

University Counseling Services

Annual Report

June 2018 – May 2019

Compiled by

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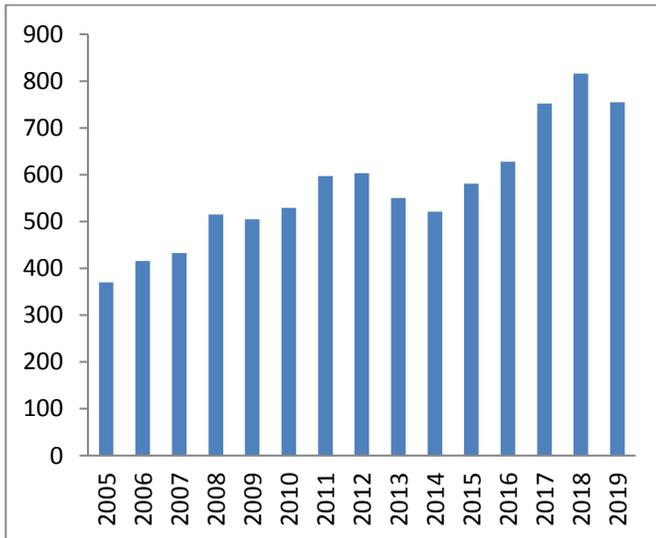
Truman State University COUNSELING SERVICES Annual Report 2018/19

2018/19 ACTIVITY DETAIL

Direct Counseling Service

UCS provided face-to-face counseling services to 755 students this year, which represents 13% of the student body (using a Fall 2018 Total headcount of 5,853 which includes part-time students). This number does not include any direct services provided for students who only received services like crisis intervention, outreach services or consultation regarding concern for others. This represents a decrease from last year's record high of 816 students. Our utilization rate remained at 13%, the same as last year.

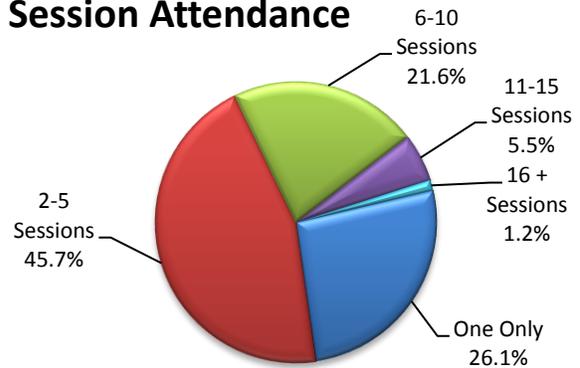
Students Receiving Direct Services FY 2005 – 2019



Groups and Workshops UCS counselors facilitated 8 groups. In addition to our usual groups addressing general presenting concerns such as anxiety and depression, we also offered 2 equine groups and a survivors of sexual abuse and assault group. We also offered a series of 3-session workshops educating students about a topic and teaching coping skills. We offered one workshop on anxiety and one on resilience.

Usage data The graph below summarizes the range of counseling sessions individuals attended. The average number of counseling visits per student was 4.25.

Session Attendance



Crisis Services

The staff at UCS strive to be available for students and those who support students in times of personal crises. **UCS provides 24/7 coverage during the fall and spring semesters. In 2018/19, there were 160 crisis contacts.**

Type of Crisis	Number
Emotional distress	78
Suicidal ideation/gesture	50
Suicide attempt	3
Panic attack	9
Self-injury	6
Other	14

Client Demographics

Please Note: the following demographic information was obtained from students completing an Initial Assessment and Planning appointment and does not include 25 students who had Personal Consultation appointments only.

Gender In 2018/19, 68% of students receiving counseling identified as a woman, 28.3% as a man, 0.5% identified as transgender and 2.5% self-identified.

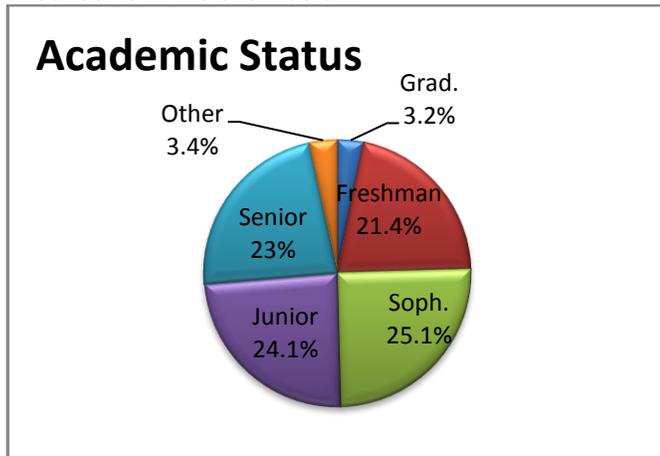
Race/Ethnicity African American/Black 6.2%, Asian American/Asian 4.0%, Hispanic/Latino/a 2.9%, Multi-racial 3.8%, and White 81.3%, Self-identify 0.5%.

International The percentage of international students in was 3.6%. Clients reported their country of origin as 26 different countries.

Sexual Orientation 65.6% identified as straight/heterosexual, 2.3% lesbian, 4.0% gay, 17.6% bisexual, and 4% Questioning. 1.9% of clients did not choose a

response and 4.7% chose to self-identify with asexual and pansexual being the most common responses.

Year in school The percentage of students in each year in school is in the chart below:



First Generation 21.7% reported that they were first generation students.

Extracurricular Activity 31% reported either no or occasional activities, 24.8% reported one regularly attended activity, 22.9% reported two regularly attended activities, and 19.6% participated in 3 or more regularly attended activities. In regards to intercollegiate athletics, 3.8% of our clients identifies as varsity athletes.

Emotional Support When asked if they get the emotional help and support from their family, 24.4% strongly or somewhat disagreed, 17.4% were neutral and 57.6% somewhat or strongly agreed. When asked if they get the emotional support from their friends and acquaintances, 13.8% strongly or somewhat disagreed, 15.1% were neutral and 70.4% somewhat or strongly agreed.

Financial Situation. When asked to describe their financial situation, 30.2% described their current financial situation as always or often stressful, and 23.3% described their financial situation while growing up as always or often stressful.

Majors. **Students from 34 different majors utilized counseling.** The majors with the highest percentages are listed below.

- | | |
|----------------------------|-------|
| 1) Psychology | 10.8% |
| 2) Biology | 9.3% |
| 3) English | 7.8% |
| 4) Exercise Science | 5.3% |
| 5) Business Administration | 4.9% |
| 6) Health Science | 4.3% |
| 7) Communication Disorders | 4.0% |
| Communications | 4.0% |

Prior Counseling 62.4% of our clients reported receiving counseling before receiving services from UCS this past year.

Client Concerns

UCS uses the Clinician Index of Client Concerns to track the concerns addressed in counseling. This form is recommended by the Center for Collegiate Mental Health and is used by counseling centers across the country.

Primary Concerns at Initial Assessment (counselors checked all that applied from a list of 41 issues).

- | | |
|---------------------------|-------|
| 1. Anxiety: Generalized | 58.9% |
| 2. Depression | 51.7% |
| 3. Stress | 40.7% |
| 4. Family | 23.8% |
| 5. Self-esteem/confidence | 21.6% |
| 6. Academic performance | 19.3% |
| 7. Relationship problem | 16.0% |

Assessment/Quality improvement

There are a number of ways in which we evaluate both the quality and effectiveness of counseling services including assessments and client satisfaction surveys. UCS uses the Counseling Center Assessment of Psychological Symptoms (CCAPS) at each appointment to track progress in counseling (see National Comparison charts at the end of this report).

Counseling Evaluation At the end of counseling, we ask clients to complete an anonymous satisfaction survey. This year we received 141 completed surveys (19% return rate). Results indicated that overall clients were satisfied with the counseling they received. The table below summarizes several UCS and counselor characteristics that were rated by clients (1=Strongly Disagree, 5=Strongly Agree).

Counselor ratings

Item	Rating
The secretary treated me in a prof. manner	4.97
Helped me achieve my goals	3.87
Felt comfortable with my counselor	4.35
Worked within my worldview	4.19
Counselor was professional	4.42
Counselor was supportive	4.32
Counselor was flexible	4.32
Counselor was collaborative	4.30
Counselor was caring	4.39
Satisfied with services I received	3.94
Would recommend UCS to others	4.11
Would recommend counselor to others	4.08
Would use counselor in the future if needed	4.12
Helped make progress toward educ. goals	3.68

Outreach and Training Services

An important part of our mission is to provide prevention programming and consultation services to the University community. Part of the mission of UCS is that we are seen as a valuable resource to assist in the

education of our students about a wide variety of mental health issues and to be a resource to faculty, staff, students, parents and community members.

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

Outreach

UCS staff presented 99 outreach presentations on a variety of topics to over 2500 individuals.

Training

As part of our outreach efforts, UCS staff regularly engage in training activities. In 2018/19 we provided training to the Residence Life staff and the Positive Peers facilitators 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 2018/19, we provided 19 trainings and were able to train 235 members of the Truman community on how to use this suicide prevention technique.

RESPOND UCS staff provided RESPOND training to 16 faculty and staff members. The eight-hour course provides a basic overview of symptoms often associated with mental health concerns and offers an action plan to help respond effectively. The training also includes information on how to intervene when someone is experiencing a suicide crisis.

Campus Collaborations

Healthy working relationships with other campus departments and services are critical to effectively serving the campus community. One of our most important collaborative relationships exists with the Student Health Center (SHC).

Another major component of our campus collaboration is serving on University committees. Joe Hamilton served as chair of Truman's Partners in Prevention coalition and a member of the Greek Life Advisory Board and Wellness Dialogues. Madeline Nash served on the Wellness Committee and the Retention Council. Joe Hamilton and Madeline Nash also served on committees supporting the Jed Campus initiatives.

Campus Event Participation

Maintaining an active presence at campus events is another way we regularly advertise our services and decrease the stigma associated with UCS and counseling. This year we set up our display table and had staff available to talk and share informational

materials at 18 events including Summer Orientation and Showcase events.

Off-Campus Collaborations

Brenda Higgins and Joe Hamilton participated in the **Missouri Suicide Prevention Planning Group**. Our office has been involved with the **Center for Collegiate Mental Health** since its inception. We have continued to provide our data to this national study of college and university counseling center clients throughout the year.

Online Services

UCS maintains our website **ucs.truman.edu** that provides information, resources, and self-help materials. In addition we assist in updating the **safezone.truman.edu** and **trumanpip.truman.edu** websites.

Ask, Listen, Refer: Suicide Prevention During the 2018 calendar year, 1145 individuals completed this training.

Social Networking We continued to use Facebook as a way to keep counseling information available to the campus and advertise our programming. Madeline Nash made regular posts on the site.

Professional Development

We place a high priority on professional growth and development in order to remain current and competent in our work. **Our licensed professionals are required by state licensing boards to obtain continuing education to maintain professional licenses.**

The following topics were addressed during our weekly **Professional Development Seminars:**

- Janna Stoskopf – Title IX process
- Joe Hamilton - MACHB Survey
- Sara Holzmeier – University Police
- Brenda Higgins – Update on JED Campus
- CAMS training Follow-up consultation
- Julie Sneddon – Office of Student Access
- Documentation Audit Review
- Donna Peisner – Opioids
- Marla Fernandez – Student Financial Assistance
- Body U program
- Nicole Stelter – Supporting International Students
- Joni Perry- Information about her private practice
- Jennifer Blacksmith – Electronics and the developing brain
- Jennifer Blacksmith – Trauma and Attachment
- Jennifer Blacksmith – Resiliency in college students
- CCMH Annual Report Webinar
- Screenagers Documentary

In addition to our regularly scheduled in-house professional development activities the UCS staff participated in the following:

Joe Hamilton

- Collaborative Assessment and Management of Suicidality Training
- Dialectical Behavior Therapy
- BASICS
- Framing and Effectively Communicating about Sexual Violence
- Rewire the Anxious Brain Webinar
- Webinar - Strategies to Confidently Communicate with Students Experiencing Mental Health Challenges
- Webinar - Understanding My SPP
- Peter Lake Webinar
- Webinar - Distance Counseling: Best Practices in Higher Education
- Webinar - Increasing Student Engagement: Outreach to Marginalized Populations on Campuses

Brenda Higgins

- Collaborative Assessment and Management of Suicidality Training
- Rewire the Anxious Brain Webinar
- Peter Lake Webinar
- Assistance & Support Animals on Campus
- Collaborations in Student Affairs, Health Center & Disability Services to Address At-Risk Students
- Counseling & Outreach Single Servings
- Great Leap Forward in Mental Health Delivery
- Keeping Up with Cannabis
- Opioid Symposium
- Mental Health Inconvenient Truths
- Nutritional Strategies for Depression, Anxiety & ADHD
- A Trauma-Informed Approach to Building Student Resilience
- Transgender Healthcare

Phil Jorn

- Collaborative Assessment and Management of Suicidality Training
- Rewire the Anxious Brain Webinar
- Peter Lake Webinar

Trisha Logan

- Collaborative Assessment and Management of Suicidality Training
- Safe Zone Training

- Mindfulness Online Course
- Rewire the Anxious Brain Webinar
- Peter Lake Webinar
- Attachment-Focused EMDR Course: A Clinician's Guide to Healing Trauma ...

Madeline Nash

- Collaborative Assessment and Management of Suicidality Training
- Rewire the Anxious Brain Webinar
- Peter Lake Webinar
- Post-Traumatic Stress Disorder
- Ethics for Counselors
- Sexual Assault: Evaluation and Care
- Anxiety Disorders
- Shyness: Causes and Impacts

Stacy Simmons

- Collaborative Assessment and Management of Suicidality Training
- Rewire the Anxious Brain Webinar
- Webinar: Strategies to Confidently Communicate with Students Experiencing Mental Health Challenges
- Peter Lake Webinar
- Eating Disorder Treatment

Matt Stocks

- Collaborative Assessment and Management of Suicidality Training
- Rewire the Anxious Brain Webinar
- Peter Lake Webinar
- Eating Disorder Treatment

Erin Storm

- How to Work Effectively with Suicidal Clients
- Rewire the Anxious Brain Webinar
- Webinar: Strategies to Confidently Communicate with Students Experiencing Mental Health Challenges
- Peter Lake Webinar
- Safe Zone Training
- Eating Disorder Treatment



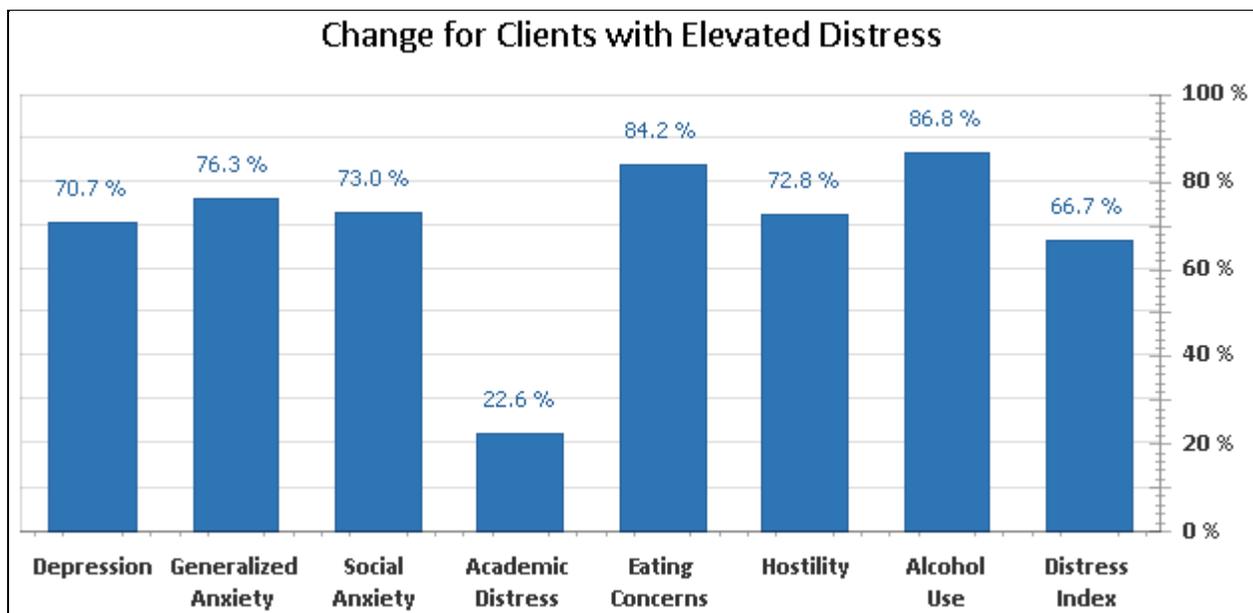
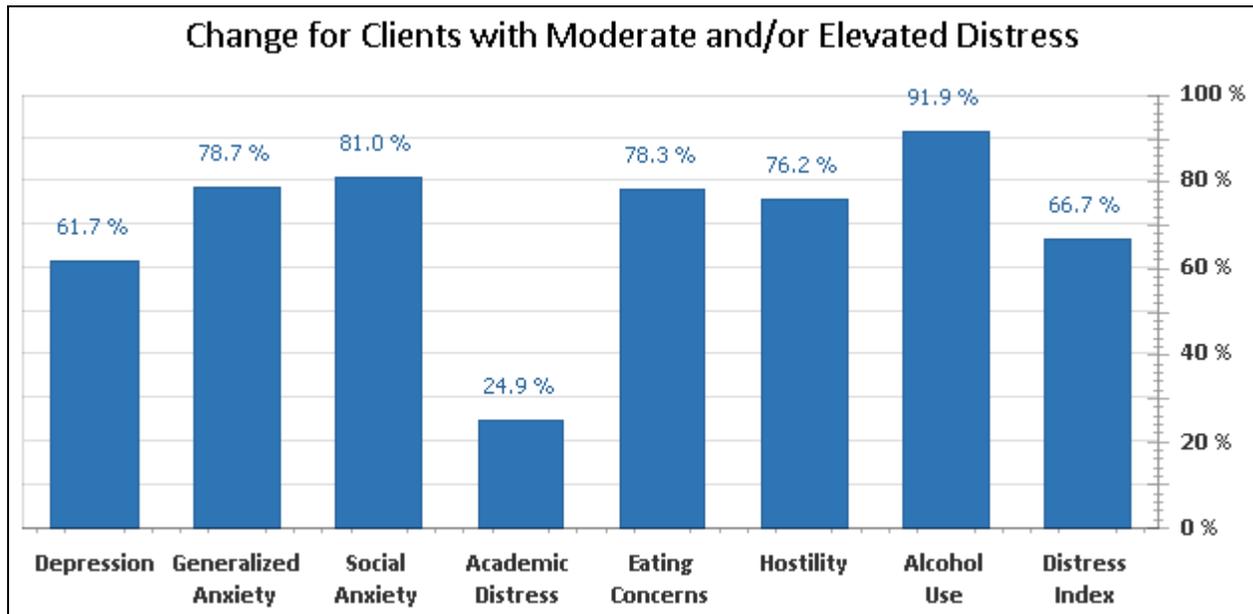
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CCAPS National Comparison — Pre-Post Change

Ver.
5/2017

Based on 433 unique local clients, with at least 3 CCAPS Administrations from 06/01/2018 to 05/31/2019. The clients in the resulting sample have an average of 6 administrations.



This report compares the average change for University Counseling Services clients on the CCAPS' subscales to a national sample of 106 counseling centers representing 47,948 clients. Average change is calculated by subtracting each client's last scorable CCAPS administration from their first scorable CCAPS administration and then averaging these differences by subscale. Two charts are provided above based on client's level of initial distress: (1) clients with moderate and/or elevated initial distress or (2) clients with only elevated initial distress.

For example, looking at the first chart (moderate + elevated), your center's average change for Depression is at the 61st percentile. This means that your center's average change on the Depression subscale is greater than the change achieved by 61 % of counseling centers in the national sample (for clients whose initial distress was at least moderate and/or elevated).