

2019-2020

Annual Report

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UWL Counseling & Testing Center Annual Report 2019-20

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 longstanding and/or severe 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.
- Making our office-based services as comfortable and inclusive as possible, so that all students feel our services fit their needs.
- Using our existing knowledge and expertise to benefit the cultural competence of the campus community.
- Continuing growth and development of our own cultural competence: personally, professionally, and as a staff.

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 longest standing IACS accredited Center in the UW System.

Notes of acknowledgement

The 2019-2020 academic year was a year or both planned and unplanned transition, and through all of this we continued to provide student-centered care to our campus community. Although there still exists a stigma regarding mental health, especially for certain marginalized populations, today's college students are more inclined to seek services and refer friends in need of help. Students in and entering college today have both typical experiences of those in this transitional time of emerging adulthood, and are a generation with significant differences to previous generations. For example, they are impacted by a post-9/11 world with a barrage of media that keeps them informed of ongoing violence and unrest in the world, and contributes to an expected result of higher anxiety. They only know a world with social media and instant gratification. And, they are impacted by financial stressors that continue to grow. These are only a few reasons that students are seeking out supportive services like counseling in record numbers, and we are eager to support their whole self as they navigate college.

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. As noted, that staff changed significantly this year. Between July 29 and October 15, 2019, the CTC welcomed eight (8) staff members. Erika Keath is our Front Office Coordinator, and she was joined later in the summer by Andrea Matson, a new half-time front office associate. They have both offered a warm and welcoming space for our students, and navigate a fast-paced office with skill. Beck Johnson, Kelly Ehleiter, and Chris Hughes all joined out staff as Counselors, filling a position vacated by a retirement and two new clinical positions. We are grateful to have the support to be able to hire such strong clinicians. In addition, we filled our new clinical position of Psychologist and D & I Liaison by hiring Dr. Teresa DePratt, thus expanding our collaboration with the Division of Diversity & Inclusion and services to students from historically underrepresented racial groups. Our vacated Training Coordinator position remained unfilled. We were able to hire contract staff in Dr. Beth Mullen-Houser and Dr. Marc Kayson to meet our clinical needs in this position, and our staff jointly took on the other responsibilities of the training program. Tara Farmer, LPC, and Dr. Crys Champion took lead roles in this regard. Ms. Farmer provided leadership and supervision to our Masters-level practicum intern, Ms. Ashley (Kuprin) Jochimsen. Dr. Champion provided primary supervision to our postdoctoral resident, Dr. Samantha Lee-Hodges.

We also said goodbye to Francie Biesanz, LPC, in January 2020, when she retired after 15 years of service to our center. We welcomed a 9th staff member in April 2020, to replace Ms. Biesanz. Katelyn Longmire, LPC-IT, joined our staff as a Counselor and Outreach Coordinator, and did so in a unique way, as we were offering only telemental health services at that time. Still, Katelyn joined the team with energy and positivity, and we look forward to her taking the outreach programming into the future.

Our Testing Center continues to see challenges with funding, but was able to provide consistent services Tuesday-Saturdays this year, until the COVID-19 pandemic led to the center temporarily closing.

I would like to express my appreciation to all the Counseling and Testing Center staff members who helped make 2019-2020 a successful year even with so many challenges. 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 (through December 2019)

Crys Champion, PhD, LP; Senior Counselor & Assistant Director

Teresa DePratt, PhD, LP; Psychologist, Diversity & Inclusion Liaison

Kelly Ehleiter, MS, LPC; Counselor

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

Chris Hughes, MSW, LCSW; Counselor

Beck Johnson., MS, LPC; Counselor

Katelyn Longmire, MS, LPC-IT; Counselor/Outreach Coordinator (starting April 2020)

Liz Stine, MS, LPC; Counselor

Criss Gilbert, MS; Testing Center Coordinator, Office Manager Charlene Holler, M.Ed; Academic Skills Specialist, Testing Center Associate Erika Keath; University Services Associate 2, Front Office Coordinator Andrea Matson; University Services Associate 2, Front Office Associate

Colleen Eary; Testing Center Associate

Marc Kayson, PhD, LP — contractual clinical staff
Beth Mullen-Houser, PhD, LP — contractual clinical staff

Psychology Resident

Sam Lee-Hodges, PhD

Counseling Practicum Intern

Ashley (Kuprin) Jochimsen

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), 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 data from this project are not available until later in the summer. The other measures mentioned above are utilized internally and aid in decision-making regarding clinical service delivery.

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 Let's Talk consultations, 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 5/20/19 through 5/15/20, with special notation of fall semester data, as spring semester was cut short for in-person services due to COVID-19.

NOTE: Our clinical staff FTE reduces in the summer months; also, group services and academic skills services are not offered in the summer.

Service	# of unique	Fall	# of	Fall	# of	No show
	Clients for any	semester	appointments	semester	appointments	rate
	direct service	only data	made	only data	kept	
Individual Therapy Sessions	579	400	2324	1248	2160	6%
Intake and Returning Intake Sessions	677	456	743	501	690	6.7%
Triage	660	420	723	458	666	8%
Urgent Care	132	90	157	104	N/A	N/A
Academic Skills Intake Sessions	65	37	83	50	69	16.8%
Academic Skills Visits	42	23	92	47	77	15%
Consultation Visits w/ client	187	56	274	68	252	5%
Referral visit (case manager)	76	46	97	56	79	17.5%
Group Therapy Screening Visits	86	44	100	47	87	11%
Group Therapy; Support Group; Skills Group Sessions	243	170	N/A	N/A	N/A	N/A
Post-Pathways visits	106	72	123	85	106	14%
Relaxation Room Visits	188		453		N/A	N/A
Let's Talk	56		58		N/A	N/A

During the calendar year, May 2019 to May 2020, 1075 students received direct services. Of note, the vast majority of these students were served prior to March 18, 2020, when the CTC closed its physical location due to the COVID-19 pandemic. The CTC quickly switched services to telemental health via phone and then to video platform (WebEx), and we found that many students discontinued therapy and if they sought services, it was more likely to be in their hometown. More data on our COVID-19 procedures and plans are reviewed in the next section.

The CTC conducted 4,300+ direct service appointment during this calendar year (visit types listed above minus relaxation room visits and Let's Talk). Average number of one-on-one individual therapy sessions (excludes triage and intake visits) was 4, before therapy terminated or the client discontinued services. The range varied from 1 session to 29 individual therapy sessions. Only 26 clients were seen for more than 10 individual therapy sessions in the calendar year; representing 4.5% of clients (seen in individual counseling). 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 rates for most visit types remained consistent. Individual therapy sessions no-show rate decreased while the rate for academic skills, consultation visits, and referrals visits increased.

In general, the average profile of a student-client who receives services identifies as female, White, single, and 21 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. 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.

The demand for mental health services continues to rise every year, and the fall semester sees the highest of service demand. Below is a summary of efforts the CTC has implemented going into each fall semester for the past several years, in an effort to better meet the growing demands for mental health services:

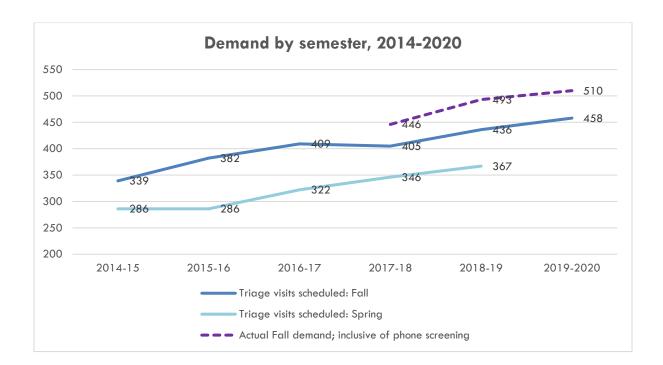
- Fall 2015: hiring of a clinical case manager, late semester referral process developed
- ► Fall 2016: additional triage slots first 3 weeks of classes, late semester drop-in groups, phone screening
- ► Fall 2017: matched triage and intake schedules to clinical flow, added a "priority triage" option

- ► Fall 2018: Pathways (see group services below for more information)
- ▶ The fall semester of 2019 saw such a change in clinical personnel that adding a new service was not possible. We made plans to roll out a pilot program of a Single Session Clinic in the spring semester, but the COVID-19 pandemic has resulted in a delay of this plan.

To truly "meet demand" for individual, brief therapy, a counseling center needs to be able to see 30-40% of student body. For UWL, that would mean tripling counseling staff. Some exciting news is that we have support to increase our staff again this coming year. While staffing level is not tripling, we will be able to serve more students and continue to increase access points.

The CTC clinical staff did an exceptional job working together to implement strategies to accommodate the influx of students requesting services in the fall. However, we still found ourselves scheduling triage assessments well past our preferred timeline of within 5 business days of a student's initial contact.

Because of the contrast from fall to spring semesters, we continued to gather data for triage appointment requests. The following chart summarizes the comparison numbers by semester for the last several 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 50%. The actual number of triage visit scheduled has started to level off given staffing constraints (i.e., we are at full capacity for the hours our clinicians can engage in triage); however, we do increase these visits every year. And, this chart includes phone screening data – see explanation below the chart.



In the fall semester 2019, over the first 12 weeks of the semester, we screened 99 students over the phone. Whereas in the past nearly all of those appointment requests would have gone to triage, we were able to schedule 63% (52 students) into other appointment types (most often intake, but also referral visits or Let's Talk). Therefore, the number of triages scheduled would have been higher without our modification in scheduling.

As routine triage visits became scheduled out further, we began tracking students who we screened over the phone because they indicated the wait was too long; this total was 11 students. As the semester went on, we tracked students who declined to schedule due to the wait. Nearly all of these occurred from November on, and totaled 30 students. All students were referred to our Urgent Care services should they need that service. Regarding Urgent Care services, we did see an increase of those accessing those crisis services. The last 5 weeks of the fall semester saw and increase of 30% in Urgent Care visits, as compared to the same time frame in 2018.

Group Services

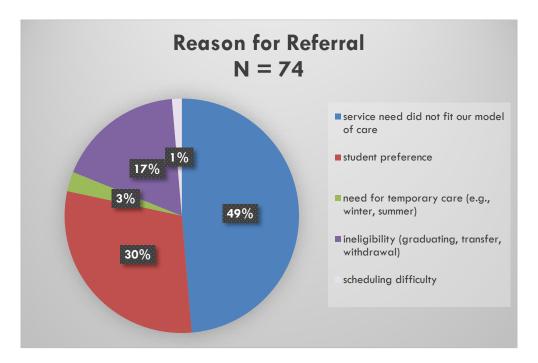
In addition to individual direct service contacts, the CTC offered group counseling options this academic year, plus drop-in group options and academic skills workshops. See **Appendix C** for images of the advertisements. This was year two of offering Pathways, which is an educational, interactive workshop meant to accelerate the change process. While it is not traditional group therapy, it is a structured and supportive group workshop with specific learning objectives. Students are referred from triage, have three workshops sessions within one calendar week, and then follow-up with their referring clinician to determine what other services may be helpful. Similar to last year, we saw great success with this workshop series. Three staff members were trained to offer the sessions. In the fall semester, 106 students were referred to the groups, and in the spring (prior to suspending group services due to COVID-19), 43 students were referred. Close to 90% of these students completed all three sessions. Membership in Pathways ranged from 2 to 11 students.

Group membership in all other counseling groups ranged from four members to ten. 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. In the fall semester we continued to offer a group that started the second half of the semester, and offered Pathways through the last week of classes, which assists in having supportive options for students who came to the CTC very late in the semester (NOTE: fall semester only, due to suspending group services in the spring).

Case Management Services

Tara Farmer, LPC, is our clinical case manager. She has engaged in networking with community providers, thus elevating our understanding of resources and improving coordination of care. She

helps students navigate insurance and other health care needs when they leave UWL or need specialized services. During the 2019-2020 academic year, Ms. Farmer assisted in 74 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, continued to provide 1:1 academic skills counseling this year. In addition, due to ongoing poor attendance in offering group format workshops, Ms. Holler modeled some services off two other CTC services. One, similar to our drop-in, no appointment needed consultation service Let's Talk, Ms. Holler offered a drop-in "Let's Learn" at Murphy Library. While sparsely attended, there is evidence from our Let's Talk program that we need to give a service like this time to grow and promote it widely, which we plan to do this fall. In Second, similar to the Pathways workshop, Ms. Holler began a two-session academic skills workshop called Steps 2 Success. She offered this workshop 6 times this year before the center closed and had to suspend the service. In those sessions, 25 students participated.

COVID-19 procedures spring 2020

Due to the COVID-19 pandemic, the CTC closed its physical doors on March 18, 2020. The center remained open and quickly transitions to telemental health services. We had a very rapid change, not being allowed in our building on short notice, more rapid than other university counseling center sites that were allowed to remain on campus. Therefore, from the get-go we had to communicate remotely while developing procedures for telehealth. We shifted to phone only contact at first, while working with IT, UW system legal, and using professional consultation and guidelines for learning how to provide remote video services while adhering to professional laws and ethics. Other notable parts of the transition included:

- All clinical and academic skills staff completed APA-approved telehealth training.
- Most licensed clinical staff applied for temporary license to practice in MN (and some applied in IL as well once that was possible), to be able to serve clients in those states.
- We kept our website updated and changed voicemail to reflect being closed but still providing telemental health services.
- We added self-help and other resources to our main webpage.
- We communicated with the greater campus about what services we could still provide.
- We suspended group counseling and Let's Talk services.
- All staff met via Teams every morning for a daily check-in.

From mid-March through mid-May 2020, the CTC saw a significant decrease in traffic compared to spring semesters when we are on campus. We saw the most traffic from students who were already connected to the CTC, and looking to continue and/or get support during this time of transition. Very few students who were new to us sought services. Anecdotally for some clinicians, we saw more seniors close to graduation for these continued services.

While the CTC banded together to meet the needs of our campus, we were not without challenges. Of note:

- Like all campuses, we had rapidly changing guidelines for several days in a row and it was challenging to keep up to speed and communicate effectively with clients what we were/were not doing.
- As noted, at UWL we had a very rapid change in needing to exit the space. We
 had to change procedures without being able to communicate with all staff other
 than email at first, which is less efficient.
- Challenges with using personal computers, as we had limited university owned laptops.
- Varied and changeable staff work plans and hours, due to child care and other home responsibilities.
- Less opportunity to collaborate as staff in the moment and in secure ways, which made consultation less efficient.
- Multiple platforms to train staff on and have them use, sometimes simultaneously (Teams, WebEx, Jabber, transition to online WebApps version of medical record software).

- Staff going through same loss/trauma as students when we are supposed to be the ones helping them.
- Not having access to paper forms we would use with clients (worksheets, books, safety plans, etc.) and challenges trying to get them in digital forms.
- Many staff do not have home offices and we need secure, quiet, uninterrupted, and confidential spaces, as do our clients. Not all staff and not all students have this.
- In our work, it is not as simple as using a software platform and scheduling visits.
 We have individual licenses that are on the line for professional practice. We have to contend with state laws, ensure everyone is trained, update/addend informed consent and other paperwork, and ensure that telehealth platforms are secure. The latter took time for us, as several consults via email with IT and UWS legal needed to occur before we could go with WebEx.

As would be expected, the presenting concerns for students shifted somewhat with COVID-19. In addition to ongoing management of existing mental health concerns, we saw presentations of the following (NOTE: this is not an exhaustive list):

- Academic stress (motivation, engagement, success, etc.) related to the transition to online learning
- Anxiety due to unknowns especially post-graduation but also related to grades, jobs, living arrangements, financial stress, when things will return to "normal"
- Challenges going back to living with family
- Social isolation

Outcome Data

Learning Outcome and Client Satisfaction data 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 eighth year that UWL has participated in this study.

In the Fall of 2019 and Spring of 2020, 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 2018-19 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:

Intrapersonal Learning Outcomes Scale

Subscale Items	SD/Disagree	Neutral	Agree/SA	Campus Mean (<i>n</i>)	System Mean
I made improvements on the specific issues for which I sought	9%	20%	71%	3.95 (170)	4.00 (1570)
I have started to live a healthier lifestyle in at least one area (e.g. sleep, diet, exercise, alcohol/drug use).	8%	18%	74%	3.88 (171)	3.80 (1571)
I have improved my ability to manage stress.	12%	18%	70%	3.75 (171)	3.73 (1571)
I am better prepared to work through future concerns and achieve my goals.	10%	12%	78%	3.90 (171)	3.91 (1571)
I increased my self- confidence and/or self-	15%	25%	60%	3.61 (170)	3.64 (1570)
The counseling process helped me understand cultural, family, ethnic, and/or community	17%	43%	40%	3.34 (170)	3.47 (1569)
I have gained a greater understanding of myself or a clearer sense of identity.	14%	15%	61%	3.79 (170)	3.88 (1569)
I increased my ability to think clearly and critically about my	11%	26%	63%	3.85 (170)	3.90 (1570)
I improved my communication skills.	12%	21%	67%	3.66 (170)	3.74 (1569)
Total Subscale	3.75 (171)	3.78 (1569)			

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

Counseling Satisfaction Subscale

Items	SD/Disagree	Neutral	Agree/SA	Campus Mean (<i>n</i>)	System Mean (<i>n</i>)
The office staff were helpful in providing information and direction.	2%	6%	92%	4.44 (161)	4.29 (1530)
This counselor displayed sensitivity/acceptance to individual differences (e.g. culture, gender, ethnicity, etc.).	3%	4%	93%	4.50 (161)	4.50 (1530)
This counselor helped me clarify my concerns and provide guidance.	7%	6%	87%	4.29 (161)	4.35 (1530)
This counselor supported me in making my own decisions and reaching my personal goals.	5%	5%	90%	4.32 (161)	4.35 (1530)
The counseling environment was warm	2%	4%	94%	4.43 (161)	4.48 (1530)
and inviting.					
It is important for me to have counseling services located on	1%	3%	96%	4.70 (161)	4.68 (1530)
I would return to the counseling center again.	5%	3%	92%	4.50 (161)	4.52 (1530)
I would recommend counseling services to a friend.	4%	7%	89%	4.56 (161)	4.58 (1530)
Total Subscale				4.53 (161)	4.47 (1530)

Client Perceived change in Well-being

Item	Poor	Fair	Good	Ver y	Excellent	Campu s Mean	Syste m
My level of well-being when I started	37%	48%	11%	3%	1%	1.83 (161)	1.92 (1526)
My level of well- being now.	2%	18%	40%	37%	3%	3.22 (161)	3.22 (1526)

Retrospective Academic Functioning Items

Items	SD/Disagree	Neutral	Agree/SA	Campus Mean (n)	System Mean
Prior to counseling, I was struggling with my academics.	55%	15%	30%	2.60 (171)	2.85 (1572)
Prior to counseling, I was thinking of leaving school.	72%	10%	18%	2.11 (171)	2.28 (1572)

Self-reported Effect of Counseling and Academic Success

Scale Items		SD/Disagree	Neutral	Agree/SA	Overall Campus	Overall System
Counseling has increased my	Struggling	18%	25%	57%	3.57 (51)	3.55 (569)
academic motivation and/or	Not Struggling	31%	48%	21%	2.84 (94)	2.83 (711)
class attendance.	Total (avera	age)			3.21 (145)	3.19 (1280)
Counseling has	Struggling	18%	14%	68%	3.69 (51)	3.66 (569)
helped me to focus better on my academics.	Not Struggling	24%	38%	38%	3.20 (94)	3.12 (711)
,	Total (avera	age)	3.45 (145)	3.39 (1280)		
Counseling	Struggling	18%	26%	56%	3.55 (51)	3.59 (569)
has helped with my academic	Not Struggling	20%	55%	25%	2.97 (94)	2.97 (711)
performance.	Total (avera	age)	3.26 (145)	3.28 (1280)		
Counseling has helped me stay at school.	Struggling	16%	29%	55%	3.57 (51)	3.69 (569)
	Not Struggling	23%	49%	28%	3.01 (94)	2.96 (711)
	Total (avera	age)			3.29 (145)	3.32 (1280)

Self-reported Effect of Counseling and Academic Retention

Counseling has helped me stay at school.	SD/Disagree	Neutral	Agree/ SA	Campus Mean (<i>n</i>)	System Mean (<i>n</i>)
Thinking of Leaving	23%	13%	64%	3.74 (31)	3.90 (334)
Not Thinking of Leaving	20%	49%	31%	3.07 (123)	3.09 (1041)
TOTAL (Average)	3.41 (154)	3.49 (1375)			

Adjunctive Services

Relaxation Room

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. The Relaxation Room closed in mid-March due to the COVID-19 pandemic. From Fall semester through mid-March; 188 unique students used the relaxation room for a total of 453 visits.

Psychiatry

In 2019-20 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.

We offer two locations for Let's Talk: an office in OMSS, and an office in the student Union. Both locations were accessed regularly, with the Union location seeing slightly more traffic (53% of visits occurring in that location). We intentionally promoted on digital signage on the days that the service was available (Tuesdays & Fridays). Prior to suspending services in March, Let's Talk had 33 days

of operation, and served 56 students. Of those, 75% had never utilized CTC services before; this was their first point of contact/access.

Individuals who used Let's Talk resources over the 2019-2020 academic year were made up of approximately 37.5% First Year, 25% Sophomore, 19.5% Senior, 9% Junior and 5.5% Graduate students. Additionally, 62.5% identified as woman or female, 28.5% as man or male, and 9% chose "Other" or did not answer. Data also showed that 94% identified as White, and 6% as non-White.

ADHD Assessments and Psychological Testing

Starting the 2019-20 year without a Training Coordinator and without postdoctoral residents resulted in suspension of the CTC offering Attention Deficit-Hyperactivity Disorder (ADHD) evaluations. The CTC provided initial screening and brief assessment for students to assist them in determining if a full assessment was indicted, and if so, referrals were provided to students wishing to have the assessment. The CTC looks to return to some ADHD assessment in the future, as staffing allows, and will also look to partner with the School Psychology program.

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

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 community networking. 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 46 outreaches this year, until mid-march when outreach activities were suspended. This does not include the summer START parent program from 2019, which reached close to 3000 individuals. 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.

CTC is also committed to providing suicide prevention training and do so through our Campus Connect trainings. The primary audience is new Residence Life student staff and new Hall Directors, who we train as the fall semester starts. We continue to offer an open enrollment trainings as schedules allow, and if demand warrants, for faculty/staff and for students. **Appendix D** details the outreaches from this past year.

Testing Services

The UWL Testing Center administers exams for admission, certification, licensure, employment screening and UW course placement. We strive to meet the needs of any examinee by providing access to professional and efficient testing services that adhere to nationally recognized standards. We aim to provide a welcoming testing space which provides secure, confidential and dependable assessment services to all, so everyone can fully participate in learning and demonstrate their knowledge and strengths through assessment. The Test Coordinator continually explores expanding programs to better serve UWL students and the La Crosse community.

The 2019 – 2020 test year began optimistically for the UWL Test Center, with increased testing opportunities, an expanded suite of exams being offered and requests from test providers for extra seating availability, added test dates, and more testing options. We were also optimistic about the apparent limited impact of closing the center to exams one day/week this year (Mondays), a decision made last year due to fiscal concerns.

Testing has traditionally experienced bimodal peaks of demand; the fall for admissions exams such as the GRE, LSAT, ACT and SAT, and the spring for certification exams for graduating students as well as UW Placement testing for incoming students. The spring period was truncated with of the closure of campus due to the global COVID-19 pandemic.

All testing unexpectedly ceased on March 18 when the UWL campus, as well as most other UW System campuses, closed due to the emerging public health crisis. What we thought might be a four to six-week hiatus in testing has become a 4 month, and likely to be extended, suspension of all face to face testing. This became a cascade of abandoned exams, appointments being rescheduled multiple times, and a fiscally tenuous revenue stream made rougher due to the cancellation of many tests.

While some programs introduced TEST FROM HOME options (GRE, Praxis, ACTFL, TOEFL), most of these require stringent adherence to meticulous technical specifications which could not be met by some students. This was particularly acute for those with limited financial resources to purchase computers with webcams and microphones, and the lack of high-speed broadband in rural areas. These TEST FROM HOME options were also hindered by remote proctoring services' inability to handle the soaring demand for virtual proctoring of large testing programs.

There is currently a pent-up demand for testing appointments which we hope to address once it is safe to open campus to the public. While we will introduce the safe testing measures as outlined in our Eagle Bounce Back Plan, we also hope to expand into evening hours and add seat availability for high demand programs at the expense of lower volume program seats which often go unfilled. We look forward to better times ahead with the cooperation and support of the university administration.

See the table below showing test volume over the past 5 years for the computer-based tests. In addition to these computer-based exams, our testing center administers paper and pencil exams. **Appendix E** contain an overview and details of the various tests the CTC offered this past year.

COMPUTER EXAMS	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
ACTFL	12	20	18	5	18
ACE	74	75	54	53	25
ASE	179	199	119	156	166
BOC AT	25	30	42	36	4
Scantron Other	75	132	16	31	14
CLEP	37	54	42	24	39
Comira	0	12	12	8	3
DSST	21	25	11	2	6
FBI	0	3	3	12	8
FORT	186	237	200	226	153
Kryterion	19	33	33	30	34
GRE	513	573	548	572	351
ISO Quality*	0	0	0	0	3
MAT	41	35	39	56	35
MCAT	54	33	7	0	0
MTLE	154	134	169	225	107
NTN Testing*	0	0	0	0	30
PAN other	123	32	31	27	23
Pearson other	105	122	161	159	134
Praxis CORE	230	226	43	23	21
Praxis Subject	616	439	169	182	125
Prov	8	22	36	21	14
PSI	41	106	139	177	152
Smarter Proc*	0	0	0	0	9
TOEFL	9	5	9	6	4
TSA	0	114	83	56	26
USPS	537	401	453	395	1
UW Place CBT	0	0	104	105	29
SUBTOTAL	3059	3062	2541	2587	1534

^{*}New test providers 2019 – 2020

PAPER/PENCIL EXAMS	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
ACT	180	284	249	334	282
CHES	45	52	49	0	0
GRE Subjects	22	29	44	50	4
LSAT	77	98	96	92	77
SAT	133	153	158	176	147
Proctored	269	260	257	35	175
UW Place	2065	2122	2108	2461	144
WI Dept of Ag	0	47	90	148	48
SUBTOTAL	2791	3045	3051	3296	877

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, we have representation on the La Crosse Area Suicide Prevention Initiative. Finally, as COVID-19 changed access and delivery of mental health services in our area, we have had representation on the community's Therapist COVID Response team, which has helped us stay abreast of what local resources are available.

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, and stress management. This past academic year, nearly all clinical staff members and our Academic Skills Specialist presented in classroom). In addition, Charlene Holler continues to teach an undergraduate course in the summer session on developmental reading. Of note, we had less requests for classroom presentations this year, likely due to the pilot program of the reenvisioned first-year seminar class (FYS 100), with the required online common component.

Professional Development

During the 2019-2020 year, the staff was involved in a variety of professional activities. These included thrice monthly training activities, coordinated by all staff collectively. Some continuing education topics provided in-house include: suicide assessment, solution-focused brief therapy (refresher on 2-day training we had previously provided), and making effective referrals to group. Staff also engaged in workshop and conferences meet ongoing licensure requirements and further develop areas of clinical interest and expertise (AUCCCD, ACCA). In addition, we have staff completing a group wellness coaching class, and working towards their certification in substance use counseling (CSAC). As noted, all clinical staff completed training on providing telehealth, presented by the American Psychological Association (APA). In addition, we used time in the fall semester for strategic planning work group meetings. In January, we engaged in all clinical staff training on single-session therapy, as we were planning to pilot a single-session clinic in the spring (prior to COVID-19 closure).

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 continued to be a postdoctoral psychology resident training site this year, with one position being filled midway through the fall (which is atypical for our residency). Tara Farmer, LPC, provided primary supervision to our Masters-level intern. Liz Stine, LPC, and later in the year Dr. Sam Lee-Hodges (resident) provided secondary supervision to the intern. Dr. Crys Champion served as primary supervisor to the postdoctoral resident in the academic year, while Dr. Teresa DePratt took this over in the summer. Dr. Gretchen Reinders served as secondary supervisor for the postdoctoral resident during parts of the academic year and summer. The rest of the CTC clinical staff provide informal supervision via consultation.

Diversity and Inclusive Excellence Efforts

The CTC always includes several trainings related to diversity in our weekly staff training time. This year, this was limited due to closure in the spring, but in the fall this included training on human sexuality and white privilege. In addition, our office engaged in the following:

- Development of the new psychologist, D & I Liaison position, which included provision of services in a satellite office in the D & I suite, regular attendance of Dr. DePratt in D & I meetings, and meet and greets with several diversity student orgs.
- Offered a training rotation for our psychology resident on diversity, which included provision of Let's Talk consultation services in OMSS (Let's Talk is a program designed in part to offer a different access point to mental health services for students who may not otherwise do so, which often includes racial minority groups).
- Continued membership and participation on the Trans Task Force steering committee.
- Organization and sponsorship of open-enrollment Campus Connect gatekeeper trainings to faculty/staff and students, and training of new facilitators.
- Continued participation in the ATP program via cross-cultural guides.
- Participation in the new Excellence in Diversity & Inclusion Certificate program, with Dr. Gretchen Reinders providing a recurring session, *Mental Health 101*.

Goals from 2019-20

The CTC made significant progress in its three (3) strategic plan goals from 2019-20; however, all three were impacted by the center closing its physical doors in March.

Regarding goal #1, increased access to therapeutic services in group formats, we made some progress, but this was cut short when groups were suspended in the spring 2020. We increased utilization by 4% in the fall 2019.

Regarding goal #2, increased service provision to students from historically underrepresented racial groups, progress was made, especially in the development of the new D & I Liaison position. Dr. Teresa DePratt's office hours in the satellite office in Graff Main Hall was kept busy with both clients served and collaboration with the D & I leadership. In the fall semester, Dr. DePratt saw 44 unique clients for 132 sessions in this location. In terms of self-identified demographics, 22% of these clients identified as students of color; 18% identified as LGBTQ+; 35% as 1st generation students; and 13% as non-traditional students. Overall in the CTC this year we did not see more students of color for direct services, as we saw less students overall after the COVID-19 pandemic prompted a switch to remote work and students did not return to campus. **Appendix A** provides a breakdown of the racial identity of our clients.

Regarding goal #3, the expansion of our office and corresponding planning, we also saw progress. As noted, 9 new individuals started work at the CTC this year, and we took on two contract staff who had previously been employed here. Renovation (expansion) plans were moved forward to summer 2020, but we worked with facilities to get plans in place.

With all of the moving parts of this year, we indeed had the exciting and challenging year! Below are the listed goals associated with that transition from last year's annual report, with comments about progress made in blue:

- Hire for recently/soon-to-be vacated positions of Counselor, Training Coordinator, and front office coordinator (USA2). The Counselor and front office coordinator positions were filled by August 2019, with Beck Johnson and Erika Keath, respectively. The Training Coordinator position remained unfilled, and we utilized clinical contract staff, Drs. Mullen-Houser and Kayson, to manage the direct service impact. At the time of this writing, the Training Coordinator position has been filled, with a start date of August 2020.
- We have support to expand our physical space down the hall to vastly increase office space, add a group room, add secure storage space, and reconfigure current front desk and waiting room space. We will work with facilities to best re-imagine the expanded space. The renovation plans were delayed due to the need to build space for It Make\$ Cents, but are underway as of this writing, with a planned 95% completion timeline of August 15, 2020.
- CTC received financial support to change the two postdoctoral residencies to two (2) tenmonth Counselor positions. We also have support for two (2) additional ten-month Counselor positions. With limited space and the Training Coordinator position being vacated, we will use the upcoming academic year to plan for the future of our training program as a whole,

to best meet the growing needs of the campus. Therefore, we plan to partner with the SHC by utilizing their counseling space with the hiring of contract clinical staff, using some of the approved funding. We did hire two new Counselors, Kelly Ehleiter and Chris Hughes, and had a later hire of one resident, Dr. Lee-Hodges. With space limitations, this ended our hiring until Ms. Francie Biesanz retired in January and we filled that position. Office sharing and partnership with both the SHC and D &I have allowed for us to increase our staff throughout this year as much as possible without having the new space completed.

Accomplishments, 2019-20

As noted, we successfully onboarded 9 staff member this year.

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 are better every year in assessing a client's presenting concerns and determining appropriate level of care.

Dr. Crys Champion took on the Assistant Director role. She lead the CTC team in managing front office staff (scheduling, clinical procedures), supervision of the postdoctoral resident, supervision of the D & I Liaison, and leadership in how we use our electronic medical record, Point and Click (PnC).

We remained open and changed over to telemental health services quickly, with support from all staff and especially with clinical service delivery management of Dr. Crys Champion.

We saw continued success in our group services and Let's Talk program. Although both services were suspended with COVID-19, we are optimistic about being able to provide these again in a virtual format (WebEx) in the upcoming year.

We worked as a team on a strategic plan. In doing so, we revisited our scope of services statement and planned to pilot a Single Session Clinic (SSC); while those activities took a backseat once the pandemic hit, we look to pick up that work the fall.

We had participation on the UWS Behavioral Health Workgroup, with led to significant support in providing these services consistently an effectively across our system schools. We look forward to seeing how the support will play out moving forward.

Challenges during 2019-20

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

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

<u>Testing</u>: As noted, we are not able to sustain a full-time, benefitted testing associate position and will continue with a temporary staffing model for the foreseeable future. We have changed the staffing model again for this coming year, having the Testing Coordinator, Criss Gilbert, cover the center on a day in order to reduce staffing (and subsequently, revenue spent)

<u>COVID-19 Specific Challenges</u>: As noted in an earlier section (page 12), the global pandemic led to a rapid-response by the CTC staff, resulting in continuity of counseling and academic skills services being offered remotely. It also led to some significant challenges. Below are some of the challenges that we have navigated for the time being, but will need to continue to be addressed, plus a few upcoming challenges we anticipate:

- Multiple platforms to train staff on and have them use, sometimes simultaneously (Teams, WebEx, Jabber, transition to online WebApps version of medical record software). Associated challenges with having all communication being electronic (i.e., unable to engage in quick- face-to-face problem solving and consultation)
- Challenges with using personal computers highlighted the need to have more staff using university owned laptops.
- Varied and changeable staff work plans and hours, due to child care and other home responsibilities. Moving forward, uncertainty of possible K-12 school closures, as well as UWL closures, makes creating a staffing plan difficulty. We will need to create a system that enables us to meet clinical demand needs while allowing for flexibility in work schedules.
- Staff going through same loss/trauma as students when we are supposed to be the
 ones helping them. Moving forward, intentional time and energy will need to be
 spent ensuring that our helpers have supports in place as well.
- Not having access to paper forms we would use with clients (worksheets, books, safety plans, etc.) and challenges trying to get them in digital forms.
- Many staff without home offices that are secure, quiet, uninterrupted, and confidential. Some clients without this set-up as well, making telemental health service challenging, if not impossible in some cases.
- Professional practice licenses specific to the state of Wisconsin. While states have allowed for temporary practice across state lines (with an application process), this is a temporary measure for emergency situations. If we have students residing across state lines and requesting counseling services, we may not be able to provide that without providing financial support to have 2-3 clinicians licensed in other states.
- The clinical demand in the fall semesters is significant, and the decline we saw
 post-COVID-19 is unlikely to be the norm for fall. We will need to prepare our
 physical and virtual spaces for high demand, regular urgent care and consultation
 needs. What we have learned is that no matter how many resources we have to
 provide services remotely, it is not the same, nor as efficient, as in-person services.
- The Testing Center has been closed (at time of writing) for over 3 months, greatly impacting our financial stability in that area. Without university support, the center will be deeply impacted in its ability to continue to operate at full capacity.

Initiatives and Goals for 2020-21

At the time of this writing, the status of campus for the fall semester is tentative at best. Plans to resume in-person classes and services are in place; however, the COVID-19 cases across the nation and state of Wisconsin are rising every day. Currently, in La Crosse County, our number of cases has spike dramatically in the month of June, prompting a risk level assigned by the health department be elevated to "severe." While some in-person services will likely resume for fall, at this point it is most likely that counseling and academic skills services will continue to be provided in a secure virtual format. We have a 3-phase plan written (available upon request) to guide our planning and execution of providing mental health services to the students this upcoming academic year.

Because of the significant impacts of the pandemic, the CTC's primary goal this year will be centered on continuing to provide our services in a virtual format, and supporting students through this challenging time.

Secondary to this primary goal are these:

- Continued development of a growing staff with a new, expanded space in which to do our work.
- Continued efforts to increase access and access points for students (revisiting a single-session clinic, increasing group offerings, etc.).
- Website redevelopment, with increased videos and resources for students accessing us in an online format only.
- Implementation, promotion, and evaluation of the online mental health platform Silver Cloud.
- Rollout of new and updated brochures.
- Continued time and efforts on diversity and inclusion trainings, both for clinical staff (once/month) and all-staff (twice per year) provided in-house.
- Continued efforts to maintain the same level of service for the Testing Center, and exploration of possible financial assistance from the university.

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.

Counseling & Testing Center May 20, 2019- May 15, 2020

Gender Identity (data pulled from CIF)

Female	72%
Male	25%
Identified as transgender,	2%
or self-identified (written response)	

Age (data pulled from PnC) Range: 16-55; Mode: 21

Sexual Orientation (data pulled from CIF)

Heterosexual	80%
Lesbian	1.3%
Gay	1.3%
Bisexual	8.3%
Questioning	3.2%
Self-identified (written response)	3.2%
No response	2.3%

Race – NOTE: client reported racial identity is typically what we report on; however, that full data set is currently unavailable. The following is reported from PnC. Please note that given the small number of enrolled students with certain racial identities (i.e., Native American, Pacific Islander, etc.) we have collapsed data to protect confidentiality, not to dismiss identity by subsuming into more generalized identities or use of an other-type category)

African American/Black	2.7%
Asian American/Asian	4%
Latinx	5.3%
White	85%
Other racial minorities	1.4%
Race unknown/unreported	1.6%

Religious/Spiritual Preference (data pulled from CIF)

Agnostic	14%
Atheist	7.5%

Buddhist * (less than 1%)

Catholic 17% Christian 31%

Hindu * (less than 1%)
Jewish * (less than 1%)
Muslim * (less than 1%)

No Preference 21.5% No response 4%

School of Enrollment (data pulled from CIF)

Science & Health	35%
Liberal Studies	25%
Business Administration	12%
School of Education	11%
Education, Exercise Science, Health & Rec	5%
Arts & Communication	7%
WTC	1%
Other/unreported	2%

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) 99% Yes 1%

International Student (data pulled from CIF)

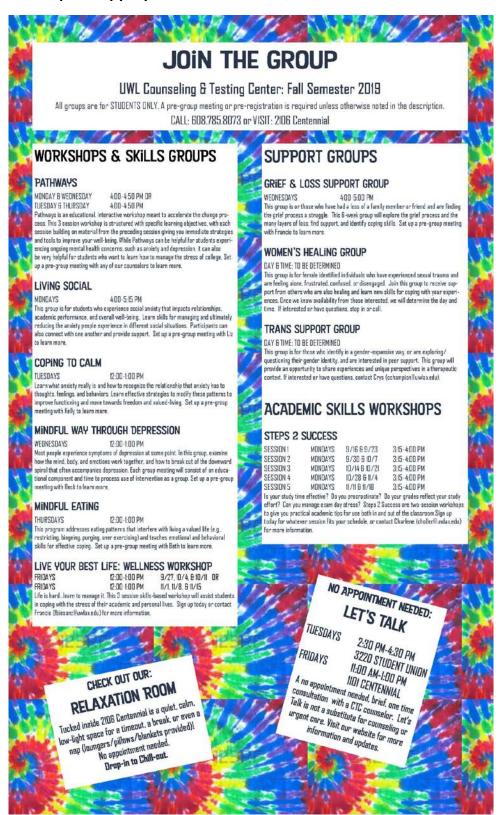
No or N/A 99% Yes 1%

CIF = Client Information Form PnC = Point and Click

Appendix B — Most common client reported presenting concerns, per Client Information Form (CIF) - Fall semester 2019 only

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Reported Concern (round to nearest percent)	
Anxiety/fears/worries (non-academic)	81%
Depression/sadness/mood swings	70%
Stress/Stress management	54%
Problems related to school or grades	44%
Friends/roommates/dating concerns	41%
Low self-esteem/confidence	38%
Attention/concentration	33%
Procrastination /motivation	29%
Sleep difficulties	25%
Eating behavior/weight problems/eating disorders/body image	23%
Choice of major/career	18%
Shyness/social discomfort	16%
Anger/irritability	13%
Suicidal thoughts/urges	11%
Physical symptoms/health	10%
Grief/loss	8%
Family-related concerns	7%
Childhood abuse	7%
Sexual assault	7%
Self-injury	5%
Alcohol/drug use	5%
Sexual Orientation	4%
Cultural adjustment	2%
Prejudice/Discrimination	1%
Gender Identity	1%

Appendix C: Group Therapy Flyers



Join the Group

UWL Counseling & Testing Center: Spring Semester 2020

All groups are for STUDENTS ONLY. A pre-group meeting or pre-registration is required unless otherwise noted in the description.

CALL: 608.785.8073 or VISIT: 2106 Centennial

SKILL GROUPS

Living Social

400-5 5 PM

This group is for students who experience social anxiety that impacts relationships, academic performance, and overall well-leing. Learn skills for managing and ultimately reducing the assisty people experience in different social situations. Participants can also connect with one another and provide support. Set up a pre-group meeting with Lis to learn more.

Coping to Calm

THES DAINS

700-100 PM

1015 04 15 Learn what arroidly really is and flowto recognised the relationship that arroidly has to thoughts, feelings, and behaviors. Learn effective strategies to modify these pattorns to improve function ing and move to wards free dom and valued living . Set up a pre-group meeting with Kelly to learn

Mindful ₩ ay through Depression

WED HE SDA YS

1200-100 PM

Most people experience symptoms of depression at some point. In this group, examine how the mind, body, and emotions work together, and how to breakout of the downward spiral that often ассонуванея depression. Each group meeting will consist of an educational component and time to process use of intervention as a group. Set up a pre-group meeting with Beck to learn more.

Mindful Eating

THURSDAYS

1200-130 PM

This program addresses eating patterns that interfere with living a valued life (e.g., restricting, bingeing, purging , over exercising) and teaches emotional and belovional skills for effective coping . Set up a pre group meeting with Beth to learn more

SUPPORT GROUPS

First-Generation Student Support Group

400-500 PM

First Deposition students now have questions about the process or requirements, went to increase academic success, or need to make decisions about higher education experience or outcome(s). This group intends to be a safe place in which to askquestions and/or reflect on associated experiences, thoughts, and emotions, taking into consideration the multitude of identities that individual first-Den students may find salient. Officed will be information, resources, and a place to process questions and experiences. Set up a pre-group screening with

Healing & Overcoming through Presence & Empowerment

This group provides a safe and confidential space for survivors of sexual trauma identifying as vanen ar anthe fenale/feminine spectrum to meet other survivors and faster bookedge and skills for empoverment; survivors of all forms of sexual trauma are velcome. Droup members are empowered to concrete this space, valcing discussion topics and goals for the group. Topics commonly identified include disclosing trauma, sexual and emotional intimacy after brauna , coping strategies, self-compossion, and feeling connected to ourselves , our bodies, and others. Set up a pre-group screening with Sam to learn more.

Trans Support Group

DAY&Time: To be determined

This group is for those who identify in a gender expansive way, or are exploring/questioning their gender identity, and are interested in peer support. This group will provide an opportunity to share experiences and unique perspectives in a therapeutic context. If interested or have questions, contact Crys (exhampion@xmlax.edu).

ACADEMIC SKILLS WORKSHOPS

Steps 2 Success

SESSION 1	MO HDA YS	2/3 9 2/10	2 5 3 90 PM	CEHTEHHIAL 2201
SESSION 2	MO HDA YS	2/178 2/24	2 \$5 3 90 PM	CENTENNIAL 2201
SESSION 3	MO HDA YS	3/283/9	25300 PM	CENTENNIAL 2201
SESSION 4	MO HDA YS	3/23 & 3/30	2 5 3 90 PM	CENTENNIAL 2201
SESSION 5	MO HDA YS	4/6 9 4/13	2 5 3 90 PM	CENTENNIAL 2201
SESSION 5	MO HDA YS	4/20 9 4/27	2 15 3 90 PM	CENTENNIAL 2201
Steps 2 Succes	s is a two-session	workshop that will o	ive you practical a	cadenic tips for use
		Sign up today for wh Newboredo) for ence		your schedule, or

Let's Learn

THURSDAYS

10.00-1130 AM 12 O MURPH YLIBRAR Y

let's learn is a chance to get a quicktip on time nonogement , procrastination, text reading ,

WALK-IN for specific study tips from the CTC Academic Specialist.

GRUILD MUSKSHUBS

Master Your Anxiety

12:00:100 PM (START DATE 3/23) MOHDANS

Anxiety is overwhelming and confusing so let's take 6 weeks to understand and manage it. We are all inspected montally and physically when we experience assists. This group will focus on how use our thoughts and actions to prevent anxiety and calm worry. Proven skills and strate gies will be developed over the 6 weeks to improve your ability to manage stress and cope with an arolous mood. Set-up a pre-group screening with Chris to learn more.

MOH DAIYS WED HESDAIY

4-00 -450 PM OR TUESDAYS THURSDAY

4:00 -450 PM

Pathways is an educational, interactive workshop meant to accelerate the cla 3 session workshop is structured with specific learning dejectives, with each session building or material from the preceding session giving you immediate strategies and tools to improve your well-leing. While Pathways can be helpful for students experiencing orgoing mental health concerns, such as aroiety and depression, it can also be very helpful for students who work to learn how to manage the stress of college. Set up a pre-group meeting with any of our course bisto learn more

NO APPOINTMENT NEEDED:

Let's Talk

TUESDAYS 2:30 PM-4:30 PM 3:220 STUDENT UNION

FR ID AYS 11:00 AM - 1:00 PM 11:01 CEN TENNIAL

Ano appointment needed, brief, one time

consultation with a CTC counselor. Let's Talk is not a substitute for counseling or urgent care. Visit our website for more information and updates

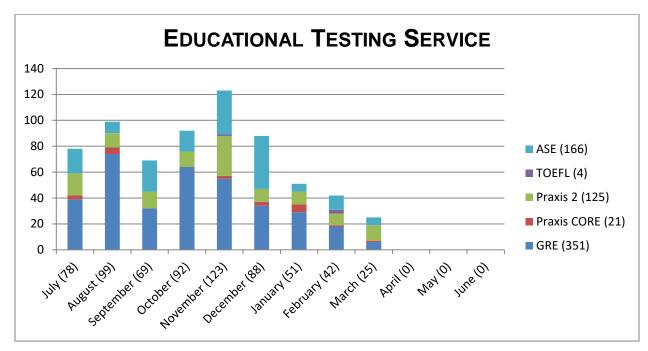
Appendix D

CTC Outreach: 2019-2020 Outreach

		Outreach	CTC	Audience	
Topic (use short name)	Class or Group Name	Туре	Dept.	Category	Attendance
CTC, Students in distress	New Faculty Orientation	Presentation	Mental Health	Faculty/Staff	62
CTC Services, Community collaboration	La Crosse Mobile Crisis		Mental Health	Outside UWL	15
			Mental		
Students in distress	Athletics Dept	Presentation	Health Mental	Faculty/Staff	35
Campus Connect	ORL	Presentation	Health	Students	26
CTC Services	Academic Advising	Tabling	MH & AS	Students	
0.70 61 1 1 1 1 1	E' ' A'	D 1.11	MH &	E 11 /01 ff	
CTC, Students in distress	Financial Aid	Presentation	AS MH &	Faculty/Staff	9
CTC Services	Admissions-Transfer Start	Tabling	AS	Students	10
CTC Sorvices	Admissions Transfer Start	Tablina	MH &	Students	24
CTC Services	Admissions-Transfer Start	Tabling	AS	Students	24
CTC Services and students	0 1 1		Mental		10
with risk	Gundersen Inpatient BH	Networking	Health Mental	Outside UWL	10
Stress and Anxiety	Pre-PA Club	Presentation	Health	Students	125
			Acad.		0.5
Academic Skills	Psychology Class	Presentation	Skills Acad.	Students	35
Interview on Time Mgt	CHE 450	Presentation	Skills	Students	4
Meet & greet	Jon H and Norw. counselor				
Academic Skills	AAC Staff	Presentation	Acad. Skills	Faculty/Staff	4
AGGGOTTIO OKITIS		1 1 030 Hutton	Mental	. dodrty/ otali	
Mental Health Multi Cultural	Multi Cult Coffee Hour	Presentation	Health	Students	
ATP Re-Entry	ATP/Campus Climate	Counseling Presence	Mental Health	Students	2
	7117 Gampus Gilliate		Mental	otudonts	_
Stress/Coping/MH Stigma	UWL 100	Presentation	Health	Students	10
Students in distress	University Centers	Presentation	Mental Health	Faculty/Staff	22
			Mental		
Campus Connect	student open enrollment	Presentation		Students	12
Stress, Coping, Resources	DISTEM Student Org	Presentation	Mental Health	Students	20
Eating Disorders	Abnormal Psychology	Presentation	Mental Health	Students	100
Lating Disorders	Abriormal Esychology	rescritation	Mental	otuuciits	100
Motivational Interviewing	SLO and ORL	Presentation	Health	Faculty/Staff	21
CTC services	transfer START	Tabling	MH & AS	Public	24
	International Education		MH &		
New Intl Student Orientation	and Engagement	Presentation	AS	Students	20
Campus Connect	ORL	Presentation	Mental	Students	29
Campus Connect	UKL	riesentation	Health	Students	29

Study abroad reentry	IEE	Presentation	Mental Health	Students	6
ATP Re-Entry	Campus Climate	Counseling Presence	Mental Health	Students	2
Sexual Assault Speak Out	Campus Climate	Counseling Presence	Mental Health	Mix	50
Study Abroad Pre-Departure Orientation	IEE	Presentation	Mental	Students	100
Post Graduation Blues	OMSS	Presentation	Health Mental Health	Students	15
Stress and Coping, Relaxation	Female Empowerment Group	Presentation	Mental Health	Students	15
CTC Services, Answer Q's	Panel of Org leaders	Networking	Mental Health	Students	15
Stress, Coping, Bystander MH	Men's Track & Field	Presentation	Mental Health Mental	Students	50
RISE UP Performance	Campus Climate	Presentation	Health	Mix	
Post Graduation Blues	OMSS	Presentation	Health Mental	Students	30
MH Services and Resources Academic Skills	Psychology Class	Presentation Presentation	Health Acad. Skills	Students Students	35
Academic Skills	Psychology Class	Presentation	Acad. Skills	Students	35
Academic Skills	Radiation Therapy Class	Presentation	Acad. Skills	Students	30
MH 101	D & I	Presentation	Mental Health Mental	Faculty/Staff	15
MH 101	D & I	Presentation	Health Mental	Faculty/Staff	15
Stress, Anxiety, and Coping	Health Sciences- Radiology	Presentation	Health Mental	Students	20
CTC Serives CTC services	transfer START Resource Fair Senior Day	Tabling Tabling	Health Mental Health	Students Students	50
Mental Health for Study Abroad- Virtual	IEE	Presentation	Mental Health	Students	?
Listening Session (COVID)	IEE	Counseling Presence	Mental Health	Mix	6

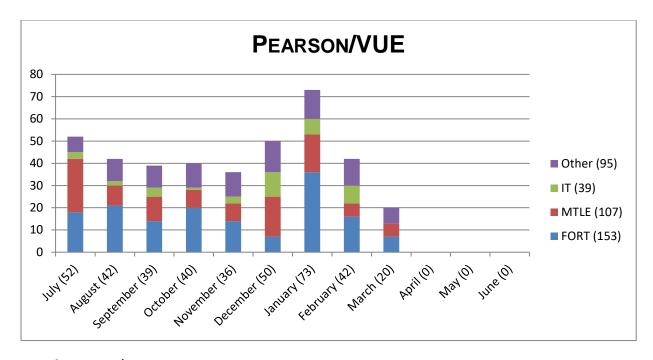
Appendix E - Monthly Testing Data by test company (or type)



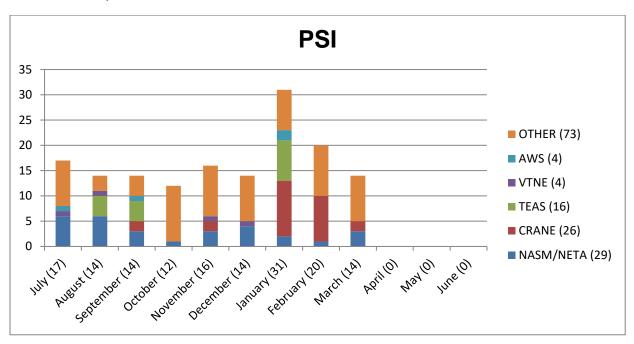
Total ETS exams: 667



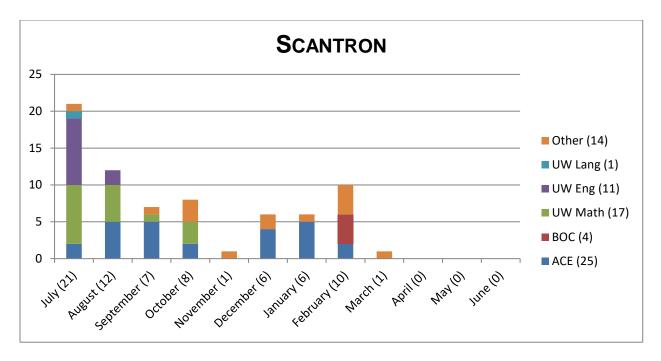
Total Register Blast exams: 417



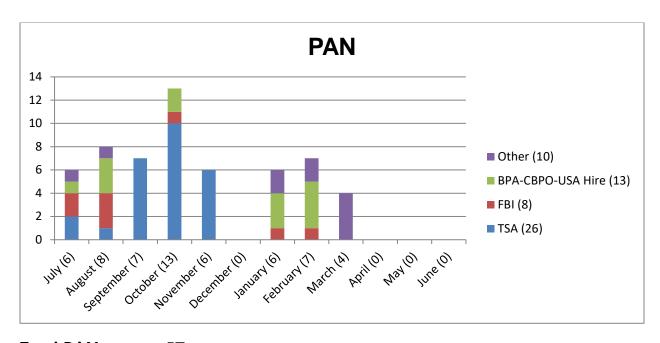
Total Person/VUE exams: 392



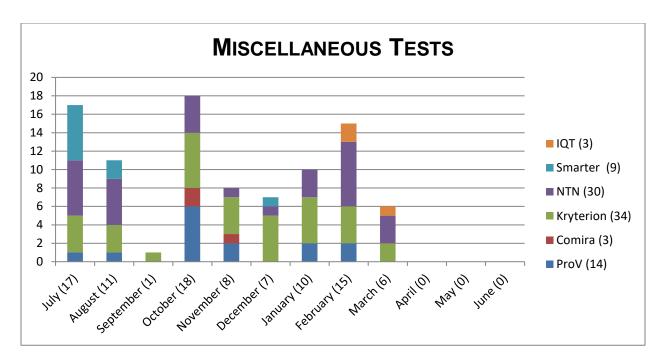
Total PSI exams: 152



Total Scantron exams: 71



Total PAN exams: 57



Total exams delivered for Comira, IQT, Kryterion, NTN, ProV, & Smarter Proctoring: 93