Campus Life Judicious Stewardship Report 2014-15

Executive Summary
Campus Life is in the second year of a three-year operation plan. Assessment for all Campus Life departments focused on training and educational programs, as we attempted to measure the influence of our work on student learning.

These projects were completed during the year:
• Campus Life: Core Alcohol Survey
  Staff utilized a national survey instrument developed by the Core Institute at Southern Illinois University, Carbondale in this study to collect data revealing trends in the role of alcohol and drug use in the lives of Baylor students and to help evaluate alcohol education and prevention programs and services. Results for Baylor students indicated an increase in the use of alcohol and other drugs, in the frequency of use, and in risky and problem behaviors since the last administration. Yet, Baylor students reported significantly lower than national averages.
• Counseling Services: Training Multicultural Competence of Psychology Practicum Students
  Program and learning outcomes were assessed to determine the cultural competency of staff (awareness, knowledge, and skills) and to understand the connection between the training delivery methods and their impact. Rating forms were use specifically to assess diversity workshops, intensive case conferences, and culturally sensitive supervision. Results of the assessment indicated that staff are learning and can continue to strive with increased intentionality in some of training modalities.
• Health Center: Educational Conversations during Group Travel Visits
  Health Services utilized pre-tests and post-tests to assess learning during travel visit clinics for students going on mission trips and those participating in a study abroad program or educational trips. Medical personnel found that students learned best practices in decreasing the spread of infectious diseases and became better self-advocates in seeking appropriate medical support after they had studied CDC handouts detailing recommended and/or required vaccine, malaria prophylaxis, and other pertinent medical information specific regions students travel.
• Student Conduct Administration: The Judicial Affairs Support Advisor Program
  Student responded to a series of questions they received after they have completed the Support Advisor Program. Support advisors who engaged in multiple educational conversations over extended periods of time were found that to have positive relational influences on students, helping them navigate through some of their more difficult life experiences.
• Wellness: The Peer Leader Program
  Health and Wellness peer leaders, enrolled in the Health and Wellness Peer Leadership course, wrote three reflection papers throughout the fall semester to gauge what they had learned (i.e., what they know, do, or value) about physical and emotional health as a result of the Health and Wellness Peer Leader program. The assessment provided evidence that students could easily articulate what they learned in content and that they valued the subject material.

In addition to supporting the mission, goals, and objectives of individual departments, each supported the acts of determination Student Life identifies as priorities of the division. Each of the projects revealed evidence that learning goals and outcomes are being accomplished to some degree. The level of influence varied.
Based on the findings, Campus Life departments will continue to assess our training and student interactions. Studies revealed that educational conversations make a difference in the lives of our students, particularly when we have trained staff thoroughly and appropriately for the interactions they will have in the work place. Efforts sustained over time help change student behavior. Given the strong correlation between environment and student behavior, we will continue to engage students in multiple educational conversations over extended periods of time. Additional staff members in the Counseling Center, enhanced funding in Wellness that will target recovery, expansion of support advisors in Student Conduct Administration, and availability of a travel clinic in the Health Center that takes time to educate students while treating them will continue to be hallmarks of our work in Campus Life.

We want to be known about campus as a division that provides programs and services that encourage and support healthy lifestyles for students as they clarify personal values and identity, establish sound interpersonal relationships, and grow intellectually as they learn to utilize their strengths, explore influences on their lives, and consider opportunities to have a positive impact on the world around them.
**Introduction to Campus Life**

In addition to providing leadership to the Departments of Counseling Services, Health Services, Student Conduct Administration, and Wellness, Campus Life offers these programs and services:

- Ombuds to students
- Assistance for students in crisis and unable to make decisions independently
- Off-campus housing and roommate information
- Graduate apprenticeship liaison to the School of Education
- Ring Out
- Coordination of Division’s efforts in University accreditation assessment projects
- Facilitation of Presidential Summit
- Student Life Work Team support
- Leadership for the division in outreach efforts with parents
- Senior Class advisement

**Campus Life Structure**

**Campus Life Mission**

Campus Life integrates programs and services designed to encourage and support healthy lifestyles for students as they clarify personal values and identity, establish sound relationships, and learn to utilize their strengths to impact the world around them in positive ways.

**Campus Life Vision**

Campus Life will be recognized for excellence in transformational education that encourages and supports healthy lifestyles among students and staff.

**Campus Life Learning Goals**

Campus Life is committed to graduating students who have learned to make wise choices about their health and behavior. Good health is an essential component of student success both academically and personally. Campus Life fosters educational initiatives that help students develop a stronger sense of health, self-control, and wellness. Programs and services will focus specifically on helping students:

- Critically examine their choices, behaviors, and options (Intellectual Wellness)
- Devise strategies to optimize emotional health and wellness (Emotional Wellness)
- Evaluate factors that support healthy social relations (Social Wellness)
- Apply good practices for physical health and wellness (Physical Wellness)
- Discover connections between wellness and spiritual development (Spiritual Development)
### Campus Life Goals and Outcomes

<table>
<thead>
<tr>
<th>Campus Life</th>
<th>Students will</th>
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<tbody>
<tr>
<td>Critically examine their choices, behaviors and options</td>
<td>Devise strategies to optimize emotional health and wellness</td>
</tr>
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</table>

| Counseling Services | Employ strategies that promote good emotional health | Assess how their interpersonal relationships impact their mental health | Assess the reciprocal relationship between physical and mental health |
|---------------------|--------------------------------------------------|---------------------------------------------------------------------|
| Engage intellectually with health care provision | Identify lifestyle practices that contribute to emotional health | Reflect on the social implications of their actions |
| O                    | C                                                 | C                                                                   |

<table>
<thead>
<tr>
<th>Health Services</th>
<th>Evaluate how their choices impact their physical health</th>
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<tr>
<td>Engage intellectually with the consequences of their behaviors</td>
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<table>
<thead>
<tr>
<th>Student Conduct Administration</th>
<th>Devise strategies to manage their lifestyle choices for positive health and wellness</th>
<th>Understand how to live lives of integrity</th>
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<tr>
<td>Engage intellectually with the consequences of their behaviors</td>
<td>Reflect on the social implications of their actions</td>
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<td>C</td>
<td>C</td>
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<tr>
<th>Wellness</th>
<th>Create environments that support emotional balance</th>
<th>Evaluate how their social relationships contribute to their health and wellness</th>
<th>Discover the complexities of physical health and wellness</th>
<th>Relate their lifestyle choices to their spiritual development</th>
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Campus Life Programs

Programs offered through Campus Life are organized into three categories:

1. **Outreach** – Outreach programming focuses on the development and educational needs of students and their parents.

2. **Training and Educational Conversations** – Training and educational conversations are offered to assist in the coordination of graduate apprenticeships for master’s level students enrolled in Higher Education Administration, preparation of students to serve on the Bear Team where they follow best practices in working with the live mascots, evaluation of space utilization for delivery of services and programs, and review of departmental effectiveness, communication, and potential team improvements with Human Resources.

3. **Consultation** – Consultation services are provided for students seeking help navigating institutional processes, students who are in crisis and unable to make decisions independently, students seeking off-campus living accommodations and/or roommates, and students who need an advocate in making their needs known.

### Campus Life Strategic Initiatives & Links to Divisional Acts of Determination

<table>
<thead>
<tr>
<th>Program</th>
<th>Initiative</th>
<th>Act of Determination</th>
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<tbody>
<tr>
<td>Outreach</td>
<td>Broaden the scope of outreach programs to include education about mental health, alcohol and other drug prevention, and sexual assault</td>
<td>Health and wellness</td>
</tr>
<tr>
<td></td>
<td>Partner with parents to promote student success, particularly among first-generation students</td>
<td>Cross-cultural competency education</td>
</tr>
<tr>
<td>Training and Educational Conversations</td>
<td>Discover the complexities of physical health and wellness</td>
<td>Health and wellness</td>
</tr>
<tr>
<td></td>
<td>Complete space assessment with architects to optimize use for staff offices, programming, and office operations</td>
<td>Synergistic spaces</td>
</tr>
<tr>
<td></td>
<td>Expand training for supervisors of HESA GAs</td>
<td>Multi-year leadership framework</td>
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<td></td>
<td>Utilize best practices in preparation of students to serve on the Bear Team</td>
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<tr>
<td></td>
<td>Review departmental effectiveness, communication, and potential team improvements with the assistance of Human Resources</td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td>Expand services to students seeking help navigating institutional processes</td>
<td>Health and wellness</td>
</tr>
<tr>
<td></td>
<td>Increase assistance to students in crisis and unable to make decisions independently</td>
<td></td>
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<tr>
<td></td>
<td>Update assistance to students seeking off-campus living accommodations and/or roommates</td>
<td>Multi-year leadership framework</td>
</tr>
<tr>
<td></td>
<td>Support students who need an advocate in making their needs known</td>
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</tbody>
</table>
**Campus Life’s Approach to Assessment:**
Each department in Campus Life understands that assessment is an iterative feedback process for **continual program improvement**, based on the model shown below. The assessment cycle is an integral part of transformative education. It provides an ongoing mechanism for challenging tacit assumptions about program effectiveness, identifying conflicting program elements, and assuring that student learning outcomes are met.

As shown in the graphic below, our approach to assessment involves four steps:

1. **Step one** is to define intended learning outcomes: more specifically, what do we want our students to know, do or value as a result of participating in counseling services programs?

2. **Step two** is to measure the extent to which participants achieve the learning outcomes.

3. **Step three** is to interpret the results to identify areas for improvement.

4. **Step four** is to use the identified areas for improvement to revise programming in order to increase student learning.

**Campus Life Assessment Plan for Continuous Improvement**
Programs offered through Campus Life are organized into three categories. Therefore, Campus Life will adopt a three-year assessment cycle to assess each program it offers comprehensively. Each assessment will intentionally measure the extent to which each program meets the intended learning outcomes.

- **Year 1: Outreach**—programming focuses on the development and educational needs of students and their parents.

- **Year 2: Training and Educational Conversations**—offered to assist in the coordination of graduate apprenticeships for master’s level students enrolled in Higher Education Administration, preparation of students to serve on the Bear Team where they follow best practices in working with the live mascots, evaluation of space utilization for delivery of services and programs, discovery of complexities of physical health and wellness, and review of departmental effectiveness, communication, and potential team improvements with Human Resources.

- **Year 3: Consultation**—services are provided for students seeking help navigating institutional processes, students who are in crisis and unable to make decisions independently, students
seeking off-campus living accommodations and/or roommates, and students who need an advocate in making their needs known.

<table>
<thead>
<tr>
<th>Assessment Plan by Year and Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
</tr>
<tr>
<td>2013-14</td>
</tr>
<tr>
<td>2016-17</td>
</tr>
<tr>
<td>2019-20</td>
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<tr>
<td>2022-23</td>
</tr>
<tr>
<td>Training and Educational Conversations</td>
</tr>
<tr>
<td>2014-15</td>
</tr>
<tr>
<td>2017-18</td>
</tr>
<tr>
<td>2020-21</td>
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<tr>
<td>2023-24</td>
</tr>
<tr>
<td>Consultation</td>
</tr>
<tr>
<td>2015-16</td>
</tr>
<tr>
<td>2018-19</td>
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<tr>
<td>2021-22</td>
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<tr>
<td>2024-25</td>
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</table>

**Campus Life On-Going Program Assessed**

In this second year of the operational plan, training and educational conversations are being assessed by all Campus Life departments. Specifically, the Associate Vice President Student Life, with the assistance of IRT, administers the Core Alcohol and Drug Survey every three years. The survey instrument used was developed by the Core Institute at Southern Illinois University, Carbondale. Results are not widely distributed. Rather staff members examine the data to understand trends in the role of alcohol and drug use in the lives of Baylor students and to help evaluate alcohol education and prevention programs and services. This year we had the opportunity to compare Core results with results of EverFi (Alcohol.edu), and the number of alcohol and drug violations tracked by Student Conduct Administration. The comparison helped give evidence of training and educational efforts offered through Campus Life departments.

**Learning Outcomes for Program**

This study supports the Student Life goal to cultivate an environment that nurtures calling, wholeness, community, and citizenship. To this end, the Division of Student Life will develop the whole student. This study directly supports the outcome: Practice behaviors that promote a healthy integrated life. It also supports the Act of Determination: To equip students to thrive we will foster educational initiatives that help students develop a stronger sense of health, equanimity, and wellness. Guiding students as they mature in stewardship of themselves and care for community will require an intentional approach to teaching, supporting, and modeling healthy lifestyle choices, resiliency skills, and meaningful spiritual practices. The main departmental learning goal related to this study is to apply good practices for physical health and wellness. This study also helps staff in Campus Life critically examine their choices, behaviors, and options and apply good practices for physical health and wellness.

Understanding trends through self reports will supplement the analysis of student conduct and the rise of alcohol and other drug use among entering students along with underlying issues reported in the Health and Counseling Centers. Results will ensure better decisions are made about the allocation of resources needed in the future. These are the specific goals related to student learning outcomes:

- Evaluate how social relationships contribute to health and wellness
- Identify lifestyle practices that contribute to emotional health
- Understand how lifestyle choices impact physical wellness
- Evaluate the extent to which actions are congruent with self-concept
- Develop strategies that support emotional balance

**Improvements over the past three to five years to help achieve outcomes**
Since the last Core administration, a full-time addictive behavior specialist has been employed, working half time in the Counseling Center and half time in Wellness. He offers educational programming, one-on-one assessments for students, and facilitates support groups for students. Student Life also offered online education/prevention programming through EverFi for all entering students for the first time in history. The addictive behavior specialist provides educational conversations for groups and individual students, while the online training provided educational training and resource contacts.

**Assessment Methodology**

For this assessment, a representative sample of 1,000 undergraduate students was pulled by the Institute of Research and Testing. (In past years a sample size of 4,000 undergraduates was used.) Individual e-mails were sent to each student in the sample group, and reminders were sent two weeks later. Baylor has used the Core questionnaire since 1995. Data was collected by the Core Institute at Southern Illinois University, Carbondale.

**Analysis**

Forty-two responses from the Core Executive Summary, gathered by the Core Institute at Southern Illinois University, Carbondale, were compared with 3,034 responses collected by EverFi. Students completed the Alcohol.edu survey in August 2014 (before entering Baylor for the first time). This information was examined in light of the raw numbers of alcohol and drug violations for the academic year and the trend in violations over the past 14 years. A connection was sought between a student’s participation in prevention/education programs and their behavior. The number of students completing the Core was (42) was statistically inadequate. However, it provided student input to be used for comparisons. Baylor students reported less use of alcohol and other drugs than comparison groups, except in one category, sedatives. (This is the first time that indicator has registered, so this response will be revisited in the next administration of Core.) Core results for Baylor students show an increase in the use of alcohol and other drugs, in the frequency of use, and in risky and problem behaviors since the last administration. While still below the national level, in most cases, the attitude of this group of Baylor students toward use has grown more accepting than students in the last study just three years ago.

**Results**

The unfortunate part of the project is that only 42 students completed the Core Survey. This was despite follow-up e-mail reminders and gift card incentives of $25. Campus Life has used this instrument over the past 20 years to provide trend analysis, and it is also the instrument that offers the greatest insight into student perceptions and attitudes about alcohol and drug use.

That noted, we were able to overlay input from entering freshmen who completed Alcohol.edu and make a more valid comparison with the students who violated the Baylor conduct policies. While the number of freshmen violating alcohol policies was higher (95 this year compared with 80 in 2013-14), the number of alcohol violations for 2014-15 were lower by 13 from the previous year. This occurred during a year when the entering class size increased by over 400 students from the previous year. It should also be noted that the number of alcohol violations for the year ran higher throughout the year until Diadeloso. At that point, they began to level out. Drug violations and repeat offenders were likewise higher until mid-spring.

Evidence of positive learning experiences was found in the comparison of violation numbers Judicial Affairs recorded during the year. Larger numbers of students along with changing attitudes of students identified the need for more intentional programming and educational conversations with our students.
**Interpretation**

The student responses provide evidence that learning goals and outcomes are being accomplished to some degree. The level of influence is not what we would desire. A concern that arose with the last administration of the Core and resurfaced again this year was the time of the semester the Core was released. It was the week after spring break. Because of a tendency for students to engage in riskier behaviors over longer breaks during the spring semester than at other times of the year, responses should be assumed to be truthful but also reflect behavior that might not be demonstrated at other times during the year.

**Plans for Future Improvement**

Based on the above findings, Campus Life will continue to assess student behavior related to the use of alcohol and other drugs. Educational conversations have been demonstrated by Judicial Affairs to have an effect on sustained student behavior. Since we also realize that there is a strong correlation between environments and student behavior, we will engage students in multiple educational conversations over extended periods of time. This work will be made possible through funding the Holt Endowment is providing to establish a recovery program. Further, as we began this year, we will continue to reinforce the relationship between alcohol and drug use and sexual assault, poor grade performance, broken relationships, retention, and the like.
## STUDENT CONDUCT ADMINISTRATION
### DAILY NUMBERS

**Sum Sess thru yesterday 5/25/2015**

<table>
<thead>
<tr>
<th></th>
<th>2014-2015</th>
<th>14F</th>
<th>2013</th>
<th>13F</th>
<th>2009</th>
<th>09F</th>
<th>1 Yr Comparison</th>
<th>5 Yr Comparison</th>
<th>FY 1 Yr</th>
<th>FY 5 Yr</th>
</tr>
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<tbody>
<tr>
<td>TOTAL</td>
<td>330</td>
<td>195</td>
<td>3</td>
<td>155</td>
<td>243</td>
<td>94</td>
<td>-43</td>
<td>87</td>
<td>40</td>
<td>101</td>
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<tr>
<td>AV</td>
<td>141</td>
<td>95</td>
<td>154</td>
<td>80</td>
<td>107</td>
<td>51</td>
<td>-13</td>
<td>34</td>
<td>15</td>
<td>44</td>
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<tr>
<td>DV</td>
<td>45</td>
<td>28</td>
<td>29</td>
<td>17</td>
<td>25</td>
<td>6</td>
<td>16</td>
<td>20</td>
<td>11</td>
<td>22</td>
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<tr>
<td>REPEAT</td>
<td>54</td>
<td>24</td>
<td>69</td>
<td>20</td>
<td>48</td>
<td>5</td>
<td>-15</td>
<td>6</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>SUS</td>
<td>9</td>
<td>5</td>
<td>17</td>
<td>4</td>
<td>15</td>
<td>1</td>
<td>-8</td>
<td>-6</td>
<td>1</td>
<td>4</td>
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<tr>
<td>EXP</td>
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<td>15</td>
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<th>2013</th>
<th>13F</th>
<th>2009</th>
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<th>1 Yr Comparison</th>
<th>5 Yr Comparison</th>
<th>FY 1 Yr</th>
<th>FY 5 Yr</th>
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<tr>
<td>OAI TOTAL</td>
<td>159</td>
<td>172</td>
<td>136</td>
<td>-13</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td></td>
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<tr>
<td># OF HC HEARINGS*</td>
<td>29</td>
<td>34</td>
<td>28</td>
<td>-5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<td>POTH (Policy on Threats...)</td>
<td>5</td>
<td>28</td>
<td>27</td>
<td>-23</td>
<td>-22</td>
<td>-23</td>
<td>-22</td>
<td>-22</td>
<td></td>
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<tr>
<td>SOC (Students of Concern)</td>
<td>61</td>
<td>89</td>
<td>33</td>
<td>-28</td>
<td>28</td>
<td>28</td>
<td>28</td>
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**FOR REVIEW - IX/VAWA**

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<tr>
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<th>2014-2015</th>
<th>14F</th>
<th>2013</th>
<th>13F</th>
<th>2009</th>
<th>09F</th>
<th>1 Yr Comparison</th>
<th>5 Yr Comparison</th>
<th>FY 1 Yr</th>
<th>FY 5 Yr</th>
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<tbody>
<tr>
<td>NOTARY SERVICE/DOCUMENTS**</td>
<td>21</td>
<td>393/397</td>
<td>1687</td>
<td>405</td>
<td>28</td>
<td>27</td>
<td>-23</td>
<td>-22</td>
<td>28</td>
<td>28</td>
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* HC Hearing numbers are based on hearings being held currently but may involve cases from a previous semester. These numbers only serve the purpose of giving a snapshot of current activity and may differ from the Annual Report.

** As of 1/4/2010 notary services refers to number of individuals served. Documents refers to number of documents notarized for each individual.

*** As of 4/5/2011 any violations changed to Charge Drop will also reflect CD in Repeat and Previous
### Key Findings from Students at Baylor University

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<tbody>
<tr>
<td><strong>Following are some key findings on the use of alcohol:</strong></td>
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<tr>
<td>% of the students consumed alcohol in the past year (&quot;annual prevalence&quot;).</td>
<td>68.4</td>
<td>74.8</td>
<td>69.3</td>
<td>69.3</td>
<td>69.4</td>
<td>80.5</td>
<td>44.1</td>
<td></td>
</tr>
<tr>
<td>% of the students consumed alcohol in the past 30 days (&quot;30-day prevalence&quot;).</td>
<td>53.0</td>
<td>50.4</td>
<td>57.2</td>
<td>50.6</td>
<td>52.5</td>
<td>54.6</td>
<td>70.7</td>
<td>17.8</td>
</tr>
<tr>
<td>% of underage students (younger than 21) consumed alcohol in the previous 30 days.</td>
<td>43.0</td>
<td>41.4</td>
<td>43.8</td>
<td>38.8</td>
<td>36.3</td>
<td>42.2</td>
<td>63.6</td>
<td></td>
</tr>
</tbody>
</table>

% of students reported binge drinking in the previous two weeks. A binge is defined as consuming 5 or more drinks in one sitting. | 27.0 | 22.8 | 27.4 | 25.0 | 28.4 | 27.0 | 39.0 | 7.1

**Following are some key findings on the use of illegal drugs:** |      |      |      |      |      |      |      |                                     |
| % of the students have used marijuana in the past year ("annual prevalence"). | 20.0 | 12.9 | 15.5 | 14.1 | 18.3 | 19.8 | 29.3 | n/a                                  |
| % of the students are current marijuana users ("30-day prevalence"). | 11.0 | 6.0  | 6.9  | 6.9  | 9.8  | 11.2 | 17.1 | 3.7                                  |
| % of the students have used an illegal drug other than marijuana in the past year ("annual prevalence"). | 11.0 | 8.1  | 10.8 | 7.8  | 6.9  | 8.2  | 17.1 | n/a                                  |
| % of the students are current users of drugs other than marijuana ("30-day prevalence"). | 8.0  | 4.0  | 4.5  | 4.8  | 2.6  | 5.1  | 4.9  | 0.36-1.32                           |

The most frequently reported illegal drugs used in the past 30 days were:

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</thead>
<tbody>
<tr>
<td>% Marijuana (pot, hash, hash oil)</td>
<td>11.0</td>
<td>6.0</td>
<td>6.9</td>
<td>6.9</td>
<td>9.8</td>
<td>11.2</td>
<td>17.1</td>
</tr>
<tr>
<td>% Amphetamines (diet pills, speed)</td>
<td>5.0</td>
<td>2.2</td>
<td>3.6</td>
<td>2.5</td>
<td>1.1</td>
<td>2.8</td>
<td>2.4</td>
</tr>
<tr>
<td>% Designer drugs (ecstasy, MMDA)</td>
<td>4.0</td>
<td>1.7</td>
<td>--</td>
<td>--</td>
<td>1.5</td>
<td>2.4</td>
<td>0.44</td>
</tr>
<tr>
<td>% Sedatives (downers, ludes)</td>
<td>0.9</td>
<td>1.1</td>
<td>--</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>0.52</td>
</tr>
</tbody>
</table>

**Following are some key findings on the consequences of alcohol and drug use:**

% reported some form of public misconduct (such as trouble with police, fighting/argument, DWI/DUI, vandalism) at least once during the past year as a result of drinking or drug use. | 39.0 | 21.8 | 21.0 | 22.0 | 21.8 | 18.7 | 29.3 | n/a
% reported experiencing some kind of serious personal problems (such as suicidality, being hurt or injured, trying unsuccessfully to stop using, sexual assault) at least once during the past year as a result of drinking or drug use.  

| 32.0 | 15.3 | 16.1 | 15.3 | 16.5 | 14.1 | 22.0 | 11.0 |

Following are some key findings on opinions about the campus environment:

| % of students said the campus has alcohol and drug policies; | 97.0 | 96.6 | 95.0 | 95.8 | 97.9 | 98.7 | 95.1 | n/a |
| % said they "don't know", and | 2.0 | 2.7 | 4.8 | 4.1 | 1.8 | 0.8 | 4.9 | n/a |
| % said there wasn't a policy. | 0.7 | 0.7 | 0.3 | 0.2 | 0.3 | 0.5 | 0.0 | n/a |

| % of students said the campus has an alcohol and drug prevention program; | 66.0 | 34.5 | 27.5 | 30.8 | 41.0 | 31.9 | 41.5 | n/a |
| % said they "don't know", and | 29.0 | 59.6 | 66.4 | 64.5 | 53.4 | 61.7 | 56.1 | n/a |
| % said there wasn't a program. | 5.0 | 5.6 | 6.1 | 4.7 | 5.6 | 6.4 | 2.4 | n/a |

| % of students said the campus is concerned about the prevention of drug and alcohol use; | 77.0 | 86.1 | 87.4 | 88.1 | 89.2 | 91.6 | 95.1 | n/a |
| % said they "don't know", and | 7.0 | 6.4 | 5.9 | 7.3 | 4.7 | 4.6 | 2.4 | n/a |
| % said the campus is not concerned. | 16.0 | 7.5 | 6.7 | 4.5 | 6.1 | 3.8 | 2.4 | n/a |

With regard to student' perceptions of other students' use:

| % of students believe the average student on campus uses alcohol once a week or more. | 76.0 | 82.2 | 83.4 | 79.4 | 77.3 | 78.3 | 90.0 | n/a |
| % of students believe the average student on this campus uses some form of illegal drug at least once a week. | 37.0 | 32.8 | 39.7 | 36.1 | 30.9 | 33.1 | 45.0 | n/a |
| % of students indicated they would prefer not to have alcohol available at parties they attend. | 39.0 | 50.1 | 41.3 | 46.0 | 47.1 | 43.4 | 36.6 | n/a |

55% stated they did not have to drink to have a good time; 720 students would like to attend events that do not focus on alcohol, 313...
Students would like to plan events that do not focus on alcohol.

| % of students indicated they would prefer not to have drugs available at parties they attend. | 88.0 | 92.7 | 93.7 | 93.3 | 91.8 | 87.8 | 78.0 | n/a |

The following percentages of survey respondents said they saw drinking as a central part of the social life of the following groups:

| % of the respondents said they saw drinking as central in the social life of male students. | 81.0 | 81.3 | 78.4 | 71.1 | 67.5 | 80.5 | n/a |
| % of the respondents said they saw drinking as central in the social life of female students. | 48.9 | 55.5 | 51.6 | 47.1 | 46.3 | 63.4 | n/a |
| % of the respondents said they saw drinking as central in the social life of faculty/staff. | 8.9 | 5.9 | 6.2 | 8.9 | 5.2 | 4.9 | n/a |
| % of the respondents said they saw drinking as central in the social life of alumni. | 21.7 | 21.1 | 20.7 | 25.8 | 27.8 | 39.0 | n/a |
| % of the respondents said they saw drinking as central in the social life of athletes. | 62.2 | 66.4 | 64.5 | 53.4 | 51.9 | 75.6 | n/a |
| % of the respondents said they saw drinking as central in the social life of fraternities. | 91.2 | 91.0 | 89.8 | 86.4 | 90.6 | 90.2 | n/a |
| % of the respondents said they saw drinking as central in the social life of sororities. | 59.0 | 65.4 | 59.1 | 59.9 | 70.1 | 78.0 | n/a |
| % of the students said they believe the social atmosphere on campus promotes alcohol use. | 42.4 | 30.5 | 28.8 | 22.2 | 22.3 | 22.0 | n/a |
| % of the students said they believe the social atmosphere on campus promotes drug use. | 7.9 | 9.9 | 5.6 | 6.7 | 6.8 | 4.9 | n/a |
| % of the students said they do not feel safe on campus. | 6.7 | 5.7 | 9.2 | 4.5 | 5.2 | 2.4 | n/a |

Compared to other campuses...
<table>
<thead>
<tr>
<th>% feel that alcohol use is greater</th>
<th>5.4</th>
<th>3.9</th>
<th>4.3</th>
<th>1.9</th>
<th>2.8</th>
<th>2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% feel that alcohol use is less</td>
<td>61.4</td>
<td>64.1</td>
<td>65.9</td>
<td>70.9</td>
<td>72.1</td>
<td>78.0</td>
</tr>
<tr>
<td>% feel that alcohol use is about the same</td>
<td>33.0</td>
<td>32.0</td>
<td>29.9</td>
<td>27.2</td>
<td>25.1</td>
<td>19.5</td>
</tr>
</tbody>
</table>

On the Core Alcohol and Drug Survey, respondents were asked to report whether students on this campus cared about a number of campus climate issues (with the response options being "not at all," "slightly," "somewhat," and "very much"). The following percentages of respondents on this campus indicated that their fellow students cared "somewhat" or "very much" about the following issues:

| % said students cared about sexual assault | 85.0| 88.1| 89.6| 86.9| 90.0| 82.9| n/a |
|------------------------------------------|-----|-----|-----|-----|-----|-----|     |
| % said students cared about assaults that are non-sexual | 78.4| 79.9| 83.3| 80.1| 87.7| 73.2| n/a |
| % said students cared about harassment because of race or ethnicity | 68.8| 68.4| 71.0| 74.9| 73.8| 73.2| n/a |
| % said students cared about campus vandalism | 68.4| 70.1| 68.3| 68.0| 59.2| 65.9| n/a |
| % said students cared about harassment because of religion | 65.2| 68.1| 63.8| 69.3| 70.3| 58.5| n/a |
| % said students cared about harassment because of gender | 63.1| 67.9| 68.3| 68.6| 74.3| 51.2| n/a |
| % said students cared about alcohol and other drug use | 53.8| 56.3| 53.0| 53.5| 52.1| 43.9| n/a |
| % said students cared about harassment because of sexual orientation | 51.9| 59.3| 54.5| 53.5| 55.5| 41.5| n/a |

On the Core Alcohol and Drug Survey, students were asked to rate the degree of risk people take when they act in certain ways, listed below. The response options were, "no risk," "slight risk," "moderate risk," "great risk," and "can't say." The numbers listed below indicate the percentage of respondents who felt there was "great risk" associated with the following behaviors:

| % try marijuana once or twice | 17.5| 15.4| 18.3| 15.5| 12.1| 2.4| n/a |
|______________________________|-----|-----|-----|-----|-----|-----|     |
| % smoke marijuana occasionally | 34.8| 28.0| 31.6| 24.9| 22.3| 9.8| n/a |
| % smoke marijuana regularly | 67.9| 67.7| 65.9| 59.4| 47.9| 41.5| n/a |
| % try cocaine once or twice | 58.2| 57.6| 51.5| 52.0| 49.6| 36.6| n/a |
| % take cocaine regularly | 86.6| 89.1| 87.0| 86.6| 87.7| 85.4| n/a |
| % try LSD once or twice | 59.9| 62.8| 61.2| 62.6| 55.1| 46.3| n/a |
| % take LSD regularly | 86.0| 88.7| 87.2| 86.8| 87.1| 78.0| n/a |
| % try amphetamines once or twice | 49.4| 48.5| 50.3| 49.9| 51.8| 34.1| n/a |
| % take amphetamines regularly | 80.4| 78.6| 79.6| 81.0| 84.7| 80.5| n/a |
| % take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day | 29.3| 19.8| 24.4| 23.6| 21.2| 12.2| n/a |
| % take four or five drinks nearly every day | 70.6| 67.1| 70.9| 71.0| 68.7| 61.0| n/a |
| % have five or more drinks in one sitting | 62.6| 59.6| 59.9| 61.8| 65.5| 55.0| n/a |
| % take steroids for body building or improved athletic performance | 61.6 | 57.6 | 60.7 | 61.5 | 54.8 | 41.5 | n/a |
| % consume alcohol prior to being sexually active | 52.9 | 48.0 | 50.2 | 52.9 | 43.7 | 39.0 | n/a |
| % regularly engage in unprotected sexual activity with a single partner | 60.7 | 53.4 | 54.0 | 50.9 | 44.5 | 39.0 | n/a |
| % regularly engage in unprotected sexual activity with multiple partners | 90.5 | 94.1 | 92.5 | 91.2 | 91.2 | 80.5 | n/a |

**Sexual Behavior:**

| % of the students reported engaging in sexual intercourse within the past year. Of these, | 38.5 | 42.1 | 37.7 | 35.8 | 37.8 | 43.9 | n/a |
| % used alcohol the last time they had intercourse and | 21.4 | 18.7 | 17.3 | 23.9 | 17.5 | 16.7 | n/a |
| % used drugs. | 3.2 | 3.7 | 5.1 | 6.7 | 4.2 | 0.0 | n/a |

| In the last 30 days, the following percentages of students engaged in the behaviors described below: |  |
| % refused an offer of alcohol or other drugs | 56.7 | 62.7 | 61.6 | 59.6 | 61.4 | 68.3 | n/a |
| % bragged about alcohol or other drug use | 13.3 | 12.1 | 14.9 | 13.2 | 16.4 | 19.5 | n/a |
| % heard someone else brag about alcohol or other drug use | 73.2 | 78.7 | 78.4 | 77.2 | 72.1 | 78.0 | n/a |
| % carried a weapon such as a gun, knife, etc. (not hunting or job related) | 5.9 | 4.8 | 5.6 | 6.5 | 12.3 | 4.9 | n/a |
| % experienced peer pressure to drink or use drugs | 26.2 | 34.8 | 34.7 | 34.2 | 32.9 | 46.3 | n/a |
| % held a drink to have people stop bothering you about why you weren't drinking | 8.4 | 8.6 | 12.0 | 8.3 | 11.6 | 12.2 | n/a |
| % thought a sexual partner was not attractive because he/she was drunk | 14.8 | 15.0 | 14.9 | 15.7 | 15.3 | 22.0 | n/a |
| % told a sexual partner that he/she was not attractive because he/she was drunk | 9.4 | 8.4 | 9.7 | 10.8 | 9.2 | 12.2 | n/a |

The following data describes how students say their friends would feel if they...

| % of their friends would disapprove if they tried marijuana once or twice | 75.2 | 71.5 | 71.8 | 63.6 | 58.0 | 47.5 | n/a |
| % of their friends would disapprove if they smoked marijuana occasionally | 86.7 | 81.9 | 82.0 | 78.7 | 70.6 | 65.0 | n/a |
| % of their friends would disapprove if they smoked marijuana regularly | 94.9 | 94.6 | 93.5 | 90.7 | 88.1 | 82.5 | n/a |
| % of their friends would disapprove if they took cocaine once or twice | 95.3 | 93.5 | 93.0 | 90.7 | 92.5 | 87.5 | n/a |
| % of their friends would disapprove if they took cocaine regularly | 96.8 | 99.3 | 99.1 | 98.1 | 99.2 | 97.5 | n/a |
| % of their friends would disapprove if they tried LSD once or twice | 93.8 | 95.7 | 95.1 | 93.3 | 92.5 | 85.0 | n/a |
| % of their friends would disapprove if they took LSD regularly | 97.2 | 99.0 | 98.6 | 98.4 | 99.2 | 97.5 | n/a |
| % of their friends would disapprove if they took one or two drinks every day | 74.3 | 69.7 | 71.6 | 69.6 | 68.3 | 52.5 | n/a |
| % of their friends would disapprove if they took four or five drinks every day | 94.1 | 92.0 | 94.3 | 93.1 | 93.0 | 87.5 | n/a |
| % of their friends would disapprove if they had five or more drinks at one sitting | 74.3 | 69.1 | 69.3 | 67.5 | 70.7 | 59.0 | n/a |

The following are some key findings on the perceived effects of alcohol:

<p>| % say it breaks the ice | 58.1 | 68.9 | 66.3 | 66.3 | 68.5 | 70.7 | n/a |
| % say it enhances social activity | 54.7 | 66.0 | 64.6 | 62.9 | 64.3 | 70.7 | n/a |</p>
<table>
<thead>
<tr>
<th>Percentage</th>
<th>28.7</th>
<th>37.7</th>
<th>32.7</th>
<th>33.3</th>
<th>39.4</th>
<th>61.0</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>% say it makes it easier to deal with stress</td>
<td>42.9</td>
<td>52.1</td>
<td>51.5</td>
<td>48.3</td>
<td>53.0</td>
<td>65.9</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it facilitates a connection with peers</td>
<td>53.5</td>
<td>64.9</td>
<td>63.0</td>
<td>59.2</td>
<td>61.2</td>
<td>80.5</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it gives people something to talk about</td>
<td>49.1</td>
<td>54.4</td>
<td>49.0</td>
<td>50.3</td>
<td>55.4</td>
<td>63.4</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it facilitates male bonding</td>
<td>27.0</td>
<td>39.4</td>
<td>33.7</td>
<td>37.8</td>
<td>43.0</td>
<td>51.2</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it facilitates female bonding</td>
<td>42.8</td>
<td>50.7</td>
<td>49.9</td>
<td>50.9</td>
<td>53.6</td>
<td>70.0</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it allows people to have more fun</td>
<td>60.0</td>
<td>70.7</td>
<td>69.7</td>
<td>67.9</td>
<td>74.0</td>
<td>80.5</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it gives people something to do</td>
<td>14.8</td>
<td>16.5</td>
<td>13.8</td>
<td>15.8</td>
<td>18.2</td>
<td>17.1</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it makes food taste better</td>
<td>17.7</td>
<td>18.6</td>
<td>18.5</td>
<td>16.9</td>
<td>26.2</td>
<td>26.8</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it makes women sexier</td>
<td>11.6</td>
<td>11.8</td>
<td>12.9</td>
<td>12.7</td>
<td>17.9</td>
<td>26.8</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it makes men sexier</td>
<td>13.1</td>
<td>13.4</td>
<td>9.9</td>
<td>11.3</td>
<td>17.1</td>
<td>22.0</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it makes me sexier</td>
<td>43.8</td>
<td>48.1</td>
<td>48.7</td>
<td>46.1</td>
<td>54.1</td>
<td>56.1</td>
<td>n/a</td>
</tr>
<tr>
<td>% say it facilitates sexual opportunity</td>
<td>22.0</td>
<td>22.8</td>
<td>18.3</td>
<td>27.9</td>
<td>26.8</td>
<td>22.2</td>
<td>12.2</td>
</tr>
</tbody>
</table>

**Sample Demographics**

Following are some summary characteristics of the students who completed and returned the questionnaire.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>22.0</th>
<th>22.8</th>
<th>18.3</th>
<th>27.9</th>
<th>26.8</th>
<th>22.2</th>
<th>12.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>% were freshmen</td>
<td>27.0</td>
<td>26.5</td>
<td>18.6</td>
<td>22.6</td>
<td>26.0</td>
<td>23.2</td>
<td>29.3</td>
</tr>
<tr>
<td>% were sophomores</td>
<td>22.1</td>
<td>29.5</td>
<td>23.6</td>
<td>23.4</td>
<td>25.3</td>
<td>29.3</td>
<td>0.0</td>
</tr>
<tr>
<td>% were juniors</td>
<td>26.5</td>
<td>33.4</td>
<td>25</td>
<td>23.6</td>
<td>27.8</td>
<td>26.8</td>
<td>0.0</td>
</tr>
<tr>
<td>% were seniors</td>
<td>1.9</td>
<td>0.1</td>
<td>0.9</td>
<td>0.3</td>
<td>1.5</td>
<td>2.4</td>
<td>0.0</td>
</tr>
<tr>
<td>% were graduates</td>
<td>51.0</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>% were other</td>
<td>93.5</td>
<td>93.8</td>
<td>91.7</td>
<td>94.2</td>
<td>96.5</td>
<td>95.1</td>
<td>0.0</td>
</tr>
<tr>
<td>% were in the &quot;typical&quot; college age range of 18-22</td>
<td>57.0</td>
<td>68.9</td>
<td>69.8</td>
<td>70.1</td>
<td>65.8</td>
<td>68.6</td>
<td>68.3</td>
</tr>
<tr>
<td>% were female</td>
<td>62.0</td>
<td>70.9</td>
<td>74.5</td>
<td>59.8</td>
<td>50.1</td>
<td>56.9</td>
<td>70.7</td>
</tr>
<tr>
<td>% lived off campus</td>
<td>46.0</td>
<td>48.4</td>
<td>45.5</td>
<td>47.8</td>
<td>43.9</td>
<td>42.4</td>
<td>48.8</td>
</tr>
<tr>
<td>% worked part-time or full-time</td>
<td>95.0</td>
<td>98.1</td>
<td>97.9</td>
<td>99.2</td>
<td>97.4</td>
<td>99.0</td>
<td>100.0</td>
</tr>
<tr>
<td>% were full-time students</td>
<td>28.0</td>
<td>32.9</td>
<td>43.4</td>
<td>34.3</td>
<td>37.1</td>
<td>39.6</td>
<td>43.6</td>
</tr>
</tbody>
</table>

**Total number of responses**

| 143 | 930 | 776 | 644 | 385 | 396 | 42 | 3034 |
Counseling Services
Assessment Report 2015

Training Multicultural Competence of Psychology
Practicum Students

April 10th, 2015

Randal W. Boldt, Psy.D.
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Introduction to Counseling Services
The Department of Counseling Services provides:
- Individual, couples, and group counseling for students with psychological concern
- Crisis intervention for students experiencing a psychological crisis or emergency
- Psychiatric evaluation and treatment by a psychiatric nurse practitioner
- Medical nutrition therapy by a licensed and registered dietitian
- Outreach and prevention programs for students
- Consultation services for faculty, staff, families, and friends of students
- Case management services for students needing referral to community resources
- Practicum training for clinical psychology doctoral students, social work students, and graduate students from the HESA program

Counseling Services benefits Baylor by providing students with mental health services that boost emotional well-being, relieve suffering, contribute to academic productivity, and ultimately increase our retention rate. At Baylor, and at other colleges and universities across the country, counseling departments have been seeing an increase in the number of people requesting help and an increase in the severity of their cases, which leads us to find creative ways for meeting the demand.

Psychology Doctoral Practicum
One way that we meet this demand, is as a training site for doctoral students in clinical psychology. We support 5 of these practicum students who work alongside of us 20 hours a week, for a full year. Each one may provide up to 13 additional, weekly, face-to-face clinical hours, resulting in up to 65 additional clients being seen every week. This has been instrumental in our ability to meet the increased demand for our services. Furthermore, we provide these students with additional training opportunities, oversight, and supervision, allowing us to support the Baylor Doctoral Program in Clinical Psychology, and to give back to a profession that has trained many of us. For more information about the Practicum, see Appendix A.

We provide our practicum counselors with training in many areas that will enhance the Counseling Centers’ work with our student clients, and which is overseen by a Coordinator of Training. Our training program provides: 1) workshops and presentations, 2) clinical and professional supervision, and 3) case consultation/case conference opportunities. Of critical importance in all aspects of our training program, is our attention to issues of diversity and multicultural counseling.

The Profession of Psychology & Multi-Cultural Competence
Cultural competence is a significant initiative in the profession of psychology as a whole. In 2002 the American Psychological Association published, Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. More recently (2013), they published a Values Statement specifically for guiding clinical training programs, trying to ensure that doctoral students in psychology are being prepared to serve diverse
populations. Key points included respect for diversity and being an advocate for social justice. See Appendix N for an outline of key diversity principles and related citations.

There is a continued need for multicultural competence within counseling. Traditional approaches to therapy, often based on work with homogenous populations, have failed to address the needs of increasingly diverse clientele. While cognitive behavioral techniques and theories have been considered the “fourth wave” in the psychology world, the “fifth wave” now brings an emphasis on Multicultural counseling perspectives as the new practice imperative.

**The Counseling Center & Multi-Cultural Competence**

But what is multicultural counseling? Sue and Sue (2013) state that “Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of client and client systems. It is the acquisition of **awareness**, **knowledge**, and **skills** needed to function effectively” and the “ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds”. Clearly, cultural competence is more inclusive and superordinate than a traditional definition of “clinical competence.” Therefore, in this assessment process, we will refer back to this definition of “Cultural Competence” on a regular basis, as a way of operationalizing this set of skills. We will also use this as a rubric for assessing our outcomes, using the “Cultural Competence Rating Scale” (found in Appendix J) that encompasses these terms to evaluate how well we are doing in this area.

As a department, the Counseling Center has made a commitment to enhance our sensitivity to issues of diversity, grow individually and collectively in our awareness of how we as a staff and as colleagues can better serve our student clients, adhere to best practices in our profession, and provide increasingly better culturally competent counseling, consultation, outreach, and training. We want to deepen our understanding of culture and heritage, and how it impacts our work at every level.

**The Division of Student Life & Multi-Cultural Competence**

This commitment lines up with Division of Student Life initiatives, especially one Act of Determination. This Division initiative states as a goal:

“To cultivate student understanding of the rich diversity God has created, we will integrate cross-cultural competency education through division programs, staff development, and community partnerships. By enhancing the ability of our students and staff to talk and work across differences, we will develop Christian leaders who will advocate for and support social justice on campus and beyond.”

Clearly, the training of cultural competency and supporting issues of social justice reaches far beyond the Counseling Center and impacts the entire university. Because of our clinical expertise and training as culturally competent psychologists and mental health professionals, I believe we are in a position to be leaders in this area.
Counseling Services Reporting Structure

Counseling Services Mission:
Counseling Services strives to facilitate the educational experience and total development of students by enhancing mental health and well-being.

Counseling Services Programs
Programs offered through Counseling Services are organized into four categories:

1. Outreach – Outreach programming focused on the development and educational needs of students.
2. Clinical Services – Individual, couples, and group counseling for students with psychological concerns, crisis intervention for students experiencing a psychological crisis or emergency, psychiatric evaluation and treatment by a licensed psychiatric nurse practitioner, medical nutrition therapy by a licensed and registered dietitian.
3. Training – Practicum training for clinical psychology doctoral students
4. Consultation – Consultation services for faculty, staff, families, and friends of students

Counseling Services Learning Goals
In fulfillment its mission, Counseling Services seeks to promote and support mental health by nurturing student’s emotional, social, and physical wellness. We help students:

- Evaluate how their emotional health impacts their general wellbeing.
- Create healthy social relationships.
- Assess the reciprocal relationship between physical health and mental health.
## Counseling Services Learning Outcomes

Students who use Counseling Services will…

<table>
<thead>
<tr>
<th>Goals</th>
<th>Emotional</th>
<th>Social</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td>Identify mental health resources on campus. OR</td>
<td>Apply adaptive interpersonal behaviors. CS</td>
<td></td>
</tr>
<tr>
<td><strong>Calling</strong></td>
<td>Identify patterns of behavior that increase/decrease intimacy with others. CS, T</td>
<td></td>
<td>Provide examples of coping strategies to deal with anxiety/stress. CS</td>
</tr>
<tr>
<td><strong>Wholeness</strong></td>
<td>Employ strategies that promote good emotional health. CS, T, S</td>
<td>Relate current interpersonal patterns to past relationships. CS, T</td>
<td>Identify physical health practices that support good mental health. C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Employ strategies that promote good nutritional health. CS</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td>Assess behaviors that contribute to mental health stigma reduction. OR</td>
<td>Discuss mental health issues with others. OR, C</td>
<td></td>
</tr>
</tbody>
</table>

Outreach = OR, Clinical Service = CS, Training = T, Consultation = C, Scholarship = S
Counseling Services Approach to Assessment:
Counseling Services understands that assessment is an iterative feedback process for continual program improvement, based on the model shown below. The assessment cycle is an integral part of transformative education. It provides an ongoing mechanism for challenging tacit assumptions about program effectiveness, identifying conflicting program elements, and assuring that student learning outcomes are met.

As shown in the graphic below, our approach to assessment involves four steps:

- **Step one** is to define intended learning outcomes: more specifically, what do we want our students to know, do or value as a result of participating in counseling services programs?
- **Step two** is to measure the extent to which participants achieve the learning outcomes.
- **Step three** is to interpret the results to identify areas for improvement.
- **Step four** is to use the identified areas for improvement to revise programing in order to increase student learning.

Counseling Services Assessment Plan for Continuous Improvement
Counseling Services will adopt a three-year assessment cycle to comprehensively assess each program it offers.

Year 1: Outreach
Year 2: Training
Year 3: Clinical Services

<table>
<thead>
<tr>
<th>Assessment Plan by Year and Program</th>
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<tbody>
<tr>
<td>Outreach</td>
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<tr>
<td>Training</td>
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<tr>
<td>Clinical Services</td>
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Summary of Practicum Training Program Being Assessed
As mentioned, all counseling is multicultural counseling and so we want to know how well we are training this competency. However, to narrow our assessment focus, rather than assess the training of our entire staff in developing cultural competencies, we decided to focus on our 5 doctoral practicum students. So this year, the Counseling Center will be assessing our Practicum Training Program.

Training Practicum Students
Our training program for psychology doctoral students seeks to raise our trainee’s awareness, knowledge, and skills in cultural competence. It seeks to improve their ability to communicate, interact, negotiate and intervene on behalf of their diverse clients. The practicum we offer trainees is trans-theoretical, multicultural, process-oriented, developmental, and multi-faceted. It involves all of our professional staff at different times and in different ways across the training year, and runs from July 2014 to June 2015. The key training opportunities for building multicultural awareness, knowledge, and skills include:

- Summer Diversity Workshop Series – Appendix B
- Culturally sensitive Individual Supervision Process – Appendix C
- Culturally sensitive Intensive Case Conference – Appendix D
- Clinical work with a broad range of diverse students – Appendix E

Counseling Center Learning Outcomes
The goal of the Practicum Training Program is to provide training opportunities for our practicum counselors that improve their ability to achieve the Counseling Center’s Learning Outcomes.

1) “employ strategies that promote good emotional health”
2) “relate current interpersonal patterns to past relationships”
3) “identify patterns of behavior that increase/decrease intimacy with others”

However, being an effective counselor requires being intentional about building relationships with clients, where attention to issues of diversity is paramount. We cannot separate out culture when providing counseling, and so all Learning Outcomes are dependent upon the counselor being culturally competent.

By building this competency in our trainees, we are able to attain our learning outcomes – i.e. with improved cultural competency of our trainees, they will have increased awareness, knowledge, and skills to be better able to help clients achieve Learning Outcomes 1, 2, and 3 above.

Training Program Assessment Approach
We want to assess both Program Outcomes and Learning Outcomes in order to understand the connection between our training delivery methods and their impact. We have selected 3 methods
of gathering data for Program Outcomes and 4 methods for gathering data on Learning Outcomes.

**Program Outcomes** - We will evaluate how successful the delivery methods of our trainings are with participant feedback on:

- Diversity Workshop Series – Work Shop Rating Form (Appendix F)
- Intensive Case Conference – Case Conference Rating Form (Appendix G)
- Culturally Sensitive Supervision – Supervisor Competency Rating Form (Appendix H)

**Learning Outcomes** – We will also evaluate how well our trainees raised their awareness, gained knowledge, and developed skills of cultural competency in counseling that met Counseling Center Learning Outcomes by gathering feedback from 4 sources:

- Client report on trainee’s cultural competence - Client Satisfaction Rating form (Appendix I)
- Supervisor report about trainee’s cultural competence - Trainee Rating Form (Appendix J)
- Self-report about trainee’s cultural competence
  - Impact of Diversity Workshops Questionnaire (Appendix K)
  - Self-Report of First Semester: Awareness, Learning and Skills (Appendix L)

These 7 assessment points are spread across the fall semester (See Appendix P) and include both quantitative and qualitative data collection. Collectively, they provide a narrative and an overall picture of how our training program contributes to building multicultural competencies in psychology doctoral trainees and impacting our Counseling Center Learning Outcomes for the year. This is essentially a “Case Study” of Practicum Training Program – the 2014-15 graduate assistant, cohort.

**Improvements over the past three to five years to help achieve outcomes:**
The Counseling Center has been making improvements over the last several years in an effort to advance our overall multicultural competencies. One huge change in this area has been making a written commitment to enhance our sensitivity and growth in the area of diversity and multicultural competency, as a department, and writing this into our Operational Plan as an Initiative for us all to pursue. This led to the writing of our own diversity statement, as well as creating the position of Multicultural Services Coordinator, currently filled by Dr. Monique Marsh-Bell. Dr. Marsh-Bell provides training and advocates for the improvement of multicultural competencies in our staff on a continual basis. Some examples of this include the summer workshops that she leads on topics like, “Race and Ethnicity”, “Ability and Disability”, and an experiential discussion and processing of the movie, *Crash*. Additionally, during our weekly staff meetings, she has provided leadership in coordinating a regular “Diversity Reflection” that encourages us as a staff to be continually sensitive to issues of diversity and developing multicultural competencies. Ultimately, with Dr. Marsh-Bell’s guidance, all areas of the Counseling Center have increased their focus on this topic.
The training program too, became more intentionally focused on emphasizing issues of multicultural competence. Regardless of the stated topic of a training session, all workshops highlight issues of diversity and cultural competence. Furthermore, an intentional series of diversity focused trainings was offered this past year (Appendix B). These trainings built on our existing multicultural competencies. Because of the unequivocal value of experiential learning, diversity trainings each have time set aside to allow for experiential activities (e.g. role playing). All modalities of training now include a multicultural component to them. For example, our case conferences (Appendix D) tried to be intentional in including multicultural awareness discussions around the impact of diversity in the therapy session and for the life of each client. Whenever we provide a supervision process, it now tries to be intentional around multicultural training. Practicum students are evaluated around their multicultural competency (Appendix J) and they also rate their supervisors on multicultural supervision skills (Appendix H).

A contributing factor to these changes in the Training Program’s focus on multicultural competency has been the yearly assessment process providing feedback in this area. Past practicum trainees from the last several years were queried about their experiences and provided us with assessment data on how well their practicum prepared them for their next stage of training (Appendix O). These results indicated very positive feedback in all areas, except when we asked about developing their multicultural competencies. This assessment process is designed to offer ideas on what we can do differently.

**Assessment Methodology: Assessing the Training of Cultural Competence:**
To assess our training of these doctoral students in cultural competence we want to look at both Program Outcomes and Learning Outcomes – we want feedback about each component of our training process to be able to understand the connection between our training delivery methods and the training outcomes.

Our **Program Outcomes** assessment looks at our delivery method of cultural competency training and asks the assessment questions: 1) What are ways that our training program has been helping trainees achieve desired Learning Outcomes? 2) What are ways that our training program is not being helpful? 3) What are some new strategies we could try? We will evaluate how successful the delivery methods of our trainings are with participant feedback on:

- Diversity Workshop Series – Work Shop Rating Form (Appendix F)
- Intensive Case Conference – Case Conference Rating Form (Appendix G)
- Culturally Sensitive Supervision – Supervisor Competency Rating Form (Appendix H)

Our **Learning Outcomes** assessment looks at our trainees and asks the assessment questions: How well are our trainees engaging in actions or creating conditions in their clinical work, based on cultural competencies that 1) promote good emotional health, 2) related current interpersonal patterns to past relationships, and 3) identify patterns of behavior that increase/decrease intimacy with others? We will evaluate how well our trainees raised awareness, learned knowledge, and developed skills of cultural competency in counseling, by gathering feedback from 3 sources:
Plan for Data Analysis

Analyzing Our Assessment Data
Analyzing multicultural competency data, and a training program for its multicultural competency, is challenging – in part because it is a non-linear, human developmental process that takes place in an interpersonal context, and quite frankly relationships are complicated and sometimes messy. We will start out by looking at each set of data we collect, individually. Then the Program Outcome data points will be grouped and viewed collectively. Then the Learning Outcome data points will be grouped and viewed collectively. Finally, all of the sets of data will be viewed as a whole.

This final summation will be a case study; telling the story of a training cohort as they arrive at the Counseling Center, are exposed to an intensive summer of Diversity Training Workshops, report about their experiences, become exposed to culturally sensitive Intensive Case Conferences and 2 hours of weekly culturally sensitive Individual Supervision for the fall semester, and again report about their experiences. Learning Outcome data will come from Supervisor report, Self report, and Client Satisfaction Survey information and will be compared with Program Outcome data from Workshop rating forms, Case Conference Rating form and Supervision Competency Rating form.

Measurement Rubric
To standardize this process as much as possible, we are using the same rubric that our clinical supervisors will use to evaluate a trainee’s level of cultural competency (See Appendix J). This rubric establishes behavioral markers for the acquisition of “Knowledge, Awareness, and Skill in Individual and Cultural Diversity” along 4 criteria:

- Knowledge of Individual & Cultural Diversity
- Awareness of Client Diversity
- Awareness of Self: Own Cultural and Ethnic Background
- Skill in Implementing Multicultural Knowledge and Awareness in the Clinical Process

We will be assessing both Program Outcomes and Learning Outcomes with this in mind, even when it doesn’t map directly onto the data that we gather. How well do our training delivery
methods train to these criteria? How can we train to these criteria better? We will look for themes in the qualitative data around these questions. We will also look for how well the training cohort achieved these criteria – both in quantitative data and rating for themes in the qualitative data. We will have independent raters of themes, and then look for consensus before determining the value of themes that emerge.

Standards of Success - Learning Outcomes
We are assessing trainee levels of competency based on an established standard in our profession called, “readiness for internship.” In doctoral psychology training, students participate in “practicums” throughout their semesters of taking classes. Once coursework is complete, their capstone experience is a year-long, full-time, clinical training experience called a “doctoral internship”. The Psychology profession uses the term “internship” in a strictly defined manner, and this “internship” is highly regulated for quality standards by the American Psychological Association (APA). Students must compete to find quality APA-accredited internships around the country and be successful in them before being able to graduate. Our practicum training goals for the year are all designed to prepare every trainee to be ready for this capstone experience. This is true in all areas of competency that we measure, but especially in the area of Multicultural Competency. Based on the Cultural Competency Rating Form (Appendix J), multicultural competency that is at “readiness for internship” level, would be a “3” or greater on every criterion. And, of course we are striving for a “4” or greater.

Standards of Success - Program Outcomes
Program Outcomes look at our delivery system of training. Were our training systems helpful? We look at Workshops, Case Conference, Supervision, and Clinical Experiences. We have set high standards for these training opportunities, so success for us will be “agree” or “strongly agree” on all statements about the quality of our trainings. However, anything less than a “strongly agree” and we want to know why and how we can fix or improve it.

Analyzing Each Data Collection Method

Diversity Workshop Series – Work Shop Rating Form (Appendix F)
The feedback points on these workshop rating forms will be analyzed for average rating across attendees and reported in a graph format. Open questions will be reviewed for themes and specific recommendations to improve the workshops’ content and format. These will also be rated for indicators of cultural competency awareness, knowledge, and skill being expressed by the attendee. Conclusions from both quantitative and qualitative data will be drawn and summarized.

Intensive Case Conference – Case Conference Rating Form (Appendix G)
The feedback points on these Case Conference rating forms will be analyzed for average rating across attendees and reported in a graph format. Comments will be
reviewed for themes and specific recommendations to improve the case conferences. These will also be rated for indicators of cultural competency awareness, knowledge, and skill being expressed by the attendee. Conclusions from both quantitative and qualitative data will be drawn and summarized, regarding case conference as one of our training tools.

**Culturally Sensitive Supervision – Supervisor Competency Rating Form (Appendix H)**

The feedback points on the Supervisor Rating form will be analyzed for average rating across all supervisors and reported in graph format. Comments will be reviewed for specific themes and recommendations to improve the supervision process. Conclusions from both qualitative and quantitative data will be drawn and summarized regarding supervision as one of our training tools.

**Client report on trainee’s cultural competence - Client Satisfaction Rating form (Appendix I)**

The feedback points from the client satisfaction survey on cultural competency of the counselor will be analyzed for an average rating across the whole cohort, and be reported in graph format.

**Supervisor report about trainee’s cultural competence - Trainee Rating Form (Appendix J)**

Supervisors will use the established actual rubric for cultural competency when evaluating their supervisee. These ratings will be combined and analyzed for average ratings across all trainees and reported in graph format.

**Self-report about trainee’s cultural competence**

**Impact of Diversity Workshops Questionnaire (Appendix K)**

**Self-Report of First Semester: Awareness, Learning and Skills (Appendix L)**

The feedback points from both of these Self Reports will be analyzed for average rating across attendees and reported in a graph format. Comments will be reviewed for themes and specific recommendations. These will also be rated for indicators of cultural competency awareness, knowledge, and skill being expressed by the attendee, using the Cultural Competency Rubric. Conclusions from both quantitative and qualitative data will be drawn and summarized.
Results

Diversity Workshop Series –
Work Shop Rating Form (Appendix F)

This Presentation is Relevant to My Work at the Counseling Center.

98% - 5
2% - 4

Strongly Disagree - 1  Disagree - 2  Undecided - 3  Agree – 4  Strongly Agree - 5

The Speaker Was Well Prepared.

98% - 5
2% - 4

Strongly Disagree - 1  Disagree - 2  Undecided - 3  Agree – 4  Strongly Agree - 5

I Learned New Information in this Presentation.

92% - 5
6% - 4
2% - 2

Strongly Disagree - 1  Disagree - 2  Undecided - 3  Agree – 4  Strongly Agree - 5

The Speaker Was Organized.

96% - 5
4% - 4

Strongly Disagree - 1  Disagree - 2  Undecided - 3  Agree – 4  Strongly Agree - 5
Trainee Comments about Diversity Workshops:

Most Helpful/Effective:
Diagrams, discussion, discussion, video, therapy model presentation
Videos, demonstration, discussion, Baylor stats
Case examples, Baylor facts, general themes for population, audio clip, case examples
Video, discussion rather than PowerPoint, summary discussion
Videos made topic relatable, self-assessment exercise, group activity exercise
Review of resources, Baylor policies, role plays, thoughtful handouts, discussion, themes for population, knowledge and passion of presenters, summary discussion questions, notes, *in vivo* discussions and modeling, experiential beginnings, practical information, experiential activity, visual demonstration, Do’s and Don’ts tips, field trip, presenters knowledge, presenters preparation,

**Least Helpful/Effective:**
Would have been helpful to see therapy techniques, activity that was “unintentionally discriminatory or retraumatizing,” discussion, didn’t provide historical context for discussion, add more time to cover more aspects, more time for role-plays, first half was very long, more staff experiences before beginning the training, webinar was a tad long, presentation and professionalism, compassion exhibited by presenters, modeling,

**Recommendations:**
Interactive, creative learning tools like field trips, more specific techniques, discussion of personal experience, earlier in day so less tired, more examples of how to introduce diversity topic, case examples, discussions helpful, talk more about actual resources in Baylor/Waco
Intensive Case Conference –
Case Conference Rating Form (Appendix G)

The Case Conference Discussions Raised My Awareness of Multicultural Counseling Topics/Issues.

- Strongly Disagree - 1
- Disagree - 2
- Agree - 3
- Strongly Agree - 4

I Received Support and Feedback in Culturally Appropriate and Sensitive Ways.

- Strongly Disagree - 1
- Disagree - 2
- Agree - 3
- Strongly Agree - 4
I Gained Knowledge About Myself and Ways I Interact With Cultures That Are Different Than My Own.

- 80% Strongly Agree
- 20% Strongly Disagree

I Learned Ways To Promote Good Emotional Health With Diverse Clients.

- 100% Strongly Agree
I learned ways to assist diverse clients to relate to current interpersonal patterns to past relationships.

I learned ways to assist diverse clients to identify patterns of behavior that increase/decrease intimacy with others.
Trainee Comments about Case Conference

“The case conferences typically focused on general clinician skills and client-clinician relationship. While this encompasses multicultural issues, it was not typically the focus of the case conference.”

“Well I received excellent case conference supervision, multicultural aspects of the case were not a major focus.”
Culturally Sensitive Supervision –
Supervisor Competency Rating Form (Appendix H)

My supervisor explored multicultural issues with me involving clients.

- Ineffective - 1
- Fairly Ineffective - 2
- Neutral - 3
- Moderately Effective - 4
- Very Effective - 5

My supervisor explored multicultural issues with me, involving me as a therapist.

- Ineffective - 1
- Fairly Ineffective - 2
- Neutral - 3
- Moderately Effective - 4
- Very Effective - 5
My supervisor demonstrated awareness and respect for issues of diversity in supervision.

- 40% at level 4
- 60% at level 5

Ineffective - 1  Fairly Ineffective - 2  Neutral - 3  Moderately Effective - 4  Very Effective - 5

My supervisor raised awareness of my personal dynamics as related to therapy (i.e., transference, cultural issues, level of clinical development, etc.)

- 20% at level 3
- 80% at level 5

Ineffective - 1  Fairly Ineffective - 2  Neutral - 3  Moderately Effective - 4  Very Effective - 5
Culturally Competent Supervision - Comments:

“Supervisor was effective in all areas regarding multicultural issues”
“I would like more focus on multicultural issues, specifically by broadening my case load”
“Supervisor has been excellent at helping explore areas where I experience countertransference and how my personality influences my skills as a therapist”
“Supv. has been able to communicate with me about these areas in a thoughtful and productive way”
“Multicultural issues were not a major area of focus this past semester”
“Discussions were insightful, helpful, and respectful when they occurred”
“My clinical development was a major focus; transference and cultural issues were less of a focus”

Additional Note:
Feedback was also provided that some of the practicum students desired more focus on: 1) exploring multicultural issues involving clients, and 2) exploring multicultural issues involving the practicum students as therapists and as an individuals.
Client report on trainee’s cultural competence –  
Client Satisfaction Rating form (Appendix I)

**My Counselor Respected My Cultural Background.**

- 78% Strongly Agree
- 22% Agree

**My Counselor Understood That People in My Cultural Group Are Not At All Alike, and Did Not Stereotype Me.**

- 75% Strongly Agree
- 25% Agree
My Counselor Was Aware Of, and Respected, the Fact That I May View Things We Discussed Differently Than Him/Her Because of Cultural Differences.

I Felt My Counselor Understood Me Even Though His/Her Culture Was Different Than My Own.
Supervisor Report about Trainee’s Cultural Competence - Trainee Rating Form (Appendix J)

Knowledge, of Individual and Cultural Diversity

- No Knowledge - 1
- Minimal Knowledge - 2
- Basic Knowledge - 3
- Intermediate/Growing Knowledge - 4
- Wide Range of Knowledge - 5
- Strong Understanding - 6

Awareness of Client Diversity

- No Knowledge - 1
- Minimal Knowledge - 2
- Basic Knowledge - 3
- Intermediate/Growing Knowledge - 4
- Wide Range of Knowledge - 5
- Strong Understanding - 6
### Awareness of Own Cultural and Ethnic Background

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<tr>
<th>Level</th>
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<tbody>
<tr>
<td>No Knowledge</td>
<td>20%</td>
</tr>
<tr>
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<tr>
<td>Strong Understanding</td>
<td>20%</td>
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### Skill in Implementing Multicultural Knowledge and Awareness in the Clinical Process

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</tr>
<tr>
<td>Strong Understanding</td>
<td>20%</td>
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Trainee Self-report about own cultural experiences
Impact of Diversity Workshops Questionnaire (Appendix K)

I became more aware of my own cultural experiences, and the ways that I am similar/different from others.

- 50% Agree - 3
- 50% Strongly Agree - 4
- Disagree - 1
- Disagree Strongly - 2

I became more aware of the ways I have "privilege" in our society, and/or the ways I do not.

- 100% Agree - 3
- Disagree - 2
- Disagree Strongly - 1
- Strongly Agree - 4
I became more aware of social justice issues in our society, and have a desire to advocate for them.

I learned how a counselor assists diverse clients to employ strategies that promote good emotional health.
Awareness themes:
Trainees indicated awareness of a broader range of diversity issues beyond race
Trainees indicated need for self-examination

Beliefs/Attitudes themes:
Trainees indicated they gained an awareness that all encounters are multicultural in some way
Change in thinking, themes:

Trainees indicated that they developed an awareness of themselves as a factor in understanding diversity issues with patients

Recognition of the importance of awareness and knowledge to counseling
Trainee Self-report about own cultural experiences
Self-Report: Awareness, Learning and Skills (Appendix L)

The PsyD Practicum Trainees provided open, qualitative responses when they were asked:

How has your awareness of diversity issues changed during your time at the BUCC?
How have your beliefs or attitudes about diversity changed?
How have you changed the ways you think about and work with diverse clients?
Describe a client situation this past semester where you used multicultural counseling strategies. Provided details and be specific. What went well and what did not? What would you do different?

We were looking for evidence of the multicultural competencies of developing Awareness, Knowledge, and Skills on diversity topics and clinical interventions.

Two independent raters read the open essay responses as practicum trainees reflected on their multicultural training and diversity experiences at the Counseling Center, and found the following:

Trainee skills in clinical work, demonstrated:
- Validating and supporting diversity experiences
- Exploration of diversity; Not making assumptions about backgrounds, rather digging deeper and asking
- Using “parts” work (a therapy technique) to work with conflicting identities
- Depathologizing cultural differences
- Asking clients to educate therapist on their culture
- Seeking supervision
- Awareness of the need to intervene sooner
- Self-awareness of own culture in session
- Discussion of counter transference in supervision

Themes Emerging:
All participants noted that their awareness and knowledge of multicultural issues was expanded through their practicum training.

Many participants cited specific examples of diversity that they would not have previously considered as diversity.

All participants noted that multicultural issues apply to all clients (universality) and play a role in many, if not all, areas of a client’s life (pervasiveness).

All participants noted a level of cultural self-awareness that had increased.
Most indicated that they needed to be self-aware of the ways they were different from clients.

One trainee, insightfully reported becoming aware of “hidden” issues of diversity, hidden because they were a part of the trainee’s own upbringing.

All participants acknowledged weakness or areas of improvement.

Only some participants mentioned reaching out to their supervisor for support.

Trainees have room to improve in the areas of diversity that they personally did not agree with or understand.
Some hesitancy/confusion about when to apply knowledge
Program Outcome Measures

The Diversity Workshop Series (see Appendix B) in the summer is our first delivery method of training practicum students in multicultural competency. We provide a series of workshops and presentations by a variety of clinical staff, and trainees completed an evaluation form at the end of every workshop – the Workshop Rating Form (Appendix F). Results suggest overwhelmingly, that our delivery method is successful. Participants reported that the presentation topics were very relevant to their work, speakers were well prepared, they learned new information, speakers were well organized and knowledgeable, and the presentations were scientifically sound, evidence based, and balanced. Furthermore, 100% of participants “agreed” or “strongly agreed” that the workshops increased their multicultural competence and would improve their future patient outcomes.

What are the ways that Diversity Workshop Series has been helping trainees achieve desired outcomes?

Participants found experiential activities that engaged multiple learning modalities, were visual, and allowed for discussion and processing to be very helpful and effective – we did this very well! Also, the passion, compassion, and professionalism was often cited as a strength.

What are the ways that the Series was not being helpful?

Participants indicated that seeing more actual therapy techniques would have been more helpful. Also, at times, some experiences may have been “unintentionally discriminatory / retraumatizing.”

What are some new strategies that we could try?

Participants asked for even more interactive programs, including field trips. They asked for more specific techniques, more discussion of personal experience, having workshops earlier in day so less tired, more examples of how to introduce diversity topics into client sessions, more case examples, and education about actual resources in Baylor/Waco.

The Intensive Case Conference (Appendix D) is one of our training tools that is ongoing from September through May on a weekly basis. Trainees meet in small groups and show video tape of their client sessions, receiving feedback and discussion, with a multicultural focus. Trainees provided feedback about the Case Conference as a tool for cultural competency training in the Case Conference Rating Form (Appendix G). Results suggested that we were partly successful in using Case Conference as a tool for building multicultural competencies, but not near as effective as we had hoped. Trainees reported that the experience raised their awareness of multicultural issues, but not everyone “strongly agreed”. Trainees reported that they received support and feedback in culturally appropriate and sensitive ways, but several did not “strongly agree”. Not all trainees reported that they gained knowledge about themselves and the way they interact with cultures different then their own. They all merely “agreed” that they learned to promote good emotional health with diverse clients, where as we hoped that they would have “strongly agreed”. They were mixed about how well we helped them with helping clients to
relate current interpersonal patterns to past relationships – and also mixed about how well they learned to help their clients improve intimacy with others – these are the counseling center’s overall learning outcomes. They did all “agree” that their experiences with Case Conference increased their confidence and overall improved their multicultural competencies.

What are the ways that Case Conference has been helping trainees achieve desired outcomes? Results suggested that trainees enjoyed the Case Conference and found it helpful in developing their general clinical skills. However, it was not especially focused on their developing improved awareness, knowledge, and skills in multicultural competency.

What are the ways that the Series was not being helpful? One trainee answers this question, “The case conferences typically focused on general clinician skills and client-clinician relationship. While this encompasses multicultural issues, it was not typically the focus of the case conference.” Another trainees stated, “While I received excellent case conference supervision, multicultural aspects of the case were not a major focus.”

What are some new strategies that we could try? Clearly, the multicultural training aspect of Case Conference can be improved significantly. One idea would be have one person in the training group assigned to keep diversity issues on the forefront. Another idea would be have a dedicated time in the Case Conference where the diversity aspects of the case would be considered and focused on.

The Culturally Sensitive Supervision (See Appendix C) part of our training program, refers to the two weekly hours that our trainees are in one-on-one meetings with the clinical staff that oversees their cases and their unique, personalized training in the practicum. Our supervisors are psychologists and psychology fellows, who bring a multicultural sensitivity focus into these discussions with the trainees. Trainees rate their supervisors on the delivery of this training, with the Supervisor Competency Rating Form (Appendix H). Our results suggest that this is another area we need to improve in. While all trainees “agreed” or “strongly agreed” that supervisors demonstrated awareness and respect for issues of diversity, not all trainees “agreed” or “strongly agreed” that their supervisor discussed client multicultural issues with them, explored multicultural issues involving them as a therapist and individual, or raised awareness of personal dynamics of culture in the therapy session.

What are the ways that culturally sensitive supervision has helped trainees achieve desired outcomes? Trainee quotes suggest that when supervisors were intentional and focused the trainee directly on cultural issues, the outcome was improved – “Supervisor has been excellent at helping explore areas where I experience countertransference and how my personality influences my skills as a therapist”. Furthermore, the attitude and approach of the supervisor’s focus was also important – “My supervisor has been able to communicate with me about these areas in a thoughtful and productive way” and “Discussions were insightful, helpful, and respectful when they occurred.”
What are the ways that culturally sensitive supervision was not being helpful?
   Again, trainee quotes suggest that when diversity and cultural topics were not introduced, or rarely focused on, then this took away from the training of multicultural competencies – “Multicultural issues were not a major area of focus this past semester” and “My clinical development was a major focus; transference and cultural issues were less of a focus.”

What are some new strategies that we could try?
   One strategy suggested by a trainee, was “specifically broadening my case load” to include more diverse clients. Additionally, more intentionality of focus in supervision (similar to Case Conference) would help develop further competencies. Dedicating part of every meeting to directly discuss the cultural experiences of the trainee and cultural experiences of their clients might be one way to provide some structure around this.
Learning Outcome Measures

The **Client Report** on trainee cultural competence contains questions pulled from our **Client Satisfaction Survey** (Appendix I) – a survey we give every one of our clients each semester that elicits feedback on our provisions of clinical services (see Appendix E). We have added specific questions to help us determine our degree of cultural competence, and this assessment looks at the feedback our practicum trainees received in this specific area. Client care is our primary mission at the Counseling Center, and so client feedback about our multicultural competencies carries a very heavy weight in this whole assessment process.

100 percent of clients surveyed “agreed” or “strongly agreed” that 1) their counselor respected their cultural background, 2) their counselor did not stereotype them, and 3) their counselor was aware of, and respected, the differences between them due to cultural differences. Ninety nine percent of clients surveyed felt understood by their counselor, with 1 percent being “unsure.”

These results are an indicator of our practicum trainees’ strong cultural competencies. Having said that, in each of the categories, roughly 75% “strongly agreed” and 25% simply “agreed” which means we have room to grow and improve since we want multicultural competency to be a hallmark of our counseling center.

The **Supervisor Report** (on trainee cultural competence) consists of items pulled from the **Trainee Competency Rating Form** (Appendix J) that the primary clinical supervisor of each trainee completes twice during their training year. It is competency-based and provides feedback and discussion points for each trainee. It is also shared with the trainee’s doctoral program and goes in their educational/training records. Supervisor feedback about a practicum trainee is also weighted heavily, as their clinical supervisor is the professional who is most familiar with their body of work. The supervisor watches videotape of their sessions and meets with them for at least 2 hours weekly to review their clients’ progress and the trainee’s progress in acquiring counseling skills – and in this case, importantly, multicultural competency skills.

Our rubric for measuring cultural competency, comes directly from the definition of multicultural competency as being the development, integration, and application of knowledge, awareness, and skills. Our rating form (see Appendix J) is broken down into levels of 1) developing knowledge of individual and cultural diversity, 2) developing awareness of client diversity, 3) developing awareness of one’s own cultural and ethnic background, and 4) developing skill in implementing the multicultural knowledge and awareness in the counseling process. Our supervisors evaluated their trainees in each of these areas, using the following rubric in each area:

1) No knowledge/awareness/skills
2) Minimal knowledge/awareness/skills
3) Intermediate/growing knowledge/awareness/skills
4) Wide range of knowledge/awareness/skills
5) Strong understanding of knowledge/awareness/skills
Results suggest that supervisors assessed our trainees to be very spread out in these areas, ranging from “Minimal (2)” all the way up to “Strong Understanding (5)”. Some of our trainees arrived at the Counseling Center with more work and growth need in cultural competencies than other trainees. However, our target for these skills, are that regardless of their initial scores, we want all trainees to achieve minimum competency ratings of “3” - “Intermediate and growing” cultural competencies – with some areas at a “4” to indicate a “Wide Range” of cultural competencies. We are clearly not achieving this, and need to focus on providing more developed training to raise all practicum trainees to the Intermediate level.

The **Impact of Diversity Workshops Questionnaire-Self-Report** (Appendix K) was given to trainees at the end of the summer, following our intensive series of workshops and training. This was done to measure **Awareness** of cultural and diversity topics/issues, and **Knowledge** of cultural and diversity topics and issues. These were assessed prior to the fall semester where trainees would be learning to apply their **Awareness** and **Knowledge** to a full semester of client sessions. Questions also provide feedback about Counseling Center learning outcomes and how cultural competency training impacted them.

The results indicate that the Summer Diversity Workshop series was generally effective in meeting its diversity training goals around raising **Awareness**. 100% of Trainees “agreed” or “strongly agreed” that these workshops raised cultural awareness, raised awareness of privilege in society, and raised awareness of social justice issues.

Results also indicated, however, only partial efficacy in meeting training goals of increasing **Knowledge** around cultural competency. While 100% of trainees “agreed” or “strongly agreed” that they learned how to assist diverse clients to promote emotional health, some “disagreed” that they learned how to assist diverse clients in relating interpersonal patterns to past relationships, and assisting diverse clients in identifying patterns of behavior that increased/decreased intimacy with others.

In general, the above results are suggestive of a strong summer training program that raised **Awareness** and **Knowledge** of cultural competencies and skills. However, the Counseling Center’s learning outcomes did not seem to be well met through this venue. In part, this reflects learning outcomes that do not line up well with cultural competency issues, which were the focus of this assessment. This seems to suggest a need to review how well our overall Counseling Center Learning Outcomes fit our needs for reflecting what we do on a day to day basis in providing culturally competent counseling to our clients, and training practicum students.

The **Self-Report of the First Semester** (Appendix L) was completed by trainees as a measure of their cultural competency **Skills**, as well as the **Awareness** and **Knowledge** themes that led to the use of these **skills**. The results for this assessment were determined by two independent raters who read the open essay responses as practicum trainees reflected on their multicultural training and diversity experiences at the Counseling Center. We were looking for evidence of the multicultural competencies of developing **Awareness**, **Knowledge**, and **Skills** on diversity topics and clinical interventions.
These results found that practicum trainees’ self-report measures demonstrated strong multicultural interventions **skills**, and that these **skills** fell at levels 3 and 4 on the Cultural Competency Rating Scale – they were demonstrating “Basic” and “Intermediate/Growing” skills, which was our target for their training. The **skills** demonstrated were:

- Validating and supporting diversity experiences
- Exploration of diversity; Not making assumptions about backgrounds, rather digging deeper and asking
- Using “parts” work (a therapy technique) to work with conflicting identities
- Depathologizing cultural differences
- Asking clients to educate therapist on their culture
- Seeking supervision
- Awareness of the need to intervene sooner
- Self-awareness of own culture in session
- Discussion of counter transference in supervision

Furthermore, the self-report measures were evaluated for thematic content, around **Awareness**, **Knowledge**, and **Skills** of cultural competencies. The gathered themes also suggested evidence of levels 3 and 4 on the Cultural Competency Rating Scale – the themes suggested “Basic” and “Intermediate/Growing” levels of cultural competency, which was our target for their training. The themes collected are listed below:

- All participants noted that their awareness and knowledge of multicultural issues was expanded through their practicum training.

- Many participants cited specific examples of diversity that they would not have previously considered as diversity.

- All participants noted that multicultural issues apply to all clients (universal) and play a role in many, if not all, areas of a client’s life (pervasiveness).

- All participants noted a level of cultural self-awareness that had increased.

- Most indicated that they needed to be self-aware of the ways they were different from clients.

- One trainee, insightfully reported becoming aware of “hidden” issues of diversity, hidden because they were a part of the trainee’s own upbringing.

- All participants acknowledged weakness or areas of improvement.

- Only some participants mentioned reaching out to their supervisor for support.

- Trainees have room to improve in the areas of diversity that they personally did not agree with or understand.

- Some hesitancy/confusion about when to apply knowledge.
Training Cultural Competencies –Cohort Case Study Across a Semester

Five doctoral practicum trainees arrive each July, for a full year of training, with a mixed range of prior training experiences from their PsyD program, prior education, and from living unique lives. The Counseling Center has been intentional in creating a training program that targets cultural competencies in a developmental manner, accounting for their individual variances in skills, and unfolding a series of experiences for the trainees over the course of their practicum.

Summer Diversity Workshops
The 2015-16 Cohort began this process in July and August, participating in a series of diversity-training workshops. The workshops were designed intentionally to be experiential and to use multiple learning modalities. Basic and Intermediate cultural competency skills were targeted and explored, with the cohort being encouraged to engage both emotionally and intellectually. Assessment results indicated that the Counseling Center does this very, very well. Our delivery methods for this training were highly valued and effective, and our cultural competency outcome measures were effective.

Overall, while some specific helpful suggestions for the future have emerged, the cultural competency training of the Diversity Workshop Series can be considered quite strong, and trainees successfully raised awareness, learned knowledge, and developed skills of multicultural competency in counseling.

What was not particularly effective was tying these trainings to the overall Counseling Center’s determined Learning Outcomes (see page 5). However, this seems more a result of having selected learning outcomes that do not capture well the cultural competency values of our department, and are therefore difficult to assess. The outcomes were written prior to the Counseling Center’s diversity initiatives and also prior to Student Life’s diversity initiatives. The feedback here is that the Counseling Center might consider modifying these outcomes goals – in a way that specifies diversity outcomes specifically, and in a way that integrates all of our outcomes to reflect a cultural competency component. They might be also written in ways that are more clearly measurable. All counseling is multicultural counseling and our Operational Plan with its Learning Outcomes could be clarified to capture this, as well as better capture our organization structure which has also changed with the addition of a Coordinator of Multicultural Services.

Fall Semester Client Experiences and Training Experiences
As the summer wound down, and the fall began to get busy with a stream of clients coming in for services, the practicum cohort began to start applying their training more directly. They each started increasing their case-loads up to carrying 13 clinical hours (a lot for a 20 hour week), engaging in 2 hours of weekly individual supervision, attending a weekly hour of Intensive Case Conference, and participating in a weekly hour of treatment team. Some co-facilitated a group, and had additional supervision for that experience. Diversity on their case-loads was encouraged, and all of their clinical sessions were video-taped, providing an intensive level of oversight and review for their training.
Culturally Sensitive Case Conference
The Case Conference meeting occurs almost every week of the fall semester. Trainees take turns presenting the same case for 6 weeks, and then providing feedback when another trainee presents a case for 6 weeks. In the first week, trainees bring a written case-conceptualization, a related scholarly article, and then share videotape of their session with a particular client for feedback and discussion. The remaining 5 weeks are focused only on videotape review and discussion. The experience of this focused feedback from a small group of professional colleagues and other trainees can be intense. And, it is our goal that because all counseling is multicultural counseling, this focused look at a therapy session should be intentionally focused on diversity factors present in the relationship, and providing feedback on multicultural competencies of Awareness, Knowledge, and Skills for the trainee.

As it turns out, however, the results suggest that trainees did find the case conference highly valuable and effective, but not necessarily in its focus on developing multicultural competencies. The results reveal that these competencies were not focused on. Trainees and clinical staff did not keep the discussion and feedback focused in a way as to involve multicultural aspects of the client’s experience, nor on multicultural competencies of the trainee. While these were discussed some, it often faded in its focus. This is an important finding that suggests we should reexamine the ways we do our case conference training – keeping the aspects of the training that were highly valued, but finding ways to enhance the multicultural competencies training during the case conference.

Culturally Focused Clinical Supervision
Also on a weekly basis, trainees receive 2 hours of clinical supervision by a psychologist or psychology fellow. Clinical supervision is the cornerstone of how the field of psychology develops the profession and provides oversight. Supervisors review a trainee’s cases and educate around professional development issues. A supervision relationship is developed along the way. Since all relationships, all counseling, and subsequently all supervision about counseling relationships is multicultural, our goal is that supervision of trainees is sensitive and focused on diversity and developing multicultural competencies.

The assessment looks at this process from both the trainee’s perspective to provide Program Outcome feedback, and from the supervisor’s perspective to provide Learning Outcome feedback. Results show that in the weekly supervision process, when supervisors were intentional about training cultural competencies, trainees report that the outcome was: improved awareness, knowledge, and skills in this area. However, overall, it seems that multicultural competencies did not remain a steady and consistent focus in supervision for all supervisors and all times. Supervisor feedback about trainees indicated wide variation in the strength of competencies achieved by trainees, which may partially reflect the different skill sets the trainees brought in, but which also matches the feedback about inconsistent diversity and cultural focus by each supervisor.

These results seem to parallel the Case Conference results, suggesting we have strong clinical supervision and strong clinical training but perhaps the training program needs to reexamine the ways we provide a consistent and steady focus on multicultural competencies, especially in supervision and case conference – two lynchpins of our training program.
Client Satisfaction with Trainees
Ongoing assessment of our clinical work is an important part of the Counseling Center and we have our clients provide feedback through a satisfaction survey every semester. A recent update has been the addition of cultural competency questions to this survey. For the assessment process, this fall, we looked at client responses to the trainee’s cultural competencies in their counseling sessions. These results support strong cultural competencies by our trainees, with clients mostly “strongly agreeing” in each area, and some simply “agreeing.” This is great feedback, to know that the one place where it is most important to demonstrate multicultural competency is in the perceptions of our clients, and we did this. We do, however, have room to grow as our overall goal is 100% “strongly agreeing” about our skills in this area, since we want it to be a hallmark of our counseling center.

The feedback from the Case Conference results and the Clinical Supervision results, noted in above paragraphs, and the suggestion to bring a sharper focus to multicultural competencies in these two training modalities, may be a way to increase the number of clients who provide a “strongly agree” feedback in their satisfaction surveys.

End of Semester Reflections and Feedback
Trainers and trainees alike, worked hard throughout the fall semester, and when the dust settled the trainees were asked to complete a self-report about their awareness, knowledge, and skills with diversity and multicultural competencies. As hoped, these results indicated that trainees appreciated the delivery methods of cultural competencies (program outcomes) and also developed “Basic” and “Intermediate” cultural competencies (learning outcomes). Though not as highly rated as we hoped, nevertheless, trainees definitely developed improved awareness, knowledge, and skills in working toward multicultural competency during their practicum at the Counseling Center, meeting our minimum standards of a successful training program.

Looking Back: Cumulative Reflections of the Training Coordinator
Looking back on the fall semester of training, with the perspective of also having watched the trainees continue to develop multicultural competencies of diversity awareness, knowledge, and skills across the spring semester, and then taking all of the results together, the Counseling Center trains multicultural competencies in some ways that are very powerful and effective, and in some ways that need an improved focus and consistency. Also, trainees arrive with different levels of multicultural competencies, and develop them at different rates. Therefore, considering the interactions between trainees and training methods suggests that all the trainees have improved a lot in their assimilation of multicultural competencies, all of them reaching our “Basic” minimum standards in some cases and preferred “Intermediate” standards in other cases, and that greater intentionality of focus and purpose by the trainers, can directly impact their acquisition of competencies.

To sum it up, we are doing very well. However, we can continue to strive with increased intentionality in some of our training modalities to achieve the higher standards of excellence that we desire.
Recommendations

Consultation with Coordinator of Multicultural Services
These findings will be reviewed in detail with Dr. Marsh-Bell, Coordinator of Multicultural Services, as part of the Counseling Center’s ongoing discussion about how we provide services and build multicultural competencies. Her input will be invaluable as we look for concrete ways to modify and enhance our training.

Review of Counseling Center Learning Outcomes and Assessment Cycle
Discuss with Dr. Jim Marsh, Counseling Center Director the impact of Learning Outcomes that were established prior to our diversity initiatives and prior to the creation of the position of Coordinator of Multicultural Services. Outcomes may benefit from being modified to highlight our diversity initiatives such that Multicultural Competencies may even be a future assessment focus of its own, under the Coordinator of Multicultural Services programming, separate from Training. The Operational Plan and Learning Outcomes may need to be clarified to capture the intrinsic theme of multiculturalism in all that we do. Learning Outcomes may also benefit from being defined in a more measurable manner and/or more tied to the outcomes of the 5 programs under each of the 5 Coordinator positions.

Diversity Workshop Series
Assessment findings strongly affirmed our efforts to provide passionate, research supported, experiential, multimodal, training with opportunities for processing and discussion, and clear ideas/steps with a focus on clinical application. We will continue to do this. Per feedback, we will try to improve with increased information about actual therapy techniques, perhaps more discussion of the personal experiences of professional staff, and attention to unintended consequences of some activities. We will also try to provide even more practical applications to the trainees in each workshop. Furthermore, being explicit about the cultural awareness, knowledge, and skills that are being taught will further cement the development of these competencies for trainees.

Intensive Case Conference
Present the assessment findings to the Practicum Training Committee and brainstorm ways to bring more intentionality of cultural awareness and focus to each and every case conference, underscoring its value and importance in working with clients.

Some examples of ideas include the following: Dedicate a time period during the case conference to diversity issues. Have participants designated or tasked with bringing the focus back to diversity issues when it strays. Add questions to initial conceptualization by the trainee about diversity dimensions – for the client, for themselves, and about their interaction. Ask trainee to keep focus on diversity during discussion of trainee-client interactions.

Culturally Sensitive Supervision
Present assessment findings to Practicum Training Committee and brainstorm ways to bring more intentionality of cultural awareness and focus to each and every supervision
meeting, underscoring its value and importance in working with clients, and working in the supervision process.

Supervisors should make sure cultural competencies are assessed and discussed with every client a trainee reviews in supervision. Supervisors should use clinical topics of transference and countertransference to ensure that diversity issues remain at the forefront of trainees counseling work. Supervisors should discuss ways that diversity impacts the supervisory relationship as well.

**Clinical work with a broad range of clients**
Supervisors can be more intentional about guiding trainees toward selecting a more diverse caseload that matches their cultural competency abilities, but also challenges them to continue growing in this area.

**Supervisors’ Weekly Group Meeting**
The Training Coordinator can be more intentional in this weekly meeting of supervisors, to discuss multicultural competency issues in supervision, facilitate participants sharing of ideas for training competencies, encourage supervisors to be discussing diversity and cultural differences between the supervisor and supervisee, and to be intentional in keeping diversity topics present in relevant discussions.

**References**


Appendix A

CLINICAL PSYCHOLOGY PRACTICUM TRAINING PROGRAM
BAYLOR UNIVERSITY COUNSELING SERVICES
(Revised 07-2-14)

DESCRIPTION OF AGENCY
The mission of the Department for Counseling Services is to facilitate the educational experience and total development of students by enhancing mental health and well-being. The Baylor University Counseling Center provides the following services: short-term individual, couples, and group counseling; crisis intervention; consultation and liaison; outreach and prevention; psychiatric services; addiction services, case-management/referral services, and dietitian services.

CLIENTS SERVED
Baylor students present to counseling with a full range of presenting problems and mental health disorders similar to other university counseling centers. Clients include undergraduate and graduate students, usually ranging in age from 17-years-old to middle adulthood.

Baylor PsyD Practicum Student Training Model

This training program is specifically designed to meet the needs of Baylor PsyD students, who are, for the most part training as generalists. As such, the training approach to clinical work is trans-theoretical, multi-cultural, and process-oriented. We are helping doctoral students find their own path as a clinician.

Growth in this comes by attention to the process of their work, and attention to their personhood. So our two training areas under college student mental health are captured by the questions, “Who am I as a therapist?” and “How am I therapeutic?” Thus allowing trainees and supervises alike to explore the personhood of being a therapist as well as the therapeutic relationship/alliance and therapeutic interventions.

We are working therefore, more to empower than to only teach technique, and we hope for the training program to capture this.

RESPONSIBILITIES OF PRACTICUM STUDENTS

- Short-term individual counseling to Baylor students. Opportunities exist for work with couples and groups. Graduate Assistant Counselors have the option to provide long-term psychotherapy for one client.
- On-call crisis intervention after hours and on weekends, on a rotating basis approximately one week every five weeks. Senior staff serve as backup to Graduate Assistant Counselors.
- Consultation and liaison with Health Center physicians and other university staff, faculty, and parents relative to cases referred for psychological services.
- Outreach and prevention services to classes, staff, and student groups as requested. Occasional evening hours may be required.
- Collaboration with staff psychiatrist, case-manager, dietitian, and addiction specialist.
- Opportunities may exist to work with staff on research projects and/or professional scholarship.
- Participate in training opportunities throughout the year, which could include, but is not limited to, case conferences, book or video reviews, personal assessments, and group supervision and consultation.
- Provide administrative assistance as needed.
- Graduate Assistant Counselors may be expected to obtain a few required texts for the practicum.
Weekly Training:  
2 hours individual supervision  
1 hour treatment team meeting  
1 hour case conference  

Potential Supervisors:  
Jim Marsh, PhD, Director of Counseling Services  
Randal Boldt, PsyD, Assistant Director and Coordinator of Training  
Emma Wood, PsyD, Psychologist and Outreach Coordinator  
Cheryl Wooten, PsyD, Psychologist and Sexual Assault Services Coordinator  
Monique Marsh, PsyD, Psychologist  
Lauri Rogers, PhD, Senior Psychologist  
Yoshiko Hall, PsyD, Post-Doctoral Psychology Fellow  

Clinical Load: 13 weekly hours of direct service  
Practicum Students Accepted: 5  

SPECIFIC SKILLS NEEDED  
We are looking for practicum students that want to become clinicians, are comfortable working with adult clients, are willing to face the, sometimes, intense work pressures of the Counseling Center, who want to grow both as a therapist and as a person, and toward this end are open to the process of self-exploration  

Previous experience in counseling and psychotherapy, assessment / diagnosis, and crisis intervention is required. Therapeutic approaches are based upon accepted psychological interventions within the scope of practice for clinical psychologists. Graduate Assistant Counselors are expected to be comfortable working with students who hold faith-based worldviews and to be aware of how their own religious and spiritual values impact their clinical work.  

POSITION SPECIFICATIONS  
Hours: 20 hours per week in office, plus on-call and evenings as assigned  
Annual Stipend: around $13,853.00  

A Note About Student Disclosure of Personal Information  
Psychotherapy training involves the acquisition of clinical skills as well as learning more about how one's personal experiences and reactions influence their practice of psychology. This practicum incorporates training opportunities that are designed to promote the self-exploration that is essential for professional development. Some of these training experiences may involve the disclosure of personal information, relevant to the purposes and goals of psychotherapy training. Graduate Assistant Counselors are encouraged to decide how much personal information to disclose during these training opportunities. They are expected to maintain the strictest confidentiality of the other trainees and to adhere to the guidelines described in the most current version of the "Ethical Principles of Psychologists and Code of Conduct."  

Contact Information  
If you have any questions, please contact Dr. Randal Boldt, Assistant Director & Coordinator of Training:  
Baylor University Counseling Center  
One Bear Place #97060  
Waco, TX 76798-7060  
254-710-2467 (phone)  
Randal_Boldt@baylor.edu (email)
Appendix B

**Summer Workshops and Seminars:** Practicum students will participate in professional training seminars, when scheduled. Professional seminars are designed to address theoretical, empirical, and applied issues related to the practice of psychology. The seminar will include topics such as ethical and legal issues, diversity and multicultural competency issues, empirically-supported treatments, client issues, etc. Clinical training will cover many didactic components that inform the work that BUCC psychological staff address. This training will be substantially heavier in the summer months, but may continue throughout the year.

**Diversity Training**

Based on our Diversity Initiatives, to enhance our sensitivity to issues of diversity, grow in our own awareness of how we, as a staff and as colleagues, can better serve students, adhere to best practices, and provide ever better multi-culturally competent counseling, consultation, outreach, training, and scholarship - the training program will emphasize these issues in all presentations and workshops, as well as offer series of trainings specific to this area that builds on our competencies as we take this journey together. Diversity trainings will each have time set aside to allow experiential and/or role play activities. The following areas and topics (with some variation year to year) will be offered each summer:

**Summer 2014 Diversity Workshop Series**

- Difficult Dialogues – Dr. Emma Wood
- Power & Privilege Analysis – Dr. Emma Wood
- Video Experience and Discussion of *Crash* – Dr. Monique Marsh-Bell
- Diversity in College Counseling: Sexual Orientation – Dr. Wood & Dr. Marsh-Bell
- Diversity in College Counseling: Miss Representation – video and discussion
- Diversity in College Counseling: Women’s Issues – Dr. Emma Wood
- Diversity in College Counseling: Men’s Issues – “Tough Guise” video and discussion
- Diversity in College Counseling: Men’s Issues – Dr. Don Arterburn
- Diversity in College Counseling: Race & Ethnicity - Dr. Monique Marsh-Bell
- Diversity in College Counseling: Ability and Disability - Dr. Marsh-Bell
- Diversity in College Counseling: Faith & Spirituality – Dr. Lauri Rogers
- Diversity in College Counseling: International Students – Dr. Yoshiko Hall
Appendix C

*Individual Supervision:* Individual supervision is the cornerstone of the practicum training program. Practicum students will receive two hours of weekly individual supervision from a BUCC licensed psychologist or post-doctorate fellow who will serve as their primary supervisor. The supervision process will be intentional in its focus on multicultural competency, both within supervision and within the trainee’s clinical work. Practicum students will be expected to record each counseling session with a desktop webcam for review and discussion during supervision. Supervision assignments will be established by a mutual decision-making process that is based on the trainee’s needs and goals. Supervision matches between supervisor and trainee will be made at the beginning of the training year and will typically last for the entire year.
Appendix D

**Intensive Case Conference:** Practicum students will participate in a weekly one-hour case conference with clinical staff. The weekly case conference provides an opportunity for all staff members to share and consult regarding current counseling cases. Through case conference, practicum students and staff will gain insight into how clinicians conceptualize client issues and provide clinical services. Practicum students will each have a 6 week opportunity each semester to share video of the same client with a small group of clinical staff, exploring the clinical work with an emphasis on multicultural counseling and attention to issues of diversity. While the focus is on a practicum student’s case, the small group conference format enacts a process that contributes to training learning outcomes for all involved.

**Case Conceptualizations and Journal Article:**

Practicum students will complete a written conceptualization in advance of their first week and use it to present a client and ask for guidance in working with the client from the practicum student’s own frame of reference and theoretical approach.

Practicum students will select a scholarly journal article related to their case and distribute it along with the written case summary.

**Consultation and Video Review:**

Practicum students will provide a conceptualization of a client and then share videotape clips, discussing the interface of theoretical approaches and practical hands-on interventions while learning about process from observing sessions and discussing with staff. A focus on multicultural competency in counseling will be a significant part of the discussion.
Appendix E

Direct Service Activities

Practicum students will provide the following direct clinical services. Most of these services are similar to the typical clinical and administrative activities of the full-time psychologists employed at the BUCC.

Initial Assessments: An Initial Assessment appointment is an initial thirty-minute consultation during Walk-in Clinic hours with prospective new clients to determine treatment needs. Practicum students will be scheduled for a one-hour slot each week. During the Walk-in Clinic, trainees are responsible for clarifying the presenting problems, assessing the need for immediate intervention, evaluating how well the client fits within the scope of services, and making treatment recommendations and referrals. As part of this process, trainees will participate in weekly treatment team meetings to facilitate client assignment and to ensure continuity of care.

Individual or Couples Counseling: Practicum students will provide individual or couples counseling based on a brief therapy model (12 sessions per academic year). Trainee may have the opportunity to work with one or two long-term clients. They will be assigned clients based on their training needs and goals, in collaboration with the individual supervisor.

Group Counseling: Practicum students have the opportunity to co-facilitate a group during the fall and spring semesters. The BUCC offers a robust program of process, support, psycho-educational groups. The specific groups offered each semester vary according to client needs. Previous groups have included creative arts group, mindfulness group, mood management group, social confidence group, grief support group, men’s process group, and women’s process group.

On-Call Crisis Service: Practicum students participate in the on-call crisis service. They serve for one week at a time, and then are assigned on a rotating basis. During their on-call week, trainees carry an on-call crisis cell phone and are expected to be available for crisis calls after hours and on weekends. Clinical staff serve as backups to interns during their on-call week.

Consultation and Liaison: Practicum students provide consultation and liaison services to faculty, staff, students, and family members of students. Consultation and liaison services are aimed at collaborating with the broader university community to foster an environment that is beneficial to the development of students, advocating for the needs of students to university officials, and addressing issues and problems in the environment that may impede the development of students.
Appendix F

Workshop Rating Form

Date:

Workshop/Presentation Title:

Goals / Learning Outcomes for this presentation:

1. 
2. 
3. 

Please rate the program(s) you attended using the scale below:

<table>
<thead>
<tr>
<th>5= Strongly Agree</th>
<th>4= Agree</th>
<th>3= Undecided</th>
<th>2= Disagree</th>
<th>1= Strongly Disagree</th>
</tr>
</thead>
</table>

1. This presentation is relevant to my work at the counseling center.
2. I learned new information in this presentation.
3. This presentation increased my competence in this area and will improve patient outcomes.
4. The speaker was well prepared.
5. The speaker was organized.
6. The speaker was knowledgeable regarding the content.
7. The presentation was scientifically sound, evidence-based, objective, and balanced.
8. Learning outcome #1 was fully obtained
9. Learning outcome #2 was fully obtained
10. Learning outcome #3 was fully obtained

What was the most helpful / effective part of the workshop / presentation?

What was the least helpful/ effective part of the workshop / presentation, that you would recommending changing?

What other comments do you have that will improve our future workshops / presentations?
## Appendix G

### Case Conference Rating Form

Trainee case conference discussions raised my awareness of multicultural counseling topics/issues.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I received support and feedback in culturally appropriate and sensitive ways.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I gained knowledge about myself and ways I interact with cultures that are different than my own.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I learned ways to promote good emotional health with diverse clients.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I learned ways to assist diverse clients to relate current interpersonal patterns to past relationships.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I learned ways to assist diverse clients to identify patterns of behavior that increase/decrease intimacy with others.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I gained confidence in my culturally sensitive clinical skills.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Overall, the trainee case conference sessions helped me to develop multicultural competence.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Comments:
<table>
<thead>
<tr>
<th><strong>MULTICULTURAL ISSUES:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My Supervisor:</strong></td>
</tr>
<tr>
<td>Explored multicultural issues involving clients.</td>
</tr>
<tr>
<td>Explored multicultural issues involving me as a therapist and individual.</td>
</tr>
<tr>
<td>Demonstrated awareness and respect for issues of diversity in supervision.</td>
</tr>
<tr>
<td>Raised awareness of my personal dynamics as related to therapy (i.e., transference, cultural issues, level of clinical development, etc.).</td>
</tr>
<tr>
<td>Demonstrated knowledge of, <a href="#">or understanding of, how to deal with cultural issues in therapy</a></td>
</tr>
</tbody>
</table>

**Comments:**
Appendix I
CLIENT SATISFACTION SURVEY
BU Counseling Center (BUCC)

Please help us improve our program by answering some questions about the services you received at the Counseling Center. We are interested in your honest opinions, whether they are positive or negative. Please answer all the questions. Thank you.

<table>
<thead>
<tr>
<th>Month/Year:</th>
<th>Age:</th>
<th>Sex: ☐ Male ☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshmen ☐</td>
<td>Soph. ☐</td>
<td>Junior ☐ Senior ☐ Graduate ☐</td>
</tr>
<tr>
<td>Type Counseling:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual ☐</td>
<td>Couple ☐</td>
<td>Family ☐ Group ☐</td>
</tr>
<tr>
<td>Referred by:</td>
<td>Self ☐</td>
<td>Friend ☐ Family ☐ Fac/Staff ☐ Dean ☐ Other ☐</td>
</tr>
<tr>
<td>Therapist was:</td>
<td>Professional Staff ☐ Graduate Student ☐ Session #</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate race/ethnicity below:

- ☐ Native American/American Indian/Alaskan Native
- ☐ Hispanic/Latino/a
- ☐ Middle Eastern
- ☐ Asian-American/Pacific Islander
- ☐ Black/ African-American
- ☐ Multiracial: please specify
- ☐ White/Caucasian
- ☐ Other: please specify
### EVALUATION OF SERVICES

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N\A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The office staff at the BUCC has been courteous and helpful.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I would refer my friends to the BUCC.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I would return for counseling if I felt the need.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Overall, I am satisfied with the services received at BUCC.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Counseling has positively affected my performance in life.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My contact with the BUCC helped me improve or maintain my academic performance.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My contact with the BUCC helped me remain enrolled at Baylor and continue my education.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I feel like the charge for counseling was reasonable and affordable for the services received.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Access to psychological services (i.e., waiting time before intake interview; availability of convenient appointment times, scheduling appointments) is satisfactory?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the number of sessions available.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I regard the BUCC as an important service provided by the University.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### GENERAL IMPRESSIONS OF COUNSELOR

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N\A</th>
</tr>
</thead>
<tbody>
<tr>
<td>My counselor understood the concerns I brought to counseling.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My counselor really listened to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My counselor helped me to be more hopeful.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My counselor helped me deal more effectively with problems.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My counselor related to me in a respectful way.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My counselor seemed knowledgeable about my issues.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Overall, I am satisfied with my counselor</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
**CULTURAL COMPETENCY OF COUNSELOR**

<table>
<thead>
<tr>
<th>For this section the terms Cultural Group/ Culture is defined as any group of people who share similar attitudes, characteristics, beliefs or customs that might be different from another group. Examples of categories of Cultural Groups include race/ethnicity, socioeconomic status, disability, sexual orientation, religion, nationality, age/generation, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the assumption that every counselor and client will have unique and varied backgrounds, please respond to the following statements:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My counselor respected my cultural background.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My counselor understood that people in my cultural group are not all alike, and did not stereotype me.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My counselor was aware of and respected the fact that I may view things we discussed differently from him/her because of cultural differences.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I felt my counselor understood me even though his/her culture was different than my own.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

*Revised: 9/25/14*
# Appendix J

**Practicum Trainee Competency Rating Form**

**VIII. GOAL: KNOWLEDGE, AWARENESS, AND SKILL IN INDIVIDUAL AND CULTURAL DIVERSITY**

### A. OBJECTIVE: KNOWLEDGE OF INDIVIDUAL AND CULTURAL DIVERSITY

*Demonstrates a working knowledge of various forms of client diversity; committed to the ongoing process of learning about diversity issues.*

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Demonstrates a strong understanding of intersecting and complex issues related to individual and cultural diversity, including age, race, class, disability, ethnicity, culture, and sexual orientation. Knowledgeable regarding the influence of culture on psychological theory, diagnosis, and therapy process. Able to identify limits of knowledge and to seek appropriate collateral information and supervisory input when necessary. [Independent practice level]</td>
</tr>
<tr>
<td>5</td>
<td>Demonstrates a wide range of knowledge regarding multicultural issues. Consistent awareness of limits of multicultural knowledge and willingness to continue the learning process. Open to supervisory input regarding those areas in which knowledge is limited. [Target goal for completion of practicum]</td>
</tr>
<tr>
<td>4</td>
<td>Demonstrates intermediate and growing multicultural knowledge regarding clients and self. Knowledge may be somewhat limited in certain areas. Open to supervisory input; demonstrates curiosity and commitment to learning. [Acceptable outcome for completion of practicum]</td>
</tr>
<tr>
<td>3</td>
<td>Basic knowledge of multicultural and diversity issues. Open to supervisory input. [Basic practicum entry-level knowledge and skills]</td>
</tr>
<tr>
<td>2</td>
<td>Minimal knowledge of individual and cultural diversity. Open to learning more. Has multiple gaps and blind spots.</td>
</tr>
<tr>
<td>1</td>
<td>No knowledge, training or demonstrated skill in this area, but interested. Requires frequent / close supervision for basic tasks.</td>
</tr>
<tr>
<td>R</td>
<td>Unwilling or unable to learn about multiculturalism. Disrespectful in dialogues about diversity issues.</td>
</tr>
</tbody>
</table>

### B. OBJECTIVE: AWARENESS OF CLIENT DIVERSITY

*Sensitive to the cultural and individual diversity of clients.*

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Identifies individual and cultural differences with clients when appropriate. Acknowledges and respects differences that exist in therapy relationship in terms of race, ethnicity, culture and other individual difference variables. Consistently and proactively recognizes when more information is needed regarding client differences and seeks out information autonomously. [Independent practice level]</td>
</tr>
<tr>
<td>5</td>
<td>In supervision recognizes and openly discusses limits to competence with diverse clients. Often identifies areas of multicultural diversity and seeks appropriate supervision. Respectful of areas of difference; careful to elicit client feedback regarding these issues. [Target goal for completion of practicum]</td>
</tr>
<tr>
<td>4</td>
<td>Intermediate level of awareness. May have lack of awareness regarding some multicultural interactions with clients, but non-defensive when clients or supervisors raise these issues; resolves such issues effectively through supervision. Open to feedback regarding limits of competence. [Acceptable outcome for completion of practicum]</td>
</tr>
<tr>
<td>3</td>
<td>Developing awareness. Beginning to recognize the impact of cultural differences, while in session.</td>
</tr>
</tbody>
</table>
Requires frequent supervisory input regarding diversity issues. [Basic practicum entry-level knowledge and skills]

2 Minimal awareness of cultural and individual of clients. Open to developing awareness. Has multiple gaps and blind spots.

1 Struggling to develop awareness, knowledge, or sensitivity in this area. Requires frequent /close supervision for basic tasks.

R Unable or unwilling to surmount own belief system to deal effectively with diverse clients. May demonstrate insensitivity or significant biases with regard to one or more areas. Lacks an adequate understanding of diversity issues. May be resistant to supervisory input.
C. OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND

Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

6 Demonstrates in-depth knowledge of personal background and its influence on values, assumptions, and the process of therapy. Accurately self-monitors responses to client differences; differentiates these responses from those of the client. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain. [Independent practice level]

5 Aware of own cultural background. Initiates supervision to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified either by trainee or supervisor. Understands and monitors own cultural identities in relation to work with others. [Target goal for completion of practicum]

4 Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients, and how to explore/address them to provide good client care. [Acceptable outcome for completion of practicum]

3 Growing awareness of own cultural background and how this affects psychological work. Can unwittingly make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision. [Basic practicum entry-level knowledge and skills]

2 Minimal self-awareness of cultural identity and impact on others. Open to learning more. Has multiple gaps and blind spots.

1 Has little insight into own cultural belief, but open to learning. Requires frequent and close supervision for basic tasks.

R Has little insight into own cultural beliefs even after supervision. Resistant to supervisory feedback regarding cultural bias. Exhibits significant unconscious bias that disrupts the therapeutic process with particular clients or multicultural issues. Unaware of or lacks curiosity regarding personal background and its influence on therapy.

D. OBJECTIVE: SKILL IN IMPLEMENTING MULTICULTURAL KNOWLEDGE AND AWARENESS IN THE CLINICAL PROCESS

Skillfully implements multicultural interventions with a wide range of clients, uses knowledge and self-awareness to deepen therapeutic process. Committed to providing culturally sensitive services.

6 Effectively implements multicultural interventions with clients from a wide range of cultural and individual backgrounds. Utilizes knowledge and awareness to deepen the therapeutic relationship and to increase clients’ awareness of the relationship between their cultural context and their presenting issues. Initiates multicultural dialogue that allows clients to identify and explore various aspects of their cultural and personal background, including differences in the therapy relationship. [Independent practice level]

5 Expanding the range and depth of multicultural skill. Often able to process multicultural issues spontaneously with clients and able to integrate supervisory input quickly in subsequent sessions. Open to the process of continuing to learn multicultural skills. [Target goal for completion of practicum]

4 Moderate range and level of sophistication. May occasionally be uncertain how to integrate knowledge and awareness, but open to supervisory input. [Acceptable outcome for completion of practicum]
3  Emerging level of skill in addressing and integrating knowledge and awareness. Occasionally makes ineffective interventions, but non-defensive regarding these interventions when discussed in supervision. [Basic practicum entry-level knowledge and skills]

2  Minimal skill level of culturally sensitive intervention. Open to learning more. Has multiple gaps and blind spots.

1  Almost no experience or training in this area. Requires frequent and close supervision for basic tasks.

R  Lacks adequate skill in integrating knowledge and awareness of multicultural issues into practice. Intervenes with clients in ways that discounts or demeans clients’ background and experience. Defensive in supervision regarding these issues.
Appendix K
Impact of Diversity Workshops Questionnaire

**Awareness**
From the Summer Diversity Workshop Series I became more aware of my own cultural experiences, and the ways that I am similar and different from others

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

From the Summer Diversity Workshop Series I became more aware of the ways I have “privilege” in our society, and/or the ways I do not.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

From the Summer Diversity Workshop Series I became more aware of social justice issues in our society, and have a desire to advocate for them.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

**Knowledge**
From the Summer Diversity Workshop Series I learned how a counselor assists diverse clients to employ strategies that promote good emotional health.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

From the Summer Diversity Workshop Series I learned how a counselor assists diverse clients to relate current interpersonal patterns to past relationships.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

From the Summer Diversity Workshop Series I learned how a counselor assists diverse clients to identify patterns of behavior that increase/decrease intimacy with others.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

What do you remember most vividly from the summer diversity trainings?

What diversity learning had the biggest impact you?
Appendix L

Self-Report of First Semester Awareness, Learning & Skill

How has your awareness of diversity issues changed during your time at BUCC?

How have your beliefs or attitudes about diversity changed during your time at BUCC?

How have you changed the ways you think and work with diverse clients since you have been at the BUCC?

Describe a client situation this past semester where you used multicultural counseling strategies. Please provide lots of details and be specific. Then describe what went well and what did not. What would you do differently?
Appendix M

Training Multicultural Competence for Psychology Practicum Trainees
Baylor University Counseling Center

By signing this form you are agreeing to participate voluntarily in the assessment project being conducted by Baylor University’s Department of Counseling Services for the intended purpose of evaluating the ways we train Baylor PsyD students in their practicum experience. In this particular instance, we are looking at the ways we train around diversity and multicultural competencies.

Participants will receive a copy of the signed informed consent form upon request. There are minimal foreseeable risks or discomforts associated with participation. One of these risks may be discomfort experienced in providing feedback in a situation where you are being evaluated, though every effort will be made to allow you to provide some of the feedback anonymously. Non-anonymous feedback that we request, is already a part of our standard procedures between supervisors and supervisees and a standard practice in the clinical supervision process of the profession. Benefits for participation may include an increased self-awareness of what you experience while working at the Counseling Center, and also knowing that you are helping us improve our training program for future cohorts of practicum students.

While participating in this project your responses will be kept confidential. Once data is collected, only the researchers, the Director of the Counseling Center, the Training Coordinator, and limited administrative support staff will have access to responses. Participation in this research project is your choice and that there will be no penalty should you choose not to participate at any time in the process. You are acknowledging the informed consent by signing your name below. In doing so, you are showing that you have read and understand the informed consent process, and you agree to participate in this research project.

If you have questions about the assessment project, or if you would like to obtain information regarding the results of the study, you may contact Randal W. Boldt at Randal_Boldt@baylor.edu

By signing below, I am indicating my consent to participate in this project. I understand that I may withdraw my participation at any time.

Name: _________________________ Signature: _________________________ Date: ____________
Appendix N

Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists- American Psychological Association - Approved as APA Policy by the APA Council of Representatives, August, 2002

Introduction to the Guidelines: Assumptions and Principles

These Guidelines, as noted earlier, pertain to the role of psychologists of both racial/ethnic minority and non–minority status in education, training, research, practice, and organizations, as well as to students, research participants, and clients of racial/ethnic heritage minority heritage. In psychological education, training, research, and practice, all transactions occur between members of two or more cultures. As identity constructs and dynamic forces, race and ethnicity can impact psychological practice and interventions at all levels. These tenets articulate respect and inclusiveness for the national heritage of all cultural groups, recognition of cultural contexts as defining forces for individuals' and groups' lived experiences, and the role of external forces such as historical, economic, and socio–political events.

This philosophical grounding serves to influence the planning and implementation of culturally and scientifically sound education, research, practice, and organizational change and policy development in the larger society. To have a profession of psychology that is culturally informed in theory and practice calls for psychologists, as primary transmitters of the culture of the profession, to assume the responsibility for contributing to the advancement of cultural knowledge, sensitivity, and understanding. In other words, psychologists are in a position to provide leadership as agents of prosocial change, advocacy, and social justice, thereby promoting societal understanding, affirmation, and appreciation of multiculturalism against the damaging effects of individual, institutional, and societal racism, prejudice, and all forms of oppression based on stereotyping and discrimination.

The Guidelines for Multicultural Education and Training, Research, and Practice in Psychology are founded upon the following principles:

1. Ethical conduct of psychologists is enhanced by knowledge of differences in beliefs and practices that emerge from socialization through racial and ethnic group affiliation and membership and how those beliefs and practices will necessarily affect the education, training, research and practice of psychology (Principles D and F, APA Code of Ethics, 1992; Council of National Associations for the Advancement of Ethnic Minority Issues, 2000).
2. Understanding and recognizing the interface between individuals' socialization experiences based on ethnic and racial heritage can enhance the quality of education, training, practice, and research in the field of psychology (American Council on Education, 2000; American Council on Education and American Association of University Professors, 2000; Biddle, Bank, & Slavings, 1990).
3. Recognition of the ways in which the intersection of racial and ethnic group membership with other dimensions of identity (e.g., gender, age, sexual orientation, disability, religion/spiritual orientation, educational attainment/experiences, and socioeconomic status) enhances the understanding and treatment of all people (Berberich, 1998; Greene, 2000; Jackson–Triche, Sullivan, Wells, Rogers, Camp, & Mazel, 2000; Wu, 2000).

4. Knowledge of historically derived approaches that have viewed cultural differences as deficits and have not valued certain social identities helps psychologists to understand the under representation of ethnic minorities in the profession, and affirms and values the role of ethnicity and race in developing personal identity (Coll, Akerman, & Cicchetti, 2000; Medved, Morrison, Dearing, Larson, Cline, & Brummans, 2001; Mosely–Howard & Burgan Evans, 2000; Sue, 1999; Witte & Morrison, 1995).

5. Psychologists are uniquely able to promote racial equity and social justice. This is aided by their awareness of their impact on others and the influence of their personal and professional roles in society (Comas–D’az, 2000).

6. Psychologists’ knowledge about the roles of organizations, including employers and professional psychological associations are potential sources of behavioral practices that encourage discourse, education and training, institutional change, and research and policy development, that reflect rather than neglect, cultural differences. Psychologists recognize that organizations can be gatekeepers or agents of the status quo rather than leaders in a changing society with respect to multiculturalism.
Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists—APA 2002

*Guideline #3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

*Guideline #4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists—APA 2002

*Guideline #5: Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices.

*Guideline #6: Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.
Appendix O

Past Practicum Students
Doctoral Training Program Evaluation
Baylor University Counseling Center

Training Year: ________________________________

Name of your training coordinator: _____________________ Today’s Date: ___________________

1) The work environment of the BUCC practicum was professional and contributed well to preparing me for a predoctoral internship.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

2) The clinical opportunities at the BUCC prepared me well for a predoctoral internship.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

3) The supervision experiences at the BUCC prepared me well for a predoctoral internship.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

4) The training and supervision around multicultural/diversity topics prepared me well for my predoctoral internship.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

5) The training and supervision around ethical and legal issues in counseling prepared me well for my predoctoral internship.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

6) Overall, my practicum experience at the Baylor University Counseling Center helped me grow in many areas as a clinician and as a professional, and prepared me well for my predoctoral internship experience.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
Appendix P

Time-Line
Training Multicultural Competence of Psychology Practicum Students
at BU Counseling Center

Training Program Data Collection Tools

- Work Shop Rating Form (Appendix F)
- Case Conference Rating Form (Appendix G)
- Supervisor Competency Rating Form (Appendix H)
- Client Satisfaction Rating form (Appendix I)
- Trainee Rating Form (Appendix J)
- Impact of Diversity Workshops Questionnaire (Appendix K)
- Self-Report of First Semester: Awareness, Learning and Skills (Appendix L)

Assessment Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>July &amp; August</td>
<td>Diversity Work Shop Rating Forms</td>
</tr>
<tr>
<td>September</td>
<td>Impact of Diversity Workshops Questionnaire</td>
</tr>
<tr>
<td>October</td>
<td>Client Satisfaction Rating form</td>
</tr>
<tr>
<td>December</td>
<td>Self-Report of First Semester</td>
</tr>
<tr>
<td></td>
<td>Case Conference Rating Form</td>
</tr>
<tr>
<td>January</td>
<td>Supervisory Competency Rating Form</td>
</tr>
<tr>
<td></td>
<td>Trainee Competency Rating Form</td>
</tr>
</tbody>
</table>
Health Services Assessment Report 2014

Introduction to Department:

Baylor University Health Services provides comprehensive health services to Baylor University undergraduate and graduate students. Baylor faculty and staff are welcome to come to the Health Center to receive immunizations.

A multidisciplinary staff comprised of physicians, nurse practitioners, nurses, a physical therapist, pharmacists and pharmacy technicians, and administrative personnel are available to provide a comprehensive array of services.

Reporting Structure:

Divison of Student Life

Campus Life

Health Services

Health Center

Pharmacy

Physical Therapy

Department Mission:

The mission of Health Services is to facilitate the academic success and retention of students by maintaining their maximum health and wellness through the delivery of quality health care in a caring Christian environment.

Health Services Learning Goals:

In fulfillment of its mission, the Health Center seeks to nurture students’ physical, emotional, and intellectual wellness. We help students:

- Evaluate how their choices impact their physical health.
- Identify lifestyle practices that contribute to emotional health.
- Engage intellectually with health care provision.
**Health Services Learning Outcomes:**

<table>
<thead>
<tr>
<th>Students who use Health Services will:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
</tr>
<tr>
<td><strong>Community</strong></td>
</tr>
<tr>
<td>Practice behaviors that reduce the spread of infectious illness. O, HQHC</td>
</tr>
<tr>
<td>Identify patterns of abuse. EC</td>
</tr>
<tr>
<td>Differentiate between cold and flu symptoms. O, HQHC, EC</td>
</tr>
<tr>
<td><strong>Calling</strong></td>
</tr>
<tr>
<td>Give examples of how self-care contributes to personal balance. EC</td>
</tr>
<tr>
<td><strong>Wholeness</strong></td>
</tr>
<tr>
<td>Give examples of how physical health contributes to general well-being. EC</td>
</tr>
<tr>
<td>Illustrate the relationship between stress and physical health. HQHC, EC</td>
</tr>
<tr>
<td>Assess the impact of health on academic success. EC</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
</tr>
<tr>
<td>Identify personal information protected by HIPAA. EC</td>
</tr>
<tr>
<td>Illustrate self-advocacy in seeking medical supports. EC</td>
</tr>
<tr>
<td>Assess how health insurance coverage impacts health care. EC</td>
</tr>
</tbody>
</table>

**Summary of Program Assessed:**

Health Services provides “travel visit” services for students going on mission trips and those participating in a study abroad program or educational trips. Medical personnel distribute CDC handouts detailing recommended and/or required vaccine, malaria prophylaxis, and other pertinent medical information specific to the region to where the student will be traveling. The assessment project will focus on group travel visits to determine the value of the group travel visits and which aspects may need improvement.

**Learning Outcomes for Program:**

The program will assess several aspects of the Health Services Learning Outcomes. Under the Physical/Community, the Physical/Wholeness, and the Emotional/Citizenship domains, the student should be able to:

1. Practice behavior that decreases the spread of infectious diseases.
2. Give examples of how physical health contributes to general well-being.
3. Illustrate self-advocacy in seeking medical support.
Improvements over the past three to five years to help achieve outcomes:

Group travel visit services have been provided by Health Services since 2005. The format and function have been modified and improved during the ensuing years as the interest has increased in foreign missions, study abroad, and other educational programs. During the past 4 years, the group visits have been held at Bobo Spiritual Life Center. The format has been that a nurse distributes the CDC recommended guidelines for travel medication, provides counsel regarding the necessary vaccines and malaria prophylaxis, and the attending physician writes the prescription for medication after verifying medical history and allergies. For the 2013-2014 academic year, the group travel visit location has been changed to the Health Services clinic in order to immediately accommodate vaccine administration and enter information into the students’ electronic medical records. The number of students attending the group travel visits has increased steadily over the past 4 years.

Assessment Methodology:

Following the travel visits, the student was offered the survey to be filled out voluntarily, anonymously, and immediately. The timeframe for the visits was April 1 – April 30, 2014.

The survey questions include the following questions:

1. Is this your first time for a travel visit through Baylor Missions?
   If yes, go to #3; if no, go to #2.
2. Was the group travel visit better this year?
3. Did you understand the CDC handout?
4. Did you understand the malaria medicine precautions (if applicable)?
5. Did you understand the vaccination recommendations?
6. Is it a valuable service to be able to get yellow fever vaccine on campus?
7. Do you have any suggestions to improve our group travel visits?

A collection box was available for the student to place completed surveys at the exit to the clinic.

Analysis:

140 students attended the travel clinics held at Health Services. From this group of students, 63 opted to complete and return the questionnaires which yielded a return rate of 45%.

Results:

The first question divided the participants into two groups; students who had attended a travel visit and those attending for the first time. Only one of the students who had participated in the visits prior to this year was dissatisfied with the format on the basis that the wait was perceived to be longer. 100% of the respondents understood the CDC handout, the vaccination
recommendations, and the malaria precautions. The response to whether the ability to receive the yellow fever vaccine on campus was a valuable service was positive for those students needing to take the vaccine for their trip. The most helpful information sources from the surveys were the written suggestions and comments.

**Interpretation:**

The travel visit clinic for Baylor Mission students which was held for the first time in Baylor Health Services was a success. The one negative response elicited indicated that the wait time was more than had previously been experienced. A scheduling change was made by the clinic after the first group of students in order to alleviate the wait time for the groups scheduled to come during the succeeding weeks.

**Plans for Future Improvement:**

The travel clinic for the Baylor Mission students traveling abroad will continue to be held at the Baylor Health Services clinic. The convenience for the students was undeniable as well as giving those students who had not previously been to the health clinic the opportunity to appreciate what other services the clinic has to offer.

A concerted effort to obtain the yellow fever vaccination will continue as this vaccination was unavailable for procurement during the travel clinic time frame.

Nineteen students missed the travel clinic hours but met with the nurse during a separate appointment which is time consuming and costly for the student. Next spring, it will be stressed that the group travel visit slots are the better option.
**Student Conduct Administration Assessment Report 2014-15**

**Introduction to Department**
Student Conduct Administration has oversight for the Student Conduct Code and Honor Code. Our goal is to balance the individual need of the student with the needs of the University community. You can expect our staff to manage each case with care, concern, and compassion while seeking to teach integrity, responsibility, and accountability to our students.

**Reporting Structure**

**Department Mission**
Student Conduct Administration fosters student learning and development through educational conversations, programs, and sanctions to promote understanding of the standards of conduct and community expectations.

**Department Vision**
Student Conduct Administration will be recognized as a center of excellence on campus and nationally for helping students, staff, and faculty navigate academic integrity and judicial affairs processes.

**Department Learning Goals**
In fulfillment of its mission, Student Conduct Administration seeks to nurture students’ intellectual, social, physical and spiritual wellness guided by principles of Christian faith. We help students:
- Engage intellectually with the consequences of their behaviors.
- Reflect on the social implications of their actions.
- Devise strategies to manage their lifestyle choices to promote positive physical health and wellness.
- Discuss the Christian perspective on living a life of integrity.

**Summary of Program Assessed**
We are currently in year two of our three year Student Conduct Administration Operational Plan. The program emphasis and initiative for this academic year (2014-2015) is **Educational Conversations**. The Judicial Affairs Support Advisor Program is directly related to educational conversations and is one of our best educational sanctions that provide additional educational
conversations for students beyond their interaction with the Judicial Affairs Officer. The rationale for using other faculty and staff members for follow-up is two-fold: First, the disciplinary caseload does not permit the opportunity for follow-up appointments with all the students seen in our office. Secondly, giving students an opportunity to interact with another faculty or staff member is very beneficial for student retention. Our hope is that this personalized interaction with another individual at Baylor will make a positive difference for these students on multiple fronts. For example, the Support Advisor program has the potential to decrease the number of students who repeat their offense which in turn decreases our disciplinary suspensions and expulsions for repeat violations which in turn positively impacts student retention at Baylor University. The Judicial Affairs Support Advisor Program is multi-dimensional and Education Conversations is just one dimension.

**Learning Outcomes for Program**
- Determine their course of action during Judicial and Academic Integrity processes.
- Discuss the long-term consequences of their choices.
- Evaluate how lifestyle choices impact physical wellness.
- Evaluate the extent to which their actions are congruent with their self-concept.
- Identify areas for personal growth.
- Discuss how Christian spiritual wellness relates to living lives of integrity.

**Improvements over the past three to five years to help achieve outcomes**
No previous formal assessment on the Support Advisor Program has been done. Any previous assessment done was limited to simply seeing if students would recommend the program and if the program was helpful to them. Our department has never assessed what it is that makes the program successful.

**Assessment Methodology**
For this assessment, we plan on using a series of questions sent to the student after they have completed the Support Advisor Program. These questions will give us valuable qualitative data in which we get a direct response from the students about their experiences.

**Analysis**
We will be looking to see if there are any themes that emerge in the student responses. The themes would ideally be responses that show evidence of a positive learning experience with their support advisor. In addition, looking for evidence that the learning outcomes are met will be used while reviewing students’ answers to the assessment questions.

**Results**
Our assessment of the Support Advisor Program yielded very positive results. We were able to get 5 of the 7 students who completed the program to allow us to use their answers to the assessment questions they are required to fill out. While ideally we would have liked to have every student who completed the program to allow us to use their answers, the sample size we did get was more than sufficient in giving us quality data to interpret.
With qualitative data, we were looking to find different themes, keywords, or ideas that made themselves prominent in the student responses. With the data we had, we found several themes that related directly back to our Departmental Learning Outcomes.

First and foremost, we found that students like the program. Each student who provided a response said that they enjoyed the program and would recommend it to other students. While each had different reasons for liking the program, the students all seemed to value the time they spent with their support advisors. No student described a negative experience.

Several students described how the program helped them discuss the consequences of their long-term actions. The students seemed to understand that their advisors were there to help them not just with problems now, but how bad decisions may affect their future careers here at Baylor. One student said “It was really helpful for me to see what Baylor values in its students and that has made an impact on the future choices I will make.” Answers like this indicate that the advisors are helping students move past the immediate impact of the decision that led them being in trouble and towards altering their behavior so that they may have a more positive future.

Each student also mentioned experiencing personal growth during their meetings. These students learned about themselves and why they made the decisions they did. The advisors helped the students find the negative influences in their lives and move towards more positive, healthy influences. One student stated “This experience has shown me that no matter how uncomfortable I am with expanding my horizons and talking to new people, sometimes I need to. In order to form relationships that I want and will positively influence me, I need to go out and find these people.” Statements like this show that the student has realized they have negative influences around them, and that they must break away towards more positive influences. Another student said “The temptation will be there to drink, but there are so many better things I can be a part of instead of that.” Realizing that there will always be temptation and that there are ways to beat the temptation tell us that the students identified one of the main reasons they got into trouble, and that now they see the error in that.

The data also showed us that students identified their self-concept during their meetings. The students came away with a better understanding of who they are and what they strive to be. Many students that get in trouble have shown that the incident that got them into trouble in the first place is not necessarily reflective of who they are or want to be. The students who went through the support advisor program saw the error in what they did, and how that error is not who they are. On the topic of their advisor, one student wrote “The main thing I took away was how no matter what, he brightened my day, so I want to strive and be like that for those I come into contact with. Whether that is a friend or a random stranger at Whataburger.” Answers like this tell us that the students want to show who they really are and want to be. Another said, “I can use this experience to enhance my relationships with other people by remembering what values are important to me and what values other people respect and allow that to shape me into someone that people will enjoy interacting with more.” This provides further proof that the students are aware of their values/beliefs and that they want to get back to them.

One of the bigger themes we found was the concept of choices. The answers ranged from choices they made initially to get to this point to choices made in the future. Each student
indicated that they talked with their advisor about the choices that led to them getting in trouble. They then would talk about how their advisor helped them to see how those choices would affect them later on. On the topic of what support advisors were telling students in terms of making choices, one student wrote “He encouraged me to obviously do well in school but always leave room for friends because those good clean memories will last a lifetime instead of just a single party.” The advisors are not only helping the student see the wrong in the initial choice they made, but steering them towards better decision making in the future. Other students wrote of their advisor helping them break out of their shell and comfort zone to make better decisions and obtain better influences. Several students wrote about getting involved around campus and making new friends. Even the simplest of advice from the advisor helped the student analyze their current and future choices.

The biggest overall theme we found in the data was that students were developing relationships with their advisor. Each student mentioned how nice it was that they had somebody to talk to about what was going on in their lives, not just about the incident that caused them to get into trouble. The students indicated how their advisor was able to give them advice and guide them through this new time in their lives. The words encouragement and understanding appeared several times in the data relating to the relationship the students were building with their advisors. The advisors were able to give the students positive support and guidance. One student wrote that his advisor was easy to talk to, looked forward to meeting with him, and took an actual interest in what he was doing. Another added that their advisor provided support and encouragement outside of Judicial Affairs, which was extremely helpful. The advisors seemed to truly become mentors to the students. Not one student wrote about a negative experience with their advisor.

The negative we did find in the program was more with the paucity of students who chose the program. Those students who participated wrote of very positive experiences and that they would recommend the program to others. Given this attitude shown, it would have been great to have more students choose to take part in the program instead of just doing community service.

Interpretation
The student responses provide evidence that the Learning Goals and Learning Outcomes are being accomplished by the Support Advisor Program. The overall goal is for students to develop a more meaningful connection with a faculty or staff member here at Baylor who can serve as a resource for them not only in the short run but for their entire college career at Baylor University. For example, some of our students continue to meet with their Support Advisors after the required meetings are over. According to a study by Chao (1997), the mentoring relationship can produce meaningful learning that is retained as opposed to short-term learning. Chao (1997) posits: “Over a 5-year period, results supported differences between mentored and non-mentored individuals, regardless of whether the protégés were in current or former mentorships. Although all groups continued to learn and be better socialized in their organizations, the advantages of the mentored groups did not dissipate greatly over time” (p. 24).
**Plans for Future Improvement**

Based on the above findings, the Support Advisor Program will be continued. In fact, because the program has a very positive relational impact on students, helping them to navigate effectively some of their more difficult life experiences through multiple educational conversations over an extended period of time, we are considering possible changes to our sanctioning process they will increase student participation in the Support Advisor Program.

Our program initiative for academic year 2015-2016 is “Educational Sanctions” and we currently have several ideas (that will be discussed during the summer months) that may have an impact on our Support Advisor Program. For example, our Support Advisor Program is currently limited to first year students and we are considering allowing second year students to participate in the Support Advisor Program. We are also considering amending our current sanctioning options for first year students which will give more first years students the choice to select the Support Advisor Program. If either or both of these proposals are implemented, we will most likely need to recruit additional Support Advisor mentors.
Wellness Assessment Report 2015

Introduction to Department
Through programming, services, and research, the Wellness Department seeks to promote holistically healthy lifestyles among Baylor students. The Wellness Department promotes student wellness through educational outreach on a myriad of health topics (i.e., stress management; sleep; nutrition), student advocacy, and leader development.

Reporting Structure

Department Mission
The Department of Wellness provides health education programs and services that help Baylor students develop healthy lifestyles and cultivate a culture of wellness on campus through knowledge and behavior change.

Department Learning Goals
In fulfillment of its mission, the Department of Wellness seeks to nurture students’ social, emotional, physical, and spiritual wellness. We help students:

- Evaluate how their social relationships contribute to their own health and wellness and the welfare of others.
- Develop strategies that support emotional balance.
- Discover the importance of physical health and wellness.
- Relate their lifestyle choices to their spiritual development.

Summary of Program Assessed
In 2014-15, Wellness assessed the area of Leader Development. The Wellness Department fosters leadership development through internship opportunities, apprenticeships, and the Health and Wellness Peer Leader program. Students are encouraged to work closely with department personnel in developing in the field of Health and Wellness, as well as develop as leaders on Baylor’s campus. Specific to this assessment report, we assessed the Health and Wellness Peer Leaders and the internship and apprenticeship experience in Wellness.

- The Health and Wellness Peer Leader Program:
  - This program uses an experiential pedagogy to broaden students’ development as leaders. Experiential learning provides a comprehensive approach to learning that integrates theory, practice, implementation, and reflection. Through your experience as peer leaders students are challenged to examine their understanding of leadership, as well as reflect on their own leadership and that of others.
In the Health and Wellness Leadership course specifically, students will gain a broad understanding of current health topics of college students and ways to properly address and respond to these topics in both a presentation and mentoring setting.

- Internships and Apprenticeships:
  - Our department offers opportunities for students (undergraduate and graduate) to have a professional experience that will complement career goals along with satisfying academic requirements (if applicable). In addition, we have a HESA student serve as a GA for two years while they complete their master’s degree.

**Learning Outcomes for Program**
The outcomes for both the Wellness Peer Leader Program and the Internships and Apprenticeships are the following:

- Evaluate personal direction and purpose (Internships and Apprenticeships)
- Identify benefits of healthy relationships (Internships and Apprenticeships)
- Identify behaviors that promote emotional well-being (Peer Leader Program)
- Explain factors that contribute to physical well-being (Peer Leader Program)

**Improvements over the past three to five years to help achieve outcomes**

While a formal assessment has never been done on leader development in the past, we have informal data from previous years that have informed our current direction. Regarding internships and apprenticeships, previous students reported a need for more structure in their experience. In response to this feedback, the Wellness Department began creating job descriptions specific for each student that serves in our department, and also moved forward with assessing internship and apprenticeship experiences through structured exit-interviews. In addition, interns and apprentices suggested more collaborative work be assigned to them rather than solely individual projects. Thus, we decided to incorporate personal projects and department-wide initiatives that multiple students could work on together, both within Wellness and in conjunction with outside departments on campus. We also wanted to assess how social wellness was developed through this collaborative work.

Fall 2014 was the inaugural year for Health and Wellness Peer Leaders. The Wellness Department has been working hard to provide an opportunity for students to be more involved with Wellness on campus, and has been planning the implementation of the Peer Leader program for a few years. Therefore, having a Peer Leader program this year is vast improvement from the past three to five years.

**Assessment Methodology**

**Health and Wellness Peer Leader Program**
Fourteen Health and Wellness Peer Leaders participated in this assessment project. Each participant wrote three reflection papers throughout the fall semester (2014) while enrolled in the Health and Wellness Peer Leadership course. The reflection papers prompted students to reflect on what they learned and the experiences gained through the Peer Leader program. The purpose of this assessment was to gauge if students could describe factors associated with physical and
emotional well-being. Our research question was focused on determining what peer leaders had learned (i.e., what they know, do, or value) about physical and emotional health from the Health and Wellness Peer Leader program.

All reflection papers were examined by two reviewers. Reviewers extracted information from each reflection paper that described what students learned about emotional well-being and what they learned about physical well-being. Once all papers had been extracted of information about emotional and physical well-being, data was themed into one of six categories: 1). What students know about physical health, 2). What students know about emotional health, 3). What students do about physical health, 4). What students do about emotional health, 5). What students value about emotional health, and 6). What students value about physical health. Data was then themed within each of the six categories.

All participants electronically signed an informed consent document allowing use of their reflection papers from class in assessment.

Internships and Apprenticeships
We created an open-ended exit interview with 12 questions related to our division outcome of Calling as well as other questions specific to our department and internship experience. We interviewed most of our summer and fall interns: 2 summer, 1 fall, and 1 summer and fall (n=5). An appointment was set with the participants toward the end of their internship, or contacted after their internship to have an exit interview. The interview was preferably face-to-face, but some were submitted in writing if a face-to-face interview is not possible (for many interns, their internship semester is the last of their college career).

We sought to ask the following questions in the exit interviews. Through an internship in the Wellness Department, do interns gain:
• an increased perspective of public health endeavors within a college population?
• an understanding of how the Wellness Department operates within a college campus?
• skills that contribute to their professional development?
• further insight into their sense of calling?

All students signed an informed consent form before participating in the exit interview.

Analysis

Health and Wellness Peer Leader Program
All data was reviewed by two reviewers. Reviewers extracted information from essays that revealed what students learned about emotional and physical well-being. Data was then coded and themed to reveal qualitative trends.

Internships and Apprenticeships
Interviews were conducted with five interns who have served in the Wellness Department over the last year. Each student was asked twelve questions in order to assess their
Results

Health and Wellness Peer Leader Program
After coding and theming the reflections written by students enrolled in the peer leadership course, we were able to get an understanding of concepts learned concerning physical and emotional health. The qualitative data was first divided into physical health and emotional health concepts. Data was then themed into six sub-sections related to what the peer leaders know, what the peer leaders do, and what the peer leaders value regarding emotional and physical health.

- Physical Health
  o Know: From the reflections, it was evident that the peer leaders retained a lot of information concerning physical health. The category of what the peer leaders know had the most data points (22). These entries included statements like “factors that would contribute to physical well-being would be diet, activity level, getting enough sleep and rest, and limiting alcohol and drug intake.” Students went further by expressing how nutrition, fitness, and sleep can affect the body’s functioning level. For instance, one person several people highlighted positive consequences of health behavior choices, including how sleep helps with muscle repair and how nutrition affects the body’s energy level.
  
  o Do: The category of what peer leaders do concerning physical health had no data points.
  
  o Value: For the sub-section of physical health that assessed what peer leaders value there was only one data point. This data point stated, “Being spiritually healthy can give someone hope during time of stress. It can also influence someone to take better care of their bodies, by encouraging them to avoid things like alcohol and drugs.”

- Emotional Health
  o Know: In total we had 28 different data points pulled from the reflections describing what the peer leaders know about emotional health. A major theme that emerged was how emotional wellness affects other areas of wellness (i.e., social, intellectual, spiritual). For instance, one subject wrote, “If someone is struggling with emotional wellness, his or her social, intellectual, and spiritual wellness could also be affected negatively.” Students also reported the importance of social support in emotional well-being (i.e., “Building a support network is vital to emotional well-being. A support network should include friends, family, and professors.”). In addition, many students highlighted the tie between sleep deprivation and negative emotional health. Multiple students stated that a lack of sleep could lead to irritability, decrease in mental functioning, and increase in stress.
  
  o Do: Seven data points highlighted what Health and Wellness Peer Leaders now do based on what they learned about emotional health. Major themes around self-reflection emerged. For instance, one response was, “I am learning to accept negative criticism and use it to improve instead of letting it hurt my feelings.”
Students also expressed different steps they are taking to relieve emotional stress like exercising, avoiding overworking themselves, and making time to self-reflect.

- Value: The data trends also revealed that students have a general understanding of what peer leaders value in relation to emotional health. Twenty two data points revealed Health and Wellness peer leaders value the importance of mental health awareness in our country as well as ways they believe a good leader should act. Students expressed that they believe being able to listen and understand a person’s perspective are essential skills for good leadership and even stated, “I believe that empathy and being able to meet someone where they are is a true skill that has to be learned.”

**Internships and Apprenticeships**

- Most tasks that interns and GAs in Wellness are involved with are programming- or health education related. (Q1. a. What projects did you work on?)
- At least two of the five students expressed having learned about the following categories (Q1. b. What was learned?):
  - Collaboration (2 of 5)
  - Working independently (2 of 5)
  - Assessment/Research (2 of 5)
  - Communication (2 of 5)
  - Steps necessary for program implementation/Difficulties (60%)

- Separate questions were asked for the benefits and challenges of working in community (Q2).
  - The benefits the participants listed were:
    - Necessary to achieve goals (2 of 5); 40%
    - Rewarding to be close to coworkers (2 of 5); 40%
    - Rewarding to achieve goals together (2 of 5); 40%
    Ex: “Working with people and learning how to work as a team as well as independently.”
    - Different perspective gained from working with others (1); 20%
    - Learning together (1); 20%
  - The challenges listed were:
    - Line between peer and supervisor/coworker (1); 20%
    - Staying organized/prepared (2 of 5); 40%
    - Competing priorities (1); 20%
    - Sometimes easier to work alone (1); 20%
    - Different schedules  80%
  - Of these, the benefits listed the most were the first three, regarding community being necessary to achieve the departments’ goals, and the rewards of being close to coworkers and achieving goals together. The challenge listed the most was that of the difference in coworkers’ schedules.
  - An additional question regarding community was asked regarding what was learned from working in community. The most repeated categories were:
    - Working with different personalities (60%)
    - Communication skills (80%)
Ex: “learned how to communicate better and work out solutions to problems.”
- Working as a team (2 out of 5)
- When asked what students would do differently if they could “redo” their internship, 40% said they would be more organized. (Q3)
- We asked students how their intern/apprenticeship experience informed or shaped their future career path (Q4). This question was further divided into three, regarding:
  - What they learned about themselves
  - What they learned that they will apply to their future profession
  - Whether their personal direction affirmed, changed, or reconsidered
    - In terms of learning about themselves, some mentioned learning how to use their strengths (60%)
      Ex: “I learned that I am capable of more than I thought possible. My internship gave me the opportunity to prove to myself that it is never too late to be successful.”
      Ex: “I learned to have more confidence in myself and my abilities to put into actions what I learned in the classroom.”
    - Planning and implementing health programs were mentioned in terms of what they say they will apply to their future profession (2 of 5)
    - their career path was affirmed (2 of 5)
    - they learned that they are interested in college students and the area of higher education (60%)
      Ex: “Working in Wellness reaffirmed that I want to have a career within a University setting.”
- One question was aimed at how the internship experience shaped their purpose (Q5). The categories touched on the most were about:
  - Developing in the field 40%
    Ex: “My college experience helped me decide what I wanted to do as a career, and my internship helped me realize that I do enjoy research. So kind of opened me up to something else that I want to continue to pursue.”
  - Growing in faith 40%
    Importance of overall wellness 40%
    Ex: “It has helped me grow spiritually, mentally, physically. The internship helped with this growth.”
- A final question was asked about what students perceived they had gained (Q12).
  - Gaining confidence and support (60%)

**Interpretation**

Assessment of Leader Development within Wellness provided two over-arching results: 1). Students benefited and learned through experiential learning, supporting experiential learning theory (Beard, 2010), and 2). Students learn the value of holistic health and wellness through our programming (Hawks, 2004).
Health and Wellness Peer Leader Program
After completing the Health and Wellness Peer Leadership course, students could articulate what contributes to physical and emotional well-being, and how the two are related. We expected that after completing the program, students should be able to identify various factors and behaviors related to both physical and emotional health, and should recognize how various dimensions of health overlap. The assessment revealed that students knew this information because students were able to give specific examples of how certain health behavior choices impact people holistically. For instance, students could describe ways that sleep deprivation affects learning, memory, immunology, emotional stability, and weight. One aspect of a person’s physical and emotional well-being that did not come up in any of the assessment narrative was in and around sexual assault. Because the Peer Leaders were trained on sexual assault and participated in an outreach event educating on sexual assault, we expected more connections to be made with sexual assault and health and the end of the program.

The assessment also revealed that students value the content they are learning, and were very reflective of their leadership practice. Students learned how to accept criticism, the power of empathy, and the importance of a healthy lifestyle.

One gap that emerged from the assessment was that students could easily articulate what content they learned, and that they valued the subject material, but they did not highlight application of this new insight. In health behavior research, this is referred to as the “KAP-gap” (Rogers, 1995), which postulates that people often have the Knowledge and Attitudes for healthy decision making, but do not Practice the behaviors they know and value. Because this assessment was able to demonstrate that our students are learning and valuing content, future assessment projects should focus on gauging how students apply learned content. While it is fantastic that students can articulate ways that health behaviors such as sleep, nutrition, and exercise affect a person both mentally and emotionally, future efforts should also help students connect other behaviors and situations to mental and emotional health, such as addiction, sexual assault, and body image. Additionally, because none of the students reflected on health disparities or how wellness can look different for various subgroups of the population, a stronger focus on health disparities/minority health will be included in future curricula.

Internships and Apprenticeships
The main findings from our assessment of internships and apprenticeships were that students learned and benefited personally and professionally through their work in the Wellness Department. Students highlighted that collaboration and community are necessary to achieve professional goals, are rewarding on a personal level, and allow them to experience and learn from different viewpoints and perspectives. Students expressed that they learned communication and organization skills, how to apply their strengths in their job, and gained confidence and support through their experience. Most importantly, students reported that the internship and apprenticeship experience helped them to develop professionally in their field, grow in their faith, and further understand the importance of health and wellness. We expected students to gain professional experience in wellness that might be applied to future career goals. We also expected students to learn necessary relational skills that contribute to a healthy working environment. And finally, we expected students to be able to connect their calling to their professional development. Students were able to list ways they developed professionally and
personally, but the depth of their growth is left for interpretation. Future assessments will help better tie experience with purpose.

Outcome Results
- Evaluate personal direction and purpose
  - Participants reported their internship/apprenticeship helped them: apply their strengths on the job; gain experience planning and implementing programming, which they see as important skills to have for future employment; identify career options (i.e., higher education); develop in the field of Health and Wellness; grow in their faith; and highlight the importance of practicing health and wellness.
- Identify benefits of healthy relationships
  - Internship and apprenticeship participants reported that healthy relationships at work were necessary for achieving goals and gaining different perspectives, were rewarding, and helped develop communication and time management skills.
- Identify behaviors that promote emotional well-being
  - Participants from the Health and Wellness Peer Leader program reported that sleep, nutrition, social support, spiritual health, stress management, and an overall healthy lifestyle all promote emotional well-being.
- Explain factors that contribute to physical well-being
  - Participants from the Health and Wellness Peer Leader program reported that fitness, nutrition, sleep, and stress were the most salient factors that contribute to physical well-being.

Plans for Future Improvement

Health and Wellness Peer Leader Program
Results of the assessment show that the pilot year of the Health and Wellness Peer Leader Program was successful. A major addition to the program will be to include more dialogue and discussion around health disparities throughout the class. None of the students reflected on how Wellness can look different for different people, which is an important concept to grasp as a leader in this field. Additionally, there will be more emphasis on how students apply learned content, rather than just reflecting on the content learned. For instance, in the future, reflection papers might ask students to create a plan they intend to follow that incorporates the content they learn in class. Additionally, students will be encouraged to think outside the box when it comes to wellness and how various behaviors and situations impact the life of college students. The program will continue to include a major sexual assault outreach program, but be more focused on bystander intervention (something that includes all parties) rather than risk reduction (focuses on just the perpetrator and the victim). Students will also be challenged to apply more of what they learned in the classroom with students in the future through new initiatives and partnerships. For instance, we are working on partnering with CL&L in order for Peer Leaders to be paired with a CL and a CL’s residents in order to deliver education, activities, and encouragement around health and wellness for new students. This addition to the program will require students to more directly reply what they know and value in class to their practice of wellness with new students.
Internships and Apprenticeships
Some questions in the interview inquired about additional feedback and project ideas participants had for future interns and apprentices. This feedback will be considered for improvement. For example, a few responses included the idea of more involvement in general department meetings (rather than just meetings between supervisors and interns), as well as incorporating more exposure to the administrative side of the department, rather than just the programmatic side. Future assessment projects should also do a better job of measuring what students know, do, and value about Wellness specifically through their internship or apprenticeship experience. Students articulated that their internship or apprenticeship highlighted the importance of health and wellness, but didn’t specify which components of health and wellness are specifically important to them and why.

References