

---

# **Clinical Services**

## **Annual Report**

### **2010-2011**

Paula M. Keeton, Ph.D.  
Assistant Director

#### **University Counseling Service**

The University of Iowa  
3223 Westlawn S  
Iowa City, IA 52242-1100

**Annual Report--Clinical Services Area**  
**University Counseling Service**  
**2010-2011 Academic Year**

*Paula M. Keeton, Ph.D.*

This annual report of the Clinical Services Area for the University Counseling Service (UCS) is compiled and organized by Paula M. Keeton, Ph.D., Assistant Director for Clinical Services at University Counseling Service (UCS).

The academic year 2010-2011 saw the Clinical Services Area of the UCS nearly match last year's with regard to hours of direct clinical service delivered to clients. FY11 total number of service hours was 9,255.67 as compared to 9,263.86 last year (a mere difference of 8.19 hours). It appears that the 1,200+ hour leap we made in FY10 over FY09 may be here to stay. A notable increase for FY11, is the total number of unique clients seen: 1,711—which is 108 higher from the previous year at 1,603. Our groups program remains robust and appears to be growing each year (hours in this area increased over 8%). Dr. Brad Brunick's offerings of Mindfulness Based Groups for anxiety and depression have been a success and have proven to be a draw for many students in need. When reviewing Table 1, it may appear that Senior Staff clinical service hours are low—please note the exceedingly high number of practicum trainee hours which are 520 hours (14%) higher than the previous year. We hosted an unprecedented number of practicum students (11 beginners, 4 advanced) during FY11 and Senior Staff spent a great deal of time and energy supervising these trainees.

October/November and March/April proved to be our highest service delivery months. The month of April remains the busiest of the year, exceeding 1,000 clinical appointments. The spring semester was once again busier than the fall semester. This year, clinical activity in the spring semester was 11.2% higher than the fall semester.

Early each semester, the need for clinical services often exceeds what we are able to offer students in need. During fall, 2010, we were able to hold off adding students to a waitlist until week ten as they awaited assignment to their ongoing counselor. Only 24 total names were added to the fall, 2010 waitlist. The average delay in assignment was merely four days. I believe that having so many trainees mitigated our typical early waitlist and longer wait for assignment. The spring, 2010 waitlist was much more of an actual waitlist in terms of service demand and delay in assignment. We went to "waitlist status" in week seven (which proved to be much more manageable than last year when we hit waitlist at week five). Case assignment to counselors was done as quickly as possible with risk assessment being the most highly considered component. During this waitlist period, the delay to assignment averaged 6 days, whereas in "non-waitlist" times, assignment is typically done within 24 hours of intake. The longest wait was 11 days whereas the shortest was one day (based on urgent presenting concerns which merited priority assignment). The highest number of students on the list at the same time was 16 and the total number of names added to the waitlist during the spring, 2011 semester was 76 (which is less than half of last spring's at 153). Again, I believe the high number of clinicians in the agency helped keep the waitlist flowing.

In previous annual reports, it has been mentioned that there was a relatively high number of students calling in for an appointment and for whom no same-day or next-day appointment was available. By adding additional COD slots and by converting other open staff appointments to COD slots, we hope we have reduced the number of students unable to get a timely appointment. It remains difficult, though, to predict how large the unmet needs really are. We do not know how many students who were unsuccessful in getting an appointment called back later in the semester. We are also unaware of how much “word of mouth” about the UCS’s unavailability kept students from seeking out services. Over the course of FY11, the front desk staff tracked the number of students calling in for an appointment and for whom no same day or next day appointment was available. Across the 2010-2011 academic year, 129 individuals were unable to get a same or next day appointment with the UCS. Sixty-two of those students were turned away with no appointment and instructed to call the next day for an appointment. Sixty-seven were absorbed as “overflow” CODs by our clinical staff when they had a cancellation or unfilled ongoing counseling slot.

2010-2011 clinical service highlights for the year can be found in Table 1. Table 2 summarizes comparable data for FY10 and FY09.

**Table 1**  
**Senior Staff and Trainee Clinical Service Hours (FY10)**

Clinical Service Hours	July 1, 2010-June 30, 2011 (FY11)				
	Senior Staff	Trainees		Total Trainees	All Clinicians
		Interns	Practicum		
Individual	2,069.25	706.5	1428	2,134.5	4,203.75
Couple	180	5	0	5	185
Group	1083	707	202.5	909.5	1992.5
COD	1,084.67	214	60	274	1,358.67
Intake	772.25	180.5	106	286.5	1,058.75
Psychoed Testing	181.25	34	0	34	215.25
Psychoed Consult	164.75	15.75	0	15.75	180.5
Case Management	45.75	14	1.5	15.5	61.25
<b>TOTALS</b>	<b>5,580.92</b>	<b>1,876.75</b>	<b>1798</b>	<b>3,674.75</b>	<b>9,255.67</b>

**Table 2**  
**Senior Staff and Trainee Clinical Service Hours (FY10 & FY 09)**

Clinical Services Hours	FY10 Data			FY09 Data		
	Senior Staff	Trainees	Total	Senior Staff	Trainees	Total
Individual	2,544.42	1,793.52	4,337.94	2,295.50	1,663.25	3,956.75
Couples	207.00	14.50	221.50	173.00	16.00	189.00
Group Therapy	1,058.50	772.00	1,830.50	717.00	628.50	1,345.50
COD	1,271.75	241.75	1,513.50	1,092.00	268.75	1,360.75
Intake	629.00	264.00	893.00	581.00	232.00	813.00
Psychoed Testing	158.75	50.50	209.25	146.00	55.00	201.00
Psychoed Consult	181.92	11.00	192.92	141.75	17.00	158.75
Case Management	58.25	7.00	65.25	n/a	n/a	n/a

Of the 1,711 unique clients seen in the CS Area this year, 605 (35%) were seen for only one session. Eighty-nine percent were seen within the informal agency limit of 10 sessions. Approximately 11% (187) were seen for 11 or more sessions (frequently these are group clients). This is well within the UCS goal of having no more than 20% of our collective caseloads be longer-term clients (Table 3)

**Table 3** **Number of clients/percentage of clients**

<b>Number of Appointments per Client</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
1 appointment(s)	605/35.4%	535/33%	650/41%
2 appointment(s)	245/14.3%	233/15%	186/12%
3 appointment(s)	153/8.9%	158/10%	129/8%
4 appointment(s)	126/7.4%	107/7%	102/6%
5 appointment(s)	98/5.7%	85/5%	80/5%
6 appointment(s)	85/5.0%	71/4%	63/4%
7 appointment(s)	64/3.7%	65/4%	58/4%
8 appointment(s)	71/4.4%	61/4%	64/4%
9 appointment(s)	42/2.5%	48/3%	49/3%
10 appointment(s)	35/2.0%	44/3%	30/2%
11+ appointment(s)	187/10.9%	196/12%	183/11%
<b>Subtotal for Number of Unique Clients:</b>	1711	1,603	1,594

Once again this year, the largest college reported by UCS clients was the College of Liberal Arts and Sciences (1,090 of 1,711). This is a slight increase over last year. Overall results are summarized in Table 4.

**Table 4** **Number of clients/percentage of clients**

<b>College</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Business	94/5.5%	111/6.9%	97/6.3%
Dentistry	14/0.8%	21/1.3%	14/0.9%
Education	72/4.2%	85/5.3%	64/4%
Engineering	72/4.2%	70/4.4%	50/3.1%
Graduate	116/6.8%	117/7.3%	118/7.4%
Law	34/2%	32/2%	43/2.7%
Liberal Arts and Sciences	1090/63.7%	970/60.5%	961/60.3%
Medicine	39/2.3%	30/1.9%	33/2.1%
Nursing	46/2.7%	45/2.8%	70/4.4%
Pharmacy	29/1.7%	19/1.2%	36/2.3%
Public Health	24/1.4%	29/1.8%	21/1.3%
No response	81/4.7%	74/4.6%	87/5.5%

The vast majority of clients are of full-time enrollment status, while 8.9% of clients were on academic probation at the time of seeking services. As a point of clarification, the 34 individuals who are “not currently enrolled” most typically are individuals who have been dismissed from

the University. Demographic information related to enrollment and probation status is covered in Table 5.

**Table 5** Number of clients/percentage of clients

<b>Enrollment Status</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Full-time	1,540/90%	1,454/90.7%	1,401/87.9%
Part-time	123/7.2%	96/6%	112/7%
Not currently enrolled	34/2%	48/3%	54/3.4%
No response	14/0.8%	5/0.3%	27/1.7%
<b>Academic Probation Status</b>			
Not on Probation	1,511/88.3%	1,411/88%	1,418/89%
On Probation	152/8.9%	143/8.9%	132/8.3%
No response	48/2.8%	49/3.1%	44/2.8%

Consistent with previous years’ data, the UCS continues to see student clients from all academic classifications, with undergraduate students accounting for 74.1% of service users and graduate students accounting for 21.8% of service users. The number of graduate students seeking out services at the UCS continues to decline, perhaps as the mental health benefit continues to improve for their typical health insurance plan (UIGradCare is currently at a zero deductible for mental health benefits). Notably, clinical service use among freshman and sophomores appears to be trending upward—seemingly as they hear more about our services at Orientation and as stigma around mental health services is lessening in general. Complete data is summarized in Table 6.

**Table 6** Number of clients/percentage of clients

<b>Academic Classification</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Graduate Student	373/21.8%	369/23.0%	428/26.9%
Senior	325/19%	303/18.9%	303/19.0%
Junior	323/18.9%	333/20.8%	282/17.7%
Sophomore	329/19.2%	279/17.4%	253/15.9%
First Year	291/17%	258/16.1%	235/14.7%
Other/ Non-Student	65/3.8%	61/3.8%	86/5.4%
No response	5/0.3%	0	7/0.4%

Continuing with demographics, the UCS also asked clients to describe their relationship status. The majority of UCS clients described their relationship status as single. Other categories are summarized in Table 7.

**Table 7** Number of clients/percentage of clients

<b>Relationship Status</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Single	998/58.3%	910/56.8%	897/56.3%
Serious dating or committed relationship	554/32.4%	540/33.7%	530/33.2%
Civil union, domestic partnership, or equivalent	10/0.6%	n/a	n/a
Married	101/5.9%	120/7.5% <sup>1</sup>	126/7.9%
Separated	9/0.5%	9/0.5%	8/0.5%
Divorced	15/0.9%	4/0.9%	16/1%
No response	24/1.4%	9/0.5%	16/1%

The UCS saw clients from a variety of ethnic backgrounds. Nearly seventy-five percent reported that they identified as Caucasian, whereas just over 20% of students reported being an ethnic minority—this is a slight increase over last year, particularly among African-American and multi-racial students. Please note that the categories we ask students to select from have changed slightly since last year. Results are summarized in Table 8.

**Table 8** Number of clients/percentage of clients

<b>Ethnicity</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
African-American/Black	84/4.9%	69/4.3%	71/4.5%
American Indian or Alaskan Native	10/0.6%	11/0.7%	8/0.5%
Asian American/Asian	116/6.8%	109/6.8%	79/5.0%
Caucasian/White	1277/74.6%	1,218/76%	1,214/76.2%
Hispanic/Latino/a	65/3.8%	69/4.3%	53/3.3%
Native Hawaiian or Pacific Islander	3/0.2%	3/0.2%	2/0.15%
Multi-racial	68/4.0%	51/3.2%	62/3.9%
Prefer not to answer	38/2.2%	n/a	n/a
Other	24/1.4%	n/a	n/a
No response	26/1.5%	n/a	n/a

International students accounted for 6.1% of our clients, representing 36 countries (see Table 9). The most represented countries were China (34 students) and Korea (18 students).

**Table 9**

<b>International Status</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
International Student	104/6.1%	106/6.6%	64/4%
Non-International Student	1540/90%	1,436/89.6%	1,475/92.5%
No response	67/3.9%	61/3.8%	55/3.5%
<b>Countries Represented</b>			
		<b>2009-2010</b>	
Afghanistan	Namibia	Australia	Kenya
Brazil	Nepal	Bangladesh	Korea
Canada	Netherlands	Brazil	Latvia
China	Nigeria	Canada	Martinique
Colombia	Oman	Chile	Mauritius
Costa Rica	Peru	China	Mexico
Egypt	Poland	Colombia	Namibia
Falkland Islands (Malvinas)		Dominican Republic	Oman
Germany	Saudi Arabia	France	Philippines
Guadeloupe	Spain	Germany	Romania
India	Sri Lanka	Ghana	Russia
Indonesia	Syrian Arab Republic	Guatemala	Saudi Arabia
Iran, Islamic Republic of	Taiwan	Honduras	Sudan
Ireland	Thailand	Hong Kong	Syria
Italy	United Arab Emirates	India	Thailand
Kenya	Viet Nam	Indonesia	Turkey
Korea, Democratic People's Republic of		Iran	Ukraine
Korea, Republic of		Ireland	United Kingdom
Kuwait		Israel	Venezuela
Libyan Arab Jamahiriya		Italy	Vietnam
Malaysia		Japan	

Demographics reveal that of the 1,711 individual clients who reported their gender, 62.1% identified as female and 37.1% identified as male with five individuals identifying as transgender. Sixty-six percent of clients were traditionally aged undergraduate students between the ages of 18 and 22. Our youngest client was 15 years old and our oldest was 57. Additional demographic information on sexual orientation, living situation, and disability are summarized below in Table 10. Please note that *raw data* is used in the “Living With” and “Disability” sections of the table since students can endorse more than one category. It should also be noted that we again asked about disability in a different way during FY11. The selection options on this question were modified by the Center for the Study of Collegiate Mental Health (the developers of the Student Demographic Form that all student clients complete upon seeking services at the UCS). Overall, 83 UCS clients reported being registered with SDS.

**Table 10** Number of clients/percentage of clients

<b>Gender</b>	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Female	1,062/62.1%	994/62%	1,006/63.1%
Male	635/37.1%	603/37.6%	560/35.1%
Transgender	5/0.3%	5/0.3%	6/0.4%
No response/Prefer Not to Answer	9/0.5%	1/.01%	22/1.4%
<b>Sexual Orientation</b>			
	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Heterosexual	1,501/87.7%	1,417/88.4%	1,363/85.5%
LGBTQ	140/8.2%	133/8.3%	154/9.7%
No response/Prefer Not to Answer	70/4.1%	53/3.3%	77/4.8%
<b>Residence</b>			
	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Off Campus	1,189/69.5%	1,169/72.9%	1,180/74.1%
Residence Hall	450/26.3%	359/22.4%	353/22.1%
Fraternity/Sorority	38/2.2%	37/2.3%	36/2.3%
Other/No Response	34/2%	38/2.4%	25/1.5%
<b>Living With</b>			
	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Roommate(s)	1180	957	931
Alone	372	316	379
Spouse/Partner/Significant Other	228	204	232
Parent(s)/Guardian(s)	42	42	52
Children	57	50	63
Other/No response	76	53	45
<b>Disability</b>			
	<b>2010-2011</b>	<b>2009-2010</b>	<b>2008-2009</b>
Attention Deficit/Hyperactivity Disorders	54	n/a	n/a
Deaf/Hard of Hearing	2	n/a	n/a
Learning Disorders	27	n/a	n/a
Mobility Impairment	5	n/a	n/a
Neurological Disorder	4	n/a	n/a
Physical/Health Related Disorder	6	n/a	n/a
Psychological Disorder/Condition	26	n/a	n/a
Visual Impairment	8	n/a	n/a
Other	12	n/a	n/a

## Diagnostic Prevalence

Continuing in a similar fashion to last year, approximately 73% of clients seeking service at the UCS reported a level of severity as “somewhat” to “extremely” urgent (compared to 74% during FY10). Results are summarized in Table 11.

**Table 11** Number of clients/percentage of clients

Level	2010-2011	2009-2010	2008-2009
7 (extremely urgent)	101/6%	117/7.3%	101/6.3%
6	244/14.3%	205/12.8%	225/14.1%
5	399/23.3%	390/24.3%	372/23.3%
4 (somewhat urgent)	502/29.3%	471/29.4%	452/28.4%
3	269/15.7%	260/16.2%	246/15.4%
2	146/8.5%	117/7.3%	143/9%
1 (not at all urgent)	39/2.3%	43/2.7%	28/1.8%
No response	11/0.6%	n/a	27/1.7%

As in previous years, the UCS saw clients with a range of diagnostic severity. The majority of our clients (73%) were dealing with having at least one “phase of life” problem (represented by V codes). In addition, our clients also struggled with more severe mental health issues including mood disorders (depression and bipolar disorders) at 29% (as compared with last year’s 31%), anxiety disorders at 40% (as compared with last year’s 32.6%), and more severe adjustment disorders at 26% (as compared to last year’s 22.6%). Please note that some individual clients may have multiple diagnoses. Please see Table 12 for a summary of agency diagnoses.

**Table 12** Percentage of agency diagnoses

Disorder	2010-2011	2009-2010	2008-2009
Mood	29.04%	30.92%	24.62%
Anxiety	40.17%	32.56%	26.34%
Adjustment Disorders	25.96%	22.60%	25.77%
V Codes	72.85%	77.30%	79.18%
Substance Abuse	9.94%	10.10%	6.03%
Eating Disorders	6.03%	6.02%	6.31%
Learning Disabilities & ADHD	8.12%	8.20%	4.74%
Identity Problem	9.16%	10.02%	12.99%

With regard to specific diagnoses, the largest single diagnosis given in the agency is Academic Problem (V62.3). Over 22% of all clients reported experiencing academic distress to the extent that it merited a diagnosis. The next highest specific diagnosis was Partner Relational Problem (V61.1) at 15.4% followed by Anxiety Disorder NOS (300.0) at 14%. Additional diagnostic notes include nearly 10% of clients reported behavior and symptoms severe enough to merit substance abuse diagnoses and 4% (66 individuals) of UCS clients reported symptoms congruent with Post Traumatic Stress Disorder.

Also reported are clients’ multiple referral sources (clients could endorse more than one referral source, therefore the total number exceeds the number of actual clients). Comparisons to previous years are in Table 13.

**Table 13**

Number of Referral Sources

Referred By	2010-2011	2009-2010	2008-2009
Self	968	864	856
Family	503	457	387
Friend	475	443	449
Student Health	190	181	164
Other physician	85	78	74
Faculty	107	106	90
Academic Services/Advisor	174	175	161
Disability Services	32	39	24
Therapist/Counselor	71	87	68
Housing	47	36	24
CLAS	20	16	7
Clergy	11	9	13
Other	120	118	104

The UCS also tracks clients’ verbal endorsement of a variety of concerns during the actual COD appointment. For example, in FY11, over 66% of all clients coming in for a COD appointment endorsed having some academic problems compared to FY10 when 58% endorsed academic concerns. Please note that this list was streamlined at the start of FY11. Some new items now capture several items from previous years. Of note are that nearly 60% of clients report having had mental health treatment or hospitalization before coming to us; nearly 32% have been a victim of violence or trauma; nearly 60% are having some kind of sleep difficulty; and over 50% are using alcohol in some kind of problematic way. The data are summarized in Table 14 below.

**Table 14**

Concern Endorsed	2010-2011	2009-20010	2008-2009
Academic concerns?	66.2%	58.0%	54.2%
Suicidal ideation?	22.1%	22.2%	15.6%
Previous suicide attempt?	6.6%	6.5%	4.1%
Currently self-harming?	8.8%	n/a	n/a
Previous mental health treatment and/or hospitalizations?	58.7%	n/a	n/a
Current and/or history of psychotropic medications?	23.5%	n/a	n/a
Recent harm ideation?	5.5%	1.7%	1.4%
Present/past violence toward others?	6.8%	3.0%	2.6%
Present/past victim of violence/trauma?	31.6%	19.6%	16.3%
Physical health concerns and/or meds for health problems?	30.5%	24.8%	26.1%
Sleep disturbance?	58.2%	62.1%	55.2%
Sexual concerns?	14.4%	n/a	n/a
Alcohol use?	52.1%	n/a	n/a
Other substance use?	13.1%	n/a	n/a
Bulimic/anorexic eating disturbance?	6.5%	3.3%	4.1%
Other eating disturbance?	3.2%	n/a	n/a
Living environment concerns?	24.7%	n/a	n/a
Work concerns?	16.0%	9.8%	10.4%

## LAOAP Evaluations

The UCS again assisted the College of Liberal Arts and Sciences in providing reviews for students requesting special consideration for waiving college guidelines for late course withdrawal or registration cancellation due to psychological issues. We also consulted with students who were seeking to appeal their dismissal from the University due to psychological issues. For clients seen by the UCS during the semester(s) in question, the Clinical Director conducted a file review to establish and/or verify the existence of predetermined criteria. Students who were not seen at the UCS during the semester in question had the option of requesting a face-to-face meeting with the UCS director to discuss their psychological issues as they related to their academic difficulties. Eighty-one requests (compared to 41 in FY10 and 28 during FY09) were evaluated during the 2010-2011 year. Results are as follow in Table 15.

**Table 15**

Status	Course Drop	Cancellation of Registration	Appeal of Dismissal
Approved	29	23	5
Denied	0	1	0
No Recommendation	6	13	4
Deferred	0	0	0

## Clinical and Career Testing

Once again the UCS offered a variety of psychological and career tests. Psychological, personality, and career tests were available with a counselor’s referral or on a walk-in basis. Not included in this table are over 60 Myers-Briggs Type Indicators that were administered during teamwork and leadership programs—these numbers would fall under the Program and Consultation Service area. Clinical and career testing totals for the 2010-11 year were as follow:

**Table 15**

Test Administered	#
Strong Interest Inventory	6
Myers-Briggs Type Indicator	4
Minnesota Multiphasic Personality Inventory – 2	5
Beck Depression Inventory	2

The UCS also offers psychoeducational screenings and evaluations for University of Iowa students. The screening appointments are designed to determine whether a full evaluation is warranted for students with concerns regarding learning disabilities and/or attention deficit-hyperactivity disorder. One senior staff psychologist has expertise in this area. She also supervises one intern in this area throughout the year. The vast majority of the work however is executed by the senior staff psychologist. During FY11, there were 130 screening appointments with 35 completed psychoeducational evaluations.

## Client Satisfaction Survey

The UCS once again collected client satisfaction data during a two-week survey period in the spring semester, 2011. A new satisfaction survey was created in the hope of capturing more information and feedback from our clients. Below is the summary of the 267 clients who completed the questionnaire. Overall, it appears that clients are quite satisfied with the services they receive at UCS. Narrative satisfaction comments are included in Appendix A.

Strongly Agree=5      Agree=4      Neutral=3      Disagree=2      Strongly Disagree=1

### My counselor . . .

took time to understand me and my concerns.	MEAN = 4.8
treated me respectfully and courteously.	MEAN = 4.9
was knowledgeable and professional.	MEAN = 4.8
helped me meet/create my counseling goals.	MEAN = 4.6
challenged me when I needed it.	MEAN = 4.4
supported me when I needed it.	MEAN = 4.7
was warm toward me.	MEAN = 4.8
displayed interest and concern about me.	MEAN = 4.8
was helpful.	MEAN = 4.7

### Give yourself a rating on . . .

being open and honest about your concerns.	MEAN = 4.5
being an active participant in counseling.	MEAN = 4.6
regularly keeping your appointments.	MEAN = 4.6
implementing what you are learning in counseling.	MEAN = 4.3

### Rate your overall experience at UCS.

UCS has a convenient and accessible location.	MEAN = 4.1
UCS has a comfortable and attractive setting.	MEAN = 4.3
UCS provided service to me in a timely manner.	MEAN = 4.7
The receptionists were polite and courteous.	MEAN = 4.7
The receptionists provided accurate information.	MEAN = 4.7
UCS's website was accessible, easy to find, user-friendly, and provided useful information.	MEAN = 4.3
I would refer a friend who needed psychological help to UCS.	MEAN = 4.7

### If you are receiving ongoing individual or group counseling, please rate these statements:

#### Because of counseling, I . . .

have developed new skills and knowledge	MEAN = 4.1
am living a healthier lifestyle in at least one area (e.g., sleep, exercise, substance abuse, nutrition).	MEAN = 3.9
have improved my relationship(s).	MEAN = 3.8
have improved my academic performance.	MEAN = 3.4
have gained greater self-understanding and/or a clearer sense of identity.	MEAN = 4.1
have strengthened self-management skills (e.g., managing time, coping with stress)	MEAN = 3.8

---

feel that my health and general sense of well-being have improved.	<b>MEAN = 3.9</b>
am more likely to continue my education at UI.	<b>MEAN = 3.8</b>
can better handle my feelings.	<b>MEAN = 4.0</b>
have become a more committed student.	<b>MEAN = 3.5</b>
have increased my sense of responsibility for my own life and learning.	<b>MEAN = 3.9</b>
have learned one or more strategies to solve or cope with my problems.	<b>MEAN = 4.1</b>
have become more mature in my thinking.	<b>MEAN = 4.0</b>
increased my ability to focus on my studies.	<b>MEAN = 3.6</b>
have made positive changes in my life	<b>MEAN = 4.1</b>
have increased my self-confidence or self-esteem	<b>MEAN = 3.8</b>
have learned about other helpful campus resources.	<b>MEAN = 3.7</b>

Very Satisfied=5      Satisfied=4      Neutral=3      Unsatisfied=2      Very Unsatisfied=1

<b>Please give the UCS a grade on your overall experience:</b> A=5   B=4   C=3   D=2   F=1	<b>MEAN = 4.8</b> (increase from 4.57 FY10)
---	--

## **Progress Toward Clinical Services Area Goals for 2010-2011**

Below please find the goals for the 2010-2011 Clinical Services Area along with a narrative response about progress toward goal attainment.

FY11 Goal #1 – Counseling outcome assessment continues to be an area of focus. Having conducted outcome assessment on our initial assessments with new clients during FY10, Dr. Schoen and I decided to conduct outcome assessment on our groups program. This decision was only recently made so we are in the process of clarifying how we want to assess the program. Dr. Liu, the Groups Coordinator, will join us in this endeavor. We hope to discover how we can continue to increase group counseling participation, to further enhance its benefit to clients, and to more firmly embed group counseling as a core treatment modality at the UCS.

*Progress: I'm pleased to report that through Dr. Schoen's leadership, a research study was carried out in spring, 2011 that looked at UCS process groups and attempted to measure whether participation in group therapy reduced symptoms, fostered group cohesion, and improved interpersonal skills. While the actual number of participants who completed all instruments was fairly low, she was able to glean results and was able to tentatively report that there was some symptoms reduction, that group cohesion did increase, and interpersonal skills improved. A summary of the results can be found in Appendix B of this report.*

FY11 Goal #2 – We have submitted a proposal to acquire funding from the Office of the Vice-President of Student Services Strategic Initiative Pool Funds to purchase the necessary software, hardware, and equipment that will allow us to fully utilize our Titanium (our scheduling and case management software program) web component. Receiving the funding will set us on course to become a paperless agency. Assuming we get the funding, it is my greatest hope that during FY11 much of my time will be spent not only assisting in the process of physically creating the space for at least three desktop computers for students to enter their own data, but also collaboratively creating forms, protocols, and training resources for both clerical and clinical staff.

*Progress: Shortly after penning this report last year, we were awarded the funding to move forward on becoming a paperless agency and activating the web component of Titanium (our scheduling and case management software program). Indeed, this project consumed much of my time and energy during FY11. All of the necessary equipment has been purchased and set up, the software has been configured, forms/protocols/resources have been developed, staff have been trained, and necessary clinical records have been back-scanned. As of July 1, 2011, our agency has gone "live" with being a "paperless agency" and students are now entering all of their own demographic information at specially designated kiosks in our waiting area. This transition has happened with relatively few problems. Staff members are still adjusting, but are doing so with little complaint. I am pleased to have 95% of the project completed with the remaining 5% to still show itself.*

FY11 Goal #3 – As students seek out services here at the UCS, they most typically are the recipients of one of three appointment outcomes. One, they can be intaken for ongoing individual, couples, or group counseling. Two, they may be offered a follow-up to further process their concerns. Or three, they might be given a referral to another service (e.g., private practice for long-term therapy or a different on- or off-campus resource). The current challenge right now is option #3. Our old referral database was recently decommissioned due to technology issues. For the immediate need, we need to recreate our old paper University and community referral handbook. The long-term need is the creation of a user-friendly, easily updateable database. This, of course, will require funding. It is my hope that during FY11, I am able meet with Information Technology staff at the UI to get an estimate of the expense of creating and maintaining the database. An excellent model for such a database can be found at Penn State's counseling office. The second step will be securing funding. And the final step will be to have the database go live via a link in our current website. It is my goal to have this database be accessible not only to UCS staff, but also to the University and community at large.

*Progress: Unfortunately, I was unable to reach this goal as written. As FY11 progressed, I recognized that I had been too ambitious in my goal-setting. It was clear to me that I was not going to be able to simultaneously tackle the Titanium transition and the creation of a community based referral database. When pressed to choose, I prioritized the Titanium project. As FY11 wrapped up, we learned that the UCS would be given a new full-time position and that we would be able to fill that slot with a Clinical Case Manager. Part of the position's focus will be to create/manage a clinical referral database for UCS. In essence, this goal will be met. The timeframe for goal completion will be a year later than initially intended, but will remain a priority and a focus for FY12.*

## **Clinical Services Area Goals for 2011-2012**

FY12 Goal #1 – Early into the fall, 2011 semester, the UCS will be hiring a Clinical Case Manager (CCM). This position will be new to the UCS and the functional, day-to-day duties of this individual will primarily fall under the supervision of the Assistant Director for Clinical Services. My goals for FY12 in this area are to work closely with the CCM helping to: (1) define their role and function in the agency, (2) assist them as they integrate themselves into the agency and University at large, and (3) mentor them as they begin taking over seats that have previously been mine (e.g., Early Intervention Team).

FY12 Goal #2 – For years at the UCS we have been having conversations about issues around HIPAA compliance. As it stands now, we fall under the category of “HIPAA exempt.” Given the extensive way that we are now handling electronic confidential client data in-house, I believe it is most appropriate for the UCS to begin a more extensive exploration into what it would take to become a “HIPAA compliant” agency in order to more fully address the security and privacy of electronic handling and management of the UCS’s healthcare data. This exploration will be done in collaboration with Mr. Robert Porter, Associate Counsel, Office of the General Counsel.

FY12 Goal #3 – As students seek out services here at the UCS, they most typically are the recipients of one of three appointment outcomes. One, they can be intaken for ongoing individual, couples, or group counseling. Two, they may be offered a follow-up to further process their concerns. Or three, they might be given a referral to another service (e.g., private practice for long-term therapy or a different on- or off-campus resource). The current challenge right now is option #3. Our old referral database was decommissioned several years ago due to technology issues. For the immediate need, we need to create a paper University and community referral handbook. The long-term need is the creation of a user-friendly, easily updateable database. This, of course, will require funding. It is my hope that during FY12, our new Clinical Case Manager and I will be able meet with Information Technology staff at the UI to get an estimate of the expense of creating and maintaining the database. An excellent model for such a database can be found at Penn State’s counseling office. The second step will be securing funding. And the final step will be to have the database go live via a link in our current website. It is my goal to have this database be accessible not only to UCS staff, but also to the University and community at large. The management of the database will fall the Clinical Case Manager.

## Appendix A

### Client Satisfaction Comments

- She is a huge blessing in my live.
- These sessions have helped me cope with many past/present difficulties.
- I have learned so move on and life is a more positive light. I cannot thank her enough, even though there were times I wasn't responsible in my contact, she was very caring and understanding. Any person willing to be as patient as she well never be forgotten as long as I live. Thank you so much, I will never forget you.
- Great experience, he is excellent
- He has been an invaluable and life-altering resource for me. He is a phenomenal counselor and a wonderful person. He fully deserves the highest praise and thanks I can give.
- She will be missed. This is just what I needed at this time in my life.
- She is amazing.
- I felt that my session was very helpful in relieving some stress and navigating my feelings surrounding a traumatic experience. My counselor provided exactly what I needed at this time.
- Sometimes I felt like he was hesitant to try to dig deeper into some of my issues but overall he provided good strategizing to help me both personally and academically.
- UCS has made my life dramatically better. I would recommend them to any student.
- We need more people like him to help us get through our problems in life.
- Thoroughly enjoyed our conversations, and found his perspective and suggestions helpful and inspiring.
- Very, very nice receptionist and counselors.
- She really let me express how I was feeling.
- She has been so helpful and supportive. I am so thankful for all that she has helped me accomplish.
- I'm so thankful that UCS is available for students!
- This was my first appointment. It went well, I have another scheduled appointment. I'm happy I came. I think I am going to get the help I need.
- This helped me a lot!
- She was very warm and sincere, took time to really listen to both of us.
- Better parking would be great.
- Felt a little rushed on what the next step was to be in the counseling process.
- Validate Parking? Update magazines in waiting room.
- I've only had two appointments so far but I always look forward to coming because it feels like a safe environment.
- UCS is GREAT I am so grateful this is here!
- This was my first time and I only had a consultation appointment, but overall I was impressed.
- Perhaps having a location on the other side of campus would help, especially for regular appointments.
- I've really enjoyed working with her – she's friendly, supportive, and asks thoughtful questions.

- She's been particularly good at helping me to focus on my needs rather than those of others. I'm glad that the intake counselor matched us together – she's been very helpful to me.
- I know it's group therapy, but I would still like more input from our leaders, because I know they're experienced and knowledgeable, so I'd love their input more often.
- Keep Him!!!! Really, he has done so much for me in a very short time, helping me to better understand myself and issues I have been facing, he's wonderful.
- I've really enjoyed learning techniques to implement outside of UCS because I find the 6 days when I'm not going to be seeing my counselor difficult to get through sometimes. I tend to wait for my weekly appointment to deal with my issues and I would love some new strategies.
- Felt integrated during initial meeting (not w/assigned counselor).
- Setting goals are good but sometimes I feel that sessions are a bit too goal oriented and feedback oriented. Sometimes I just need to talk around things to get at bigger issues – it's beneficial to not always be "on track."
- Thank you for being so kind and understanding. I feel like UCS is a safe place for me.
- UCS is great – a much needed resource at the UI and is very effective at providing its services.
- Great counselor and great active listening skills, made me feel like you really cared about my stress management.
- Just keep the conversation going so that there are no awkward pauses.
- Last year was helpful...wasn't at all today. I felt like she didn't know what to say. I would like to have a Dr. not student.
- Group has become one of the best experiences in my life. I can't imagine where I'd be without the counseling I've received.
- I think the counseling service at UI is one of the best things that has happened to me in my life. It really helped me to find more about myself, and that I can allow myself to not be perfect and enjoy my life. I believe my counselor has been extremely supportive and contributed to my journey of finding who I really am. I think one of the aspects that I would have liked to experience a little more, is the aspect of being challenged!
- Challenge the client more, offer more suggestions and steps to take in order to improve the overall well-being.
- She was great and made me feel so welcomed, gave me the tools and support to better my life! Great counselor!
- Keep up the great work!
- The counselor was courteous and very professional. It would be helpful if she included recommendations or advice on how I could improve my state in the future. Neutral responses above indicate issues that were not concerns for me in relation to counseling.
- Needs a more comfortable environment.
- It's still early on in our sessions together and that is why some of my answers are marked neutral. I have confidence that he will help me improve in all these areas with more time together. He's great.
- He has been such a big help to me as a first time counselor, seeking patience. I feel I can tell him anything. He does a great job at helping me realize things I don't think I know or understand about myself. Would recommend to others.

- He often comment on my progress is extremely helpful and make me feel like I've really accomplished something...I'm not sure if other counselors do this, but it is very helpful.
- Very good experience – everyone was very kind and helpful!
- Parking/cost of parking is an inconvenience
- Group therapy is an excellent service one that I was doubtful about at first but has become a key role and influence in my life today.
- My one beef was that the chairs in the office for individual counseling were not as comfortable as I would have liked.
- Continue to recommend UI students to obtain counseling at The University Counseling Service regarding academic difficulties, relationship difficulties, financial difficulties, difficulty in making any life transitions when experiencing death of family members and/or friends and other issues.
- Group/counseling sessions twice a week are likely in the future.

## **Appendix B**

### Process Group Outcome Evaluation

Spring 2011

UCS

#### Objective:

Assess therapy process group members at beginning and end of group during Spring 2011 to evaluate the following learning outcomes:

1. Do students participating in process groups at the University Counseling Service show reduced symptoms as a result of group participation for a semester?
2. Do process groups create a sense of group cohesion among participants?
3. Do students participating in process groups at the University Counseling Service improve their interpersonal skills?

#### Method:

Clients completed CCAPS at entry to group and CCAPS, Group Cohesion Questionnaire (GC) and demographic information at end of semester.

#### Participants:

- 22 individual clients, seven completing pre-and post-assessments
- 31% had previous counseling experience

#### Results:

1. Findings about potential symptom reduction as a result of group participation are tentative and preliminary from this study due to insufficient power with only seven participants. Preliminary results of a t-test showed that family distress and substance abuse decreased for these participants. None of the other CCAPS subscales showed significant changes.
2. Process groups at the UCS did create a sense of group cohesion among participants. Clients endorsed a mean of 4.7 (out of a 0-6 scale) on the “engaged” subscale of the GC, and means of 2.6 and 0.56 for the avoidant and conflictual subscales of the GC, respectively.
3. Students reported on in open-ended format that they improved their interpersonal skills as a result of group participation. The following were perceived as particularly helpful:
  - knowing that other students shared similar experiences and reactions (universality),

- trust given and received;
  - feeling supported and cared for;
  - receiving feedback from others and the group leaders;
  - accountability;
  - encouragement to open up;
  - the ability to process relationship successes and failures;
  - authentic relationships and dynamics; and
  - discussing group dynamics openly;
- Least helpful were:
    - being the only a member of a minority group in the group;
    - disparate issues among group members;
    - difficulty going in-depth with concerns;
    - overuse of positives in feedback.

Summary and Recommended Action Steps:

It is unclear what, if any effect, our therapy process groups have on symptom reduction. Further exploration with a larger sample is needed. Group members perceived the groups as cohesive and very helpful. Themes of trust, sharing, support, and feedback were highlighted as therapeutically meaningful. Recommended action steps are:

1. increase the number of groups offered as they show effectiveness for student cohesion and interpersonal learning
2. continue careful selection of clients most likely to benefit from group therapy (clients with interpersonal skill deficits looking for group cohesion and support)
3. prepare future group clients with strategies to best use groups for growth and learning
4. evaluate symptom levels of clients screened into group therapy to assess if their symptom severity differs from clients who are intaken for individual therapy
5. explore more specifically what happens during the group experience for group clients who have pre-existing diagnoses, such as depression, and anxiety disorders to ascertain whether process group are the best treatment option for these clients