

**Truman State University**  
**COUNSELING SERVICES**

**Annual Report**

**June 2007 – May 2008**

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# Truman State University COUNSELING SERVICES Annual Report 2007-08

## Goals for 2007/08

Planning for student affairs is tied to “The Out-of-Class Planning Map”. The Planning Map is designed to help students make informed and intentional decisions about their out-of-class activities while at Truman State University. The Planning Map consists of four quadrants that represent areas students can use to set goals regarding their out-of-class activities thereby maximizing the benefits of their Truman educational experience. The quadrants are based on values and principles espoused in the Truman State University Mission Statement, skills and knowledge of value to future employers and graduate schools, and needs and attributes of college-aged students identified by various theories of development. (For more info on “The Out-of-Class Planning Map” go to [http://saffairs.truman.edu/planning\\_map/purpose.htm](http://saffairs.truman.edu/planning_map/purpose.htm)).

The goals set for UCS for 2007/08 are in bold with a brief summary of the results following the goal:

- **Obtain better feedback from all UCS services by having evaluations done on-line. (Quadrant 2)** Evaluations for both intakes and counseling were done on-line with 165 completed counseling evaluations and 186 intake session evaluations completed. With the evaluations being on-line, we were able to use the feedback throughout the year and make small changes as necessary to improve our services.
- **Obtain accreditation from International Association of Counseling Services. (Quadrant 2)** Due to a major increase in utilization and staff turnover, this was not done but will again be a focus for next year.
- **Expand the information available on the website, provide access to self-help materials for all Truman students, and look for new areas and ways to help promote knowledge of healthy living. (Quadrant 2 and 3)** We expanded the UCS website, created specific web pages for specific health concerns (e.g., sleep) and began a very active campaign on Facebook to promote events and health concerns. Many of these projects were done early in the year before we became overwhelmed.
- **As a result of counseling, students will show significant decrease in negative psychological symptoms by integrating the knowledge and skills learned in counseling sessions as demonstrated by their OQ scores. (Quadrant 3)** Various data showed that for the students that came to counseling, a large percentage of them improved their

functioning and had less negative symptoms impacting their life.

- **Look at altering the alcohol education group to maintain the quality we already have established but to find a way to better serve those that have severe substance abuse histories (Quadrant 3)** A separate “heavy” drinkers group was created and all students with significant drinking history were screened like a regular client to better develop a relationship to increase further utilization of counseling in the future.
- **Maintain effectiveness and responsiveness in light of increased utilization. (Quadrant 4)** UCS increased in utilization by almost 20% this year. While we had a waitlist for most of the year, we were able to still provide a quality product and to get most clients in for services within 2 weeks after their intake. This was done by UCS staff going well beyond standard caseload and their willingness to streamline their schedules to where most of their time was directed towards direct client contact. This is not an acceptable way to deal with increased utilization in the long-term and is something that must be addressed for 2008/09.

## 2007/08 ACTIVITY DETAIL

### Direct Counseling Service

UCS provided face-to-face counseling services to 515 students this year, which represents 8.8% of the student body. This number only includes students who officially completed an intake and does not include any direct services provided like crisis intervention, outreach services or consultation for students who did not complete an intake.

#### Totals - individuals served and contact hours

YEAR	Individuals	Contact hours
2007/08	515	3710.75
2006/07*	433	3158.5
2005/06	416	2671
2004/05	370	2215
2003/04	335	2130.5
Ave. (1992-2007)	337.7	2447.5
<b>% change (1 yr)</b>	<b>+19%</b>	<b>+17%</b>
<b>% change (Ave)</b>	<b>+52.5%</b>	<b>+51.5%</b>

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

In keeping with national trends on college/university campuses, the table above shows how counseling service usage continues to rise at Truman, with this year showing a dramatic increase in both the number of individuals we served in counseling (19% increase) and in the contact hours we provided (17% increase).



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The increases have up to this year been fairly gradual and steady but this year the increase was so great that we at UCS need to reflect on how we offer our services to make sure we provide a quality product that is available to the students who seek out our services.

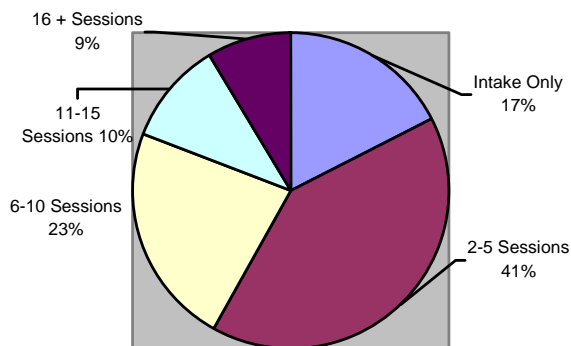
**Individual/Couples Counseling.** Face-to-face counseling continues to be the core of our daily professional activity. As the table below summarizes, **both the number of students receiving counseling and the number of sessions attended increased this year setting all-time new UCS utilization records for a third year in a row.** It is assumed that due to the pressures of the waitlist and the fact that we got many clients in very late in the semesters, the average session attendance decreased.

Counseling clients & number of sessions

YEAR	Individuals	Sessions	Session avg.
2007/08	515	2947	5.72
2006/07	433	2672	6.17
2005/06	416	2386	5.74
2004/05	370	2018	5.45
2003/04	335	1776	5.30
<b>1 yr change</b>	<b>+19%</b>	<b>+10%</b>	<b>-7%</b>

**Demographic & 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 intake) per student was 5.72, and **approximately 81% of clients were seen for 10 or fewer sessions.**

Session Utilization



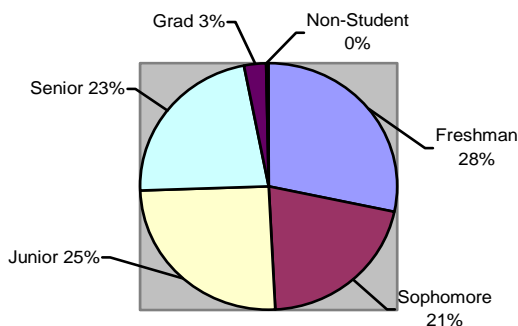
**Gender.** This year we had a dramatic increase in males seeking counseling. In 2007/08, 35% of the clients at UCS were male compared to 27% in 2006/07. While the percentage of females decreased this year for 73% in 2006/07 to 65% in 2007/08, the actual number of female clients increased. Even though more males sought out counseling at UCS this year, there still is a 30% imbalance but not as extreme when you take out the 16% imbalance that is

attributed to the demographics of the entire student body at Truman. In the fall of 2007, the gender distributions were 58% women and 42% men at Truman.

**Minority/International.** This year marked another slight increase in the proportion of students seeking counseling from diverse backgrounds, with those **identifying as minority or international students increasing from 13% in 2006/07 to 14% in 2007/08.** This percentage is exactly the same as the minority/international enrollment at Truman, which was 14% of the student body in the fall 2007 semester.

**Year in school.** As the graph below illustrates, we had a higher percentage of freshman students utilizing counseling services this year than any other class designation, which is fairly typical for counseling centers. **It appeared that we had a fairly representative utilization percentage for all classes at UCS this year compared to their actual numbers on campus.**

Counseling Clients by School Status



**Academic standing.** Our counseling clients reported being very strong academically, with **69% reporting cumulative GPAs above 3.0.**

Most clients were full-time students (90%). This number may be an underestimation because we ask for the number of credits a student is currently enrolled in and does not account fully for students who sought services during the summer who may have been enrolled in a typical number of summer credits, which is usually a much lower than during the fall or spring semesters. In 2008/09, we will collect this data in a new manner so it should be more accurate for totals.

**Majors.** Students from all of Truman's majors utilized counseling. The majors with the highest utilization rates are listed below (as % of total counseling clients in bold followed by the comparison % of the overall student population in each major as of Fall 2007). Each of the majors listed below had 20 or more students attend counseling during the year.



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- 1) Psychology (10.9%; 6.7%)
- 2) English & Linguistics (10.0%; 8.6%)
- 3) Biology (9.5%; 10.1%)
- 4) Undeclared (6.8%; 8.1%)
- 5) Communications (6.6%; 6.5%)
- 6) Political Science (4.6%; 2.8%)
- 7) Business Administration (4.5%; 10.0%)
- 8) Exercise Science (4.3%; 5.3%)
- 9) Health Science (3.9%; 2.9%)

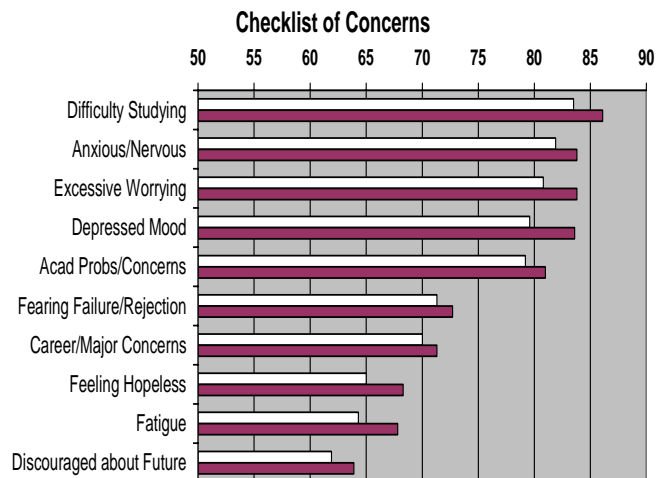
For the most part, the students who use UCS seem to be proportionally represented with each major, with the exception of Business Administration. The low utilization rate with this group is the same as it was last year and should be explored as to why those in the School of Business seem to come to UCS much less than those in other majors (Accounting majors also use UCS at a lower level than what would be expected).

Client problems. 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 becoming more serious in nature. Local data that speak to these trends include:

- Slightly less than half (49.5%) of our clients reported receiving counseling in the past (52% last year). But with the increase of utilization, we had 30 more clients than last year who had received prior treatment.
- In regards to severity of issues, 18.1% (18.5% in 2006/07) reported current thoughts/intentions of suicide, 13.4% (15.7% in 2006/07) reported issues of self-injury/cutting and 11.7% (12% in 2005/06) reported current thoughts/intentions of violence.
- Slightly over 20% of the time when the Outcomes Questionnaire - 30.1 (OQ), an assessment given every session designed to detect treatment effectiveness, is administered the client/student responds they have had thoughts of ending their life over the last week.
- Clients who are deemed to be of high risk are "tracked", a method to make sure that all UCS professional staff are aware of client concerns in case of emergency. In 2007/08, slightly less than 10% of UCS clients were tracked.

The graph below displays the top ten categories of concerns students self-reported in their intake with the light graph representing 2007/08 and the dark line representing 2006/07 statistics. These are not mutually exclusive categories (i.e., students can be represented in more than one category). **Of particular note is that the top 5 were common psychological issues (anxiety and depression) and typical issues related to stressors of the academic life (problems**

studying, worrying and academics problems).



The graph below displays the top ten 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 be represented in more than one category). **We changed the method of case closing in 2007/08 so the data does not allow for an easy comparison to prior years' data.**



Overall, the graphs and data show that UCS addresses a range of issues that are similar in some ways to other mental health settings, yet also distinct in ways that match the developmental characteristics of traditional-age college students and their common academic endeavors.

**Crisis Service.** We strive to be available for students and those who support students in times of personal crisis. **UCS again provided 24/7 coverage during the fall and spring semesters and had 77 after hours/weekend recorded crisis contacts in 2007/08.** This number is probably an understatement of the crisis services we offer because many of the times we interacted with



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current clients, the crisis contacts were not recorded as a crisis using the coding system and were recorded as a regular appointment.

**Groups.** In 2007/08, UCS had another successful year conducting groups with a total of 5 general psychotherapy groups (2 in the fall semester and 3 in the spring semester) actively serving a total of 29 students. Groups focused on body image issues and grief and loss issues had some interest and almost got started. We tried to start a support group for cancer on Facebook but this was unsuccessful due mainly to limited time promoting the group because of other commitments. A support group was led by a leadership student on the issue of Grief Support and was successfully run with approximately 3-6 students attending weekly meeting to discuss their grief.

As noted in previous years, college-student participation in standard counseling groups has declined in recent decades. Reasons are not fully understood, but have been hypothesized to include busier co-curricular schedules and a trend toward client and counselor preference for individualized services. Over the last year the staff focused a great deal on organizing groups and referring clients who would benefit from group therapy into the groups. The high demand in services also seemed to inspire the office to make psychotherapy groups a priority.

**In 2008/09, there are plans to continue the general psychotherapy groups and offer other groups as demands indicate. It is hoped that support groups can be started and maintained on Facebook since this where most of Truman students seem to interact and would be a way to offer services more in their daily lives.**

**Assessment/Quality Improvement.** There are a number of ways in which we evaluate both the quality and effectiveness of counseling services.

Client satisfaction. This year we obtained feedback after the intake session and again at the end of counseling. For the first time ever, we decided to get feedback after the intake session knowing that it is very difficult for many to come to counseling and UCS. We used this feedback throughout the year to make sure we were providing a quality service. It gave us feedback if a client needed clarification on a couple of areas making this a survey which was both an evaluation tool and a way to make sure that the client did not require immediate resolution to an issue.

Intake Evaluation. What we found out by conducting the evaluation after intake was that **51% of clients had reservations/fears about coming to UCS, with the main two reasons being “not wanting others to know” and they “thought that their problems were not serious**

**enough to seek professional help/Didn’t want to bother UCS”** and that after the intake **27% of clients left the intake feeling like they should have said something to give us a more comprehensive idea of the issues with which you are struggling.** We also discovered that **54% of clients went to the website to get more information before their first session.**

Every client who went through the intake process was sent the on-line evaluation and a total of 186 clients completed the evaluation. The table below summarizes feedback we received about UCS and the intake process as rated by those who participated in the intake process.

### Counselor ratings

Item	Rating (1-5)
Respect and courtesy from front office	4.88
Professional and confidential front office	4.88
Intake scheduled in reasonable time	4.55
Counseling was explained adequately	4.53
Felt that UCS was confidential and safe	4.84
Intake Counselor was professional	4.81
Intake Counselor was supportive	4.74
Intake Counselor was flexible	4.56
Intake Counselor was collaborative	4.63
Intake Counselor was caring	4.77
After intake felt hopeful about counseling	4.20

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

- “I have had counseling sessions with various people before (including \$500/hr. in St. Louis) and this was the BEST session ever. The counselor really understood what I was looking for in counseling. I’ve had people think that I’m just there to vent, but I can do that with friends. The counselor actually provided feedback, suggestions, and alternative viewpoints. I left feeling like UCS would actually be able to help me. For the first time, I thought there was hope for me.”
- “The counselor was very professional, but also relaxed enough to help me feel relaxed. Awesome!”
- “Made me feel welcome, safe, open to hear me out and all other things that make a comfortable and less intimidating first counseling experience. About and beyond that, though, I could tell that I was being treated as a person, and equal, and wasn’t being talked down to. It was not at all rigid, very reassuring, and somewhat unexpected.”



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- “Listened! The counselor also made me feel as if my problems WERE important, whereas most people don’t think they are a big deal. The counselor also tried to help me think of ways to make the rest of the semester finish out more smoothly.”

In regards to feedback we received for ways the intake counselor could have make the session go better, we received a much smaller percentage of feedback in this area and most of the comments were actually compliments. The following are a few representative examples of what we received:

- “I found it slightly difficult to talk at first, because I wasn’t quite sure where I was supposed to start. And it was a lot of information to take in at one time.”
- “I had no problems with the session...it actually calmed my fears of how counseling would happen and what it would entail.”
- “We didn’t have that much time – an hour is fleeting.”
- “This is sort of a minor thing, but I wish the counselor would have pointed out the box of Kleenexes – I didn’t realize they were right beside me, and crying without Kleenexes is awkward. Actually, even with Kleenexes, it’s awkward, but you get the idea.”

In regards to feedback we received for ways UCS could improve the intake process, we received a lot of compliments but also some thoughtful ideas of what we can do to help the process. The following are a few representative examples of what we received:

- “Walk in hours are a great idea – that helped me a lot. So don’t get rid of those.”
- “Because I’m so used to therapy in the past, the parts we glossed over were things I already knew or expected, so I can’t comment on anything dealing with a first timer. As someone that’s been in therapy before, I was very impressed.”
- “Since it was the end of the semester, it felt like my problems were to be put on hold until the beginning of the next semester, and personally that really worried me. However, I realize how busy it gets during that time, I just think that a different approach, possibly could have been taken to have more support there initially since it did take so much courage to finally come to UCS.”
- “It might be a good idea having students prepare a list of concerns beforehand, especially in my situation, when time is extremely limited.”

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 165 completed surveys. Results indicated that clients were overwhelmingly satisfied with the counseling they received.

This is the first time in a few years where we reached out to clients who stopped coming to counseling and we were able to survey them as we do clients who complete therapy (approximately 1/4 of our feedback came from those that stopped coming in for counseling). It was surprising to us that the overall numbers did not decrease a great deal more when we included non-completers of therapy. Because we changed the feedback method and the questions that we asked, it is not easy to compare results to prior years’. The table below summarizes several UCS and counselor characteristics that were rated by student clients.

### Counselor ratings

Item	Rating (1-5)
Helped me achieve my goals	4.34
Felt comfortable with my counselor	4.58
Worked within my worldview	4.47
Safe environment that was confidential	4.75
Counselor was professional	4.70
Counselor was supportive	4.72
Counselor was flexible	4.58
Counselor was collaborative	4.59
Counselor was caring	4.67
Satisfied with services I received	4.44
Would recommend counselor to others	4.61
Would recommend UCS to others	4.74
Would use counselor again	4.59
Would use UCS again	4.70
Better student due to counseling	3.84
Better person due to counseling	4.13
Important to have UCS at Truman	4.90

Narrative comments were also quite positive overall. In our satisfaction surveys we ask for feedback on “the positive aspects of the counseling experience and ways we can improve our services”. A few representative examples are listed below for the positive aspects of the counseling experience:

- “I felt like I really got a lot out of my counseling. I think I’m better ‘equipped’ to deal with different things that are difficult in my life. I really felt safe and secure at UCS and it was so nice to know that



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at least once a week I was able to talk to someone in total confidence.”

- “I could tell my counselor really cared about my concerns and wanted me to reach my goals. I appreciate the professionalism of all the staff. They made me feel comfortable every time I walked through the door!”
- “My counselor helped me to regain control of my life and have a more positive self-image. The experience saved me a lot of pain and heartache and also saved me from going down a bad path. UCS is invaluable.”
- “The counselor effectively motivated me to see my situation from a completely different perspective. This is very helpful, because it means that next time I encounter a problem, I’ll have the mindset to work my way through it.”
- “My counselor really pushed me to do things that made me feel uncomfortable, but that were healthy for me in the long run. However, my counselor did it in a way that reminded me that I wasn’t a failure if I couldn’t do what was recommended. I think that is one thing that I really needed from counseling – someone to help me realize what will be good for my mental and emotional health.”
- “As I approach graduation and look back on my time at Truman, one of the only reasons I’m still alive today is because of my counselor and UCS. I came to Truman a completely different person than the one I will leave Truman as.”

In regards to feedback we received for ways to improve the services at UCS, we received a much smaller percentage of feedback in this area and most of the comments were actually compliments. The following are a few representative examples of what we received:

- “Sometimes I felt like the suggestions were a bit hokey, but if I tried them they really did work.”
- “It was tough to get started at first, but I think that was just because it’s awkward to talk to someone you’ve just met about the most important/most emotional things in your life.”
- “The only negative aspect of my experience was the wait list when I first started.”
- “You guys are way too busy. There are far too many people who can’t get regular appointments or who have to wait a long time for the start of counseling.”
- “I have had no negative experiences at UCS. There were definitely times where I hated my counselor and UCS...but it was not the fault of my counselor or UCS...it was merely my stubbornness towards change. I have recommended the services

of UCS to many of my friends who have come to me with problems, issues, etc.”

- “I think you should advertise more. I was a little reluctant to come to UCS at first. I don’t know - I felt kind of ‘embarrassed’. I can now say that receiving counseling was the best decision I ever made. It is amazing how much stuff comes out after eighteen years of life. I think it would be good if UCS was more well-known on campus for being effective and not scary to come to.”

Each individual counselor received a summary of numeric and narrative feedback obtained from the clients they served, to provide affirmation and to aid in self-improvement.

Even with adding feedback from clients who stopped counseling, the feedback we are receiving is not as useful as we wish it to be. We have overwhelmingly found that we are doing a very good job (and we are very proud of this and appreciative of the feedback) but it is not giving us guidance to improve because the feedback has been too positive. To try to get more constructive criticism, **we will try and implement counselor specific feedback so that a counselor can get very specific feedback as to things that they are doing by using the technology we used this last year because we now have a better understanding how to utilize it.** We are very confident that we offer a very needed and quality service to the campus but would like keep improving it and client feedback is one very useful and powerful way to achieve this goal.

Client Improvement. The single most important area of assessment looks at whether counseling leads to improvement in the issues and concerns for which clients seek help. This is currently measured two ways - one by direct client assessment and the other by UCS Counselors evaluation of the client’s level of functioning at intake and when they finish counseling.

The way clients evaluate their level of functioning and improvement is through a standardized symptom questionnaire (the Outcome Questionnaire 30.1) that is completed every session. The instrument is designed to be sensitive to changes in levels of emotional distress (including physical/ emotional symptoms, relationship stress, and work/school stress) over the course of counseling, with scores compared to both distressed and non-distressed reference groups. This allows us to systematically track how clients are feeling over time, to use this information in treatment planning, and to evaluate our effectiveness on both an individual and center-wide basis. The table below shows indices of the severity of distress and improvement over time on this assessment device.



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## Change in distress levels on the OQ-30.1

YEAR	% with clinical distress	Average Improvement	% of clients improving
2006/07	52%	20%	76%

Approximately **52% of clients scored in the clinical range of distress at the beginning of counseling**—that is, they were experiencing levels of distress above what would be considered normal and tolerable by most people. The average amount of improvement on the OQ-30.1 was 20% for every client who came to UCS and completed at least two sessions and 76% of clients demonstrated improvement on the OQ-30.1 based on their score in the first session compared to their last session. In all cases, subsequent assessment information is used by counselors and clients to review their progress and make adjustments as needed.

## Change in OQ-30.1 scores based on session

Session	OQ Score	Session	OQ Score
<b>FIRST</b>	<b>45.5</b>	14	44.0
2	42.3	15	43.6
3	40.3	16	46.5
4	40.6	17	49.8
5	41.1	18	48.4
6	41.1	19	45.0
7	42.0	20	39.1
8	42.1	21	48.4
9	42.9	22	50.4
10	42.4	23	49.8
11	42.6	24	55.3
12	41.3	25	51.3
13	42.3	<b>LAST</b>	<b>36.5</b>

Given our time-limited treatment focus, we suspect that the clients seeking services at UCS are often in just the beginning stages of change. This is demonstrated by the fact that the average OQ-30.1 score for every client in 2006/07 for the first session (not the intake) was 45.5 and the OQ-30.1 score drops for a few sessions and goes up from there indicating that many of the clients that UCS sees improves quickly and only need to be seen for a few sessions. The OQ-30.1 score goes up after that indicating that clients who remain in counseling for more than just a few sessions tend to have more significant problems that are more ingrained. **It should be noted that when the OQ-30.1 was administered for the last session, no matter what actual session it actually occurred in, the score was 36.5 demonstrating a very large change from the first session (20%).** It is nice that our flexible policy that doesn't arbitrarily limit the number of sessions a student can attend helps us

meet the diverse range of needs that come our way, without detracting from our primarily short-term focus.

The manner in which UCS Counselors evaluate client improvement is by assessing every client's level of functioning at intake and at the last session they attend. This assessment is done using the College Assessment of Functioning (CAF) which is very similar to the Global Assessment of Functioning for Axis V on the DSM-IV but is scaled in a manner that is more appropriate for high functioning college students. The CAF is a 100 point scale with higher levels of functioning represented by higher scores and lower levels of functioning represented by lower scores. The table below demonstrates the change that we were able to record using the CAF.

## Change in level of functioning on the CAF

YEAR	Initial CAF score	Case Closing CAF Score	Improvement on the CAF
2007/08	71.1	78.6	+7.5

National College Health Assessment (NCHA). In 2007/08, the Student Health Center did not administer the NCHA but has plans to do the survey again in 2008/09. The data is still very valuable to all of campus so the data that has been collected in the past is presented here again to help define the issues that are faced here at Truman by its students.

Many of the questions in the survey focus on mental health concerns. The following are the results of the last three years (as % of total Truman students in bold followed by the comparison % of the students at all other institutions):

## Within the last school year, Truman students reported experiencing:

Issue	2007	2006	2005
Anorexia	<b>3.0</b> (1.8)	<b>1.8</b> (1.9)	<b>2.2</b> (2.0)
Anxiety Disorder	<b>14.2</b> (13.4)	<b>13.8</b> (12.4)	<b>11.8</b> (13.4)
Bulimia	<b>2.6</b> (2.2)	<b>2.9</b> (2.3)	<b>2.7</b> (2.6)
Depression	<b>17.7</b> (18.4)	<b>19.7</b> (17.8)	<b>18.2</b> (19.6)
S.A.D.*	<b>14.6</b> (7.7)	<b>12.5</b> (8.1)	<b>11.1</b> (8.9)
Substance Abuse	<b>3.3</b> (4.0)	<b>2.4</b> (3.4)	<b>4.1</b> (4.1)

\*Seasonal Affective Disorder

The key area where Truman students seem to experience significantly more problems is with Seasonal Affective Disorder but this can probably be explained by the fact that many of the schools that complete the NCHA are based in areas of the country where they have more light and the weather is nicer during the winter.





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Within the last school year, Truman students reported the following factors affecting their individual academic performance:

Factor	2007	2006	2005
Alcohol use	7.5 (7.7)	5.8 (7.3)	6.8 (7.6)
Assault (physical)	0.3 (0.7)	0.2 (0.6)	0.1 (0.5)
Assault (sexual)	1.2 (0.9)	1.5 (0.8)	0.7 (0.8)
Computer Use	19.6 (16.3)	15.1 (15.4)	16.7 (14.2)
Concern for others	21.5 (19.0)	20.4 (18.0)	21.9 (18.1)
Death of other	6.4 (9.4)	8.0 (8.5)	9.9 (8.4)
Depression/Anxiety	19.5 (16.3)	18.8 (15.7)	18.0 (16.3)
Drug use	1.5 (3.0)	1.3 (2.3)	2.3 (2.8)
Eating Disorder/Prob	1.2 (1.4)	2.4 (1.3)	0.6 (1.4)
Relationship difficulty	16.6 (16.4)	14.6 (15.6)	17.5 (15.8)
Sleep difficulty	31.7 (26.1)	27.1 (23.9)	30.8 (24.8)
Stress	41.4 (34.1)	39.6 (32.0)	43.4 (31.6)

In regards to the impact on academic performance, Truman students appear to consistently and significantly deviate from the general college student population in a few areas. One area appears to be that they are more affected by their concern for a troubled family member and/or friend. As most of our students are not local residents, it can be assumed that being removed from home when things are taking place makes this more impactful to Truman students and that they are more leaned upon by fellow students who are far away from the family support system. Another area is depression and anxiety levels. We do not have good theories on why it is different here at Truman other than we are a highly competitive school that demands a great deal from our students. This pressure can also be seen in the very high level of stress and lack of sleep that our students are obtaining as seen in the NCHA data.

Within the last school year, Truman students reported experiencing the following:

Feeling	2007	2006	2005
Overwhelmed	96.2 (93.1)	97.6 (93.5)	96.7 (93.8)
Exhausted	93.9 (90.9)	95.3 (91.5)	94.1 (92.2)
Very sad	83.6 (79.2)	83.0 (79.4)	83.4 (80.7)
Hopeless	66.7 (63.3)	67.3 (62.2)	66.6 (63.8)
Difficult to function	44.3 (45.0)	44.9 (43.8)	40.7 (45.7)
Considered suicide	9.9 (9.8)	9.3 (9.3)	10.3 (10.2)
Attempted suicide	1.1 (1.6)	1.5 (1.3)	1.3 (1.5)

The NCHA data seems to demonstrate that for the most part Truman students feel more overwhelmed, exhausted, sadder and hopeless than the general college student. While Truman students were not all that different from their peers in terms of feeling so depressed it was difficult to function, seriously considered suicide and attempted suicide, the high rates for each of these areas are alarming and need to stay a focus of Truman and UCS.

Retention-related. Published research over the last decade shows that students who receive counseling are more likely to persist in college compared to the general student body, and the discrepancy is even larger when compared to those who have personal/emotional concerns but do not receive counseling (an estimated 10%-15% retention advantage in relevant research studies). One piece of feedback we received from clients was the annoyance of having wait to be seen for an intake and for on-going counseling. Because of a massive increase in utilization and being virtually a staff member short we were much less responsive than in the past. An example of this was the wait time for obtaining an intake. **In 2006/07 the wait for an intake was 0.29 days but in 2007/08, the wait increased to 4.38 days.** Our statistics for the wait between the intake and first session are not as exact but between October and April it was not unusual for a client to have to wait for three to four weeks to be seen for on-going counseling. It should be noted that clients who were at high risk were able to be seen immediately no matter how full we were at that point in time.

While we haven't tracked true retention of students receiving counseling at Truman, we do inquire into the self-reported academic impact of students' personal problems, and whether counseling contributes to improvement in this arena. For instance, before their first appointment, 28% of students seeking counseling this year reported that they had significant concerns in regards to their academics and 26% had moderate concerns in regards to their academics. Following counseling, **63% of clients responding to our satisfaction survey either agreed or strongly agreed that their were a better student because of counseling.**

Graduating Student Questionnaire (GSQ). Results from the 2006/07 GSQ of graduating seniors showed that the general student body continues to be satisfied with counseling services at Truman.

Year	Mean Rating	Students Responding	Missing Responses
2006/07	3.09	661	505
2005/06	3.10	654	479
2004/05	3.05	585	619
2003/04	2.97	512	478

The results of the survey show that the **average satisfaction score maintained at basically the same level.** In regards to the 28 services and facilities that were surveyed, UCS is rated the 7<sup>th</sup> highest for the campus. The results also demonstrate that in the last four years more students felt qualified to give feedback about our office meaning that they have had some interaction with and/or knowledge of our



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services. This seems to indicate that we have done things to be more than just a fringe service to a small group of students and are more integrated into the mission of Truman and are seen as an important service by more students.

Quality Improvement Initiatives. As noted above, counselors receive feedback on all information collected from their individual clients and those who they assisted with the intake procedure. With the assistance of technological additions over the last year, we have been able to increase both the efficiency with which we collect client information and our access to useful summaries of the information. The primary technology-related improvement implemented this year was the conversion to an electronic feedback system which allowed for feedback about intakes and counseling to be used on a regular basis.

## Outreach and Consultation Services

Another critical part of our mission is to provide prevention programming and consultation to the campus 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 the campus community to assist in the education of our students about a wide variety of mental health issues and to be a resource for people looking to help others on our campus.

**Outreach presentations.** Even with a high utilization of personal counseling services and an on-going waitlist for counseling services, we at UCS still stayed very active in providing outreach to the campus community. We find this to be a vital activity to help get preventative information out to the greater community, to make sure that students know that our services are available to them and to reduce stigma for those in need of our services.

### Outreach statistics

Year	Programs	Attendance	Hours
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 2007/08 UCS participated in 225 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 8097 individuals.** Presentation topics included (but not limited to):

- National Depression Screening Day
- Healthy Relationship Day
- Eating Disorders Awareness Week
- National Alcohol Screening Day
- Introduction to University Counseling Services
- Question, Persuade, Refer (Suicide Prevention)
- Stress Management
- Overcoming Test Anxiety/Math Anxiety
- Emotional Wellness
- Eating Disorders
- MBTI (Myers Briggs) training/facilitation

**Consultation.** We regularly consult in person, over the telephone and via e-mail with concerned faculty, staff, parents, and students about developmental and mental health issues. Often these consultations are related to counseling clients and are documented within confidential client records. We also are frequently called upon to consult about situations concerning individuals who are not (or not yet) connected with our services. We believe our role as consultants is to help concerned individuals assess situations, provide a compassionate response, and encourage the use of counseling or other services, as appropriate.

**This year we documented 189 significant consultations with students, faculty/staff and parents** regarding Truman students. It must be noted that the 189 consultations is for significant issues (such as suicide ideation, severe depression and other extreme behaviors/issues) where we documented and/or recorded the contact on our schedules. There are many other consultations that do not require documentation and/or were not recorded on our schedule. **It is estimated that UCS provides approximately double the number of consultations that are recorded.**

In addition to consultations about individuals, we logged numerous hours of time over the course of the year consulting with various members of the campus and community about general issues related to our areas of knowledge and expertise. These included providing interviews to media outlets and student groups, and providing input to groups and organizations on campus and in the community.

**Campus collaborations.** Healthy working relationships with other campus departments and services are critical to effectively serving the campus community. **In the area of individual counseling, one of our most important collaborative relationships exists with Student Health Center (SHC)** as ever-increasing numbers of students are utilizing pharmaceutical options as part of their mental health treatment. As in



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years past, we continued to refer many students for medication consultation and other health services, and received many referrals in return. In 2007/08, the staff's of both UCS and SHC met 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. In the 2008/09, we plan to continue this collaboration and hope to further integrate our efforts as appropriate.

We also have representation, via the director, on the Student Success Consultation Team (SSCT) and Behavioral Evaluation Team (BET), led by the Dean of Student Affairs Office, with other members including campus police, residence life, and health services. Our intention is to consult in a multi-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. In 2007/08, the nature of SSCT changed dramatically and we became more of a student of concern committee where information was shared between numerous departments to make sure that our students were healthy and safe. While UCS did not share information due to confidentiality laws, our collaboration allowed us to be more aware of issues that existed with many students on campus who may or may not have been clients.

We also continued this year to maintain connections with residence hall staff and academic departments. Each of the counselors at UCS serves as a liaison to one of the residence halls. The liaison relationship allows us to be more connected with hall staff, encourages us to maintain contact with the staff throughout the year and to be more a part of their lives such as attending a staff meeting and/or involved with programming ideas in the halls. In 2007/08, UCS again engaged in well-over 100 outreach, meetings, liaison activities with Residence Life.

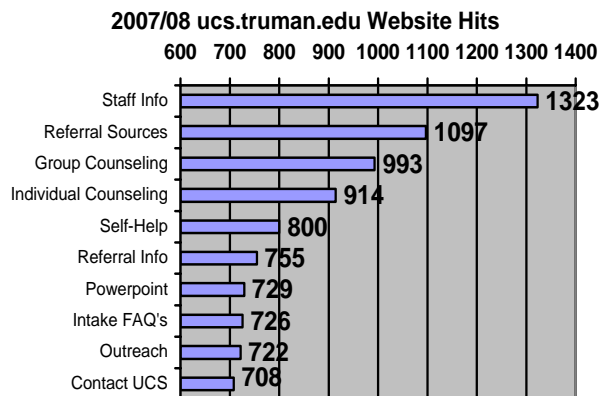
Another major component of our campus collaboration is with Missouri's Partners in Prevention (MoPIP) efforts here at Truman. Madeline Nash was the primary contact with MoPIP in 2007/08 and regularly attended meetings, was directly responsible for increasing the utilization of the CHEERS program where local bars provided free non-alcoholic drinks to the designated driver and served as the advisor for Bacchus and Gamma, a student group whose focus is on alcohol abuse prevention and other related student health and safety issues.

**Website.** Our website had a major overhaul and redesign in 2006/07 and in 2007/08 we tried to create more content and make the website more complete.

With a massive increase in utilization for counseling at UCS, many of the webpage projects were not complete. A couple of exceptions to that were frequently asked question (FAQ) sections of the site. After every intake, we realized that clients would leave UCS with many questions that were not answered so we started to send an e-mail out after their intake with links to the FAQ sites to help clients feel more educated about counseling. It turned out that the Intake FAQ webpage was the 8<sup>th</sup> most visited site due to this alteration in our intake practices. We also started to create webpages that had no direct link to the main UCS webpage to focus more on the issue than the office. The main example we had for this was a website for sleep awareness week. The [sleep.truman.edu](http://sleep.truman.edu) website had over 1700 hits for that specific site in 2007/08. **It is our goal to create more "wellness" sites for issues that we have seen as fundamental causes for our increase in utilization in an effort to change these issues on campus and to create more coordination between a wide variety of departments to address these health concerns.**

The table below summarizes hit statistics for our main website categories for the year, excluding the homepage. **Total visits for the 2007/08 year equaled over 31000 for [ucs.truman.edu](http://ucs.truman.edu), about a 33% increase from 2006/07.**

Website statistics:



**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. We provide these screenings in person on the various screening and awareness days but this feature allows them to take it at their leisure. The following is a chart showing utilization of the screenings:



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## Utilization of the Screening for Mental Health Site

Mental Health Screening Utilization	2007/08	2006/07	2005/06	2004/05
Depression	161	98	215	58
Anxiety	98	62	122	40
PTSD	22	17	44	10
Bi-Polar	73	38	91	29
Alcohol	39	18	51	19
Eating Disorders	54	31	83	38

It was nice to see utilization of this component of our website increase near the numbers we saw in 2005/06. It does not make too much sense why utilization keeps going up and down each year. Not much changed in regards to advertisement or placement of the link for on-line screening on the website over the last year. This will be monitored for next year to see if a pattern develops.

**Campus event participation.** Maintaining an active presence at large 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 recruitment days, new staff orientation, campus health fair, and at all of the screening/awareness days that UCS sponsors (depression, eating disorders, alcohol and sleep). In 2008/09 we plan on utilizing Facebook as a way of connecting more to events and to establish a presence. We recently created a "Truman Counseling" profile and plan to use this to make more connection to students and allow them a comfortable way to know more about us.

## Alcohol Education Group

While it is not the primary responsibility of UCS to oversee the policies and responses to alcohol and other drug use, we see these issues as a very serious and important issue at Truman. While most of the campus efforts are organized by MoPIP and the Conduct Office, UCS is solely responsible for the alcohol education group. In collaboration with the conduct office, we altered the normal practices of years before after noticing how the alcohol group tends to have two types of members, those who did not have a history of heavy drinking and those who had a heavy alcohol history. We noticed the needs of the two were very different and tried to set up a way to work with them differently. To do so, the conduct office sent those they felt had a severe intoxication episode to UCS for a regular intake to be screened as a client while the students with more minor alcohol violations were treated as we have done so in the recent past and they were only required to attend a

one time group session to discuss their alcohol issues. **Overall, we conducted 31 alcohol intakes due to their large violations of the alcohol conduct code.** While many of these alcohol policy violation clients did not have an interest in on-going counseling, approximately 33% stayed on as regular clients.

In 2007/08, 93 students required by the conduct office attended our group where we strive to have a frank and open talk about what got them into trouble, to recognize the errors that occurred and to help them problem solve for future situations. The goal, in conjunction with their other sanctions, is to reduce high-risk drinking and its negative consequences among students. Our participants are primarily students receiving underage drinking citations by the residence hall staff or public safety office.

After the one time ninety-minute group, we surveyed all the participants and found that **59% indicated that this one group session helped participants become more prepared to make decisions about using alcohol in a way that is consistent with their beliefs and goals and 42% said that their drinking behaviors will change as a result of the one group session.**

When the participants were asked "what aspects of this group did you find helpful?" it seemed to be the group format that was most appreciated and the fact that UCS was doing the group and was not at any level connected to the discipline process. The following is a representative sample of the typical comments we received:

- "I found it helpful to share my story with others and find out that I am not alone"
- "I felt it was helpful to be able to express my feelings about the situation without feeling like I was being judged. It was easy to be open in this group."
- "Talking about the problems the school has addressing these issues."
- "Reflecting on my drinking and hearing others ideas about safety and limits."
- "Learning how to be responsible when you drink."

When the participants were asked "what are some ways this group could be improved?" the overwhelming response was "nothing". Occasionally issues about the size of the group in terms of the number of participants were brought up. The following is a sample of some of the comments we received:

- "Go into more detail about setting goals for alcohol in the future."
- "It's very open and inviting the way it is. I wouldn't change it."



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- “I would have liked to talk more about ways to make smart decisions and limit yourself.”
- “Maybe a variety of questions after each person tells their story, instead of the same ones each time.”
- “The group was the best part of the sanction process.”

While the institution has primarily collected data via the Missouri College Health Behaviors Survey which MoPIP oversees, some data on the usage of alcohol and marijuana are collected via the NCHA. The following are the results of the last three years (as % of total Truman students in bold followed by the comparison % of the students at all other institutions) in regards to questions about alcohol and marijuana usage:

Truman students reported the following alcohol use:

Usage	2007	2006	2005
Never	<b>22.5</b> (18.6)	<b>23.0</b> (17.2)	<b>20.7</b> (15.2)
Not in last 30 days	<b>14.8</b> (14.0)	<b>12.6</b> (13.2)	<b>14.3</b> (12.2)
Used 1-9 days	<b>52.6</b> (52.3)	<b>55.9</b> (54.0)	<b>53.7</b> (55.0)
Used 10-29 days	<b>10.1</b> (14.6)	<b>8.6</b> (15.1)	<b>11.3</b> (17.0)
Used all 30 days	<b>0.0</b> (0.6)	<b>0.0</b> (0.5)	<b>0.0</b> (0.6)

Truman students reported the following marijuana use:

Usage	2007	2006	2005
Never	<b>76.7</b> (63.9)	<b>77.9</b> (65.5)	<b>74.6</b> (61.8)
Not in last 30 days	<b>14.3</b> (19.6)	<b>12.6</b> (20.1)	<b>15.0</b> (21.0)
Used 1-9 days	<b>5.8</b> (10.6)	<b>7.1</b> (10.0)	<b>7.2</b> (11.4)
Used 10-29 days	<b>2.3</b> (4.1)	<b>1.8</b> (3.2)	<b>2.6</b> (4.3)
Used all 30 days	<b>0.9</b> (1.7)	<b>0.5</b> (1.2)	<b>0.6</b> (1.4)

**What this data seems to indicate is that more Truman students compared to their peers at other institutions around the country abstain from alcohol and marijuana use and that we have less of our students considered frequent and heavy users.** This does not make alcohol and drug use a lower priority but it gives us at Truman a unique chance to normalize non-use, restricted use or a limited use philosophy that many other institutions around the country may not be able to appropriately convey.

## Students Together Educating Peers

2007/08 was the sixteenth year of the Students Together Educating Peers (STEP) organization and was again advised by Joe Hamilton. STEP continues its mission of educating Truman students on the important topics of sexual assault prevention and diversity as well as many others.

- **Outreach:** Over 2000 students attended STEP presentations last year. The table below summarizes their programs:

Title (topic)	#	attendance
Choices (various)	2	1500
Diversity Awareness Display (diversity)	1	350
Activities Fair	1	20
Safe STEPS (sexual assault prevention)	2	48
A Place at the Table (diversity)	1	23
Safe Partying Panel	1	20
Denim Days	1	50
Save Your Fellow Zebra	1	50
<b>TOTAL</b>	<b>10</b>	<b>2061</b>

- **Choices:** Once again for the sixteenth consecutive year, the Choices program was presented to the entire freshmen entering class. Overall the program received positive feedback once again. One student responded, “The CHOICES performance was excellent and is important for all incoming freshmen to watch.” The following table summarizes evaluation data collected from the 336 first year students who responded to the survey:

Item	% responding very much or somewhat
Did you like the <u>Choices</u> presentation during Truman Week?	86%
Did the <u>Choices</u> presentation make you think about common college issues?	81%
Do you think the <u>Choices</u> presentation will impact your decisions, behaviors and/or opinions on common college issues?	43%
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?	68%

- **Training:** New and veteran members attended a day of training covering the following topics related to sexual assault awareness and prevention: rape prevention theory, myths and facts, victim sensitivity, survivor support, and reporting a rape. Information about diversity issues was also covered including the history of hate and oppression in America and identity development.

While there is no individual survey focused on violence and sexual assault on campus, some data on these issues are collected via the NCHA. The following are the results of the last three years (as % of total Truman students in bold followed by the comparison % of the students at all other institutions):



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Within the last school year, Truman students reported experiencing the following:

Issue	2007	2006	2005
Physical fight	5.6 (7.4)	3.8 (6.2)	4.6 (6.9)
Physically assaulted	2.1 (4.2)	2.2 (3.5)	1.7 (3.9)
Sexual verbal threats	2.9 (3.6)	2.9 (3.4)	3.7 (3.7)
Unwanted sexual touch	10.2 (8.4)	11.1 (8.4)	11.5 (9.2)
Attempted rape	3.1 (2.8)	3.1 (2.7)	3.7 (3.0)
Rape	2.0 (1.6)	1.3 (1.4)	1.4 (1.6)
Abusive rel. - emotional	10.3 (13.6)	9.1 (12.1)	12.4 (13.3)
Abusive rel. - physical	1.5 (2.4)	1.1 (1.9)	1.4 (2.0)
Abusive rel.- sexual	2.1 (1.7)	1.3 (1.5)	1.4 (1.6)

This data seems to indicate that Truman is safer in many respects than other schools around the nation, with the exception of unwanted sexual touch and in attempted rapes. But even with lower than average numbers, these issues are very real and impact a significant number of our students.

## Counseling Services Staff

We have an experienced, competent, and committed staff who deserve much credit and praise for the accomplishments summarized in this report. **During the course of the academic year, we are budgeted to have six full-time professional staff members.** On an annual basis, **these positions combined for a professional staff FTE of 5.00.**

**Counseling Staff.** We are fortunate to have experienced and competent counseling professionals on staff. For 2007/08, **our professional counselor/student ratio was 978/1 during the fall semester and was 1086/1 during the spring semester** (based on fall enrollment of 5866 and the equivalent of 6 full-time staff in the fall and 5 full-time and one part time employee in the spring dedicated to providing counseling). **The ratio recommended by accreditation standards is 1000/1.** While this demonstrates that Truman is right around the recommended standards, the lack of practicum and internship students at Truman and very few referral sources in the community makes it slightly harder to meet the demands that have been placed upon us by the student body due to our commitment to not only provide counseling services but be a major aspect of the campus in many different ways that were discussed in this report. All FTE designations listed below are based on annual (12 month) contracts.

Brian Krylowicz, Ph.D., Director (1.0 FTE)  
*Licensed Psychologist*

Joe Hamilton, M.A. Assistant Director (1.0 FTE)  
*Licensed Professional Counselor*

Sara Hallberg, M.S., Counselor (.75 FTE)  
*Licensed Professional Counselor*  
 Resigned position in January of 2008

Madeline Herrmann, M.A., Counselor (.75 FTE)  
*Licensed Professional Counselor*

Phil Jorn, M.A., Counselor (.75 FTE)  
*Licensed Professional Counselor*

Jane Maxwell, M.S.Ed., Counselor (.75 FTE)  
*Licensed Professional Counselor*

Becky Brandsberg-Herrera, M.S.W., Counselor  
*Licensed Clinical Social Worker*  
 Provided part-time counseling services in Spring 2008

It should be noted that at the end of the 2007 Fall semester, Sara Hallberg resigned from a counselor position and Becky Brandsberg-Herrera was hired as a part-time temporary replacement (2 days a week) for the 2008 Spring semester. After a nation-wide search, Becky Brandsberg-Herrera was hired to be the permanent replacement for the vacated counseling position and will be starting full-time in the Fall of 2008.

**Administrative Staff.** The true epicenter of office activity is the reception area. We are fortunate to have an excellent secretary who models a professional and caring tone while juggling multiple tasks including reception, scheduling, file management, budgets and purchasing, and general clerical support.

Ann Weidner, Secretary (1.0 FTE)

**Scholarship/Leadership Students.** In the past, these students provided part-time clerical support in the reception area, assisted with outreach programming and helped with various programs that are run out of UCS. **Due to feedback we have received from students, we no longer have students work in the front office as clerical support.** Students indicated that having fellow students in the office (even if they did not have access to confidential information) took away confidentiality and lowered their desire to be seen at UCS. We are committed to utilizing more students for outreach programming to obtain a student's perspective on what we do and to assist the students with getting very practical and hands on experience in the counseling profession, which is often hard to obtain.

Thomas Boscardin, Sophomore, *Psychology*  
 Jennifer Hupe, Sophomore, *Health*  
 Anna Meyer, Senior, *English*

**University/Community Service.** In addition to their regular duties, professional staff participated in the role 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.**



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- Joe Hamilton – Member of Truman Week Implementation committee; Served as consultant for summer orientation videos; Advisor for Students Together Educating Peers (STEP); and Board Member/Trustee for American Counseling Association – Missouri.
- Madeline Nash – Advisor for Alpha Gamma Delta; Advisor for Bacchus & Gamma; Committee member of Missouri Partners in Prevention (MoPIP); and Member of Truman State University's Staff Council.
- Phil Jorn – Advisor for Students for Sensible Drug Policy (SSDP); and Member of the Campus Life, Spirit and Fun Working Group.
- Brian Krylowicz – Member of Adair County Mental Health Board; Missouri's Suicide Prevention Planning group; and Member of Student Affairs' Diversity Cluster.
- Jane Maxwell – Member of Women and Gender Studies and Leadership Recognition Selection committees; Liaison for the Women's Resource Center; and Advisor for Positive Action Towards Changing Health (PATCH).

**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 counselors are required by state licensing boards to obtain 15-20 hours per year of continuing education to maintain professional licenses.**

- Becky Brandsberg-Herrera attended an Eating Disorders Prevention audioconference, and an ATSU lecture on Aging and the Integration of Mental Health.
- Sara Hallberg attended a workshop on psychotropic medication, and the National Conference for Problem Gambling in Kansas City, MO.
- Joe Hamilton attended a workshop on Recognizing and Responding to Suicide Risk in Columbia, MO, and an Eating Disorders prevention audioconference.
- Phil Jorn attended an Eating Disorders prevention audioconference.
- Brian Krylowicz attended the Association of University and College Counseling Center Directors (AUCCCD) conference in Indianapolis, IN, the Meeting of the Minds – MoPIP workshop in Kansas City, MO, a Learning Reconsidered Institute in St. Louis, MO, an Eating Disorders prevention audioconference, a discussion at ATSU on Surviving Schizophrenia, an online seminar on developing a behavioral intervention team, and Presented on "Technology and Cyberspace Social

Networks: Discussion on the Nature of Intimacy" at AUCCCD.

- Jane Maxwell attended the ACES (Assoc. for Counselor Education and Supervision) conference in Columbus, OH, an Eating Disorders prevention audioconference, a counseling clients with borderline personality workshop, an ATSU lecture on Aging and the Integration of Mental Health, conducted a presentation for Northeast Regional Medical Center's Healthy Women program entitled "Women and Stress: Strategies for Handling the Challenges", conducted an In-Service presentation on Body Image & Youth for K-12 Kirksville School Counselors, and continued her work on her dissertation with the intention of completing her degree in August 2008.
- Madeline Nash attended a workshop on Recognizing and Responding to Suicide Risk in Columbia, MO, an Eating Disorders prevention audioconference, participated in CASA (Court Appointed Special Advocate) training, attended a counseling clients with borderline personality workshop, attended the ACCA (American College Counseling Association) conference in Savannah, GA, a Meeting of the Minds – MoPIP workshop in Kansas City, MO and a discussion at ATSU on Surviving Schizophrenia.

### Proposed Goals for 2008/09

- Increase effectiveness and responsiveness in light of increased utilization. To do this UCS will promote healthier behavior by altering our intake process and use the initial session to screen for unhealthy behaviors and having the traditional intake take place in the first session. (Quadrant 3)
- As a result of counseling, students will show significant decrease in negative psychological symptoms by integrating the knowledge and skills learned in counseling sessions as demonstrated by their OQ and CAF scores. (Quadrant 3)
- Reduce direct contact hours for UCS staff to approximately 65% to allow for more reflection on their work and to reduce burnout. (Quadrant 3)
- Obtain specific feedback for each counselor via on-line evaluations. (Quadrant 2)
- Obtain accreditation from International Association of Counseling Services. (Quadrant 2)
- Created issue specific websites (stress, healthy eating, etc.) that promote more collaboration between offices and provide a more comprehensive website on these issues to continue promoting healthy living. (Quadrant 3)