 n=16
How satisfied are you with…	Mean Response 1 (very dissatisfied) - 5 (very satisfied)	Mean Response 1 (very dissatisfied) - 5 (very satisfied)
Appointment availability	4.3	3.9
Length of sessions with MD	4.4	4.3
Fee	3.3	3.6

How important it is to you that psychiatric services are available on campus?		
a) very unimportant	--	6.3%
b) unimportant	--	--
c) neutral	11.1%	12.5%
d) important	44.4%	43.8%
e) very important	44.4%	37.5%

What would you have done if psychiatric services were not available on campus?		
a) find a local physician	55.6%	62.5%
b) make arrangements to get meds from MD at home	22.2%	--
c) not take medications	11.1%	31.3%
d) other	11.1%	6.3%

Psychiatrist Evaluation My psychiatrist…	Mean Response 1 (strongly disagree) - 5 (strongly agree)	Mean Response 1 (strongly disagree) - 5 (strongly agree)
Treats me respectfully	4.9	4.8
Took a relevant medical history	4.7	4.4
Took a reasonably thorough psychiatric history	4.7	4.5
Understands my difficulty	4.3	4.3
Is helpful	4.3	4.4
Is reliable	4.6	4.4
Explains medication options well	4.3	4.8
Understood family/other reservations re: meds	4.4	4.4
Taught me the basics about taking medications	4.8	4.6
Seems professional	4.7	4.4
Tells me about potential med side-effects	4.8	4.7
Has a warm "bedside manner"	4.1	4.5
Checks in with me regarding safety concerns	4.6	4.8
Checks in with me regarding side effects	4.5	4.6
Explains what I do in a psychiatric emergency	3.6	3.8
Is someone I would recommend to a friend	4.2	4.4

Client Evaluation of Pepperdine Counseling Center
Psychiatric Services
2011-2012 Academic Year

	Fall 2011 n=8	Spring 2012 n=14
How satisfied are you with…	Average Response 1 (very dissatisfied) - 5 (very satisfied)	
Appointment availability	4.25	3.93
Length of sessions with MD	4.25	4.23
Fee	3.38	3.08

How important it is to you that psychiatric services are available on campus?		
a) very unimportant	25	7%
b) unimportant	--	--
c) neutral	--	7%
d) important	50%	43%
e) very important	25%	43%

What would you have done if psychiatric services were not available on campus?		
a) find a local physician	50%	36%
b) make arrangements to get meds from MD at home	37%	29%
c) not take medications	13%	29%
d) other	--	7%

Psychiatrist Evaluation My psychiatrist…	Average Response 1 (strongly disagree) - 5 (strongly agree)	
Treats me respectfully	4.63	4.08
Took a relevant medical history	4.13	4.15
Took a reasonably thorough psychiatric history	3.88	4.00
Understands my difficulty	4.13	3.15
Is helpful	4.13	3.85
Is reliable	4.25	3.92
Explains medication options well	4.14	3.54
Understood family/other reservations re: meds	3.67	3.73
Taught me the basics about taking medications	3.67	3.83
Seems professional	4.00	4.08
Tells me about potential med side-effects	3.50	3.85
Has a warm "bedside manner"	4.00	3.46
Checks in with me regarding safety concerns	4.00	3.58
Checks in with me regarding side effects	4.00	3.77
Explains what I do in a psychiatric emergency	3.33	3.42
Is someone I would recommend to a friend	3.88	3.15

Client Evaluation of Pepperdine Counseling Center
Psychiatric Services
2012-2013 Academic Year

	Fall 2012 n=5	Spring 2013 n=17
How satisfied are you with…	Average Response 1 (very dissatisfied) - 5 (very satisfied)	
Appointment availability	4.00	4.41
Length of sessions with MD	3.20	4.59
Fee	3.20	3.35

How important it is to you that psychiatric services are available on campus?		
a) very unimportant	20.0%	17.6%
b) unimportant	--	--
c) neutral	20.0%	--
d) important	60.0%	41.2%
e) very important	--	41.2%

What would you have done if psychiatric services were not available on campus?		
a) find a local physician	--	64.7%
b) make arrangements to get meds from MD at home	50.0%	11.8%
c) not take medications	25.0%	17.6%
d) other	25.0%	5.9%

Psychiatrist Evaluation My psychiatrist…	Average Response 1 (strongly disagree) - 5 (strongly agree)	
Treats me respectfully	4.25	4.53
Took a relevant medical history	4.25	4.71
Took a reasonably thorough psychiatric history	4.25	4.71
Understands my difficulty	3.50	4.00
Is helpful	3.25	4.29
Is reliable	3.25	4.50
Explains medication options well	3.50	4.18
Understood family/other reservations re: meds	3.75	4.13
Taught me the basics about taking medications	3.50	4.07
Seems professional	3.50	4.63
Tells me about potential med side-effects	3.75	4.12
Has a warm "bedside manner"	2.67	4.06
Checks in with me regarding safety concerns	4.25	4.56
Checks in with me regarding side effects	2.67	4.53
Explains what I do in a psychiatric emergency	2.67	3.53
Is someone I would recommend to a friend	2.75	3.94

APPENDIX F

FOCUS GROUP: GENERAL STUDENTS

Counseling Center Focus Group: General Student Population Group
October 15, 2013 12:00 PM – 12:45 PM

All Seaver students+1 Graduate Student (Works for OIE)
Interviewer: What are general thoughts about Pepperdine's Counseling Center?

Student 1	"I just think of it as a resource that's available for students that they can use whenever they might need to use it and it's just in case you have some kind of social, I remember them coming in and talking to us about it. It's more geared towards social issues and emotional issues, they're available to listen if you have any problems and offer help. That's sort of the feeling I got from them…[response to being asked if it was helpful having the counseling center come to their freshman seminar] It was because in my high school we had counselors, and of course they were also there to make sure that the students were doing okay in school. But they were also more so career counselors as opposed to emotional counselors and they explained to us that they had separate career counselors that you were supposed to talk to.
2	"I think it's great that it's free here at college. As he said I think it's a really good resource. And I think that they advertise themselves really well because in the new student booklet, the first year seminar, our dorms. So I think it was, the message was out there that they are available to help anyone…[in response to if she was a freshman] Yes. I knew that there was that resource available."
3	"Kinda just the same. Kind of along the lines of what he said. I know people that went to the counseling center in high school but I feel like it wasn't really as helpful because that wasn't really their main job. But here they're more like that's their only job, so I think that that's good.
4	"I like that they don't involve your parents really. Or they don't involve anyone, not just your parents. It's just you."
5	"I think they were really big on the confidentiality thing. So that was kind of different."
6	"I think they make themselves really approachable. It's, in high school, normally you wouldn't see the counselors as someone you can talk to, but here I feel like the students and my friends that I know they know that, 'oh I can just go there and go and get help there.' And I think, is it the counseling center that gives out free massages. Ya, someone told me that too so that's cool."
7	"I think, for a graduate students perspective, I think if they sent a representative up to the graduate school every once in a while just to say, 'hey we're around.' Because for the undergraduate I see them whenever I'm down here but for the graduate they're here for the introduction and that's it, that's all you really here from them. They came up to our orientation last year and they were like, 'we're here.' And then we never see them. Because we have the same problems you guys do so."

Interviewer: Do you think there are any obstacles to go through for a student to go? What would make it different for a student to go to the counseling center?

Student 1	"I feel like people who think of people who go to the counselors they think, 'Oh, they have a problem or an issue.' But they really don't, or they can but they don't have to. But I feel like that's just an assumption a lot of people have."

2	"It's just an association with what counseling means. It means you need help and sometimes it has a sort of negative connotation. But I think that the confidentiality thing really, really helps because if you don't want other people to know about it then they don't necessarily need to and you can just sort of keep that to yourself."
3	[in response to being asked if they would worry about someone seeing them there] "no"
group	[in response to if they know where the counseling center is] "Yes," "no," "I don't remember" "They told us I just don't remember" "I've been to the counseling center." "I don't know where it is, they told us but." "Isn't it across from the caf or something."
5	"At the same time it probably wouldn't be a good idea in like the middle of the caf. I don't know, it might be cool to have that as like a separate facility instead of being inside of a building, tucked inside a corner. So if you know you want to go to the counseling center it's just the counseling center. It's not you go inside the sandbar, make a left, take two rights and then you're there."
6	"But then I feel like that kind of hiddenness also kind of adds to it. And that it feels like… [Interviewer: "does it feel a little safer?"] Ya."
7	[In response to being asked how they could make an appointment if they didn't know where it was.] "Could you call or email?" "email" "go online and look up counseling center"

Interviewer: Ever been to screenings or convos?
Students: No.

Student 1	"What would those classes, as an example?"
2	"Are they the IQ, IQ classes, relationship or something like that?"
3	"They did it last year and everyone got Chipotle. You they were giving out Chipotle. I was TAing with my friends and we were like, 'oh, Chipotle' and then we put it out…[In response to being asked if they remembered what the screening was on] I don't remember, I think it was depression, I think so…[In response to being asked by a student what time of year it was] I think it was spring."
4	"Just a side thought, if they were doing a screening on eating disorders and it was at the caf or giving Chipotle, most likely, a majority of the people who came would not have an issue eating."
5	
6	
7	

Interviewer: A lot of mental health issues on campus?

Student 1	"There's stress, anxiety…[student: "drugs, alcohol."] that too."
2	[In response to being asked if drugs and alcohol are a significant issue specifically on campus] "for the graduate students yes."
3	"For the undergraduates I would have to say then definitely no. I would have to say, from my experience just with my suite, the few people who do party and that

	stuff, they are very good about keeping it off campus and then coming back when they're sober."
4	"Ya I wouldn't say so. All the, or all the people that I know they, or they don't show it. I mean, you can't say they're responsible about it, but they don't go overboard when they drink or do whatever they want."
5	"I feel like a lot of people, if they do, they're pretty moderate about it, not over-abusive or anything."
6	"The zero tolerance part, except for in cases of, what was it, good Samaritan, good Samaritan. But that definitely, I wouldn't say it scares people, it definitely intimidates people so that they know not to mess around on campus."
7	"And I think people also know, well at least for me I'm really far away from home. I can't be stupid."
	"I think part of the reason that that isn't a big problem is because of the demographics of the people they try and attract. Because Pepperdine is, it's a very Christian school and it's a very, uhm, I don't know…Exactly it's a very moral campus. And you're surrounded by people, like-minded people who, I'm sure there're people that like to party but they realize that college education takes precedence."
	"I feel like they have similar moral standards."
	"And Pepperdine is a dry campus. Many people, if they really wanted to do those things, they would not even come here."
	"And also since the campus is kind of isolated, it's not easier to kind of access those things."
	"And not having a frat row. Because at my old school, I don't want to put them on blast, but you know, we had a frat row. You know, that was just intense compared to Pepperdine."
	"And here Greek life is very sober compared to others. I'm in a fraternity on campus, actually one of the actual traditional Greek fraternities and there's hardly any partying. Hardly ever in ours."

Interviewer: What else could we talk about to help center for next 5 years?

Student 1	"I know the students services has something where you can text them questions. I'm not sure if the counseling center has something like that but if they did, people could get quick answers to their problems. Or they could even set up emergency appointments. That would be nice."
2	"Or just personal stuff, because I think that would help them to feel the confidentiality."
3	"Ya, and it would be anonymous unless you give your name."
4	[In response to asking if they would care about the counseling center having their phone number] "No, the school has our phone number anyway. They know where we live"
5	"Uhm, I think a spiritual counselor would be a nice addition. Like a kind of more professional, older I guess, mentor-like."
6	"Because, based off my experience with my spiritual counselor, he's an awesome guy and he's very open but he does have very strong beliefs into, of what he believes Lord means…[in response to being asked if all the SLAs are church of Christ] Yes. [They're not by the way] It would sort of be like, because we have

	the spiritual life advisors and the RAs in our buildings but I guess this would just be on a more professional level."
7	"You wouldn't have to see them everyday."

Counseling Center Focus Group: General Student Population Group
3:00 PM – 3:45 PM

What do they think of the Counseling Center?

Student 1	Counseling center has convos every week. "More honest and more casual about things like these college things. And I think we do get a lot of valuable information about it. So I'm..so uhm, other than that-"
Student 2	"Yes, Actually I know nothing about it. In my own understanding a counseling group is concerning about career or just [unable to understand] on campus…Oh, so mental health. Oh that's great cuz, ya cuz we just got data of analyzing the undergraduate it's about 70% of undergraduates have the sense of loneliness. It's pretty high, It's way high so I'm in this group counseling center has the necessary to help our students." " I have a question, concerning the center, specifically; focus on just mainly students…oh so they give access to international students?"
Student 3	I personally uhm, I haven't been to the counseling center but I feel like I would go like if I felt that I needed to. I would have no problem going in. Ya…well they came to my seminar class and they just said pretty much (you could go see them for) anything whether it be like school related stress or family related, friend related. Anything that you wanna talk about they will (see you)…Uhm, I don't even remember when they came, I think it was towards the beginning of the year, but ya."
Student 4	"I, when I, I do remember that, now that you bring it up. When I was a freshman they also came to my seminar class. And they just told us that we could come to the counseling center if we needed any help, like with homesickness, I guess like social issues..ya, transitioning but I've never been to the counseling center."

Have you ever participated in any of their prevention programs?

Student 1	"There's a screening day?...It's every week at 3pm [regarding convo], it's actually really hard to get into, like I think it's kinda ridiculous, there's always a long line for it, they do it in like a really small classroom…It's in PLC[in response to student 3] no, no not plc, plaza, so in like one of the religion classrooms, you have to get their like 15 minutes early, wait in line….Wednesday's at 3 pm [in response to student3]."
Student 2	
Student 3	"I don't know…I didn't know about it….Where is it? [regarding convo].. What day?"
Student 4	

Have you ever attended the sexual assault prevention programs?

Student 1	"Is that one the one during, ya you're required to go, you get fined if you don't.

	You get fined if you don't go."
Student 2	
Student 3	"Ya they came to our dorm."
Student 4	

Would you use the center if you needed it or would you go outside?

Student 2	"Ya of course, much easier if you're international to have the center on campus. If you go outside we don't know where to look,."
Student 3	"Ya, I would."

What, if anything, do you think needs to be done to make students feel comfortable using counseling services?

Student 1	
Student 2	"I think one of the things would be privacy. So all the things that you need to keep confidential [unable to understand] our information out. And so we can totally express ourselves. Perhaps online, like online requests for data. Something where we can go online and have our own place. Like [student 4] said you feel judged if you go there so maybe you can set up the meeting and do it somewhere else."
Student 3	"I feel like they already tell us to use them. But it really is up to the students because they feel like they're gonna be judged. I don't know that there's anything more that they can do to try to convince us. It's up to the student."
Student 4	" I think that everyone like the majority of Pepperdine students, try to look like they have it together, and really, like if you're going to the counseling center then it's like you don't. But everyone has issues so I feel like you should go anyway."

Are you aware that the counseling center does screening days?

Student 3	"What is that? They like test you for it?"

Where else could they do screenings to make them more available?

Student 2	"Send emails."

Any other advice for the counseling center?

Student 3	"I think that taking things online would be good. Because we're on our phones all the time… I think email would be good, just a mass email to everyone with links in case people feel like they don't want to be out in the open."

APPENDIX G
INTERVIEWS WITH CLIENTS

Interview: Counseling Center
December 2013

Tell me about your overall experience with the counseling center
It was a great experience. I wish I went earlier. I grew up with the stigma that you only go if you are mentally sick. But going to the counseling center is better than speaking to your roommate or mom. More objective.

Why did you change your mind?
I dated someone that went to counseling. Then we went together. We went for pre-marital counseling. We go to counseling now for our marriage. But it took the concept of premarital counseling to get me to go -- I am not going because I have an issue

How was the experience?
I felt like my privacy was honored and respected. As a graduate and undergraduate.

I completed the intake and there was one question that I could have taken the wrong way. "does your problem" relate to…. I didn't feel like I had a problem. If I was an undergrad I would be uncomfortable....

Waiting Room - because the waiting room is so public and people can see you. At the end of the hallway...if you pass everyone then they know you are going to the counseling center.

I think counseling should build a better relationship between housing and the counseling center. An RA told me she went to counseling just so she could tell her residents about the experience.

Was your counselor knowledgeable?

Yes...he was a drug and alcohol person but we connected well so we continued with him. He is very knowledgeable about relationships. Our counselor had such a great presence and influence in our life.

I felt trust. I was not sure about the faith part. It would have been nice to know if he were a Christian. It was important to me to know he had a faith background. We never spoke about faith.

What could you tell the counseling center that would be helpful for their 5-year review?
I had such a great experience. I have never been to other places. I love that it is free. Removing the financial barrier.

I have only had experience with one of their counselors.

More diversity within the counseling center – staff, diversity of age and race, background.

People that look different, more relatable to the college student.

It would be cool to see creative support groups, AA, more groups., It would normalize it more. You don't go to counseling because you are broken.

Have the counseling center show up to other meetings

Have the counselors lead club and convos

I wish that I learned (before I went to the work force) goal setting, character type things. The counseling center could teach those types of programs

Counseling Center November 2013

- People told me about the counseling center in orientation. They gave you a gift if you went. Told us international students often have trouble with transition.
- The counseling center was not easy to find. Tried three times to find them. But I was determined to go. First time I went it was closed. No directions to help you find it.
- Went as a client.
- Front desk person was very nice, soft voice. I was nervous and her voice was comforting. She asked me to do a survey. It asked about violence. I don't have a huge problem. I have some emotional problems.
- It was not like I thought it would be. The first time they did not help me. I started to cry and they didn't say anything. It was a horrible memory. I wanted help. I didn't want my parents to worry so I went there.
- I was crying all the time.
- I went back the second time and cried again. She gave me some suggestions but still did not help a lot. I was working with an intern.
- I went back for a month.
- They wanted me to go to a women's group. I said no because I didn't want to share my feelings publicly. But she kept asking. I didn't want to go.
- They told me there was a limit of times I can go.
- Not sure why counseling ended. But they told me if I still have problems I can start again. Maybe they think I was abusing their resources. People had more serious problems. Limitation of resources.
- They say the same thing. It is not genuine. It sounds like a movie. "How does that make you feel"
- The counselor didn't help but I was hopeful so I kept going.
- Only help --- She gave me suggestions of how to talk to domestic students.

Will you go back?

- no...the profit is less than the cost.

Counseling Center Interview 3
November 2013

What can you tell me about your experience with the Counseling Center?

I went for pre-marriage counseling

I was a student at that time

- I really like the ability to go without a charge

- I don't think the counseling center is well known. Need to tell the community go there to get healthier
- You don't see promotions
- I would like to see it more involved with the church

- Make it more normal.

- It seems very official calling it the counseling center. I am going for counseling. Maybe try calling it group therapy. It should be like going to a pastor or minister.

Process itself.....

- I went as a student --- summer is a void.
- I have seen my counselor on campus- he is very professional
- Call when you miss meetings
- Have had trouble scheduling an apt., challenging but counselors made time for us.
- Everyone has different styles of counseling -- hit or miss. I don't want answers. The best interactions are when we partner to find a solution.
- I have changed counselors when it didn't fit.
- During intake should you discuss what type of counseling you need...gauge a patient's style. Different style...the style that meets your needs. Need that type of flexibility. Can try another therapist
- Confidentiality ---. The trailer was a little more incognito. The location now is not as private but it helps normalize it. If it wasn't so uncomfortable.
- My counselor suggested books...gave me a web site, Facebook, homework. Ways to work on issues
- First time I went they ended it. Need more openness about if there is a limit in the number of treatments.
- Have not gone to other programs. Did not have it when I was a student in 2010.
- They should use social media, signs on campus.
- As a staff member I have not received training on when to refer students. I don't have cards, I have no training. I don't know what the phone number is.
- They should have the counselors teach a freshman seminar.
- Great experiences they are...under appreciate and underutilized. Needs to be normalized. Maybe a requirement for every student.

APPENDIX H

FOCUS GROUP WITH RAS/SLAS

Counseling Center Focus Group: RA/SLA Group
October 15, 2013 2:00 PM – 2:45 PM

What are your thoughts on the training you received from the counseling center and how do you feel it prepared you for your duties as an RA?

Student 1	"I think the biggest thing I got from the counseling center training is that they wanted to emphasize that they are always there and always available and we have been utilizing them a lot. We haven't had any serious incidences but with our SOCs who have a history of mental illness or are going through hard times and come to us with that we are always making it available for them to go to the counseling center and constantly encouraging them to go and that is what they taught us, is to go over in training, that there is always someone there and there is always someone to talk to. There's a 24 hr. hotline. If we go through our RD and say so-and-so needs and appointment they can make one within the hour or the next day or they'll be able to fit us in, they really help us when someone needs someone to talk to."
Student 2	"The suicidal training, I liked that a lot and it was really helpful because I've had something to deal with this semester where that really helped me. I feel like the questions they taught us, specifically in asking someone whether they were committing or planning on committing suicide. That really helped me to understand that that's not a taboo, but that you can, you're supposed to ask that, and I really liked that part of training because that's something I've personally never dealt with neither have any of my close friends so I didn't really know how to approach that…[Interviewer: "asking them isn't going to make them"] exactly that's the point by asking them and that was really, really helpful. I liked all parts of the counseling center. I wish we could have had a whole day with the counseling center. I think that would have been very beneficial. At least twice as long.
Student 3	[In response to mentioning that previous group wanted a refresher in counseling center training] "Or maybe like a list online, something we can look at."
Student 4	"I'm having a tough time remembering a lot about the training. What you said, I do agree with, that they are always there. That is something that was engrained that I do remember, that they're always there. The suicide training I thought was very effective. I learned the most from walk-ins that we did where we walked in to rooms and were thrown into situations. That's what I learned the most from and was able to practice. I was thrown into, I think I did three or four of the rooms and got the suicide girl, the party scenario, and two or three thick ones and that helped me see how real it could be. I haven't experienced…[student: "that was HRL that wasn't the counseling center."] I know but I'm just being honest I don't remember much of the counseling center."
Student 5	"It was good it could have just been longer. Because they had great things to say. Also alcohol statistics. Statistics about girls drinking in college boys before they enter college and when they're in college. It was really, really good."
Student 6	"I think I would disagree with making the training longer. And if they had

	some kind of, not necessarily a follow-up training but if there was some kind of a system where we could contact the counseling center with questions. Something like a mentorship type of thing or even just a texting hotline. Because I find I've spoken to different girls and recommended briefly the counseling center but either because they're just embarrassed or they think we're more friends so it's kind of 'why would you say it we're just talking as friends'. Kind of that kind of side and I don't want to hurt the friendship because there is that side of it. It would be nice for me to get some kind of guidance on how to guide because lots of them don't go. And my personality doesn't absorb a ton from those super long trainings."
Student 7	[In response to mention about previous group wanting a text hotline] "And it'd be easy for us because we don't want to get too involved either because it's heavy stuff."
Student 8	"But that might not be possible for legal reasons. Like if you texted them and said, 'Is this concerning?' they could never say it's not concerning. Then if something happened you could always show that text and say, 'Well the counseling center said it wasn't.' I feel like that would be. We could try.

How did you feel about the training on sexual assault? Do you feel prepared?

Student 1	"Ya, we kind of went through that twice because they came around to the freshman dorms and did it again."
Student 2	"People took it, the freshman reacted very real to it. It wasn't a joke. Sometimes they do, those things become like a goofy joke if it's really serious. It's people's way of making it not awkward but they actually took it seriously."
Student 3	"I feel that's what the counseling center did very well, about identifying sexual assault because I think that our culture we often don't identify it and I think that they stressed a lot. At least when I lived in a freshman dorm. I don't know how it was this year, but when I lived there they came and they identified it and that was really interesting."
Student 4	[In response to being asked if they went beyond the victim, how do you deal with the community at large] "I don't think we did, that would be really interesting to cover though, how to stop rumors and that kind of thing."

How prepared do you feel in dealing with eating disorders?

Student 1	"That one's hard because they live in denial. I think that one's the hardest to approach because they will not admit it. For them to admit it, it will have gone very far.

How prepared do you feel in identifying and dealing with depression?

Student 1	"They give us a list of warning signs."
Student 2	[In response to being asked how they are picking up on depression] "It'll be their suitemates and roommates will tell us, 'she hasn't come out of her room in a while.' Or, 'she's not eating, she's crying a lot'. Or the ones that we have flagged down Students of Concern will be actively coming to us and wanting to sit in our rooms and just talk to us for like four or five hours, just expecting us to be their therapists. And that's the biggest trigger, that's the big red flag when they're constantly coming every day or constantly texting you, 'this is

	wrong.' And we have trigger words like, 'I can't do this anymore' or things like that. And that's when we have to refer them to the counseling center. And it's been successful when we encourage them to go but I've talked to a lot of girls who don't want to go back because they feel like the counseling center isn't listening to them. I don't know if the counseling center isn't following up because the first time they're really eager to go and then we kind of have to push them to go back again. They just said, 'it didn't help me very much.' Or I don't know how they're matching the counselor to the students but maybe-"
Student 3	"But I have heard, we push them so hard to go back and then they go back the second time and they say, 'that was so much better, I met with someone else.' I think it's just that first session, they have different expectations for it."
Student 4	"Also, I don't know if that's true but I believe that there are different types of counselors, that there are two different types of counseling and that half of the people (counselors) are people that will ask questions and half of them are people that don't. Because as humans people want to just talk about their problems and hear, ask questions and talk and just put it out there and I think that we have different types of counselors here and I think that if someone comes back like that we can just suggest that they go see a different counselor who might have a different type of education because they might just, I don't really know, I've never been, but I've heard that some people are like that and some people aren't."
Student 5	"I don't know if it counts because it's something we don't request here, not this year and I wasn't technically in the same position, but one of girls had gone through some sexual assault problems and she said she went to the counseling center and what, she didn't like it because the first time she went there she poured her heart out to the counselor and the second time she went there she had a different person and they didn't know what was going on and then she felt kind of abandoned because she thought she connected with the first one and then she requested them and they were like, 'well just take the person you're with' or something like that so she was just a little sad about that because it's hard to open up to two separate people."
Student 6	"There was one student in particular and I could see this as a theme for others. When we talked about going to the counseling center it seemed more like she wanted a friend not a counselor. And I feel like, with a lot of the loneliness statistics here on campus at Pepperdine, I feel like a lot of it routed in that lack of community at the foundational level and I wonder if the counseling center would be more proactive at identifying places of community that someone could find. Because a lot of people feel like there's either so many groups that there's no community because you can do Greek or church but there's no, that it's hard to find friends."

What types of things are you dealing with?

Student 1	"Depression."
Student 2	"Unidentified eating disorders, but that one's really hard because they will not admit it, they're just 'watching what they eat'."
Student 3	"I don't know what this classifies as but I've dealt with a lot of breakdowns.

	Just, they know it's over emotional, just a lot of midnight, 'everything bad' and crying."

Is there anything that you think the Counseling Center should know that would help them in their planning?

Student 1	"I don't know if they do this but I would love if they had bible studies for after abortions because that is a big problem at Pepperdine that is never talked about and I think that's something that'd be very important to have. Maybe something together with the health center and I talked to somebody else about that before but they didn't, I mean maybe they do have something like that already, I don't know. Because that's something, abortion is something that's never talked about. Even during training and I feel like that'd be something that would be very important to add because there's a lot of it, it's just not talked about. And there's this really good clinic in West LA, I think it was West LA, it's a pregnancy clinic and it's founded by a lady who graduated from Pepperdine and she had an abortion while at Pepperdine and after she, she founded this clinic for girls and my friend works there, that's why I know a little bit about it. They could totally work together with them, they would love to come on campus and talk about it, because that's something we have in our dorms we might just not know, cause that's something girls wouldn't talk about."
Student 2	"I think it would be very important for someone at the counseling center to follow up after every appointment. Maybe, just like those survey monkeys that they always send out, just how their experience was, because I think that would maybe encourage them to keep going back if they knew that someone wanted to know how it was…[in response to suggesting they think going back is a real issue] Ya, that's where I run into the most problems. I'm like, 'I think it would be really good for you to go back' and they're like, 'It didn't help me the first time so I don't want to.' And they just become really reluctant about it.
	Raise of hand 3 RAs dealt with sexual assaults 4 with eating disorders 5 with depression 2 with self injury 2 with suicide

Counseling Center Focus Group: RAS and SLAS Group 2

How has the training you received from the counseling center prepared you to deal with non-academic issues?

Prompts: What are the most difficult issues to deal with? How often do you deal with issues of drinking?

Student 1	You know and are aware of the things that happen such as drinking, but if the RA does not actually see it happening then they can't do anything about it. It's

	hard to actively do something about something that we are just hearing about and not witnessing. Hard to know what to do about it.
Student 2	I know of people that do go out and I am aware of it, I make sure to go and inform them that I am available as a resource. I am not only there as a judge but also to help. You know you can't prevent it, so at least try to help them.
Student 3	I think we need longer training sessions. The sessions are short and feel very rushed. Hard to retain all the information you learned in such a short period of time. Suicidal thoughts. Girls would come and talk to me because they think they are going to take their own life. At Pepperdine, it's almost a taboo to speak of drinking. So residents don't really talk about it with the RAs.
Student 4	2nd time RA. When I was going through training, I thought that everything I learned was too crazy and would never apply to me. But actually everything was relevant. I wish the presentation would be more interactive. Learned how to disarm the situation. In high school I was aware of the various situations but never had to really deal with it. But as a RA, I have to actively deal with it. It's nice to go to the trainings and be reminded that the various things are not abnormal and does happen on a normal basis.
Student 5	If the veteran RAs would talk to the newer RAs about the various things that would happen. Stories about things that happened. Not just address how to approach it, but also how to follow up with it. Body image and depression.
Student 6	The training was thorough. An SLA, not an RA. Doesn't deal with much of the disciplinary aspect. I forgot a lot of the things I learned. So would like a reminder or follow up training from the counseling center. In the guys' houses, there are some instances of substance abuse.

What's your perception of the counseling center? How comfortable are you referring people? Overall perception?

Student 1	The location is good in a way. Not everyone can see who's in there. There is a certain degree of privacy that makes students feel safer going there.
Student 2	The residents think that they can just get through it on their own. Since the residents don't want to go to counseling, the RAs feel like they themselves have to be the counselors.
Student 3	No matter how much I say to de-stigmatize the counseling center, students hold a bad attitude towards the counseling center and think that they can deal with it on their own.
Student 4	The RAs have a very positive perception of the counseling center. The freshmen have the wrong perception of the counseling center. First time counseling students are very adverse to the idea of going to the counseling center. Freshmen have an aversion to the counseling center in general. Summer school RA, more intimate setting with a smaller group. Learned in training that everyone needs to go to counseling no matter who you are.

	Everyone needs someone to talk to whether it's a friend or a mentor.
Student 5	The counseling center is far and hard to find. It's a trek to get there from the dorms.
Student 6	People don't know what they should go to the counselors for and why they should go. Need the residents to understand that it's not just for serious issues but also for anything even just to talk. People think you need a chronic condition or something really bad is happening when you refer them to the counseling center.

Did you feel like you learned what you were supposed to in the trainings? Examples of issues dealt with?

Student 1	I liked how they came into the houses and went over sexual assault scenarios with the residents. Communicating to the international students what's okay and not okay and what kind of questions they can ask. So everyone has the same information and can have discussions regarding the issues addressed.
Student 2	Something I appreciated this year was the emphasis on QPR (suicide prevention). We were trained on how to ask people if they want to kill themselves. Made the point that you're not going to make the person kill themselves by just asking the question. When a girl approached her, she felt equipped and empowered to ask her and try to help her. Wished she had received training on how to address issues that had happened to residents in the years past.
Student 3	Felt more confident because the counseling center emphasized that I didn't have to go through the situation to talk to the residents. The counseling center gave me the right questions to ask in different scenarios. Felt equipped to address the issues.
Student 4	Counseling center read specific scenarios that happened in the past it was helpful to get an idea of the cases that can potentially happen in the future.

3 RAs dealt with sexual assaults
4 with eating disorders
5 with depression
2 with self-injury
2 with suicide

Anything else you can share with the counseling center

Student 1	Like the sexual assault, coming into the houses for suicide. People feel uncomfortable with talking about it. It would be helpful for the counseling center to come in and talk about suicide to have discussions and equip the

	residents to deal with it.
Student 2	It would be great to debrief after dealing with issues with the RD. Found it helpful to talk to the RDs afterwards. Would come to the counseling center in place of the RD if the RDs were not available.
Student 3	We would like to have a refresher of the training. After having dealt with problems, coming to the counselor to talk about it.
Student 4	When the counseling center emphasizes symptoms of certain cases it was helpful in watching the residents and looking out for possible cases.

APPENDIX I

STUDENT FEEDBACK:
SERVICE LEADERSHIP CLASS

Synergy Consulting: Service Leadership Student Group

Executive Summary

The Pepperdine Counseling Center is a non-profit organization that operates within the Pepperdine University seeking to promote mental health by providing direct services to students in the form of individual, relationship, and group counseling. While the Counseling Center has experienced a 125% increase in the demand for counseling service, in general, in recent years, little progress has been made in the development of effective group offerings as most of the demand among students is being directed towards one-on-one therapy with a counselor. However, the counseling staff firmly believes that group involvement would be a more efficient use of staff and would likely be more beneficial to students in most situations, thus prompting the Counseling Center to solicit assistance in tackling this issue. By helping to spread the awareness of group counseling and offerings at Pepperdine, it is our hope that our plan will help students get the support they need, while reducing the demand for individual counseling.

Following our initial meeting with the Counseling Center staff and our preliminary assessment that we conducted, we decided on five core areas of focus that contribute to our overall marketing strategy, which aims to promote group offerings and engage students.

The first component of our strategy is the preliminary assessment. After conducting a survey, we confirmed that bettering the image of the Counseling Center as well as finding more effective ways to promote its services were much needed.

Our next focus is to redefine the name and nature of the group that would deem most effective for marketing and promotion. After speaking with several schools and conducting research on effective group counseling methods, we propose the group to be labeled: “Confident, Comfortable, and Connected.” These three powerful words encompass aspects of self-esteem building and developing social and interpersonal skills, mindfulness and wellness, and the importance of group relations and social interactions.

Our third component is advertising, which is a critical tool for spreading awareness of group counseling on campus. Taking into factors pertaining to Pepperdine University’s student body, we decided to focus our marketing efforts towards creating pamphlets, flyers, and making website improvements. Pamphlets provide a quick yet informative option for students to gain awareness and useful knowledge on the subject. Flyers are a low-cost tool for marketing, but must be attractive and positioned well in order to be effective. Lastly, several improvements to the current website would greatly improve the Counseling

Center's image. For example, adding an online appointment system would effectively streamline the scheduling process.

Our fourth area of focus is based largely on the idea of student representation of the Counseling Center. After researching UCSD's Peer Wellness Education Program, our team was inspired to develop a slightly different type of program using a similar concept which can be implemented at Pepperdine. Labeling the program, "Student Ambassador Program", we believe that it would provide ways for the Counseling Center to effectively utilize their student-workers in serving and engaging the student body through outreach and education by being present at events and/or tabling in the cafeteria.

Our fifth area of focus appeals to the international student population. There have been an increasing number of international students attending Pepperdine University, with most students from Asian countries such as China, Indonesia, and South Korea. International students are more likely to encounter various adjustment challenges such as language barrier, cultural shock, and social isolation, therefore needing counseling assistance in many cases. However, few international students seek the Counseling Center for help, especially students from Asia, because they have a negative perception toward "psychological help", "counseling", or "therapy". In order to meet this challenge our team developed an idea for a proposed event titled, "International Coffee Hour", which would address certain issues and challenges that international students have in a comfortable setting and environment along with providing practical advice that would engage participants and encourage them to attend groups. The event would be weekly and would encourage international students to come and meet with one another and share personal stories while enjoying coffee and light refreshments. Students would have the opportunity to openly discuss various cultural adjustment challenges together and learn how to better adapt to a different culture.

Overall, these five areas of focus encompass our overall strategy of bettering the image of the Counseling Center and promoting group services. These five components of our plan are discussed in detail in our report and are ready for implementation.

See full PowerPoint Presentation for complete findings.