

University Counseling Services

Annual Report

June 2011 – May 2012

Compiled by

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2011/12 ACTIVITY DETAIL

Direct Counseling Service

UCS provided face-to-face counseling services to 603 students this year, which represents 10% of the student body (using Fall 2011 Total headcount which includes part-time students). This number only includes students who officially completed a screening and does not include any direct services provided like crisis intervention, outreach services or consultation for students who did not complete a screening. This was the highest number of individual students served in one year in the history of UCS, which opened in 1992 and represents a 1% increase from last year's total.

Totals - individuals served

YEAR	Individuals
2011/12	603
2010/11	597
2009/10	529
2008/09	505
2007/08	515
2006/07*	433
2005/06	416
2004/05	370
2003/04	335
Ave. (1992-2012)	379
% change (1 yr)	1%
% change (Ave)	59%

*To assist in completing the annual report, UCS transitioned into a June 1st-May 31st reporting year in 2006/07. Therefore 2006/07 is actually only an 11 month year going from July 1st-May 31st.

Individual, Couples and Group Sessions

While the number of individuals served and session average stayed about the same, the session average decreased slightly.

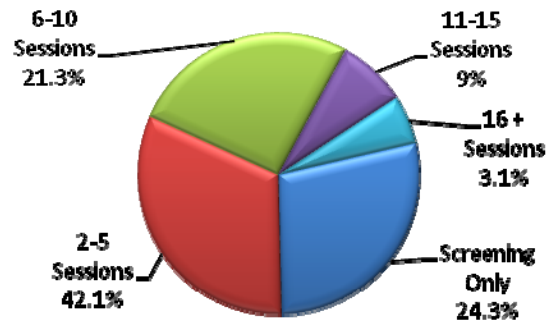
Counseling clients & number of sessions

YEAR	Individuals	Sessions	Session avg.
2011/12	603	3356	5.07
2010/11	597	3361	5.35
2009/10	529	3505	5.57
2008/09	505	3722	6.46
2007/08	515	4126	6.49
2006/07	433	3022	6.36
1 yr change	1%	-0.001%	-5%

Groups In 2011/12, UCS conducted 1 general counseling group, 1 body image group and 1 mood management group.

Usage data. The graph below summarizes the range of counseling sessions individuals attended. In keeping with our time-limited model of service delivery, the average number of counseling visits (including screening) per student was 5.07, and **approximately 87.7% of clients were seen for 10 or fewer sessions.**

Session Utilization



Crisis Services

The staff of UCS strive to be available for students and those who support students in times of personal crisis. **UCS provides 24/7 coverage during the fall and spring semesters. In 2011/12, there were 37 after-hours crisis contacts provided to 35 individual students.** UCS also provided 38 day time crisis contacts to 35 individuals.

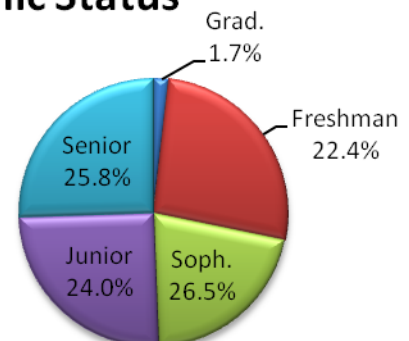
Type of Crisis	Number
Suicidal ideation/gesture	27
Emotional distress	40
Suicide attempt	3
Panic attack	4
Self-injury	1

Client Demographics

Gender. In 2011/12, 29% of our clients identified as male, 71% as female, 0.2% as transgender.

Year in school. The percentage of Freshman increased last year. The percentage of students in each year in school is in the chart below:

Academic Status





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Please Note: the following demographic information applies to the 435 UCS clients receiving an intake or more and not clients receiving a screening only.

Minority/International. The percentage of clients identifying as minority was 14.1%. The percentage of international students in 2011/12 was 6.4%. Clients reported 19 different countries of origin.

Sexual Orientation. Of those that utilized our service beyond screening, 13.3% reported their sexual orientation as Gay, Lesbian, Bisexual or Questioning.

Relationship Status. Approximately 31.9% of the clients at UCS reported that they were in a serious dating, committed relationship, civil union or married.

Extracurricular Activity. 28.5% reported either no or occasional activities, 25.7% reported one regularly attended activity, 27.1% reported two regularly attended activities, and 18.1% participated in 3 or more regularly attended activities. In regards to intercollegiate athletics, 6.9% of our clients were athletes.

Emotional Support. When asked if they get the emotional help and support from their family, 23.7% strongly or somewhat disagreed, 14.4% were neutral and 61.7% somewhat or strongly agreed. When asked if they get the emotional support from their friends and acquaintances, 15.1% strongly or somewhat disagreed, 14.4% were neutral and 70.5% somewhat or strongly agreed.

Financial Situation. When asked to describe their financial situation, 30% described their current financial situation as always or often stressful, and 19.1% described their financial situation growing up as always or often stressful.

Majors. Students from 31 majors utilized counseling. The majors with the highest utilization rates are listed below.

- 1) Psychology 12.2%
- 2) English 11.3%
- 3) Biology 8.7%
- 4) Communications 6%
- 5) Exercise Science 5.3%
- 6) Health Science 4.4%

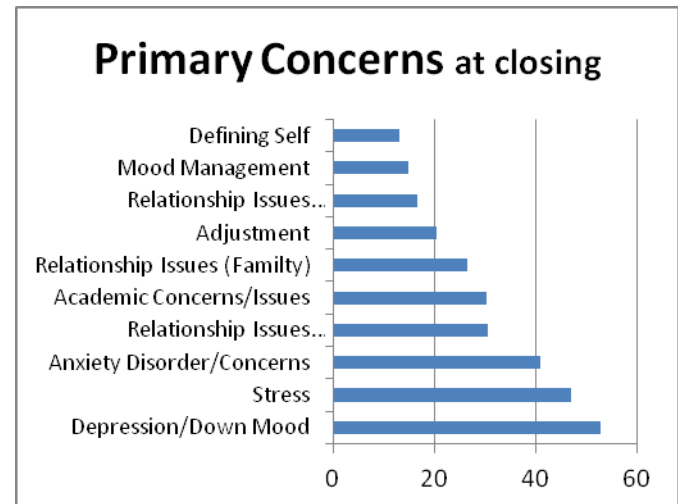
Client Concerns

National trends suggest that more students are coming to college with a history of counseling/mental health treatment, and the types of issues they bring with them are serious in nature. Local data that speak to these trends include:

- Prior to starting counseling, 39.9% of our clients reported that they had at one time taken medication for a psychological issue, 8% had at some point been hospitalized for a mental health issue, and 10.4% reported attempting suicide.
- Slightly more than half of our clients reported receiving counseling before receiving services this past year (56.9%).

- In regards to severity of issues, 22% reported recent thoughts of harming/killing themselves, and 2% reported recent thoughts of harming/killing someone else during the screening appointment.

The following graph displays the top nine categories of issues that the clinicians at UCS determined were addressed in counseling after counseling was complete. The list contains both developmental issues and common mental-health problems. These are not mutually exclusive categories (i.e., students can and often are represented in more than one category). The following reflects the percentage of clients that utilized UCS services with that issue.



Assessment/Quality improvement

There are a number of ways in which we evaluate both the quality and effectiveness of counseling services including assessments, counselor evaluation of functioning, and client satisfaction surveys.

Client Satisfaction

Again this year we obtained feedback after the screening and again at the end of counseling. UCS tries to be very responsive to client issues and is constantly looking for ways to improve our service.

Screening Evaluation. Every client who went through the screening process was sent the on-line evaluation and a total of 196 completing the evaluation (34% return rate). What we found out through the evaluation after the screening was that **59.0% of clients had reservations/fears about coming to UCS, with the main three reasons being "generally scared/nervous about going to counseling" (80.7%), "thought that your problems were not serious enough to seek professional help/Didn't want to bother UCS" (53.5%), and "not**



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wanting others to know” (58.8%). When the client had prior contact with a UCS staff member (e.g., lecture, extracurricular activity), **most reported that it made them feel either more comfortable (65%) or had no impact (34%) on coming in to UCS.** After the screening **28.57% of clients left the appointment feeling like they should have said something to give us a more comprehensive idea of the issues with which you are struggling.**

The table below summarizes feedback we received about UCS and the screening process (1=Strongly Disagree, 5=Strongly Agree).

Counselor ratings

Item	Rating (1-5)
Respect and courtesy from front office	4.87
Professional and confidential front office	4.88
Screening scheduled in reasonable time	4.58
Felt that UCS was confidential and safe	4.79
Able to examine main issues	4.53
Felt rushed in screening*	1.88

*Reversed scored

Narrative comments were also quite positive overall. In our screening evaluation surveys we asked for feedback on “some things that your screening appointment counselor did to make your screening go well”. A few representative examples are listed below for the positive aspects of the counseling experience:

- “The counselor was attentive and welcoming.”
- “He was supportive and understanding. He made me feel very comfortable and seemed to ask me all the right questions.”
- “She listened, she congratulated me for taking this step, made me feel good about coming to seek counseling, made it feel like a good, safe environment to talk about the things I wanted to talk about.”
- “He really seemed to understand what I was going through. I could tell he had a lot of knowledge regarding the matter and that was reassuring.”

Most of the feedback we received when we asked “what are some things your screening appointment counselor could have done to make the screening go better or did that were bothersome” were versions of “nothing” or “did a great job.” The two main common criticisms were related to wanting to be asked more questions and wanting the screening appointment to be longer or feeling rushed. Even though there were several comments about the brevity of the screening, only 2% responded Strongly Agree and 9% responded Agree to the item “I felt rushed in my Screening Appointment.”

Counseling Evaluation. At the end of counseling, we ask the client to complete an anonymous satisfaction survey that is e-mailed once their case file is closed. This year we received 88 completed surveys (21%

return rate). Results indicated that clients were satisfied with the counseling they received.

The table below summarizes several UCS and counselor characteristics that were rated by clients (1=Strongly Disagree, 5=Strongly Agree).

Counselor ratings

Item	Rating (1-5)
Helped me achieve my goals	3.93
Felt comfortable with my counselor	4.27
Worked within my worldview	4.24
Safe environment that was confidential	4.72
Counselor was professional	4.60
Counselor was supportive	4.59
Counselor was flexible	4.32
Counselor was collaborative	4.40
Counselor was caring	4.63
Satisfied with services I received	4.17
Would recommend counselor to others	4.24
Would recommend UCS to others	4.59
Would use counselor again	4.25
Would use UCS again	4.57

Narrative comments overall were quite positive. In our satisfaction surveys we ask for feedback on “the positive aspects of your counselor and/or UCS from your perspective”. A few representative examples are listed below for the positive aspects of the counseling experience:

- “UCS really helped me get a positive view on counseling after I had a bad experience when I was younger with counseling.”
- “Jane really helped me turn things around here. I’m finally happy at Truman!”
- “Stacy showed true interest in what I trusted her with and ensured me that she is willing to help in any way possible.”
- “Joe was super easy to talk to and really got to know me in the times that I visited UCS. I would recommend him to anyone who needed help.”
- “Phil is awesome. With his help, I honestly think I’ll finish my academic career here at Truman.”

In regards to feedback we received for ways to improve the services at UCS, several of the comments were similar to “none” or “I don’t have anything negative to say.” The following are a few representative examples of what we received when we asked for feedback on “the negative aspects of your counselor and/or UCS from your perspective”:

- “hard to schedule sometimes (I know this is a problem in general UCS is having)
- “I wish that you weren’t so busy!”
- “At times I was a little lost as to what I should be doing on my own time to help myself.”



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Student Retention

While we haven't extensively researched counseling impacting retention at Truman, **60% of clients responding to our satisfaction survey after completing counseling either agreed or strongly agreed that "my counseling experience at UCS helped me (directly or indirectly) make progress towards my educational goals" and 68% of clients responded either agree or strongly agree that "my counseling experience at UCS has added to my positive feelings about being at Truman. In addition, 53.4% were neutral, agreed, or strongly agreed that "I have considered leaving Truman before completing my degree." And 41.6% were neutral and coincidentally 41.6% agreed or strongly agreed that "counseling has helped me stay at Truman."**

Outreach and Training Services

An important part of our mission is to provide prevention programming and consultation services to the University community. It is critical to the mission of UCS that we are seen as more than just a direct counseling service and can be seen as a valuable resource to assist in the education of our students about a wide variety of mental health issues and to be a resource to faculty, staff, students, parents and community members.

Outreach presentations serve the important function of providing preventative information to the greater community, informing students about the availability of our services, and reducing stigma for those in need of our services.

Outreach statistics

Year	Programs	Attendance	Hours
2011/12	208	7706	200.3
2010/11	257	9158	263.8
2009/10	359	10632	395.7
2008/09	330	10810	346.1
2007/08	225	8097	252.8
2006/07	281	8282	303.6
2005/06	245	8732	288
2004/05	167	6324	206.5
2003/04	178	6223	267

In 2010/11 UCS participated in 208 programs/ presentations to groups outside of UCS including classes, residence halls, student organizations, academic departments, parents and community organizations. Total attendance at these programs was 7706 individuals. Presentation topics included (but not limited to):

- Relationships
- Eating Disorders
- Stress Management
- Emotional Wellness

Choices: For the twentieth consecutive year, the Choices program was presented to the entire freshmen

entering class and new transfer students. Overall the program received positive feedback once again. The following table summarizes evaluation data collected from the 548 students who responded to the survey:

Item	% responding very much or somewhat
Did you like the <u>Choices</u> presentation during Truman Week?	88%
Did the <u>Choices</u> presentation make you think about common college issues?	83%
Do you think the <u>Choices</u> presentation will impact your decisions, behaviors and/or opinions on common college issues?	44%
Did the follow-up group discussion after the <u>Choices</u> presentation with your residence hall help you feel that individuals will support your transition to life at Truman?	76%
Overall, did you find CHOICES and the follow-up discussion useful in your transition to Truman?	67%

Training

As part of our outreach efforts, UCS staff regularly engage in training activities. **In 2011/12 we provided over 30 hours of training to the Residence Life staff** including training on how to manage and refer students in crisis.

Mental Health First Aid Two members of the UCS staff are certified Mental Health First Aid instructors and trained 30 Truman staff members.

QPR. Four members of the UCS staff are certified Question, Persuade, Refer Gatekeeper Instructors. During 2011/12, we were able to train 253 members of the Truman community on how to use this potentially life-saving technique.

Safe Zone. 42 individuals were trained on how to create a safe environment for GLBT students on campus. assisted Joe Hamilton to coordinate the trainings as the Safe Zone intern.

Safe & Strong: Bystander Intervention Training. 188 students participated in the prevention training.

Campus Collaborations

Healthy working relationships with other campus departments and services are critical to effectively serving the campus community. **One of our most important collaborative relationships exists with the Student Health Center (SHC).** In 2011/12, the staffs of both UCS and SHC continued to meet on a monthly basis to coordinate treatment and information on clients who had provided us with written permission to release information between the two offices.

We also had representation on the Students of Concern (SOC) Committee. Our intention is to consult in a multi-



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disciplinary fashion regarding student behavioral issues that arise in any context, and to share information and expertise that could facilitate early and effective intervention to increase the probability of student success.

We also continued this year to maintain connections with Residence Life staff. UCS staff attended regular meetings with Residence Life professional staff. **Another major component of our campus collaboration is with Missouri's Partners in Prevention (MoPIP) efforts here at Truman.** Joe Hamilton was the primary contact with MoPIP in 2011/12.

We continued our collaboration with the Women's Resource Center with Jane Maxwell serving as their advisor.

Phil Jorn assisted in a research project with Dr. Shaffer and his research students in the **Psychology Department** on biofeedback.

Campus Event Participation

Maintaining an active presence at campus events is another way we regularly advertise our services and decrease the stigma of associated with UCS and counseling. This year we set up our display table and had staff available to talk and share informational materials at Summer Orientation, Showcase events and at all of the screening/awareness days that UCS sponsors.

Off-Campus Collaborations

UCS continued to serve on the **Adair County Mental Health Board** and attend monthly meetings.

Brenda Higgins and Joe Hamilton participated in the **Missouri Suicide Prevention Planning Group**. This involves providing input for a statewide SAMSA grant.

Our office has been involved with the **Center for Collegiate Mental Health** since its inception. We have been providing this national study of college and university counseling center clients data throughout the year.

Online Services

Website. Just over half (52%) of the students that filled out the screening survey said that they had visited the UCS website prior to their appointment to get more information. Our goal is to continue to make revisions to make it more user-friendly, informative and current.

Screening for Mental Health. A feature of the UCS website allows our students to take anonymous mental health screenings for common mental health issues. It allows Truman students to find out via a reliable website if they are experiencing significant symptoms for

depression, generalized anxiety, Post-Traumatic Stress disorder, Bi-Polar, Alcohol and eating disorders. Students regularly report at the screening appointment that they have taken the screenings online.

Type of Screening	# of Students
Depression	152
Generalized Anxiety Disorder	114
Bipolar Disorder	63
Eating Disorders	31
Alcohol	13
Posttraumatic Stress Disorder	22

Social Networking Sites. We continued to use Facebook as a way to keep counseling information available to the campus and advertise our programming. As of the writing of this report Truman Counseling has 506 active "friends". Approximately 8.9% of the screening survey respondents said that they had visited our Facebook page and/or Twitter site prior to their appointment.

Student Health 101 Magazine. Beginning in the fall of 2009, Truman subscribed to Student Health 101, an online health and wellness magazine for college students. UCS remained the primary Truman contact to manage and produce custom pages and videos for the magazine during 2011/12. Truman student Jenny Zweifel was the Student Health 101 Intern. Usage increased each month compared to last year.

Usage report 2011/12

Issue	Total pages read	Unique Sessions	Mobile Sessions
Orientation	21,114	2,722	36
September	9,802	1,389	141
October	21,512	1,967	154
November	11,848	1,144	114
December	8,378	814	75
January	8,845	860	77
February	9,790	842	110
March	8,204	678	86
April	10,962	918	72
May	8,862	690	72

Counseling Services Staff

University/Community Service. In addition to their regular duties, professional staff participated in the life of the campus and community as well, **devoting countless hours of combined time serving on various committees and providing service to, and participating in, functions that support the general university mission.**

- Sarah Carey – Advisor to a Sigma Chi Delta sorority.
- Joe Hamilton – Member of Adair County Mental Health Board; Missouri's Suicide Prevention Planning group; Truman's Students of Concern Committee; Truman's Partner's in Prevention Committee; Advisor for Active Minds. In addition, Joe co-facilitated a section of INDV 150 (Book and Discussion) with



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Bertha Thomas regarding the book “Dreams of My Father: A Story of Race and Inheritance” by Barack Obama.

- Phil Jorn – Advisor for Blue Key.
- Jane Maxwell – Advisor for the Women’s Resource Center.

Staff Development/Professional Activities. We place a high priority on professional growth and development in order to remain current and competent in our work.

Our licensed counselors are required by state licensing boards to obtain 20 hours per year of continuing education to maintain professional licenses. In addition to our regularly scheduled in-house professional development activities the UCS staff participated in the following:

- Sarah Carey attended the Center for Collegiate Mental Health Webinar; Understanding and Responding to Suicide in our Communities webinar
- Joe Hamilton attended Mental Health First Aid Instructor Training; Psychological First Aid Training; Finding the Hook; AUCCCD Conference; Basic Disaster Life Support Class; Understanding and Responding to Suicide in our Communities webinar
- Brenda Higgins attended Mental Health First Aid Instructor Training; Psychological First Aid Training; Emergency Mental Health Conference
- Phil Jorn attended Psychological First Aid Training; Center for Collegiate Mental Health Webinar; Current Topics in the Supervision of Counselors workshop; Understanding and Responding to Suicide in our Communities webinar
- Jane Maxwell attended Psychological First Aid Training; Center for Collegiate Mental Health Webinar; Current Topics in the Supervision of Counselors workshop; Elder Lynk workshop
- Stacy Simmons Center for Collegiate Mental Health Webinar; Emergency Mental Health Conference; Understanding and Responding to Suicide in our Communities webinar