



Program Review of the
University of La Verne
University Counseling Center

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Executive Summary

Mission

The mission of the University Counseling Center is to provide quality psychological counseling, crisis intervention and outreach services to the student body of the University of La Verne and to provide quality training and supervision to graduate students and prelicensed graduates in psychology.

Initiatives Assessed

In this program review the following initiatives were assessed: quality of care, quality of training and supervision, quality of consulting services, quality of outreach services, and quality of school-based counseling services.

Process and Method

A variety of effectiveness indicators were identified and utilized to assess each of the initiatives including the Counseling Services Evaluations (at intake and termination) that clients completed; GAF and BPRS scores that therapists completed; surveys about the quality of supervision and training that trainees completed; and a survey that some faculty and student services staff completed about the Center and how it could improve its services. Feedback from the Counseling Center supervisors and the Administrative Assistant and the Psychology department faculty was gathered and included in this report. The data from these surveys and evaluations was analyzed by the Office of Institutional Research.

Quality of Care

Results from the Counseling Services Evaluations for initial sessions were quite favorable (see Table 3). These 643 clients stated that they strongly agreed with statements that their counselors clearly explained confidentiality and its limits and felt welcomed by their counselor. There were 440 clients that completed the Counseling Services Evaluation during either the middle and/or at the end of treatment between 2003-04 and 2010-11. Clients reported that they either strongly agreed or agreed with the question about their overall having a positive experience in counseling. Table 4 displays a variety of problems clients had and how helpful these clients perceived counseling was in the resolution of their problems. Non-returning students were asked if they received adequate help from the ULV Counseling Center and 49 stated that they either agreed or strongly agreed with this statement (see Table 5). Table 6 shows that 58% of these seniors reported being either very satisfied or satisfied with the counseling services. Table 7 shows that the trainees perceived improvements in their clients' functioning as measured by the GAF and this degree of improvement was statistically significant. Analysis of the trainees' BPRS ratings between intake and termination (see Tables 8-10) showed significant improvement in decreasing multiple symptoms (e.g., somatic concerns, anxiety, guilt feeling and depression) across 2008-09 through 2010-11.

Quality of training and supervision

The quality of training and supervision was reported by 15 MFT trainees (see Table 11) and for 36 PsyD trainees (see Table 12) for the academic years of 2005-2006 through 2009-2010. Overall, these trainees reported being satisfied with many of their supervisors' actions. These evaluations also included qualitative comments about what supervisors could have done more or less of (see Appendices F and H).

Quality of consulting services

The quality of consulting services was measured by the Counseling Center Feedback Survey (see Appendix M) that was sent to faculty and professional/administrative staff members (n=9). Unfortunately none of the respondents spoke about consultation services offered via the Counseling Center so there was no data to report about the effectiveness of consulting services.

Quality of outreach services

Results from the Counseling Center Feedback Survey (see Appendix N) included ideas for future workshops and feedback about improving the Center's website. Results from the workshops participants' feedback are reported in Tables 14-16 (see Appendix L).

Quality of off-site school-based counseling services

What is known is that there have been 346 clients treated within the grant with the city of Claremont beginning with the 2007-08 through 2010-11 (see Appendix P). In addition, several school and district administrators had provided positive feedback about how much they valued the school-based counseling services (see Appendix O).

Action Recommendations & Plans:

There are multiple action recommendations and plans that have been identified via this program evaluation and that reflect the suggestions of the External Reviewer (see Appendix Q). Some are:

Staffing and Personnel and Departmental Budget:

1. Have the Counseling Center Director report to the Dean of Student Affairs.
2. Secure additional funding for the expansion of current positions (e.g., the Administrative Assistant [additional \$11,706] and the Postdoctoral Fellow [additional \$19,000])
3. To bring the Center's staffing up to IACS standards secure funding new positions (an Assistant/Training Director at \$70,000, part-time psychiatrist at \$25,000 and 3 full-time licensed psychologists at \$50,000-\$55,000 each).
4. Secure funding for a predoctoral internship training program within the Center.

Departmental Resources:

1. Secure additional funding for the purchase of new computers (\$5823.73) and a data gathering system (e.g., Titanium = \$2125 initially).

Departmental Workspace:

1. Investigate relocating the Counseling Center out of Hoover to a larger space on campus.

Programs and Activities:

1. Investigate establishing a satellite counseling office on the College of Law's campus.

Initiative 1: Quality of Care

1. Investigate and acquire an assessment tool for clients to complete at intake and termination to self-evaluate improvements and symptom reduction.
2. Strive to increase the return rate for clients completing the Counseling Service Evaluations.

Initiative 2: Quality of training and supervision

1. Supervisors will further train and supervise trainees in better developing their skills in diagnosis and case conceptualization, treatment planning as well as doing their clinical paperwork.
2. Consistently include training in working with clients that have eating disorders, substance abuse and sexual traumas.
3. Supervisors will continue to further develop trainees' cultural competence.
4. Investigate the prospect of the Counseling Center become a predoctoral intern training site.

Initiative 3: Quality consulting services

1. Devise a tracking system for consultations that the Center Director and staff provide.
2. Create a system of receiving feedback from receivers of consultations with Center staff.

Initiative 4: Quality outreach services

1. Create a software system to input results from evaluations completed by participants attending Counseling Center workshops.
2. Create and provide workshops per recommendations of stakeholders' feedback.

Initiative 5: Quality of off-site school-based counseling services

1. Create a software system to input results from initial session and termination evaluations completed by off-site clients along with trainees' GAF and BPRS ratings of their clients.

I. Department Vision and Mission Statement

Vision

The University Counseling Center provides a full range of psychological counseling services designed to assist each person to achieve his or her full human potential. In addition, the Counseling Center provides training and supervision for graduate students in the department of Psychology and a Postdoctoral Fellow in Psychology.

Mission

The University Counseling Center has a two-fold mission. The first goal is to provide quality psychological counseling, crisis intervention, consultation and outreach services to the student body and other stakeholders of the University of La Verne community. The second purpose is to provide quality training and supervision to graduate students and prelicensed graduates in psychology in providing counseling, assessment and outreach services to the college student population.

II. Department Initiatives Assessed

Initiative 1: Quality of care

Purpose: To provide quality counseling services to all university students.

Initiative 2: Quality of training and supervision

Purpose: To provide quality training and supervision to all graduate student trainees.

Initiative 3: Quality of consulting services

Purpose: To provide quality consulting services to faculty, staff, administrators and students about their concerns for students in distress.

Initiative 4: Quality of outreach services

Purpose: To provide quality outreach services to the ULV community.

Initiative 5: Quality of off-site school-based counseling services

Purpose: To provide quality school-based counseling services to secondary education students within the Claremont Unified School District.

III. Description of Department Capacity

The University Counseling Center is currently staffed by a full time director, a part-time administrative assistant (.80 FTE), and two part-time clinical supervisors (.15 FTE), one part-time postdoctoral fellow (.7 FTE) along with 14 part-time (.5 FTE) graduate students in either the MS/MFT Master's program or the PsyD program in clinical-community psychology. All counseling services are provided by either the postdoctoral fellow or the graduate students under the supervision of licensed psychologists. All graduate students are expected to provide up to 10 hours of counseling services each week and the postdoctoral fellow is expected to provide up to 14 hours of counseling services weekly. This year two new psychology faculty members are also providing limited counseling services (five hours per week) within the Counseling Center in order to gain hours towards licensure as a psychologist, and a licensed psychology faculty member is providing supervision to them. With the 2011-12 staffing pattern there are 136 (as compared to 77 in 2009-10) hours of counseling services that are able to be provided each week. In past years the total number of graduate students selected to provide clinical services in the Center has been limited to eight but due to the increased enrollment within the University, the Director has asked that the Psy.D. and MFT program chairs fund more graduate assistantships for more graduate students to be placed in the Counseling Center.

Over the past six years the total number of appointments scheduled and kept has ranged from 1145 (2006-07) to 2464 (2010-11) which is over a 100 % increase in appointments seen (see Table 1). In addition, the number of clients seen by Counseling Center staff has nearly doubled in that total has ranged from 139 in 2006-07 to 274 in 2010-11 (see Table 1). Unlike many other university counseling centers there are no session limits in the ULV Counseling Center and yet the average number of sessions has ranged from 7.5 to 10.7 per year (Table 1). In addition to providing individual, couple and group counseling along with crisis assessment and intervention services, all graduate student trainees are expected to provide at least two outreach endeavors per year. Another service provided by the PsyD trainees is psychological assessment and testing and each doctoral trainee is expected to conduct two psychological assessments per year. Crisis assessment and intervention services are offered both during regular office hours and after hours via the Director being on-call in the evenings and weekends during the academic year.

Table 1
Utilization of Counseling Center Services (2005-06 through 2010-11)

Years	Appointments Scheduled	Appointments Seen	Total Clients Seen	Total New	Total Returning	Percentage of Clients Scheduled that were Seen	Average Number Of Sessions
2005-06	1662	1279	170	147	23	76.9	7.5
2006-07	1479	1145	139	108	31	77.4	8.2
2007-08	2208	1685	218	195	23	76.3	7.7
2008-09	2628	2112	226	202	24	80.4	9.3
2009-10	2225	1801	199	168	31	80.9	10.7
2010-11	3244	2464	274	229	45	75.9	8.9

Currently the Center's operating hours are 8 am through 5 pm Monday through Friday and there are limited evening hours available Monday through Thursday. Prior to 2010-11, the Center was open from 8:30 am to 4:30pm and prior to the fall of 2006 the Center was open Monday through Thursday, 8:30 am to 4:30 pm.

A. Programs and Activities

1. Individual counseling services

This is the most commonly used service by the ULV student body. Students come in for a variety of reasons including stress and anxiety (e.g., social and performance anxiety, PTSD, panic attacks/disorder, GAD, OCD, specific phobia), depression (including major depressive disorder, adjustment disorder with depressed mood, and dysthymic disorder along with suicidality, low self-esteem, negative view of self), bipolar disorder, substance abuse, relationship conflicts, grief and loss, eating disorders and body image issues, traumas (e.g., physical, sexual, emotional), self-mutilation and unresolved issues from childhood including healing from abuse.

Unlike many other university counseling centers within California and the nation which limit the number of sessions that a student can receive in an academic year there are no session limits for ULV students within our Center. ULV students can attend counseling for as long as they wish to achieve their goals. Counseling sessions are usually 50 minutes long and clients usually receive weekly appointments. Some of the Counseling Center trainees also provide school-based counseling services (individual, family and group) within the Claremont Unified School District as a part of a grant that the Center has received from the city of Claremont since 2007-08.

2. Couple counseling services

The Center offers couple counseling services to married and unmarried couples as well as to straight or gay couples. Couples may request counseling to help improve their communication and conflict resolution skills, help resolve issues of mistrust and betrayal and improve their sexual relationship.

3. Group counseling services

During some spring semesters the Counseling Center has offered one or more counseling groups to the university community. Most years it has been challenging to fill the groups with enough clients for the groups to occur since the preferred minimum number of participants in a group is five. Some of the types of groups that have been offered have included relationship issues, improving body image, support for LGBT students, diversity issues and stress management.

4. Psychological assessment and testing

ULV students can undergo psychological assessment and testing for self-growth and exploration of their psychological issues, aid in diagnosis, as well as explore strengths and vulnerabilities. Our Center offers both partial and full battery assessments. A partial battery usually consists of a clinical interview along

with an objective and one projective personality measure (e.g., projective drawings and/or sentence completion) and some symptom checklists. A full battery usually consists of a clinical interview, one or more objective personality measures, a projective personality measure and a cognitive measure of intelligence. The assessment process usually concludes with a feedback session with the client and the referring therapist for both to learn the results of the assessment and testing and to discuss the implications of these results for their self-growth and understanding along with aiding with diagnosis and treatment planning.

5. Crisis intervention services

If a ULV student is experiencing a psychological crisis they can access immediate help both during the work day and after hours. During the work week each trainee is assigned to cover a crisis shift of either a morning (8 am to 12 pm) or afternoon (1 pm to 5 pm). During this shift the trainee is on-call for any student that may come in or call the Center reporting a psychological crisis. Each trainee has set aside an hour during their shift for a student in crisis to be seen immediately. The Counseling Center has a psychological emergency extension (4650) which can be called after hours and a message left requesting immediate response when someone from the ULV community is experiencing a psychological crisis/emergency. The Director is on call for any crisis that may occur after the Center closes at 5 pm and during the weekends throughout the academic year. Already during the first 6 weeks of this fall semester (2011) two ULV students have been hospitalized after a suicide attempt and many of the current clients have reported having suicidal ideation.

6. Outreach and consultation services

The University Counseling Center staff provides a variety of outreach activities to the ULV community throughout the academic year. Requests for outreach activities come from a cross section of the campus including housing, campus organizations (e.g., Greek life, Psi Chi), professors, and student service professionals. Some of the more recent outreach programs have included: stress management, body image and eating disorders awareness, alcohol/substance use/abuse, conflict management and improving relationships.

At the request of the office of residential life each year before classes begin the Center's Director provides training to the Resident Assistants and other housing staff members in recognizing and responding to distressed students and students in crisis. Throughout the year the Center's Director provides consultations to staff and faculty about concerns that they might have about the psychological well-being of students and family members, and he provides guidance and referrals. The Director is also a member of varying student services committees (e.g., Counseling Network, Students with Disabilities, Deans Management Team, Student Services Staff meetings) where he serves as a consultant about psychological issues and the psychological well-being of ULV students.

7. School-Based Counseling Services

Beginning in the 2007-08 academic year the ULV Counseling Center acquired a grant with the city of Claremont to provide school-based counseling services (individual, family and group) within the

secondary schools in the Claremont Unified School District. During these years some of the Counseling Center trainees along with the Postdoctoral Fellow have spent half of their clinical hours providing these school-based counseling services and the other half of their clinical hours providing clinical services to ULV student clients. The three schools that have received these services are El Roble Intermediate School, San Antonio High School and Claremont High School. In addition, family counseling as well as individual and couple counseling services to the older adult residents of Claremont have been provided via this grant at local community centers within Claremont.

8. Training and supervision

The University Counseling Center is a training site for graduate students in the Masters of Science program in Marriage and Family Therapy (MFT) and the doctoral program (PsyD) in clinical-community psychology. In addition, the Counseling Center has a postdoctoral fellowship in psychology such that the postdoctoral fellow is provided with supervision and training needed for licensure as a psychologist in California and many other states. Each graduate student receives weekly one hour of individual and two hours of group supervision. The postdoctoral fellow receives weekly three hours of individual and two hours of group supervision. In addition all graduate student trainees receive a weekly seminar in clinical-community psychology and all PsyD trainees receive an additional seminar in psychological assessment and testing.

Individual and group supervision are provided by the Director, the two part-time supervisors, that are licensed psychologists and the postdoctoral fellow. In the clinical-community seminar trainees learn about how to complete paperwork in our Center, how to consult and be a liaison with departments on campus, how to plan and conduct outreach activities, along with learning more about clinical skills from outside presenters on such topics as grief therapy, couples counseling, assessment and treatment of substance abuse disorders, the assessment and treatment of traumas and genograms. In the assessment and testing seminar the PsyD trainees learn more about conducting a clinical interview, administering and scoring objective and projective personality measures along with cognitive measures of intelligence, interpreting the test results, writing up reports of the results and conducting feedback sessions.

B. Staffing and Personnel

The Counseling Center's staff consists of a full-time Director, an administrative assistant (.8 FTE), two part-time supervisors, a part-time postdoctoral fellow and from 8 to 14 graduate students in the MS program in MFT and in PsyD program in clinical-community psychology. The International Association of Counseling Services (IACS) is an organization that sets standards for and accredits university counseling centers. Their view of the staffing of university counseling centers is that there should be clinicians that have completed their degrees and be licensed and for a campus the size of ULV they state that there should be five full-time clinicians that have complete their degrees and be licensed. The ULV Counseling Center does not meet this standard since there are only three licensed psychologists (the Director and two part-time supervisors who all together equal one full-time position) providing supervision and none providing clinical services to students.

The Director's position is 2/3 administrative and 1/3 academic such that the Director is a tenured faculty member of the psychology department. Duties of the Director include: general administration of the Center including oversight of services provided, budget, and management of an external grant; coordination of the training program including recruiting, interviewing and hiring all trainees and the postdoctoral fellow, and provision of supervision to supervisors, the postdoctoral fellow and trainees (MFT and PsyD); providing consultation services to other student service professionals, faculty and staff regarding psychological matters and services; providing after hours on-call services for crises and psychological emergencies; teaching in the psychology department (the director's responsibility of teaching is six units per year but he usually teaches two to three courses per semester due to departmental demands); chairing dissertation committees and being a committee member for PsyD students; attending meetings within the psychology department and participating in psychology programs committees; and attending monthly meetings within the Dean of Student's department (e.g., the Dean's Management Team Meetings, the Dean of Student's staff meetings, the Counseling Network meeting, the Disabled Student's Services meetings). It is important to note that there is no other University Counseling Center within the state of California where the Director splits his or her job responsibilities between an academic department in a tenure track position and student services.

The duties of the Administrative Assistant include: managing the office which entails: creating and maintaining the master schedule and scheduling of all initial appointments; initially handling any students in crisis; monitoring and purchasing office supplies and equipment; budget management; maintenance of the Center; client file inputting and management; public relations for the Center; and data collection, inputting, and analysis. This position is .8 FTE, funded for the academic year with partial benefits.

Supervisors: Currently there are two part-time supervisors along with two licensed psychology faculty members that assist in the providing individual supervision to the trainees. It is the responsibility of the supervisors to provide weekly individual supervision to trainees. The two part-time supervisors also provide group supervision on a weekly basis. In addition, supervisors are expected to be on-call to their supervisees in case the trainee has a client in crisis that they need to consult about. All supervisors are expected to provide a written and oral evaluation of their supervisees at the end of each semester. All supervisors must be licensed since it is the requirement of both the MS and PsyD programs that supervisors be licensed or under the supervision of a licensed psychologist as in the case of the postdoctoral fellow's provision of individual supervision to PsyD trainees. In addition, the California Board of Behavioral Sciences which governs licenses for Marriage and Family Therapists states that the supervisors of MFT trainees must have a valid license. For the postdoctoral fellow position, the California Board of Psychology mandates that all supervision be provided by a licensed psychologist.

Postdoctoral Fellow: This position is funded for 28 hours per week. The Postdoctoral Fellow conducts individual, couple, family and group psychotherapy and crisis intervention services to university students, provides individual supervision to Psy.D. practicum psychology trainees, co-leads weekly group supervision with a licensed psychologist, as well as assists in the coordination of the external grant with the City of Claremont which includes receiving all referrals and assigning clients to all trainees and providing school-based counseling services to secondary students and their families within the Claremont Unified School District, conducts a seminar in clinical-community psychology for the PsyD and MFT

trainees, assists with the leadership of the assessment and testing seminar and provides consultation and outreach services to the university/Claremont community.

Counselors/Trainees: The counselors are either MFT or PsyD graduate students in training work 20 hours per week during the academic year. Their responsibilities include: conducting intake interviews, providing individual, couple, family and group counseling, crisis assessment and intervention services; providing outreach activities including needs assessment, planning and conducting workshops; maintaining full clinical records for their clients; participating in weekly individual and group supervision, seminars in clinical-community psychology and assessment/testing (PsyD trainees only); and providing referrals to outside care providers and external resources. It is important to note that the ULV Counseling Center is the only university counseling center in California that has as its clinical staff graduate students and a postdoctoral fellow and no licensed clinical staff providing direct counseling services. Most university counseling centers have clinical staff that has completed their graduate degrees in psychology (mostly doctoral degrees) and many of their clinicians are licensed psychologists. For many university counseling centers they have training programs that have trainees, interns and/or postdoctoral fellows that are in addition to their clinical staff.

The ULV Counseling Center does not have a psychiatrist on staff and many of the student clients need to be evaluated by a psychiatrist for medication as an additional treatment for their symptoms. The Center maintains a working relationship with several local psychiatrists who Center staff will refer ULV students to. All of these psychiatrists will accept the ULV student health insurance. If our student clients need to use the ULV health insurance the student has to pay, immediately, the deductible (\$300) to receive the psychiatric services which has resulted in some students not being able to receive psychiatric care when s/he cannot afford the deductible. The ULV Counseling Center's lack of a psychiatrist on staff is in great contrast to most other university counseling centers in California that have at least a part-time psychiatrist as a member of their clinical staff.

Every year in the spring semester the Center has to recruit, interview and select new MFT and PsyD trainees as well as the postdoctoral fellow. Since the beginning of the Center in 1984, there have been 110 MFT trainees and 66 PsyD trainees. There have been a total of four administrative assistants and four directors as well as ten part-time licensed supervisors and eleven postdoctoral fellow since the Center opened under the leadership of Valerie Jordan in 1984. Gloria Henley is the current administrative assistant and she has been at the Center since 2006-07 academic year. Dr. Rick Rogers has been the director since 1999 beginning on an interim basis and then in the current tenure track position beginning in the 2001-02 academic year. The current part-time supervisors are both former postdoctoral fellows. Dr. Julianna Lyell became a supervisor in February 2006 and Dr. Elleni Koulos became a supervisor in the fall of 2007.

C. Supervisory Relationships

All Center employees and trainees report to the Director and he is ultimately responsible for the evaluations of all personnel and trainees. The Center Director reports to the Chair of the Psychology Department (Glenn Gamst, Ph.D.) since the Center is a program within the Psychology Department. This is unlike most university counseling centers where the Director usually reports to the Dean of Students or

the Vice President for Student Affairs. Both of the part-time supervisors along with the Postdoctoral Fellow report to the Director as does the administrative assistant.

This year the Director is the primary supervisor for five of the trainees, and so he provides individual supervision to all five trainees for one hour weekly. In addition, the Director is the primary supervisor to the Postdoctoral fellow and provides two hours of individual supervision weekly. He also provides two hours of weekly group supervision to seven of the trainees. Dr. Lyell provides weekly individual supervision to four trainees. Dr. Koulos provides weekly individual supervision to one trainee and one hour of secondary supervision to the postdoctoral fellow. The Postdoctoral Fellow also provides individual supervision to three PsyD trainees. Both Drs. Lyell and Koulos cofacilitate the second group supervision. Dr. Koulos also provides leadership to the assessment and testing seminar for the PsyD trainees which meets weekly for one hour and the postdoctoral fellow assists her with this seminar.

Each individual supervisor evaluates each supervisee at both the end of the fall semester and at the end of the academic year which consists of completing a written evaluation of the trainee and then a verbal explanation of that evaluation to the trainee. If there is ever any conflict between a supervisor and supervisee the Director would arbitrate and mediate that conflict. Another aspect of the Director's responsibility is to review and co-sign all child abuse reports before they are sent out to the respective counties' children's protective services. All supervisors meet once a month to discuss issues about the supervision and training of all supervisees and the Director facilitates that meeting.

D. Departmental Resources

The Counseling Center has multiple resources that help trainees assess and provide counseling and outreach services to their clients. One of the resources that the Center has include a variety of psychological tests, both objective and projective measures, along with symptom checklists that do aid in providing ULV students with testing and assessments to aid in their diagnosis and treatment planning. The objective personality measure that the Center owns includes the MMPI-2. The Center does not own a computerized system for scoring and interpreting the results of the MMPI-2. Even though the Center owns a copy of this measure, its manual and its templates we have to purchase annually the forms of the various scales that are used in the interpretation of the results. At times the Center has borrowed from the PsyD program other objective, cognitive and projective measures including the MCMI-II and the Bender Gestalt II. The Center also owns both the Rorschach and the Thematic Apperception Test (TAT) and has the Sentence Completion along with projective drawings for the PsyD trainees to administer to their clients. There are multiple symptom checklists that the Center purchases from the publisher each year. These checklists include the Beck Depression Inventory, the Beck Anxiety Inventory, the Beck Hopelessness Scale the Beck Suicidality Inventory and the Beck Youth Inventories.

The Counseling Center has a variety of resources for trainees to use in the planning and facilitation of outreach presentations on campus. We have saved the PowerPoint presentations that have been created for a variety of workshops over the last several years. We also have many different handouts on a variety of topics (e.g., stress management, grief, communication skills, and date rape prevention) that have been used in workshops.

Within the Center there are three camcorders to videotape counseling sessions and there are two video monitors to play back the sessions during supervision. One of the camcorders recently broke and is not repairable and another is older and not consistently functional. One of the monitors is located in the Director's office and the other is located in the office shared by the postdoctoral fellow and the supervisors. In addition, all offices have audio cassette recorders in order to record all clients' sessions beginning with the second session. These audio cassette recorders are aging as are the cassette tapes that are re-used each year.

There are computers in all of the counseling offices yet all are substandard. Each computer is connected to the internet and to the main printer at the administrative assistant's desk area. All of these computers have used flat screen monitors that the administrative assistant requested that OIT provide us with. The software on each of these computers includes the 2007 Microsoft operating system.

The administrative assistant has a data gathering system created by the ULV IT department that allows her to input and save data about clients and types of services utilized via their appointments along with appointments scheduled and kept. This software system is old and needs to be updated or replaced with a system that is more efficient and relevant to the expanding needs of the Center. Many university counseling centers have an electronic appointment system for setting up appointments (e.g., Titanium) but it has never been in our Center's budget to purchase any such system. Systems like Titanium also allow for data management and electronic record keeping. The Center keeps paper records. Trainees can use the computer to complete their paperwork for their clients, print it and then delete the file from their computer and their flash drive.

E. Departmental Workspace

The Counseling Center is located in the northeast corner Hoover Building, 2nd Floor. The Center has five counseling offices for trainees to use to provide counseling services, a reception area for clients, a workspace for the administrative assistant, an office for the Director and an office for the postdoctoral fellow and part-time supervisors. All but one of the offices are furnished with used, second hand furniture. Most of the counseling offices do not have desk chairs that are adjustable and user friendly. All offices have desks, phones, and computers. There are two-way mirrors in two sets of offices which allow for supervisors to observe and videotape counseling sessions as well as for practice in graduate psychology classes. There are eight four-drawer file cabinets that store current and past clients' files, testing and clinical materials.

The Center has its own copy machine, a LaserJet printer located in the administrative assistant's workspace area, a multi-function color printer/fax machine located in the Postdoc's/supervisors' office and another LaserJet printer in the Director's office. In the administrative assistant's workspace area there are three enclosed cabinets that store supplies. The reception area has six chairs that have been donated from other offices on campus, a coffee table, and a credenza along with a bottled water dispenser, a book shelf and four file cabinets. On the coffee table there are a variety of relatively current magazines that have been donated by Dr. Rogers' private practice (there is no funding for literature in the reception area). Music is played in the reception area. When this area of Hoover was created for the Center sound

proofing of offices was not taken into consideration carefully enough so all offices have sound machines to help deflect external sounds from other offices and from the hallway.

Currently the Center's office space is at full capacity with the current 14 trainees and the two new psychology faculty seeing clients. All available counseling offices are used during the work week of Monday through Friday from 8 am to 5 pm. Some of the trainees are willing to provide counseling services in the evenings, Monday through Thursday between 5 and 9 pm and those hours are very popular with both graduate students and CAPA students.

F. Departmental Budget

The Counseling Center's operating budget has not increased since 2001 when the current Director took over leadership. In fact, the operating budget has been decreased several times during past years without any reinstatement of losses to this part of the Center's budget. For instance, in 2001-02 the operating budget was \$7,882.00 and for 2011-12 it is \$4,200.00, for a loss of \$3,682.00. The Center is responsible for raising part of its income by charging nominal fees for counseling services to CAPA and graduate students who have not purchased the Student Health Insurance. Until 2008, the Center was responsible for raising \$1700 of its budget via these fees. In 2009, the Center was told by the office of Budget and Finance that it had to raise \$2,200 of its own budget via charging for services. At that same time the Center's Director was also told by Associate Vice President and Treasurer, Avo Kechichian that any funds raised beyond this base amount could be used by the Center to spend on extra expenses that the Center had during that academic year.

Within the Center's operating budget, object code 6102 (adjunct faculty salaries) has covered the compensation for the part-time supervisors and the postdoctoral fellow, and this has not increased since 2002/03. The Director has repeatedly requested that this line item be increased to give increases in compensation to the supervisors, and for the postdoctoral fellow to be increased from a part-time to full-time position with benefits. Currently, the postdoctoral fellow receives from ULV \$8,000 per year and \$6,000 from the grant with the city of Claremont for the 28 hours per week during the academic year. The administrative assistant has worked 35 hours per week through 2009-10 and the Director has repeatedly requested that this position be full-time with full benefits. This request for the Administrative Assistant's position to be increased to full-time actually began with the prior Director (Roger Russell, Ph.D.) in the last Counseling Center's program review in 1999.

During the past five years the Counseling Center has received additional funding via a grant from the city of Claremont to provide school-based counseling services within the Claremont Unified School District, along with individual and family counseling services to low income residents of the city of Claremont. These funds have allowed the Center to increase the hours and compensation for the postdoctoral fellowship position and for the past two years for the administrative assistant to increase her hours to 40. Each of the graduate student trainees receive a graduate assistantship (\$4,000 per year in tuition waivers) for their placement in the Counseling Center and that funding comes from their graduate programs (MS and PsyD) to defray their costs of tuition. (The budget for the last three years for the Center and for the grant can be seen in Appendix A).

An assessment was done to discern the cost per student client for the services offered for the last four academic years. The costs were calculated in two different ways. The first method was by totaling the Counseling Center's budget for each year from 2007-08 through 2010-11 and then dividing that total by the number of students seen as clients during that year. The second method was by totaling the Counseling Center's budget and then adding to it the expenses of the Psychology Department in their paying for the graduate assistantships for each year (\$4,000 per student per year in tuition remission) from 2007-08 through 2010-11 and then dividing that total by the number of students seen as clients during that year. See Table 2 for these results. The cost per client ranged from \$523.32 to \$699.08 when looking at just the Center's budget. When the graduate assistantship expenses were included, the cost per client ranged from \$698.50 to 879.99. The number of clients during these years ranged from 199 (2009-10) to 274 (2010-11) and in turn the cost per client varied depending upon the number of clients served each year.

Table 2
Cost of Services per Clients Served (2007-2011)

Academic Year	2007-08	2008-09	2009-10	2010-11
# of Clients seen	218	226	199	274
Center Budget*	\$137,075.01	\$139,255.51	\$139,117.13	\$143,390.28
Cost per client	\$628.78	\$616.17	\$699.08	\$523.32
Psych Department				
Grad. Assist.	\$40,000.00	\$46,000.00	\$36,000.00	\$48,000.00
Total Funding	\$177,075.01	\$185,255.51	\$175,117.13	\$191,390.28
Cost per client	\$812.27	\$819.71	\$879.99	\$698.50

*These figures do not match the Counseling Center budget numbers in Appendix A because the Director's position is 1/3 academic and 2/3 administrative and so only the administrative portion of Director's salary is figured into these costs.

IV. Effectiveness Indicators (Methodology)

Initiative 1: Quality of care

Quality of care includes the Center's staff's provision of individual, couple, family, and group counseling and psychotherapy services along with crisis assessment and intervention services and psychological assessment, testing and report writing services. There were several ways that quality of care has been measured. One of the ways was via surveys that clients completed after the first visit, mid-way through treatment and upon the end of treatment. Feedback from the initial session is gathered via the "Counseling Services Evaluation: Initial Session Feedback" form (see Appendix B) that clients fill out at the end of their first visit to the Center. This form consists of: the nine questions about the client's initial experience in counseling on a five point Likert scale (e.g., 1=strongly disagree, 3=undecided, 5=strongly agree) and a section where clients can make comments. This data will be reported for the academic years of 2007-08 through 2010-11. The second way was through the "Counseling Services Evaluation" (see Appendix C) which was used for evaluating treatment in the middle and end of treatment since the fall of 2003. This survey contains 30 questions about the client's perception of their experience in counseling that are on a 5 point Likert scale (1=strongly agree to 5=strongly disagree). In addition, clients are asked

to rate their perception of the degree of helpfulness (1= unhelpful, 3= undecided and 5=very helpful) that their counseling has been in the resolution of their reasons for seeking counseling from a list of 14 common problems. Students were also asked their reasons for seeking out counseling and to rate how much on a 5 point Likert scale (1=very helpful to 5=very unhelpful) they felt counseling had helped towards resolving these problems (see Appendix C). The third way was via student feedback on ULV conducted research via the “Non-returning Student Exit Survey” and the CSS-2009 College Senior Survey. The final way that client improvement was measured was by the Global Assessment of Functioning (GAF) and Brief Psychiatric Ratings Scale (BPRS) (See Appendix D) scores at the beginning and end of treatment for the academic years of 2008-9, 2009-10 and 2010-11 (See Tables 8-10).

Initiative 2: Quality of training and supervision

The Center’s staff consists of trainees in the ULV MS program in MFT and PsyD program in clinical-community psychology along with a postdoctoral fellow. The supervisors of the Counseling Center have included the Director (Dr. Rogers), two part-time licensed psychologists (Drs. Julianna Lyell and Elleni Koulos) along with the Postdoctoral Fellow. The quality of the training and supervision that these trainees have experienced are measured by the trainees’ evaluations of their supervisors and of the agency completed by these trainees as a part of their academic programs requirements for the academic years of 2005-06 through 2009-10. There were 15 MFT trainees and 36 PsyD trainees that completed these evaluations. All MFT and PsyD students complete “The Trainee Evaluation of Supervisor” (See Appendices E and G). It consists of 18 questions. The first 14 questions are on a 5 point Likert scale from 5 = Outstanding, 4 = Very Good, 3 = Acceptable, 2 = Poor and 1 = Unacceptable. Question 15 is an overall rating about supervision on a four point Likert scale (4 = Excellent, to 1 = Poor). The last three questions are about how helpful the student perceived three supervisory techniques (verbal report of session, videotaping and audiotaping of sessions) were for them and each question was on five point Likert scale from 5 (Extremely Valuable) to 1 (Being of Little Value). In addition these three questions ask for narrative feedback about specifics of what was valued and about possible improvements in supervision. All PsyD trainees also complete Student Evaluation of Practicum/Internship Site (See Appendix I). Students are asked a variety of questions, both Likert and open-ended, to give their feedback about the quality and quantity of their training and supervisory experiences at their site.

Initiative 3: Quality of consulting services

The director, the postdoctoral fellow and on occasion the trainees serve in a consultative role with faculty, staff and students when there are concerns about the emotional well-being, academic and social functioning of a student. The consultations may be by phone or face to face private discussions about a student of concern either in the Center or in one of the student service meetings that the Director attends monthly (e.g., the Counseling Network, Disabled Students Services). One way that feedback about consultation services was hoped to be acquired was via the survey (see Appendix M) that was sent out in January and in June 2011 to all student services staff, deans of faculty, the Provost, President, and select faculty.

Initiative 4: Quality of outreach services

The Counseling Center staff provides a variety of workshops and outreach activities during each academic year. These workshops are on such topics as stress management, grief, body image and eating disorders, use and abuse of alcohol and other substances, identifying students in distress. The quality of these workshops was measured by the evaluation form that participants is asked to complete at the end of the workshop. The academic years that will be reported include 2005-06 through 2010-11. Another way that feedback about outreach services was acquired was via the survey sent in January and June 2011 to all student services staff, deans of faculty, the Provost, President, and select faculty (see Appendix M). This survey asked: What kinds of outreach (e.g., workshops, presentations, pamphlets) and outreach topics would you and/or students regard as helpful to ULV students that you would like to have the ULV Counseling Center staff provide in the future?

Initiative 5: Quality of off-site school-based counseling services

Some of the Counseling Center trainees and the Postdoctoral Fellow provide school-based counseling services to secondary students in the Claremont Unified School District and family counseling services to under-served families in the city of Claremont. Quality of these services was assessed via the surveys Counseling Services Evaluation: Initial Session Feedback and the Counseling Services Evaluation forms (See Appendices C and D) that the student clients completed at the end of treatment. These evaluation forms for the academic years of 2007-08 through 2010 -2011 were to be included in this report. In addition the total number of clients served since the beginning of the program will be reported (see Appendix P). Correspondences from administrators within the Claremont Unified School District about their feedback about the value of the school-based counseling services are also included in this report (see Appendix O).

V. Findings (Results)

Initiative 1: Quality of care

Initial Session Feedback: At the end of the initial session all clients are asked to complete the “Counseling Services Evaluation: Initial Session Feedback” form (see Appendix B). As can be seen in Table 1 in 2007-08 there were 218 clients seen by Counseling Center trainees and the Postdoctoral Fellow in the ULV Counseling Center and within the CUSD and 131 (60%) of those clients completed this Initial Session Feedback evaluation (See Table 3). For 2008-09 there were a total of 226 clients seen and of those 129 (57%) clients completed this evaluation form. In 2009-10 there were a total of 199 clients seen by Counseling Center staff and 111 (56%) of them completed this survey.

As can be seen in Table 3 there was much consistency in the students’ answers across these three academic years for all nine questions. In addition across the nine questions for the three years the overall averages ranged from 4.34 to 4.90 (4= agree and 5= strongly agree) indicating that students agreed if not strongly agreed with the questions about their experiences in counseling. The highest scores were on the clients reporting about confidentiality and its limits being explained to them and about the clients feeling welcomed by their counselor indicating that most of these 643 clients seen during these three years strongly agreed with these statements. The question with the lowest rating by clients was about the clients having a clear sense of their goals and directions for their counseling (mean = 4.34), indicating that

more clients probably stated that they agreed rather than strongly agreed with this question. It is not surprising that these clients scored lower on this question about goals and direction for counseling since for many clients their level of distress is fairly high during the time of their first appointment and the counselor may not have yet gotten to assist the clients in setting goals. This often happens in the second session. One of the questions was about the scheduling of the first appointment and most students strongly agreed that it went smoothly.

Table 3
Means Ratings of Initial Session Feedback from Clients

Questions	2007-08 N=218	2008-09 N=226	2009-10 N=199	Overall Average
2. Purpose	4.64	4.56	4.62	4.61
3. Welcome	4.89	4.79	4.83	4.84
4. Confidentiality	4.92	4.85	4.93	4.90
5. Ask questions	4.85	4.71	4.81	4.79
6. Understood	4.68	4.55	4.66	4.63
7. Expectation	4.60	4.63	4.69	4.64
8. Clear goals	4.34	4.33	4.34	4.34
9. Continuing	4.69	4.70	4.78	4.72
10. Scheduling	4.76	4.81	4.80	4.79

Middle and End of Treatment Feedback: Clients completed this survey, the “Counseling Services Evaluation” (see Appendix C), at the end of the fall semester and at the end of the academic year or during the client’s last session. The results of this survey (see Table 4) have been tallied since the fall semester 2003, and 440 clients completed this survey out of a total of 1499 clients seen during these eight years, with a 29% return rate.

In response to the question, “My overall experience with the Counseling Center has been positive,” the 438 students that answered this question indicated that they strongly agreed with having a positive experience in counseling (See Table 4). There are several questions about the clients’ perceptions of their counselor’s ability to be understanding, respectful, to be trustworthy along with feedback about their counselor’s skills and how helpful counseling has been. Table 4 shows that the clients’ average scores for these items indicate high levels of agreement with positive perceptions of their counselors’ abilities to be respectful, understanding, trustworthy, and helpful along with being skilled to assist them in their striving to meet their goals in counseling. In addition, when asked if they would recommend their counselor to someone else, the 437 students indicated that they strongly agree with that view.

Several of the questions are about the students’ perceptions of the Counseling Center. It appears that these students have been quite satisfied with the scheduling of appointments and had positive views of their treatment by the office managers. This rating for scheduling of appointments is a similar level of satisfaction to the students’ feedback from their initial session. They also reported that they agree strongly with the statements that the Center has been “neat and appropriate” and “warm and helpful”. In

addition, the 432 students that answered a question about returning to the Center at a later date if the need arose indicated that many of them would consider this. In fact, since the fall of 2003, 226 (15%) clients have returned for additional counseling.

There are also 14 questions about the client's perceptions of their counselor's multicultural competence including questions about cultural sensitivity, knowledge, awareness and skills. Three of these questions are asked in reverse so these average scores are higher than the others for that reason. It appears that on some of these multicultural items not all students answered the questions, perhaps because some of the Caucasian clients could not identify with these questions. The averages for the clients' answers to these questions range between strongly agree and agree indicating that they viewed their counselors as being understanding about and sensitive to their cultural background and values.

The second part of this evaluation was about the clients' reasons for seeking counseling and their perceptions of how helpful counseling was in the resolution of their problems (See Appendix C). In Table 4 the most commonly reported problem for these 440 clients was relationship problems (n=351, 79.7%). The average score for these clients was 4.48 meaning that they viewed that counseling was definitely helpful in making progress towards resolving their relationship issues. Some of the other common problems reported by clients included: self-identity or self-esteem, anxiety, career/academic problems, stress/physical health issues, and depression while the meaning or purpose of life was a little less common. Overall it appears that these students perceived that counseling was helpful with the reasons that they sought out counseling. Three of the reasons that students sought out counseling that had the lowest ratings of perceived helpfulness were sexual harassment/abuse concerns, eating disorders and substance abuse. Yet these average ratings ranged from 3.57 to 3.83 (3=undecided and 4=helpful) possibly meaning that many of these students found their counseling to be of some degree of helpfulness. It is important to note that these are clinical issues that therapists treating these problems usually receive additional training and that none of the Counseling Center clinical staff have had such training or expertise since they are all trainees early in their professional careers.

Table 4 (2003-2011)

Counseling Services Evaluation All Counselors

10/10/2011
08:55:34

Avg.	Count	
1.15	438	1. My overall experience with the Counseling Center has been positive
1.18	439	2. My counselor understood the things I told him/her
1.13	440	3. I have been satisfied with the scheduling of my appointments
1.13	440	4. The appearance of the Counseling Center has been neat and appropriate
1.17	437	5. I would recommend my counselor to someone else
1.24	432	6. If the need arose, I would return to the Counseling Center for treatment at a later date
1.14	439	7. The office staff has been courteous and helpful
1.13	435	8. I feel that what I revealed about myself in counseling has been treated confidentially
4.74	428	9. My counselor has appeared immature
1.38	437	10. I have been able to tell my counselor everything that concerned me
1.18	438	11. The general atmosphere at the Counseling Center has been warm and helpful
1.14	437	12. My counselor seems to be competent and capable
1.12	438	13. I feel respected by my counselor
1.13	437	14. My counselor has been sensitive to my feelings
1.12	438	15. I can trust my counselor
1.35	374	16. My counselor appears to have an understanding about different cultures
1.33	129	17. My counselor considered my cultural beliefs and values when giving me feedback about my test results
1.63	311	18. My counselor appears well informed about my ethnic culture
1.55	42	19. My counselor understands my issues related to adapting to a new culture as an immigrant
1.26	280	20. My counselor understands the issues related to my sexual orientation
1.49	41	21. My counselor understands my issues related to my disabilities
1.56	324	22. My counselor understands my issues related to the socioeconomic conditions I grew up in
4.83	270	23. I have not been able to communicate well with my counselor because of language problems
1.84	98	24. My counselor is aware that being a person of color in this society has certain challenges
4.81	373	25. My counselor tends to impose his/her own cultural values upon me
4.80	378	26. My counselor appears to have some stereotypical beliefs about members of my ethnic background
1.62	328	27. My counselor adequately addressed my anxiety about coming to the counseling center
1.22	408	28. I feel culturally comfortable in my counseling sessions
1.72	135	29. My counselor makes me feel empowered as a person of color
1.19	431	30. I think it has been helpful for me to seek counseling

Avg.	Count		Avg.	Count	
4.48	351	1. Relationship problems	4.03	106	8. Sexual concerns
4.37	245	2. Career/academic problems	3.83	75	9. Sexual harassment/abuse concerns
4.44	286	3. Self-identity or self-esteem problems	3.57	70	10. Eating disorder
4.25	174	4. Meaning or purpose of life issues	3.71	73	11. Substance abuse
4.35	207	5. Depression	4.26	126	12. Problems with becoming angry
4.45	255	6. Anxiety	4.15	89	13. Concerns about loss of mental control
4.44	236	7. Stress/physical health issues	4.65	77	14. Other

ULV Student Research: The University of La Verne conducted the “Non-returning Student Exit Survey” during the summer of 2010. For the purpose of this study a non-returning student was defined as a student who was registered for classes during the 2008-2009 academic year but did not register for classes during the 2009-2010 academic year. Altogether 1454 non-returning students were identified through Banner, who received emails with a link to an on-line survey. The number of former students who responded to the survey was 161 with a return rate of 11%, representing a cross-section that resembled the profile of the La Verne student body but cannot be truly representative because of the low response rate. This survey included a question about receiving adequate help from the ULV Counseling Center. Students that answered this question (#22) had a 5 point Likert scale to choose from (disagree strongly to agree strongly). In 2010 there were 62 students that answered this question implying that they had gone to the ULV Counseling Center and 49 (79%) of those students reported either that they agreed or strongly agreed with the question of receiving adequate help from the Counseling Center. The survey data was analyzed by ethnic background and it was found that 82% of the Hispanic/Latino, 60% of the African American and 89% of the White clients stated that they either agreed or strongly agreed with this question of receiving adequate help from counseling services (See Table 5).

Table 5
Non-Returning Students Exit Survey Report (2010)
Responses of Non-returning Students about Receiving Adequate Help
From the ULV Counseling Center
2008-09 (N=1454)

Table 1. Percentages by different degree levels (N=112):

Undergraduate (N=44)			Masters (N=46)			Doctoral (N=22)		
Agree	Strongly	Total	Agree	Strongly	Total	Agree	Strongly	Total
	Agree			Agree			Agree	
43	37	80	54	27	81	17	50	67

Table 3. Percentages of all Non-Returning Students (N=161):

Agree	Strongly	Total
	Agree	
40	38	78

Table 4. Percentages of Non-Returning Students by Different Campuses (N=130):

Main Campus (N=48)			CAPA & Online (N=25)			RCA (N=57)		
Agree	Strongly	Total	Agree	Strongly	Total	Agree	Strongly	Total
	Agree			Agree			Agree	
54	33	87	0	78	78	66	21	87

Table 6. Percentages of Non-Returning Students by Ethnic and Racial Background (N=128):

Hispanic/Latino (N=44)			African American (N=19)			White (N=65)		
Agree	Strongly	Total	Agree	Strongly	Total	Agree	Strongly	Total
	Agree			Agree			Agree	
50	32	82	40	20	60	42	47	89

The CSS-2009 College Senior Survey: In 2009 243 ULV seniors took the CSS-2009 College Senior Survey and one of the questions was about seeking personal counseling and another was about degree of satisfaction with psychological counseling services. Of the 239 students that answered the question about seeking personal counseling 4.6% (n=11) stated that they had frequently sought counseling, 17.2% (n=41) stated that they had occasionally sought counseling and 78.2% (n=187) stated that they had not sought out counseling (see Table 6). There were 83 students that answered the question about level of satisfaction with psychological counseling services. 25.3% (n=21) reported being very satisfied, 32.5% (n=27) stated that they were satisfied, 41% (n=34) were neutral and 1.2% (n=1) were very dissatisfied (Table 6). One might assume that most of those students that answered neutral were not clients based upon there being that there were 52 of these seniors that identified themselves as seeking out counseling. If that is accurate then it probably means that 48 out of these 52 clients were either satisfied or very satisfied with the psychological counseling services that they received while enrolled as student at ULV.

Table 6
CSS-2009 College Senior Survey Counseling Center

University of La Verne	Total			Men			Women		
	Your Inst	Comp 1	Comp 2	Your Inst	Comp 1	Comp 2	Your Inst	Comp 1	Comp 2
Graduating Seniors	243	5,968	14,679	57	2,448	5,447	186	3,520	9,232
Please rate your satisfaction with your college in each area:									
Psychological counseling services									
Very satisfied	25.3%	20.0%	19.7%	23.8%	18.9%	16.9%	25.8%	20.6%	21.3%
Satisfied	32.5%	32.8%	34.2%	38.1%	31.2%	31.9%	30.6%	33.9%	35.5%
Neutral	41.0%	36.1%	36.9%	38.1%	40.3%	42.8%	41.9%	33.4%	33.6%
Dissatisfied	0.0%	6.4%	5.5%	0.0%	5.3%	5.0%	0.0%	7.1%	5.7%
Very dissatisfied	1.2%	4.7%	3.8%	0.0%	4.3%	3.4%	1.6%	5.0%	3.9%
Total (n)	83	3,272	8,423	21	1,290	3,059	62	1,982	5,364
Mean	3.81	3.57	3.61	3.86	3.55	3.54	3.79	3.58	3.65
Standard Deviation	0.86	1.03	0.98	0.79	0.99	0.94	0.89	1.05	1.00
Significance	-	*		-			-		
Effect Size	-	0.23	0.20	-	0.31	0.34	-	0.20	0.14
Sought personal counseling									
Frequently	4.6%	5.0%	4.7%	1.8%	3.1%	3.1%	5.5%	6.2%	5.7%
Occasionally	17.2%	21.8%	21.7%	19.6%	18.7%	19.4%	16.4%	24.0%	23.1%
Not at all	78.2%	73.2%	73.5%	78.6%	78.2%	77.5%	78.1%	69.8%	71.2%
Total (n)	239	5,919	14,589	56	2,425	5,406	183	3,494	9,183
Mean	1.26	1.32	1.31	1.23	1.25	1.26	1.27	1.36	1.35
Standard Deviation	0.54	0.56	0.56	0.47	0.50	0.50	0.56	0.60	0.58
Significance	-			-			-	*	
Effect Size	-	-0.11	-0.09	-	-0.04	-0.06	-	-0.15	-0.14

Global Assessment of Functioning (GAF) scores: The final way that client improvement was evaluated was done by all trainees and the Postdoctoral Fellows through a comparison of their clients' Global Assessment of Functioning (GAF) and Brief Psychiatric Ratings Scale (BPRS) scores at the beginning and end of treatment for the academic years of 2008-9, 2009-10 and 2010-11. Within the Diagnostic and Statistical Manual for mental disorders that is published by the American Psychiatric Association (DSM-IV-TR, 2000) one of the ways clients are assessed by mental health professionals is via the Axis IV, the Global Assessment of Functioning (GAF) scores. GAF scores can range from 0 (severe impairment) to 100 (superior functioning) and are the clinician's judgment of the client's level of functioning in terms of emotional, cognitive, behavioral and relational well-being across all environments (e.g., home, work, school). In many mental health settings the GAF is used to track clinical progress in terms of the client's improvements in terms of psychological, social and occupational/academic functioning. This GAF data that the clinicians assessed at the beginning and end of treatment was averaged for all clients for each year and there were perceived improvements in these clients' functioning across all three years by approximately 5 points which was found to be a significant improvement in functioning at the .001 level (see Table 7).

Table 7

GAF Score Differences from Beginning to End of Treatment: 2008-09 through 2010-11

GAF score	Beginning		End		<i>df</i>	<i>t</i>	<i>p</i>
	M	SD	M	SD			
Academic year							
2008-2009	66.45	11.32	71.42	10.92	135	-8.14	<.001
2009-2010	66.50	11.23	71.35	10.67	138	-8.31	<.001
2010-2011	64.67	13.27	70.61	12.56	211	-9.96	<.001

Brief Psychiatric Ratings Scale (BPRS) scores: The BPRS (see Appendix D) is a measure of 18 psychiatric symptoms that clinicians use to evaluate their client's level of psychological symptoms at the beginning of and end of treatment. For each symptom the clinician rates the client's degree of presence of the symptom on a 7 point Likert scale with 0 = no symptoms and 6 = very severe after the initial session and then again after the final session. For the three academic years reported (2008-09 through 2010-11) of the 18 symptoms assessed by trainees, six of the symptoms were commonly viewed as present at intake: somatic concern, anxiety, emotional withdrawal, guilt feelings, tension, and depressive mood, with their averages ranging from very mild (mean =1.48, SD=1.02) to moderate (mean=3.30, SD=1.59) (see Tables 8-10). Most of the other symptoms were evaluated as "not present" averaging around 1 at the beginning of treatment; with the range of these mean scores being from .98 to 1.39. For four of these six symptoms (somatic concern, anxiety, guilt feelings and depressive mood) the clinicians reported in their end of treatment evaluations that the level of severity of their clients' symptoms had

decreased and these decreases were found to be significant at the .001 level across all three academic years (See Tables 8-10). In addition, during the 2010-11 academic year it was also found that trainees reported that there were significant decreases in the levels of emotional withdrawal, and conceptual disorganization at the .001 level and it was also found that there were significant decreases in the levels of mannerisms and posturing as well as blunted affect at the .01 level of significance (See Table 10). Based upon this data trainees were observing significant improvements in their clients in terms of decreased symptoms of anxiety, somatic concerns, guilty feelings and depression.

Table 8**BPRS score differences from beginning of treatment to end of treatment: 2008-2009**

BPRS score	Beginning		End		<i>t</i> (138)	<i>p</i>
	M	SD	M	SD		
BPRS1	1.67	1.28	1.55	1.03	1.36	.18
BPRS2	2.97	1.53	2.57	1.48	4.20	<.001
BPRS3	1.60	1.07	1.45	1.03	1.64	.10
BPRS4	1.16	.64	1.09	.43	1.49	.14
BPRS5	2.09	1.48	1.67	1.11	4.55	<.001
BPRS6	1.70	1.11	1.28	.82	4.42	<.001
BPRS7	1.08	.42	.98	.15	2.62	.01
BPRS8	1.09	.66	1.13	.71	-.72	.47
BPRS9	2.62	1.58	2.05	1.41	4.78	<.001
BPRS10	1.39	1.00	1.23	.85	2.30	.02
BPRS11	1.18	.77	1.19	.84	-.13	.90
BPRS12	1.00	.30	.98	.15	.91	.37
BPRS13	1.04	.27	1.00	.17	2.51	.01
BPRS14	1.13	.50	1.10	.57	.62	.54
BPRS15	1.07	.37	1.08	.54	-.17	.87
BPRS16	1.30	.79	1.14	.57	2.73	.01
BPRS17	1.22	.72	1.21	.69	.26	.79
BPRS18	1.01	.12	.99	.12	2.03	.04

Table 9

BPRS score differences from beginning of treatment to end of treatment: 2009-2010

BPRS score	Beginning		End		<i>t</i> (138)	<i>p</i>
	M	SD	M	SD		
BPRS1	1.80	1.54	1.49	1.02	3.33	.001
BPRS2	3.09	1.46	2.25	1.23	8.10	<.001
BPRS3	1.58	1.09	1.39	.87	2.26	.03
BPRS4	1.28	.88	1.12	.56	2.63	.10
BPRS5	2.12	1.44	1.64	1.03	5.18	<.001
BPRS6	2.12	1.22	1.67	.97	5.46	<.001
BPRS7	1.20	.77	1.12	.58	1.43	.16
BPRS8	1.08	.60	1.13	.66	-1.72	.09
BPRS9	2.49	1.56	1.88	1.18	5.92	<.001
BPRS10	1.24	.75	1.17	.61	1.14	.26
BPRS11	1.14	.93	1.17	.69	-.51	.61
BPRS12	1.03	.48	1.04	.36	-.54	.59
BPRS13	1.16	.84	1.04	.42	2.07	.04
BPRS14	1.12	.60	1.08	.40	.89	.38
BPRS15	1.14	.84	1.12	.58	.41	.68
BPRS16	1.20	.76	1.10	.37	1.84	.07
BPRS17	1.22	.77	1.10	.49	2.22	.03
BPRS18	1.02	.31	1.00	.00	.84	.41

Table 10

BPRS score differences from beginning of treatment to end of treatment: 2010-2011

BPRS score	Beginning		End		<i>t</i> (211)	<i>p</i>
	M	SD	M	SD		
BPRS1	1.73	1.42	1.47	1.18	3.54	<.001
BPRS2	3.30	1.59	2.50	1.43	8.37	<.001
BPRS3	1.48	1.02	1.23	.70	4.23	<.001
BPRS4	1.26	.78	1.08	.50	4.18	<.001
BPRS5	2.30	1.62	1.68	1.29	7.00	<.001
BPRS6	1.87	1.28	1.32	.87	7.22	<.001
BPRS7	1.10	.58	.98	.22	3.13	<.01
BPRS8	1.13	.58	1.09	.57	.95	.34
BPRS9	2.93	1.70	2.09	1.54	7.92	<.001
BPRS10	1.36	.96	1.21	.93	2.55	.01
BPRS11	1.23	.96	1.12	.85	2.01	.05
BPRS12	.98	.45	.91	.47	2.14	.03
BPRS13	1.09	.49	1.05	.49	1.27	.21
BPRS14	1.23	.77	1.17	.72	1.58	.12
BPRS15	1.12	.71	1.09	.64	.82	.41
BPRS16	1.35	1.01	1.17	.67	3.06	<.01
BPRS17	1.27	.91	1.23	.78	.90	.37
BPRS18	1.01	.27	1.00	.35	.63	.53

Initiative 2: Quality of training and supervision

MFT trainees' feedback about their supervisors: The results of the "Trainee Evaluation of Supervisor" (see Appendix E) were tabulated for 15 MFT trainees' during the academic years of 2005-2006 through 2009-2010 (see Table 11). The overall quantitative and qualitative results of these MFT trainee's evaluations of their supervisors were very positive! These MFT trainees thought that their supervisors did an outstanding job of treating them with both respect and dignity (mean=4.9) and provided them with the freedom to develop their own counseling style (4.8). Other supervisory responsibilities that MFT trainees rated highly included: "provides a comfortable setting for me to disclose my own concerns" (mean=4.6), "provides feedback in a clear and concise manner" (4.5), "manages our supervision hour efficiently" (4.5), "helps me with DSM-IV diagnosis" (4.5) and explained goals for supervision (4.4). Areas where supervisors were rated lower indicating areas of potential improvement included: "help me integrate theory and technique" (mean=3.9), "help me understand the theoretical approach I am using" (4.0), "help me develop treatment goals and plans" (4.2) and explaining criteria for evaluating trainee's performance (4.0). It seems important to note that even these lower scores were still in the very good range.

These 15 MFT trainees were also asked how helpful/valuable (using a 5 point Likert scale from 5=extremely valuable, 3=being of average value and to 1=being of little value) it was for their supervisors to use different techniques during supervision including: trainee providing verbal reports of sessions with clients, along with the trainee presenting videotapes and audiotapes of sessions with clients. Apparently for these 15 MFT trainees they found it most valuable for them to provide verbal reports of sessions with their clients (mean=4.4) with reviewing videotapes of sessions a close second (4.3) and reviewing of audiotapes of sessions being perceived as much less valuable (3.0).

These MFT trainees were also asked to provide answers to some open ended questions at the end of the evaluation including: "What would you like your supervisor to do more of? And "What would you like your supervisor to do less of? As can be seen in Appendix K some of the themes for what trainees wanted their supervisors to do more of included: have supervisor be a little more directive while another trainee stated wanting their supervisor to go with the flow more; help with improving conceptualization skills and inclusion of multiple theories; more feedback on strengths and weaknesses and about taped sessions; along with providing more guidance on helping to improve diagnostic skills and treatment planning. The themes for what trainees wanted their supervisor to do less of included: less focus on goal setting; less time on techniques; and less focus on the exploration of my feelings and about the supervisory relationship. Several MFT trainees stated that there was nothing that needed to be changed and that they were happy and comfortable with supervision. When these MFT trainees were asked to give an overall rating of their supervision the mean score was 3.7 with 4 being excellent and 3 being very good indicating a high degree of overall satisfaction with their supervision.

Table 11**MFT trainee evaluation of supervisor at the University Counseling Center 2005-2010 (N = 15)**

5-point scale: 5 = Outstanding, 4 = Very Good, 3 = Acceptable, 2 = Poor, and 1 = Unacceptable

Supervisory Responsibilities	Mean	High	Low
1. Explains his/her goals for supervision	4.4	5	4
2. Explains his/her criteria for evaluating my performance (n = 14)	4.2	5	3
3. Provides freedom to develop my own counseling style	4.8	5	4
4. Helps me understand the theoretical approach I am using (n = 14)	4.0	5	3
5. Help me integrate theory and technique as needed	3.9	5	2
6. Provides suggestions for improving my therapeutic skills	4.5	5	4
7. Encourages me to experiment with different techniques	4.3	5	3
8. Helps me develop treatment goals and plans	4.2	5	3
9. Helps me with DSM-IV diagnosis when needed (n = 13)	4.5	5	3
10. Helps me understand my strengths and weaknesses as a therapist	4.3	5	3
11. Provides a comfortable setting for me to disclose my own concerns	4.6	5	3
12. Provides feedback in a clear and concise manner	4.5	5	3
13. Manages our supervision hour efficiently	4.5	5	3
14. Treats me with respect and dignity	4.9	5	3
Based on a 4-point scale (4 = Excellent, 3 = Very Good, 2 = Average, 1 = Poor)			
15. Overall, how would you rate your supervision so far	3.7	4	3
How helpful have the following supervisory techniques been? (5-point scale: 5 = Extremely Valuable, 3 = Being of Average Value, 1 = Being of Little Value)			
18.1. Verbal reports of my session (n = 11)	4.4	5	1
18.2. Video-taping therapy sessions (n = 13)	4.3	5	1
18.3. Audio-taping therapy sessions (n = 14)	3.0	5	1

PsyD trainees' feedback about their supervisors: The results of the "Trainee Evaluation of Supervisor" were tabulated for 36 PsyD trainees' during the academic years of 2005-2006 through 2009-2010 (See Table 12). These results of the PsyD trainee's evaluations were very favorable! These PsyD trainees thought that their supervisors did an outstanding job of treating them with both respect and dignity (mean=4.8). Other supervisory responsibilities that PsyD trainees rated highly included: "provides a comfortable setting for me to disclose my own concerns" (4.4), "provides feedback in a clear and concise manner" (4.4), "helps me understand my strengths and weaknesses as a therapist" (4.4), "provides suggestions for improving my therapeutic skills" (4.4), "provides freedom to develop my own counseling style" (4.3) and explained goals for supervision (4.2). There were several items with the mean of 4.1 which still fell within the level of very good: "manages our supervision hour efficiently," "help me develop treatment goals and plans" and "encourages me to experiment with different techniques." Areas where supervisors were rated lowest indicating areas of potential improvement included: "helps me with DSM-IV diagnosis" (mean=3.8), "help me integrate theory and technique" (3.9), "help me understand the theoretical approach I am using" (3.8) and explaining criteria for evaluating trainee's performance (3.9). Even these lower scores were still close to the score of 4 which means very good.

These 36 PsyD trainees were also asked how helpful/valuable (using a 5 point Likert scale from 5=extremely valuable, 3=being of average value and to 1=being of little value) it was for their supervisors to use different techniques during supervision including: trainee providing verbal reports of sessions with clients, along with the trainee presenting videotapes and audiotapes of sessions with clients. Apparently for these PsyD trainees they found it most valuable for them to provide verbal reports of sessions with their clients (mean=4.4) with reviewing videotapes of sessions a close second (4.1) and reviewing of audiotapes of sessions being almost as valuable (4.0).

These PsyD trainees were also asked to provide answers to some open ended questions at the end of the evaluation including: "What would you like your supervisor to more of? And "What would you like your supervisor to do less of? As can be seen in Appendix G some of the themes for what PsyD trainees wanted their supervisors to do more of included: be more challenged by supervisor; provide more feedback that is clearer and honest; be more supportive; help with improving conceptualization skills including conceptualizing clients from different perspectives; providing more guidance on writing intakes, progress notes, case formulation and testing reports along with helping to improve diagnostic skills and treatment planning; and do a joint session with supervisor. The themes for what trainees wanted their supervisor to do less of included: be "on my case more about deadlines;" more or less videotaping requests; less time on review of intakes and more time on treatment planning and interventions to use with clients; and less focus on the supervisory relationship. There were 22 PsyD trainees that answered this question by stating either: no suggestions, N/A, not sure, no answer, nothing or none indicating that there was nothing that they wanted their supervisor to do differently. When these 36 PsyD trainees were asked to give an overall rating of their supervision the mean score was 3.4 with 4 being excellent and 3 being very good indicating a high degree of overall satisfaction with their supervision.

Table 12

PsyD trainee evaluation of supervisors at the University Counseling Center, 2006-2010, on a 5-point scale: 5 = Outstanding, 4 = Very Good, 3 = Acceptable, 2 = Poor, and 1 = Unacceptable (N = 36)

Supervisory Responsibilities	Mean	High	Low	N
1. Explains his/her goals for supervision	4.2	5	2	35
2. Explains his/her criteria for evaluating my performance	3.9	5	2	33
3. Provides freedom to develop my own counseling style	4.3	5	2	36
4. Helps me understand the theoretical approach I am using	3.8	5	2	33
5. Help me integrate theory and technique as needed	3.9	5	2	35
6. Provides suggestions for improving my therapeutic skills	4.4	5	1	35
7. Encourages me to experiment with different techniques	4.1	5	3	35
8. Helps me develop treatment goals and plans	4.1	5	2	35
9. Helps me with DSM-IV diagnosis when needed	3.8	5	2	30
10. Helps me understand my strengths and weaknesses as a therapist	4.4	5	1	33
11. Provides a comfortable setting for me to disclose my own concerns	4.4	5	1	36
12. Provides feedback in a clear and concise manner	4.4	5	2	35
13. Manages our supervision hour efficiently	4.1	5	3	36
14. Treats me with respect and dignity	4.8	5	1	35

Based on a 4-point scale (4 = Excellent, 3 = Very Good, 2 = Average, 1 = Poor)

15. Overall, how would you rate your supervision so far	3.4	5	2	
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How helpful have the following supervisory techniques been? (5-point scale: 5 = Extremely Valuable, 3 = Being of Average Value, 1 = Being of Little Value)

18.1. Verbal reports of my session	4.4	5	1	35
18.2. Video-taping therapy sessions	4.1	5	1	27
18.3. Audio-taping therapy sessions	4.0	5	1	31

Psy.D. Trainees' feedback about their training site: Psy.D. students were also asked to complete an evaluation of their training site (see Appendix I). Between 2006-07 and 2009-10 there were 28 Psy.D. trainees that completed this evaluation (See Table 13). Students were asked to answer questions about the quality of their experience at the Counseling Center, about the physical environment of the Center, and about their overall experience at our Center. There were six Likert scale questions (1=poor, 3=satisfactory and 5=excellent) about the quality of experience at our Center. Two of the questions were about preparation for their training and these 28 Psy.D. trainees indicated that they perceived that the overall training (mean = 4.5) was of higher quality than the initial orientation and training (mean = 4.0) that they received (See Table 13). Three of the questions were about the quality of supervision with their individual and group supervisors and for all three questions the mean score was 4.4 indicating that they viewed their supervision as high level of quality. The final question in this section was about the quality of their experience with the Clinical Training Director and they rated their experience as high quality. These trainees were asked about the physical environment of the Center and they rated highly the office environment as well as the support staff and equipment highly. When asked the 12 Likert scale questions about their overall experience at our Center they were to rate either state how much (1= too little, 2=just right or 3=too much) or how good (1=poor, 2=adequate 3=excellent) their experience was at our Center. When asked about their workload, as well as about the quantity of their diagnostic testing, psychotherapy and didactic training activities along with exposure to community psychology aspects of training these trainees viewed them all as just right (See Table 13). In addition, these trainees rated the quality of their diagnostic testing, didactic training experiences as slightly better than adequate. These trainees perceived that our Center was strongest in providing quality psychotherapy experiences and in being sensitive to diversity issues (both means were 2.4). Narrative comments from these trainees can be seen in Appendix P. Some of the themes about the Center's areas of best preparation included: about doing intakes and crisis intervention; individual and group supervision; training in assessment and testing via the assessment/testing seminar; and reporting of abuse. These trainees also provided feedback about how the Center could have better prepared them and some of their feedback included: training them sooner about doing clinical paperwork; better preparation for how to do outreach activities; how to finish testing more quickly and complete the report writing more efficiently; help with diagnosis and treatment planning; and with doing termination with clients. Overall, these 28 Psy.D. trainees seem quite satisfied with their training and supervision received and they provided some helpful feedback about how supervisors can better meet the needs of future trainees.

Table 13

PsyD trainee evaluation of practicum site at the University Counseling Center, 2006-2010 (N = 28)

Site Experiences	Mean	High	Low	N
A. Quality of experience (5 = Excellent, 4 = Good, 3 = Satisfactory, 2 = Fair, 1 = poor)				
1. Overall how well did your agency training prepare you to assume your duties/responsibilities?	4.5	5	3	28
2. Quality of regularly scheduled individual supervision experiences	4.4	5	3	28
Quality of regularly scheduled group supervision				
3. Supervisor 1	4.4	5	3	28
4. Supervisor 2	4.4	5	2	28
5. Quality of initial orientation to the agency	4.0	5	3	25
6. Overall, how would you rate your experience with the Clinical Training Director	4.7	5	2	27
B. Physical environment				
1. Clinical offices & student workspace	4.5	5	3	28
2. Secretarial support, services & equipment	4.7	5	1	28
C. Overall Experience (1 = Too Little, 2 = Just Right, 3 = Too Much; OR 1 = poor, 2 = Adequate, 3 = Excellent)				
1. Workload	1.9	3	1	27
2. Availability of cases to fit your training needs/interests	2.0	3	1	28
3. Breath/diversity of clinical experience	2.2	3	1	28
4. Opportunity to work with culturally/ethnically diverse clientele	2.2	3	1	28
5. Sensitivity of agency to diversity issues	2.4	3	2	28
6. Exposure to community aspects of training	2.0	3	1	28
7. Quantity of diagnostic testing	2.0	3	1	25
8. Quality of diagnostic testing	2.1	3	1	25
9. Quantity of psychotherapy activities	2.2	3	1	28
10. Quality of psychotherapy experiences	2.4	3	1	28
11. Quantity of didactic training activities	2.1	3	1	27
12. Quality of didactic training experiences	2.3	3	1	27

Initiative 3: Quality of consulting services

There were a total of nine faculty and professional/administrative stakeholders that responded to the Counseling Center feedback survey (see Appendix M) sent in January and June 2011. Unfortunately none of the respondents spoke about consultation services offered via the Counseling Center. As the

Director of the Center Dr. Rogers consults with other student service professionals about students in distress and crisis both formally within the Counseling Network and Students with Disabilities monthly meetings. The director also does informal consultations when faculty or staff members call with concerns about a student or even a family member that is in distress or crisis and in need of psychological services and in any given there are about 12 to 15 of such informal consultations. On the survey there was no one question asking for feedback about consultation services which is a limit of this survey and probably influenced these results. These stakeholders appeared aware of other services offered by the Counseling Center including individual and couple counseling, crisis intervention services and outreach presentations.

Initiative 4: Quality of outreach services

Outreach services are offered via workshops and training to Resident Assistants, undergraduate students, graduate students, law students and CAPA students. Requests for outreach activities may come from students, faculty and staff members. In addition, each of the Counseling Center trainees is a liaison to different student service offices, departments or programs on the ULV campus. Within that liaisonship the trainee may conduct an informal needs assessment to determine what outreach activity that program or department may want or need in order to promote improved emotional and/or social well-being of the students. Some of the groups on campus that have received outreach presentations have included: RAs, law students, movement and sports sciences students, student athletes, fraternities and sororities, residents of ULV residence halls, first generation students, and undergraduate psychology students that were members of Psi Chi. The Counseling Center has created evaluation forms for workshop participants to complete to give the Center staff feedback about what the participants valued about the workshop and how it could have been improved along with their ideas about new workshop ideas (See Appendix T). The results of some of these feedback surveys include participants' ratings on three different workshops across several years: stress management (2007-11, n=32), stress and time management (2010-11, n=36) and RA training on identifying and responding to distressed students and students in crisis (2005-10, n=30). Between 2007-08 and 2010-11 there were multiple stress management workshops offered by Counseling Center staff and a sampling of the feedback from workshop participants (n=32) are presented in Table 14 (See Appendix L). Overall the participants found these workshops to be very informative, relevant to their lives, stimulating, and increased their knowledge about stress. The participants found that the leaders moved the pace of these workshops just right, provided just enough structure and perceived it as going smoothly. Themes from the narrative feedback included that the participants had found that the most helpful aspects of the workshops were: learning how to identify their reactions to stress, about their stressors and about how to better cope with stress. Participants gave their ideas about additional information that could have been helpful to have experienced in these workshops which included more interaction amongst each other and more practice of coping skills.

In 2010-11 there were several stress and time management workshops offered to ULV students in their classes in the Movement and Sports Sciences program. Results from 36 student participants can be seen in Table 15 (See Appendix L). Overall they seemed quite pleased with the workshops, they found the information useful, clearly presented, and practical, plus they perceived that leaders provided quality handouts, had good use of illustrations and were responsive to questions. Participants found several aspects of these workshops to be most helpful including learning about their stress levels, different ways to cope with stress, making the stress balls and the presenter's use of technology. In addition, these

students stated that in the future they would like to learn about relaxation techniques and other tools to reduce their stress levels.

As can be seen in Table 16 (See Appendix L) most of the 30 Resident Assistants that participated in the training on identifying and responding to distressed students and students in crisis found the training sessions to be informative and relevant to their lives, that it increased their knowledge, that it was delivered in a smooth manner and should be repeated. Areas of improvement could be that these training sessions could be a little more stimulating (17% said that it was boring and 53% said that it was stimulating) and the leaders could go a little slower (40% said that it moved too fast). As can be seen from the narrative feedback many of these RAs seemed to most appreciate the role-playing, learning about the warning signs of a student in distress and in crisis and about how to respond to such students. Some of their suggestions for improvement included doing more role-plays that were more difficult and for the leaders to use actual examples of real life situations in the training.

In the Counseling Center feedback survey some of the nine stakeholders that responded had some feedback about outreach programs and some ideas as to workshop and outreach activities that the Center staff could consider doing in the future (See Appendix N). One stakeholder expressed the thought that the Center staff could be more proactive in helping university staff plan outreach activities and that outreach activities should be “available to everyone, faculty, students and staff”. Another stakeholder stated that the Director does orient staff and faculty in how to help a student make an appointment at the Counseling Center but he could do a better job of explaining how to refer a student for counseling. Providing more publicity about how to assist a student that is suicidal or deeply troubled including suicide hotlines was some feedback from another stakeholder. One of the stakeholders pointed out how at times the Center’s website links were not working and she brought that to the attention of the Center’s Administrative Assistant. Many of the stakeholders had some rich ideas about future workshop topics which included: body image and eating disorders; substance abuse including binge drinking; stress management; conflict resolution; a support group for injured student athletes; coping with depression; time management; developing and maintaining healthy relationships; relating to and communicating effectively with professors; parenthood; managing the demands of graduate school; how to handle failure; and how to deal with being back in college after a long absence.

In summary, workshop participants seem to appreciate learning new information from the workshops and training sessions along with their perceiving that the leaders are doing a good job at facilitating these sessions. In addition, participants stated that they would like to have learned even more ways to better cope with stress and the RAs would like more experiential learning through role-plays. Furthermore, faculty and staff that participated in the stakeholders’ survey gave several suggestions about topics for workshops and how faculty orientation could include more about how to refer students to the Counseling Center.

Initiative 5: Quality of off-site school-based counseling services

It was first thought that the school-based counseling and family counseling services would be evaluated by these clients’ answers to the Counseling Services Evaluation: Initial Session Feedback form and the Counseling Services Evaluation form completed at the end of treatment. What was recently realized that

the off-site CUSD students' evaluations were included with the ULV clients when the data was entered into the Center's data base and the way that the software was created did not allow for the data for the off-site clients' evaluations results to be summarized separately from the rest of the clients' results. Hence, there is no data about the school-based clients' view of their initial sessions and overall treatment to report. What is known is that there have been 346 clients treated within the grant with the city of Claremont beginning with the 2007-08 through 2010-11 (See Appendix P). In addition, several school and district administrators had provided positive feedback about how much they valued the school-based counseling services (see Appendix O).

In October 2011, a survey (see Appendix O) was sent out to multiple secondary school administrators, counselors and school psychologists. Thus far there have been nine school district officials that have responded to the request of answering the seven questions and their response has been quite positive! Most of them find the referral process to be efficient and all stated that they would refer a student to a ULV counselor. In addition, they believe that the school-based counseling program is meeting the social/emotional/behavioral needs of their students and is responsive to the specific needs of their schools. When asked about the strengths of this program their comments included: positive views of the counselors (e.g., they are responsive, kind, empathic, respectful, well trained, reliable, familiar with the issues students present with and are professional) and about the program (e.g., having services for their students right on campus is very valuable, had heard positive feedback from the students, counselors have been great at communicating with school administrators). There were several weaknesses that these school officials recognized including that they would like someone on their campuses daily (currently the counselors are on these campuses from one to three days per week depending upon the size of the campus and demand for services); the referral and consent forms and process could be less cumbersome; lack of family counseling services (through 2010-11 the city funded family counseling services but for this year they chose not to fund that part of the program); and counselors could interact more with the student's teachers. When asked about what ideas they had for the future of these school-based counseling services they stated the request for the program to expand to being on campus daily and to provide group and family counseling services. Apparently these secondary school administrators and counselors greatly value these services being offered on their campuses and would like such services daily along with the additional services of group and family counseling to be offered. This is feedback that will be given to the city of Claremont when applying for the grant for 2012-13.

External Review of the Counseling Center

On November 15, 2011 Jeanne Walker, Ph.D. conducted a site visit in order to complete the external review. On that day Dr. Walker met with the Counseling Center staff (the Director, supervisors, administrative assistant and all trainees), university administrators (e.g., Dean of Students Loretta Rahmani, Interim Dean Jonathan Reed, the Health Center Director Cindy Denne), faculty (Psychology Professors Gamst, Kernes and Richards) and undergraduate students. She submitted the external review on December 20, 2011 (see Appendix Q). In this review she highlighted many of the strengths of the Counseling Center and had multiple suggestions for improvements that could be made to the Center (e.g., hiring licensed clinical staff and a psychiatrist, and having the Center be under Student Affairs).

VI. Action Recommendations and Action Plans

These action recommendations and action plans are based upon the findings reported in this program review along with the observations and suggestions made by the external reviewer, Dr. Jeanne Walker (see Appendix Q for her report) as well as based upon feedback about how the Center could be improved from the supervisory staff and the Administrative Assistant of the Counseling Center along with feedback from the Psychology Department's Counseling Center's Advisory Committee and includes feedback from the Psychology Department's faculty in recent departmental meetings. These recommendations are included in these action recommendations and action plans.

Action Recommendations

Programs and Activities:

1. Provide psychiatric services through the Counseling Center.
2. Consider expanding the Center's services to have a satellite office at the College of Law.
3. Provide more groups within the Center for undergraduate and graduate student clients.
4. Consider moving the school-based counseling services grant responsibilities to the Psychology department.

Departmental Resources

1. Increase the types of psychological tests the Center has to provide assessments services to clients (e.g., WAIS IV kit) and increase the budget for testing materials
2. Purchase new camcorders and digital voice recorders to be used within counseling sessions as a part of supervision and mount camcorders in each office.
3. Updating and improving the furniture of the Center.
4. Acquire a new data gathering system for the Center's data, scheduling appointments and electronic record keeping (e.g., Titanium).
5. Upgrade computers within each trainee's office.

Departmental Workspace

1. Increase the number of offices to accommodate counseling services to the expanding number of ULV clients.
2. Relocate the Center from the Hoover building and move to a location with other student services.

Staffing and Personnel:

1. It is recommended by Center staff and the psychology department faculty that the Center be moved out of the psychology department and the College of Arts and Sciences into the Office of Student Affairs and that the Center's Director report to the Dean of Student Affairs.
2. It is recommended that the Administrative Assistant be full-time with benefits and a twelve month position (Additional \$10,917.20 plus benefits).
3. It is recommended that there be a full-time Assistant Director or Training Director of the Counseling Center (salary range is from \$70 – 79,000 per year).
4. It is recommended that the Postdoctoral Fellow be funded as full-time (\$25,000) with benefits.
5. It is recommended that there be a part-time psychiatrist on staff within the Center.
6. It is recommended that three full-time licensed psychologists be hired to meet IACS standards.

Departmental Budget

1. It is recommended that the Center's budget needs to be increased to cover the recommended changes in staffing (e.g., the Administrative Assistant being full-time, the Postdoctoral Fellow being full-time, the hiring of a part-time psychiatrist, the hiring of an Assistant Director or

Training Director and one or two full-time licensed psychologists), to be able to purchase an electronic scheduling and data management system, be able and to purchase necessary equipment, materials and supplies for the Center to more fully achieve its mission.

2. It is recommended that the Center to have in its budget the funding to pay the trainees their graduate assistantships (\$4,000 per trainee per year) rather than these funds being in the budgets of the Masters and PsyD programs.
3. It is recommended that the Center acquire funding for a predoctoral psychology internship program.

Initiative 1: Quality of Care

1. Acquire a self-assessment tool for clients to complete at intake and termination to assess changes in symptoms.
2. Increase the percentage of clients completing the initial session and end of treatment evaluation forms.
3. Acquire a new instrument for trainees to rate client's symptoms at intake and termination that is appropriate for a traditional college student population.
4. Develop a system for tracking the frequency of and details about after hours crises.

Initiative 2: Quality of training and supervision

1. Supervisors could increase focus on helping trainees better understand their theoretical orientation as well as further improve their skills in diagnosis, case conceptualization and treatment planning along with their paperwork skills.
2. Provide training on clients with eating disorders, substance abuse disorders and sexual harassment/abuse.
3. Continue to assist all trainees in the development of their cultural competencies in assessing, conceptualizing and treating their clients.
4. Consider expanding the Counseling Center to become a training site for predoctoral psychology interns.

Initiative 3: Quality consulting services

1. A system is needed for tracking informal consultations that the Center Director and staff provide to the ULV community.
2. A system is needed to be able to receive feedback from receivers of consultations with Center staff.

Initiative 4: Quality outreach services

1. Improve the filing system and record keeping for all evaluations completed by workshop participants.
2. Create a software system to input results from evaluations completed by participants attending Counseling Center workshops.
3. Create and deliver workshops as per the recommendation of stakeholders' feedback.

Initiative 5: Quality of off-site school-based counseling services

1. Create or purchase a software system to input results from initial session and termination evaluations completed by off-site clients.
2. Create or purchase a software system to input trainees' ratings for the GAF and BPRS ratings at intake and termination evaluations for off-site clients.

Action Plans

Programs and Activities:

1. Investigate funding of psychiatric services which should be a high priority.
2. Investigate with the ULV College of establishing a satellite office on their campus including space and funding.
3. Counseling Center supervisors and staff discuss what groups could be successful on our campus and appoint a group coordinator.
4. Discuss with the faculty of the psychology department who might be willing to oversee the administration of the school-based counseling services grant with the city of Claremont.

Departmental Resources:

1. Secure additional funding for the purchase of psychological tests, new computers (\$5,823.72), new furniture and a data gathering system (Titanium initial expense is approximately \$2125).

Departmental Workspace:

1. Investigate with the space committee relocating the Center out of Hoover to a larger space on campus, possibly with other student services.

Staffing and Personnel:

1. Investigate relocating the Counseling Center from the Psychology department, College of Arts and Sciences into the Office of Student Affairs.
2. Secure additional funding for the expansion of current positions:
 - a. The Administrative Assistant at full-time for 12 months at an additional salary of \$11,706.75 plus benefits (\$9,838.40). This should occur immediately and be first priority!
 - b. Postdoctoral Fellow at an additional \$19,000 (for a total of \$25,000) plus benefits.
3. In order for the Counseling Center to meet IACS standards for the staffing of university counseling centers there needs to be 5 full-time licensed clinicians for the size of our university. In light of these recommendations it is recommended that the university fund these new positions with benefits. These positions are placed in priority of funding hopefully within the next one to five years.
 - a. Assistant/Training Director at \$70,000.
 - b. Part-time psychiatrist at \$20,000 to \$25,000.
 - c. Three full-time licensed psychologists at \$50,000 to \$55,000 each.
4. Funding a predoctoral internship training program within the Center with there being 2-3 predoctoral interns at \$18,000 plus benefits per intern.
5. Transfer funding of the graduate student trainees to the Counseling Center budget.

Initiative 1: Quality of Care

1. Investigate assessment tools for clients to complete at intake and termination to self-evaluate improvements and symptom reduction.
2. Discuss with the supervisors and trainees how to increase return rate for clients completing the Counseling Service Evaluation at intake and termination.
3. Obtain an instrument for trainees to rate client's symptoms at intake and termination that is appropriate for a traditional college student population.
4. Work with the Counseling Center Administrative Assistant and the ULV OIT Department to develop a system for tracking the frequency of and details about after hours crises.

Initiative 2: Quality of training and supervision

1. Supervisors will discuss in our monthly supervisors' meetings additional ways to further train and supervise trainees in better developing their skills in diagnosis and case conceptualization, treatment planning as well as doing their clinical paperwork for clients.
2. The clinical-community seminar will consistently include training in working with clients that have eating disorders, substance abuse and sexual traumas.
3. Supervisors will continue to further develop trainees' cultural competence.
4. Investigate the prospect of the Counseling Center become a training site for predoctoral psychology interns.

Initiative 3: Quality consulting services

1. The Director and Administrative Assistant will devise a system for tracking of informal consultations that the Center Director and staff provide to the ULV community.
2. The Director and Administrative Assistant will create a system of receiving feedback from receivers of consultations with Center staff.

Initiative 4: Quality outreach services

1. The Director and Administrative Assistant will create an improved record keeping system and a central filing system for all evaluations completed by workshop participants.
2. The Director and Administrative Assistant will work with the ULV OIT department to create a software system to input results from evaluations completed by participants attending Counseling Center workshops.
3. The Director, Postdoctoral Fellow and Center trainees will create and provide workshops per recommendations of stakeholders' feedback.

Initiative 5: Quality of off-site school-based counseling services

1. The Director and Administrative Assistant will work with the ULV OIT department to create a software system to input results from initial session and termination evaluations completed by off-site clients.

APPENDICES

Appendix A

University of La Verne Counseling Center Budgets Summaries 2009-12

University of La Verne Program Activity Report 2009-10

TOTAL REVENUE ACCOUNTS 2,200.00

Total Salaries and Benefits 130,856.00

Total Non-Salary Expenses 4,600.00

TOTAL EXPENSE ACCOUNTS \$135,456.00

University of La Verne Program Activity Report 2010-11

TOTAL REVENUE ACCOUNTS 2,200.00

Total Salaries and Benefits 137,745.00

Total Non-Salary Expenses 4,400.00

TOTAL EXPENSE ACCOUNTS \$142,145.00

University of La Verne Program Activity Report 2011-12

TOTAL REVENUE ACCOUNTS \$2,200.00

Total Salaries and Benefits 148,792.00

Total Non-Salary Expenses 4,200.00

TOTAL EXPENSE ACCOUNTS \$152,992.00

Appendix B
Counseling Services Evaluation: Initial Session Feedback

University of La Verne
 Counseling Center

The University Counseling Center is committed to providing quality services to all clients. The most effective way to improve our services is by receiving feedback from people who have worked with our staff. We are interested in your comments about your experience so far. Your evaluation will remain anonymous and separate from your file. DO NOT PUT YOUR NAME ON THIS FORM.

Please take a minute to complete this form and place it in the box on the filing cabinets in the waiting area. Thank you!

- a. Today's Date: _____
 b. Age: _____
 c. Gender: _____
 d. Ethnic background: _____
 e. Undergraduate _____ Graduate _____ CAPA _____ Law _____ Staff _____
 f. If undergrad, what year? Fr So Jr Sr
 g. Major/Program of Study: _____

1. Who did you see for your first appointment? _____

Please use the following scale to rate your experiences during your first appointment at the University Counseling Center. Please put your response number in the blank on the right.

1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree

- | | |
|--|-------|
| 2. The purpose of my first session was made clear. | _____ |
| 3. I felt welcomed by the counselor who conducted my first session. | _____ |
| 4. Confidentiality and the limits of confidentiality were explained to me. | _____ |
| 5. I was given the opportunity to ask questions. | _____ |
| 6. I felt understood by the person who conducted my first session. | _____ |
| 7. My first session turned out positively. | _____ |
| 8. I have a clear sense of goals and directions for my counseling. | _____ |
| 9. I am planning to continue with counseling at this time. | _____ |
| 10. The scheduling of my first appointment went smoothly. | _____ |

Comments:

Appendix C

University of La Verne
Counseling Center

COUNSELING SERVICES EVALUATION: MIDDLE AND END OF TREATMENT

The University Counseling Center is committed to providing quality services to all clients. The most effective way to improve our services is by receiving feedback from people who have worked with our staff. We are interested in your comments about your experience. While we would prefer that you answer all items on this evaluation form, you are not required to do so. Any and all information you provide will be highly beneficial. Your evaluation will remain anonymous and separate from your file. **PLEASE DO NOT PUT YOUR NAME ON THIS FORM.**

Today's Date: _____

Identification number: _____

Counselor's name _____

The following information is to be completed by the counselor:

Counselor's Gender: _____ Counselor's Age (optional): _____ Counselor's Ethnic background: _____

Program (circle): MFT / Psy D / other _____ Year in program: _____

Mid-Treatment Evaluation ____ (number of sessions) End of Treatment Evaluation ____ (number of sessions)

Please use the following 5-point scale to rate your experience at the University Counseling Center for items 1 through 20:

1 = Strongly Agree

4 = Disagree

2 = Agree

5 = Strongly Disagree

3 = Undecided

N/A = Not Applicable

1. My overall experience with the Counseling Center has been positive.....1 2 3 4 5 N/A
2. My counselor understood the things I told him/her.....1 2 3 4 5 N/A
3. I have been satisfied with the scheduling of my appointments.....1 2 3 4 5 N/A
4. The appearance of the Counseling Center has been neat and appropriate.....1 2 3 4 5 N/A
5. I would recommend my counselor to someone else.....1 2 3 4 5 N/A
6. If the need arose, I would return to the Counseling Center for treatment at a later date....1 2 3 4 5 N/A
7. The office staff has been courteous and helpful.....1 2 3 4 5 N/A
8. I feel that what I revealed about myself in counseling has been treated confidentially.....1 2 3 4 5 N/A
9. My counselor has appeared immature.....1 2 3 4 5 N/A
10. I have been able to tell my counselor everything that concerned me.....1 2 3 4 5 N/A
11. The general atmosphere at the Counseling Center has been warm and helpful.....1 2 3 4 5 N/A
12. My counselor seems to be competent and capable.....1 2 3 4 5 N/A
13. I feel respected by my counselor.....1 2 3 4 5 N/A
14. My counselor has been sensitive to my feelings.....1 2 3 4 5 N/A
15. I can trust my counselor.....1 2 3 4 5 N/A
16. My counselor appears to have an understanding about different cultures1 2 3 4 5 N/A
17. My counselor considered my cultural beliefs and values when giving me feedback about my test results (circle N/A if not been tested yet).....1 2 3 4 5 N/A
18. My counselor appears well informed about my ethnic culture1 2 3 4 5 N/A
19. My counselor understands my issues related to adapting to a new culture as an immigrant (circle N/A if not an immigrant).....1 2 3 4 5 N/A
20. My counselor understands the issues related to my sexual orientation.....1 2 3 4 5 N/A

21. My counselor understands my issues related to my disabilities (circle N/A if not applicable).....1 2 3 4 5 N/A
22. My counselor understands my issues related to the socioeconomic conditions I grew up in.....1 2 3 4 5 N/A
23. I have not been able to communicate well with my counselor because of language problems1 2 3 4 5 N/A
24. My counselor is aware that being a person of color in this society has certain challenges (circle N/A if not applicable).....1 2 3 4 5 N/A
25. My counselor tends to impose his/her own cultural values upon me1 2 3 4 5 N/A
26. My counselor appears to have some stereotypical beliefs about members of my ethnic background1 2 3 4 5 N/A
27. My counselor adequately addressed my anxiety about coming to the Counseling Center.....1 2 3 4 5 N/A
28. I feel culturally comfortable in my counseling sessions.....1 2 3 4 5 N/A
29. My counselor makes me feel empowered as a person of color.....1 2 3 4 5 N/A
30. I think it has been helpful for me to seek counseling1 2 3 4 5 N/A

Please check below the reason(s) you sought counseling (put a check mark next to as many as apply), and rate how much you feel counseling has helped you in regard to each reason you checked (only rate the ones where you put a check mark):

1 = very unhelpful, 2 = unhelpful, 3 = undecided, 4 = helpful, 5 = very helpful

- Relationship problems..... 1 2 3 4 5
- Career/academic problems..... 1 2 3 4 5
- Self-identity or self-esteem problems..... 1 2 3 4 5
- Meaning or purpose of life issues..... 1 2 3 4 5
- Depression..... 1 2 3 4 5
- Anxiety..... 1 2 3 4 5
- Stress/physical health issues..... 1 2 3 4 5
- Sexual concerns..... 1 2 3 4 5
- Sexual harassment/abuse concerns..... 1 2 3 4 5
- Eating disorder..... 1 2 3 4 5
- Substance abuse..... 1 2 3 4 5
- Problems with becoming angry..... 1 2 3 4 5
- Concerns about loss of mental control..... 1 2 3 4 5
- Other (specify)..... 1 2 3 4 5

How many of the therapy goals have you been able to achieve? (circle one)

None A few Most All

Did you feel you were treated differently, or negatively, or felt uncomfortable at the Counseling Center on the basis of (circle one):

Gender	YES	NO	DOES NOT APPLY
Ethnic background	YES	NO	DOES NOT APPLY
Physical disability	YES	NO	DOES NOT APPLY
Sexual orientation	YES	NO	DOES NOT APPLY
Age	YES	NO	DOES NOT APPLY
Religion	YES	NO	DOES NOT APPLY
Other (please specify) _____	YES	NO	DOES NOT APPLY

What have you liked most about your counseling experience?

What have you liked least about your counseling experience?

Please use the space below for any additional comments you wish to make regarding your contact with the Counseling Center:

09/09

Appendix D

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Client Code: Date: / / Type of Administration: Intake Transfer Annual Discharge

Please enter the score for the term which best describes the patient's condition
0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

<p>1. SOMATIC CONCERN Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.</p>	SCORE	<input type="text"/>	<p>10. HOSTILITY Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (Rate attitude toward interviewer under "uncooperativeness")</p>	SCORE	<input type="text"/>
<p>2. ANXIETY Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.</p>	SCORE	<input type="text"/>	<p>11. SUSPICIOUSNESS Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.</p>	SCORE	<input type="text"/>
<p>3. EMOTIONAL WITHDRAWAL Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.</p>	SCORE	<input type="text"/>	<p>12. HALLUCINATORY BEHAVIOR Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.</p>	SCORE	<input type="text"/>
<p>4. CONCEPTUAL DISORGANIZATION Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.</p>	SCORE	<input type="text"/>	<p>13. MOTOR RETARDATION Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level.</p>	SCORE	<input type="text"/>
<p>5. GUILT FEELINGS Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.</p>	SCORE	<input type="text"/>	<p>14. UNCOOPERATIVENESS Evidence of resistance, unfriendliness, resentment and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.</p>	SCORE	<input type="text"/>
<p>6. TENSION Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences on tension reported by the patient.</p>	SCORE	<input type="text"/>	<p>15. UNUSUAL THOUGHT CONTENT Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.</p>	SCORE	<input type="text"/>
<p>7. MANNERISMS AND POSTURING Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.</p>	SCORE	<input type="text"/>	<p>16. BLUNTED AFFECT Reduced emotional tone, apparent lack of normal feeling or involvement.</p>	SCORE	<input type="text"/>
<p>8. GRANDIOSITY Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his/her demeanor in the interview situation.</p>	SCORE	<input type="text"/>	<p>17. EXCITEMENT Heightened emotional tone, agitation, increased reactivity.</p>	SCORE	<input type="text"/>
<p>9. DEPRESSIVE MOOD Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.</p>	SCORE	<input type="text"/>	<p>18. DISORIENTATION Confusion or lack of proper association for person, place or time.</p>	SCORE	<input type="text"/>

Comments: _____

10. Helps me understand my strengths and weaknesses as a therapist: 1 2 3 4 5 X

Comments: _____

11. Provides a comfortable setting for me to disclose my own concerns or mistakes: 1 2 3 4 5 X

Comments: _____

12. Provides feedback in a clear and concise manner: 1 2 3 4 5 X

Comments: _____

13. Manages our supervision hour efficiently: 1 2 3 4 5 X

Comments: _____

14. Treats me with respect and dignity: 1 2 3 4 5 X

Comments: _____

15. Overall, how would you rate your supervision so far (circle one)?

Excellent	Very good	Average	Poor	Cannot rate at this time
-----------	-----------	---------	------	-----------------------------

16. What would you like your supervisor to do more of? Please be as specific as possible:

17. What would you like your supervisor to do less of? Please be as specific as possible:

18. Listed below are a variety of supervisory techniques. Please indicate which of these you have used and if used, how helpful they were in your supervision, using a rating from 1 to 5, with 5 being extremely valuable, 3 being of average value, and 1 being of little value. For ones that have not been used, please indicate whether or not you would like to try that technique, conditions permitting.

1. Verbal report of my sessions:

Used: How helpful:	1	2	3	4	5
Not used:	Would like / would not like to try this				

2. Video-taping therapy sessions:

Used: How helpful:	1	2	3	4	5
Not used:	Would like / would not like to try this				

3. Audio-taping therapy sessions:

Used: How helpful: 1 2 3 4 5
Not used: Would like / would not like to try this

4. Co-therapy with my supervisor:

Used: How helpful: 1 2 3 4 5
Not Used: Would like / would not like to try this

5. Observation of my session through a 1-way mirror:

Used: How helpful: 1 2 3 4 5
Not used: Would like / would not like to try this

6. Live supervision (Observation and feedback during session):

Used: How helpful: 1 2 3 4 5
Not used: Would like / would not like to try this

Are there any other comments you have concerning your supervision?

Rev: August 2005

Appendix F

Narrative feedback from MFT Trainees

2005-06 through 2009-10

N=15

Supervisor Question 16: What would you like your supervisor to do more of? Please be as specific as possible:

- I would like my supervisor to encourage me to talk in theory more and help me come up with treatment plans and to also talk in theory a little more.
- We would like to discuss case conceptualization more instead of new clients.
- Provide more specific feedback to my strengths and weaknesses.
- Explain application of theoretical model and more case conceptualization.
- I enjoy the structure and balance he brings to our meeting he is easy to talk to and make me feel comfortable keep doing what he is doing.
- Work on theory and how it helps interact with clients. I would also like to be challenged more.
- More integration and inclusion of theories. With exception of CBT, which was highly used, use and integration of other theories were not adequately included. Assistance with helping me developing a theoretical style/counseling style.
- I would like more feedback on taped sessions.
- Treatment planning (especially for clients with _____ # of sessions)
- Talk more about diagnosis and theory.
- Little of the theoretical component as well as the treatment planning. A couple of more video reviews. Also a little more directive.
- Assist me with treatment planning and integrating theory more often.

Supervisor Question 17: What would you like your supervisor to do less of? Please be as specific as possible:

- I can't think of anything _____ is really open and helpful overall.
- Less explanation or exploration of my own feelings.
- Nothing.
- None.
- Nothing. I'm very happy with everything we do in supervision.
- Less goal setting as goals are always changing.
- Not be so concerned with an agenda and go with the flow more.
- Talk less about technique.

9. Helps me with DSM-IV diagnosis when needed: 1 2 3 4 5 X

Comments: _____

10. Helps me understand my strengths and weaknesses as a therapist: 1 2 3 4 5 X

Comments: _____

11. Provides a comfortable setting for me to disclose my own concerns or 'mistakes': 1 2 3 4 5 X

Comments: _____

12. Provides feedback in a clear and concise manner: 1 2 3 4 5 X

Comments: _____

13. Manages our supervision hour efficiently: 1 2 3 4 5 X

Comments: _____

14. Treats me with respect and dignity: 1 2 3 4 5 X

Comments: _____

15. Overall, how would you rate your supervision so far (circle one)?

Excellent	Very good	Average	Poor	Cannot rate at this time
-----------	-----------	---------	------	-----------------------------

16. What would you like your supervisor to do more of? Please be as specific as possible:

17. What would you like your supervisor to do less of? Please be as specific as possible:

18. Listed below are a variety of supervisory techniques. Please indicate which of these you have used and if used, how helpful they were in your supervision, using a rating from 1 to 5, with 5 being extremely valuable, 3 being of average value, and 1 being of little value. For ones that have not been used, please indicate whether or not you would like to try that technique, conditions permitting.

1. Verbal report of my sessions:

Used: How helpful:	1	2	3	4	5
Not used:	Would like / would not like to try this				

2. Video-taping therapy sessions:

Used: How helpful:	1	2	3	4	5
Not used:	Would like / would not like to try this				

3. Audio-taping therapy sessions:

Used: How helpful: 1 2 3 4 5
Not used: Would like / would not like to try this

4. Co-therapy with my supervisor:

Used: How helpful: 1 2 3 4 5
Not Used: Would like / would not like to try this

5. Observation of my session through a 1-way mirror:

Used: How helpful: 1 2 3 4 5
Not used: Would like / would not like to try this

6. Live supervision (Observation and feedback during session):

Used: How helpful: 1 2 3 4 5
Not used: Would like / would not like to try this

Are there any other comments you have concerning your supervision?

Appendix H

PsyD Trainees' Narrative Feedback

2005-06 through 2009-10

N=36

Supervisor Question 16: What would you like your supervisor to do more of? Please be as specific as possible:

- As much as I was unsure initially about doing a joint therapy session with my supervisor, I really feel as though this was one of the most valuable ways to learn. Having a supervisor tell you what you could/should have said after the fact when reviewing a tape or recapping a session is helpful, but witnessing what should be said and how to interact is, I feel, a completely different experience, so I would have liked for my supervisor to suggest more joint sessions and perhaps earlier on in the year.
- I would have liked to have been challenged more by my supervisor. I would have liked her to question my technique and push me to explain why I did things in the way I did
- I would like my supervisor to help me conceptualize CI. from a few different perspectives.
- I would like my supervisor to be more supportive and validate my experiences. I would like for her to be more direct and clear with her expectations of supervision. Also to be aware of supervisee's previous supervision experiences and address expectations or concerns.
- Challenge me to think critically about why I did things and how to connect them to my theoretical orientation
- I would like my supervisor to feel more comfortable to give me feedback.
- Give guidance on report writing and case formulation writing. Help connect work to DSM when appropriate
- I would like clear direction and more personal feedback that is not via email. Also, I think often there were numerous miscommunications. Clear feedback and expectations would alleviate this issue
- I would like to discuss theory and diagnosis more during sessions.
- She is an outstanding supervisor. I have no suggestions
- Clear and concise feedback
- Assisting with case conceptualization from various theoretical orientations
- More development of theory
- Help me diagnose with the DSM more effectively- Help me think in my theoretical orientation and help me case conceptualize this way as well.
- Provide more than just suggestions on what I could do for treatment/intervention but actually guide me towards understanding which approach is best for my client
- Dr. _____ provides a good balance between the focus on content process. I would not change anything about supervision.
- Dr. _____ has done amazing job as my supervisor, he has thought me to apply CBT and other clinical skills.
- More guidance in helping me develop my style as a therapist
- I understand her excitement and asking a lot of questions, but it have been nice if Dr. _____ asked me more of my thoughts.
- Encourage student to discuss theoretical background w/ supervisor so supervisor can provide further guidance.
- Dr. _____ could have disclosed more information about herself and her experiences as a therapist.

- Be direct and specific in response to trainee's questions or needs.
- Be more directive/definite in providing help w/ diagnosis. Example: When supervisee provides reasoning for diagnoses being considered, it would be helpful to hear "I would go with _", as opposed to "I think its a good exercise for you to work out."
- Help more w/ diagnosis when needed, be a tiny bit more directive sometimes (also when needed) (Note: she was very responsive to my feedback on this.)
- Practice conceptualizing cases using my preferred theoretical orientations and diagnosis of clients.
- Maybe go over diagnosis w/ clients, when doing case formulation paperwork, once in a while.
- More support on note-writing
- Continue to provide a safe and comfortable environment to discuss clients. Keep on doing a great job!
- Assist with connecting theory and my conceptualization of cases within the ind. sup. session to assist me in refining my theoretical orientation.
- Give me freedom to develop my own way of counseling. Sometimes I feel I am more encouraged to do it the way my supervisor would.
- Continue to provide a comfortable environment. Continue to allow me to find my own therapeutic voice and to do what works for me while offering alternative perspectives.
- No suggestions
- Tell me areas where I can work on to grow and what I could do to improve
- She did a lot of everything. N/A. Keep up!
- Be present more, seems to nod off at times. Help me utilize more interventions
- Help me with treatment planning. Provide me with information, books, notes, anything, that could be of added service to my own sessions or aid my learning.
- Three trainees left no answer

Supervisor Question 17: What would you like your supervisor to do less of? Please be as specific as possible:

- I feel as though my supervisor was very lenient in terms of deadlines and in making sure I was completing tasks. I probably would not have "liked" it per se, but I think I would have benefit from her being less lenient and "on my case" more about deadlines.
- I would like supervisor not to be afraid or hesitant to ask clarification questions and not assume anything about supervisee without checking in
- Checking in
- I often feel like she wants me to need her more. I would like her to be ok with me being me.
- I sometimes feel as though our supervision hour turns more into therapy hour than supervision and I would like to discuss our supervisor-supervisee relationship a little bit less during our supervision hour.
- Let the hour run late or start the hour late
- Less checking in
- Dr. ____ has been a very proactive supervisor, and has done everything right.
- Less questions. She asks a lot during her excitement.
- Dr. ____ did enough of her supervisory duties.
- I hate when I ask a question because I'd like honest feedback, but instead she puts it back on me. I asked for a reason, dammit!
- Request videotapes.
- Keeping the supervision times more consistent. At times we switched times a great deal, so this impacted which clients and issues I shared. Sometimes it meant consulting with others to discuss issues.
- Possibly more flexibility within the individual supervision session?

- I can't think of anything. Maybe less videotaping requests.
- Would like to spend less time on verbal updates of session content and more time on treatment planning and interventions/techniques.
- Being quiet and forcing me to talk the whole time. I want feedback, and not just on how I am but on what I should be doing. I get that I'm good at some things, now tell me what I'm bad at and how I can change it. Be more exact in what it is that I am supposed to be doing during this hour of painful supervision.
- Nothing/NA everything has been helpful
- Can't think of a thing.
- No suggestions
- Three other trainees wrote "Nothing".
- Nine trainees left no answer
- Three trainees wrote "N/A"
- One trainee wrote "None"
- Two trainees wrote "Not sure"

Appendix I

University of La Verne Psy.D. Program in Clinical-Community Psychology

STUDENT EVALUATION OF PRACTICUM/INTERNSHIP SITE

Student Name: _____ Date: _____
 Type of training completed: _____ Practicum _____ Internship

Name and address of agency: _____

Name of Supervisor: _____ Degree: ___ Ph.D. ___ Ed.D. ___ Psy.D.

I. Overall how well did your agency training prepare you to assume your duties/responsibilities?

CIRCLE ONE --- 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

A. What was the area of best preparation? _____

B. What was the area of poorest preparation? _____

C. Were you overqualified for any tasks? (Yes or No) specify _____

II. Quality of Experience

CIRCLE ONE --- 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

A. Supervision/Didactics

1. Quality of regularly scheduled individual supervision:

Supervisor 1 _____ 1 2 3 4 5 NA

Supervisor 2 _____ 1 2 3 4 5 NA

2. Quality of regularly scheduled group supervision

Supervisor 1 _____ 1 2 3 4 5 NA

Supervisor 2 _____ 1 2 3 4 5 NA

3. Quality of initial orientation to the agency 1 2 3 4 5 NA

B. Physical environment:

1. Clinical offices & student workspace 1 2 3 4 5 NA

2. Secretarial support, services & equipment 1 2 3 4 5 NA

III. Overall experience: Circle one:

1 = Too little 2 = Just Right 3 = Too Much OR 1 = Poor 2 = Adequate 3 = Excellent

1. Workload 1 2 3 NA

2. Availability of cases to fit your training needs/interests 1 2 3 NA

3. Breadth/diversity of clinical experience 1 2 3 NA

4. Opportunity to work with culturally/ethnically diverse clientele 1 2 3 NA

5. Sensitivity of agency to diversity issues 1 2 3 NA

6. Exposure to community aspect of training 1 2 3 NA

7. Quantity of diagnostic testing 1 2 3 NA

8. Quality of diagnostic testing experience 1 2 3 NA

9. Quantity of psychotherapy activities 1 2 3 NA

10. Quality of psychotherapy experience 1 2 3 NA

11. Quantity of didactic training activities 1 2 3 NA

12. Quality of didactic training experience 1 2 3 NA

IV. When describing this agency to future students, would you say the training/experience is primarily one of: (rank three activities, with 1 indicating most frequent activity and 3 indicating the third most frequent activity)

A. ___ Diagnostic Assessment ___ Crisis Intervention ___ Drug & Alcohol Treatment

Individual Therapy: ___ a. Short term, ___ b. Long term

Group Therapy: ___ a. Short term, ___ b. Long term

___ Family Therapy Other (specify) _____

B. How good of a job is this agency doing in training students in the above areas?

Area ranked 1: ___ Poor ___ Fair ___ Satisfactory ___ Good ___ Excellent

Area ranked 2: ___ Poor ___ Fair ___ Satisfactory ___ Good ___ Excellent

Area ranked 3: ___ Poor ___ Fair ___ Satisfactory ___ Good ___ Excellent

C. Would you recommend this agency to another student: ___ Yes ___ No

If no, why not:

D. What would you suggest that future practicum/internship trainees be aware of and what requests should be made of the agency?

V. Overall how would you rate your experience with the Clinical Training Director?

CIRCLE ONE --- 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

A. Please identify the Clinical Training Director's strengths. _____

B. Please identify the Clinical Training Director's area of growth. _____

Appendix J

PsyD trainee evaluation of practicum site at the University Counseling Center, 2006-2010 (N = 28)

Question 1. Part A: What was the area of best preparation?

Assessment Seminar provided excellent review of projective and objective administration, scoring, and interpretation.

Intake and MSE assessments

Individual and Group Supervision, Testing Seminar

In being prepared to deal with a crisis

The amount of Supervision and training.

Accommodation to Counseling Center and offsite location

Offsite Clients and necessary paperwork

The ability to provide proper therapeutic services to clients and better diagnosis skills

Expectations of practicum student responsibilities through 2 orientations before beginning practicum

Good preparation for first session and crisis intervention.

Practicing with the supervisors and having a 1 on 1 hour session with them acting as one of their existing clients to see how it will be.

Supervision (individual and group)

Supervision

Policies and Procedures

Reporting

Coordinating intakes

Intake sessions

Group supervision, specifically the opportunity to explore mistakes and successes and receive feedback from colleagues and supervisors.

Getting my feet wet in a setting that I am familiar with and that always has open doors when I am in need of consultation or supervision.

Crisis Intervention

Supervision was outstanding. I felt very supported and well-educated.

Organization; orientation

Merging of group

Individual supervision: I had the opportunity to share many issues and we were able to troubleshoot my problems.

Individual therapy and assessment

The practice intake session we did with one of the on-site supervisors

Two trainees left no answer; and one trainee wrote "n/a"

Question 1: Part B: What was the area of poorest preparation?

Off-site logistics (No ability for clients to contact therapists off site)

Crisis intervention

I did not find any areas that are poor or in need of preparation.

Writing process notes and organizing the files

I honestly cannot think of anything

The ability to finish testing quickly and provide results
Offsite/community settings- Interactions with school administration/staff
Less preparation for termination with clients.
How to fill out paper work for the clients file.
Training in requested topics in community seminar
Community seminar- not too bad, but room for improvement
Acclimating to Joslyn
Group supervision
Writing session notes (SOAP format reviewed late in the semester)
Wanting greater feedback as to how I am doing; wishing for added help in treatment planning and not getting what I needed.
Diagnosing
Could have used more prep in note writing/report writing.
Community outreach duties
Paperwork etc.
Crisis intervention: I did not have any clients who came in with a crisis, therefore I have not had the opportunity to apply my knowledge and skills
Group counseling.
What they expect on the paper work (most of us were putting MORE information than they wanted).
Five trainees gave No Answer; one wrote "n/a" and another wrote "None"

Appendix K

ULV Workshop Evaluation Form

University of La Verne Counseling Center Workshop Evaluation Form

Workshop: _____ Date: _____

Presenter(s): _____

Place an "X" in the appropriate space for each rating scale.

- | | | |
|------------------------|---|------------------------------|
| 1. The workshop was: | | |
| Informative | : _____ : _____ : _____ : _____ : _____ : | Uninformative |
| Relevant | : _____ : _____ : _____ : _____ : _____ : | Irrelevant |
| Too long | : _____ : _____ : _____ : _____ : _____ : | Too short |
| Stimulating | : _____ : _____ : _____ : _____ : _____ : | Boring |
| Too Structured | : _____ : _____ : _____ : _____ : _____ : | Not enough structure |
| Moved Too Slow | : _____ : _____ : _____ : _____ : _____ : | Moved too fast |
| Fragmented | : _____ : _____ : _____ : _____ : _____ : | Smooth |
| Increased My Knowledge | : _____ : _____ : _____ : _____ : _____ : | Didn't Increase My Knowledge |
| Should Not Be Repeated | : _____ : _____ : _____ : _____ : _____ : | Should Be Repeated |

2. The most helpful aspect about this workshop was...

3. The least helpful aspect of this workshop was...

4. What additional information would have been helpful for you?

Appendix L

ULV Workshop Evaluation Form Results

Table 14

Stress management workshops (2007-2011): University of La Verne's Counseling Center (N = 32)

Item	%	<i>n</i>
1. The workshop was:		
Informative	94%	30
Neutral	6%	2
Uninformative	0%	0
2. The workshop was:		
Relevant	100%	32
Neutral	0%	0
Irrelevant	0%	0
3. The workshop was:		
Too Long	9%	3
Neutral	91%	29
Too Short	0%	0
4. The workshop was:		
Stimulating	84%	27
Neutral	16%	5
Boring	0%	0
5. The workshop was:		
Too Structured	16%	5
Neutral	84%	26
Not enough structure	0%	0
Missing		1
6. The workshop:		
Moved too fast	5%	1
Neutral	95%	18
Moved too slow	0%	0
7. The workshop was:		
Fragmented	0%	0
Neutral	16%	0
Smooth	84%	32
8. The workshop was:		
Increased my knowledge	97%	31
Neutral	0%	0
Did not increase my knowledge	3%	1
9. The workshop:		
Should not be repeated	0%	0
Neutral	9%	3
Should be repeated	91%	29

Narrative feedback:

Stress management workshops (2007-2011)

1. What was the most helpful aspect about this workshop?

Themes:

- Learning how to cope with stress
- Mindfulness/breathing exercises and practice
- Knowledge on how to identify stressors and stress
- Discussion and dialogue

All survey responses (N= 30):

- All the info
- Learning how to cope with stress
- Time management
- Useful handouts and strategies
- It was helpful that there was dialogue; This gave students an opportunity to hear each other's stressors
- It's related to how I'm feeling towards the end of the semester and a lot of tips I can follow
- Realizing the symptoms and figuring out ways we could manage stress. For example, I have some of the symptoms but didn't know they were symptoms
- Scanning
- Trying the meditation
- Mindfulness awareness techniques
- The mindfulness exercise
- The actual practice
- The bio-feedback practice
- All of it
- Her video's
- The meditation part
- Breathing and techniques
- How relaxing the workshop was
- Very helpful
- It was informal and it was easy to ask questions
- Coping with stress information
- The information about coping with stress
- Coping methods
- Very smooth and gave some helpful tips
- How to cope with stress tips
- Reminders on how to cope with stress
- What are some stressors and how to identify it
- The tips on how to manage stress and how it can affect our health
- I learned a lot of things that I wanted to know (e.g. reactions to stressors and coping methods/planning)
- Worksheets and coping strategies

2. What was the least helpful aspect of the workshop?

Theme:

- Everything was helpful and informative

All survey responses (N= 21):

- The stress measurement worksheet. It didn't really help me label my stress
- All of it was helpful; Great info!
- I cannot say because it was interesting
- None. Great presentation
- All was good
- Few activities
- Everything was helpful (two put this)
- A lot of the reduction tips I already knew but also a few new ones
- Nothing; It was all helpful
- I thought it was all informative
- Everything was fine
- I thought everything was very helpful
- N/A (5 put this)
- None (2 put this)

3. What additional information would have been helpful for you?

Themes:

- More conversation and interaction among participants/more activities
- More coping ideas or practices

All survey responses (N= 18):

- More conversation from participants
- A worksheet to help label stress
- School recommendations for stress relief- i.e. school academic services
- I think if we had an alternate survey that was more specific, we could grasp more about our stressors.
- Little activities
- What techniques the presenters use to manage stress; only thing I could think of. Presenters did a great job with all the info presented and their presentation
- Can't think of any
- Copy of links on PowerPoint
- N/A (two said this)
- Overall, excellent job
- How to deal with day to day stressors
- Can't think of anything
- Did a great job
- Partner- interaction with each other
- More coping skill ideas, practice
- Writing down specific way we were going to deal with our stress
- Videos, maybe
- Not enough time for responses

Table 15**Stress and time management workshops (2010-2011): University of La Verne's Counseling Center
(N = 36)**

Rating of the presentation	<i>n</i>	Poor	Fair	Good	Excellent
1. Usefulness of Information	36	0%	3%	42%	55%
2. Clarity	36	0%	0%	25%	75%
3. Practicality	36	0%	6%	36%	58%
4. Quality of Handouts	36	0%	0%	36%	64%
5. Use of Illustrations	36	3%	11%	22%	64%
6. Response to Questions	36	3%	5%	28%	64%
7. Overall Presentation	35	0%	6%	17%	77%

Narrative Feedback

Stress and time management workshops (2010-2011)

1. What did you find most helpful or enjoyable about the presentation?

Themes:

- Making the stress balls
- The handout to measure our stress levels
- Learning different ways to cope with stress
- Learning about the counseling center services
- The use of technology (e.g. texting our answers and having the result show up on the screen)

All survey responses (N= 34):

- I was easily able to relate to the common problems presented, and I liked the solutions
- Different ways to handle stress
- The time management tips were very helpful. I thought the “Squeaky Wheel, Distracters and Victims” was so true and also helpful
- The ways to deal with the stress and the stress ball
- I felt that the ABC prioritized daily tasks list. It is a great tool to use!
- Stress questions
- Making stress balls (six said this)
- The presenters included themselves and talked about how their stress affects them
- I liked the presenters cheerful attitude and the stress ball exercise
- The counseling center open for undergrads
- The activity was an attention grabber
- The first handout to measure our stress levels; Also the texting part, the stress balls, and the friendly environment
- Being able to test your actual stress level
- Tell the difference between actual stress and initial stress
- I enjoyed the interaction with the stress balls and the time management
- Good presentation flow- it kept my attention
- The information about stress and time management
- It was a good way to learn new skills to deal with stress. Also to be able to manage time better
- The presentation
- Useful tips to keep organized
- I liked knowing that I can get help for free
- The presenter was not boring
- Texting our answers to the screen
- Different elements of stress
- All of the suggestions on how to manage stress
- The stress level handout; scoring your own stress level
- The handouts
- The listing of ways to relieve stress; the texting forum

2. What did you find least helpful or not enjoyable about the presentation?

Themes:

- Everything was helpful
- Do not talk about stressors while eating
- Making the stress balls

All survey responses (N= 28):

- Everything was enjoyable (three said this)
- Everything was helpful (five said this)
- The comic on one of the slides. It wasn't funny haha
- Everything was useful (two said this)
- Balloons
- Do not talk about stressors while eating-disrupts digestive system; nothing they said was not helpful
- The survey thing to tell us how stressed we are
- There wasn't anything that I found to be least helpful/not enjoyable
- Nothing (five said this)
- Do not talk about stressors while eating
- The lecture
- A little guide-maybe ask if anyone would be brave enough to share some examples
- My balloon broke
- Stress ball making
- Making of the stress balls and tying the knot
- The presenters didn't seem prepared
- Need to speak louder
- Poor visuals

3. Additional comments or suggestions?

Themes:

- I liked the stress ball
- Great presentation- thank you!

All survey responses (N= 15):

- I liked the stress ball
- Thank you guys!
- It is good if you do it during the first week
- Make the handouts more interactive
- Keep up the good work!
- Good, not boring presentation
- Great presentation ladies!
- Good job
- Stress ball was cool
- Will use the tips to keep myself organized
- Our instructor was very kind
- Speak louder
- More personalized or use humor. The presentation lacked personality
- PowerPoint rather than paper notes
- Thank you!

4. What would you like to see for the Stress and Time Management Workshop Part II?

Themes:

- Provide examples of relaxation/breathing techniques
- Provide more tools in reducing stress levels

All survey responses (N= 14):

- This pretty much summed everything up nicely
- Probably the muscle relaxation during the presentation
- More clarity about how the time matrix thing works
- Perhaps a stress-relieving group game/activity
- An exercise that includes the entire class and to engage the class with interesting facts/statistics
- Maybe if they shared what stresses them out a bit more, and ask us to share our experiences
- Maybe talk more about how exercise ties in
- A broken down version of the presentation
- Try the breathing exercise or some examples of stress management technique
- Activities
- Performing/example of actual breathing exercise
- How to better maintain stress
- Another stress tool like the stress ball!
- More ways to relieve stress and ways to improve organization and time management

Table 16

Resident Assistants' Training in Identifying and Responding to Distressed Students and Students in Crisis workshops (2005-2010): University of La Verne's Counseling Center (N = 30)

Item	%	<i>n</i>
1. The workshop was:		
Informative	87%	26
Neutral	10%	3
Uninformative	3%	1
2. The workshop was:		
Relevant	90%	27
Neutral	7%	2
Irrelevant	3%	1
3. The workshop was:		
Too Long	60%	18
Neutral	33%	10
Too Short	7%	2
4. The workshop was:		
Stimulating	53%	16
Neutral	30%	9
Boring	17%	5
5. The workshop was:		
Too Structured	30%	9
Neutral	70%	21
Not enough structure	0%	0
6. The workshop:		
Moved too fast	40%	12
Neutral	60%	18
Moved too slow	0%	0
7. The workshop was:		
Fragmented	7%	2
Neutral	27%	8
Smooth	67%	20
8. The workshop was:		
Increased my knowledge	73%	22
Neutral	20%	6
Did not increase my knowledge	7%	2
9. The workshop was:		
Should not be repeated	10%	3
Neutral	17%	5
Should be repeated	73%	22

Narrative Feedback

Resident Assistants' Training in Identifying and Responding to Distressed Students and Students in Crisis workshops (2005-2010)

1. What was the most helpful aspect about this workshop?

Themes:

- Role playing/skit
- Learning the warning signs of a student who is distressed/suicidal
- Learning the proper protocol and services for a distressed/suicidal client

All survey responses (N= 28):

- Role playing
- Role paying and group discussion
- The process of referring someone and how to deal with resident who is stressed, depressed, or suicidal
- The information about the Counseling Center (the phone number, etc.) as well as how to deal with suicidal tendencies
- Being in the skit and paying the RA role. More info overall
- Acting scenes
- Simulation
- Learning the warning signs of being distressed and depressed
- "How to" approach these issues
- Info was good; learning that I could have a troubled resident on my floor
- The skit to really see what actually happens
- The posters were the most helpful
- The scenario
- The handouts
- The posters
- Recognizing different signs of distress, depression and suicide-some of them I did not really know
- The group sessions were very helpful
- Having us figure things out and not just telling us; that way we can remember
- Understanding the resources available to me
- Role playing from being a distressed student to an active listener
- Knowing how to refer a student
- Realizing that depression and suicide aren't limited to one race, religion, moral, or social group. It can affect and be done by anybody
- Learning about what needs to be done in regards to helping various people and problems
- The scenario-and that we got to practice what we learned
- That the presenter clarified different circumstances for which a student might consider seeking counseling
- Role playing so you know at what point to get others involved
- Role playing
- Learning how to deal with suicidal students and knowing there is an emergency number for counseling
-

2. What was the least helpful aspect of the workshop?

Themes:

- Drawn out too long

- Role play
- Repeating the same information
- Time constraint-program was cut short

All survey responses (N= 19):

- Too short
- Role play
- I knew most of this already; too long
- Role play
- There were a lot of tangents which made it hard to follow
- How to use the referral paper
- Helpful, but drawn out way too much; should've stopped after the posters
- Role play
- Repeating the same information. Seemed repetitive
- The outline. It wasn't really referenced because we moved through the workshop
- Brainstorming and sharing
- Repeating the same information
- Time constraint
- I thought everything was informative and helpful
- Learning about active listening
- The discussion
- That we didn't get to finish the presentation
- None-but I think that we should have a section where we are up and moving
- I liked talking about it but it was cut short

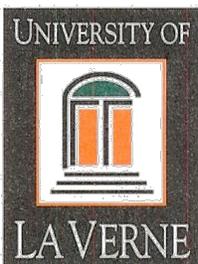
3. What additional information would have been helpful for you?

Themes:

- More role-playing/skits and advice; provide more difficult role plays
- Actual examples or real situations

All survey responses (N= 18):

- Additional information regarding places outside of campus
- More role-playing
- More skits with advice
- Example situations perhaps
- Actual examples of times people came in for counseling
- Slightly more "How to Help" workshop
- Maybe some actual case study analysis
- It was lovely
- I actually wanted to meet the counseling staff
- Probably more statistics and a movie short film
- Learning about when to refer a student to the counseling center
- More about ways to help or different/more role playing
- Maybe more hands-on scenarios-practices is always good. The scenarios should be hard so we are better prepared for real (simpler) life scenarios
- If I could have had a model for role playing before having to do it on my own would have been beneficial
- Hotlines around the area
- What other resources do you offer for students besides suicide
- More time for role plays
- Scripts and steps to take with suicidal students

Appendix M**UNIVERSITY COUNSELING CENTER**

1950 Third Street
La Verne, California 91750
909.593.3511, Ext. 4831
Emergency: Ext. 4650

Knowledge • Service • Vision

December 2, 2010

Dear Colleague:

This spring the Counseling Center will be undergoing a program review and in light of that task your feedback, both positive and constructive, about the Counseling Center would be greatly appreciated. If you would be so kind to answer a few questions about your view, as well as the view of students that have communicated to you about their use of our services, of how well the Center is meeting the needs of our student body and what improvements can be made in the delivery of our services. Your answers are to be returned to Aghop Der-Karabetian in the Office for Institutional Assessment ader-karabetian@laverne.edu so as to protect your anonymity. His office will provide a summary of all of your answers to these questions for us to use in our program review. Thank you in advance for your cooperation with this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard R. Rogers, Jr., Ph.D.", written in a cursive style.

Richard R. Rogers, Jr., Ph.D.

Director

University Counseling Center

Appendix N
University of La Verne Counseling Center
Feedback from Stakeholders

Note: As of July 11, 2011 nine individuals responded to the survey

6. What have you heard about the ULV Counseling Center?

- To be honest, I do not hear much about my students taking advantage of the counseling center. But they are under the impression it only operates during the day when they are in classes.
- I don't hear much about the Counseling Center. Most of the students that I see have never used the Center, and the Adult students that I see don't know if it is available to them.
- Nothing really positive or negative
- Perhaps the only thing is that some people don't know where it is
- Students that I have referred to the counseling center report that they are satisfied with the services. I have heard nothing negative.
- That it provides counseling services to students who need them.
- Provides counseling services to students who have psychological or personal problems that require professional intervention. It provides crisis interventions and outreach.
- I have not heard much. I just know that my firsthand experience has been positive. As an undergraduate student at La Verne, I took advantages of the services offered by the counseling center.
- I hear very little about the counseling center from our students; that is probably very good news.
- Actually, I don't really hear that much from individual students. I know that the counseling center is good and our staff does great work...but as far as the students sharing feedback... I don't hear directly from them.

7. What services (individual, couple, group counseling; crisis intervention; outreach) that the Counseling Center provides do you think or have you heard from ULV students that they think we do well and/or are valued/appreciated?

- I think the counseling center may help out with roommate conflicts. Topics such as eating disorders, body image and substance abuse could be helpful.
- Have not heard.
- Individual counseling most often from people we have referred to you
- Individual counseling is valued.
- The individual counseling and crisis intervention are valued and appreciated.

- The counselors are caring individuals who have the student's best interests at heart. Although their hours are limited, the staff is well regarded.
- Firsthand again: I have only experienced individual counseling, and I thought that was done very well. I do remember hearing about a couple of cases in which crisis intervention was successful.
- Again, I don't hear from the students...but I believe the individual counseling and the crisis intervention is great

8. What services would you like to see or have heard from students that they would like to see the Counseling Center provide more of?

- I know at times the graduate interns say they would be available to meet with our students to do workshops but maybe they could be a little more proactive in helping plan a workshop.
- I would love for the services to be available to CAPA students if it is not already available. Especially during these economic times, many students are suffering from anxiety and stress.
- Not a counseling center issue, but grad students should have to have insurance to use services
- Continued outreach on stress management and conflict resolution should be provided.
- More crisis intervention and counseling sessions for troubled students
- Marriage and family counseling: I'm sure it's already in place, but I have had students inquire about this service n particular
- More hours provided for counseling

4. What new services would you or students like to see us provide?

- If possible, more outreach programs available to everyone, faculty, students, and staff.
- Perhaps "bagged" bulletin boards that we can take and put up
- Perhaps a support group for student-athletes who have sustained a severe injury and are facing a long rehabilitation; or a peer-support network consisting of previously injured student-athletes who have been trained in peer-mentorship. There are a few existing models of this at other institutions.
- More publicity re suicide hotline/assistance; more publicity re where and how to report student behavior that may be troublesome/potential risks
- Extended evening hours would be nice. Closing the office at 4:30pm does not serve the students well, especially for those who attend university in the evening.
- Marriage and family counseling
- I would like to see eating disorders, depression, binge drinking workshops and counseling provided

5. What suggestions for improvement do you or students have for the ULV Counseling Center?

- I think that students only know about the counseling center when they are referred to it. They need to do a better job of marketing the center and the services they provide.

- I don't have any suggestions. Based on the resources and staffing available, I believe they are doing everything they can do, and doing it well.
- I believe you are understaffed and need additional staffing
- A couple of times I have heard from undergraduate students I have referred to the counseling center that they are concerned that they are speaking with other students; I then need to assure them that the trainees are in the graduate program and adhere to strict confidentiality rules. I, myself, am actually a bit confused as to what the therapists/trainees' job descriptions are, and this might be helpful to share with faculty/staff so that they can better inform students.
- None of the website links work under 'Resources', 'Staff', or 'Training Program' (and in the past I've noticed other broken-links on the counseling center page and notified Gloria; this is probably due to the website migration but should be checked regularly).
- It would be nice if the staff increased proportionately to the size of the student population (main campus and RCA/CAPA).
- It would be nice if it broke off from the Psychology Department so it could manage its own affairs and own budget.
- None
- I would like to see further integration of the CC "Mission" with that of the Psychology Department. That includes more research opportunities for faculty and grad students. And more opportunities for new hires on the faculty to obtain supervision of their 1500 post doc hours.
- More hours provided

6. What kinds of outreach (e.g., workshops, presentations, pamphlets) and outreach topics would you and/or students regard as helpful to ULV students that you would like to have the ULV Counseling Center staff provide in the future?

- Again, the topics I mentioned above and just trying to be more proactive in planning such workshops.
- Stress Management for Adults (school, family, work or no work)
- Time management
- Stress management
- Body issues
- Healthy relationships
- Additional training for faculty/staff on referral
- Dr. Rogers does a nice job explaining the steps involved in making an appointment, etc., but the actual process of referring a student (i.e., how to talk with a student about referral) would be helpful.

- Stress management; managing graduate education expectations; workshops on relating/communicating with professors/peers etc.; how to handle one's emotions/ failure and/or low grades (lower than those expected or what the students feel they are entitled to)
- Workshop about how to deal with big university or policy changes (such as new Presidency)
- Parenthood while a student is at La Verne
- How to deal with being back in school after a long absence
- I would like to see eating disorders, depression, binge drinking workshops and counseling provided

Appendix O

Claremont Unified School District Feedback

Claremont Unified School District

170 W. San Jose Ave., Claremont, CA 91711-5285

(909) 398-0609 ext. 75001 FAX (909) 399-0243

<http://www.cusd.claremont.edu>

Terry Nichols, Ed.D., Superintendent

Mike Bateman, Executive Director, Student Services



Board of Education

Hilary LaConte, President

Elizabeth "Beth" Bingham, Vice President

Steven Llanusa, Clerk

Mary Caenepeel, Member

Jeff Stark, Member

Alanna Samuelson, Student Member

Karen Stopani, Student Member

January 10, 2011

Dear City of Claremont Human Services Commission,

I am writing on behalf of the Claremont Unified School District in support of the University of La Verne's application for secondary school counseling through the Community Based Organization funding process. ULV has been a great partner in assisting the youth of our city. They have provided a variety of counseling services over the years to our students and their families. Without the support and commitment of ULV and the City of Claremont, we would not be able to provide these services to our students due to budget constraints.

It is always a pleasure to work with the staff and interns from ULV. They are the best of the best. CUSD is in full support of ULV's plan. It is my pleasure to recommend the University of La Verne for CBO funding. If I can be of any further assistance, please don't hesitate to contact me at 909-398-0656.

Sincerely,

Michael Bateman

Executive Director, Student Services

Tuesday, December 14, 2010 7:57 AM

Hello Rick,

The three gals are working very well here at CHS. The referral process has gone well and students are being seen. I asked earlier to know who was working with which students and I received information about which students were being seen. It is important that I have this information as parents often call and want to contact the counselor.

We are very thankful to have the interns here. We appreciate all they are doing for our students.

Take care,

Sharon

Mrs. Sharon L. Fera
Assistant Principal, Student Services
Claremont High School
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**THE UNIVERSITY OF LA VERNE
UNIVERSITY COUNSELING CENTER
SCHOOL-BASED COUNSELING PROGRAM**

**EVALUATION RESULTS
OCTOBER 2011**

It is our goal to provide the students with the best possible mental health services.

This brief survey was emailed to the referral sources at the three service provision sites. Participants were asked to answer the following seven questions and return the survey via email or by leaving it in a designated location at their school to be picked up.

What is your position or role?

Principal Ass't Principal Counselor Teacher Other _____

Results 2 (22.2%) 4 (44.5%) 3 (33.3%) **Total Responses: 9**

Please indicate the extent to which you agree or disagree with the following statements.

1.	When a student has been identified in need of social/emotional/behaviorial services, I find the referral process to be efficient.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Results	<input type="checkbox"/>				
				1 (11%)	4 (44.5%)	4 (44.5%)
2.	The ULV counselors are responsive to the specific needs of our school.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Results	<input type="checkbox"/>				
					1 (11%)	8 (89%)
3.	The ULV School Based Counseling Program is meeting the social/emotional/behaviorial needs of our student body.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Results	<input type="checkbox"/>				
					3 (33.3%)	6 (66.7%)
4.	I am likely to refer a student to a ULV counselor.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Results	<input type="checkbox"/>				
						9 (100%)

5. What do you feel are the strengths of the ULV School Based Counseling Program?

1. *To be able to refer to a ULV counselor and have a student be able to discuss their situation on campus is a huge plus*
2. *I really appreciate that the therapist interns are here three days per week. So far, we've had positive feedback from the kids. The kids really depend on their opportunity to see the assigned intern each week.*
3. *Responsive, kind, empathic, the kids respond to them*
4. *The counselors are well trained and show great respect and care for students*
5. *The strength is twofold: first the high quality of the counselors you make available to us is the very best part and delivers excellence every time. Secondly; the additional support that we can provide through your generous program is priceless, as well as needed, and valued. I wish we could offer this brand of caring and effective intervention to every student in need. In these current days of high stress among our families, our need is ever increasing, and our need identification process is slow. We are grateful for this outstanding offer of much needed help.*
6. *They are easy to work with, reliable, professional and are able to meet the needs of our students. They have created a physical environment that is conducive to counseling.*
7. *The ULV interns are great at communicating and understanding the situation of the student through interaction with the administrators. They utilize past incidents, consequences, and conversation with other adults in order to mold their feedback and advice to the students.*
8. *The counselors are very familiar with a variety of issues that our students wish to express. Not only are they approachable to students, but they give realistic examples, solutions, and ideas to them. The ULV counselors make themselves available to students and make them feel valued which results in the student wanting to continue ULV services.*

6. What do you see as the weakness of the ULV School Based Counseling Program?

1. *I would love to have the counselor on campus more often, but I will take what we have. I understand the referral process and the counselor does everything they can to get this process moving forward. We have always had a difficult time getting paperwork back from parents after it leaves the office.*
2. *I find the forms somewhat duplicative and cumbersome. There are two forms that ask for essentially the same information, plus the form that the student/parent signs. If the required information could be combined onto one form that would really be appreciated.*
3. *Have not seen anything.*
4. *The amount of counselors assigned to our school. I wish we could have Sergio every day of the week.*
5. *Only that we cannot provide these services as a class/elective, on-going opportunity to teach living skill, personal resilience, and continue support as students navigate adolescence.*
6. *Not being able to get both parents to consent for counseling. Or the time period that it takes to speak to both parents.*
7. *I am not sure if this occurring (it may be), but a suggestion would be to get an understanding of what is happening in the classroom as well with student behavior, etc. If this is already happening then disregard!*
8. *It would be very helpful with some of the students if family counseling could also be available. Sometimes we have students whose primary issues are directly related to the relationships that exist at home. Without family counseling, some of these different aspects are not investigated.*

7. What are your ideas for the future of the ULV School Based Counseling Program?

1. *None at this time*
2. *As long as you are open to increasing counseling hours as the needs increase here, I think what you are currently doing is very helpful. Thank you!*
3. *More time as the year goes on and we find more kids in need.*
4. *To enlarge the program to a level where counselors can provide services on a daily basis.*
5. *See 6 and 7.*
6. *Creating of group counseling!*
7. *To continue great support for our students emotionally, socially, academically.*
8. *As stated above, it would be beneficial in the future if the ULV School Based Counseling Program could be expanded to serve families as well.*

Appendix P

Service Level Reports

Total clients seen off-site from 2007-08 through 2010-11

City of Claremont Grant 2007-08

Sites/Activities	# of clients seen
Joslyn Senior Center total	27
Individual clients	25
Families	1
SAHS total	22
Individual clients	10
Group	12
S & FSC total	52
Individual clients	20
Couples	1
Families	1
Parenting Classes	27
Total clients seen at all sites in 2007-08 =	101

**CITY OF CLAREMONT Exhibit C-2
CBO FUNDING PROCESS--SERVICE LEVEL REPORT 2008-2011**

**University of La Verne Program of Psychological Services for Older Adults and
Underserved Youth & Families**

**Claremont High School & El Roble Intermediate School, SAHS, Joslyn & Youth
& Family Service Center**

TOTAL CLIENTELE SERVED 2008-09

Billing Period	# of Persons Assisted	Total Number of Persons Assisted Who Are:					
		White Non-Hispanic	Black Non-Hispanic	Amer. Indian/ Alaskan Nat.	Hispanic	Asian/Pacific Islander	Female Headed Household
7/1/08 - 12/31/08	53	18	3	1	28	5	23
1/1/09 - 6/30/09	40	10	0	0	27	2	11
Cumulative Total	93	28	3	1	55	7	34

TOTAL CLIENTELE SERVED 2009-10

Billing Period	# of Persons Assisted	Total Number of Persons Assisted Who Are:					
		White Non-Hispanic	Black Non-Hispanic	Amer. Indian/ Alaskan Nat.	Hispanic	Asian/Pacific Islander	Female Headed Household
7/1/09 - 12/31/09	33	6	3	2	23	1	18
1/1/10 - 6/30/10	50	12	9	1	22	6	13
Cumulative Total	83	18	12	3	45	7	31

TOTAL CLIENTELE SERVED 2010-11

Billing Period	# of Persons Assisted	Total Number of Persons Assisted Who Are:						
		White Non-Hispanic	Black Non-Hispanic	Amer. Indian/ Alaskan Nat.	Hispanic	Asian/Pacific Islander	Biracial/ Multiracial	Female Headed Household
7/1/10 - 12/31/10	34	12	3	0	11	4	4	9
1/1/11 - 6/30/11	35	19	2	0	7	3	4	11
Cumulative Total	69	31	5	0	18	7	8	20

**External Reviewer's Report on the
Counseling Center at University of La Verne**

Jeanne M. Walker, Ph.D.,
Director of Student Psychological Counseling Services
(1984 to present)
Director of the Chapman University Frances L. Smith Community Clinic
(now Center for Individual and Family Therapy, training facility
for M.F.T. program)
(2003 to 2009)
Chapman University, Orange, CA
December 20, 2011

External Reviewer's Report on the Counseling Center at University of La Verne

Introduction

At the request of University of La Verne's Counseling Center director, a site review of the program was completed on November 15, 2011, preceded by a written program review prepared by Richard R. Rogers, Ph.D., Director and Associate Professor of Psychology. In addition, the Counseling Center Staff Handbook, organizational charts, the Center's budget, brochures, and clinical chart materials were provided. The site review consisted of meeting with the Counseling Center director, clinical supervisors, Counseling Center staff trainees and administrative assistant, as well as the Dean of Students, the Director of Health and Disabled Students Services, the Interim Dean of the Faculty for the College of Arts and Sciences, the chairs of both the Psy.D program and of the Psychology Department, the Fieldwork Coordinator of the M.S. program, the founding director of the Counseling Center and with a group of undergraduate student leaders. The specific framework for the program review of the ULV Counseling Center was in the form of questions to be answered at the end of this report.

The time spent on the campus of ULV was delightful and very informative. The individuals and groups interviewed were genuinely committed to providing quality services, and responded candidly to the many questions and observations made throughout the day. In understanding the unique situation of the Counseling Center at ULV, it became clear that responses to the questions posed cannot be answered easily. As addressed in the program review, almost all university and college counseling centers are organizationally located within the division of Student Affairs and are evaluated by such associations as the Council for Advancement of Standards in Higher Education (CAS), or the International Association of Counseling Services (IACS). Although many educational institutions have training programs such as the one in the Psychology Department at ULV, they typically do not serve as the only counseling service for students at that institution. Therefore, answering the questions necessitates a program review which includes portions of the departmental training program, as well as a review of the counseling services provided to the student body of the university.

There is no question that the quality of both the provision of counseling services and graduate training is of utmost importance to the Counseling Center, both of which are consistently high. However there are serious considerations to be addressed in the current dual configuration of the Counseling Center.

This reviewer is to evaluate the Counseling Center, which is the training site for a number of trainees in the university's master's and doctoral programs and requires addressing aspects of the Psychology program's training operation in the Counseling Center. The standards of the Association of Directors of Psychology Training Clinics (ADPTC) are useful as a guide as they include such things as looking at the mission, the Director's role, supervision, trainee competencies, financial support, clinical operations, ethics, cultural competencies, treatment, documentation and record keeping. These standards are quite consistent with those of CAS and IACS, which are ordinarily utilized in self-studies and meeting standards for college and university counseling centers. This review incorporates some of the areas and standards important in program evaluation as recommended by these organizations.

Areas of Strength

Mission and Leadership The mission of the Counseling Center is consistent with the mission of the institution, and meets the standard requirements of providing quality individual and group counseling. In meetings with Psychology Department faculty and administration, it is very clear that providing high quality training and supervision is not only desired but delivered. The director provides consultation services to the institution through his connections with Student Affairs and with the Dean of the College of Arts and Sciences. Even though the Counseling Center is not organizationally located in the Division of Student Affairs, it operates as though it is and is even listed as such in the Student Affairs brochure. The current Director has made sure that he attends meetings including the Dean of Students management team, staff meetings, Counseling Network meetings and Disabled Student Services meetings. He is current in knowing and understanding what is happening with students on the campus at large and attempts to bring this information back to the Counseling Center to benefit the staff and the students served. The intention of the director to add these activities to the already full-time demands of overseeing the Counseling Center in addition to teaching classes is nothing short of remarkable. The current leadership of Dr. Richard Rogers is strong, positive and supportive, and he is clearly invested in the Counseling Center as a professional and caring resource for students requesting psychological services. He is highly qualified and has made significant strides in aligning the Counseling Center's purpose in helping the students at ULV within the Student Affairs division. It should be noted that the Director's concurrent roles as director of a counseling center as well as a professor teaching as many classes as he does is highly unusual.

Human Resources The current staff at the ULV Counseling Center is mostly composed of graduate students under close supervision by licensed psychologists in addition to a post-doctoral Fellow who is a clinician in training. Every indication is that they are providing very good counseling services to the students they see, and the evaluations which are done about their work support that they are truly making a difference in the lives of the student-clients. Evaluations done by clients demonstrate an overall very positive experience with both the counseling services and the counselors. Trainees are involved and clearly care about the important work they are doing. Supervision is provided by qualified professionals who are dedicated to the trainees and to meeting the ethical standards of the profession. There is supervision of supervision as well, thus allowing for a training opportunity only seen in the best of programs.

Legal and Ethical Responsibilities There have been no reported legal or ethical concerns involving the Counseling Center. The staff is trained in legal and ethical issues of the psychology profession as part of their required coursework, and supervisors and administrators are kept current in this area through their individual licensing requirements. An orientation for new staff trainees is done annually and emphasizes the policies and procedures regarding the operation of the center. The Staff Handbook is well written and up-to-date, providing excellent information regarding confidentiality and how to handle crises. Examples of clinical documentation at intake, regular sessions, crisis evaluations, and assessments are well-done and appear thorough.

Diversity The Counseling Center and ULV demonstrate an admirable adherence to the mission of diversity within the university. This is evidenced by not only the diversity of the students seen, but by the supervisory staff and trainees. Discussions with both a group of students and the trainees in the program reveal an environment where identity, culture and heritage are respected and nurtured. The characteristics and needs of diverse populations are not only part of the curricula, they are in evidence in the programs offered and the relationships and conversations witnessed during the site visit.

Assessment and Evaluation Regular program assessment and evaluation which employs both qualitative and quantitative methodologies are essential in determining the strengths and weaknesses in any department. A significant amount of information was available in reviewing not only the quality of care felt by the students who received counseling, but the quality of training and supervision perceived by the trainees in the Counseling Center and of the outreach services provided by trainees to students at ULV. The supervisors at the Counseling Center are seen in a very positive light as well. Evaluations are specific to the academic levels of the trainees, are thorough and provide great feedback to the supervisors about not only their overall experience but about what they are learning.

Areas of Concern

Organization and Administration As indicated before, the organizational structure under which the Counseling Center operates is very unique. The mission is both to provide high quality training for master's and doctoral students and also to provide high quality counseling services to the students at ULV. There is effective management of the Counseling Center; however there are constraints on the growth of a student-centered counseling service that reports to an academic department. It appears that the support for the Center is more focused on the academic training component without equal support for the mental health needs of the student body at large. The Center has taken on an identity as a student counseling service without the kind of support for facilities, materials, technology, staff or space that is usually present for counseling centers under Student Affairs divisions. Discussions with administration from both the academic and student services areas seem to indicate an agreement that it may be time to re-organize. The ubiquitous space problem inherent at many universities today appears to be the main obstacle to possible changes, as well as budget considerations. Both the Psychology Department and the Dean of Students agree that the Counseling Center should move organizationally under the Division of Student Affairs, aligning with the structure most common and most beneficial at universities and colleges around the nation. The Psychology Department considers the space in Hoover as academic space and if a move under Student Affairs was to take place, the Counseling Center would need to be relocated. The Dean of Students is fully supportive of the Counseling Center being an official student service department along with Health and Disabled Students, International Students, Multicultural Students, Residential Life, etc., but has no space currently to make available to the Counseling Center.

Human Resources Although the staff trainees are provided with excellent supervision and are highly regarded by their clients, the fact remains that the population of students at ULV are not seen by degreed or licensed professionals. Supervisors report that most of the trainees come in every year quite "green" – well-educated but inexperienced and for some psychological disorders ill-prepared to treat some clients. Both trainees and supervisors advocated for more training in the kinds of issues college students bring to the center. Evaluations by student clients show slightly lower scores on the helpfulness of counseling in three areas of sexual harassment/abuse concerns, eating disorders and substance abuse, all of which are common in the college population. In addition, the fact that the trainee staff are only there for a short period of time affects the consistency that a professional staff brings and who acquire the experience needed to fully appreciate and treat the specialized mental health needs of the college community. The majority of counseling centers across the nation have permanent, degreed and licensed clinical staff who provide services to students. Many centers also have a training program for both masters and doctoral students and/or interns, much like that at La Verne, however the permanent staff do the preponderance of both the therapy and outreach programming in addition to supervision. According to the recommended staff proposed by IACS

(International Association of Counseling Services), which accredits university counseling centers, an appropriate staff for La Verne's 8300 students should be a minimum of five full-time degreed and licensed staff members.

Support personnel is also critical for the operation of a quality Counseling Center, and the current administrative assistant is doing an outstanding job. In addition to managing the day-to-day operations of phones, inquiries, scheduling, supplies, data entry, and a multitude of requests from up to 20 individuals, this position also evaluates and handles immediate crisis situations until a counselor can be located. In many ways, this individual is the most important person the Counseling Center has for both new clients and the busy staff. Yet this is not a full-time benefitted position. Records show that the request for this position to be upgraded to full-time has been made repeatedly for over ten years.

There is also a need for more available psychiatric resources for students needing evaluations for medications or for more severe diagnoses which are out of scope of practice for the Counseling Center. Adding a part-time psychiatrist for even a few hours per week would expedite appropriate treatment for some students and possibly prevent escalation of symptoms and behavior problems. Discussion with the Director of Health also indicated a need and desire for psychiatric help.

Financial Resources Reports indicate that the funding of the Counseling Center has actually decreased over the last few years. With the number of clients, trainees and supervisors involved in the program, the budget is inadequate to provide anything but the bare essentials required to run the operation. A review of the operating budget which should enable purchase of adequate office supplies, educational and testing materials, postage, equipment, furniture and computers, as well as funds for conferences and travel is very low.

Facilities, Technology and Equipment The Counseling Center functions in an area not designed for this operation although there have been creative attempts to create a comfortable atmosphere in counseling rooms. Furniture is second-hand, and there are desks in each room, although actual desk chairs are lacking. Since the rooms are not sound-proof, white noise machines are available to mask conversations and provide limited protection for confidentiality. The computers that are available to trainees are very slow, poorly maintained, and interfere with the ability to do research on disorders or write case notes in a timely manner. This is one of the most often-mentioned complaints of the Counseling Center staff. There is not suitable space for group therapy, and the AV equipment which ideally should be utilized for supervision of cases is either outdated or non-functional. Inactive client charts in file cabinets (although locked) are located in the waiting area rather than in a secure area for storage. One inadvertent misstep in forgetting to lock a file cabinet could result in serious breaches of confidential records. Some concerns were raised by supervisors about the lack of panic buttons in the counseling rooms.

Office equipment for the Administrative Assistant include a computer, monitor, laser printer, copy machine and fax machine. Supplies must be stored in cabinets which take up valuable space in the main office. Scheduling of clients and sessions are done by hand and data collection is done using an Excel program that does not adequately track the information that would be useful in the operation of a fully functioning counseling center. It is difficult to access statistical information on antiquated programs, and requires far more time than if an appropriate system such as Titanium or other counseling services database were in place. It also appears that information collected for research which is not clearly connected to the functions of the counseling center is the responsibility of the

administrative assistant, which further impacts her ability to perform the daily functions required of a service with close to twenty staff members with ease.

Ethical and Legal Concerns From the perspective of reviewing the Counseling Center through the lens of accrediting bodies mentioned earlier (CAS, IACS) the liability of not having licensed therapists and counselors treating students is of crucial concern. At this time, if there were to be a crisis that led to legal action on the part of a student or student's family, the liability would be actionable against not only the trainee, but the university, the department, the individual supervisors and the director. Given that the age range of most college students is 18 – 25, a period of high stress as well as behavioral concerns such as drug and alcohol problems, initial diagnosis of serious mental disorders and suicidal ideation, primary care by only unlicensed graduate students is seen as problematic. This was raised as a concern by the supervisors, who are aware of the range of potentially serious issues brought to the Counseling Center by students, and who carry the supervisory responsibility of up to 30 clients. The director, who supervises 6 trainees, could have supervisory responsibility for up to 60 clients, which is extremely high. Counseling centers at most colleges and universities adhere to the requirement that counseling and psychotherapy functions for college-aged students be performed by professionals with at minimum a master's degree from an appropriate discipline. IACS states under the heading Professional Staff: Qualifications and Competencies, "Professional staff members should have a terminal degree. The minimum qualification for a staff member is a master's degree in a relevant discipline from a regionally accredited institution of higher education."

Program and Evaluation The program at the Counseling Center is almost entirely remedial care. All of the therapeutic offerings (counseling, groups, assessment, crisis intervention, and training for staff) are of high quality, however programs that promote student learning through the experiences in counseling are not identified and there is no mention of specific learning outcomes that can be measured in areas such as intellectual growth, effective communication, healthy behavior, meaningful relationships, etc. This does not mean these things do not occur in the experiences of students at the Counseling Center, but they are not identified or measured as criteria as important in student learning and development. The program does offer outreach programs, the topics which are chosen by the trainee facilitator and evaluated for how helpful and informative the programs were, if they were presented well, if they increased the students' knowledge etc. They did not identify or measure specific learning outcomes, although it was clear that they were positive experiences for the majority of students who attended. Student-centered counseling services should address more than just remedial therapy and offer a developmental perspective that includes prevention and outreach to students as well as the development of learning outcomes so important to the business of Student Affairs.

As indicated above, the center does an excellent job of providing evaluations of the trainee staff and the counseling offered. Trainees also utilize two rating scales to assess change in their clients – the BPRS (Brief Psychiatric Rating Scale) and the GAF (Global Assessment of Functioning). Although these are helpful, they are not actual client-reported measures which can be used to assess change. Examples which could be used are the OQ-45, the BHM-20, or the CCAPS, which is part of Titanium, a database system especially designed for college counseling centers. These are more objective measures which are given to clients pre- and post- therapy, and would be a valuable addition to providing measures of change.

Response and Recommendations

The following comments must be prefaced by this observation by this reviewer: It appears that both the Psychology Department and the Counseling Center would like to separate from each other so that each department can develop in the direction that would best suit their mission. It also appears that an immediate solution that requires space and money may not be on the horizon in the near future. Both the Psychology Department and the Counseling Center are currently providing quality services to both trainees and to student-clients, but each is limited in the current configuration, and to some extent vulnerable to future problems. It appears that the university must decide whether to offer the support needed to allow the Counseling Center to grow and become a full-fledged member of the Student Affairs division where it should be housed. Efforts should be put forward to the administration demonstrating the importance of addressing the mental health needs of the students at ULV at a different level.

1. Has the program clearly articulated its goals and objectives?

The initiatives and action plans outlined in the program review are clear and vary from changes that can be made in the near future to others that require long-range planning.

2. Are the goals and objectives realistic and appropriate?

All of the actions plans are appropriate; however the reality must be paired with annual planning and setting priorities. Some plans are actionable immediately (e.g. utilization of more objective measures at intake and termination), while others will require additional funds and/or decisions at higher administrative levels.

3. Does the program have adequate facilities, equipment, resources, and support services?

At present, the program has inadequate resources in all of these areas. Serious consideration should be made to increase the budget to levels which would allow purchase or upgrading of computers, database programs such as Titanium which would solve most of the issues regarding client assessment, upgrade to paperless records, and provide availability of a wide range of quick information and statistics. The administrative assistant position should be upgraded to full-time, benefitted, and funds need to be available for office supplies, instructional materials and professional development. Staff trainees expressed displeasure at inadequate supplies, small counseling rooms, slow and substandard computers, lack of some testing materials, non-working tape recorders for supervision, and having to change offices. They also stated that they would like receiving the staff manual before they attend the orientation so they have time to review it, since it is very comprehensive, and also better orientation to the main office, where to find materials, and better furniture. They also would like a voicemail system so that clients can leave them messages directly.

4. Are the staff well qualified to perform their duties?

Staff trainees have high ratings from their clients, receive excellent training and supervision, and communicated their admiration for their supervisors and their displeasure at the inadequate resources in the center. Given that they are beginning graduate trainees, the data provided indicates that they are doing a very good job. However, if the center were to be reviewed by the organizations that provide standards for counseling centers at colleges and universities such as IACS (International Association of Counseling Services) and CAS (Council for Advancement of Standards in Higher Education) the staff would be not considered qualified. The university should take a close look at the liability of treating the growing and complicated mental health needs of the student population with trainees who have not completed even a master's degree.

5. Has the program clearly articulated and applied its methods and procedures for assessing its goals, objective, and their effectiveness?

The program does a good job of evaluating how the center is perceived by both clients and trainees, and also does a great job of evaluating the supervisory experience. The information in the program review was outstanding and reflected a serious intent of accurately assessing all constituents of the center. It will be important in the future to develop more objective outcome measures to assess change in clients over the course of their treatment at the counseling center. As indicated earlier, an example is the OQ®-45.2 (Outcome Measures 45.2) which is a 45-item self-report outcome/tracking instrument designed for repeated measurement of client progress through the course of therapy and following termination. It measures symptom distress, interpersonal relationships and social roles. Another example is CCAPS, an outcome measure from the Commission of Counseling and Psychological Services through the American College Personnel Association which is built into the Titanium intake database procedure and then can be administered during treatment and at termination.

6. Are recommendations appropriate for program and department needs?

The appropriateness of the recommendations for the program and department will depend on what course the Counseling Center will take in the future. Some recommendations will not be realized given the current limitations of space and budget, and others limited by the vision of the university. Almost all of the recommendations are possible with adequate funding. The larger and more difficult goals of administratively and physically moving the Counseling Center under Student Affairs would be a move in the direction of higher quality of services to the student population at ULV, and providing needed additional space for the Psychology Department. Both the Counseling Center and Psychology Department appear to have outgrown the relationship and can thrive if such goals are actualized. It doesn't necessarily mean the elimination of a trainee program in the Counseling Center; in fact that should be continued. The recommendation that the school-based counseling program, which is a wonderful program, be moved to the Psychology Department makes much more sense than being housed in the Counseling Center.

7. How could the program or department be improved over the next five years?

If adequate funding becomes possible, the program can complete many of the initiatives even if the recommended changes of departmental structure and physical moves do not occur in the near future. As an example, a new database such as Titanium would simplify all of Initiative 1, and allow major changes to the scheduling, record-keeping, and database system of the center as well as providing a quality outcome measure. Long-range planning along with consistent efforts to approach the university administration with information about the benefits of moving the Counseling Center must be implemented. To reiterate, these benefits include professional, degreed and licensed staff to treat the students at La Verne, including psychiatrists; updated technology in the form of computers and programs; adequate space and furnishings, and the support and affiliation with other student services through the division of Student Affairs. The most improvement will result from the individuation of the Counseling Center from the Psychology Department – a natural outcome of the successful growth of both.