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| **2017-2018** | Annual Report |
|  | Submitted by: Gretchen Reinders, PhD, Director  with assistance from Christal Johansen and Criss Gilbert |
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UWL Counseling & Testing Center Annual Report 2017-18

Annual Report

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**Counseling and Testing Mission Statements**

**Vision: Counseling**

The CTC strives to foster a connected, accessible, compassionate campus community.

**Mission: Counseling**

Our mission is to promote students’ psychological, academic, social, and cultural growth through professional and confidential counseling services. We accomplish this by maintaining an environment of compassion, collaboration, and inclusivity. We strive to foster a connected, accessible, compassionate campus environment where students can grow and attain their personal and academic goals.

**Values: Counseling**

Compassion

Collaboration

Inclusion

Access

**Vision: Testing**

The CTC strives to provide a welcoming testing space which provides secure, confidential and dependable assessment services to all.

**Mission: Testing**

Our mission is to meet the needs of any examinee by providing access to professional and efficient testing services that adhere to nationally recognized standards.

**Values: Testing**

Professionalism

Dependability

Knowledge

**Philosophy**

The Counseling & Testing Center (CTC) provides client-centered mental health and academic skills services to our UWL campus community. Services provided to students include individual and relationship counseling, group counseling, crisis counseling, consultation, workshops, various assessments, and academic skills counseling. Services provided to the faculty and staff include consultation, service through joint committee membership, and outreach. Both the campus and larger regional community benefit from a wide variety of testing services provided through our test center.

The philosophy of the CTC is derived from a strengths-based, student-centered, and developmental approach. Our clinicians promote growth by assisting clients in identifying their personal strengths and resources, as well as the resources that are available in their support network in the greater campus and surrounding community. Clinicians also focus on enhancing the client’s ability to make decisions and developing their ability to resolve difficulties in their lives. The CTC staff work with individuals with adjustment and development-related concerns as well as more significant mental health/psychological disorders.

The CTC is team-oriented, and collaboration is a foundation of our service provision. The CTC has an ongoing commitment to recognizing and valuing the needs of a diverse population within a university setting. Cases are assigned with the client in mind, considering client needs and preferences, staff expertise, and availability of clinicians. We encourage a generalist model for counselors, in which a wide range of theoretical perspectives and techniques are considered to best meet client needs. We also strive to support staff in developing specific areas of interest and expertise.

**Statement on Inclusive Excellence**

At the University of Wisconsin-La Crosse, diversity and inclusion are integral to the achievement of excellence. As part of the university’s implementation of Inclusive Excellence, the Counseling and Testing Center is committed to:

Forging thoughtful relationships with groups of students who are traditionally underserved by mental health services. To this end, we will:

* Develop connections with diverse student groups through collaboration, trainings, and outreach presentations with student organizations and campus offices.
* Initiate alternative and culturally congruent ways of providing counseling services to diverse students who may not traditionally seek out office-based therapy services.

Making our office-based services as comfortable and inclusive as possible, so that all students feel our services fit their needs.  To achieve this, we will:

* Increase group therapy services for diverse student groups.
* Examine and modify student paperwork to ensure that they are inclusive.
* Survey students regarding their experiences and incorporate feedback that improves the experience of seeking services for diverse groups of students.

Using our existing knowledge and expertise to benefit the cultural competence of the campus community.  Among other actions, we will:

* Collaborate with other departments/offices and offer outreach programs focused on increasing awareness and knowledge about diversity issues.
* Participate in campus-wide committees and groups that foster Inclusive Excellence.

Continuing growth and development of our own cultural competence: personally, professionally, and as a staff.  For this purpose we will:

* Continue to focus on developing and maintaining multicultural competence via staff in-services/training on diversity issues and clinical staff training on topics of diversity.
* Maintain a consistent focus on developing multicultural competence for clinicians-in-training (i.e., interns, postdoctoral residents).

**Accreditation**

Since 1979 the International Association of Counseling Services, Inc. (IACS) has accredited the University of Wisconsin–La Crosse Counseling & Testing Center. Accreditation by IACS certifies that the CTC meets or exceeds certain criteria and standards that are applied exclusively to college and university counseling centers. The CTC is the only UWS Counseling Center that is accredited by IACS. A complete re-evaluation is done on each accredited site every eight years.

**Notes of acknowledgement**

The 2017-2018 academic year marked another strong year for the CTC. We continue to provide student-centered care to our campus community. Although there still exists a marked and pervasive stigma regarding mental health, students are more inclined to seek services and refer friends in need of help. Today’s college student is more likely to have had previous counseling experience. Students who may not have been able to attend or succeed in college settings 20 years ago are now on campus, thus diversifying and enriching our student body; in turn, they are also in need of resources including (but not limited to) student support services like counseling. These students are also managing very real sociocultural, financial, and emotional concerns. Furthermore, we continue to read and hear about mental health issues of today’s college student, limited resources and increased demand, as well as campus crises. In keeping with the national college counseling trend, the demands for clinical services continue to grow, as does the need for outreach, academic skills, testing, and preventative services. The Counseling and Testing Center would not be able to meet these demands for services if it were not for the dedicated CTC staff who work determinedly to meet the student needs.

In addition to our exceptional core clinical and administrative staff, our training program, led by Dr. Kristen Marin, continues to thrive and add strength and positivity to our center. Dr. Andrea Gerke and Dr. Ben Merkling served in a one-year psychology residency. Ms. Jennalee Oefstedahl engaged in a one-year training practicum/internship for her pre-master’s clinical requirements. Ms. Kary Mueller-Schansberg joined our team in April of 2018 as a pre-doctoral practicum counselor and plans to stay with our center for the 2018-19 academic year.

Dr. Beth Mullen-Houser continued to provide group counseling services to help students with disordered eating concerns. In addition, she provided some individual therapy session with several students.

Our Testing Center is going through a period of transition. Our project position for a test center associate, currently filled by Ms. Colleen Eary, was able to be extended nearly a year longer than projected. However, with changes in the testing landscape translating to losing a few exams that are able to be offered in the CTC, we will no longer be able to sustain this position as full-time, benefitted, and will be transitioning to temporary staffing model for the upcoming year. We are very grateful for the strength that Ms. Eary had added to the center. I extend continued gratitude for Mr. Criss Gilbert’s expertise and management of the Testing Center and Office Management at the CTC, and for his tireless efforts to sustain an excellent test center.

On behalf of the students at the University of Wisconsin – La Crosse, the campus faculty, staff, and administrators, and the greater La Crosse community, I would like to express my appreciation to all the Counseling and Testing Center staff members who helped make 2017-2018 a very successful year. Their hard work, talent, collaborative teamwork, and genuine concern for students help to improve the quality of students’ lives, the climate of this great campus, and ensure that students experience academic success and personal growth.

**Staff**

Gretchen Reinders, PhD, LP; Director

Francie Biesanz, MS, LPC; Senior Counselor/Outreach Coordinator

Crys Champion, PhD, LP; Counselor, Underserved Populations Focus

Tara Farmer, MS, LPC; Counselor/Clinical Case Manager

Randy Kahn, M.Ed., LPC; Counselor

Kristen Marin, PhD, LP; Psychologist/Training Coordinator

Liz Stine, MS, LPC; Counselor

Criss Gilbert, MS; Testing Center Coordinator, Office Manager

Charlene Holler, M.Ed; Academic Skills Specialist, Testing Center Associate

Christal Johansen; Front Office Coordinator

Colleen Eary; Testing Center Associate

Beth Mullen-Houser, PhD, LP – contractual clinical staff

Psychology Residents

Andrea Gerke, PsyD

Ben Merkling, PsyD

Counseling Interns and Practicum Students

Jennalee Oefstedahl

Kary Mueller-Schansberg

Student Worker

Allison Wilke

**Statement regarding statistics**

Efforts have been taken to provide the most valid representation of services offered by the Counseling and Testing Center. We have several ways of collecting data on the clients we see and the services we provide. These methods include Point and Click (PnC; our electronic record-keeping system, which pulls demographic information from PeopleSoft, the school records and registration electronic system), CelestHealth/Behavioral Health Monitor (BHM 20), which is our outcomes assessment program, the Learning Outcomes and Client Satisfaction Survey (LOS; administered at the end of each semester) and our Client Information Form (CIF). Each method has merit and value; however, each of these programs/assessments measure services differently. Aggregate data from the Learning Outcomes and Client Satisfaction Survey and the CIF is shared with participating UW system schools and is contributed to a larger scale study that examines the impact of UW counseling services on its students and campuses. The other measures mentioned above are utilized internally and aid in decision-making regarding clinical service delivery.

This year we were finally able to transition our CIF to an electronic form using iPads, thus allowing for electronic data extraction rather than manual data entry. This streamlined our process significantly.

**Direct & Indirect Services**

The primary goal of the CTC is the provision of direct counseling services to UWL students. Direct service includes clinical assessments, counseling (individual, group, and occasional couples), psychological testing, consultations, crisis intervention, and academic skills counseling. Indirect services include relaxation room visits as well as outreach (summary provided in a later section). The table below summarizes in number the varied and comprehensive outpatient services that we conduct as a Center, and includes a calendar year of service, specifically, utilization from 5/15/17 through 5/11/18.

NOTE: Our clinical staff FTE reduces from 6.24 during the academic year to 2.83 in the summer months; also, group services and academic skills services are not offered in the summer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **# of unique Clients for any direct service** | **# of appointments made** | **# of appointments kept** | **No show rate** |
| Individual Therapy Sessions | 690 | 3005 | 2753 | 8% |
| Intake and Returning Intake Sessions | 754 | 835 | 738 | 11% |
| Triage | 737 | 796 | 744 | 6.5% |
| Urgent Care | 115 | 132 | N/A | N/A |
| Academic Skills Intake Sessions | 119 | 139 | 119 | 14% |
| Academic Skills Visits | 80 | 169 | 145 | 14% |
| ADHD Assessment visits | 15 | 50 | 45 | 8% |
| Consultation Visits w/ client | 118 | 180 | 152 | 12% |
| Referral visit (case manager) | 50 | 61 | 54 | 11% |
| Group Therapy Screening Visits | 81 | 93 | 84 | 9.6% |
| Group Therapy & Support Group Sessions | 119 | N/A | N/A | N/A |
| Other (couples, psych testing) | 14 | N/A | N/A | N/A |
| Relaxation Room Visits | 233 | 621 | N/A | N/A |

*\*\*Because of the way PnC tracks service utilization, those clients who participated in group therapy* ***only*** *are not included in the above figures.*

During the calendar year, May 2017 to May 2018, approximately 1248 students received direct services. TheCTC conducted 4,800+ direct service appointment during this calendar year. Average number of one-on-one individual therapy sessions (excludes triage and intake visits) was 4 (median of 3, mode of 1 session), before therapy terminated or the client discontinued services. The range varied from 1 session to 27 individual therapy sessions. Only 40 clients were seen for more than 10 individual therapy sessions in the calendar year; representing 5.8% of clients. This number is significant because it demonstrates how the majority of clients are seen within the brief therapy model of the CTC (12 visits = triage, intake, and 10 individual therapy sessions. Yet it also demonstrates how, when clinically indicated, we can retain clients beyond session limits to provide needed services.

Our no-show rate remained consistent from last year’s rates for many visit types. The no-show rate for individual therapy session dropped from 9.6% to 8% (but this is still higher than the previous academic year, 6% in 2015-16); the no-show rate for intake sessions increased from 8% to 11%; and, the no-show rate for all academic skills visits increased (with a higher no-show rate in the spring semester). There are more no-shows for triage visits in the fall semester, which is likely related to a longer wait time. While we were able to accommodate more students, we were unable to see them for follow-up in a timely manner in some cases.

In general, the average profile of a student-clientwho receives services identifies as female, White, single, and 20 years of age. The client information form (CIF) provides the opportunity for clients to endorse gender identities other than female and male, as well as varied sexual orientations. Our electronic medical recordkeeping system, Point and Click (PnC) does not allow for this reporting, as it pulls from the UWL system of PeopleSoft. Future iterations of this report may include more specific demographic information, since the university is looking into different ways of allowing students to self-identify on admission/enrollment forms. The CTC is committed to gathering self-reported data as well as that entered in through university registration. Please see **Appendix A** for more comprehensive demographic information.

Students are asked to identify their presenting concerns, on the CIF,into broad categories. After the intake session, the counseling staff categorizes the concerns more precisely. Again, efforts were made this year to use the CIF to summarize the data, and these are presented in more detail in **Appendix B**. The most commonly reported presenting concerns included anxiety, stress, depression, problems in school, low self-esteem, and relationship concerns.

As noted, the demand for mental health services continues to rise every year, and the fall semester sees the highest of service demand. The CTC clinical staff did an exceptional job working together to implement strategies to accommodate the influx of students requesting services in the fall (e.g., continued modification and use of phone screening system, scheduling triage and intakes in a way that mirrored the demand week by week, etc.). As a result we were able to stave off a longer wait for triage than in the previous year. However, we still found ourselves scheduling triage assessments well past our preferred timeline of 1-5 days of a student’s initial contact.

Because of the contrast from fall to spring semesters (with spring seeing increased demand from previous years but still allowing for scheduling triage within the preferred 1-5 day window), we continued to gather data for triage appointment requests. The following chart summarizes the comparison numbers by semester and compared to the last three academic years. There has been an increase in requested/scheduled triage visits every year. Since 2014, the demand in the fall semester has risen by approximately 32%. The chart demonstrated a leveling off in the fall; please see footnote in the chart that explains how we scheduled some appointments differently.

Spring semester demand has always been lower, but it has also started to increase in recent years. Since 2014, the demand in the spring semester has risen by approximately 21%. Important to keep in mind is that there are only so many hours in the day and counselors on staff for triage visits. We are at full capacity for the hours our clinicians can engage in triage. Increasing triage would only push back individual appointments even further.

\**In the fall semester 2017, over the first 13 weeks of the semester, we screened 51 students over the phone. Whereas in the past nearly all of those appointment requests would have gone to triage, we were able to schedule 70% (36 students) into other appointment types. Twenty percent (20%; 10 students) went into triage and the remaining 10% did not respond to our phone screening call (even though they had scheduled it). With those 5 students we outreached via email with resources. Therefore, this number (405 triages scheduled in fall) would have been 446 without our modification in scheduling.*

***Group Services***

In addition to individual direct service contacts, the CTC offered group counseling options this academic year, plus drop-in group options and academic skills workshops. See **Appendix C** for images of the advertisements. Group membership ranged from three members to six, with an average of 5 students in each group. Approximately 70 students utilized group services (Free Your Mind Fridays and Like, Comment, Share group membership was not counted in this total). We continue to offer at least one drop-in skills group every semester, where students are not required to have a pre-group meeting with a clinician. We will continue to look at offering these types of services, always being mindful of balance of reducing perceived barriers to access while still keeping in mind potential safety concerns for students in these drop-in groups. We also continued to offer a group that started the second half of the semester, which assists in having supportive options for students who came to the CTC very late in the semester.

Without adding more clinical staff, the best way to serve more students is to fill our groups. We have added a strategic plan goal specific to this access-related concern (see Strategic Plan later in this document).

***Case Management Services***

Tara Farmer, LPC, is our clinical case manager. She has engaged in networking with community providers on a regular basis, thus elevating our number of referral resources, understanding of resources that were not previously known, and facilitating coordination of care for students to/from local hospitals. We have a strong referral network, and are better resourced to help students navigate insurance and other health care needs when they leave UWL or need specialized services. During the 2017-2018 academic year, Ms. Farmer assisted in 63 student referrals to services outside of the UWL campus community. The chart below summarizes the reasons for referrals such as these.

***Academic Skills Services***

Our Academic Skills Specialist, Charlene Holler, offered a variety of skills-based workshops on topics such as test preparation, time management and overcoming procrastination. These workshops continue to be poorly attended, with the vast majority of workshops resulting in zero attendees. We still need to work on collaborating more with the offices that send the most referrals to us (e.g., offering workshops in OMSS, IEE, CAAS, and Res halls and asking for a contact person in those spaces to coordinate details of the event). Important to note is that Ms. Holler continues to see consistent numbers in her individual academic skills visits, and was able to manage the demand for services well this year.

**Outcome Data**

Learning Outcome and Client Satisfactiondata is solicited from every student who receives counseling or academic skills services at CTC. UWL participates in a UW system wide initiative to assess learning outcomes and client satisfaction in a standardized fashion. The survey (LOS) is comprised of three subscales:  Intrapersonal Learning Outcomes, Academic Outcomes, and Client Satisfaction.  This is the sixth year that UWL has participated in this study and results continue to be impressive and promising.

In the Fall of 2017 and Spring of 2018, clients were sent an email with an invitation to access the learning outcomes survey at a protected website. Data is collected, analyzed and summarized into both a UWS report and a school specific report. These reports are completed and shared with each participating university’s Director in July or August every year.

Therefore, at this time of year data from the 2016-17 academic year surveys can be shared (full report available upon request). Response rates continue to dwindle every year, and therefore these results should be interpreted with caution. Some pieces of outcome data to share from that report include:

* UWL students reported the following as occurring **less frequently** than the national collegiate average, CCMH data (p< .05):
  + Been hospitalized for mental health reasons
  + Felt a need to reduce alcohol/drug use, others expressed concern about alcohol/drug use
  + Experienced harassing, controlling, and/or abusive behavior from another person (not sexual assault)
  + Considered causing serious harm to another, or caused harm to another
  + Smoked marijuana in the past two weeks
* UWL students reported the following as occurring **more frequently** than the national collegiate average, CCMH data (p< .05):
  + Experienced someone having sexual contact with them without consent
  + Purposely injured themselves without suicidal intent
  + Having prior mental health treatment (both counseling and medication)

Additional outcome measures were gathered and include the following:

**Intrapersonal Learning Outcomes Scale**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subscale Items** | Strongly Disagree/ Disagree | Neutral | | Agree/ Strongly Agree | Campus Mean (*n*) | UW  System Mean |
| 1. I made improvements on the specific issues for which I sought counseling. | 5.2% | 7.1% |  | 87.6% | 4.19 (210) | 4.16  (1112) |
| 2. I have started to live a healthier lifestyle in at least one area (e.g. sleep, diet, exercise, alcohol/drug use). | 9.0% | 18.1% |  | 72.9% | 4.00 (210) | 3.98  (1113) |
| 3. I have improved my ability to manage stress. | 10.5% | 20.5% |  | 69.0% | 3.82 (210) | 3.84  (1113) |
| 4. I am better prepared to work through future concerns and achieve my goals. | 7.1% | 15.2% |  | 77.6% | 3.98 (210) | 4.01  (1113) |
| 5. I increased my self-confidence and/or self-esteem. | 14.3% | 22.4% |  | 63.3% | 3.77 (210) | 3.74  (1112) |
| 6. The counseling process helped me understand cultural, family, ethnic, and/or community differences. | 31.4% | 21.0% |  | 47.6% | 3.70 (210) | 3.70  (1113) |
| 7. I have gained a greater understanding of myself or a clearer sense of identity. | 9.0% | 15.2% |  | 75.7% | 4.08 (210) | 4.04  (1112) |
| 8. I increased my ability to think clearly and critically about my problems. | 7.6% | 11.4% |  | 81.0% | 4.07 (210) | 4.05  (1113) |
| 9. I improved my communication skills. | 15.7% | 18.1% |  | 66.2% | 3.91 (210) | 3.99  (1113) |
|  |  |  | **Total Subscale** | | **4.07**  **(210)** | **4.04**  **(1113)** |

*Note:* Items scored on a five-point rating scale from 1 = Strongly Disagree to 5 = Strongly Agree; higher scores indicate more positive outcomes

*\* p* < .05, *t* test for mean differences between the campus and system surveys for the Total Subscale Score

**Counseling Satisfaction Subscale**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subscale Items** | **Strongly Disagree/ Disagree** | **Neutral** | | **Agree/ Strongly Agree** | **Campus Mean (*n*)** | **UW System Mean (*n*)** |
| 1. The office staff were helpful in providing information and direction. | 1.4% | 2.8% |  | 95.8% | 4.43 (212) | 4.21 (1113) |
| 2. This counselor displayed sensitivity/acceptance to individual differences (e.g. culture, gender, ethnicity, etc.). | 0.9% | 3.8% |  | 95.3% | 4.51 (212) | 4.45 (1112) |
| 3. This counselor helped me clarify my concerns and provide guidance. | 2.8% | 3.8% |  | 93.4% | 4.46 (211) | 4.36 (1113) |
| 4. This counselor supported me in making my own decisions and reaching my personal goals. | 1.9% | 6.1% |  | 92.0% | 4.45 (212) | 4.38 (1114) |
| 5. The counseling environment was warm and inviting. | 0.9% | 3.3% |  | 95.8% | 4.54 (212) | 4.45 (1114) |
| 6. It is important for me to have counseling services located on campus. | 0.5% | 2.4% |  | 97.2% | 4.71 (212) | 4.64 (1113) |
| 7. I would return to the counseling center again. | 2.4% | 2.4% |  | 95.3% | 4.63 (212) | 4.52 (1113) |
| 8. I would recommend counseling services to a friend. | 1.4% | 2.8% |  | 95.8% | 4.68 (212) | 4.56 (1113) |
|  |  |  | **Total Subscale** | | **4.56 (211)\*** | **4.41 (1109)** |

**Client Perceived change**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | **Campus Mean (*n*)** | **UW**  **System Mean (*n*)** |
| My level of well-being when I started counseling. | 36.8% | 42.1% | 16.3% | 4.3% | 0.5% | 1.89  (209) | 1.93  (1110) |
| My level of well-being now. | 3.3% | 15.8% | 44.5% | 30.6% | 5.7% | 3.20  (209) | 3.23  (1106) |

*Note:* Items scored on a five-point rating scale from 1 = Poor to 5 = Excellent

**Self-reported Effect of Counseling and Academic Success**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Scale Items** | | **Strongly Disagree/ Disagree** | **Neutral** | **Agree/ Strongly Agree** | **Campus Mean (*n*)** | **UW System Mean (*n*)** |
| Counseling has increased my academic motivation and/or class attendance. | Struggling **a** | 16.7% | 31.0% | 52.4% | 3.43 (84) | 3.54 (410) |
| Not Struggling b | 19.0% | 54.0% | 27.0% | 3.00 (126) | 2.99 (672) |
| TOTAL (Average) | |  | | | 3.17 (210) | 3.20 (1084) |
| Counseling has helped me to focus better on my academics. | Struggling | 15.5% | 26.2% | 58.3% | 3.54 (84) | 3.65 (411) |
| Not Struggling | 11.9% | 39.7% | 48.4% | 3.33 (126) | 3.26 (672) |
| TOTAL (Average) | |  | | | 3.41 (210) | 3.41 (1085) |
| Counseling has helped with my academic performance. | Struggling | 13.1% | 31.0% | 56.0% | 3.54 (84) | 3.59 (411) |
| Not Struggling | 13.5% | 50.8% | 35.7% | 3.17 (126) | 3.13 (671) |
| TOTAL (Average) | |  | | | 3.31 (210) | 3.31 (1084) |
| Counseling has helped me stay at school. | Struggling | 10.7% | 32.1% | 57.1% | 3.61 (84) | 3.65 (411) |
| Not Struggling | 13.5% | 53.2% | 33.3% | 3.15 (126) | 3.13 (672) |
| TOTAL (Average) | |  | | | 3.33 (210) | 3.33 (1085) |

*Note*: Items scored on a five-point rating scale from 1 = Strongly Disagree to 5 = Strongly Agree

**a** Participants who responded “Agree” or “Strongly Agree” to “*Prior to counseling, I was struggling with my academics*”

**b** Participants who did not report struggling with their academics prior to counseling

**Self-reported Effect of Counseling and Academic Retention**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Scale Item** | | **Strongly Disagree/ Disagree** | **Neutral** | **Agree/ Strongly Agree** | **Campus Mean (*n*)** | **UW System Mean (*n*)** |
| Counseling has helped me stay at school. | Thinking of Leaving**a** | 0.0% | 0.0% | 100.0% | 3.90 (39) | 4.01 (229) |
| Not Thinking of Leaving b | 12.9% | 66.5% | 33.5% | 3.20 (170) | 3.15 (880) |
| TOTAL (Average) | |  | | | 3.33 (210) | 3.33 (1111) |

*Note:* Items scored on a five-point rating scale from 1 = Strongly Disagree to 5 = Strongly Agree

**a** Participants who responded “Agree” or “Strongly Agree” to “*Prior to counseling I was thinking of leaving school*”

**b** Participants who did not report thinking of leaving school prior to counseling

**Additional LOS results**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | **Campus Mean (*n*)** | **UW**  **System Mean (*n*)** |
| Overall effectiveness of counseling in helping with my problems. | 2.4% | 9.1% | 32.1% | 36.4% | 20.1% | 3.63  (209) | 3.63  (1107) |
| Overall quality of the services I received. | 1.4% | 3.8% | 19.1% | 30.1% | 45.5% | 4.14 (209)\* | 3.98  (1108) |

*Note:* Items scored on a five-point rating scale from 1 = Poor to 5 = Excellent

**Adjunctive Services**

The Relaxation Room is an indirect service available to any registered UWL student, whether a client at CTC or not. The room offers a low-lit, quiet space for students to use at any time the office is open. It has strong visibility and frequent use. During the 2017-2018 academic year, 233 unique students used the relaxation room for a total of 621 visits.

In 2017-18 we continued to have psychiatric services available at UWL through Student Health Services (SHC) with Kristine Brink, APNP, as a primary provider a few hours/week, with Dr. Tom Trannel providing consultative services twice/month. Psychiatric services are funded by student segregated fees as well as money received from Western Technical College (WTC). Currently, the psychiatric services are available to UWL students and WTC students but are reserved for those students with serious and/or complex psychiatric needs.

***“Let’s Talk” Outreach Program***

Consistent with the CTC mission and commitment to Inclusive Excellence, our Center has established participation in the Let’s Talk consultation outreach program. Based upon the model developed at Cornell University, this program attempts to reach underserved populations at the University of Wisconsin-La Crosse who might be unlikely to seek traditional mental health services. "Let’s Talk" is a program for UWL students that provides easy access to informal and confidential support and consultation with clinicians from CTC. The following summarizes Let's Talk demographics for the 2017-2018 academic year (15 students):

All class standings were represented, with a majority being junior standing or higher. Eighty percent of students identified as White. The majority of students self-referred after finding Let’s Talk on the website from an outreach presentation, and the others were referred directly from another person. One-third of students needed no follow-up, and the remaining two-thirds were referred to CTC services or their existing outside provider.

Overall, this consultation services continues to be underutilized. Most students have not connected with CTC services in the past; however, there is opportunity to continue to see more students via this consultation program. The CTC strategic plan for 2018-19 include more promotion of the Let’s Talk program and expansion to an additional location, which did not happen in this past year.

**Outreach Programming**

The outreach activities are the most diverse programming function of the CTC. The outreach goal is the delivery of preventive, consultative, educational, and developmental programs to the UWL campus’ students, staff, faculty, parents, as well as various civic, health, and educational institutions in La Crosse and surrounding areas. The formats range from classroom presentations, speaking at conferences, workshops, and response to crisis. All of the CTC clinical staff, the academic skills specialist, and testing coordinator completed at least one outreach program. CTC staff provided a total of 85 outreaches this year. Twelve of these outreach programs took place in the summer of 2017, mostly via the START parent programs, reaching close to 3000 individuals. From late summer through the academic year, 73 outreach programs were conducted serving UWL students, staff, and faculty, and La Crosse community members, reaching approximately 2300 individuals. We have transitioned to tracking outreach via Qualtrics (for outreach requests) and Point and Click (PnC; for attendance numbers) and no longer list each outreach program in this annual report. Our most requested programs are related to stress/anxiety management, learning about the CTC services, and academic skills. Faculty and staff request the most programming, accounting for 67% of all requests.

CTC is also committed to providing suicide prevention training and do so through our Campus Connect trainings. The primary audience is Residence Life students staff and new Hall Directors, who we train as the fall semester starts. We continue to offer an open enrollment training for faculty/staff and for students, at least once per year.

**Testing Services**

The UWL Testing Center is a national, regional and campus site for the administration, scoring, interpreting and dispersal of exams. The center delivers exams for admission, certification, licensure, placement and employment screening. Our two computer testing labs deliver exams for over a dozen test providers, including but not limited to ETS/Prometric, Pearson/VUE, Castle/Scantron, PSI/LaserGrade. The industry continues to see consolidation as larger test companies acquire smaller providers to capture a larger segment of the market.

The Test Center also provides proctoring for several paper based testing programs, including ACT, GRE Subject exams, LSAT, SAT and UW Placement exams. Our largest program continues to be UW Placement exams in Math, English and Foreign Language, orchestrated by the UW Center for Placement Testing at UW Madison. Each campus in the UW system offers the exams during the spring regional testing cycle and students can test at a campus close and convenient to them and have their scores sent to the campus they will attend.

Testing is subject to fluctuations of the educational and employment market. Recent decisions by the Wisconsin Department of Public Instruction to give UWL students with high GPAs a waiver to the requirement of taking the Praxis exams for licensure has resulted in a loss of over 450 exam deliveries. While this change is a testament to the high quality of our School of Education programs, it has caused a consequent decrease in our income. Some entities contract out their testing, and when these contracts change vendors, it can impact testing volume. AAMC recently changed vendors for the MCAT from Prometric to Pearson. The new contract stipulated that the MCAT only be delivered in corporate owned Pearson Professional Centers, and not at campus Pearson Select locations. The loss of these two programs has significantly impacted our income and subsequently our ability to retain & pay highly qualified staff. See the table below showing test volume over the past 4 years for the computer-based tests. In addition to these computer-based exams, our testing center gave over 3000 paper and pencil exams (over 2000 of which were the UWS placement exams).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPUTER DELIVERED EXAMS** | **2014 - 2015** | **2015 - 2016** | **2016 - 2017** | **2017 - 2018** |
| ACTFL | 11 | 12 | 20 | 18 |
| ACE | 97 | 74 | 75 | 54 |
| ASE | 198 | 179 | 199 | 119 |
| BOC AT | 0 | 25 | 30 | 42 |
| Castle WW Other | 0 | 75 | 132 | 16 |
| CLEP | 38 | 37 | 54 | 42 |
| Comira | 36 | 0 | 12 | 12 |
| DSST | 22 | 21 | 25 | 11 |
| FBI | 18 | 0 | 3 | 3 |
| FORT | 206 | 186 | 237 | 200 |
| Kryterion | 13 | 19 | 33 | 33 |
| GRE | 538 | 513 | 573 | 548 |
| MAT | 30 | 41 | 35 | 39 |
| MCAT | 60 | 54 | 33 | 7 |
| MTLE | 223 | 154 | 134 | 169 |
| PAN – other | 15 | 123 | 32 | 31 |
| Pearson – other | 116 | 105 | 122 | 161 |
| Praxis CORE | 435 | 230 | 226 | 43 |
| Praxis Subjects | 701 | 616 | 439 | 169 |
| Prov | 13 | 8 | 22 | 36 |
| PSI (non USPS) | 53 | 41 | 106 | 139 |
| TOEFL | 55 | 9 | 5 | 9 |
| TSA | 90 | 0 | 114 | 83 |
| USPS (US Postal Service) | 494 | 537 | 401 | 453 |
| WU Placement CBT | 0 | 0 | 0 | 104 |
| **SUBTOTAL** | **3462** | **3059** | **3062** | **2541** |

This loss of income is largely out of our control. We cannot give an exam that is no longer needed, nor offer exams we are not authorized to deliver. What we can do is offer a superior testing experience and a high level of customer service. Other programs remain remarkably stable, with only minor variations from year to year. GRE varies slightly from year to year, but remains relatively constant. Despite the recent dearth of applications to law schools, the number of students taking the LSAT exam at UWL is trending upwards. Demand for proctoring of correspondence & distance learning exams continues to be strong as does employment screening for the USPS.

The Test Coordinator continues to explore adding revenue producing exams in an effort to return to self-sufficiency and maintain an adequate & qualified staffing level.

**Appendix D** contain an overview and details of the various tests the CTC offered this past year.

**ADHD Assessments and Psychological Testing**

Attention Deficit-Hyperactivity Disorder (ADHD) evaluations include the use of several different assessment measures and help in identifying treatment and academic accommodation needs. All evaluations and resulting diagnoses are important. The CTC has worked hard to develop a sound and comprehensive evaluation process that is consistent with best practices. The evaluations include a thorough initial evaluation before determining if a full assessment is deemed appropriate. Through consultation with one another, our staff modifies and hones the referral process and this initial evaluation in order to avoid unnecessary testing and cost to students, and allows for exploration of other possible contributing factors to attention-related problems (e.g., substance use, sleep difficulties, anxiety).

Psychological testing (e.g. personality assessment) is done on an as-needed basis and administered by the clinician when deemed clinically appropriate.

**Service**

The CTC staff has a strong commitment to the service mission of the University. The following is a sample listing of the service contributions by the CTC staff: Violence Prevention Advisory Committee, Emotional Wellness Committee, CARE Team, ATP Cross Cultural Guides, Division of Student Affairs Staff Recognition Committee, First Year Registration and Orientation, Trans Task Force Steering Committee, and Search and Screen Committees.

Additionally, many clinical consultations were provided to the staff, faculty, parents and students throughout the year. The staff consults about counseling services, student problems, and questions regarding resources. Discussions about clients are always governed by confidentiality statutes. This type of indirect contact that is not associated with a clinical visit, is not easily recorded statistically, but still warrants time for a clinician to provide the consultation as well as to document it.

**Teaching Contributions**

Several staff members regularly guest lecture in a variety of classes in topics related to stress management, adjustment to college, academic skills, disordered eating, and how to help students in distress (for SAA graduate students). This past academic year, nearly all clinical staff members and our Academic Skills Specialist presented in classrooms. In addition, Charlene Holler continues to teach an undergraduate course in the summer session on developmental reading.

**Professional Development**

During the 2017-2018 year, the staff was involved in a variety of professional activities. These included thrice monthly training activities coordinated by Dr. Marin, as well as workshop and conference attendance pursued by staff to meet ongoing licensure requirements and further develop areas of clinical interest and expertise. Some continuing education topics include: suicide assessment, self-compassion, career counseling & assessment, treatment planning, cognitive therapy for obsessions.

In addition, the CTC collaborated with Continuing Education to bring a nationally-recognized trainer on Solutions-Focused Brief Therapy (SFBT) to campus for a two-day workshop in August 2017. This workshop organized to address the need for more brief therapy skills in our center. This effort allowed CTC other UW system schools’ clinicians to earn 12 CEUs at a very reasonable cost.

See below for training information specific to diversity and inclusion.

**Supervision and Training**

The CTC continues to offer a practicum and internship program for a Masters-level counselor trainee. The CTC also continues to be a postdoctoral psychology resident training site. Tara Farmer, LPC, provided primary supervision to our Masters-level intern, and our two residents provided secondary supervision to the intern. Dr. Kristen Marin serves as primary supervisor to the two residents, and Drs. Crys Champion and Gretchen Reinders served as secondary supervisors for the postdoctoral residents during the academic year and summer. In addition, Dr. Champion provides secondary supervision for the resident in the diversity-focused rotation, and Dr. Reinders provides secondary supervision for the resident in the eating disorders rotation and primary supervision for our newest practicum student. The rest of the CTC clinical staff provide informal supervision via consultation.

**Diversity and Inclusive Excellence Efforts**

The Division of Student Affairs spent deliberate time encouraging and holding accountable departments across the division to train and discuss diversity and inclusion. The CTC always has several trainings related to diversity in our weekly rotations, but this year, with assistance especially from Dr. Kristen Marin and Dr. Crys Champion, our center also had trainings on the following: working with trans-identified students, intersectionality, social class, and self-exploration of our own cultural timeline. In addition, our office engaged in the following:

* Offered a training rotation for our psychology residents on Diversity, which included trainings with D & I offices and IEE and provision of Let’s Talk consultation services in OMSS.
* Continued membership and active participation on the Trans Task Force steering committee.
* Participation in the UWL Drag Show.
* Organization and sponsorship of open-enrollment Campus Connect gatekeeper trainings to faculty/staff and students.
* Co-sponsorship and participation in Stomp Out Stigma event.
* Continued participation in the ATP program via cross-cultural guides.

As the academic year ended, CTC was granted approval to post for a new clinical position, for a Counselor/Psychologist and Diversity & Inclusion Liaison. This position was established to meet several needs, including: partnering the CTC with the newly formed Division of Diversity & Inclusion (D & I), demonstration of UWL’s (and the CTC’s) commitment to addressing the unmet needs of our underrepresented students, and offering an alternative access point in a space identified by students of color as a safe space on campus. The search is currently open and accepting applications for this highly specialized position.

**Goals from 2017-18**

The training rotation manuals for our postdoctoral residents were completed for each respective area, eating disorders and diversity. These are stored as a comprehensive resource folder on our departmental drive, with training PowerPoints, resource kits, assessment tools and professional readings. These will be reviewed on an annual basis in August, when the new residents starts, and will be edited as needed.

The Mental Health Promotion Task Force completed its third and final year. A final report with suggestions for the campus is forthcoming.

We continue to seek out training opportunities for staff members to work towards/maintain cultural competence. While this is never going to be a goal that is checked off the list, our CTC staff did an excellent job of challenging ourselves to broaden our understanding of diversity.

The development of a manual for the Eating Disorders Treatment Team (EDTT) is underway and is an ongoing goal.

We are developing a group services committee to more formally and systematically assess our group services, and have built in a strategic plan to increase our access via group services.

We were not able to add a second Let’s Talk location this past year but have a space planned for use (in the Union) and hope to open that up in the coming year.

We sustained the center associate as full-time, benefitted positon for three years (one year longer than the project position was originally planned). However, we are not able to sustain this for FY19. This will remain an ongoing goal for our test center.

**Accomplishments, 2017-18**

We have become more effective with our use of our electric medical record, Point and Click (PnC) in several ways. First, through the use of the myhealth portal, enabling student check-in on iPads and thus enabling data collection to be more efficient. Second, we continue to work more closely with the SHC as it pertains to recordkeeping and permissions within PnC. Third, we continue to learn more about PnC’s utility for secure messaging, data collection, etc. and look forward to continued growth in this area.

We have improved upon our use of phone screenings, to better triage students and get them in the best appointment type, and to address access concerns as the wait for new appointments grows.

We are effective in our use of case management – we have a solid referral network, and provide bridging and connecting services in person to students.

We offered consistent groups across semesters (same groups, mostly same days/times) for consistency. We will continue to monitor and manage with new group services committee, and with a newly developed Qualtrics survey to get better data from participants. This was piloted this spring and we plan to implement its use across groups starting in fall 2018.

We managed the potential for burn out with regular case consultation, professional support, and mindful and purposeful attention to work-life balance.

**Challenges during 2017-18**

Access: our demand for services in the fall semester continues to grow and impact access for students.

PnC: while we continue to learn and better use our record-keeping system, it remains a challenge to make significant progress with limited tech support.

Front desk: we have one person running the front office for both counseling and testing, and this makes for an exceptionally challenging work load, especially at the busiest times of the semester. In addition, clinical and testing staff cover the noon hour, and we have very limited back-up options for coverage if/when the front desk coordinator needs to be out (which is rare, but does happen). As the demand and (hopefully) clinical staff grows, we will not be able to sustain this model of administrative support.

Testing: As noted, we are no longer able to sustain a full-time, benefitted testing associate position and are moving to a temporary staffing model for the coming fiscal year.

**Initiatives and Goals for 2018-19**

The CTC looks for continued effective use of PnC, including a possible move to secure messaging between providers and clients, as well as data tracking for group services and outreach.

The CTC looks to formalize some of the organization already being done in house, via the creation of working committees: group services, clinical management, and training.

The CTC looks forward to the partnership with the Division of Diversity & Inclusion via the newly developed clinician position and Diversity & Inclusion Liaison.

The CTC has develop a strategic plan for 2018-19 (see below), to address both challenges and opportunities that we are facing.

***CTC Strategic Plan 2018-19***

***Goal #1***

By May 15, 2019, the Counseling & Testing Center (CTC) will implement efforts to increase participation in group services, as demonstrated by an increase in group utilization of 15%, from approximately 70 clients to 80 clients participating in group services.

***Goal #2***

By May 15, 2019, in order to promote the long-term sustainability of our Testing Center, the Counseling & Testing Center (CTC) will develop and implement a marketing plan to increase visibility of testing services on campus to students, local schools (secondary and higher education), and community members, as demonstrated by an increase in number of examinees in the Testing Center by 4%, from 2541 examinees to 2642.

***Goal #3***

By May 15, 2019, the Counseling & Testing Center (CTC), in collaboration with the Division of Diversity & Inclusion, will increase service provision to students from historically underrepresented racial groups, as demonstrated by seeing 10% more clients identifying as students of color utilizing CTC services from approximately 127 clients served to 140.

**Appendix A**

Client Characteristics, as reported on the Client Information Form (CIF) and pulled from Point and Click (PnC). Not all clients responded to all items, thus totals are less than 100%.

**Counseling & Testing Center**

**May 15, 2017- May 11, 2018**

**Gender Identity (data pulled from CIF)**

Woman 71%

Man 27%

Transgender 0.3%

Self-identified (written response) 1.5%

**Age (data pulled from PnC)** Range: 18-56; Mode: 20

**Sexual Orientation (data pulled from CIF)**

Heterosexual 85%

Lesbian 1.6%

Gay 1.8%

Bisexual 5%

Questioning 2.5%

Self-identified (written response) 2.1%

**Race (data pulled from CIF)**

African American/Black 0.6%

American Indian or Alaskan Native 0.2%

Asian American/Asian 3.7%

Hispanic/Latino/a 2.5%

Native Hawaiian or Pacific Islander 0%

Multiracial 3%

White 89%

**Religious/Spiritual Preference (data pulled from CIF)**

Agnostic 3.4.7%

Atheist 2.6%

Buddhist 0.4%

Catholic 8.3%

Christian 13%

Hindu 0.1%

Jewish 0.1%

Muslim 0.3%

No Preference 8%

NOTE: 63% of students responded to this demographic item with “N/A”

**School of Enrollment (data pulled from CIF)**

Science & Health 42%

Liberal Studies 26%

Business Administration 10%

School of Education 9%

Education, Exercise Science, Health & Rec 6%

Arts & Communication 6%

\*Western Technical College 0.5%

**University Academic Status (data pulled from PnC)**

NOTE: because of the timing of pulling data from PnC and this source utilizing current academic standing and not standing as of the appointment date, we do not have accurate academic status reporting for this year. Trend data reveals a very consistent representation across the four levels (freshman to seniors at 20-25%), and 4% of clients being graduate students.

**Current or past military service (data pulled from CIF)**

No (or N/A) 97.6%

Yes 1.3%

N/A

**International Student (data pulled from CIF)**

No or N/A 98.3%

Yes 1.7%

CIF = Client Information Form PnC = Point and Click

**Appendix B – Most common client reported presenting concerns, per Client Information Form (CIF)**

**Reported Concern (round to nearest percent)**

Anxiety/fears/worries (non-academic) 76%

Depression/sadness/mood swings 68%

Stress/Stress management 51%

Problems related to school or grades 48%

Low self-esteem/confidence 37%

Friends/roommates/dating concerns 37%

Attention/concentration 31%

Procrastination /motivation 28%

Sleep difficulties 23%

Eating behavior/weight problems/eating disorders/body image 21%

Choice of major/career 19%

Shyness/social discomfort 16%

Anger/irritability 15%

Suicidal thoughts/urges 11%

Grief/loss 10%

Physical symptoms/health 8%

Family-related concerns 8%

Sexual assault 6%

Alcohol/drug use 5%

Self-injury 5%

Childhood abuse 5%

Sexual Orientation 3%

Cultural adjustment 1%

Prejudice/Discrimination 1%

**Appendix C: Group Therapy Flyers**

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**Appendix D - Monthly Testing Data by test company (or type)**

Exams Delivered 06/01/17 – 05/31/18 = 216

Exams Delivered 06/01/17 – 05/31/18 = 895

Exams Delivered 06/01/17 – 05/31/18 = 86

Exams Delivered 06/01/17 – 05/31/18 = 117

Exams Delivered 06/01/17 – 05/31/18 = 530

Exams Delivered 06/01/17 – 05/31/18 = 592

Exams Delivered 06/01/17 – 05/31/18 = 379