

# **University Counseling Services**

## **Annual Report**

**June 2010 – May 2011**

Compiled by

Joe Hamilton, M.A.

Assistant Director





100 E. Normal  
 Kirksville, MO 63501  
 660/785-4014; 660/785-7444 (fax)  
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# Truman State University COUNSELING SERVICES Annual Report 2010/11

## 2010/11 ACTIVITY DETAIL

### Direct Counseling Service

UCS provided face-to-face counseling services to 597 students this year, which represents 10% of the student body (using Fall 2010 Total headcount which includes part-time students). This number only includes students who officially completed a screening and does not include any direct services provided like crisis intervention, outreach services or consultation for students who did not complete a screening. This was the highest number of individual students served in one year in the history of UCS, which opened in 1992 and represents a 12.9% increase from last year's record total.

### Totals - individuals served

YEAR	Individuals
2010/11	597
2009/10	529
2008/09	505
2007/08	515
2006/07*	433
2005/06	416
2004/05	370
2003/04	335
Ave. (1992-2010)	367
% change (1 yr)	12.9%
% change (Ave)	62.6%

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

### Individual, Couples and Group Sessions

While the number of individuals served increased significantly, the number of sessions and the session average decreased slightly. This would be expected with one less therapist compared to last year and serving more individuals.

### Counseling clients & number of sessions

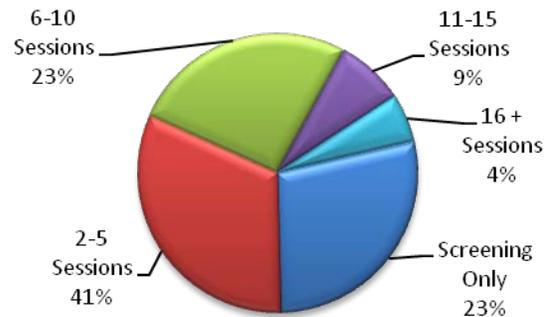
YEAR	Individuals	Sessions	Session avg.
2010/11	597	3361	5.35
2009/10	529	3505	5.57
2008/09	505	3722	6.46
2007/08	515	4126	6.49
2006/07	433	3022	6.36
1 yr change	12.9%	-4.1%	-3.9%

Groups In 2010/11, UCS conducted 2 general counseling groups (1 in the fall semester and 1 in the spring semester). UCS also conducted 7 Alcohol Education groups serving 38 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 5.35, and approximately 87% of clients were seen for 10 or fewer sessions.

### Session Utilization



### Crisis Services

The staff of UCS strive to be available for students and those who support students in times of personal crisis. UCS provides 24/7 coverage during the fall and spring semesters. In 2010/11, there were 38 crisis contacts provided to 29 individual students that required a total of 66 contact hours. UCS staff also provided support responding to the death of a student and a staff member.

Type of Crisis	Number
Suicidal ideation/gesture	13
Emotional distress	11
Suicide attempt	9
Panic attack	3
Self-injury	1

### Client Demographics

*Please Note: the following demographic information applies to the 440 UCS clients receiving an intake or more and not clients receiving a screening only.*

Gender. In 2010/11, 27.7% of our clients identified as male, 71.4% as female and the remaining 1% identified as transgender or chose not to answer.

Minority/International. The percentage of clients identifying as minority was 17%. The percentage of international students in 2010/11 was 6%. Clients reported 16 different countries of origin.

Sexual Orientation. Of those that utilized our service beyond screening, 15% reported their sexual orientation as Gay, Lesbian, Bisexual or Questioning, which was a slight increase over the 12.1% reported last year.

Relationship Status. Approximately 30% of the clients at UCS reported that they were in a serious dating, committed relationship, civil union or married.



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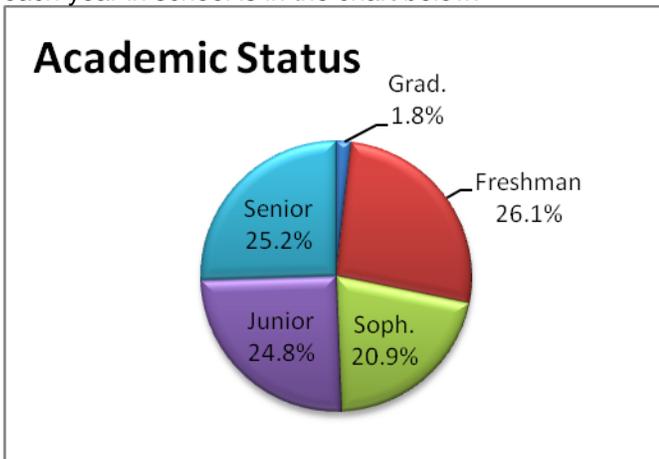
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**Extracurricular Activity.** 24.7% reported either no or occasional activities, 28.6% reported one regularly attended activity, 28.4% reported two regularly attended activities, and 16.6% participated in 3 or more regularly attended activities. In regards to intercollegiate athletics, 6.6% of our clients were athletes.

**Emotional Support.** When asked if they get the emotional help and support from their family, 20.4% strongly or somewhat disagreed. When asked if they get the emotional support from their friends and acquaintances, 13% strongly or somewhat disagreed.

**Financial Situation.** When asked to describe their financial situation, 32.2% described their current financial situation as always or often stressful, which is a slight increase from last year, and 19.5% described their financial situation growing up as always or often stressful, which was a decrease from last year.

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



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

- 1) English 12.0%
- 2) Psychology 11.4%
- 3) Biology 8.9%
- 4) Business Administration 5.7%
- 5) Art 4.8%
- 6) Communications 4.5%
- 6) Communication Disorders 4.5%
- 7) Health Science 4.3%

## 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:

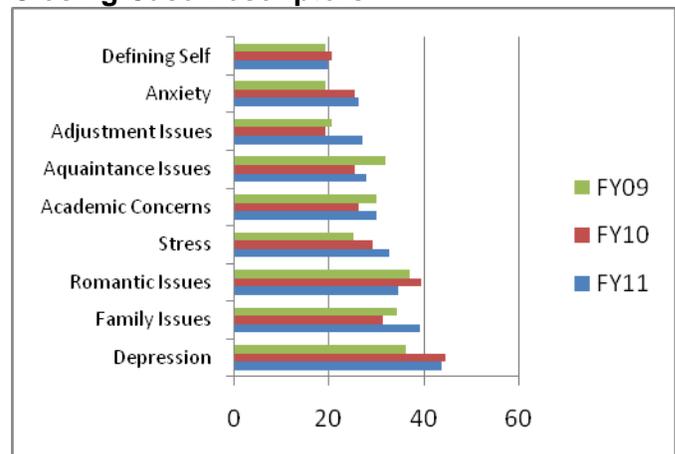
- Prior to starting counseling, 35% of our clients reported that they had at one time taken medication

for a psychological issue, 6.2% had at some point been hospitalized for a mental health issue, and 10.5% reported attempting suicide.

- Slightly more than half of our clients reported receiving counseling in the past (53.5%).
- In regards to severity of issues, 25% reported recent thoughts of harming/killing themselves, and 5.6% reported recent thoughts of harming/killing someone else during the screening appointment.
- When the Outcomes Questionnaire – 30.1 (OQ), an assessment given every session designed to detect treatment effectiveness, is administered the client responds the following to having had thoughts of ending their life over the last week: 18.5% of the time they report rarely, 11.7% sometimes, 3.6% frequently and 1.6% almost always.
- 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 2010/11, 6.0% of UCS clients were tracked.

The following graph displays the top nine categories of issues that the clinicians at UCS determined were addressed in counseling after counseling was complete. The list contains both developmental issues and common mental-health problems. These are not mutually exclusive categories (i.e., students can and often are represented in more than one category). The following reflects the percentage of clients that utilized UCS services with that issue. The blue bar represents 2010/11 data, the red bar represents 2009/10 data, and the green bar represents 2008/09 data. The data is listed from lowest percentage to highest for the 2010/11 year. The order has changed but the top nine categories have remained the same.

## Closing Case Descriptors





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### Assessment/Quality improvement

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

#### Client Satisfaction

Again this year we obtained feedback after the screening and again at the end of counseling. UCS tries to be very responsive to client issues and is constantly looking for ways to improve our service. Screening Evaluation. Every client who went through the screening process was sent the on-line evaluation and a total of 234 completing the evaluation (39% return rate). What we found out through the evaluation after the screening was that **59.0% of clients had reservations/fears about coming to UCS, with the main three reasons being “generally scared/nervous about going to counseling” (82.6%), “thought that your problems were not serious enough to seek professional help/Didn’t want to bother UCS” (60.9%), and “not wanting others to know” (50%).** When the client had prior contact with a UCS staff member (e.g., lecture, extracurricular activity), **most reported that it made them feel either more comfortable (65%) or had no impact (30%) on coming in to UCS.** After the screening **27.65% 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 **55.56% 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	4.85
Professional and confidential front office	4.84
Screening scheduled in reasonable time	4.75
Felt that UCS was confidential and safe	4.81
Able to examine main issues	4.63
Felt rushed in screening*	1.94

\*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 the conversation comfortable and seemed genuinely interested in what was going on in my life.”
- “She was very friendly and welcoming!”
- “I felt listened to. The counselor was extremely relatable and made me like it was okay to be open about my problems.”

- “Talked to me like a normal person, used terms and language like how I use. Listened intently and didn’t interrupt. Very respectful.”

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. I had a very pleasant experience.” And “everything was great.” The two main common criticisms were related to wanting to be asked more questions and wanting the screening appointment to be longer or feeling rushed. Even though there were several comments about the brevity of the screening, only 2% responded Strongly Agree and 11% 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 132 completed surveys (30% return rate). Results indicated that clients were overwhelmingly satisfied with the counseling they received.

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

#### Counselor ratings

Item	Rating (1-5)
Helped me achieve my goals	4.27
Felt comfortable with my counselor	4.63
Worked within my worldview	4.49
Safe environment that was confidential	4.71
Counselor was professional	4.75
Counselor was supportive	4.82
Counselor was flexible	4.61
Counselor was collaborative	4.67
Counselor was caring	4.79
Satisfied with services I received	4.35
Would recommend counselor to others	4.55
Would recommend UCS to others	4.69
Would use counselor again	4.64
Would use UCS again	4.64

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:

- “He listened to what I had to say with an open mind. I received exactly what I wanted from the sessions I had.”
- “He helped me with ways of combating my anxiety. He treated me like a person and not like a crazy person. He was genuine and kind.”
- “My counselor was friendly and very easy to talk to, regardless of how nervous and shy I



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was. UCS had a great atmosphere, Ann was fantastic.”

- “I considered my time at UCS to be an invaluable tool to transform me into a better person.”

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

- “I wish my counselor told me more about what to do, but I guess that is what counseling is all about ...figuring out my own problems.”
- “Always had a busy schedule – I was expecting to see my counselor at least once a week and instead I could only see her once every two weeks, which wasn’t effective in helping me get through my issues.”
- “You need to clean the UCS building more often.”

### 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
2010/11	61%	12%	66%

Slightly over **61% 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 first session OQ score in 2010/11 (not the screening or intake) was 48.9. This was higher than the average 2009/10 score of 46.7.** The average ending score was 42.9 which was also higher than last year’s score of 39.3. Still, the average beginning score was above the distress level cut-off score of 44, while the average

ending score was below the distress level. The average amount of improvement on the OQ was 12% for every client who came to UCS and completed at least two sessions and 66% of client’s demonstrated improvement on the OQ based on their score in the first session (which is actually their third appointment) compared to their last session.

### 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
2010/11	73.5	79.6	8%

### Student Retention

While we haven’t extensively researched counseling impacting retention at Truman, **80% 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 78% 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, 51.5% were neutral, agreed, or strongly agreed that “I have considered leaving Truman before completing my degree.” And 49% were neutral while 41% 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



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our services, and to reducing stigma for those in need of our services.

## Outreach statistics

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

**In 2010/11 UCS participated in 257 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 9158 individuals. Presentation topics included (but not limited to):

- Healthy Relationship Day
- Sleep Awareness Week
- Eating Disorders
- Stress Management
- Emotional Wellness
- MBTI (Myers Briggs) administration and interpretation

**Choices:** For the nineteenth 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 528 students who responded to the survey:

Item	% responding very much or somewhat
Did you like the <b>Choices</b> presentation during Truman Week?	84%
Did the <b>Choices</b> presentation make you think about common college issues?	83%
Do you think the <b>Choices</b> presentation will impact your decisions, behaviors and/or opinions on common college issues?	44%
Did the follow-up group discussion after the <b>Choices</b> presentation with your residence hall help you feel that individuals will support your transition to life at Truman?	70%
Overall, did you find CHOICES and the follow-up discussion useful in your transition to Truman?	65%

## Training

As part of our outreach efforts, UCS staff regularly engage in training activities. **In 2009/10 we provided over 40 hours of training to the Residence Life staff** including training on how to manage and refer students in crisis.

**QPR.** Three members of the UCS staff are certified Question, Persuade, Refer Gatekeeper Instructors. During 2010/11, we were able to train 261 members of the Truman community on how to use this potentially life-saving technique. **We were able to receive grant funding to train two additional staff members in QPR. They will be completing this training during the summer.**

**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. Connie Huyhn assisted Joe Hamilton to coordinate the trainings as the Safe Zone intern. The efforts were very successful with 118 faculty, staff, and students attending the training including again the Women's Resource Center student staff.

**Safe & Strong: Bystander Intervention Training.** In 2010/11, 475 students participated in the sexual assault prevention 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 113 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 schedules.

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.



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### 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 the 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 2010/11, the staffs of both UCS and SHC continued to meet on a monthly basis to coordinate treatment and information on clients who had provided us with written permission to release information between the two offices.

**We also had representation on the Students of Concern (SOC)**, 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 without written permission 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 (or more) 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 2010/11, UCS provided outreach and attended 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 2010/11 and regularly attended meetings 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 Nash and Becky Brandsberg-Herrera helped Bacchus and Gamma and Active Minds bring a nationally known speaker to campus with well-attended presentations on suicide prevention.

**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 Summer Orientation, Showcase events, a campus health fair, and at all of the screening/awareness days that UCS sponsors.

### Poster Campaign

UCS initiated a poster campaign encouraging help-seeking behavior. Many individuals across campus helped with the campaign by sharing their stories and allowing us to use their photo on the poster. These posters featured University President Troy Paino, Director of Multicultural Affairs Bertha Thomas, Director of International Student Affairs Melanie Crist, Residence Life Coordinator Emily Haupt and UCS Counselor Madeline Nash.

### Off-Campus Collaborations

UCS continued to serve on the **Adair County Mental Health Board** and attend monthly meetings. Joe Hamilton created a survey that was used to assess the needs of Adair County residents. We also collaborated on a grant application.

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

Our office has been involved with the **Center for Collegiate Mental Health** since its inception. This year this national study of college and university counseling center clients began its regular data collection phase. Beginning in January we have sent in monthly data about our students and look forward to receiving our comparison data. We also completed our participation in collecting information to help validate the CCAPS Anxiety scale using the Beck Anxiety Inventory.

### Online Services

**Website. Total visits for the 2010/11 year equaled over 9000 hits for [ucs.truman.edu](http://ucs.truman.edu).** Almost 56% 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 will be revising the website based on past feedback and will continue to make revisions to make it more user-friendly, informative and current.

**Screening for Mental Health.** A feature of the UCS website allows our students to take anonymous mental health screenings for common mental health issues. It



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allows Truman students to find out via a reliable website if they are experiencing significant symptoms for depression, generalized anxiety, Post-Traumatic Stress disorder, Bi-Polar, Alcohol and eating disorders. Students regularly report at the screening appointment that they have taken the screenings online.

Type of Screening	# of Students
Depression	155
Generalized Anxiety Disorder	95
Bipolar Disorder	69
Eating Disorders	33
Alcohol	26
Posttraumatic Stress Disorder	23

**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 497 active “friends”. Approximately 10% of the screening survey respondents said that they had visited our Facebook page and/or Twitter site prior to their appointment.

**Student Health 101 Magazine.** Beginning in the fall of 2009, Truman subscribed to Student Health 101, an online health and wellness magazine for college students. UCS remained the primary Truman contact to manage and produce custom pages and videos for the magazine during 2010/11.  
 Usage report 2010/11

Issue	Total pages read	Unique Sessions	Average pages read
Orientation	10,610	1,382	7.68
September	7,980	950	8.40
October	7,188	856	8.40
November	4,870	674	7.23
December	3,696	536	6.90
January	9,543	860	11.10
February	4,945	492	10.05
March	7,200	716	10.05
April	5,963	525	11.36
May	4,620	418	11.07

Most read articles each issue

Issue	Most read article
Orientation	The Roommate Survival Guide
September	Get a Life Outside the Classroom
October	Alcohol and Your Body
November	Tattoos and Piercings
December	A Finals Survival Guide
January	Cooking Basics
February	How Healthy are Your Relationships
March	The Perfect Paper
April	Find the Right Workout for You
May	Budgeting for a Life on Your Own

## Counseling Services Staff

Brenda Higgins, Ph.D., Director (1.0 FTE)  
*Family Nurse Practitioner*  
 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)

**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 Adair County Mental Health Board; Missouri’s Suicide Prevention Planning group; Member of Truman State University’s Students of Concern Committee; Co-chair United Way Campaign; Diversity Work Group; 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), Member Wellness Task Force.
- **Phil Jorn** – Advisor for Students for Sensible Drug Policy (SSDP); Advisor for Blue Key.
- **Jane Maxwell** – Advisor for the Women’s Resource Center.
- **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. This year Joe Hamilton, Jane Maxwell, and Madeline Nash presented at the American College Counseling Association 5<sup>th</sup> Annual Conference in St. Louis.**

- **Becky Brandsberg-Herrera** attended Managing Suicide Risk for Counseling Center Personnel; Suicide Attempts and Hospitalization: 7 Critical Issues for Higher Education (webinar); Mental Health Issues on Campus (webinar); At-Risk Student Referrals: Counseling and Judicial Affairs Partnerships (webinar); American College Counseling Association Annual Conference; Compassion Fatigue Workshop; How to Best Involve Parents or Not (webinar).



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- Joe Hamilton attended Managing Suicide Risk for Counseling Center Personnel; LPC Supervision Workshop; Suicide Attempts and Hospitalization: 7 Critical Issues for Higher Education (webinar); Mental Health Issues on Campus (webinar); Creating a Mentally Healthy Campus (webinar); Campus Mental Health 2010 and Beyond (webinar); At-Risk Student Referrals: Counseling and Judicial Affairs Partnerships (webinar); American College Counseling Association Annual Conference; How to Best Involve Parents or Not (webinar), Meeting of the Minds Conference.
- Phil Jorn Managing Suicide Risk for Counseling Center Personnel; Suicide Attempts and Hospitalization: 7 Critical Issues for Higher Education (webinar); Mental Health Issues on Campus (webinar); At-Risk Student Referrals: Counseling and Judicial Affairs Partnerships (webinar); How to Best Involve Parents or Not (webinar).
- Jane Maxwell attended Managing Suicide Risk for Counseling Center Personnel; Suicide Attempts and Hospitalization: 7 Critical Issues for Higher Education (webinar) ; Mental Health Issues on Campus (webinar); At-Risk Student Referrals: Counseling and Judicial Affairs Partnerships (webinar); American College Counseling Association Annual Conference; Compassion Fatigue Workshop; How to Best Involve Parents or Not (webinar).
- Madeline Nash attended Meeting of the Minds conference; Managing Suicide Risk for Counseling Center Personnel ; Suicide Attempts and Hospitalization: 7 Critical Issues for Higher Education (webinar); Mental Health Issues on Campus (webinar); American College Counseling Association Annual Conference; How to Best Involve Parents or Not (webinar).