

University Counseling Services

Annual Report

June 2009 – May 2010

Updated by

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Goals for 2009/10

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 that were set for UCS for 2009/10 are in bold with a brief summary of the results following the goal:

- **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)** A change in scheduling procedures was implemented which resulted in higher case loads and the majority of clients receiving sessions once every two weeks instead of weekly. This did accomplish the goal of eliminating the wait list and seems to have little to no impact on client satisfaction.
- **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)** Data from OQ and CAF scores indicate improvement in student functioning and a reduction of negative symptoms.
- **Continue to maintain direct contact hours for UCS staff to approximately 65% to allow for better preparation and service to Truman students. (Quadrant 3)** Direct contact hours were higher last year at approximately 75%. However, with more flexibility with scheduling, this did not seem to be a concern with the staff.
- **Obtain specific feedback for each counselor via on-line evaluations. (Quadrant 2)** All clients were given the opportunity to provide feedback via a follow-up email with a link to the online evaluation with 181 screening evaluations completed and 121 counseling evaluations completed.

- **Obtain accreditation from International Association of Counseling Services. (Quadrant 2)** This goal was not completed.
- **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)** An update of the website based on client feedback was started and we continue to make updates in order to achieve this goal.
- **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)** UCS continued to participate in the Center for the Study of Collegiate Mental Health (CSCMH) research endeavor. We will continue to provide data from the Beck Anxiety Inventory administered to clients in order to help validate the Counseling Center Assessment of Psychological Symptoms (CCAPS). For more information visit <http://ccmh.squarespace.com/>.

2009/10 ACTIVITY DETAIL

Direct Counseling Service

UCS provided face-to-face counseling services to 529 students this year, which represents 9.2% of the student body. This number only includes students who officially completed a screening and does not include any direct services provided like crisis intervention, outreach services or consultation for students who did not complete a screening. This was the highest number of individual students served in one year at UCS since our opening in 1992.

Totals - individuals served

YEAR	Individuals
2009/10	529
2008/09	505
2007/08	515
2006/07*	433
2005/06	416
2004/05	370
2003/04	335
Ave. (1992-2009)	358
% change (1 yr)	4.8%
% change (Ave)	47.8%

*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.



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Individual, Couples and Group Sessions

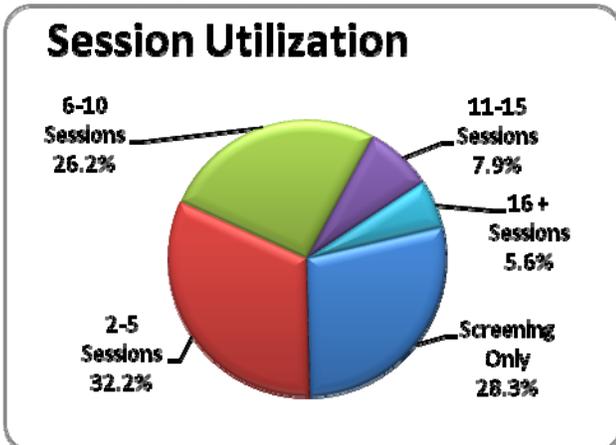
While the number of individuals served increased, the number of sessions decreased minimally and the session average decreased significantly. This was the plan to eliminate the waiting list by increasing the time between individual sessions for most clients. The strategy worked with few complaints from clients and virtually no change in client satisfaction.

Counseling clients & number of sessions

YEAR	Individuals	Sessions	Session avg.
2009/10	529	3505	5.57
2008/09	505	3722	6.46
2007/08	515	4126	6.49
2006/07	433	3022	6.36
1 yr change	4.8%	-5.8%	-13.8%

Groups In 2009/10, UCS conducted 4 groups, 2 general counseling groups (1 in the fall semester and 1 in the spring semester), a body image group and a 4 week skills based group, serving a total of 24 students. UCS also conducted 6 Alcohol Education groups serving 56 students.

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



Crisis Services

The staff of UCS strive to be available for students and those who support students in times of personal crisis. **UCS provides 24/7 coverage during the fall and spring semesters. In 2009/10, there were 113 crisis contacts that required a total of 133 contact hours. Of these contacts, 35 individuals received 73 contact hours of assistance (55% of total).** In addition, UCS staff responded with crisis support after the fire in Centennial Hall and the death of a student off-campus. 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.

Client Demographics

Gender. This year we had a small increase in males seeking counseling. In 2009/10, 31% of the clients at UCS were male compared to 27% in 2008/09, but this is still less than the 35% in 2007/08. The percentage of females inversely for the 2009/10 year was 69%.

Minority/International. The percentage of clients identifying as minority or international students in 2009/10 was 14%. Clients reported 16 different countries of origin.

Sexual Orientation. Of those that utilized our service, 12.1% reported their sexual orientation as Gay, Lesbian, Bisexual or Questioning, which was about the same as the 12.5% reported last year.

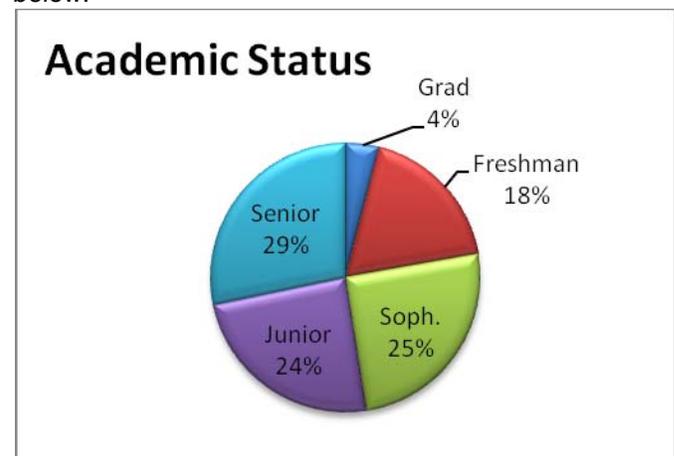
Relationship Status. Over 37% of the clients at UCS reported that they were in a serious dating, committed relationship, civil union or married.

Extracurricular Activity. 27.6% reported either no or occasional activities, 23.6% reported one regularly attended activity, 29.1% reported two regularly attended activities, and 16.6% participated in 3 or more regularly attended activities. 21.5% of our clients responded that they had too many activities and commitments. In regards to intercollegiate athletics, 6% of our clients were athletes.

Emotional Support. When asked if they get the emotional help and support from their family, 17.4% strongly or somewhat disagreed. When asked if they get the emotional support from their friends and acquaintances, 13.4% strongly or somewhat disagreed.

Financial Situation. When asked to describe their financial situation, 30.1% described their current financial situation growing up as always or often stressful.

Year in school. The percentage of students in each year in school was very similar to last year. See chart below:





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Majors. Students from all of Truman's majors utilized counseling. The majors with the highest utilization rates are listed below.

- 1) English **12.6%**
- 2) Psychology **11.3%**
- 3) Biology **10.8%**
- 4) Communications **4.5%**
- 5) Business Administration **4.3%**
- 6) Political Science **4.3%**
- 7) Art **3.8%**
- 8) Health Science **3.8%**
- 9) Nursing **3.8%**

Client Concerns

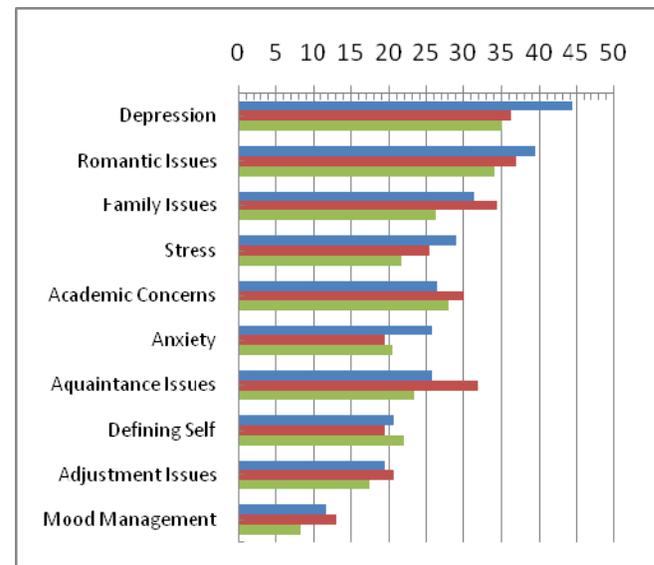
National trends suggest that more students are coming to college with a history of counseling/mental health treatment, and the types of issues they bring with them are serious in nature. Local data that speak to these trends include:

- Prior to starting counseling, 34.2% of our clients reported that they had at one time taken medication for a psychological issue, 6.8% had at some point been hospitalized for a mental health issue, and 9.3% reported attempting suicide.
- Slightly more than half of our clients reported receiving counseling in the past (53.8% last year).
- In regards to severity of issues, 23.8% reported recent thoughts of harming/killing themselves, and 4.8% reported recent thoughts of harming/killing someone else during the screening appointment.
- 22.1% of the time when the Outcomes Questionnaire - 30.1 (OQ), an assessment given every session designed to detect treatment effectiveness, is administered the client responds they have had thoughts of ending their life over the last week.
- Clients who are deemed to be of highest risk are "tracked", a method to make sure that all UCS professional staff are aware of client concerns in case of emergency and that these individuals do not leave services without follow-up. In 2009/10, 4.7% of UCS clients were tracked.

The following graph 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 2009/10 data, the red bar represents 2008/09 data, and the green bar represents 2007/08 data. The following reflects the percentage of clients that utilized UCS services with that issue. Whereas there has been some change in the order of the concerns, these have remained the top ten items.

Closing Case Descriptors



Assessment/Quality improvement

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

One of the major changes implemented this year was a change in frequency of service delivery. In all previous years UCS has been operating, the large majority of clients were scheduled on a weekly basis. This past year we changed to a more flexible schedule with the typical client scheduling an appointment with their counselor once every other week. This change allowed us to eliminate the wait list, which had become too large with too long of wait time. Most clients were seen the week following their screening appointment and very few clients requested to be seen more often and to our surprise many preferred the less frequent scheduling.



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Client Satisfaction

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

Screening Evaluation. Every client who went through the screening process was sent the on-line evaluation and a total of 181 completing the evaluation (34% return rate). What we found out through the evaluation after the screening was that **65.7% of clients had reservations/fears about coming to UCS, with the main three reasons being “generally scared/nervous about going to counseling” (74%), “not wanting others to know” (69%) and they “thought that their problems were not serious enough to seek professional help/Didn’t want to bother UCS” (60%).** When the client had prior contact with a UCS staff member (e.g., lecture, extracurricular activity), **most reported that it made them feel either more comfortable (64%) or had no impact (34%) on coming in to UCS.** After the screening **23% 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 **59% of clients went to the website to get more information before their screening.** This is an increase over the 49% of students who reported that they had visited our website prior to the screening on last year’s evaluation.

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	4.91
Professional and confidential front office	4.90
Screening scheduled in reasonable time	4.75
Felt that UCS was confidential and safe	4.78
Able to examine main issues	4.54
Felt rushed in screening*	1.83

*Reversed scored

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

- “made me feel valid in my stressors and made me feel extremely comfortable in being with her. Counselor was very friendly and encouraging and acknowledged the fact that I may be nervous.”
- “Very open, considerate, understanding of why I felt the way I did.”

- “Counselor listened, understood, and tried to help me with the exact problem I have...something very few others have done or even tried to do.”
- “Friendly and was very thorough about what the process of counseling would be like.”
- “I was a little nervous, but my counselor made me feel at ease and asked questions that helped me explain what was bothering me.”
- “let me discuss the issues I have been dealing with at my own pace and the counselor discussed ways I could help myself outside of counseling.”

Most of the feedback we received when we asked “what are some things your screening appointment counselor could have done to make the screening go better or did that were bothersome” were along the lines of “Nothing. Counselor was great.” and “I didn’t have a problem with anything counselor did.” The two main common criticisms were related to wanting to be asked more questions and wanting the screening appointment to be longer.

- “I felt like I needed to lead the discussion which was a little uncomfortable”
- “I felt a little rushed. I know it was only a screening but at the same time it could have gone a little longer.”

When we asked “what are the ways UCS could improve the screening appointment process,” our main feedback was again that the screening appointment be longer and the desire of some to be assigned to the same counselor after the screening.

- “Schedule more time, which I know is difficult, but I felt slightly rushed the whole time.”
- “I think a great system is set up. However, it does seem odd to me that one could have a different counselor for the screening process and regular appointments.”

Even though there were several comments about the brevity of the screening, only 1% responded Strongly Agree and 9% responded Agree to the item “I felt rushed in my Screening Appointment.”

Counseling Evaluation. At the end of counseling, we ask the client to complete an anonymous satisfaction survey that is e-mailed once their case file is closed. This year we received 121 completed surveys (30% return rate). Results indicated that clients were overwhelmingly satisfied with the counseling they received. Since we changed from most clients receiving weekly sessions to most receiving sessions every two weeks, the table below compares this year’s ratings to last year’s.



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

Counselor ratings

Item	2009/10	2008/09
Helped me achieve my goals	4.21	4.36
Felt comfortable with my counselor	4.69	4.75
Worked within my worldview	4.56	4.63
Safe environment that was confidential	4.77	4.86
Counselor was professional	4.74	4.78
Counselor was supportive	4.76	4.83
Counselor was flexible	4.64	4.69
Counselor was collaborative	4.62	4.68
Counselor was caring	4.74	4.85
Satisfied with services I received	4.46	4.61
Would recommend counselor to others	4.62	4.75
Would recommend UCS to others	4.73	4.79
Would use counselor again	4.61	4.70
Would use UCS again	4.73	4.71

Overall there was only a slight reduction in client satisfaction. Therefore it seems there was no significant impact on client satisfaction from changing from weekly sessions to every two weeks. There was also only one negative narrative comment about the change.

Narrative comments overall were 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:

- “I felt like I left counseling having completed my goals and ready to put what I’ve discovered to good use.”
- “I was able to open up to my group, and learn what I needed to work on. Through talking out my issues, I was able to make sense of my feelings and learn about myself. My counselor always asked questions that made me think about the root cause of my emotions, and helped me figure out steps to take in the future.”
- “I really appreciate the free service. If it had cost money or needed parental consent, I probably would not have gone in. Also, I felt that talking about my feelings in a neutral setting was very helpful.”
- “With counseling, I was able to have some relief from my frustrations, confusions, and fears here at Truman. My counselor gave me perspective on my problems and helped me tackle my major sources of stress, instead of me just trying to handle everything on my own.”

- “Told me what I needed to hear, not necessarily what I wanted to. Supportive, friendly, caring staff who always made my visits comfortable.”
- “I felt like the counseling I received here was more helpful than counseling I’ve attended elsewhere. Here we talked a lot about coping strategies that I could actually use to help in dealing with my issues.”

In regards to feedback we received for ways to improve the services at UCS, most of the comments were similar to “none” or “no negatives.” 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 felt slightly nervous about walking into the front of UCS and being seen by others that knew me.”
- “I could have used a little more constructive or concrete criticism from my counselor.”
- “Schedules at UCS are often very tight, which can be difficult for people who are experiencing acute stress in their lives. I believe that UCS doesn’t receive enough University resources for the amount of stress on Truman’s campus.”

Client Assessment

Outcome Questionnaire. 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	% above clinical distress	Average Improvement	% of clients improving
2009/10	57%	16%	71%

Approximately **57% 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 71% of client’s demonstrated



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improvement on the OQ based on their score in the first session compared to their last session.

Again the results were very similar to last year's, the average first session OQ score in 2009/10 (not the screening or intake) was 46.7. This was very close to the 2008/09 score of 46.3. When the OQ was administered for the last session, the score was 39.3 (the 2008/09 average score was 38.8) rounding to the same 16% change from the first session as last year.

Counselor Evaluation

College Assessment of Functioning. 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
2009/10	72.3	78.8	9%
2008/09	71.3	79.4	11%

Student Retention

While we haven't extensively researched counseling impacting retention at Truman, **77% of clients responding to our satisfaction survey after completing counseling either agreed or strongly agreed that "my counseling experience at UCS helped me (directly or indirectly) make progress towards my educational goals" and 80% of clients responded either agree or strongly agree that "my counseling experience at UCS has added to my positive feelings about being at Truman. In addition, 50% were neutral, agreed, or strongly agreed that "I have considered leaving Truman before completing my degree" and of these students, 52% agreed or strongly agreed that "counseling has helped me stay at Truman."**

Outreach, Training & Consultation Services

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

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

Outreach statistics

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

In 2009/10 UCS participated in 359 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 10632 individuals. 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
- Stress Management
- Emotional Wellness
- MBTI (Myers Briggs) administration and interpretation

Choices: For the eighteenth consecutive year, the Choices program was presented to the entire freshmen entering class and new transfer students. Overall the program received positive feedback once again. The following table summarizes evaluation data collected from the 331 students who responded to the survey:

Item	% responding very much or somewhat
Did you like the <u>Choices</u> presentation during Truman Week?	88%
Did the <u>Choices</u> presentation make you think about common college issues?	88%
Do you think the <u>Choices</u> presentation will impact your decisions, behaviors and/or opinions on common college issues?	48%
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?	75%
Overall, did you find CHOICES and the follow-up discussion useful in your transition to Truman?	65%



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Training

As part of our outreach efforts, UCS staff regularly engage in training activities. **In 2009/10 we provided over 60 hours of training to the Residence Life staff** including training on how to manage and refer students in crisis.

QPR. Four members of the UCS staff are certified Question, Persuade, Refer Gatekeeper Instructors. During 2009/10, we were able to train 266 members of the Truman community on how to use this potentially life-saving technique.

Safe Zone. Efforts were made to increase the presence of faculty and staff who have been trained on how to create a safe environment for GLBT students on campus. Two students assisted Joe Hamilton coordinate the trainings as Safe Zone interns, Connie Huynh and Katibeth Lee. The efforts were very successful with 43 faculty and staff members attending the training. We also again trained the Women's Resource Center student staff. We were also able to create a Safe Zone website. To view the website visit <http://safezone.truman.edu>.

Safe & Strong: Bystander Intervention Training. In 2009/10 we focused on updating our sexual assault prevention efforts to include bystander intervention training. Joe Hamilton and Madeline Nash implemented the training assisted by the UCS Sexual Assault Prevention Interns Virginia Rice and Kapris Clark. Approximately 230 students participated in the training.

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 135 significant consultations with students, faculty/staff and parents regarding Truman students. It must be noted that these consultations are 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.

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 2009/10, 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.

We also had representation 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 Life staff. 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 2009/10, 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 2009/10 and regularly attended meetings



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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. Madeline helped Bacchus and Gamma bring a nationally known speaker to campus for Mental Health Awareness Week with a well-attended presentation.

We continued our collaboration with the Women's Resource Center with Jane Maxwell serving as their advisor and Joe Hamilton providing training.

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.

Online Services

Website. Total visits for the 2009/10 year equaled over 10000 for ucs.truman.edu. Almost 60% of the students that filled out the screening survey said that they had visited the UCS website prior to their appointment to get more information. We have started updating the website based on past feedback and will continue to make revisions to make it more user-friendly and informative.

Social Networking Sites. We continued to use Facebook as a way to keep counseling information available to the campus and advertise our programming. As of the writing of this report Truman Counseling has 488 active "friends". Almost 10% of the screening survey respondents said that they had visited our Facebook page and/or Twitter site prior to their appointment.

Screening for Mental Health. A feature of the UCS website allows our students to take anonymous mental health screenings for common mental health issues. It allows Truman students to find out via a reliable website if they are experiencing significant symptoms for depression, generalized anxiety, Post-Traumatic Stress disorder, Bi-Polar, Alcohol and eating disorders. Students regularly report at the screening appointment that they have taken the screenings online. In an effort to reduce costs, next year we have only subscribed to the online service. We have found that over time students are less interested in the in-person screening events. Therefore, we will put our efforts into promoting the online service.

Student Health 101 Magazine. Beginning in the 2009/10 academic year, Truman subscribed to Student Health 101, an online health and wellness magazine for college students. UCS became the primary Truman contact to manage and produce custom pages and videos for the magazine. Overall students seemed to utilize and appreciate the information in the magazine.

Usage report

Issue	Total pages read	Unique Sessions	Average pages read
Orientation	11,220	1,437	7.81
September	15,013	1,613	9.31
October	8,926	864	10.33
November	7,852	694	11.31
December	4,662	486	9.63
January	8,663	788	11.00
February	8,466	804	10.53
March	7,551	776	9.74
April	9,908	886	11.18
May	4,488	358	12.20
June	8,146	842	9.67

Most read articles each issue

Issue	Most read article
September	Student Activities: Workouts
October	The Roommate Survival Guide
November	Smoke Alarm: Students and Cigarettes
December	Winter Workouts
January	Alternative Fitness: Try something new
February	Healthy Relationships
March	Tattoo You?
April	How's Your Sexual Health
May	What's Next Making the Most of Any Job or Internship
June	Summer Love: Keep the Fires Going

Counseling Services Staff

During the last academic year, we were budgeted to have six full-time professional staff members. On an annual basis, these positions combined for a professional staff FTE of 5.32.

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

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

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

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

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

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

Ann Weidner, Secretary (1.0 FTE)



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Truman State University COUNSELING SERVICES

Annual Report 2009/10

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 – Co-chair United Way Campaign; Member of Truman State University's Sexual Harassment Board; Diversity Work Group; Student Health Center Nurse Practitioner Search Committee. In addition, Joe co-facilitated a section of INDV 150 (Book and Discussion) with Bertha Thomas 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); Advisor for Blue Key. In addition, Phil co-taught a mountain biking class and 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 Campus Suicide Prevention Grant workgroup; and Member of Student Affairs' Diversity Cluster.
- Jane Maxwell – Advisor for the Women's Resource Center; and Advisor for Positive Action Towards Changing Health (PATCH).
- Becky Brandsberg-Herrera – Advisor for Active Minds.

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 Assessing and Managing Suicide Risk workshop.
- Joe Hamilton attended the K-State Mental Health Initiatives Webinar and the Preventing Violence Against Women on Campus Webinar.
- Brian Krylowicz attended the Association of University and College Counseling Center Directors (AUCCCD) conference in Asheville, NC; an Assessing and Managing Suicide Risk workshop; the Campus Threat Assessment Seminar; Meeting of the Minds conference; the K-State Mental Health Initiatives Webinar and the Preventing Violence Against Women on Campus Webinar.
- Jane Maxwell attended the ACAM (American Counseling Association of Missouri) conference; a workshop for University Women's Centers.
- Madeline Nash attended Meeting of the Minds conference; the K-State Mental Health Initiatives Webinar and the Preventing Violence Against Women on Campus Webinar.

Proposed Goals for 2010/11

- **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)**
- **Obtain specific feedback for each counselor via on-line evaluations. (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)**