

University Counseling Services

Annual Report

June 2017 – May 2018

Compiled by

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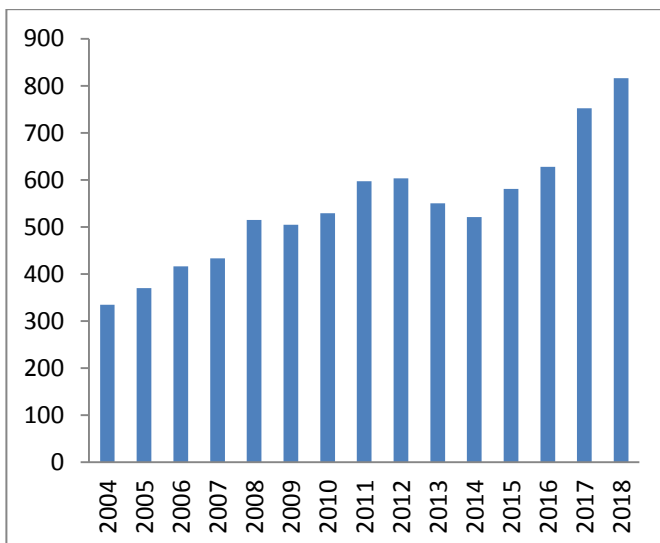
Truman State University COUNSELING SERVICES Annual Report 2017/18

2017/18 ACTIVITY DETAIL

Direct Counseling Service

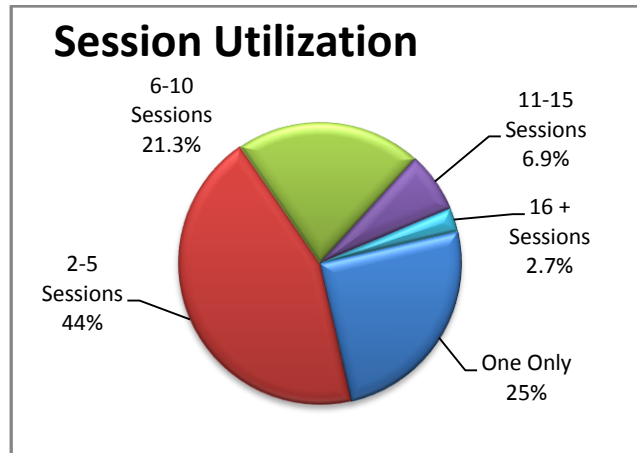
UCS provided face-to-face counseling services to 816 students this year, which represents 13.0% of the student body (using a Fall 2017 Total headcount of 6,272 which includes part-time students). This number only includes students who officially completed an Initial Assessment and Planning (IAP) appointment and does not include any direct services provided like crisis intervention, outreach services or consultation for students who did not complete an IAP. This was the highest number of individual students served in one year in the history of UCS, which opened in 1992. This represents an 8.5% increase in the number of students receiving direct services over last year's previous record of 752 students.

Students Receiving Direct Services FY 2004 – 2018



Groups and Workshops UCS counselors facilitated 10 groups. In addition to our usual groups addressing general presenting concerns such as anxiety and depression, we also offered groups for social anxiety, stress management, and survivors of sexual abuse and assault. This year we offered a series of 3-session workshops educating students about a topic and teaching coping skills. Four workshops focused on anxiety, three on depression and two on resilience.

Usage data The graph below summarizes the range of counseling sessions individuals attended. The average number of counseling visits per student was 4.69, and **approximately 90% of clients were seen for 10 or fewer appointments.**



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 2017/18, there were 144 crisis contacts.**

Type of Crisis	Number
Emotional distress	58
Suicidal ideation/gesture	62
Suicide attempt	4
Panic attack	4
Self-injury	9
Other	7

Client Demographics

Please Note: the following demographic information was obtained from students completing an Initial Assessment and Planning appointment and does not include 30 students who had Personal Consultation appointments only.

Gender In 2017/18, 67.9% of students receiving counseling identified as a woman, 27.9% as a man, 1.2% identified as transgender and 2.7% self-identified.

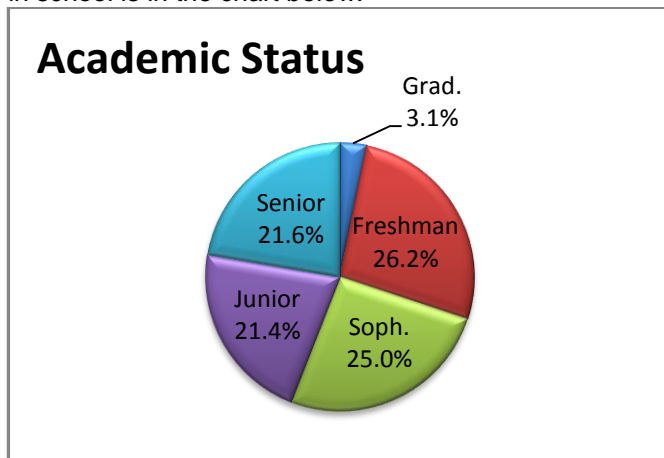
Race/Ethnicity African American/Black 4.0%, Asian American/Asian 4.5%, Hispanic/Latino/a 3.0%, Multi-racial 3.6%, and White 83.2%, Self-identify 0.9%.

International The percentage of international students in 2017/18 was 4.0%. Clients reported their country of origin as 31 different countries.

Sexual Orientation 71.1% identified as straight/heterosexual, 2.2% lesbian, 3.3% gay, 13.5% bisexual,

and 3.5% Questioning. 0.9% of clients did not choose a response and 5.5% 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 18.6% reported that they were first generation students.

Extracurricular Activity 30% reported either no or occasional activities, 23.4% reported one regularly attended activity, 24.3% reported two regularly attended activities, and 21.3% participated in 3 or more regularly attended activities. In regards to intercollegiate athletics, 2.3% of our clients were athletes.

Emotional Support When asked if they get the emotional help and support from their family, 23.7% strongly or somewhat disagreed, 15.9% were neutral and 59.8% somewhat or strongly agreed. When asked if they get the emotional support from their friends and acquaintances, 15.4% strongly or somewhat disagreed, 14.8% were neutral and 69.4% somewhat or strongly agreed.

Financial Situation. When asked to describe their financial situation, 29.5% described their current financial situation as always or often stressful, and 21.9% described their financial situation while growing up as always or often stressful.

Majors. Students from 35 different majors utilized counseling. The majors with the highest percentages are listed below.

- | | |
|----------------------------|-------|
| 1) Psychology | 10.7% |
| 2) Biology | 9.9% |
| 3) English | 8.9% |
| 4) Business Administration | 6.2% |
| 5) Computer Science | 4.2% |
| Health Science | 4.2% |
| 6) Nursing | 4.0% |

Prior Counseling Two-thirds of our clients reported receiving counseling before receiving services from UCS this past year (66.8%).

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 135 completed surveys (17% 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	4.28
Felt comfortable with my counselor	4.60
Worked within my worldview	4.41
Counselor was professional	4.67
Counselor was supportive	4.65
Counselor was flexible	4.51
Counselor was collaborative	4.40
Counselor was caring	4.63
Satisfied with services I received	4.27
Would recommend UCS to others	4.45
Would recommend counselor to others	4.43
Would use counselor in the future if needed	4.43
Helped make progress toward educ. goals	4.16

Student Retention Survey data also included the following: 89% 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, of the 61 students that responded either agree or strongly agree to the survey item "I have considered leaving Truman before completing my degree," 62% responded either agree or

strongly agree that “counseling has helped me stay at Truman.”

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 statistics

Year	Programs	Attendance	Hours
2017/18	150	5175	177.2
2016/17	142	5224	170.8
2015/16	196	6596	185.5
2014/15	212	7144	217.6
2013/14	202	6818	194.5

Training

As part of our outreach efforts, UCS staff regularly engage in training activities. In 2017/18 we provided training to the Residence Life staff and the Women’s Resource Center 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 2017/18, we were able to train 301 members of the Truman community on how to use this suicide prevention technique.

RESPOND UCS staff provided RESPOND training to 39 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). A total of 40 students signed releases allowing us to collaborate on their treatment.

UCS continued representation on the Students of Concern (SOC) Committee. 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 improve student success and help create a safer campus environment.

Another major component of our campus collaboration is serving on University committees. Joe Hamilton served as co-chair on Truman’s Partners in Prevention coalition. Madeline Nash served on the Wellness Committee and the Retention Council.

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 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 2017 calendar year, 1805 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:**

- Title IX – Jamie Ball
- Mindfulness – Rebecca Dierking

- Student Conduct – JD Smiser
- Military Students – SFC Young
- The Opposite of Being Spoiled – Madeline Nash
- Grief – Carla Husted and Carol Davenport
- AUCCCD Conference Report – Joe Hamilton
- Documentation Review
- Resilience Workshop Review – Madeline Nash
- Autism – Mary Shapiro
- ACT Model – Angel Utt
- CCMH Annual Report & Data Review – Joe Hamilton
- ACE – Jennifer Blacksmith
- Preferred Family Healthcare – Vincent Winn
- Art Therapy – Trisha Logan

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

Joe Hamilton

- 2017 AUCCCD Annual Conference
- Missouri Summit on Campus Sexual Violence Prevention
- Disarming the Suicidal Mind – Evidence Based Assessment and Intervention
- Mindfulness Webinar
- Safe Zone Training
- 2017 CCMH Annual Report webinar
- Trauma-informed Care

Phil Jorn

- Disarming the Suicidal Mind – Evidence Based Assessment and Intervention
- Mindfulness Webinar

Trisha Logan

- How to Work Effectively with Suicidal Clients – Jobes
- CCAPS webinar
- Disarming the Suicidal Mind – Evidence Based Assessment and Intervention
- Mindfulness webinar
- Meeting the Challenges in a Changing Mental Health System – NAMI

Madeline Nash

- Disarming the Suicidal Mind – Evidence Based Assessment and Intervention
- Mindfulness Webinar
- Social Justice Fellowship
- Trauma-informed Care

Stacy Simmons

- Disarming the Suicidal Mind – Evidence Based Assessment and Intervention
- Meeting the Challenges in a Changing Mental Health System – NAMI
- Trauma-informed Care

Matt Stocks

- Protecting Your Counselor License
- Mindfulness webinar
- Trauma-informed Care

Angel Utt

- PTSD Workshop
- Disarming the Suicidal Mind – Evidence Based Assessment and Intervention
- Mindfulness Webinar
- Anxiety is Nothing to Fear: Applying the ACT Model
- Safe Zone Training
- Meeting the Challenges in a Changing Mental Health System – NAMI
- Trauma-informed Care





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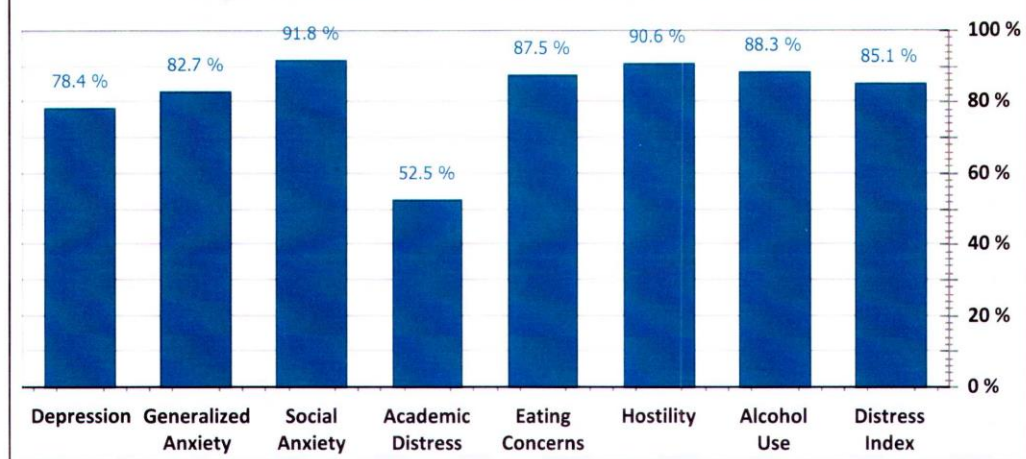
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CCAPS National Comparison — Pre-Post Change

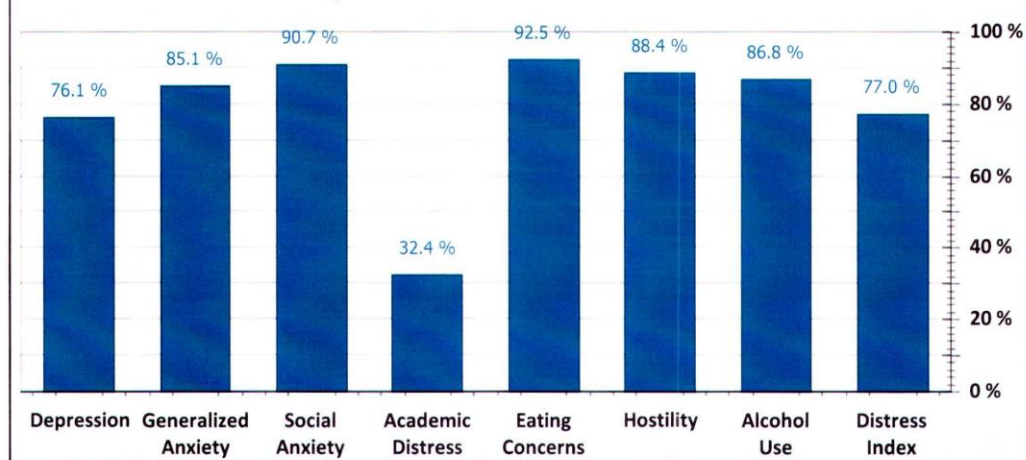
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Based on 582 unique local clients, with at least 2 CCAPS Administrations from 06/01/2017 to 05/31/2018. The clients in the resulting sample have an average of 5 administrations.

Change for Clients with Moderate and/or Elevated Distress



Change for Clients with Elevated Distress



This report compares your center's average change 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 78th percentile. This means that your center's average change on the Depression subscale is greater than the change achieved by 78 % of counseling centers in the national sample (for clients whose initial distress was at least moderate and/or elevated).