Truman State University

COUNSELING SERVICES

Annual Report

June 2008 – May 2009

Prepared by

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Goals for 2008/09

Planning for student affairs are tied to the Cocurricular 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 Planning Map go to http://cocurricular.truman.edu/.

The goals set for UCS for 2008/09 are in bold with a brief summary of the results following the goal:

- **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)** The utilization rate at UCS stayed at a high but steady level. We did focus on healthy behaviors at the screening and it appeared to be well received and had the clients focus on contributing issues to their psychological state. This system also appeared to save considerable amounts of time to allow for more utilization of UCS and to provide a less stressed work atmosphere.
- **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)** 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.
- **Reduce direct contact hours for UCS staff to approximately 65% to allow for more reflection on their work and to reduce burnout. (Quadrant 3)** Was able to keep staff at a 65% direct service rate and from informal conversations with the UCS staff they seem to be less overwhelmed and less burned out at the end of the year. This was done and it did not seem to significantly impact the size of the waitlist or time on the waiting to receive counseling.
- **Obtain specific feedback for each counselor via on-line evaluations. (Quadrant 2)** Evaluations for both screenings and counseling were done on-line with 146 completed counseling evaluations and 170 screening 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 maintained high utilization rates and other administrative tasks, this was not done but will again be a focus for next year. The majority of the report is complete but has still not been turned in to IACS.
- **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)** The balance.truman.edu website has been established but a great deal more work is required to have it achieve the effectiveness and collaboration that was envisioned. Other progress was made on increasing health on campus such as the 2009/10 subscription to Student Health 101.
- **Participate in Center for the Study of Collegiate Mental Health (CSCMH) research endeavor. (Quadrant 2)** Counseling centers around the country started a research partnership that focused on utilizing the same basic set of data to allow for a comprehensive research project looking at trends in collegiate mental health. Truman was one of the 66 centers that completed the IRB process and was able to contribute de-identified data that included the Standardized Data Set (SDS) and the Counseling Center Assessment of Psychological Symptoms (CCAPS) in the fall of 2008. For more information on the project go to http://www.sa.psu.edu/caps/pdf/2009-CSCMH-Pilot-Report.pdf.

2008/09 ACTIVITY DETAIL

Direct Counseling Service

UCS provided face-to-face counseling services to 505 students this year, which represents 8.6% 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.

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Totals - individuals served and contact hours

YEAR	Individuals	Contact hours
2008/09	**505**	3683.22
2007/08	515	3710.75
2006/07*	433	3158.5
2005/06	416	2671
2004/05	370	2215
2003/04	335	2130.5
Ave. (1992-2008)	348.8	2515.95
% change (1 yr)	**-1.9%**	**-0.01%**
% change (Ave)	**+44.8%**	**+46.4%**

*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.

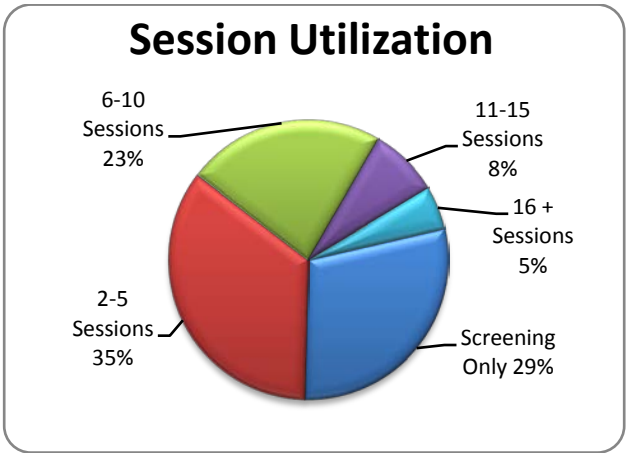
For the first time in 5 years there was a decline in utilization. The decline was very modest and the utilization at UCS was still much higher than our historical average. One reason we had a decline in utilization was decrease in alcohol assessments. We went from 31 screenings in 2007/08 to only 7 this year. While we were still very busy (we had almost the exact same number of contact hours) it seemed more manageable due to staff scheduling techniques and some paperwork changes.

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 decreased this year**. While the number of people seeking services slightly decreased, the number of sessions dramatically decreased. We put effort into discussing case loads, being mindful of the number of sessions each client needed and it appears that these efforts made a considerable difference since we have the lowest session average since 2003/04.

Counseling clients & number of sessions

YEAR	Individuals	Sessions	Session avg.
2008/09	**505**	2700	5.35
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
1 yr change	**-1.9%**	**-8%**	**-6.5%**

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 5.35, and **approximately 87% of clients were seen for 10 or fewer sessions.**



Gender. **This year we had a dramatic decrease in males seeking counseling.** In 2008/09, 27% of the clients at UCS were male compared to 35% in 2007/08. While the percentage of females inversely increased from 65% in 2006/07 to 73% in 2008/09. The number of males seeking counseling appears to go back to the more traditional percentages that UCS has historically seen. While the 46% imbalance is quite large it is 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 2008, 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 14% in 2007/08 to 15% in 2008/09.** This percentage is exactly the same as the minority/ international enrollment at Truman, which was 15% of the student body in the fall 2008 semester.

Sexual Orientation. With our new data collection system for the first time in 2008/09 we collected information about sexual orientation. Of those that utilized our service, 12.5% reported their sexual orientation as Gay, Lesbian, Bisexual or Questioning.

Relationship Status. Over 34% of the clients at UCS reported that they were in a serious dating, committed relationship, civil union or married.

Extracurricular Activity. With our new data collection system for the first time in 2008/09 we collected information about extracurricular activity of our clients. **Approximately 25% participated in either no or occasional activities and approximately 20% participated in 3 or more regularly attended activities.** The average time spent on extracurricular activities was reported as 7.25 hours per week. **When compared to other college counseling center clients, Truman has significantly more involvement than clients at other schools.** 19.7% of our clients responded that they had too many activities and

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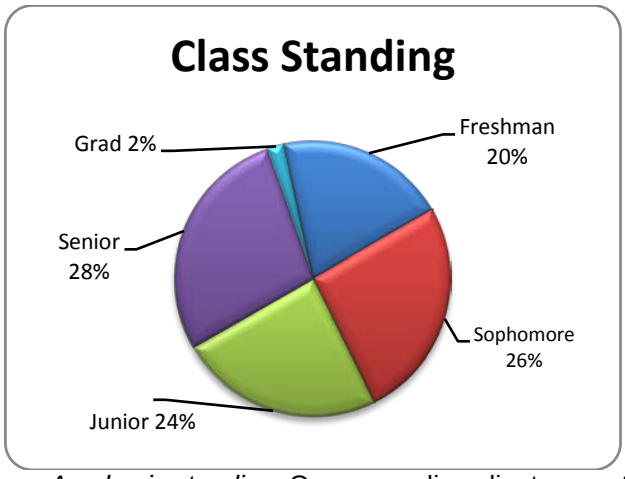
commitments. In regards to intercollegiate athletics, **8.9% of our clients were athletes.**

Emotional Support. When asked if they get the emotional help and support from their family, **20.1% strongly or somewhat disagreed.** When asked if they get the emotional support from their friends and acquaintances, **13.6% strongly or somewhat disagreed.**

Financial Situation. With the economic troubles, we thought it would be important to give information that we collected about how clients regard their financial situation. When asked to describe their financial situation, **32.2% described their current financial situation and 24.5% described their financial situation growing up as always or often stressful.**

Year in school. As the graph below illustrates, we had a slightly lower percentage of freshman students utilizing counseling services this year than any other class designation. Our guess is that because so many Truman students come in with credit they often classify themselves as sophomores. **Overall, UCS appeared that we had a fairly representative utilization percentage for all classes compared to their actual numbers on campus.**



Academic standing. Our counseling clients reported being very strong academically, with **67% reporting cumulative GPAs above 3.0.**

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 2008).

1) Psychology (**12.4%**; 7.2%)
2) English & Linguistics (**10.6%**; 8.2%)
3) Biology (**7.7%**; 11.1%)
4) Communications (**5.6%**; 4.9%)
5) Business Administration (**5.0%**; 9.7%)
T6) Accounting (**4.7%**; 5.2%)
T6) Foreign Languages (**4.7%**; 2.6%)
T8) Art (**4.4%**; 3.3%)
T8) Health Science (**4.4%**; 3.5%)

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:

- Prior to starting counseling, 39.8% of our clients reported that they had at one time taken medication for a psychological issue and 6.6% had at some point been hospitalized for a mental health issue.
- Slightly more than half (50.7%) of our clients reported receiving counseling in the past (49% last year).
- In regards to severity of issues, 19.5% reported recent thoughts of harming/killing themselves, and 1.8% reported recent thoughts of harming/killing someone else.
- 18.8% 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 2008/09, 13.8% of UCS clients were tracked.

For the first time ever, a wide variety of counseling centers around the country started a research partnership entitled the Center for the Study of Collegiate Mental Health (CSCMH) which focused on utilizing the same basic set of data from all clients to allow for a comprehensive research project looking at trends in collegiate mental health. This allows us the ability to compare how Truman students who use the counseling center are the same and different from other students at other university counseling centers. For the most part, those that use UCS at Truman are fairly typical of other clients from around the nation. From the Standardized Data Set we found the following areas where Truman clients noticeably differed from other college's counseling center clients:

- More Truman clients had been in counseling and more had taken medication of psychological issues.
- More Truman clients had considered suicide but fewer had attempted suicide.
- Truman clients perceived that they had a greater and more positive amount of social support from their peers and acquaintances.
- Truman clients engaged in a great deal more extracurricular activity.

From the Counseling Center Assessment of Psychological Symptoms we found the following symptoms/issues where Truman clients noticeably differed from other college's counseling center clients:

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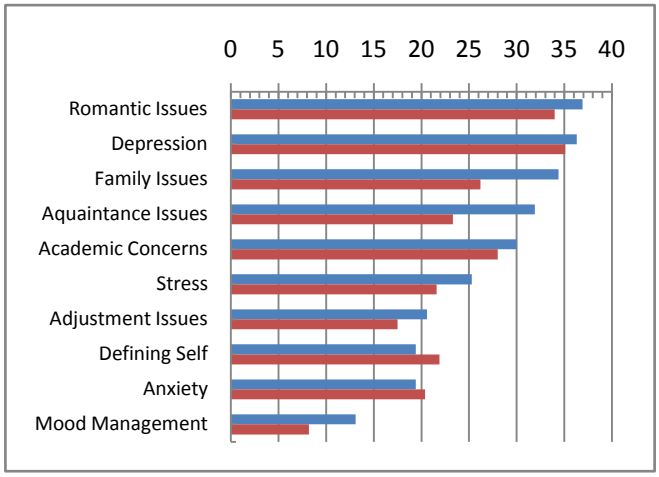
- Described themselves as shier around others.
- Increased sense of being afraid of many things.
- Increased concern that other people do not like them.
- Felt more uncomfortable around people they did not know and more self-conscious around others.
- Increased level of feeling guilty.
- Reported more sleep difficulties.
- More confident in their academics.
- Less use of and less negative consequences of drug and alcohol use/abuse.

From the national data comparison, the main issues that appear to make Truman clients different than the clients at other college's counseling centers is a great deal more social anxiety/concern, higher use of mental health services and less substance abuse.

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 and often are represented in more than one category). UCS does not use DSM classification and these categories were designed by the UCS staff to reflect the developmental and more serious psychological issues that clients we see may experience.

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. The blue bar represents 2009-08 and the red bar represents 2008-07 statistics. The following reflects the percentage of clients that utilized UCS services with that issue.

Closing Case Descriptors



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 51 unique contacts after-hours that required a total of 80.5 contact hours 2008/09.** This number is probably an understatement of the crisis services we offer because when we interact with current clients it is often classified as a regular appointment, not as a crisis.

Groups. In 2008/09, **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), a yearlong body image group and a 4 week skills based group focusing on key psychological skills to improve functioning serving a total of 45 students.** We also attempted to start a support group that combined knitting and open dialogue about life (entitled "Stitch and Bitch") but the challenges associated with helping people learn to knit and trying to also do deep conversation was overwhelming. So we collaborated with Residential Life to participate in a weekly program that was more focused on knitting and socializing.

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. So we extremely pleased that utilization and demand for groups has increased.

In 2009/10, there are plans to continue the general psychotherapy, body image and the 4-session skills training group groups and offer other groups as demands indicate. We plan to offer multiple 4-session groups each semester to make sure that they are available on a regular basis and are a quick and efficient way to intercede to help clients make changes.

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 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. This year we started a new way of bring people into our office for the first appointment. Because of the new approach we wanted to get very specific feedback on the process and used it throughout the year. Both

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satisfaction surveys gave us feedback if a client needed clarification on issues 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.

Screening Evaluation. This was the first year we went to a 30 minute screening instead of a traditional hour long intake. The goal of the screening was to quickly and efficiently determine that the person was appropriate for UCS services, to determine if the needs of that client warranted more immediate services and to encourage healthy behaviors. In the past, we conducted an hour long intake that was a comprehensive assessment of past and current issues that were bringing the person in to counseling. We still complete the core of the intake purpose but it is completed during the first session with their counselor. The rationale for the decision to go to a new method was 1) clients did not like opening up so much with a intake counselor that was not likely to be their regular counselor, 2) felt that the information shared in the intake ended up needing to be repeated in their first session, 3) to be more efficient in order to meet the huge increase in demand for services, and 4) to be proactive in increasing positive health behaviors to increase positive mental health. Therefore, the new methodology of the screening was the primary focus of the evaluation.

Every client who went through the screening process was sent the on-line evaluation and a total of 169 completing the evaluation (33% return rate). What we found out through the evaluation after the screening was that **54% of clients had reservations/fears about coming to UCS, with the main three reasons being "generally scared/nervous about going to counseling" (78%), "not wanting others to know" (65%) and they "thought that their problems were not serious enough to seek professional help/Didn't want to bother UCS" (63%).** When the client had prior contact with a UCS staff member (e.g., lecture, extracurricular activity), **they reported that it made them feel either more comfortable (69%) or had no impact (28%) on coming in to UCS.** After the screening **26% 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**. We also discovered that **49% of clients went to the website to get more information before their screening**.

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	4.88
Professional and confidential front office	4.87
Screening scheduled in reasonable time	4.67
Felt that UCS was confidential and safe	4.71
Helpful to explore wellness issues	3.96
Focus on wellness issues motivated me	3.48
Wellness issues were usefully discussed	3.93
Able to examine main issues	4.39
Felt rushed in screening*	1.95
Intake Counselor was caring	4.77

*Reversed scored

Because of the increase in utilization and waitlist in FY08 we included questions about how clients perceived the waitlist for those who were informed that they would have to wait for on-going services. A total of 89 clients completed the following questions. The table below summarizes feedback we received about being informed that they were going to have to wait for on-going counseling (1=Strongly Disagree, 5=Strongly Agree).

Waitlist Issues

Item	Rating (1-5)
Disappointed there was a delay	3.55
My issues will get worse due to wait	2.67
Delay is a major inconvenience to me	2.75
Delay will negatively impact academics	2.49
Perceive UCS as trying to shorten delay	3.88

It was clear to us that there is some disappointment in having to wait but clients as a whole did not perceive the wait as something that was going to be devastating to their personal or academic lives. But efforts to deal with the wait time for counseling are something that we will be addressing in 2009-10.

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 helped me feel comfortable about coming to counseling in the first place."
- "We actually talked and the counselor made me feel comfortable…none of that 'and how does that make you feel?'"
- "Was friendly but was straightforward about how counseling would work. I appreciated both aspects."
- "The counselor gave me advice and also told me that what I was doing to handle my situations was heading in the right direction. I felt really comfortable in anything and everything I said. It was good to have an informed, unbiased opinion."
- "The counselor made everything seem normal. I felt normal."

In regards to feedback on how we could improve, we received a much smaller percentage of feedback in this

area. Most of the comments were actually compliments but we did receive some feedback on the limited amount of time to explore their issues. The following are a few representative examples of what 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":

- **"**Taken things a bit slower, examined my issues more in depth. I didn't feel too much better about my situation after the screening and at the time, I really needed to."
- "It felt like it was really fast and towards the end I felt kind of rushed."
- "The counselor was fabulous. I wouldn't have changed a thing."
- **"**UCS should probably hire another counselor so that there isn't a 2-3 week waiting list. I felt like my problems are urgent enough to be seen sooner (especially as my grades are drastically suffering)."
- **"**I thought the screening appointment went very well. I have had regular counseling sessions at UCS in the past (before the screening sessions were implemented) and I think they are a good addition to the counseling process in order to figure out the best possible method of treatment."

In regards to feedback we received for ways UCS could improve the screening 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 when we asked "what are the ways UCS could improve the screening appointment process":

- "Maybe extend the time a bit."
- "I think it makes a lot of sense and was well thought-out."
- "It seems like an extensive amount of time between initially requesting counseling and the start of any formal sessions. It's hard enough to seek out help, and the week and a half it takes after it's requested to actually get an official appointment is discouraging."
- "When I left the UCS office I was unsure about how future appointments would differ from the screening appointment. Also, I don't like the term 'screening appointment'. It made me feel as if I was being observed for violent or suicidal tendencies, which made me a little nervous and a little cautious. Calling it a "welcome appointment" or "introductory appointment" may have helped me to relax.
- "The screening appointment was very successful in acquainting me with the UCS process."
- "I think there should be something that we can try to request which counselor we want. No one asked me if I preferred a male or female counselor. I also would have liked to request to have the same counselor as I had for my screening appointment."
- "I would have liked to have been able to schedule my next appointment right then."
- "I think that it could be longer, however, I was amazed at how accurately the counselor summarized me and my issues at the end of the session."

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 146 completed surveys. Results indicated that clients were overwhelmingly satisfied with the counseling they received.
We continued to reach out to clients who stopped coming to counseling and we were able to survey them as we do clients who completed 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. **It is worth noting that in every category we received higher evaluations than last year.** 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	4.36
Felt comfortable with my counselor	4.75
Worked within my worldview	4.63
Safe environment that was confidential	4.86
Counselor was professional	4.78
Counselor was supportive	4.83
Counselor was flexible	4.69
Counselor was collaborative	4.68
Counselor was caring	4.85
Satisfied with services I received	4.61
Would recommend counselor to others	4.75
Would recommend UCS to others	4.79
Would use counselor again	4.70
Would use UCS again	4.71
Better student due to counseling	3.93
Better person due to counseling	4.25
Important to have UCS at Truman	4.96

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

- "UCS was extremely helpful. Honestly I think that talking to my counselor and receiving feedback and

an open ear has kept me here at Truman. Visits were always professional yet very comfortable."

- "Thank you again. It is difficult to put into words how helpful the last few months have been by going to UCS. I would recommend it to anyone who has hit a rough path in their life as I did."
- "I really liked how my counselor did not tell me what I should do, but helped me realize it on my own."
- "My experience with UCS was great. I was having trouble handling the stress of being a senior and balancing everything. My counselor really helped remind me that I was not the only one feeling overwhelmed and then suggested ways I could calm myself down. I feel like I can better deal with stress now. Sometimes it was just helpful to talk about it."
- "Very understanding and it made me feel that I was doing something positive to help improve my situation. This was the first time I have sought counseling and my experience with UCS has convinced me that should I ever need help again I will feel comfortable going to UCS."
- "The social aspect to group therapy helped me the most because I'm not a very social person and hadn't had much experience in the past."

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 when we asked for feedback on "the negative aspects of your counselor and/or UCS from your perspective":

- "I was a little anxious at the beginning because I wasn't sure anyone was going to be able to see me. It sounded like there were a lot of people who needed service and my chances weren't great."
- "I don't think there is enough information about UCS around campus. People generally do not get help when they need it, so more information may be helpful to some."
- "I understand that this is not preventable, but by the time I went to my appointment, the crisis I was facing had cleared up. So the fact that it takes so long to get in was not beneficial for me."
- "It was not a knock against my counselor but it took me a bit to get comfortable, just in that I had a counselor previously who knew how I worked and I was a bit disheartened I couldn't meet with that person again. I'm happy with how it turned out."

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

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. It was extremely useful to get feedback about the screening and counseling processes and we are already working on ways to improve upon the process while maintaining a quality, timely and efficient service.

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, Outcome Questionnaire 30.1 (OQ), which 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.

Change in distress levels on the OQ

YEAR	% with clinical distress	Average Improvement	% of clients improving
2008/09	51%	16%	68%

Approximately **51% 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 was 16% for every client who came to UCS and completed at least two sessions and 68% of client's demonstrated improvement on the OQ based on their score in the first session compared to their last session. **In compiling the data it was interesting to see how clients who have been in counseling with UCS for a year or two were the ones that had the lowest level of improvement according to the OQ.** One explanation is that clients who have been in counseling for 2-3 years are more chronic and outcomes for these individuals may be based more on management of their issues than improvement. The rate of improvement for clients that came to UCS for the first time this academic year had an improvement rate of over 80%. In all cases, subsequent assessment

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information is used by counselors and clients to review their progress and make adjustments as needed.

Change in OQ scores based on session

Session	OQ Score	Session	OQ Score
FIRST	**46.3**	11	42.4
2	43.1	12	46.1
3	41.6	13	41.7
4	40.8	14	46.1
5	42.2	15	39.7
6	42.0	16	41.8
7	41.2	17	48.9
8	40.6	18	42.8
9	41.5	19	46.7
10	43.3	**LAST**	**38.8**

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 first session OQ score in 2008/09 (not the screening or intake) was 46.3. After the first session the OQ score drops for a few sessions and goes up from there indicating that many of the clients that UCS sees improve quickly and only need to be seen for a few sessions. The OQ 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 was administered for the last session, no matter what actual session it actually occurred in, the score was 38.8 demonstrating a very large change from the first session (16%).** 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
2008/09	71.3	79.4	11.4%

National College Health Assessment II (NCHA-II). In the Spring semester of 2009, the Student Health Center administered the revised version of the NCHA-II. Truman had administered the NCHA in its original version three times before. The revised survey expanded its scope with many new questions on mental health along with other general health areas. **It appears that revision is an improvement but it is not appropriate for trend analysis of items from the original survey due to changes in questions and redesign.** The past data is still very valuable in helping define the issues that are faced here at Truman by its students so the past administrations of the NCHA are given when the questions were fairly similar but should not be overly interpreted in terms of trends.

It should also be noted that **the 2009 administration of the NCHA-II had an exceptionally low response rate in comparison to prior administrations (about half as many students completed the survey).** In the past reminder e-mails were sent out and this increased the response rate. This was accidentally not done for this administration and might have impacted the results.

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

Within the last 12 months, Truman students reported the following factors affecting their individual academic performance:

Factor	2009	2007	2006
Alcohol use	**6.1**	**7.5 (7.7)**	**5.8 (7.3)**
ADHD	**2.6**	**XX**	**XX**
Assault (physical)	**0.3**	**0.3 (0.7)**	**0.2 (0.6)**
Assault (sexual)	**0.3**	**1.2 (0.9)**	**1.5 (0.8)**
Computer Use	**17.7**	**19.6 (16.3)**	**15.1 (15.4)**
Concern for others	**10.0**	**21.5 (19.0)**	**20.4 (18.0)**
Death of other	**5.2**	**6.4 (9.4)**	**8.0 (8.5)**
Depression/Anxiety	**XX**	**19.5 (16.3)**	**18.8 (15.7)**
Depression	**15.6**	**XX**	**XX**
Anxiety	**21.4**	**XX**	**XX**
Drug use	**1.3**	**1.5 (3.0)**	**1.3 (2.3)**
Eating Disorder/Prob	**0.6**	**1.2 (1.4)**	**2.4 (1.3)**
Homesickness	**5.2**	**XX**	**XX**
Relationship difficulty	**15.5**	**16.6 (16.4)**	**14.6 (15.6)**
Roommate difficulty	**5.8**	**XX**	**XX**
Sleep difficulty	**23.3**	**31.7 (26.1)**	**27.1 (23.9)**
Stress	**32.0**	**41.4 (34.1)**	**39.6 (32.0)**

With the changes in the NCHA-II it is not prudent to make any trend analyses and without the national data on this administration (that should be released in September) it is hard to make larger assessments. But it is interesting to note that concern for troubled friend or family member, stress and sleep difficulty impacting academics are markedly lower than in any other previous administration of this survey. The new NCHA-II does give more data on stress and sleep and this will be explored further in a later section of this report. The separation of depression and anxiety does give an

interesting perspective to see how much higher anxiety impacted academics more than depression. It will be interesting to see if that is a Truman trend or a national trend.

Truman students reported being diagnosed or treated for the following during the past 12 months:

Issue	2009
Anorexia	**1.0**
Anxiety	**9.4**
ADHD	**3.2**
Bipolar Disorder	**0.6**
Bulimia	**0.6**
Depression	**10.7**
Insomnia	**1.9**
Other sleep disorder	**1.0**
OCD	**1.9**
Panic Attacks	**4.8**
Phobia	**1.0**
Schizophrenia	**0.6**
Substance Abuse	**1.0**
Other Addiction	**0.6**

In the original NCHA this question asked the student to describe what of the following issues did you experience. In the NCHA-II, it is now asking what of the following issues have you been diagnosed or treated by a professional. Because the question was asked so different, it did not seem prudent to provide previous data. **83.0% of Truman students who completed the NCHA-II reported that they were not diagnosed or treated by a professional for any of these issues in the last 12 months.** Without national data to compare to, it hard to determine a great meaning to these results but it is interesting to note that close to 10% of Truman students report a clinical issue involving depression and anxiety.

Truman students reported the following as traumatic or very difficult to handle during the past 12 months:

Issue	2009
Academics	**51.0**
Intimate Rel.	**34.5**
Other Social Rel.	**28.1**
Finances	**24.8**
Sleep Difficulties	**24.6**
Family Problems	**24.5**
Personal Appearance	**21.4**
Career Issues	**17.4**
Personal Health Issue	**14.2**
Family Health Issue	**12.9**
Death Family/Friend	**10.6**

This is a new question for the NCHA-II. Not shocking, academics were regarded as the most challenging issue for students. But with our quality of students it is interesting to note that half regarded academics as traumatic or very difficult to handle. **25.7% of Truman students who completed the NCHA-II reported that none of these issues were traumatic or very difficult to handle in the last 12 months while 46.3% reported 3 or more of the issues as traumatic or very difficult to handle.**

Within the last 12 months, Truman students reported experiencing the following:

Feeling	2009	2007	2006
Overwhelmed	**93.2**	**96.2** (93.1)	**97.6** (93.5)
Exhausted	**87.7**	**93.9** (90.9)	**95.3** (91.5)
Very lonely	**68.8**	**XX**	**XX**
Very sad	**72.3**	**83.6** (79.2)	**83.0** (79.4)
Hopeless	**52.1**	**66.7** (63.3)	**67.3** (62.2)
Extreme Anger	**43.7**	**XX**	**XX**
Massive Anxiety	**54.2**	**XX**	**XX**
Difficult to function	**39.9**	**44.3** (45.0)	**44.9** (43.8)
Self-Injured	**5.1**	**XX**	**XX**
Considered suicide	**8.4**	**9.9** (9.8)	**9.3** (9.3)
Attempted suicide	**0.0**	**1.1** (1.6)	**1.5** (1.3)

With the changes in the NCHA-II it is not prudent to make any trend analyses and without the national data on this administration (that should be released in September) it is hard to make larger assessments. But it is interesting to note that almost every issue the percentage was noticeably lower than prior rates both at Truman and nationally and for the most part the wording in these questions did not change dramatically. The suicide numbers are noticeably different from results from prior years (and even numbers from other surveys given this year). **This seems to indicate that the minor wording changes of the NCHA-II have dramatic effects, our students are less distressed and/or the lack of a reminder increasing the sample size dramatically impacted the results of this administration of the NCHA-II.** Once national results from this administration are released, it may provide some clarification.

Missouri College Health Behavior Survey (MCHBS). Two years ago, Truman and the other public colleges and universities in the state of Missouri began to administer the MCHBS. The survey's major focus is substance usage but it also focuses on mental health issues. The first version's focus on mental health was not as clear as it needed to be and the results ended up being limited in their usefulness. Because it was a Missouri Partners in Prevention (MoPIP) effort, Missouri counseling center directors were able to assist in the creation of the mental health section of the 2009 version of the MCHBS. The following are the results of the 2009 administration of the MCHBS (as % of total Truman students in bold followed by the comparison % of the students at the other public colleges and universities in Missouri):

Truman students reported experiencing the following during the past year:

Issue	2009
Suicidal Thoughts	**17.9**
Attempted Suicide	**1.8**

It is useful to compare these results with the NCHA-II to see the dramatic differences. When the questions were created for the MCHBS, it was decided to not use the exact phasing of the NCHA-II in regards to suicidal thoughts so it is not surprising to see a higher rate in regards to suicidal thoughts. The NCHA-II asks if the students had "seriously considered suicide" while the MCHBS asks if the student had "suicidal thoughts" in the last year. But the question in regards to attempted suicide was virtually identical between the two surveys. Because we are dealing with extremely small numbers, it is not surprising to see a difference but I would not want people to use the NCHA-II numbers to show that suicide is not issue on campus. We at UCS know there are many students on campus that regularly have suicidal thoughts and have attempted during the last year. **It is interesting to note the follow question that was asked to anyone who reported having suicidal thoughts and/or attempted suicide only 24% reported that they sought professional assistance for these issues.**

Truman students reported experiencing the following during the past year:

Issue	2009
Anxiety	**38.3**
Chronic Sleep Issues	**16.2**
Major Depression	**15.5**
Panic Attacks	**12.1**
Self-Injury	**5.9**
Eating Disorder(s)	**5.5**
Alcohol Use/Abuse	**3.8**
Bipolar Disorder	**2.8**
Abusive Relationship	**2.4**
Sexual Assault	**0.7**

Anxiety clearly is something that a large proportion of Truman students experience. But this also might be a case of the power of words. When the MCHBS mental health section was being created, we tried to put an emphasis on differentiating between common wording of mental health issues and more clinical levels of an issue. We were unable to come up with a way to define anxiety on a clinical manner so this high response rate might be due to high levels of anxiety of campus and/or the phrasing of the issue. **46.6% of Truman students who completed the MCHBS reported that they did not experience any of these mental health issues in the last year.**

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 to wait to be seen for an intake and for on-going counseling. Because of high level of utilization we were unable to get people in to counseling immediately. An example of this was the wait time for obtaining regular counseling. **In 2006/07 the wait for an intake was 0.29 days, in 2007/08, the wait increased to 4.38 days and in 2008/09 the wait increased again to 6.31 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. **Because this is not a trend we wish to continue we are planning a major overhaul of how we operate as an office in regards to caseload and assignment to counseling in 2009/10.**

While we haven't extensively researched counseling impacting retention at Truman, **65% of clients responding to our satisfaction survey after completing counseling either agreed or strongly agreed that they were a better student because of counseling.**

Graduating Student Questionnaire (GSQ). Results from the 2007/08 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
2007/08	3.18	502	552
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 increased a great deal over the last year. **In regards to the 28 services and facilities that were surveyed in the GSQ, UCS is rated the 5th highest for the entire campus (and the highest rated office).** It is unclear why the trend of students responding went down after 4 years of increases especially since we have very large increases in utilization over the years that the seniors were at Truman and we also increased our outreach efforts. But it was nice to know that those that used our office thought highly of us.

Quality Improvement Initiatives. As noted above, counselors receive feedback on all information collected from their individual clients and those who they assisted in the screening process. 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

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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
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 2008/09 UCS participated in 330 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 10810 individuals. **We had a dramatic increase in programs, attendance and hours but this is more of an act of the Truman's transition to summer orientation than regular activities of UCS.** When we took out the increase due to summer orientations program with parents the numbers were fairly similar to the high numbers of our recent past. Presentation topics included (but not limited to):

- National Depression Screening Day
- Healthy Relationship Day
- Sleep Awareness Week
- Eating Disorders Awareness Week
- National Alcohol Screening Day
- Question, Persuade, Refer (Suicide Prevention)
- Stress Management
- Emotional Wellness
- 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 174 significant consultations with students, faculty/staff and parents regarding Truman students. It must be noted that the 174 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 to triple 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 years past, we continued to refer many students for medication consultation and other health services, and received many referrals in return. In 2008/09, the staff's 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. In the 2009/10, we plan to continue this collaboration and hope to further integrate our efforts as appropriate.

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We also have representation, via the director, on the Students of Concern (SOC) and Behavioral Evaluation Team (BET), led by the 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. While UCS does 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 and allowed us to provide our psychological expertise with our colleagues from other areas of campus.

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 2008/09, UCS again engaged in well-over 100 outreach, meetings, and 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 2008/09 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 continues to be highly utilized. **Total visits for the 2008/09 year equaled over 21000 for ucs.truman.edu, about a 32% decrease from 2007/08**. While this would normally be concerning, it appears that at some point in October 2008, Microsoft altered the methodology of how they track visits to a site and this dramatically lowered the recorded visits. **It appeared that before the alteration, the UCS website would have received approximately 45000 hits which would have been a 45% increase in utilization.**

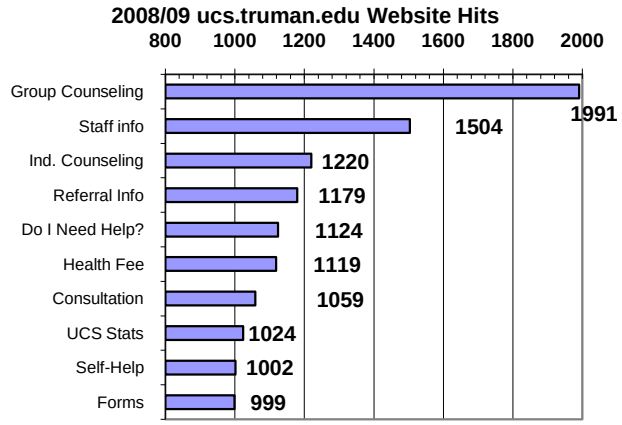
We did include a question about our website and in one of our surveys and it revealed that **about half of people considering counseling go to the website before making contact with our office**. Of those that utilize the website, we received 4.06 out of 5 in terms of if the UCS website is helpful/useful. While that is a decent result, we think we can do better. So in 2009/10 we will look to revitalize the site after about 3 years of limited upgrades in an effort to make it better quality service utilizing the feedback given to us by our clients.

In addition to the main website, we continued to create web pages that had no direct link to the main UCS page 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 website had 1183 hits for that specific site in 2008/09.

We have also made significant progress in the balance.truman.edu website that is viewed as a "wellness" site for a wide variety of issues. This is being done to change the culture on the campus in regards to wellness issues to create more coordination between departments to address these wellness concerns. We hope to have a complete site that is fully operational by the end of 2009/10.

The table below summarizes hit statistics for our main website categories for the year, excluding the homepage:

Website statistics:



Social Networking Sites. A major addition to the office was the use of Facebook as an information and marketing tool. We made a conscious decision to use Facebook since a vast majority of Truman students actively use Facebook. We established an account (facebook.com/TrumanCounseling) and sought out individuals on campus that having regular updates from UCS would be a way to increase our presence on campus and another way to help reduce the stigma affiliated with counseling. We went out and became "friends" with students associated with ResLife, student government, campus media, Greek leadership, and faculty/staff. We have 285 active "friends" and use Facebook regularly to keep counseling information available to the campus.

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In the spring we made a commitment to a weekly Podcast series. We utilized one of our scholarship workers to run the production and were able to create approximately 20 new Podcasts on a wide variety of psychological issues. This series can be found on our website and can be subscribed to on iTunes under "Truman Counseling".

We have also just started a Twitter account (twitter.com/TrumanUCS) and will begin to utilize this social networking site in 2009/10. We are also looking to hire a scholarship worker that will oversee our Facebook, Twitter and iTunes accounts to make sure effort is given to these areas throughout the year.

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:

Utilization of the Screening for Mental Health Site

Mental Health Screening Utilization	FY09	FY08	FY07	FY06	FY05
Depression	154	161	98	215	58
Anxiety	103	98	62	122	40
PTSD	24	22	17	44	10
Bi-Polar	62	73	38	91	29
Alcohol	44	39	18	51	19
Eating Disorders	35	54	31	83	38

Usage of the online screening program stayed at a constant level. This is an area of outreach that would be relatively simple to increase in utilization without much effort and we hope to do that by using our social networking to have our students more aware of this resource. But we are still happy that a significant percentage of our campus uses this resource to gain information about their mental health status.

Student Health 101 Magazine. At the end of 2008/09 we subscribed to an on-line magazine focused on the health of college students in a collaborative effort between many student affairs departments and academic affairs. This magazine will be sent out monthly to our students and will hopefully be connected to many aspects of Truman to increase utilization and usefulness of this product.

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 recruitment days, new staff orientation, campus health fair, and at all of the screening/awareness days that UCS sponsors.

Alcohol Education

While it is not the primary responsibility of UCS to oversee the policies and responses to alcohol and other drug use, we see alcohol abuse as serious and important 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 2007/08 we altered the process to separate out "heavy" alcohol users from people that might have made a one-time mistake. This increased our interaction with students since we did a full assessment of them once they were referred. We had some success with this method but we had a great deal of false positives (people referred over but were not deemed to be "heavy" users). In 2008/09 we had the conduct office administer a screening test to better determine "heavy" users and this lowered the rate of students being sent over that were "heavy" users but also limited the false positives and seemed to work better for both offices.

In 2008/09, 34 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.

For some reason the referrals to the group were drastically down this year. In prior years we typically have around 100 students be assigned to the group. Because of the very low numbers the dynamic of the group was very different. We will see next year if this is a permanent trend.

Truman has primarily collected data on substance abuse via the National College Health Assessment II (NCHA-II) and the Missouri College Health Behaviors Survey (MCHBS). **Again it should be noted that the NCHA survey changed in 2009 and any trend analysis of items from the original survey due to changes in questions and redesign should be done with caution.** The following are the results of the last three years for the NCHA-II (as % of total Truman students in bold followed by the comparison % of the students at all other institutions) the last two years for the MCHBS (as % of total Truman students in bold followed by the

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comparison % of the students at all public institutions in Missouri) in regards to questions about alcohol and marijuana usage:

NCHA-II data on alcohol use by Truman students:

Usage	2009	2007	2006
Never	**21.0**	**22.5** (18.6)	**23.0** (17.2)
Not in last 30 days	**11.0**	**14.8** (14.0)	**12.6** (13.2)
Used 1-9 days	**55.8**	**52.6** (52.3)	**55.9** (54.0)
Used 10-29 days	**11.6**	**10.1** (14.6)	**8.6** (15.1)
Used all 30 days	**0.6**	**0.0** (0.6)	**0.0** (0.5)

MCHBS data on alcohol use by Truman students:

Usage	2009	2008
Never	**26.6**	**15.2** (20.8)
Not in last 30 days	**10.3**	**14.6** (12.9)
Used 1-2 days	**21.4**	**19.9** (21.5)
Used 3-5 days	**15.9**	**23.2** (18.0)
Used 6-9 days	**15.5**	**16.6** (15.0)
Used 10-20 days	**10.3**	**9.3** (10.2)
Used 21-30 days	**0.0**	**1.3** (1.5)

NCHA-II data on marijuana use by Truman students:

Usage	2009	2007	2006
Never	**70.8**	**76.7** (63.9)	**77.9** (65.5)
Not in last 30 days	**16.3**	**14.3** (19.6)	**12.6** (20.1)
Used 1-9 days	**9.0**	**5.8** (10.6)	**7.1** (10.0)
Used 10-29 days	**2.2**	**2.3** (4.1)	**1.8** (3.2)
Used all 30 days	**1.6**	**0.9** (1.7)	**0.5** (1.2)

MCHBS data on marijuana use by Truman students:

Usage	2009	2008
Not in past year	**79.1**	**75.8**
Used 1-6x/year	**12.8**	**16.3**
Used 1-2x/month	**4.6**	**3.8**
Used 1-2x/week	**1.1**	**1.7**
Used 3+x/week	**2.5**	**2.4**

What this data tends to reflect is that more Truman students compared to their peers at other institutions around the country and Missouri 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

2008/09 was the seventeenth 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 1100 students attended STEP programs and presentations last year.** The table below summarizes their programs:

Title (topic)	#	attendance
Choices (various)	2	1000
Diversity Awareness Display (diversity)	1	40
Activities Fair	1	40
Safe STEPS (sexual assault prevention)	1	30
A Place at the Table (diversity)	1	15
STEP and WRC sponsored Political Party Panel	1	30
TOTAL	**7**	**1155**

Choices: For the seventeenth consecutive year, the Choices program was presented to the entire freshmen entering class. Overall the program received positive feedback once again. One student responded, "It was a cool performance. Kudos to all the people who were a part of this awesome program. It was different from what I had seen but it was wonderful. Keep this thing up." The following table summarizes evaluation data collected from the 369 first year students who responded to the survey:

Item	% responding very much or somewhat
Did you like the Choices presentation during Truman Week?	85%
Did the Choices presentation make you think about common college issues?	80%
Do you think the Choices presentation will impact your decisions, behaviors and/or opinions on common college issues?	41%
Did the follow-up group discussion after the Choices presentation with your residence hall help you feel that individuals will support your transition to life at Truman?	68%
Overall, did you find CHOICES and the follow-up discussion useful in your transition to Truman?	62%

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):

Within the last 12 months, Truman students reported experiencing the following:

Issue	2009	2007	2006
Physical fight	**6.7**	**5.6** (7.4)	**3.8** (6.2)
Physically assaulted	**3.5**	**2.1** (4.2)	**2.2** (3.5)
Verbal threat	**19.9**	**XX**	**XX**
Sexual verbal threats	**XX**	**2.9** (3.6)	**2.9** (3.4)
Unwanted sexual touch	**7.0**	**10.2** (8.4)	**11.1** (8.4)
Attempted rape	**1.9**	**3.1** (2.8)	**3.1** (2.7)
Rape	**0.6**	**2.0** (1.6)	**1.3** (1.4)
Stalking	**6.4**	**XX**	**XX**
Abusive rel. - emotional	**9.9**	**10.3** (13.6)	**9.1** (12.1)

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Abusive rel. - physical	**1.3**	**1.5** (2.4)	**1.1** (1.9)
Abusive rel.- sexual	**1.3**	**2.1** (1.7)	**1.3** (1.5)

With the changes in the NCHA-II it is not prudent to make any trend analyses and without the national data on this administration (that should be released in September) it is hard to make larger assessments. But it is interesting to note that physical fights and assaults increased while many of the sexual and/or relationship connected assaults decreased. Once we have the national data comparisons with the 2009 data can be done.

Student Affairs Initiatives

An outcome of the Art & Science report was that Truman needed to do more to increase fun and school spirit. A focus of that work was on the high stress levels of the campus and UCS was asked to take a lead on helping reduce the stress on campus. We have known for a long time that stress levels were high at Truman compared to other universities according to the NCHA surveys but never looked at why that existed. The reasonable thing to do was to get more specific data on stress for campus. Below is some of the data that we received about stress at Truman in the last year:

Within the last 12 months, Truman students rated their overall stress experienced in the NCHA-II as:

Stress Level	2009
No stress	**1.0**
Less than average	**8.0**
Average	**34.7**
More than average	**47.3**
Tremendous stress	**9.0**

In the past 2 weeks, Truman students reported their stress level in the MCHBS as:

Stress Level	2009
Experience no stress	**1.1**
Minimal	**10.4**
A little stressed	**18.9**
Stressed but managing	**46.8**
Overwhelming	**20.0**
Unbearable	**2.9**

Without comparison numbers it is hard to elaborate but it is worth noting more than 50% of students reported the stress during the last year as more than average and 23% described their stress in the last two weeks as either overwhelming or unbearable.

To what extent has stress impacted or interfered with your academic and personal life (MCHBS):

Impact	Academics	Personal
Not at all	**17.9**	**17.1**
Somewhat	**40.7**	**32.1**
Moderately	**23.2**	**22.5**
Considerably	**15.0**	**22.5**
A Great Deal	**3.2**	**5.7**

Percentage of Truman students regarded the following as a main source of their stress (MCHBS):

Source	2009
School/Academics	**82.1**
Future Plans	**54.8**
Time Mgmt	**53.4**
Financial Concerns	**36.9**
Dating/Relationship	**34.1**
Organizations	**32.1**
Roommates	**23.4**
Friends	**20.7**
Physical Health	**20.0**
Family	**19.3**
Mental Health	**13.8**
Job	**13.1**

Percentage of Truman students reported doing the following to relieve stress with rating on success of method (MCHBS):

Stress Relief	2009	Did it Help?
Made a List	**65.9**	**3.29**
Smiled/Laugh	**63.8**	**3.96**
Talked w/ Friend	**63.1**	**3.71**
Exercised	**61.0**	**3.62**
Took a Nap	**57.6**	**3.36**
Ate Junk Food	**48.3**	**2.50**
Talked w/ Family	**47.6**	**3.78**
Ate Healthy Food	**45.5**	**3.23**
Played on Computer	**41.7**	**3.04**
Said No to More	**31.7**	**3.59**
Deep Breathing	**26.2**	**3.49**
Cried	**24.8**	**2.75**
Drank Alcohol	**23.1**	**3.12**
Skipped Class	**20.0**	**2.48**
Spent Money	**19.0**	**2.16**
Slept thru Obligations	**14.1**	**2.22**
Avoided Fam/Friends	**13.4**	**2.33**
Avoided Obligations	**10.7**	**2.07**

It is interesting to note stress impacted their personal life more than their social life showing that students at Truman are more likely to give up on social aspects of their life before their academics. At one level that is very positive but talking to a friend or family were some of the most successful stress relief techniques.
In addition to the NCHA-II and MCHBS data, UCS went through the IRB process and began a research project to find correlations between characteristics or involvement patterns at Truman that are connected to increase or decrease stress levels. We sent the survey out to Truman students in May and have received over 300 completed surveys. We plan to start analyzing this data as soon as the fall semester begins and we are looking to form a student research group at UCS to look at this data and to see where else we will need to expand the research. As a part of the research project we formed a “De-Stressing Truman” Facebook group to get qualitative data and already have 68 members.

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Counseling Services Staff

We have an experienced, competent, and committed staff that deserves 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 2008/09, **our professional counselor/ student ratio was 974/1 during the regular academic year. 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

Madeline Herrmann, M.A., Counselor (.83 FTE)
Licensed Professional Counselor

Phil Jorn, M.A., Counselor (.83 FTE)
Licensed Professional Counselor

Jane Maxwell, Ph.D.., Counselor (.83 FTE)
Licensed Professional Counselor

Becky Brandsberg-Herrera, M.S.W, Counselor (.83 FTE)
Licensed Clinical Social Worker

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

Ann Weidner, Secretary (1.0 FTE)

Scholarship/Leadership Students. In the past, students working at UCS provided part-time front office support in the reception area, assisted with outreach programming and helped with various programs. **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. The following are the students that worked with UCS on various projects in 2008/09:

Thomas Boscardin, Junior, *Psychology*
Jennifer Hupe, Junior, *Health Science*
Nathan Imse, Senior, *Computer Science*
Lathe Mayfield, Junior, *Psychology*

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.**

- Joe Hamilton – Member of Truman Week Implementation committee; Advisor for Students Together Educating Peers (STEP); Member of Truman State University's Sexual Harassment Board; and Board Member/Trustee for American Counseling Association – Missouri. In addition, Joe facilitated a section of INDV 150 (Book and Discussion) regarding the book "Dreams of My Father: A Story of Race and Inheritance" by Barack Obama.
- 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); Member of Truman State University's Staff Council**.** In addition, Phil assisted with a Student Affairs Fun and Spirit mountain biking trip to Moab, Utah.
- Brian Krylowicz –Member of Adair County Mental Health Board; Missouri's Suicide Prevention Planning group; Member of Truman State University's Students of Concern Committee; Member of Director of Student Involvement & Campus Activities Director Search Committee; Member of Campus Suicide Prevention Grant workgroup; and Member of Student Affairs' Diversity Cluster. In addition, Brian co-facilitated a Student Affairs Fun and Spirit Trip (Ferris Bueller's Day Off) to Chicago, IL.
- Jane Maxwell – Advisor for the Women's Resource Center; and Advisor for Positive Action Towards Changing Health (PATCH).

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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 a workshop on Self Mutilation Behavior in Young Adults; a workshop on DBT (Dialectical Behavior Therapy); and a workshop on Strategic Planning for Suicide Prevention. In addition, Becky also participated in a webinar discussing Eating Disorders.
- Joe Hamilton attended a workshop on Suicide in Colleges: A Networking and Training Retreat; workshop on DBT (Dialectical Behavior Therapy); and a workshop on Strategic Planning for Suicide Prevention. Joe also participated in several webinars addressing Diversity; and Meeting the Challenges of Eating Disorders in the College Population.
- Phil Jorn attended an Advance Practicum Workshop re: REBT (Rational Emotive Behavior Therapy) and a workshop on DBT (Dialectical Behavior Therapy).
- Brian Krylowicz attended the Association of University and College Counseling Center Directors (AUCCCD) conference in Fort Worth, TX; a workshop addressing BASIC (Brief Alcohol Screenings and Intervention for College Students); a workshop addressing Suicide in Colleges: A Networking and Training Retreat; a QPR Workshop (Question, Persuade and Refer – Suicide Prevention); an Asperger's Workshop (Supporting Students on the Autism Spectrum in Higher Education: It Takes an A-Team); an Assessing and Managing Suicide Risk workshop; a Missouri Counseling Center Director's Retreat; and the Meeting of the Minds – MoPIP workshop in Kansas City, MO. Brian also participated in several webinars addressing Diversity; Legal Issues; Threat Assessment; FERPA; Meeting the Challenges of Eating Disorders in the College Population; and a 3-part webinar addressing Campus Mental Health Action Planning (MHAP).
- Jane Maxwell completed her dissertation and received her Ph.D. degree in August 2008. In addition, Jane attended the ACAM (American Counseling Association of Missouri) conference; a workshop for University Women's Centers; and a workshop on DBT (Dialectical Behavior Therapy).
- Madeline Nash attended a workshop on DBT (Dialectical Behavior Therapy). In addition, Madeline also participated in 2 webinars addressing Eating Disorders including Meeting the Challenges of Eating Disorders in the College Population.

Proposed Goals for 2009/10

- Continue to increase effectiveness and responsiveness in light of increased utilization. To do this UCS will begin a new caseload and scheduling procedure making sure that we will not have a waitlist. (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)
- Continue to maintain direct contact hours for UCS staff to approximately 65% to allow for better preparation and service to Truman students. (Quadrant 3)
- Obtain specific feedback for each counselor via on-line evaluations. (Quadrant 2)
- Obtain accreditation from International Association of Counseling Services. (Quadrant 2)
- Implement a Web 2.0 strategy that interconnects and incorporates all forms of technology to allow for better dissemination of information and a higher level of integration of marketing of our services. (Quadrant 3)
- Continue involvement with local and national research projects to allow for more knowledge of the issues we face and to determine our effectiveness in regards to mental health. (Quadrant 2)