Westmont College

Counseling Center External Review

January 23-25, 2013

REVIEW TEAM

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INTRODUCTION

The importance of conducting program reviews of college counseling centers has steadily increased over the last ten years. It is important to periodically review the scope and quality of programs and services. It is also important to assess the campus understanding and awareness of counseling services, and the perception and impact of services upon the campus. A Review allows for feedback from a variety of sources that intersect with the Counseling Center. A thorough Review should result in the Counseling Center and the College administration being better able to assess and improve the effectiveness of the work of the Counseling Center on Westmont’s campus, reinforce areas of strength, and address areas of future challenge and growth.

Westmont College Counseling Center last conducted a Review in January, 1999. Marcy O’Hara, the current Director of Westmont College Counseling Center, formed and invited a team of participants to conduct this External Review of the Counseling Center. The site visit occurred during January 23 – 25, 2013. The Review Team consists of Shannon Balram, M.A., Residence Director, Westmont College; Douglas DeMerchant, Psy.D., Director of Counseling, Wheaton College; Janice Holton, L.I.C.S.W., Director of Counseling, Babson College; and Steven Rogers, Ph.D., Associate Professor of Psychology, Westmont College. These four individuals each brought a unique perspective to the Review process regarding the function, operation and delivery of services the Counseling Center offers the Westmont campus community, as well as perspectives on the relationships/partnerships that exist between the Center and the various College offices/programs.

Marcy O’Hara was a gracious, enthusiastic host who clearly, with the help of her staff, spent a great deal of time and energy in preparing for the Review, developing a Review Team and facilitating their campus visit. In preparation for this Review, Marcy significantly invested in the creation of the first manual of Westmont Counseling Center Policies and Procedures. This project completion not only greatly contributed to a more thorough review process but will also continue to facilitate ongoing growth and operations for the Westmont Counseling Center in the future. During the Team visit to campus, interviews were arranged with a number of representatives from internal constituencies across campus. Marcy O’Hara and her staff are to be commended for their forthrightness and heartfelt commitment to serve the students of Westmont, care for each other and seek God’s direction as they work to best utilize the resources at their disposal toward their goal of providing quality mental health services to the community.

The External Review Team met with Director Marcy O’Hara on Wednesday, January 23, prior to two days of interviews on campus. During this preliminary gathering the External Review Team discussed the goals and desired outcomes of this review. It is very evident that Marcy O’Hara, during her three and a half years as Director, has significantly invested in the strengthening of services, staff development and promoting greater awareness and positive perceptions of the role of the counseling center on Westmont’s campus. The clarifying of growth priorities,
recommendations on further improvement of services, and offering suggestions for the direction of that improvement are the primary purposes for this Review.

The External Review Team met with members (Appendix A) of the Westmont College Counseling Center and numerous individuals and departments within Westmont’s campus. The purpose of such interviews was to listen, ask questions and gather information, including perceptions from across the campus regarding the Westmont Counseling Center personnel, operations and value to the Westmont community. The Team utilized a common set of questions (see Appendix B) which allowed for consistency across interviews while at the same time there was opportunity to pursue different avenues unique to each specific group if so desired. Perception of Westmont Counseling Center’s presence on campus was a common question for all, while other questions may have been more specific for the particular individual or office being interviewed. Following each day of interviews the External Review Team met to process their time, perceptions and impressions. Preliminary verbal feedback and recommendations were offered to Marcy O’Hara, Director of Counseling, Tim Wilson, Associate Dean of Students, and Jane Higa, Vice President of Student Life and Dean of Students. This report is a more thorough presentation of those findings and recommendations.

To place oneself and one’s office under the scrutiny of an External Review is a very vulnerable and honorable action. It takes courage and trust to invite a team to review one’s role and one’s work. It is not easy to solicit feedback when you have no guarantee over what you will hear. The Review Team was very impressed with the professionalism and commitment shown by the Westmont College Counseling Center and the Student Life Division during the visit and the sound foundation of quality service upon which they operate. The External Review Team felt it was a privilege and honor to be invited to perform this process.

PURPOSE

The primary purpose of this report is to review the mission and operation of the Westmont College Counseling Center. This report endeavors to highlight areas of commendation, recommendation, and future challenges the Review Team perceives for the Westmont Counseling Center. Areas addressed were the new Policies & Procedures Manual, counseling services (operations, staff, campus, etc.), location, leadership, campus relationships, philosophy, and mission. It was important for the Team to gain understanding of the context within which the Counseling Center functions. This report will consider the recommendations made by the External Review in January, 1999. We will also speak to perceptions (both of the Westmont Counseling Center and mental health issues in general) and the reality of the infrastructure impact upon the Westmont College Counseling Center operations.

Counseling services on college campuses today play an integral role in campus mental health issues. The services provided by counseling centers serve to support and strengthen the mission of the institution as well as the success/health of the students and the life of the
campus. Psychotherapy, consultations, teaching, prevention and interventions are some of the practical ways counseling centers promote wellness for the present and for the future of individuals and community. Research has shown that the services provided by counseling centers also strengthen and support retention. In a recent survey conducted by AUCCCD (Association of University & College Counseling Center Directors), 58% of students utilizing the services of the campus counseling centers indicated that their counseling helped them to remain in school. Sixty-three percent stated that counseling helped their academic performance. These statistics indicate the pragmatic benefit, not only to the students served but also to the institutions. Retention adds to positive budget implications.

WESTMONT COUNSELING SERVICES REVIEW
January 28 – 29, 1999

This Review was conducted when Dr. Jerry Bokoles was the Director of the Westmont Counseling Services. A brief summary of that Review’s commendations and recommendations (as stated in the 1999 report) are provided here:

- The Counseling Center was perceived to function “outside” the mission of the institution. The staffing (part-time hours) does not allow for much participation/visibility within the campus community. There was a consistent desire expressed by other campus colleagues that “we would like to have them present more in the community.” The Counseling Center was not perceived to be integrated into the Westmont community. Recommended that the Center staff build a stronger liaison with Resident Directors.

- Most students do not know who the Counseling Center staff is? Location of the center in “lower campus” was seen to be a deterrent to student awareness. The Counseling Center shares space with the Health Services. There were two counseling offices (soundproofing should be added where needed) with a shared waiting room. Students felt awkward sharing a waiting room with Health Center patients.

- There were no computers in the counselors’ offices for email/internet access within the community. Computers and internet access should be provided for each counseling office.

- With staff operating by contracted hours this limits expansion of services, outreach, participation in campus groups, etc. Counselors are essentially hired to provide clinical hours.

- The Review recommended that Westmont College shift to a counseling center model for the delivery of counseling services rather than continue to add part-time staff to absorb the demand for services. The team did not recommend an all part-time staff.

- Recommended that the College consider a full-time director to coordinate services.

- The Counseling Center staff meets once a month. This limited time reduces the support and development opportunities.
• The Counseling Center staff is overwhelmed with one duty: in-office delivery of counseling hours with little time for anything else. There was an expressed desire for the Counseling Center staff to educate, consult and support in crisis.
• There are no Counseling Center policies in written form.
• It appears the Director has little sense of control or ownership over the budget of the Counseling Center.
• Conduct counseling outcomes as well as student satisfaction surveys for students who participate in counseling services.
• The standards of confidentiality were very high.
• Information for off-campus providers and referrals is available through the Counseling Center.
• Psychiatric evaluations and hospitalizations are handled through outside referrals.

BROADER CONTEXT

Much has occurred in our world since 1999. Over the past fourteen years the role and services of college counseling centers have been stretched. The culture on our college campuses has significantly altered over the last several years and this has profoundly impacted college counseling centers. The Virginia Tech shooting in 2001 left thirty-two dead on its campus, suicides have occurred all too often among our college students, and depression, anxiety and other mental health problems have been rising on our campuses. In the past, fewer students utilized the services provided by college counseling centers and when such services were utilized there was a stigma attached to being a client. This has changed.

One only needs to read the postings by professional organizations such as the AUCCCD, or articles published in professional journals, magazines and newspapers to discover that college counseling centers today are inundated with demands for services; growing expectations of administration, faculty, families; and ever increasing responsibilities to work with students in distress. College Counseling Centers today see an increase in anxiety and mood disorders, substance abuse and adjustment disorders, as well as, a rise in schizophrenia and psychotic disorders. Eighty-eight percent of College Counseling Directors report greater numbers of students with severe psychological problems, specifically increases in the following problems:
• Crises requiring immediate response
• Psychiatric medication issues
• Learning disabilities
• Illicit drug use
• Self-injury issues
• Alcohol abuse
• Problems related to earlier sexual abuse
• Sexual assault concerns (on campus)
• Eating disorders
Many, many counseling centers are familiar with the daily tensions of insufficient resources along with the increased severity of student psychopathology.

The history of college campus shootings has resulted in a heightened level of awareness among college administration, trustees, and faculty. There exists a hyper-vigilance, looking for that student at risk or student of concern, wanting to prevent such a tragic event from occurring on our campuses or in the lives of our students. This climate of fear is commonplace on college campuses today, resulting in an increased level of involvement of counseling center directors on committees and student care teams. Campuses today are focusing on managing risk, emphasizing safety, and wanting to predict and thus prevent any potential act of violence or suicide. The frequency with which administration and faculty consult with the counseling center about a student of concern has significantly increased. There is a sense that the counseling center is the “holder” of this fear and thus in some irrational way “responsible” to see that such an individual of concern receives the help that is needed before such an event could possibly occur. Often the counseling center and the counselor are grappling with the tensions of the needs of the students versus the needs of the college.

The number of students entering college today with serious mental health conditions, a history of past mental health treatment, and taking prescribed medications for a mental health condition has significantly increased. Thus the number of college students seeking/need the services of the college counseling center has also significantly increased. The trend toward greater number of students with severe psychological problems continues to be true on all of our campuses, public or private, Christian or secular.

Students are seeking the services of the college counseling center earlier in the Fall semester and it is not uncommon for a college counseling center to have its caseload filled and be managing a “wait list” for those requesting services by the end of the semester. A common stress point for college counseling center staff and directors is the expectation by staff and administration that the counseling center manage the caseloads so that no wait list develops. The unreasonable and impossible burden that this places upon a counseling center is a setup for potentially significant errors, oversights or mistakes in providing thorough, competent care for students. Quantity does negatively impact quality in this scenario. In addition to the significant increase in numbers of students seeking services, there has also been a dramatic increase in the numbers of students discussing suicidal ideation. Students entering a counseling session talking about suicidal ideation, even without any specified plan to commit suicide, are a very familiar reality for any counselor working within a college counseling center today. Each expression of suicidal ideation raises the level of responsibility, added stress, and increased time intervention on the part of each counselor and center.

The most common presenting concerns by college students entering our Centers today are anxiety and depression. Many students (literature states 25%) enter college already taking psychotropic medication. With the advancements in science, increased awareness, support and laws designed to assist any individual with disabilities, some students are able to enter college today when perhaps that would not have been possible in the past. Without the support and
structures of home and the services provided at home, these students may have difficulty navigating the demands of a college situation and thus may require additional support from college counseling services.

The following table utilizes the statistics from the 2012 National Survey of College Counseling published by the International Association of Counseling Centers (IACS). IACS is the accrediting agency for college counseling centers. The National Survey of College Counseling has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada. The areas addressed within the survey cover a range of concerns including budgeting, programming, and administrative, ethical, and clinical issues. For our purposes we will compare the statistics provided for colleges with under 2,500 students (the mean campus size in this subgroup was 1,600) to the statistics tabulated for Westmont College Counseling Center for this same time period.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>NATIONAL SURVEY</th>
<th>WESTMONT COUNSELING CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of student body that sought counseling?</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>FTE mental health professionals</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Schools that limit # of sessions</td>
<td>20%</td>
<td>WCCC sets limits</td>
</tr>
<tr>
<td>Average # of sessions per client</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Schools with on-campus psychiatric care</td>
<td>30%</td>
<td>None</td>
</tr>
<tr>
<td>Percentage of students taking medication</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Percentage of students referred for psychiatric evaluation</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Increase of students with serious psychological problems</td>
<td>84%</td>
<td>Not recorded</td>
</tr>
<tr>
<td>Hospitalized a student for psychological reasons</td>
<td>80%</td>
<td>Unknown statistic</td>
</tr>
<tr>
<td># of students hospitalized</td>
<td>2.5/1,000</td>
<td>1* (unknown since this often occurs without CC involvement)</td>
</tr>
<tr>
<td>Students with severe problems</td>
<td>32%</td>
<td>Yes – number unknown</td>
</tr>
<tr>
<td>Increase in students with serious problems poses staffing difficulties?</td>
<td>77%</td>
<td>Yes</td>
</tr>
</tbody>
</table>
In addition to responding to the counseling needs of our students, there is the historical expectation that the counseling center will continue to provide psycho-educational opportunities for the campus and will proactively pursue outreach to campus. With most hours being consumed by the mental health needs of our students there is then a lack of time for the provision of other services, whether requested or desired. This is an ongoing challenge. Budget challenges are an issue for many colleges today. With the reality of budget cuts, hiring freezes and in some cases elimination of positions, these financial challenges further the felt-pressure upon college counseling centers and campuses to meet the ever growing demands and the ability to maintain professional staff that provides quality care.

There is clearly an on-going concern for college counseling center staff today. That concern is burnout. Counselors are often struggling to meet the needs and demands placed upon them without any increase in personnel and budget. Not enough hours in the day, in the week, more students, greater concerns, “wait list” issues, crisis involvement, consultations, concerns over liability issues, supervision and training needs, outreach, etc., promote burnout among counseling center staff. These realities, demands, and expectations inhibit the ability of counseling centers to promote and nurture its full mission and desired goals for involvement on college campuses.

In summary, college counseling center directors are often “in the middle” trying to care for the needs of the counseling center staff, the students that they work with and at the same time trying to respond to the needs and concerns of the administration and the campus at large. These challenges result in the college and the counseling center both needing to better clarify the role of “meeting students’ mental health needs.” The services provided by the college counseling center today may mean the difference between life and death for some students (actually intervening before a suicide occurs); enabling students to remain in college and succeed academically (higher retention); facilitating a healthier, less disruptive classroom and campus environment; improving the students’ quality of life (better self-care, better coping, hope, reduce destructive habits, etc.); facilitating helpful and appropriate medical leaves and then re-entry to college life. These are just some of the benefits offered through the work of the college counseling center. The college counseling center has proven itself to be an increasingly important and absolutely invaluable resource for the well-being of students and the broader college campus community.

WESTMONT COLLEGE & THE COLLEGE COUNSELING CENTER
OVERVIEW OF MISSION, RELATIONSHIP & FUNCTION

Congratulations to Westmont College on this their 75th Anniversary year. “Since 1937, Westmont has combined a commitment to the liberal arts with a passion to see all truth as part of God’s great intention for humanity”, states Gayle D. Beebe, Ph.D., President of Westmont College. Dr. Beebe further adds, “Through a blend of rigorous academic programs, intentional community living arrangements, carefully crafted student development activities, vast
international travel and education experiences and the rich, vibrant culture of Santa Barbara" a student has the "opportunity to enjoy one of the most remarkable educations available to anyone in the world." Westmont's physical size, limited enrollment, and organizational structure allow for close interactions between all members of campus.

The stated mission of Westmont College is:

"Westmont College is an undergraduate, residential, Christian, liberal arts community serving God's kingdom by cultivating thoughtful scholars, grateful servants and faithful leaders for global engagement with the academy, church and world."

The Westmont College Counseling Center exists under the umbrella of Student Life. The Student Life division exists as a partner with faculty to accomplish the educational mission of Westmont College. The mission of the Counseling Center is to come alongside students in their process of becoming healthy adults, offering them a place to receive both nurture and challenge.

The Guiding Principle for the Westmont College Counseling Center and its staff is:

Ephesians 3:16-19

"I pray that out of His glorious riches He may strengthen you with power through His Spirit in your inner being, so that Christ may dwell in your hearts through faith. And I pray that you, being rooted and established in love, may have power, together with all the saints, to grasp how wide and long and high and deep is the love of Christ, and to know this love that surpasses knowledge that you may be filled to the measure of all the fullness of God."

The External Review Team had the privilege of hearing many express their views of the Westmont campus and their admiration for their college. Over the two days of interviews we were able to hear from a broad cross-section of the Westmont College community. The Counseling Center staff, Health Center staff, Student Life Department, Faculty, Residence Life, students, Campus Life, Life Planning, Intercultural Programs, College Council, Disability Services, Deans and Provost all provided helpful input.

It seems all would agree that Westmont is not immune to struggles. The Montecito Tea Fire was a major disaster that occurred in November, 2008 and dramatically impacted the campus of Westmont College. This tragic event occurred while Marcy O'Hara, along with Susan Malde, were serving as co-directors of the Westmont College Counseling Center. The Westmont campus was heavily damaged by this fire. Many students and employees sought refuge in the College gymnasium. The Physics Lab, Psychology Building, Math Building, and fifteen of the faculty homes were destroyed. Two of the residence halls were also destroyed.

Six months after the Tea Fire, May 2009, Marcy O'Hara became the Director of the Westmont College Counseling Center. That same month Westmont experienced another potentially
traumatic fire. The Jesusita Fire threatened harm again to the Westmont campus and elevated stress levels for the campus during graduation weekend. Fortunately this fire did not physically touch the campus. Both events would have contributed to a post-traumatic stress environment for the Westmont College community. Marcy O’Hara was the “leader of the hour” and rose to the challenge and needs of the community during this time, exhibiting her gifts of leadership, compassion and calm in a highly stressed situation.

In the last few years Marcy O’Hara has invested in a committed, compassionate manner to facilitate the campus discussion regarding same sex attraction and the outside perceptions of the Counseling Center’s involvement and interactions with students struggling with same sex attraction. Marcy was able to facilitate having Mark Yarhouse visit Westmont and provide leadership on how to work with Christian students on a Christian campus who are struggling with sexual identity. This was a sensitive time period with sensitive discussions for Marcy, the Counseling Center, students, and the campus. Healing, clarity in understanding, and a framework for working with these issues on Westmont’s campus were achieved. Marcy O’Hara was instrumental in being able to increase further understanding and promote further ongoing dialogue and ministry that is both God-honoring and other-honoring.

January 10, 2013 a senior Westmont student was killed near the campus’s south exit in a tragic motorcycle accident. A student death impacts a campus community with layers of grief and challenging questions. Once again the Counseling Center is called upon to minister to the broken hearted and those struggling with the questions that tragedy and trauma inevitably brings.

Apart from the tragedies and traumas that require “the entire extra” that a counseling center can provide in such situations, there is the ever-present daily demands upon the operation of the Westmont Counseling Center. Over the past few years Westmont College Counseling Center has seen approximately 18% of Westmont students for counseling services. National data indicates that college counseling centers see on the average about 10% of the student body each year. Westmont’s utilization of counseling services is well above the national trend. As with the national norms, 25% of students arriving at the Westmont Counseling Center are already taking prescribed psychotropic medication.

Across the campus everyone speaks highly of the support and leadership of Dr. Tim Wilson, Associate Dean of Student Life, and his advocacy for the Westmont Counseling Center and the director of the center, Marcy O’Hara. Tim Wilson clearly affirms the Counseling Center staff’s competency and contributions to the students. While we clearly heard affirmations of the Counseling Center and repeated requests for a more visible Counseling Center and involvement in the life of Westmont, we also heard from the Counseling Center their desire to feel more valued and trusted in their roles as mental health professionals. What does Westmont College desire of its Counseling Center? This was the on-going question that the Team worked with throughout our visit.
Considering national survey norms, and strictly by the numbers, Westmont has an adequate number of staff to meet the equivalent of 2 FTE. The question remains, is this an adequate number and staff design for the needs of Westmont? Does this fit with the philosophy and mission that Westmont envisions for its Counseling Center? The Counseling Center currently has five individuals on staff with varying levels of time commitment:

- Marcy O’Hara MA, MFT 28 hrs/wk (8 hrs. direct service and 20 administration)
- Karen Jacobs MFT 23 hours/wk (20 hrs. direct clinical service and 3 administration)
- Erin Shaffer MFT 16 hours/wk (14 hrs. of direct clinical service and 2 administration)
- Susan Malde Ph.D., 8 hours/wk (7 hours of direct clinical service and 1 administration)
- Ed Wimberly Ph.D., MFT 8 hours/wk * but at an off-campus location (7 hrs. direct and 1 admin.)

In addition to the five staff counselors, Claire Cetti is full-time office manager with shared responsibilities for both the Health Center and the Counseling Center.

The Westmont Counseling Center and the Health Center continue to be housed, on lower campus, within the same facility as they were during the 1999 Review. They share a common waiting area and office manager but other than that are considered to be separate operations by the administration.

Among the faculty there appeared to be a difference of opinion regarding the Counseling Center and its role on campus. Some faculty are proponents of the counseling center services while others think mental health needs are better served off-campus. Repeatedly Residence Life was referred to as ‘the place’ to go for counseling, support and working through issues. The number one group on campus identified as the resource to go to for assistance was Residence Life, not the Counseling Center. With the burden placed upon Residence Life staff, including after-hour emergencies, there is a concern for the Residence Life staff. They are carrying a burden and required to make mental health decisions at times that they are neither equipped nor capable of doing. Clearly one of the strengths of Westmont is its investment in being a “residence life” focused college. Residence Directors are more known, more available, more present and more engaged with faculty. The perception is that the Residence Life individual is going to be available whereas the counseling center personnel may not be available.

The current model of operations does not allow for significant psycho-education, outreach, visibility and the certainty of continuity of care. These were clearly the expressed desires from many of the constituencies that we interviewed. To provide this degree of involvement will require structural changes within the design and operation of the counseling center, moving from a fully part-time independent contractor operation to establishing a full-time presence by staff and corresponding services. To better partner, market and support the ministry of counseling and student life will require greater investment of resources from Westmont College. Students have a positive sense of the Counseling Center but many expressed that they do not know how to get to the Counseling Center, again the question of visibility and presence on campus.
The Counseling Center and the College appear to be at a ‘crossroad’ for future planning, mission, and operation of the Counseling Center. There seems to be an overarching theme of conflicting expectations, between what the Counseling Center believes it should be providing on campus and what the general Westmont community desires. While the vision and mission expressed by the college for the Counseling Center is more clearly developmental, the reality is that the Counseling Center is operating more as solution focused and problem solving so that a student may complete and succeed academically. Does Westmont desire a counseling center that is more involved developmentally in the lives of its students? The present design works well for direct client hours and problem solving with the staff being independent contractors and primarily coming to campus to see their students/clients. The staff expressed their appreciation for the present structure and like the arrangement that they have with the college. There was no expressed desire to be full-time staff at the Counseling Center which would thus make facilitating, implementing, and operating a more thoroughly developmental model difficult. To function as a more developmental model would require thorough, comprehensive investment by administration and staff so that the Counseling Center can be more present on campus, partner more with other departments, engage in psycho educational programs, conduct workshops, be involved in the Residence Halls, etc. The current model of the Counseling Center presents as more of a private practice model where therapists come to this location to see their clients.

The current staff under the leadership of Marcy O’Hara has worked hard to address the recommendations made in the 1999 Report. However some of the same challenges continue to exist for the current staff and operation. As will be seen in the sections to follow in this Report, there has been a growing level of respect within the campus community for the Counseling Center. There has also been a greater degree of collaboration and partnering between the Counseling Center and other campus departments. We heard from several their affirmation of Marcy O’Hara’s involvement in faculty meetings and the faculty forum. The following discussion is organized around commendations, recommendations and future challenges unique to each topic discussed.
SPECIFIC AREAS OF DISCUSSION

Philosophy and Mission of the Counseling Center

(1999 REVIEW: “The Review recommended that Westmont College shift to a counseling center model for the delivery of counseling services rather than continue to add part-time staff to absorb the demand for services. The Team did not recommend on all part-time staff.”)

Commendations:

- The Counseling Center has communicated very clearly their role in working with mandated student referrals and has assured all about the sacredness of confidentiality. The Center has done an excellent job of communicating that it is not a judicial office and thus not an arm of discipline for the College.
- The Associate Dean, Tim Wilson, and Vice President, Jane Higa admirably advocate for the Counseling Center programs and services.

Recommendations and Future Challenges:

- There does appear to be some identity confusion or unclear expectations in regards to the mission and purpose of the Counseling Center on campus. The External Review Team encourages further discussions, evaluations, and clarity regarding the level of commitment by the Westmont administration and Trustees in the ministry of a Counseling Center at Westmont. Greater clarity about what the Counseling Center can accomplish as a department given its limited resources or current model’s practices would be helpful to all involved. There appears to be a gap between what the Administration desires for the Counseling Center, and what the Counseling Center desires for itself. The Counseling Center may have difficulty changing their model or philosophical practices, and the Administration may have difficulty dismissing the desire for psycho-educational outreach. Discussions would hopefully further clarify the desired and intended mission/philosophy for the Westmont Counseling Center and then allow for design and implementation of steps to be taken to achieve the type of Counseling Center that more accurately “fits” with the institutional expectation. It appeared to this Team that the desire of the College is for a Counseling Center that is more developmentally engaged in students’ lives. This is a rather large task requiring a significant commitment of time, planning and resource allocation. The empowering, marketing and investment of further Counseling Center services, staffing, and budget does require discussions “at a higher level.” During times of financial challenge it is difficult to increase monetary investment needed for the establishment of improved facilities, relocation, and hiring of full-time staff. We recognize that reality interferes at times with the desired ideals. Having stated this, the Review Team felt there to be a lack of clarity and empowerment of the Counseling Center to embrace and fulfill the full
mission and presence on campus. The experience reflects more governing, supervising, and managing as opposed to launching and empowering.

**Westmont Counseling Center Professional Guidelines & Procedures Manual**

*(1999 REVIEW: “There are no Counseling Center policies in written form.”)*

**Commendations:**

- Marcy O’Hara’s creation of the Manual of Westmont Counseling Center Professional Guidelines and Procedures is a significant achievement. This development and implementation of philosophy, policies, and procedures will be influential in the future building and direction for the Counseling Center. The Westmont Counseling Center Manual is thorough, informative, well-constructed, and appropriately multi-perspective in its scope.
- The staff of the counseling Center demonstrates clear knowledge regarding the federal and state laws and guidelines relevant to programs and services.

**Recommendations and Future Challenges:**

- Suggestions for further additions to the Manual are:
  - Include the Counseling Center Mission Statement, Student Life Mission statement, and the Westmont College Mission statement along with the organizational flowchart.
  - Include job descriptions for the director, staff, and office manager within the manual.
  - It may be worth clarifying why the Counseling Center might need to engage in substance abuse testing, as presented in the Manual, and how the staff is qualified for this assessment.
  - A developed protocol for Counseling Center staff involvement in after-hour’s crisis interventions, whether that is with a client already involved in the services of the Counseling Center or with a student that has never visited the Counseling Center.
  - A suicide response/crisis intervention plan and protocol for the Counseling Center, as well as, aftercare involvement within the campus community.
  - Established “general hospitalization procedures and guidelines” for the counseling center. And also, further clarity regarding the Counseling Center involvement in post-hospitalization and re-entry to campus.
  - More developed guidelines and protocols for the role of the Counseling Center in voluntary/involuntary leave from the college (if, in fact, the Counseling Center is a participant in such a process).
Policies and procedures for students who are still minors would be wise to include.

Informed consent information is encouraged to be updated informing students as to record keeping procedures with the utilization of the new Titanium software program. Also, with the installation of the Titanium software program, operations and practices that insure the highest level of security and confidentiality would be beneficial to include within the new Manual. For example:

- Information is encrypted while being transmitted between the server and the workstation.
- The IT department does not have access to the Titanium Software itself and the information is gibberish to them without the Titanium access “name and password” which is in the sole possession of the Counseling Center Director.

Counseling Center Goals, Student Learning Objectives, and Assessment Measures will contribute to the thoroughness of the Manual.

It is also suggested that the template utilized for performance appraisals and staff evaluations be involved in the Policies manual.

As these suggestions are considered, it is important to first have clarity regarding the mission and scope of practice for the Counseling Center. Discussions, institutional ownership and investment, as well as alterations within the Counseling Center’s structure will require considerable time, planning and resource allocation.

Counseling Center Services

(1999 REVIEW: “The Counseling Center staff meets once a month. This limited time reduces the support and development opportunities. The Counseling Center staff is overwhelmed with one duty: in-office delivery of counseling hours with little time for anything else. There was expressed desire for the Counseling Center staff to educate, consult and support in crisis.”)

Commendations:

- The Counseling Center’s profile has become increasingly visible under the leadership of its current director and students are generally satisfied-to-highly satisfied with the services they receive. The clinicians are rated as warm and effective and there is general campus appreciation for the quality and importance of the services offered.
- Marcy O’Hara has successfully transformed the Counseling Center into a model for short-term therapy. By focusing on short-term therapy, utilizing session limits and promoting off-campus referrals, the Counseling Center has been better able to manage the issues of any potential waiting list.
- The development of a broad based referral network and resources seems to be a sufficient and an important response to student care if the Counseling Center continues to use the short-term therapy model. The Director has done an amazing job of recognizing what the department can sufficiently provide for long term student care.
- A consistent schedule for coverage at the Counseling Center has been established for Monday through Friday.
- The Counseling staff has been willing, as needed at times, to take on an overload of client hours which has required a reduction in other center involvements.
- New forms for operations of the Counseling Center have been created and are being utilized. Specifically a newly created form called “Collaborative Coping Plan” was created in 2009 and is used by the RDs and counselors with students who are in crisis.
- Services to the campus community have been enhanced and strengthened by increased focus on alcohol use/abuse and provision of services as needed. Specifically the use of ASSIST, AUDIT, and the Mandated Alcohol Assessment procedures strengthen the intake process for students with these concerns.
- The establishment of a user-friendly, state of the art, Counseling Center website has been a significant contribution to the services provided by the Center. The website provides emergency information, faculty/staff guidelines, and a page for parents.
- The addition of online mental health screenings and the “frequently asked questions” section on the Counseling Center website is proactive, efficient and informative – further fulfilling the ministries of the Counseling Center.
- There has been initiative to increase presence on campus by some involvement in Orientation, open house hours, and educational offerings.
- To support and better partner with students of concern, Marcy O’Hara serves on the Westmont Care Team. This also serves to expand the network of partnerships for the well-being of students and the campus.
- The addition of Bella, the therapy dog, has become a major asset for the Counseling Center on campus. Bella was mentioned in almost every interview with students, faculty, staff, and administration. She has been a wonderful addition to the Counseling Center team, and a caring presence both in the waiting room and in the therapy sessions. This is a testament to the creativity of the Counseling Center, the Director, and her team by providing a therapy dog for the Westmont community.
- The student satisfaction surveys provide overwhelmingly positive feedback about the Counseling Center and the services that the students have received. This is perhaps the greatest reward of all. Most students interviewed indicated that they themselves or friends who have received care have had positive experiences and that they were appropriately challenged and cared for in the one on one sessions. One student interviewed said, “Going to counseling was the best decision I made in these four years I have been at Westmont.”
- The commitment to confidentiality was recognized and affirmed throughout campus.
- The purchase of the college counseling center software program Titanium is a significant investment in the ongoing operations of the Counseling Center.
Recommendations and Future Challenges:

- The campus is aware of the eight session limit at the Counseling Center and this fact appears to be creating confusion for some and, at times, prevents students from going to the counseling center. Students assume that the eight session limit is iron clad and if they want more counseling than eight sessions then there is no need to go to the Counseling Center because they will have to leave after eight times. The eight session limit requires a short-term therapy approach, which does not always match the inclinations of the treating clinicians, nor does it allow for treatment of more severe mental illnesses. As a result, it seems to relegate many services to symptom management with an inability to address deeper underlying issues that might promote more lasting change. On paper, it also interferes with crisis management because it impedes a clinician’s ability to work with a given student more than once per week. However, it appears some informal flexibility and discretion may exist in cases where a given counselor perceives a need to see a student more regularly.

- Some students commented on the fact that staff are part-time and this, at times, prevents continuity of treatment and is disruptive to their trust and benefit in counseling. For example, student class schedules change each semester but the independent contractor counselors’ schedules do not change and therefore at times they can no longer see the counselor that they had established a therapeutic relationship with.

- Although a minor suggestion, the format of the list for outside referrals might benefit from reconstruction. A student might find it less daunting and overwhelming if providers were listed according to specialization, gender, etc.

- There is an absence of on-call, after-hours crisis services that are typical of many counseling centers and it would be wise to address this issue. The Counseling Center needs to be available for “after-hours access” so as to better support and assist Residence Life staff with decisions that may need to be made for which the Residence Life staff are neither trained nor equipped to make. There is a gap of service provided for crisis care between Residence Life and the Counseling Center. There is no counselor on call, nor is there a formal plan for what Resident Directors should do in response to crisis care. The problem is that the people making the assessment are not trained and qualified to make those appropriate decisions. It is suggested that the Counseling Center and Residence Life work out a formal plan of service for crisis care, when students become suicidal or need hospitalization during off duty hours. In addition, many expressed a desire for the Counseling Center to be more actively involved in the "post-hospitalization" process and "re-entry" recommendations and support for students. It appeared that students may be hospitalized and return to campus outside the services of the Counseling Center. It may be wise for more collaboration with the hospital, off-campus providers, and involvement in after-care recommendations for the mental well-being of the student once they return to campus. A part time counseling staff can only accomplish so much in regards to collaboration with other departments.
If more counseling services are to occur on campus then more funding and expanding of staff will need to also occur.

- We repeatedly heard the expressed desire that the counselors be more “present” and participate visibly in Westmont life. Many expressed a desire for more information and awareness/connection with the Counseling Center. More information about the Counseling Center and its services needs to be distributed to students, staff, and faculty. The information may exist and may be circulated but we frequently heard individuals stating that they did not know much about the Counseling Center or how to access it or refer to it. It was suggested that the Counseling Center be at more events, engage with and inform student leaders about the ministry of the Counseling Center, announcements in chapel that pertain to the Counseling Center, etc. The stated desire was that Counseling services and resources be more integrated into campus life, that there be more sight recognition and knowledge of counselors and the resources available. How can the Counseling Center more effectively communicate with the ‘outside world’? Outreach requires time—with staff available part-time primarily to meet counseling needs it does not allow for time to invest in other services, i.e. outreach services to those who are less likely to enter the counseling center door. Frequently the feedback suggested the need for full-time counselors who are consistently present at the Counseling Center from 9 to 5 with some evening hours, more outreach, and consulting within the Westmont community. This is difficult to accomplish with the current design of the Counseling Center. To achieve the “presence” on campus that so many appear to be asking for will require more of a full-time presence on campus with staff and 9-5 hours of operation, and availability for after-hours programming when requested. To establish more of a presence on campus, the following are suggested as possible strategies:
  - Further training of faculty and others by the Counseling Center in how to respond helpfully to students and make appropriate referrals would be beneficial.
  - Provide workshops and psycho educational opportunities for skill training and wellness for students.
  - Provide depression screening days for students.
  - Engage and encourage student organizations to assist with developing better coping, supporting, and equipping of students’ mental health.
  - Offer support groups. Groups provided for such topics as grief and loss, eating disorders/body image, social skills, sexual identity, survivors of abuse, lust, etc. may be beneficial and enhances services, as well as, give support to students.
  - Host “open house” for departments, groups, divisions, athletics, etc. to bring others “in” to the Counseling Center and thus strengthen the awareness and access to counseling center services on campus. There was some lack of knowledge and awareness of who the individual counselors are at the Counseling Center and their specific areas of expertise.
Counseling Center Outcomes and Assessment

(1999 REVIEW: “Conduct counseling outcomes as well as student satisfaction surveys for students who participate in counseling services.”)

Commendations:

- Utilization of the Student Satisfaction Survey showed strong student satisfaction with their experience at the Counseling Center. This is perhaps one of the most important “report cards” for those who minister out of the Counseling Center.
- Creation of the Counseling Center Guidelines and Procedures Manual will assist in future planning and clarity as the Counseling Center identifies learning outcomes and goals for its Center and its students.
- The Counseling Center utilizes qualitative and quantitative data to assist in their future endeavors.

Recommendations and Future Challenges:

- There was some difficulty in understanding the statistics presented over the previous number of years. For example, for the previous five years approximately 18% of students utilized Counseling Center services but for the 2010-2011 year only 13% and then the number went back to 18% again in the 2011-2012 year. This anomaly raises a question about accuracy in recorded statistics. A computerized program like Titanium will better facilitate accuracy in record keeping and statistical summaries.
- Further enhance the “Satisfaction Survey” instrument by adding additional items for assessment by students utilizing the counseling services (see Appendix C).
- Partnering with the Student Life Dean and the Associate Dean of Student Life in articulating student learning goals, objectives and outcomes for those that utilize the services of the Westmont Counseling Center will insure congruence with the divisional objectives and learning outcomes. Each ‘learning outcome’ will need to be demonstrated by assessment measures. (See Appendix D for Wheaton College Counseling Center’s proposed Objectives, Student Learning Outcomes and Assessment Measures as a sample). By assessing “student learning outcomes” the Westmont Counseling Center will be better informed and proactive in the utilization of results/data to make any desired modifications to Counseling Center offerings and operations. Providing this summary in the annual report will further assist in evaluating resources and needs for the coming academic/fiscal year. To invest in the process of crafting counseling center goals, student learning outcomes, assessment measures, program modifications, etc. requires a considerable amount of time and is an on-going process. This will again require significant commitment from the institution regarding the model, mission, and allocations of time and financial support of the Counseling Center.
Counseling Center Staffing

(1999 REVIEW: “Most students do not know who the Counseling Center staff is? Counselors are essentially hired to provide clinical hours.”)

Commendations:

- It is an affirmation of the commitment to competence and training that each staff counselor holds eligible state certification and/or licensure.
- There has been an ongoing desire and greater investment in staff training and consultation.
- The staff work well together and are available to cover for each other when the need arises. There is a positive energy and good morale among the CC staff.
- The part-time status of the counselors allows for a greater variety of clinicians for students to select.

Recommendations and Future Challenges:

- Utilize the information received from the Satisfaction Surveys to assist in recognizing and evaluating staff performance. Look for themes that emerge regarding a staff person rather than applying significant weight to an isolated piece of feedback.
- Increased training for staff will promote further competence and confidence in counselors, and those whom they serve. It is recommended that staff further participate in on-going professional development activities and continue to hold membership in appropriate professional organizations. The College is encouraged to demonstrate its investment and support of ongoing professional development of the Counseling Center staff by greater provision of financial support for such professional development. Ongoing investment in training for staff to respond healthfully and helpfully to the ever growing diversity of needs reflected by our college student population will further strengthen the services of the Counseling Center. To invest in professional development, professional credentials and thus continued competence and excellence among the Counseling Center staff and thus the offerings to the campus community will require the college to invest more financial resources for professional memberships, conferences, training and psycho educational opportunities. This will also require additional time commitment from the Counseling Center staff.
- Counseling Center staff is encouraged to more fully participate in the life of the campus and network with the campus stakeholders. There was a uniformly expressed desire for counselors to be more ‘present’ on the campus by conducting development and outreach program activities, consultation, teaching, and partnering with others in student development programming. More hours allotted for counselors to do more outreach and education on campus should be incorporated into their job descriptions and expectations. Having the staff more ‘present’ on campus will require more time
from client work and perhaps a greater financial investment in the Counseling Center operations. – broader job descriptions reflecting the demands and expectations of “our times.” To have staff carry a lot of responsibility and to make significant decisions, yet pay them hourly may be an unreasonable expectation. They are not salaried employees with full-time responsibilities and commitment but rather hourly employees with limited time and commitment. Within this design the staff is primarily responsible to their student/client and thus has a limited role in the student life division on campus.

- As was suggested in the 1999 Review, this Team also strongly advocates for more than monthly staff meetings. One meeting per month only allows for 8 meetings during the academic year and for some, the only time they see other staff is at this one meeting per month. This frequency does not allow for greater team building or establishing a greater felt ‘presence’ on the campus. It is recommended that the staff of the Counseling Center consider meeting bi-weekly. The infrequency of meeting also causes concern regarding the adequacy of supervision and case management for the center’s therapists.

- The one male counselor is off-campus and students have to travel off-campus to meet with him. He is only available to the campus needs 8 hours/week. Having the only male counselor off-campus and meeting with the Center only once a month, while perhaps meeting some student needs, is not adequate for team building, ministry opportunities on campus and establishing a fully committed, male counseling presence “on campus.”

- As staff change, the Counseling Center may want to consider hiring a more diverse group of counselors – diversity by gender, age, race and degree/training. Currently, there is little gender or ethnic diversity, although this is understandably complicated because there is no funding or openings for new staff. There is also some question about the diversity of specialization between the staff. In some ways, students appear to have the perception that any student with any problem will be equally well served by any of the therapists. If this does reflect a true problem, offering specializations on the website may be helpful.

- At this time having the remaining staff (other than the Director) as part-time positions may work for the Counseling Center but as resources are allotted and the individuals chosen are the “right fit” then it is suggested that the Westmont Counseling Center have three FTE therapists (with one being the Director) along with a full time office manager.

- The counseling center staff enjoys their current model of part-time status. If the mission and desire of the institution is that the counseling center be more ‘developmental and present’, then the current model will need to change. The current staff may have difficulty with this change.


Counseling Center and Campus Partnerships

(1999 REVIEW: "The Counseling Center was perceived to function “outside” the mission of the institution. There was a consistent desire expressed by other campus colleagues that “we would like to have them present more in the community.” The Counseling Center was not perceived to be integrated into the Westmont community. Recommended that the Center Staff build a stronger liaison with Resident Directors. With staff operating by contracted hours this limits expansion of services, outreach and participation in campus groups, etc."
)

Commendations:

- Director Marcy O’Hara has clearly invested in cultivating solid partnerships with the campus and the community for the provision of quality care for Westmont students. Marcy and her team have significantly built bridges of partnership and shared ministry with other offices across campus investing in training for staff and other leaders, specifically in Residence Life. Marcy O’Hara’s joy and gratitude for Westmont College and the opportunity to partner in ministry on the campus was clear to the Team as we interacted with her.
- Marcy O’Hara’s participation on the Student Life Care Team demonstrates the value placed upon her role and expertise on campus. The Director’s membership on the Care Team has further facilitated stronger relationships and partnering across the campus.
- The Counseling Center has invested in diversity awareness over the past few years. For example, there is a link provided on the Counseling Center website for diversity and multicultural issues.
- The creation of “Faculty and Staff Guidelines for Assistance with Students” has been another proactive contribution and team partnering by Marcy O’Hara and Susan Malde.
- Both the Counseling Center staff and the Health Center staff speak positively about their partnership in caring for students. Though shared space can be competing at times, the overall gain of a strong collaborative partnership has been rewarding between the two departments.

Recommendations and Future Challenges:

- Serving on the Student Life Care Team requires living with the tension of counselor versus consultant. The role on that Team and the investment in protecting confidentiality is an ongoing challenge but one that must be met. At times this may create difficulty in working with administration and staff who sincerely desire to be involved in and supportive of the care for a student but the Counselor is unable to interact or communicate without the written permission of the student.
- At times, there appeared to be a tension between the expectations of Westmont’s administration and the Counseling Center’s ethical mandates and professional judgment. This might simply be related to the administration’s lack of education about
these mandates, but there have been occasions when the Counseling Center staff has felt a lack of respect for their confidentiality, expertise, and professional judgment. Greater appreciation or deferment to the Counseling Center’s expertise likely still needs to occur, particularly given the administration’s reported desire for greater involvement of Center staff in some Student Life decisions.

- It would be beneficial for the Counseling Center to further promote its services and partner in serving the Westmont campus by expanded involvement in Orientation activities, Parents’ Weekend, etc. To develop and improve programs and services requires a greater amount of time, energy and financial investment. Meeting the level of demands ought only to match the appropriate level of supply and resources with which to meet these demands and challenges. This then ultimately places pressure on the College to determine the limits and expectations that appropriately match the degree of financial and personnel investment.

- Faculty seemed unaware of what resources are provided by the Counseling Center and how to set students up for individual appointments. They expressed a desire for greater knowledge of the services provided by the Counseling Center.

- The Director and staff are encouraged to initiate collaborative interactions and program offerings with other offices on campus (Career Services, Academic support services, international and minority student services, Campus Pastor Office, Student Government, Residence Life, Health Center, Student Activities, and Athletics) that minister to the student body. Developing, coordinating, and promoting collaborative programs require time and human resources.

- The most glaring need for further partnership and collaboration was with the Residence Life and the Counseling Center in caring for students in crisis during off-duty hours. Resident Directors reported unanimously that they felt they were carrying the burden of student crisis during the night and weekend hours. The Resident Directors are not qualified mental health professionals, yet in these crisis moments are making assessments that the Counseling Center is better qualified to determine. A crisis plan engaging the expertise of the Counseling Center for crisis times, after hours and on weekends, should be established.
Counseling Center Location and Space

(1999 REVIEW: “Location of the center in lower campus was seen to be a deterrent to student awareness. The Counseling Center shares space with the Health Services. Students felt awkward sharing a waiting room with Health Center patients. There were two counseling offices. Soundproofing should be added where needed. There were no computers in the counselors’ offices for email/internet access. Computers and internet access should be provided for each counseling office.)

Commendations:

• Per the 1999 Report recommendation, each counseling office is now equipped with a computer that allows for access to the campus and the internet.
• The Counseling center staff informed the Team of the recent decision to remodel within the Center and thus allow for an additional office space (from 2 to 3 offices).
• The Directors of the Health Center and the Counseling Center have done an excellent job of collaborating together and operating within their limited space. The space feels warm, inviting and hospitable. There are puzzles to do, a therapy dog present for comfort, and resources available for browsing.
• Some view the location of the Counseling Center alongside (or often “within”) the Health Center as a good thing and not a deterrent to going for counseling. The Health Center appears to be a good conduit to counseling. Dr. Hernandez’s holistic approach to health and well-being is key in this positive marriage of the counseling and medical partnership.

Recommendations and Future Challenges:

• Optimal space for the Counseling Center will be an ongoing challenge and discussions for a more suitable “future home” for the Counseling Center needs to be “on the table” in any discussions pertaining to campus planning and development. Ideally the Counseling Center should be positioned at a more central location on campus, have its own sign, increased number of offices, private waiting area, office manager, and a group room. Not only geographically but psychologically it will then have more visibility and partnering among campus subgroups. Location, for some, continues to be perceived as a deterrent to going to counseling—seen as “all the way down there”, not a great location and not easy to find.
• Several were surprised to discover the Counseling Center at the Health Center while they were waiting to see medical staff. We heard several examples of the discomfort of being asked by other students in the waiting room, “what’s wrong with you? Or why are you here?” when in reality they were not there to see a medical professional but the mental health professionals.
• Space is an issue – not just for the Counseling Center but also for the Health Center. Both services (Health and Counseling) have increased significantly over the years and thus both services are in need of more space. Having one bathroom, one waiting room and the sick room right next door to the therapy room prevents desired privacy and anonymity for student clients. It would be best for the Counseling Center to have its own waiting room area. The waiting room, shared with Health Center patients and the Counseling Center students, continues to feel awkward by many students. Having the Health Center and the Counseling Center sharing the same facility challenges the ability of each to carve out their own identity. To work together daily requires collaboration and compromise and inhibits the freedom to grow their single identity and services. To provide for a space that will allow for expansion of staff and services will require a significant institutional investment in the development of the Counseling Center.

**Director**

*(1999 REVIEW: “Recommended that the College consider a full-time director to coordinate services. It appears the Director has little sense of control or ownership over the budget of the Counseling Center.”)*

**Commendations:**

• Marcy O’Hara is a very compassionate, committed leader of the Counseling Center and its ministry to the Westmont campus. Staff expresses strong, positive relationships with Marcy and her supportive leadership. Marcy ‘goes to bat’ for her staff. Marcy is an organized leader and is able to manage professional/personal boundaries and delegate well to her staff. Marcy can communicate clearly to and with her staff, and able to receive feedback from her staff. Marcy O’Hara is well respected at Westmont.
• Marcy O’Hara has been enthusiastically welcomed, by almost all, in her role with Residence Life, faculty, and the staff of Westmont College. Marcy is well recognized across campus as the leader who has brought the ministry of the Counseling Center to a “higher”, more visible level.
• Marcy O’Hara’s investment and partnering with Risk Management to bring the expert, Dr. Brian Van Brundt to Westmont was a very timely, professional and proactive investment for the Westmont community and leaders.
• Marcy’s purposeful investment and perseverance in creating the first Westmont Counseling Center Operational Guidelines and Procedures was a task of epic proportions for someone who is not a full-time employee. Marcy’s development and implementation of the Westmont College Counseling Center Manual for philosophy, policies and procedures is truly a gift to the current operation but also a clear foundational stone upon which to build the future of the operation of the Counseling Center at Westmont College.
• Marcy’s creation of “Westmont Counseling Center Frequently Asked Questions” for both the Counseling Center website and as a handout for initial appointments is an excellent tool for those entering counseling for the first time or for those unfamiliar with how counseling operates at Westmont College.
• The creation of, and investment in, utilizing the Student Satisfaction Survey has been an excellent tool for assessing outcomes and program effectiveness.
• Marcy O’Hara’s serious commitment to insure student confidentiality and anonymity is honorable.
• Marcy’s completion of the “history of the Westmont Counseling Center” is a gift to the ongoing history of the Center.
• Marcy clearly loves developing, creating and collaborating. These may well be her strengths and leadership gifts to the Counseling Center.
• Marcy O’Hara has invested in developing and continuing an on-going healthy partnership with the Director of the Health Center, Dr. David Hernandez.
• Marcy O’Hara’s role on the Care Team has been thought of as collaborative, her efforts to partner with Residence Life has been seen as resourceful, and her general openness to connecting with educational outreach has communicated her creativity with demanding expectations.

**Recommendations and Future Challenges:**

• It is recommended that the Director position be approved as a full-time position. The External Review Team expresses concern over the long term impact of the current job demands, responsibilities, pressures, and the part-time position. How to live with healthy personal and professional balance in this current scenario may not be doable. It is impossible to function within the full-time responsibilities while the position remains part-time. Counseling Center Directors’ have seen their roles, responsibilities and expectations explode in the past ten years. Today a Director is expected to not only provide direct professional services to individuals, but also to serve on committees, Crisis intervention work/teams, supervise, train, manage budgets, consult with faculty, administration, staff and families, provide psycho educational opportunities, stay abreast of policies, procedures, and laws impacting the work of mental health professionals and college campuses, etc. How does one, a Director, turn off their investment, commitment to having the “best Westmont Counseling Center” possible when the position is part-time? This is a very difficult task to do. To continue to operate as a part-time Director with full-time Director’s responsibilities is a significant inequity. Creating a full-time position does increase the allotted budget for operations of a counseling center however the potential cost to continue as is may be much greater.

• Marcy O’Hara’s continued participation and involvement in professional organizations, such as AUCCCD and the 5-C Forum is supported. The importance of participating in these organizations, being on the listserv and attending the annual conferences will further strengthen the leadership that Marcy brings to the Westmont Counseling Center
and thus will further benefit the ministry of the Counseling Center to the Westmont campus.

- The campus will benefit from seeing more of Marcy’s leadership, confidence and competency. Perhaps the part-time design/role prevents the campus from seeing completely Marcy’s giftedness. Without the embrace of full-time director status and empowerment, the campus may then experience less of Marcy’s full embrace of her confidence and competence and the result may then be a more ‘tentative’ presentation and authority.
APPENDIX A

Schedule of Interviews

WEDNESDAY, Jan 23

Marcy O’Hara, Director of Counseling Services, greets Jan Holton and Doug DeMerchant

TEAM MEETING (Conference Room, Montecito Inn)

TEAM DINNER (Montecito Inn)

THURSDAY, Jan 24

8-9:15 Counseling Center Staff (Counseling Center, Lower Campus)
  • Marcy O’Hara, Director of Counseling Services
  • Susan Malde, Ph.D.
  • Karen Jacobs, M.F.T.
  • Ed Wimberly, Ph.D., M.F.T.
  • Erin Shaffer, M.F.T.
  • Claire Cetti, Office Manager

9:15-10 Health Center Staff (Health Center, Lower Campus)
  • David Hernandez, Director of Health Services
  • Sandra Mezzio, Physician Assistant
  • Sharon Willis, Registered Nurse
  • Claire Cetti, Office Manager

10:15-11:15 (Campus Tour of Student Life Offices, meet in Health Center)
  • Rebecca Gist, Student Life Assistant

11:15-noon Student Life Department (Jane Higa’s Office, Kerrwood Hall Second Floor)
  • Jane Higa, VP for Student Life, Dean of Students
  • Tim Wilson, Associate Dean of Students

LUNCH at Dining Commons
1:15-50 Faculty Group (Clark B Cottage)
• Cheri Larsen-Hoecley, Professor of English
• Eileen McMahon McQuade, Associate Professor of Biology
• Telford Work, Professor of Religious Studies
• Russell Smelley, Professor of Kinesiology, Head Coach
• Andrea Gurney, Associate Professor of Psychology

2:15-3:10 Resident Directors (Clark B Cottage)
• Lyndsay Grimm, Emerson Hall Resident Director
• Anna Fletcher, Van Kampen Hall Resident Director
• Joshua Canada, Armitage Halls Resident Director
• Leif Nunneley, Clark Halls Resident Director
• Daniel Clapp, Assistant Director of Residence Life, Ocean View Resident Director
• Stu Cleek, Associate Dean for Residence Life

3:30-4:30 Student Leaders (Clark B Cottage)
• Sarah Mull, Armitage Halls Resident Assistant
• Melissa May, Westmont Activities Council Member
• Amy Cochrane, Ocean View Resident Assistant
• Still receiving RSVPs

4:30-5:20 (TEAM TIME, Clark B Cottage)

DINNER in DINING COMMONS

6:45-7:45 Student Focus Group (Clark B Cottage)
• Robyn Bickerton, Fall 2012 Graduate
• Kylie de Raad, Senior
• Jake Herbert, Sophomore
• Jessica Claney, Junior
• Emily Daniel, Senior
• Ryan Moss, Senior

8-9 TEAM TIME to recap the day and prepare for Friday (Clark B Cottage)

FRIDAY, Jan 25

9:15-10:10 Dean's Council Plus (Clark B Cottage)
• Keith Frazer, Assistant Director of Campus Life
• Dana Alexander, Director of the Office of Life Planning
• Jason Cha, Director of Intercultural Programs
• Angela D’Amour, Director of Campus Life
• Celia Howen, Assistant Director of the Office of Life Planning
10:30-11:30 CARE Team (Clark B Cottage)
- Michelle Hardley, Registrar, Instructor of Psychology
- Toya Cooper, College Counsel
- Sheri Noble, Coordinator of Disability Services
- David Hernandez, Director of Health Services
- Stu Cleek, Associate Dean for Residence Life
- Daniel Clapp, Assistant Director of Residence Life, Ocean View Resident Director

11:40-1 Ben Patterson, Campus Pastor (lunch off campus)

1:15-2:00 Provost Department (Provost’s Office, Kerrwood Hall First Floor)
- Mark Sargent, Provost and Dean of Faculty
- Patti Hunter, Professor of Mathematics

2:15-3:15 Marcy O’Hara, Director of Counseling Services (Tim Wilson’s Office, Kerrwood Hall Second Floor)

3:15-4 Student Life Department (Jane Higa’s Office, Kerrwood Hall, Second Floor)
- Jane Higa, VP for Student Life, Dean of Students
- Tim Wilson, Associate Dean of Students

4-6 TEAM TIME (Clark B Cottage)

7 External Review Team Dinner (Montecito Inn, reservations have been made)
APPENDIX B

Review Questions

Philosophy and Mission of the Counseling Center

a. How does the Counseling Center help fulfill the educational mission of Westmont College?

b. How might the Counseling Center better fulfill its role at the college?
   i. With the current level of staffing?
   ii. With increased staffing?

c. How might the college further empower and support the Counseling Center? How effective is the administrative leadership in playing an advocacy role with the regard to the allocation of resources for the Counseling Center? How are resource allocations decisions made?

d. What are the potential, future opportunities for the Counseling Center to enhance and expand its services to the college? Budget implications?

Counseling Center Standards

a. Are professional ethical standards and confidentiality insured? What is the perception of confidentiality on campus?

b. Are forms and procedures clearly defined, adhered to and adequate?

c. Do surveys and reports provide the needed and requested information for the ongoing evaluation of services and effectiveness of the operations of the center? How helpful are the satisfaction surveys?

Partnerships with the Counseling Center

a. What is the nature of your office’s relationship with the Counseling Center?

b. How do your staffs interface?
c. How is communication with the Counseling Center?

d. Evaluate the effectiveness and benefit of consultations with the Counseling Center?

e. Evaluate Counseling Center’s emergency coverage and responsiveness in crisis situations?

**Counseling Center Services**

a. How are services of the Counseling Center perceived on campus?
   i. By the students?
   ii. By the faculty?
   iii. By the administration?

b. Is there a stigma associated with counseling?

c. Do students, faculty, administration refer to the counseling center? Why or why not?

d. What are the strengths of the Counseling Center and perceived areas of growth for the Counseling Center on the campus? The visibility and impressions on campus? The level of awareness of the services of the Counseling Center?

e. How might the Counseling Center more effectively engage the campus?

f. What are the needs for counseling services on campus and how does the Counseling Center address these identified needs?

g. What level of emergency coverage by counseling staff is recommended?

**Counseling Center Staff**

a. Assess the ratio of counselors to the student body (1200 students) – with national norms and other small colleges?

b. What would be the ideal staffing size and allocation for Westmont College?

c. Is the Counseling Center staff perceived to be approachable, competent and professional?
d. How is the morale of the Counseling Center staff?

e. Effectiveness of short-term therapy and the 8 session limit per semester?

f. What are the areas of strength and/or growth for the counselors?

g. What needs do the Counseling Center staff have that need to be more adequately addressed?

**Counseling Center Director**

a. How would you describe the Director’s leadership style and effectiveness?

b. What is your understanding of the Director’s role within the campus community?
   i. With faculty?
   ii. With administration?
   iii. With deans and directors?
   iv. With students?

c. How might the Director be better positioned and supported by the campus community to accomplish the mission and goals of the Counseling Center?

d. What are the Director’s strengths and perceived areas of growth?

**Location**

a. Has the Counseling Center been provided adequate resources to accomplish what is needed and desired for the campus?
   i. Space?
   ii. Finances?
   iii. Staff?

b. How would you assess the Counseling Center’s visibility on campus – location, space? What impact does the location and space design of the Counseling Center have upon the students and the services that are offered?

c. In terms of space and location, what is the impact on effectiveness and efficiency for staff operations and services offered?
d. Impression, reactions to the Counseling Center being housed with the Health Center and sharing common space and office manager?
APPENDIX C

Satisfaction Survey Items

- The physical building and offices were appropriate for counseling.
- The Counseling Center policies were clear and easy to understand.
- I felt I could share my thoughts and feelings freely with my counselor.
- My counseling experience has increased my motivation to remain in school.
- Counseling has positively impacted my academic performance.
- My counseling experience has positively influenced my relationships.
- As a result of counseling, I have been able to increase my coping skills.
- My counseling experience has positively impacted my spiritual life.
- I will return to the Counseling Center in the future if I need to.
- I would return to the same counselor in the future.
APPENDIX D

WHEATON COLLEGE COUNSELING CENTER OBJECTIVES, OUTCOMES AND ASSESSMENT

(Provided as sample templates – a work in progress)

Wheaton College Counseling Center Objectives

- Provide individual, group, pre-marital and marital counseling to full-time students in a manner that reflects a biblically and psychologically integrated understanding of human natures.

- Provide psychological assessments as needed for evaluation and treatment recommendations.

- Provide a competent, compassionate and confidential atmosphere for each student thus conveying a respectful understanding of the students and their concerns.

- Provide the highest clinical and ethical standards, maintaining strict confidentiality and a professional atmosphere.

- Provide the necessary training opportunities and quality supervision to insure that staff possesses the clinical skills, knowledge and ethical standards necessary to be effective, competent professionals.

- Provide liaison and advocacy services for the student, family and the College where such services are needed to provide for the comprehensive and effective ministry to the individuals involved.

- Provide emergency response interventions that support the psychological well-being of the individual.

- Provide coordination and referral to on-campus and off-campus resources as needed for the psychological well-being of the individual.

- Provide consultation services.
• Provide educational seminars, workshops and presentation that facilitate psychological, emotional and relational health.

• Provide a selective, graduate level training (practicum, internship) program that utilizes quality supervision, professional standards and state statutes for experiential learning of graduate students in psychology and counseling.

**Wheaton College Counseling Center Student Learning Outcomes**

• Students who utilize counseling will demonstrate appropriate coping strategies to remain enrolled in school.

• Students who participate in counseling will be better able to address the concerns that prompted them to seek help.

• Students who engage with counseling will be able to demonstrate self-awareness, reflected by lifestyle choices.

• Students who invest in counseling will be positively impacted in their spiritual lives.

• Students participating in the Practicum Training Program will learn to conduct intake sessions and psychotherapy.

**Wheaton College Counseling Center Student Learning Outcomes’ Assessment Measures**

• Observations, Supervision and Feedback  
  o Graduation  
  o Residence Life feedback  
  o Case conferences, formal case presentations, individual and group supervision, life supervision, recorded sessions, etc.  
  o Trainee exit interview from Practicum Training Program

• Retention Data
- Successful completion of class without failing course and/or withdrawing from class and the college.
- Successful efforts at removing self from the “academic warning or academic probation” list.

- Self-reports
  - Student feedback (oral and written)

- Stress Assessment Measurement
  - Overall level of distress is rated by student at the beginning of counseling sessions and rated again at the conclusion of counseling.

- Student Satisfaction Survey of Counseling Center
  - Students/clients will be invited to respond to a satisfaction survey which will provide qualitative and quantitative information.

- Termination Summaries
  - Case review of progress notes and termination session notes.
  - Global Assessment of Functioning at the beginning and at the conclusion of counseling
  - Concluding prognosis.
  - Performance review and Supervisor summary.