



POINT LOMA  
NAZARENE  
UNIVERSITY

POINT LOMA NAZARENE UNIVERSITY  
**STUDENT  
DEVELOPMENT**

**DEPARTMENT  
REPORT**

*Wellness Center*

**2010-2011**

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## **WELLNESS CENTER – Jim Coil, MFT**

“Wellness must be a prerequisite to all else. Students cannot be intellectually proficient if they are physically and psychologically unwell.”

—Ernest Boyer, *Campus Life: In Search of Community*

The Wellness Center at Point Loma Nazarene is comprised of the following service oriented student development programs:

- Health Services
- Counseling
- Outreach Education

### **PURPOSE**

The Wellness Center at Point Loma Nazarene University is dedicated to providing services to students, which address the whole person: emotional, social, physical, intellectual and spiritual aspects, the Wellness Center staff endeavor to assist students in achieving their full academic potential and dreams.

The staff consists of nurse practitioners, a physician, and counselors. Clinical services include physical health and mental health issues. As a model of proactive preventative programming, the Wellness Center through its outreach education activities provides materials and presentations to students on a wide variety of topics relevant to students and their sustaining the vitality needed to accomplish their academic goals. In addition, the Wellness Center trains and supervises nearly 40 Peer Educators, students who volunteer to assist their fellow students by providing skills including, but not limited to active listening, conflict resolution, problem solving, and information on topics related to current trends, physical health concerns and other emotional issues.

### **PROGRAM DESCRIPTION**

“In 1856 Amherst president William Stearns observed: *“Students of our colleges have bodies which need care and culture as well as the intellectual and moral posers and which need this care at the same time with higher education. The breaking down of the health of students...involves the necessity of leaving college in many instances and crippling the energies*

*and destroying the prospects of not a few who remain is, in my opinion, wholly unnecessary if proper measures could be taken to prevent it.” (Turner and Hurley, p.2)*

Wellness Center services are based on a holistic model, which incorporates physical, mental, spiritual, social, occupational, educational and emotional aspects of life. It is an integrated site providing physical and mental health services as well as outreach education. *“Health education and promotion, along with increased reliance on professional counseling, are elements of a comprehensive scope of health services.” (Guidelines for a College Health Program, p.1)*

According to the National College Health Assessment of 2010, the top ten impediments to academic performance were:

- |                                |                           |
|--------------------------------|---------------------------|
| 1. Stress                      | 6. Depression/anxiety     |
| 2. Cold/flu/sore throat        | 7. Internet use/games     |
| 3. Sleep difficulties          | 8. Sinus infection        |
| 4. Concern about family/friend | 9. Death of friend/family |
| 5. Relationship difficulties   | 10. Alcohol use           |

Working as a team, the staff of professional clinicians, along with the support staff and student workers, focuses on providing services that include all of the above issues as well as public health concerns, healthy lifestyle choices, self care and knowledge, emotional support and building relationships with students. The entire staff including our valuable department assistant collaborates with other departments within Student Development, the PLNU community and the surrounding local community resources.

**Duing the 2010/2011 academic year, the Wellness Center staff accounted for 22.778 documented touch points/ contacts with students.** Many more are uncounted such as the self-help visits, numbers in classrooms presentations, crisis management sessions with residential life staff, and counseling groups. We continually work to find successful means to reach into student’s lives and build relationships, offer support and build healthy lifestyles.

**AREAS OF IMPACT**

<b>Program</b>	<b>Outcome Domain(s)</b>	<b>Type of Assessment Data</b>
Physical Health Clinical Services	1, 2, 3, 4, 5, 8	Program Data Collection Survey of expectations Surveys of Satisfaction Observation
Mental Health Clinical Services	1,2,3,4,5,6,8	Program Data Collection Survey of expectation Survey of satisfaction Observations
Outreach Education	1,2,3,4,5,7,8	Program data collection Survey of expectations Survey of satisfaction
Peer Educator Program	1,2,3,4,5,6,7,8	Survey of satisfaction Interviews Observations Focus Groups
Wellness Wednesday	1,2,3,4,5,6,8	Numerical Student Participation Data Survey of satisfaction
Classroom Presentations	1.2.3.4.6.8	Evaluations (satisfaction)
Auxiliary Services (Massage/ED Specialist)	1,2,3,4,5,8	Numerical Student Participation
Intern/MSN Students	1,2,3,6,7,8	Evaluation Observation
Travel Medication (LoveWorks)	1,2,3,4,5,6,7,8	Numerical Participation
Worker Compensation	3,4	HR Feedback
Public Health Issues	1,4,8	Compliance with standards
Student Billing	4	Program Data Collection
Staff Training	1,2,3,4,7	Evaluations
Blood Drives/Bone Marrow Drive	3,4,5,6,8	Numerical Participation
Interviews (Point, Class)	1,2,3,4,5,6,7,8	N/A
Outreach Material Design	1,2,3,4,5,7,8	Observation
Student Insurance	1,4,7	Numerical Student Participation
Public Health	1,4,8	Compliance with Community Standards
Depression Screening	1,2,3,4,5,6,8	Program Data Collection Interviews
Mentoring	1,2,3,4,5,6,7,8	Journals Interviews

Web site	1,2,3,4,5,6,8	Numerical
SD interdepartmental networking	1,2,3,4,5,6,7,8	N/A
Campus Activities	1,2,3,4,5,6,7,8	N/A

## SUMMARY OF PROGRAM IMPACT

### Physical Health Services

Staffed by two part – time Nurse Practitioners (NP) and one part time consulting physician (MD), the health services staff provided 3,078 visits this academic year. By providing first line Worker Compensation assessment, Wellness Center clinicians save the PLNU community resources that can be utilized in other areas. Each NP has unique clinical background and experience that increases the depth of their expertise and the health services offered in the Wellness Center. Working as a team with the Wellness Center Director, the Consulting Physician and the Counselors, the Nurse Practitioners assess and treat everything from sore throats, strained backs, migraine headaches, travel medications, TB screening, collapsed lungs, chronic diseases, dermatological issues, and physical symptoms brought on by anxiety and stress, etc. In nearly every encounter the NP and MD provide health education as a part of their treatment plan or advice. Teaching students how to self care, to respond to symptoms correctly and to understand their health is the largest component of each visit. Enabling them to return to class, to avoid disease and injury and to self-care in healthy ways assists them in the achievement of their academic goals.

### Mental Health Services

There is a mental health crisis on college campuses across the nation. Such books as “The College of the Overwhelmed” focus on the challenge of mental health problems that often reveal themselves in the college years. The American College Health association (ACHA) reports that nearly 50% of all college students become depressed so much that they have difficulty functioning or experience major clinical problems such as bipolar disorder, eating disorders, drug or alcohol abuse. (NCHA, 2003) PLNU is no different and has experienced the increase of incapacitating mental health problems within the student body. This year there were over 1,700 counseling visits. Two full time counselors, one part time (15 hour/week) counselor, five counseling interns and the wellness center director provided psychological assessment and treatment in a brief therapy model. They have assisted many in maintaining their focus on college life enabling them to continue to complete class work and stay in school. Counseling case management and support are provided to students who return home for treatment and continuing care. Assistance is given to family members, campus friends and others when there are incidences such as death and trauma.

## **Outreach Education**

Outreach Education provides a range of planned, proactive health promotion and primary prevention services addressing the needs of college students. **Overall, the summary of outreach education contacts (excluding mental health/counseling and physical health services contacts) indicates a student participation rate of 14,766.** Appendix 1 lists the outreach efforts in detail. The Director of Outreach Education utilizes a team of 35 student Peer Educators as well as Wellness Center professional staff, support staff and community resources to formulate programming that meets the needs of student life especially in the areas addressed by Healthy People 2010 and AMA Guidelines for Adolescent Preventive Services. The leading health indicators for Healthy People 2010 include: Physical Activity, Overweight and Obesity, Tobacco Use, Substance Abuse, Responsible Sexual Behavior, Mental Health, Injury and Violence, Environmental Quality, Immunization and Access to Health Care. (US Dept. Health and Human Services, Healthy People 2010) Students are exposed to issues in health care that currently impact their lives and often will have an impact on the quality of life in their future, their decision-making processes and ultimately long productive life span.

## **Integration of Services**

*“Integrating mental health and physical health can provide great benefit to the student if issues of confidentiality and style of communication can be resolved.” (Turner and Hurley, p.200)* PLNU has provided such an integrated service over the last nine years. Outreach education was added six years ago. The staff is committed to putting the student outcome as the primary focus of service. By working together they are able to bring experience, education, and example to meet the needs of students. Public health issues such as immunizations are coordinated by the medical staff and are taught in our Wellness Wednesday programming, crisis response is developed and implemented by all staff; both mental health and physical health provide outreaches to the community through resource maintenance and advanced practice clinician oversight; student insurance provides coverage for both physical and mental health issues. These are just some of the ways integration of services occurs. By the practice of integration of services, we mirror to the student the desirability of integrating all of the aspects of wellness into their present lives and future.

**Table 1: Total Wellness Center Services: Student Contacts 20010-2011**

<b>Wellness Center Services – Total Visits for 2007-2008 Academic Year</b>	
<b>Total Medical / Health Services – Patient Visits</b>	3,078
<b>Total Counseling Visits/Sessions</b>	1,734
<b>Total Outreach Contacts</b>	14,766
<b>Total Non-medical, Non-counseling Contacts</b> (front office contacts re: insurance, travel medications, immunization information, vehicle waivers, etc.)	3,200
<b>Total Wellness Center Service Contacts</b>	<b>22,778</b>

### **WELLNESS CENTER: EMPHASIS ON COLLABORATION**

Student Development continues to support the quality of student experience regarding the core values of an intentional Christian community and the development of students as whole persons, the process of identifying and assessing collaborative programs is an important factor in determining impact and sustainability. The Wellness Center intentionally entered into collaborative ventures to provide high impact events and services through the utilization of university resources while exercising prudent stewardship of financial resources. Academic departments and student development departments worked together with the Wellness Center to provide events and services on issues that were of mutual interest to the parties involved and were relevant to our students and the PLNU community.

These collaborative programs are jointly planned learning experiences between and within Student Development, and include institutional resources, services and programs across departments throughout the PLNU community (e.g., Academic Affairs, Admissions, Faculty, Information Technology Services, PLNU Library, Student Financial Services, Study Abroad, etc.).

The programs that expand interaction of the Wellness Center across the university are summarized in Table 2.



**Table 2 Wellness Center – Areas of Collaboration**

<b>Date(s)</b>	<b>Initiated</b>	<b>Event/Service/Program</b>	<b>Presenter(s)/Participant(s)</b>	<b>Department Collaboration</b>	<b>Future Recommendation(s)</b>
<b>On-going</b>		Influenza Vaccinations	Karen Windoffer, SON Students	School of Nursing (SON)	Continue to build partnerships
<b>On-going</b>		PLNU MSN Preceptorships	Karen Windoffer, Amanda Thurman	Master's of Science in Nursing Program (PLNU)	Continue to build partnerships
<b>On-going</b>	2009	Alcohol Response Process	Counseling Staff/Residence Life	Residence Life	Continue to build partnerships
<b>On-going</b>	2004	Senior Nursing Students Group Therapy	Counseling Staff	Department of Nursing	Continue to build partnerships
<b>On-going</b>		Emergency Preparedness Plan	Jim Coil		
<b>On-going</b>	2006	Institutional Review Board	Monica Whitlock	Academics, Student Development	Continue to assess institutional programs
<b>On-going</b>		Student Care Group	Greg McCord, Jim Coil	Student Development, Academics	Continue to monitor students in various domains
<b>8/13-15/10</b>	2009	RA Training Retreat	Rebecca Carter	Residence Life, Spiritual Development	Continue to build partnerships
<b>8/15-18/10</b>	2010	Peer Education Training	Mark Carter	Spiritual Development	Continue to build partnerships
<b>8/20/10</b>	2010	Parents' Dessert Reception	Peer Educators/Ashlyn Carter	Parent Relations	Continue to build partnerships
<b>9/15/10</b>	2010	Stress Management	Greg McCord	Student Financial Services Staff	Continue to build partnerships
<b>9/20/10</b>	2010	The Rising Son-film forum (Substance Abuse Recovery Month)	Christian Hosoi/Mark Carter/PE's	Residence Life, Spiritual Development, ASB	Continue to build partnerships
<b>9/21/10</b>	2010	Zumba! For PLNU women	Nobuko Sudo	Residence Life	Continue to build partnerships
<b>9/21/10</b>	2010	Nutritious Desserts	Lauren Thompson/Catherine Townsend	Residence Life	Continue to build partnerships
<b>9/23/10</b>	2010	Food, Inc. film forum	Graham Hitman/Peer Eds	Residence Life	Continue to build partnerships
<b>9/27/10</b>	2009	Listening-Covenant Group Leaders	Rebecca Carter	Spiritual Development	Continue to build partnerships
<b>10/12/10</b>	2010	Gamers Anonymous	Jeremy Hartshorn, Jon J., Marc Otto	Residence Life	Continue to build partnerships
<b>10/27/10</b>	2009?	Self Defense	Officer Surwillo, Marcellus Walker, Ipollito De Luca, Tom Blamey, Christi Robel	Campus Safety	Continue to hold event-earlier in semester targeted to freshmen/transfers
<b>11/11/10</b>	2009	Flex Senior Women's Talk	Rebecca Carter	Residence Life	Continue to build partnerships
<b>11/15/10</b>	2010	Class Guest Lecturer-Love & Relationships	Kevin Fawcett	Hadley Wood-LEAP	Continue to build partnerships
<b>11/22/10</b>	2010	Campus Connection for Student Congress	Rebecca Carter	ASB	Continue to build partnerships
<b>12/13/10</b>	2010	Relax Awhile	Greg McCord, Tom Blamey, Rebecca Hans	Martial Arts Club, Spiritual Development	Continue to build partnerships
<b>12/14/10</b>	2010	Paws Awhile	Guide Dogs for the Blind, SD Humane Society	Community	Continue to build community partnerships
<b>12/12-14/10</b>	2010	Cookies in the Library	Peer Educators	Library/Sodexo	Continue to build partnerships
<b>Ongoing</b>		LoveWorks Vaccinations	Karen Windoffer	Spiritual Development	Continue to build partnerships
<b>1/18/11</b>	2011	Food, Inc. Film Forum and Panel Discussion	Ian Miller, Julie Frans, Brian Beevers, Fernanda De Campos, Jennifer Chandler, Riley Davenport	Sustainability, Spiritual Development	Continue to build partnerships
<b>2/3/11</b>		PLNU Blood Drive	San Diego Blood Bank	Community	Continue to provide

					professional development
2/10/11	2011	Stress Management for Student Development Professional Meeting	Greg McCord	Student Development Staff	Continue to build community partnerships
2/16/11	2011	Eating Disorders Training for Student Leaders	Rebecca Bass, LMFT/ED Specialist	Residential Life/Discipleship Ministries	Continue to provide training for student leaders
2/22/11	2011	"Killing Us Softly 4" with presentation	Cameron Anderson, IMF/Alum	Community/Healthy Within	Continue to partner with community organizations
2/23/11	2011	Wonderfully Made Campus Chapter Info Session	Kayla Mertes, Natalie Horne	Community/Wonderfully Made	Continue to provide oversight/resources
2/23/11 - 4/15/11	2011	Open Doors: Support group for young women	Judy Scott, Dr. Kris Lambert	Nursing Department	Continue to partner with academic departments
2/25-27/11	2010	Senior Women's Forum Retreat	Rebecca Carter	Spiritual Development, Women's Studies	Continue to build partnerships
2/28/11	2010	Alcohol Abuse Awareness Event on Caf Lane	SD Police Department, SD County Sheriff's Department	Campus Safety, Community	Continue to partner with campus departments and community resources
3/1/11	2011	Various Theological Perspectives on Alcohol	Marc Garcia, Tommie Mosely, Dr. Janine Metcalf, Dan Hill, Lawrence Bausch, Jacob Bertrand	Campus Safety, Spiritual Development, ASB	Continue to partner with campus departments and community resources
3/29/11	2010	America the Beautiful Film Documentary	Film Screening	Spiritual Development	Continue to partner with campus departments
5/8-10/11	2010	Library Cookies	PE Leaders and Peer Eds	Sodexo, Library Staff	Continue to partner with campus departments
5/9/11	2010	Relax Awhile	Greg McCord, Martial Arts Club, Rebecca Hans (3 local massage therapists)	Office of Strengths and Vocation, Martial Arts Club, Spiritual Development	Continue to partner with campus departments
5/10/11	2010	Paws Awhile	Guide Dogs for the Blind, SD Humane Society	Community	Continue to build community partnerships

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## **WELLNESS CENTER – Outreach Education Services**

**Rebecca Carter, M.A., IMF**

### **PURPOSE**

The Wellness Center at Point Loma Nazarene University is dedicated to providing services to students which address the whole person including emotional, social, physical, intellectual and spiritual aspects. The Wellness Center staff endeavor to assist students in achieving their full academic potential, a sense of wellbeing, and an understanding of their personal identity.

The staff consists of Nurse Practitioners, a Physician, Counselors, an Administrator, and Support Staff. Clinical services include assistance and support in physical and mental health issues. As a model of proactive, preventative programming, the Wellness Center through its outreach education activities provides materials and presentations to students on a wide variety of topics relevant to students and their ability to sustain the vitality needed to accomplish their academic goals. In addition, the Wellness Center trains and supervises 25 Peer Educators, students who volunteer to assist their fellow students by providing information on topics related to current trends, physical health concerns and emotional issues relevant to young adults in a college setting. The Peer Educators are trained in active listening, conflict resolution, problem solving, and motivational interviewing.

### **PROGRAM DESCRIPTION**

#### ***Outreach Education:***

Outreach Education is the promotion and delivery of multiple prevention strategies that affect the campus environment as a whole and can, thereby, have a large scale impact on the entire campus community. This approach represents a focus upon prevention and suggests leadership roles that postsecondary administrators, faculty, other campus officials, and students can play to reduce problems associated with a myriad of physical and emotional health issues and promote academic achievement. These strategies include, but are not limited, to the following: Peer Educators, staff training, residence hall presentations and programming, classroom presentations, the National Depression Screening, Wellness Wednesdays, mental health clinical services, student leadership training/mentoring, and campus-wide outreach projects.

#### ***Outreach Material Design:***

Outreach Material Design is the development and acquisition of instruments which inform students about public health concerns, healthy lifestyle choices, self care and knowledge,

emotional support and resources available to identify, prevent or treat issues addressed in the developed materials.

***Campus Presentations (Residence Halls, Classrooms, Chapel, Public Spaces):***

Development and delivery of presentations through lecture, panel/forum discussions, and the use of media are designed to inform students of crucial physical, mental, spiritual, social, occupational, educational and emotional aspects of life – in order to promote academic achievement.

***Staff / Faculty Training:***

The development and delivery of presentations which train staff and faculty on key college student health issues and trends, so they are prepared to intervene and guide students to appropriate on campus or community referrals and resources.

***Wellness Wednesdays:***

Weekly dining hall forum, display, and delivery of materials designed to inform students about key issues in health care that currently impact their lives and often will have an impact on their quality of life in the future and decision-making processes related to health and wellness.

***Peer Educator Program:***

A team of approximately 25 resident students, who through the recognition of their own God-given strengths and additional skills learned and developed in leadership and care-giver training, provide their fellow students support and resources to address physical and emotional issues.

***Leadership Training:***

The development and delivery of training to student leaders including, but not limited to, Resident Assistants, ASB officers, Covenant Group leaders, Team Barnabas, Student Athletes, Discipleship Ministries, and Peer Educators. This training is conducted in the form of mentoring, lectures, discussions, forums, guest speaker events, and the use of media which equips them to identify, address, prevent, intervene, refer, and provide resources that address the physical, mental, spiritual, social, occupational, educational, and emotional aspects of student life.

***Mental Health Clinical Services:***

Counseling services are provided which include individual psychotherapy, group counseling, and crisis intervention to identify, prevent and/or support the mental and emotional conditions which may impede a student's pursuit of academic achievement.

***Depression Screening:***

In conjunction with National Depression Screening Day, the Wellness Center's clinical and professional staff conducts two National Depression Screening Days by administering, interpreting, and sharing the results of a Depression, Anxiety, Bi-Polar, and PTSD screening tool to students who voluntarily participate in the screening events.

**AREAS OF IMPACT**

<b>Program</b>	<b>Outcome Domain(s)</b>	<b>Type of Assessment Data</b>
<b><i>Outreach Education:</i></b>	1, 2, 3, 4, 5, 6, 7, 8	Program Data Collection Survey of expectations, Surveys of Satisfaction
<b><i>Outreach Material Design:</i></b>	1, 2, 3, 4, 5, 6, 7, 8	Observation
<b><i>Staff Training:</i></b>	1, 2, 3, 4, 5, 6, 8	Survey of Satisfaction
<b><i>Campus Presentations (Residence Halls, Classrooms, Chapel, Public Spaces):</i></b>	1, 2, 3, 4, 5, 6, 8	Program Data Collection Survey of Satisfaction
<b><i>Wellness Wednesdays:</i></b>	1, 2, 3, 4, 5, 6, 8	Program Data Collection Numerical Student Participation Survey of Satisfaction
<b><i>Peer Educator Program:</i></b>	1, 2, 3, 4, 5, 6, 7, 8	Survey of Satisfaction Interviews Observations Focus Groups
<b><i>Mental Health Clinical Services:</i></b>	1, 2, 3, 4, 5, 6, 8	Program Data Collection Survey of Expectation Survey of Satisfaction

		Observations
<b><i>Depression Screenings:</i></b>	1, 2, 3, 4, 5, 6, 8	Program Data Collection Interviews
<b><i>Mentoring:</i></b>	1, 2, 3, 4, 5, 6, 7, 8	Journals Interviews

## **SUMMARY OF PROGRAM IMPACT**

### ***Outreach Education:***

The 2010-2011 year included outreach efforts in the form of Wellness Wednesday, Depression Screenings, residence hall presentations, media campaigns, campus presentations and forums, classroom presentations, and student leadership training. Overall, the summary of outreach contacts (which excludes mental health/counseling service contacts) indicates student participation (number of contacts) of 14,766. Appendix 1 lists the outreach efforts in detail.

### ***Outreach Material Design:***

Sixty different materials were designed to provide outreach on numerous issues affecting college students. These materials included brochures/pamphlets, flyers, posters, handouts, and lecture/discussion outlines. These materials provided public health preventive messages to students in attractive, graphical depictions.

### ***Campus Presentations (Residence Halls, Classrooms, Chapel, Public Spaces):***

Five residence hall presentations were delivered which resulted in approximately 220 student participants. One classroom presentation was delivered which involved 12 students. Campus presentations were made to 2,786 students.

This year, Wellness Center and Peer Educators focused their campus campaigns on choosing nutritious foods, alcohol abuse awareness, stress management, and eating disorders/body image.

In September, the Peer Educators in Hendricks Hall created a film screening on the documentary, Food, Inc. With 35 students in attendance, the Peer Educators presented this event idea on a larger scale. So in January, in collaboration with the Office of Sustainability and Discipleship Ministries, the Peer Educators hosted another film screening of Food, Inc. followed by a panel discussion of eight local “foodies” from the San Diego community. Recorded student attendance was 280.

Alcohol Abuse Awareness week was planned in conjunction with the Department of Public Safety in February during the week before Spring Break. On Monday, February 28<sup>th</sup> after chapel San Diego Law Enforcement Officers in uniform along with marked SDPD vehicles were available to answer questions from students about alcohol safety. A vehicle that had been damaged in an alcohol-related automobile accident was also placed on Caf Lane. Peer Educators provided root beer and root beer floats from root beer kegs in red cups which had statistics about the increased risk of accidents, assaults, and school failure associated with alcohol abuse. On Tuesday evening in collaboration with Spiritual Development, a

discussion forum was held that featured local ministers discussing Various Theological Perspectives on Alcohol, all of whom reiterated the caution of alcohol abuse and drunkenness despite whether they held an abstinence or moderation view. Posters addressing risks and dangers of alcohol were also distributed on campus and in the residence halls.

In response to the increase of stressors during the week of final exams, the Peer Educators and the Wellness Center hosted two study breaks, Relax Awhile (free five minute massages, chair massages, prayer, guided relaxation, and yoma) and Paws Awhile (certified therapy assisted dogs and dogs in training with Guide Dogs for the Blind). Both events were so successful with attendance at Relax Awhile around 120 students and attendance at Paws Awhile approximate 160, that both events were successfully held again during the spring semester of final exams.

For the second year in a row, the Peer Educators planned a week of events highlighting body acceptance/eating disorders awareness. In November, we hosted a week of events entitled, “I am me” designed to raise awareness of body image issues and to provide resources to students. Events included a photo campaign, a chapel video, awareness bracelets, and a banner across Caf Lane. For the spring Eating Disorders Awareness Week, we held eating disorders awareness training for student leaders with a certified Eating Disorder Specialist, a film screening of *Killing Us Softly* followed by a testimony of a PLNU alum and Q & A, a Wonderfully Made informational meeting, and a collaborative women’s support group (Open Doors) co-facilitated by two School of Nursing faculty held its first of eight sessions. For Body Acceptance Week, *America the Beautiful* a documentary by Darryl Roberts was shown.

#### ***Staff Training and Student Leadership Training:***

Outreach efforts included training sessions with RAs, Covenant Group Leaders and Peer Educators. These efforts included participation in campus retreats (RA and Senior Women’s Forum) and weekly trainings with the Peer Educators.

#### ***Wellness Wednesdays:***

Thirty topics were addressed in the Wellness Wednesday format, which included the design, acquisition and delivery of informative materials to students and resulted in a total of 2,824 student contacts.

#### ***Peer Educator Program:***

Twenty-five volunteer resident student leaders participated in weekly training sessions which equipped them to implement wellness focused events and develop influential relationships on campus. Additionally, the Peer Educators were key participants in Wellness Wednesdays. Their presence on the hall, in their



courses of study, and in their social interactions, disseminating wellness information, allowed for numerous un-measurable contacts throughout the year.

### ***Mental Health Clinical Services:***

The counseling services offered include individual psychotherapy, couples therapy, group therapy, and crisis intervention. The numbers of counseling visits are detailed in another section of this report. Although the Wellness Center does not have its own research demonstrating the correlation between counseling and student retention, the information below would suggest that our students do indeed benefit from these services and remain in school to complete their degrees.

#### ***Counseling Center Services Help With Academic Success***

*Research indicates that not only does counseling help people deal more effectively and resolve personal problems, but it also helps students meet their academic goals.*

- *Rummel et al. (1999) found that the majority of college students leaving their university were in academically good standing, and that nearly one in four left due to personal problems.*
- *Students who participate in counseling show positive changes in measured quality of life satisfaction, which is more predictive of student retention than overall GPA levels, high school grades, or SAT scores levels (Clark, Wettersen, & Mason, 1999; Osberg & Polland, 2002).*

*Researchers at Iowa State University (Wilson et al, 1997) found that students who received 1-7 counseling sessions had a 14% higher retention rate than non-counseled peers. Retention rates showed similar gains (12% higher) among University of Wyoming students who participated in counseling (Turner & Berry, 2000).*

#### ***Does Counseling Work?***

*In a four year study of college students who received counseling at another university, 91% thought that their academic performance had improved following counseling, and 98% reported that counseling had assisted them to deal more effectively with their problems.*

*(Source: Rickinson, B. (1998). The relationship between undergraduate student counseling and successful degree completion. Studies in Higher Education, 23, 95-102.)*

***Depression Screenings:***

In conjunction with a nationwide campaign, the Wellness Center conducted two National Depression Screening Days within the same week during Fall 2010. One hundred and thirty-three students participated in the screening. As a result of the screening, approximately 100 students identified either depressive, anxiety, bi-polar, or PTSD related symptoms and were provided referrals to resources at the Wellness Center or within the local community (See Appendix 2).

**GROWTH AND DEVELOPMENT*****Outreach Material Design:***

Develop additional brochures devoted to Wellness related topics. Expand website links and information on wellness topics. Develop additional presentations and trainings for students, student leaders and staff. **Web-site:** Develop website to include links, services, and resources; to promote Peer Education and Wellness Center events and activities; to increase utilization by students, faculty, and staff, including a webpage which can assist PLNU employees in identifying and referring students struggling with mental health related issues.

***Campus Presentations (Residence Halls, Classrooms, Chapel, Public Spaces):***

Expand student participation in campus-wide programming and residence hall programming on wellness-related topics. Utilize Peer Educators in larger role of developing outreach events relevant to their stage of young adulthood.

***Staff Training:***

Develop additional presentations and trainings for students, student leaders, and staff.

***Wellness Wednesday (WW):***

Maintain weekly WW outreach, while developing new and creative materials on current health trends affecting college students. Utilize Peer Educators in weekly Wellness Wednesday outreach, since their presence appears to correlate to higher student contacts.

***Peer Educator Program:***

Expand the utilization of the Peer Educators at PLNU: Wellness Wednesday, campus-wide outreach activities, hall events, speaker/discussion forums.

***Mental Health Clinical Services:***

Develop additional skill sets through continuing education for issues such as treating depression and anxiety; preventing suicide; recognizing, treating, and referring students meeting criteria for an eating disorder; premarital counseling assessments; and supporting students struggling with their sexuality.

***Depression Screenings:*** Continue this outreach and level of promotion.

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# **STUDENT DEVELOPMENT**

## **STUDENT FOCUSED OUTCOME DOMAINS**

### **1. Retention**

Pursues and completes a degree at PLNU

### **2. Engagement**

Develops a significant connection to relationships and participates in programs at PLNU which enhance personal development, facilitate learning, and result in retention

### **3. Social / Emotional**

- a. Develops and maintains mutually rewarding relationships with friends and colleagues at PLNU
- b. Considers others' points of view and seeks involvement with others different from oneself
- c. Manages emotions in a manner which facilitates personal growth and relationships with others

### **4. Physical**

Chooses behaviors and environments that promote health

### **5. Spiritual**

- a. Grapples with and clarifies personal faith
- b. Experiences multiple relationships and opportunities in which Christian values are explicit

### **6. Occupational/Career**

- a. Maintains or exceeds academic standards necessary to achieve a degree at PLNU
- b. Utilizes campus resources as part of career exploration
- c. Makes connection between classroom and co-curricular learning
- d. Develops skills to seek employment or advanced education beyond graduation

### **7. Leadership**

- a. Serves in a leadership capacity in a student organization
- b. Develops a personal leadership philosophy and style that is consistent with a Wesleyan perspective of service to others

### **8. Student Learning**

Participates in experiential programs such as student government, peer education, and resident advising, which facilitate experimentation, skill development, and multiple levels of learning

## TYPES OF ASSESSMENT INSTRUMENTS USED FOR DATA COLLECTION

Type of Assessment	Examples in higher education settings
<b>Program Data Collection</b>	Numerical, budget and statistical data about program operations, student participations, costs etc.
<b>Survey of Needs</b>	Individual, Department, Division or Institution wide questionnaire identifying what students want/need from the college or department. [Note: Surveys may be administered on-line via student voting software and in Scantron format].
<b>Survey of Expectations</b>	Individual, Department, Division or Institution wide questionnaire identifying what students expected from the college or department.
<b>Surveys of Satisfaction</b>	Individual, Department, Division or Institutional questionnaires providing feedback on student expectations and satisfaction with services provided by the college or department.
<b>Suggestions Boxes and Feedback Forms</b>	Individual input as to program concerns and suggestions for changes; continually collected, usually anonymously.
<b>Case Studies</b>	Longitudinal study which covers a broad range of experiences of selected students.
<b>Journals and e-Portfolios</b>	Individual records of activities, experiences and feelings collected over a defined period of time.
<b>Interviews</b>	Responses from students who may be randomly or specifically selected covering specific areas of concern; can be given at selected times or on program exit.
<b>Focus Groups</b>	Small group feedback sessions about a limited set of specific topics. Feedback groups can also (further) discuss results of survey data.
<b>Signed Agreements</b>	Student acknowledgement of responsibilities and adherence to and/or understanding of program parameters.
<b>Grades and Performance Tests</b>	Demonstration of competency or learning based on satisfactory grades or other rating measures.
<b>Observations</b>	Recorded observation of behaviors or activities by trained observers using pre-determined criteria.
<b>Pre and Post Testing</b>	Standardized testing to confirm increase in competence or knowledge.
<b>Embedded Learning</b>	Demonstration of learning/competence based on performance of actual activity or task; completion of task inherently demonstrates skill (such as registering on-line etc.).

**Table 3 Outreach Education – Campus Presentations**

<b>Campus Presentations</b>	<b>Presenter(s)</b>	<b>Collaboration</b>	<b>Attendance</b>	
9/20/2010	The Rising Son Film Screening	Christian Hosoi	ASB, Spiritual Development, Residential Life	150
9/21/2010	Zumba	Nobuko Sudo	Residential Life, ASB	25
10/6/2010	Depression Film and Q & A	Rebecca Carter & Greg McCord		5
10/6, 10/7/2010	Depression Screening	Wellness Center Counselors		133
10/27/2010	Blood Drive	San Diego Blood Bank	SDBB	99
10/27/2010	Preventing Sexual Assault	David Surwilo (SDPD) & Tom Blamey	SDPD, Campus Safety, Martial Arts Club	46
12/12-14/2010	Cookies in the library	Peer Educators	Ryan Library, Sodexo	108
12/13/2010	Relax Awhile Study Break	Greg McCord, Tom Blamey, Christie Robell, Rebecca Hans	Martial Arts Club, Spiritual Development, Community members	120
12/14/2010	Paws Awhile Study Break	Guide Dogs for the Blind and Therapy Assisted Pets	Commnity Organizations	160
1/18/2011	Food, Inc. Film Forum and Panel Discussion	Ian Miller, Julie Frans, Brian Beevers, Fernanda De Campos, Jennifer Chandler, Riley Davenport	Sustainability Office, Spiritual Development	280
2/3/2011	PLNU Blood Drive	San Diego Blood Bank	SDBB	109
2/22/2011	"Killing Us Softly 4" with presentation	Cameron Anderson/Healthy Within Foundation (619-889-4570)	Community Organization	22
2/23/2011	Wonderfully Made Campus Chapter Info Session	Kayla Mertes & Natalie Horne	Community Organization	38
2/28/2011	Alcohol Abuse Awareness Event on Caf Lane	Peer Educators/SDPD/SD Co. Sheriff	Campus Safety, Community Organizations	2417
3/1/2011	Various Theological Perspectives on Alcohol	Marc Garcia, Tommie Moseley, Dr. Janine Metcalf, Lawrence Bausch, Dan Hill, Jacob Bertrand	Spiritual Development, Campus Safety, Community Organizations	34
3/29/2011	America the Beautiful film screening			65
5/8-10/2011	Library Cookies	Peer Educators	Ryan Library, Sodexo	108
5/9/2011	Relax Awhile Study Break	Greg McCord, Ippolito De Luca (Martial Arts Club), 3 local massage therapists	Martial Arts Club, Office of Strengths and Vocation	90
5/10/2011	Paws Awhile Study Break	Guide Dogs for the Blind and Therapy Assisted Pets	Community Organization	160
2/25-27/2011	Senior Women's Forum Retreat	Rebecca Carter, MA, IMF	Spiritual Development, Women's Studies	50
<b>Total</b>				<b>4219</b>

**Table 4 Peer Educator Trainings**

<b>PEER EDUCATOR TRAININGS</b>			
<b>Date</b>	<b>Topic</b>	<b>Presenter(s)</b>	<b>Peer Eds</b>
8/25/2010	Time Management	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
9/1/2010	Loneliness/Making Friends/Homesickness	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
9/8/2010	Suicide Prevention Week	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
9/15/2010	Balancing Nutrition and Exercise	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
9/22/2010	Substance Abuse (National Alcohol/Drug Addiction Recovery Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
9/29/2010	Flu Vaccinations/Cold/Flu and Making Room for Rest and Restoration	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
10/6/2010	Depression Screening (6, 7)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
10/13/2010	Breast/Testicular Cancer (National Breast Cancer Awareness Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
10/20/2010	Prescription/Non-prescription Meds (Talk About Prescriptions Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
10/27/2010	Blood Drive (28)/Dental Health (National Dental Hygiene Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
11/3/2010	Preventing Sexual Assault/Boundaries	Officer Surwilo, Ipollito De Luca, Tom Blamey	25
11/10/2010	Body Acceptance	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
11/17/2010	Smoking/Tobacco (Great American Smokeout, 18)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
12/1/2010	STD's-AIDS/HIV/HPV (World AIDS Day, 1)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
12/8/2010	Stress/Anxiety (Test Anxiety)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
1/12/2011	Sticking to your Goals (New Year's Resolutions)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
1/19/2011	Healthy Weight Week/Exercise/Nutrition	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
1/26/2011	Overcoming Obstacles	Greg McCord, MA, MDIV, LMFT	25
2/2/2011	Blood Drive/Auditory Health/Hearing Loss	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
2/9/2011	Grief and Loss	Rochelle Perper, Ph.D	25
2/16/2011	Healthy Dating Relationships	Dr. John Wu	25
2/23/2011	National Eating Disorders Awareness Week	Rebecca Bass, LMFT	25
3/2/2011	Alcohol/Substance Abuse	Melvin Lumagui, BS, RN (mlumagui1972@pointloma.edu)	25
3/16/2011	Caffeine and Sugar (National Nutrition Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
3/23/2011	National Water Day (22)	Alexandria Bennett	25



3/30/2011	Body Acceptance "I am real"	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
4/6/2011	Sexual Assault/Rape (Sexual Assault Awareness Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
4/13/2011	Humor (National Humor Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
4/27/2011	Stress/Anxiety (Stress Awareness Month)	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
5/4/2011	Transitions	Rebecca Carter, MA, IMFT & Greg McCord, MA, MDIV, LMFT	25
		Total	750

## WELLNESS WEDNESDAY OUTREACHES

Date	Topic	WW Table Visitors
8/25/2010	Time Management	149
9/1/2010	Loneliness/Making Friends/Homesickness	150
9/8/2010	Suicide Prevention Week	108
9/15/2010	Balancing Nutrition and Exercise	84
9/22/2010	Substance Abuse (National Alcohol/Drug Addiction Recovery Month)	99
9/29/2010	Flu Vaccinations/Cold/Flu and Making Room for Rest and Restoration	83
10/6/2010	Depression Screening (6, 7)	147
10/13/2010	Breast/Testicular Cancer (National Breast Cancer Awareness Month)	54
10/20/2010	Prescription/Non-prescription Meds (Talk About Prescriptions Month)	74
10/27/2010	Blood Drive (28)/Dental Health (National Dental Hygiene Month)	38
11/3/2010	Preventing Sexual Assault/Boundaries	78
11/10/2010	Body Acceptance	85
11/17/2010	Smoking/Tobacco (Great American Smokeout, 18)	63
12/1/2010	STD's-AIDS/HIV/HPV (World AIDS Day, 1)	131
12/8/2010	Stress/Anxiety (Test Anxiety)	85
1/12/2011	Sticking to your Goals (New Year's Resolutions)	79
1/19/2011	Healthy Weight Week/Exercise/Nutrition	67
1/26/2011	Overcoming Obstacles	67
2/2/2011	Blood Drive/Auditory Health/Hearing Loss	85
2/9/2011	Grief and Loss	133
2/16/2011	Healthy Dating Relationships	87
2/23/2011	National Eating Disorders Awareness Week	83
3/2/2011	Alcohol/Substance Abuse	118

3/16/2011	Caffeine and Sugar (National Nutrition Month)	65
3/23/2011	National Water Day (22)	109
3/30/2011	Body Acceptance "I am real"	93
4/6/2011	Sexual Assault/Rape (Sexual Assault Awareness Month)	58
4/13/2011	Humor (National Humor Month)	110
4/27/2011	Stress/Anxiety (Stress Awareness Month)	86
5/4/2011	Transitions	156
	<b>Total</b>	<b>2824</b>
	<b>GRAND TOTAL</b>	<b>14766</b>

## Appendix 1: Depression Screening Summary Statistics (Oct. 6-7, 2010)

Participants:	Number of Students	Percentage of Students
Total	133	100%
Male	45	34%
Female	88	66%

Year in School:	Number of Students	Percentage of Students
Freshmen	72	54%
Sophomore	21	16%
Junior	24	18%
Senior	16	12%
Other	0	0%

Race/Ethnicity:	Number of Students	Percentage of Students
African American	4	3%
American Indian	1	1%
Asian American	5	4%
Caucasian	102	79%
Hispanic	11	9%
Other	6	5%

Residence:	Number of Students	Percentage of Students
Live on campus	111	85%
Live off campus	20	15%

Previous Treatment For:	Number of Students	Percentage of Students
Depression	16	27%
Bipolar	0	0%
Anxiety	7	12%
PTSD	2	3%
Alcohol Abuse	4	7%
Chronic Pain	5	8%
Diabetes	4	7%
Drug Abuse	5	8%
Eating Disorder	9	15%
HIV	3	5%
Thyroid	4	7%
Ever Attempted Suicide?	Number of Students	Percentage of Students
Yes	3	2%

Over the past two weeks, how often have you thought about or wanted to commit suicide?

None/little	130	98%
Some	3	2%
Most	0	0%
All	0	0%

Depression:	Number of Students	Percentage of Students
Major depressive disorder is unlikely	102	77%
Major depressive disorder is likely	29	22%
Major depressive disorder is very likely	2	2%

Bi-Polar Disorder:	Number of Students	Percentage of Students
No indication for Bipolar Spectrum Disorder	129	97%
Student should be evaluated for Bipolar Spectrum Disorder	4	3%

Post Traumatic Stress Disorder (PTSD):	Number of Students	Percentage of Students
Symptoms not consistent with PTSD	110	83%
Symptoms may be consistent with PTSD	20	15%
Symptoms correspond to PTSD	3	2%

Generalized Anxiety Disorder (GAD):	Number of Students	Percentage of Students
Symptoms not suggestive of GAD	91	68%
Symptoms suggestive of GAD	42	32%

## **WELLNESS CENTER – MENTAL HEALTH / COUNSELING SERVICES**

### **Wellness Center**

**Gregory B. McCord M.A., M.Div, LMFT. – Lead Therapist**

**Therapists include: Gregory B. McCord M.A., M. Div, LMFT. – Lead Counselor, Monica Whitlock, PhD, IMF, - Counselor Rebecca Carter, MA, IMF, Jim Coil, MS, LMFT, EDD in progress, Kevin Fawcett, PhD – Psychological Assistant, Mark Karris, IMF, Hallie Herbert, LMFT, Paige Collins, MFT trainee, Alair Conner, IMF**

### **PURPOSE**

The purpose of the Wellness Center is to assist students in maintaining a high level of wellness so that they might achieve their academic goals.

### **PROGRAM DESCRIPTION**

Full-time Counselor in the Wellness Center; duties include supervising two interns, assessment, intervention, treatment, individual therapy, relationship counseling, premarital counseling, crisis intervention, student outreach, student academic advising, career counseling, dorm presentations, staff development presentations and lecturing. The goal of these services is to help students solve issues in their daily lives in order to meet academic requirements and excel in all phases of life.

The Wellness Center implements specific and developmental goals for students as outlined by Archer and Cooper “such as overcoming abuse and dysfunctional family experiences, avoiding unsafe sexual behavior, achieving wellness and general health, dealing with stress and depression, achieving academic success, setting career and life goals, developing self-esteem and identity, and developing integrity and morality (Archer, Cooper 1998). To this I would also add integration of faith and response to developmental intimacy. In addition, we pattern our interventions to help students think differently about their particular set of circumstances. “Thinking errors can create a vicious cycle of poor academic performance. One negative experience leads to a poor performance outcome and resulting thinking in more faulty thinking etc.” (Hirsch 2001). This is certainly the case with those students with emotional instability but all students are prone to this cycle when under pressure.

## **STUDENT DEVELOPMENT**

### **STUDENT FOCUSED OUTCOME DOMAINS**

#### **1. Retention**

Pursues and completes a degree at PLNU

#### **2. Engagement**

Develops a significant connection to relationships and participates in programs at PLNU which enhance personal development, facilitate learning, and result in retention

#### **3. Social / Emotional**

- d. Develops and maintains mutually rewarding relationships with friends and colleagues at PLNU
- e. Considers others' points of view and seeks involvement with others different from oneself
- f. Manages emotions in a manner which facilitates personal growth and relationships with others

#### **4. Physical**

Chooses behaviors and environments that promote health

#### **5. Spiritual**

- c. Grapples with and clarifies personal faith
- d. Experiences multiple relationships and opportunities in which Christian values are explicit

#### **6. Occupational/Career**

- e. Maintains or exceeds academic standards necessary to achieve a degree at PLNU
- f. Utilizes campus resources as part of career exploration
- g. Makes connection between classroom and co-curricular learning
- h. Develops skills to seek employment or advanced education beyond graduation

#### **7. Leadership**

- c. Serves in a leadership capacity in a student organization
- d. Develops a personal leadership philosophy and style that is consistent with a Wesleyan perspective of service to others

#### **8. Student Learning**

Participates in experiential programs such as student government, peer education, and resident advising, which facilitate experimentation, skill development, and multiple levels of learning

## AREAS OF IMPACT

The following rubric describes the programs offered in the Wellness Center, the linkages between student development outcomes, and type of assessment used to collect data.

<b><u>Program</u></b>	<b>Outcome Domain(s)</b>	<b>Type of Assessment Data</b>
Mental Health Clinical Services	1,2,3,4,5,6,8	Program Data Collection Survey of expectation Survey of Satisfaction Observations
Staff Training	1,2,3,4,5,6,8	Survey of expectation Survey of Satisfaction Observations
Classroom Presentations	1,2,3,4,5,6,8	Program Data Collection Survey of expectation Survey of Satisfaction Observations
Outreach Education	1,2,3,4,5,6,8	Program Data Collection Survey of expectation Survey of Satisfaction Observations
Wellness Wednesday	1,2,3,4,5,6,8	Observations Numerical Student Participation Data Survey of Satisfaction
Interviews	1,2,3,4,5,6,8	Observations

## MENTAL HEALTH CLINICAL SERVICES

### - SUMMARY OF PROGRAM IMPACT

### SUMMARY OF MENTAL HEALTH SERVICES (2010-2011)

#### HIGHLIGHTS:

- In the 2010-2011 academic calendar, the Wellness Center provided mental health services to 374 students and provided 1,734 counseling sessions. Please see Table 5: Counseling Sessions by Therapist, for details
- Group counseling: 64 group sessions were held and provided support to 624 students. Please see Table 6: Group Counseling Services (2010 – 2011) for details.
- Please see Table 7: Mental Health Service – Presenting Problem for details on the presenting issues for student seeking mental health services

### **Description of Services - Overview**

A goal in therapy is to help the student deal with issues in their lives, which may interfere with the goal of graduation. At times students are overwhelmed with events from their past or present, which interferes or impedes one or more aspects of their overall wellbeing. Events or issues may trigger a decline in their emotional health, relationships, community involvement and/or engagement in the classroom and academic functioning. By working through these issues the student is more able to focus in the classroom and achieve academic goals. On-site therapists provide both proactive and crisis oriented interventions during these difficult periods to help them develop the tools to resolve their presenting problem(s). An integral part of counseling is to help the student realize the importance of support and consequently develop or utilize their support system/resources. Therefore, students are encouraged to develop friendships and get involved with extra-curricular activities on campus. Involvement in various activities helps the student to engage with other students in the community and creates opportunities for friendships to develop. Students are encouraged to seek a balanced lifestyle. This includes striving for mental, emotional, relational, spiritual and physical health.

A goal in counseling is to introduce students to multiple methods to resolve problems they are encountering. Students may be encourage to first take a reliable inventory of their own family upbringing and to understand the systemic connections, which are unique to their family of origin and shaped their introduction to adulthood. It is helpful for students to take an objective approach to how certain patterns promote their growth or t impede them from achieving stated goals in therapy. This process creates a context for current behavior, which must be understood and modified in order to function in a healthy manner. This process occasionally requires that the student take the position of learner, which opens up dimensions of their personality not previously seen.

Students have a wonderful ability to interact with these growth points and then implement them and in some instances create lasting change. This safe, growing and learning experience helps them ask penetrating questions in a safe environment. This freedom helps them to explore uncharted territories within themselves.



Once insight is gained and a path is clear for the student, students may implement changes, explore cause and effect and determine what choices, thinking strategies or behaviors that work for them. Incremental growth is very encouraging to students as it is often accompanied by positive experiences in their mood, thoughts and behavior. This positive change is often a catalyst to improved relationships and an increased investment in their academic career.

### **MARRIAGE AND FAMILY THERAPISTS INTERN PROGRAM / SUPERVISION**

Greg McCord, MFT has coordinated the recruitment and supervision of Marriage and Family Therapist Interns. The program was initially developed by Maria Benavides, MFT in the 2004 – 2005 academic years. Greg McCord and Jim Coil now share in intern supervision by providing individual and group supervision to Rebecca Carter, Monica Whitlock, Mark Karris, Paige Collins, Alair Conner. Counseling services were also furnished by Hallie Herbert, MFT and Dr Kevin Fawcett (Psychological Assistant, under the supervision of Dr. Dan Jenkins and Dr. Kendra Oakes-Mueller.

The program has changed from the original concept of the intern counselors working closely with residential life to provide new outreach and direct services in the resident halls, to the interns meeting with students in the Wellness Center. By doing this, the program has expanded the counseling hours to include evenings, which may help accommodate the students' schedules, but we have had some difficulty with office availability.

It is very difficult to capture how much time is spent on the internship program. Time is spent in several areas: recruitment, supervision, case management, training and development, scheduling, monitoring adherence to Center policy and procedures, file review, consultation, etc. In addition, the intern supervisor and coordinator attends conference sessions related to supervision and training of interns, completes necessary forms for the Board of Behavioral Sciences, documents evaluations for the intern's university as needed, and actively recruits interns by participating in meetings with universities and professional meetings.

## **TRACKING AND CONTACT OF STUDENTS THAT ARE GRIEVING**

As we become aware of students that have recently had a family member or close friend die, the Wellness Center sends a note expressing condolences and offering our counseling services. We maintained a list of these students, and notified them when the grief group was forming. Students who are grieving have difficulties maintaining class attendance and academic performance. Individual and group therapy help support students during this distressing time. The coordination of this supportive outreach is provided by Jim Coil.

## **CASE MANAGEMENT OF STUDENTS WITH COMPLEX MENTAL HEALTH ISSUES**

As students are identified as having complex psychological problems that impair their academic success or interfere with their ability to live in a residence hall, they may have a contract with Student Development that requires ongoing treatment as a condition of continuing enrollment. Counselors and the Director of the Wellness Center act as case managers for these students, meeting with them weekly or as needed to ensure compliance with treatment and monitor progress and/or symptoms. Early detection of symptoms and encouragement to engage in ongoing treatment bolsters the opportunity for the student to be successful, or at a minimum, helps Student Development professionals be alerted to a developing situation.

Case Management involves active correspondence with the student's off-campus providers and parents to confirm that the student is following through with the referrals given, and to increase the provider's understanding of how the problem is impacting the student academically and socially. **It is important to note that the tables that reflect the counseling visits and outreach statistics do not reflect the hours of case management involved in these high acuity cases.**

In these situations, counselors work in collaboration with the Wellness Center Director Jim Coil and the Assistant Vice President of Student Development Dr. Jeffrey Carr to personalize plans for each student. Consultations with other student development professionals and professors are also conducted to facilitate the support offered to the student, and obtain feedback regarding the student's level of functioning.

### **STUDENT CARE GROUP OF STUDENT DEVELOPMENT**

A Student Care Team is staffed by Student Development Professionals and meets weekly as a safety net for students who are struggling and are at risk for leaving PLNU. In an article summarizing the multidisciplinary conference “Effective Interventions for Student Mental Health on Campus: Collaboration and Community” it was noted that:

*“Institutions are forming essential case management teams that regularly review students in need, trends, gaps in services.....Troubled students are place on this committee’s radar screens so that staff can coordinate treatment and put a safety net in place.”* (Carr, Action, pg. 8).

Currently the Director of the Wellness Center (Jim Coil) and a Wellness Center Counselor (Greg McCord) are active members of the Student Care Group.

### **CONTACTS WITH COMMUNITY HEALTH CARE PROVIDERS**

In order to be able to facilitate the referral of students to off campus resources, the Wellness Center maintains contacts with community urgent care centers, psychiatrists and psychotherapists to better understand the range of services offered, facilitate referrals, and prepare the student and family for insurance-related issues and the costs involved. Students who require off campus support are sometimes confused and frustrated by the logistics of finding and linking to providers. Parents who are not in San Diego County feel helpless in sorting out the options. In this way, students and families are supported through the difficult process of seeking off-campus treatment, thereby increasing the likelihood of follow-thru when a referral is given. Much of the effort to coordinate correspondence between off campus health care providers has been undertaken by Maria Benavides, Karen Windoffer, and Jim Coil.

### **WEB SITE WITH PROGRAM INFORMATION AND HEALTH LINKS**

The Wellness Center website is routinely reviewed to ensure that referral information and links are relevant and accurate.

### **CRISIS INTERVENTION IN RESIDENCE HALLS OR OTHER CAMPUS BUILDINGS**

Faculty, staff, parents, and students have contacted the Wellness Center when students are in crisis. If the student is unable to come into the Wellness Center, crisis intervention services are provided in the residence hall, professor’s office, or wherever the student is in need. Crisis

intervention addresses immediate safety issues, stabilization of the student, and assessment of risk, interventions and referrals as appropriate.

### **GROUP PSYCHOTHERAPY**

- Coordinating again with Dr. Kris Lambert, Faculty, School of Nursing and Larry Rankin, Faculty, and Associate Dean of the MSN Senior Nursing Professor, the Wellness Center facilitated seven 10-week long Personal Growth Groups were held for Seniors in the Nursing Program. (Monica Whitlock and Greg McCord facilitated the fourth and fifth groups.) Feedback from the Nursing Department and from the students was very favorable, and this program will be offered again next year.
- See Table 6 for a summary of group counseling services for the 2010-2011 year.

### **GROWTH AND DEVELOPMENT**

All counselors in the Wellness Center pursue licensure and subsequent certification as supervisors. The purpose of this goal is to recruit and supervise Marriage and Family Therapy Interns and Pre-Doctoral Psychological Interns. I have helped supervise the interns who served in the Wellness center this academic year. The long-term goal of this endeavor is to become a training site for developing counselors. Another goal of these intern positions is that they will receive a stipend for their services and accumulate hours towards licensure.

The predominant goal as a therapist working with students is the outcome of treatment for the good of the student. We are continuing to endeavor to create positive outcomes for our students. We want to know if our work is effective. Therefore, we are continuing to update and revise our method for this particular assessment. We are currently creating and testing both outcome (symptom reduction) and session evaluation (second order change) to help our work be at its most effective.

**Table 5: Counseling Sessions by Therapist**

<b>Therapist</b>	<b>Number of Counseling Sessions (Hours)</b>	<b>Number of Students Seen</b>	<b>Average number of sessions</b>
Greg McCord	386	81	4.76
Rebecca Carter	263	29	9.06
Monica Whitlock	411	56	7.33
Jim Coil**	116	37	3.13
Kevin Fawcett	237	41	5.78
Mark Karris	71	14	5.07
Hallie Herbert	66	12	5.5
Alair Conner	109	8	13.6
Paige Collins	75	17	4.41
<b>Total</b>	<b>1734</b>	<b>374</b>	<b>7.67</b>

**\*\* These numbers do not reflect crisis counseling hours provided by the Director of the Wellness Center or consultation hours provided to staff and/or faculty regarding students of concern.**

**Table 6: GROUP COUNSELING SERVICES 2010/2011 ACADEMIC YEAR**

<b>Therapist</b>	<b>Number Groups Facilitated</b>	<b>Number of Group Sessions</b>	<b>Number of Group Clients</b>
<b>Kevin Fawcett</b>	<b>3</b>	<b>24</b>	<b>192</b>
<b>Greg McCord</b>	<b>2</b>	<b>16</b>	<b>160</b>
<b>Monica Whitlock</b>	<b>2</b>	<b>16</b>	<b>192</b>
<b>Dr. Kris Lambert</b> <b>Judy Scott</b>	<b>1</b>	<b>8</b>	<b>80</b>
<b>Totals:</b>	<b>Total Groups Offered:</b> <b>8</b>	<b>Total Group Sessions:</b> <b>64</b>	<b>Total Group Clients:</b> <b>624</b>

<b>Table 7: 2010-2011 Mental Health Services by Presenting Problem (n = 1,734)</b>		
<b>Presenting Problem/Condition</b>	<b>Number of Visits</b>	<b>Percent</b>
Abuse - Emotional	73	4.2
Abuse – Sexual	71	4.1
Abuse - Spiritual	8	0.46
Academics	10	0.57
Addiction - Internet	2	0.11
Alcohol or Substance Abuse	22	1.27
Anger	12	0.69
Anxiety	303	17.47
Bipolar	9	0.52
College Adjustment / Homesickness	14	0.81
Compulsions/Compulsive Behavior	12	0.69
Crisis Intervention	26	1.50
Depression	156	9.0
Eating Issues	43	2.48
Grief / Loss	57	3.29
Loneliness	14	0.81
Physical Health / Pain -Chronic illness or Disease	5	0.29
Pregnancy	1	0.05
Premarital Counseling	41	2.36
PTSD	7	0.40
Referral Only	1	0.05
Relationships- Boyfriend/Girlfriend	152	8.76
Relationships - Family	101	5.82
Relationships- Friend/Roommate	18	1.04
Relationships-Other than Friend, Family, Roommate	5	.29
Self Concept / Self Esteem	55	3.17
Sexual Concerns	47	2.71
Sleep	4	0.23
Spiritual	1	0.05
Work Issues	1	0.05

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## **Appendix 2: PROFESSIONAL AFFILIATIONS IN COMMUNITY AND WITH OTHER COLLEGES AND UNIVERSITY**

Counselors maintain contact with other professionals via membership in professional organizations and attendance at meetings and conferences. This year counseling staff attended the following conferences:

- Organization of College Counseling Center Directors in Higher Education Conference (OCCDHE)
- American Association of Marriage and Family Therapists (AAMFT)
- California Association of Marriage and Family Therapists (CAMFT\_)
- Christian Association for Psychological Studies (CAPS)
- Legal Issues in Higher Education Conference (17<sup>th</sup> Annual – University of Vermont)
- National Center for Higher Education Risk Management (NCHERM)

### **PROGRAM RATIONALE:**

The literature is clear that student health, including mental health, is an important determinant of academic success.

*“Psychological health cannot be separated from a student’s physical health. Both are the responsibility of all colleges and universities that aim to educate ... young people.” (Kadison & DiGeronimo, pg. 158)*

*“Social and emotional adjustment difficulties were found to predict attrition as well as or better than academic adjustment difficulties...” (Sharkin, pg. 103)*

Sharkin (2004) summarizes research findings on the impact of personal problems and counseling on academic success and retention. He summarizes a study by Turner & Barry as follows:

*“...more than 60% of the students who received counseling, on average, reported that counseling was helpful in maintaining or improving their academic performance. Nearly half of the clients reported that counseling helped them in deciding to continue to be enrolled.”*

Other studies have shown that there has been a significant increase in the number of students with serious mental health issues within the last 5 years.

According to a 2002 ACHA survey of 29,230 students:

Within the last school year:

10.1% felt things were hopeless	11 or more times
27.4% felt overwhelmed by all s/he had to do	“
25.3% felt exhausted (not from physical activity)	“
14.6% felt very sad	“
7.1% felt so depressed that it was difficult to function	“

Specifically regarding depression, 11.7% responded “yes” to “Have you ever been diagnosed with depression?”

Of this 11.7%:

- 36.9% had been diagnosed within the last school year
- 24% were currently in therapy for depression
- 35% were taking medication for depression

(Kadison & DiGeronimo, pg. 240-241)

“The statistics, the news headlines, counseling center directors, and the students themselves all make it very clear that there is a crisis on our campuses. Depression, sleep disorder, substance abuse, anxiety disorders, eating disorders, impulsive behaviors (including sexual promiscuity and self-mutilation), and even suicide are no longer anomalies. They are a part of college life.” (Kadison & DiGeronimo, pg. 153)

In addition to the direct impact on students.....

“...mental health programs directly influence the reputation and the educational rankings of all colleges. Most specifically, they affect an institution’s retention and graduation rates, both very important to the health and vitality of a college community – and to the bottom line. These rates are touted as an indicator of student satisfaction and are considered by students and parents when choosing colleges, and they are used in the formulas that select the top-ranking colleges in the country.....” (Kadison & DiGeronimo, pg.162)

## **WELLNESS CENTER – HEALTH SERVICES**

**Karen Windoffer FNP, Rita Koett CFNP: Nurse Practitioners, Joseph Allen, MD:  
Consulting Physician**

### **HIGHLIGHT:**

- **Health Services resulted in a record of 3,078 direct patient visits. (See Table 8: Health Services for details.**
- **See Table 9: Health Services Visits – Based on Presenting Medical Issue - for details on the presenting health issue.**

### **PURPOSE**

The purpose of the Wellness Center is to assist students in maintaining a high level of wellness so that they might achieve their academic goals.

### **PROGRAM DESCRIPTION**

As mentioned in the mission statement, our goal is to enable students to achieve academic success and establish lifelong healthy living habits. Under the umbrella of the Wellness Center the primary focus of the Physical Health Services component is to promote healthy living, provide primary clinical care and identifying psychosocial issues that require further evaluation by Mental Health Services within the Wellness Center. “Stress and psychosomatic issues must always be distinguished from physical ailments” (Dorman & Christmas, 2002, p. 111).

Our general student population at PLNU is the traditional-aged undergraduate in whom going to college is usually their first attempt at independent living. Their primary reason for accessing the campus Health Services is for the acute symptoms of illness or injury, however many come with ongoing chronic health issues that may exacerbate while in school, or those who have health related questions. Many of their health concerns may seem routine, “but a high index of suspicion is essential when dealing with college students. Their lifestyles, their international travel, their tendency to not make personal health a priority, all predispose to unusual problems” (Dorman & Christmas, 2002, p. 111).

Comprised of two Nurse Practitioners and a consulting physician and a shared administrative assistant, Physical Health Services works collegially with Mental Health Services under the direction of the Wellness Center Director. The Wellness Center Director provides further

interdisciplinary connectedness with various college departments to optimize physical and educational outcomes for PLNU students.

## AREAS OF IMPACT

Program	Outcome Domain(s)	Type of Assessment Data
Physical Health Clinical Services	1, 2, 3, 4, 5, 8	Program Data Collection Survey of expectations Surveys of Satisfaction Observation
Outreach Education	1,2,3,4,5,7,8	Program data collection Survey of expectations Survey of satisfaction
Wellness Wednesday	1,2,3,4,5,6,8	Numerical Student Participation Data Survey of satisfaction
Intern/MSN Students	1,2,3,6,7,8	Evaluation Observation
Travel	1,2,3,4,5,6,7,8	Numerical Participation
Worker Compensation	3,4	HR Feedback
Public Health Issues	1,4,8	Compliance with standards
Interviews (Point, Class)	1,2,3,4,5,6,7,8	N/A
Public Health	1,4,8	Compliance with Community Standards
Depression Screening	1,2,3,4,5,6,8	Program Data Collection Interviews
Campus Activities	1,2,3,4,5,6,7,8	N/A

## SUMMARY OF PROGRAM IMPACT

The primary impact of Health Services is health promotion and disease prevention. “Nursing actions directed towards health promotion include teaching, counseling, and motivating people to develop lifestyles that include the avoidance of risky behavior and good habits of self care” (Butler, 2002, p. 147). *Healthy People 2010: Understanding and Improving Health*, identifies six priority health-risk behavior areas for college and university students: injuries, tobacco use, alcohol and illicit drug use, sexual behavior resulting in undesirable consequences, poor dietary habits, and inadequate physical activity. Opportunities for health education exist when the student accesses our facility and when we participate in various educational forums on campus.

Acute health problems managed by the Nurse Practitioner at our Wellness Center include but are not limited to infectious disease such as respiratory, ears/nose/throat, gastrointestinal, urologic, musculoskeletal conditions, trauma, skin infections, headaches, dermatological complaints; occasionally more serious medical conditions such as appendicitis, pneumothorax, or viral meningitis. One of the more common chronic health complaints of students presenting in Health Services is fatigue. It is rare that a physical cause can be found either on physical exam or by laboratory testing; however, anemia, hypothyroidism, or other metabolic derangements need to be considered (Dorman & Christmas, 2002). Depression is considered when these diagnoses are excluded.

For those students with health problems not responding to our preliminary plan of care or who present with physical symptoms that require more in depth assessment we refer to a network of medical providers/specialists within the community. Referrals are made at times in collaboration with our supervising physician or independently. Health insurance issues are taken into consideration and the student at times is assisted in accessing appropriate medical network systems.

Utilizing a focused history, physical assessment for the system(s) associated with the chief complaint the Nurse Practitioner formulates a plan of care based on developed process protocols. Atypical illness presentations, or those not responding as expected to therapy, are referred to appropriate health care providers for more thorough evaluations. Dorman and Christmas (2002) recognize that “two major challenges exist in dealing with the student: first, differentiating the significant illness from the minor one; and, second, explaining to them why viral infections do not need antibiotic treatment” (p. 108).

A component of all student-Nurse Practitioner interaction is education. It is essential to the college community to educate students regarding health. Optimal health outcomes are crucial to achieving the educational goals of the college system itself. Self-Care Theory by Dorothy Orem states that the individual be responsible for their health and only when unable to perform these tasks should the health care provider intervene (Butler, 2002). Providing students with knowledge about their health complaints, how to care for themselves, and when to seek medical

assistance empowers the student. Encouraging students to dialogue to gain understanding of their health concern is essential as they themselves become consumers of health care in the community.

Providing physical exams for school related work and travel is another service students can access. Many travel abroad programs require health screening before acceptance into the program. Other students who may be traveling abroad during holiday can discuss their travel medication requirements with a Nurse Practitioner at Health Services who will provide necessary medication if appropriate. Coordination with university travel groups in providing travel medications have also been addressed by the Health Services. Skin testing for tuberculosis and recommended immunizations are both available through the Wellness Center.

Physical Health Services medical providers also participate in higher education programs such as Clinical Nurse Specialist MSN program here at PLNU and Nurse Practitioner MSN program at University of San Diego. Both these programs have utilized the Wellness Center Health Services as clinical rotation sites. This past academic year due to changes in staffing, we were only able to accommodate the MSN program here at PLNU for preceptorship.

The Wellness Center Health Services also provides first-aide care to employees of PLNU who are injured while working. Certain medications can be dispensed from our medication supplies for these employees.

Over the last 2010-2011 academic year we have re-addressed our Nurse Practitioner Protocols and developed a new format of Process Protocols that has been utilized more effectively as we continue to address the ever changing standards of care within medical practice. Specific protocols have been developed in collaboration with our supervising physician and counseling services to address and more effectively manage students who present with mental health issues who may require a thorough physical assessment including laboratory studies in order to rule out metabolic disorders and to consider implementation of pharmacotherapy. We have also worked collaboratively with our Administrative Assistant to update the Health History Form '08-'09 for

incoming students and to add web access for the Consent for Treatment of a Minor forms to be included in registration paperwork when appropriate.

Regarding students accessing health services during the academic year, there have been close to three thousand nurse practitioner contacts with students here in the Wellness Center. Although a very similar number from last year's statistics, it may be attributable to limiting entered data to specifically health related visits. It came to our attention at the end of fall semester that any student, who entered the Wellness Center for any type of information, completed the half sheet intake form which was then entered into our database called the Health Visits Journal. Having increased Nurse Practitioner coverage on Monday and Tuesday mornings has improved student access, follow-up of medical concerns and allowed for opportunity for increased education. It has also decreased the number of hours Nurse Practitioners remained in the Wellness Center to complete work activities over their normal working hours. Implementing scheduled afternoon appointments continues to improve access to health services and improve student satisfaction. Morning access to Wellness Center health services has increased since this is the designated time for immunizations, tuberculosis skin testing to this time frame in addition to our walk-in services.

We have again collaborated with our administrative assistant to modify Health History forms and vaccination requirements for our incoming students. In conjunction with Spiritual Development and our administrative assistant we researched and developed a plan to provide immunizations, travel medications and health education to many of the students participating in the 2011 LoveWorks overseas missions trips.

It is our goal to continue to address the needs of Point Loma Nazarene University and its students as our university mission statement declares, "to teach, to shape and to send."

**Table 8: Total Wellness Center Services: Health Services 2010-2011**

<b>Health Services – Total Visits for 2010-2011 Academic Year</b>	
Total Medical / Health Services – Patient Visits	3,078



<b>Table 9: 20010-2011 Health Services Visits by Presenting Problem (n = 3,078)</b>		
<b>Presenting Problem/Condition</b>	<b>Number of Visits</b>	<b>Percent</b>
Allergic (Reaction)	8	0.26
Assessment / Rx	3	0.1
Cardiovascular	31	1
Dental	18	.58
Dermatology	313	10.17
ENT (Ear, Nose & Throat)	757	24.59
Endocrine	28	0.9
Gastrointestinal (GI)	52	1.69
Gynecology	38	1.23
Hematological	0	0
Infections Disease	1	.03
Laboratory/ Lab Work	14	.45
LoveWorks	67	2.18
Muscular (Injury or Pain)	18	.58
Neurological	37	1.2
Ophthalmological	77	2.5
Orthopedic	130	4.22
Psychological	28	0.9
Physicals	39	1.27
Respiratory	309	10.04
Referrals	4	0.13
Trauma	179	5.82
Urological	52	1.69
Vascular	0	0
Well Visit / Follow up	872	28.33
Workers Compensation	3	0.1
	<b>TOTAL Health Service Visits</b>	<b>3,078</b>



## **WELLNESS CENTER – ACHIEVEMENTS & PROFESSIONAL GROWTH 2010-2011**

1. Reviewed of severity of mental health issues and trends within higher education.
2. Assisted Residential Life in providing alcohol and substance abuse screening and evaluations.
3. Reviewed and formalize evaluation and plan for students with potential suicide risk.
4. Reviewed and developed quality assurance plan for all health records
5. Implemented outcome evaluation tool for mental health visits.
6. Updated Nurse Practitioner Process Protocols.
7. Developed clear guidelines for travel accommodations for physical health visits.
8. Implemented and improved LoveWorks travel medication protocol.
9. Developed counseling wait list procedures, screening and triage materials.
10. Refined contract and referral systems.
11. Visit mental health agencies to establish community ties and establish network to assist in the hospitalization of students at risk. Encourage SD to put outcome survey on line for students.
12. Implemented counselor satisfaction surveys.
13. Refined method to assure timely payment for consulting physician.

### **Professional Growth for 2011-2012 will include the following:**

1. Evaluation and extension of MFT intern program. Recruitment of four MFT interns to increase counseling services and hours of operation.
2. Continuation of methods of quality control evaluations.
3. Revise Counseling Manual.
4. Implement counseling chart review and audit procedures.
5. Evaluate electronic medical record software that will improve documentation and record accurate utilization of health services and counseling services – utilizing and electronic database and templates for record keeping, charting, storage/archives.
6. Develop memorandums of understanding with local hospitals requiring them to inform the university of students admitted to their facility.
7. Increase outreach programming by collaboration with the Department of Spiritual Development.

8. Assist the Department of Residential Life and Student Development in developing a preventative and proactive means to reduce underage drinking by students.
9. Assist the Department of Student Development in developing an alcohol and substance abuse policy and curriculum for those identified as first time offenders and those who present with at-risk substance abuse and related behavior.

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