

Proposed Building Will Boost Education and Human Services at USU | CEHS

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Three years ago, Areon wanted a job, but she wasn't sure she could ever keep one. "I have high functioning autism," she said. "While I have a good brain on me, I'm not very good socially, and I have anxiety."

Sara Menlove Doutre had a very different background: a degree in special education, a master's in education policy studies, a family. But her family experienced some added stress when her daughter, Daisy, lost her hearing at age two.

Both Sara and Areon were able to receive services through the Emma Eccles Jones College of Education and Human Services at Utah State University—and those services came from specialists in more than one field. But Doutre wondered if her experience was just a small taste of what is possible.

Jared Schultz, associate dean of clinical education and community outreach, had the same thought. What would happen if professionals from many disciplines came together, not just to address one problem, but to help the people they serve enjoy a better, more well-rounded quality of life? And what if the graduate students who worked under that hands-on model carried those leadership experiences with them into their fields?

That vision—shared by Dean Beth Foley, USU President Stan Albrecht, and other USU leaders—began taking on a solid shape. The Center for Clinical Excellence will be a 100,000 square foot facility where many of the college's clinics could operate under the same roof. Professionals and trainees could collaborate in instances where more than one service is needed.

Sara Doutre is lending her perspective as one of the center's board members.

The project is now a top priority for Utah State University and the Utah Board of Regents. Fundraising is currently underway.

Aggies Elevated is the regions' first residential college program for students with intellectual disabilities. It is one of many programs that will be housed in the new building.

They will also build on ideas that are already changing lives. "Our vision for the new Center is far-reaching," said Beth Foley, the college's dean. "It will enable us to offer comprehensive clinical services across the entire lifespan, with specific outreach to individuals and families living in rural and remote areas in Utah and those who are low-income or uninsured. We are building something that will have a profound impact on our region for generations to come."

Areon

When Areon [last name withheld] came to the Employability Clinic, Maria Lewis was its coordinator. Areon wanted a job, but going to the Employability Clinic in hopes of getting one meant talking to a lot of people she didn't know. She was a little scared.

She wasn't the only one.

"Nothing is as intimidating as working with a real person," Lewis said. When she met Areon, Lewis was a graduate student. Her experience in the clinic showed her the difference between reading case studies and working with real human beings. "There is no replacement for being given the opportunity and freedom to work directly with a person who needs it," she said. (She is now a PhD student, a therapist and a research director.)

Areon and the clinic's staff began working together. With their help, Areon went through the process of learning her strengths and skills. She wanted to work in a bakery. Eventually she was placed in two internships with local businesses.

It was the beginning of a long learning experience. How should she accept a gift? How honest should she be when others asked her how she was doing? How could she know if the compliments she received were given sincerely, or if they were condescending? How should she deal with customers?

"I wasn't sure how to do it," she said. "How do you interact with someone you're not supposed to be rude to, even if they're rude to you?"

She worried a lot if she made a mistake. She was afraid of being dismissed if she dropped a roll on the floor.

At one point she asked Maria why they were even trying.

But good things happened, too. Areon lost 35 pounds on her own, just by eating better and walking more. She discovered she could make it on time to an internship that started at 5:30 a.m. She found out she could work with men.

"It wasn't nearly as stressful as I thought it would be," she said. At high school she had a hard time getting along with young men, but the working world was better.

And then a paying job became available at the Crepery in Logan. "We were so happy," Areon said. "Especially with what the economy is like right now."

"Her first paycheck is something I'll never forget," said Lewis. "She was so excited."

In the beginning, Areon was pretty dependent on Lewis and Tracy Woolstenhulme, Lewis's supervisor. "It was my first job, and I didn't want to blow it," Areon said. She started out meeting with Employment Clinic representatives once a week, but that's not necessary anymore. She just calls the clinic if she needs to talk.

The progress has continued. Areon handles her own transportation arrangements, taking the bus to work. She enjoys interacting with her co-workers.

"I feel great about the accomplishments I've managed to make," Areon said. She likes the job, too. "The people are nice and I get to interact with my actual manager instead of a computer. ... Nobody's ever been mean to me."

Areon had a team of people supporting her, on campus and off, and they say her progress has been delightful to watch. The experience of the graduate students who worked at the employment clinic went far beyond one person, though.

"Very often we were given the cases that others had given up on," Lewis said, "but our success rate was pretty high." Watching the people who came to the clinic, she gained a new perspective. She saw what life was like for people who had been given up on.

"Those are the experiences that I pull from now, that other people that I work with haven't had," she said.

The clinic brought in graduate student trainees from the special education, rehabilitation and psychology fields. It offered some valuable experience to Kristin Houck, another former staff member who worked with Areon and who is now a behaviorist in Indiana. It "It's a

multidisciplinary approach. Everybody had a different idea when they came to the table.

That approach could benefit so much more than one clinic, or even an entire center on one campus. "We need to have those conversations," said Schultz, the associate dean. "We need them not only for clinical services, but also to build the fields we are working in."

Schultz said the employability clinic--and several other clinics that operate out of the College--have built in some family supports. Still, he said, a lot more could be done, especially once the Marriage and Family Therapy Clinic from the Family, Consumer, and Human Development Department is brought under the same roof. "That's the very reason we're trying to get this pulled together and more integrated," he said. "The new Center for Clinical Excellence will positively impact our research programs," said USU President Stan Albrecht. "It will improve student learning and mentoring experiences, and our ability to fulfill our broader institutional mission of serving those in need throughout the state."

Research will be another component of the Center for Clinical Excellence.

Sara

Family support is especially important to Sara, whose family felt some strain when they were looking for solutions for her daughter Daisy. Their daughter was born with cytomegalovirus, a common virus that usually doesn't cause symptoms, but which can affect babies in utero and throughout their early development. It is the leading cause of non-genetic hearing loss, and it was the reason Daisy lost her hearing at age two.

The family moved to Logan to be closer to Sound Beginnings at USU, and services began there. But Daisy wasn't progressing in her speech as much as they'd expected, and they began wondering if the virus had caused some additional changes to her brain.

Sound Beginnings connected the family to services offered through the psychology department, and to other services offered through the Center for Persons with Disabilities. They began looking into cognitive assessments, occupational therapy, family support. Sara received help in this search for services, but she also knew where to look for it.

"For other families who don't know what's available, I don't know if they would know to ask the same questions," she said.

When it came to family stress, though, Sara was on the same roller coaster as other parents of children with disabilities. "There are just so many added things," she said. She grieved for the normal life she'd expected to have. She wondered if her daughter would enjoy the rites of passage that typically-developing children do, like prom, a healthy social life, dating.

Sara's time filled up with appointments. She felt the pressure of knowing that so much of her daughter's progress depended on her own involvement as a parent. She knew how important it was to be involved, but it was harder to figure out when to step back and take a breather.

Other family members felt neglected. When it was time for Daisy to have an operation, her three-and-a-half-year-old brother started crying. "When's it my turn to have surgery?" he asked.

It got better. They found some family support. "We're still looking for answers," Sara said. "We have a lot of new ideas and new approaches. Before I felt like we were at a dead end."

Their journey isn't over, but at least Sara feels like she knows where to look. She hopes that the search will be easier for other families in the future. And she's convinced that more collaboration between fields would help.

"When I think about what's in the college, like psychology and family development, I think there are things that would apply," she said. "Some things are great... seeing that cooperation happen just between audiology and preschool, it's a small glimpse of what it could be if it were the full spectrum. But to me it's just a start."