Description and Services

As the teaching and research clinic of the University of Nebraska-Lincoln Clinical Psychology Training Program (CPTP), the Psychological Consultation Center (PCC) provides outpatient psychotherapy and assessment services for individuals, couples, and families across the lifespan. Services are provided by doctoral-level clinical psychology students, supervised by faculty members and clinicians practicing in the community who are Licensed Psychologists.

The mission of the PCC is threefold: 1) to provide state-of-the-art, evidence-based psychological assessment and intervention services for individuals and families in Lincoln and surrounding areas; 2) to provide excellent professional development and clinical practice training for CPTP doctoral students in a behavioral health outpatient clinic that serves the general population; and 3) to conduct assessment- and treatment-relevant research that contributes to knowledge and practice regarding psychopathology, clinical assessment, and treatment across the lifespan. The goal of all PCC services is to integrate the clinical, training, and research aspects of the PCC mission into exceptional services that are grounded in and contribute to state-of-the-art research. Such integrated experience is the standard for graduate student clinical training in the scientist-practitioner tradition. The PCC faculty, doctoral students, and staff are committed to providing services and conducting research in the scientist-practitioner tradition, with a strong emphasis on evidence-based practice and adherence to the ethical standards of psychology.

PCC Clients

Between July 1, 2013 and June 30, 2014, a total of 210 clients received services at the PCC. While the majority of clients received individual psychotherapy (94%), clients also received group-, couple-, and family-based treatments as well as psychological evaluations. PCC clients were referred by a number of sources (see pie chart on right), though clients primarily obtained information about the PCC from other professionals or agencies (e.g., physicians, clinicians, lawyers) or by word of mouth (e.g., from prior PCC clients). A total of 110 new cases were opened during the year (compared to 127 during the 2012-2013 year). Among clients whose cases had been closed as of June 30, 2014 (n = 115), 32 were seen only for an intake. Those who attended more than one session attended an average of 6.22 sessions, with session attendance ranging from 2-25 sessions.

Regarding demographic characteristics (see pie charts below), the majority of clients seen were White (66%), female (55%), and between the ages of 19 and 35 (53%). The PCC served 38 UNL students. However, student status was unknown for the majority of clients. Among clients paying for individual psychotherapy, approximately one-third paid $25 per session (37%), while the majority paid reduced fees ranging from $5 to $20 per session.
Specialty Clinics

Substance Abuse Clinic (SAC): The SAC, directed by Dennis McChargue, Ph.D., is a specialty clinic that treats college students, community persons, and court-mandated individuals with primary substance use problems. SAC therapists incorporate empirically supported treatments for substance abuse within an evidenced-based practice framework. During the 2013-2014 year, 11 SAC clients were treated at the PCC.

Selected SAC Publications from 2013-2014:

Anxiety Disorders Clinic (ADC): The ADC, directed by Debra A. Hope, Ph.D., is a specialty service whose therapists assess and treat a wide variety of anxiety-related problems among adults. ADC therapists provide both individual and group-based treatments. During 2013-2014, 43 clients were served in the ADC.

Selected ADC Publication from 2013-2014:

Rainbow Clinic: The Rainbow Clinic, directed by Dr. Debra Hope, is an outreach to the gay, lesbian, bisexual, and transgender community that provides individual, couples, and family therapy. The clinic contributes to knowledge about diversity issues in clinical psychology, with a particular focus on psychological needs of the LGBTQ community. The Rainbow Clinic served 10 clients during the 2013-2014 year.

Selected Rainbow Clinic Publications from 2013-2014:
Hope, D. A., & Chappell, C. (in press). Extending training in multicultural competencies to include individuals identifying as lesbian, gay and bisexual: Key choice points for clinical psychology training programs. *Clinical Psychology: Science and Practice.*

Family Interaction Skills Clinic (FISC): FISC, co-directed by David J. Hansen, Ph.D. and Mary Fran Flood Ph.D., provides mental health consultation and psychological assessment and treatment for children, adolescents, and their families through collaborative partnerships with community agencies, primarily Community Action Partnerships, Head Start and Early Head Start, and the Child Advocacy Center (Project SAFE).

Selected FISC Publications from 2013-2014:

Telehealth: The Telehealth Clinic is a new service this year that allows us to expand our reach across Nebraska by providing services via secure videoconferencing into client’s homes. At present, these services are provided via a contract with DHHS to individuals served by the Nebraska AIDS Project. We plan to expand our telehealth clinic to include individuals with anxiety disorders in the near future. Telehealth offers a way to provide state-of-the-art
services to people in rural, underserved areas.

Program Evaluation

Therapist Satisfaction: The PCC distributed surveys to student therapists during Spring 2013 asking them for their evaluation of clinic procedures, personnel, and facilities. The results of this survey indicated that those who responded (n=10; response rate of 77%) perceived the director, assistant director, administrative assistant, and student workers as respectful, interested in therapist input, knowledgeable about PCC operations, and responsive to the needs of student therapists. Therapists generally reported a high degree of satisfaction with clinic policies, procedures, and multiple elements related to the clinical experiences provided within the PCC. Therapists reported less satisfaction with the consideration of therapist input in PCC policies and procedures and 84% indicated dissatisfaction with the current PCC video recording equipment.

Client Satisfaction: In Spring 2014, all active PCC clients were asked to complete an anonymous questionnaire. Clients rated the degree to which they were satisfied with clinic personnel, facilities, and procedures. Of the 74 clients who were seen at the PCC during the month that the satisfaction surveys were distributed, a total of 18 clients completed and returned these surveys (response rate of 24.3%). Overall, most clients reported a high level of satisfaction with the warmth and helpfulness of PCC reception staff. Clients also reported positive perceptions of their therapist as well as the quality of treatment they had received at the PCC. A total of 94.4% indicated that they were completely respected by their therapist, and 88.9% were completely satisfied with their progress in therapy. Most clients indicated that they were satisfied with the clinic’s physical environment as well as the clinic’s procedures and did not report issues related to parking or video recording of sessions. Clients indicated varying degrees of satisfaction with the Depression, Anxiety, Stress Scale (DASS) which is typically administered prior to each session. While 38.9% completely agreed that completing the DASS is helpful for treatment, 27.8% somewhat agreed and 22.3% either slightly agreed or did not at all agree. Lastly, 94.5% indicated that they would be likely or extremely likely to come back to the PCC in the future and to recommend the PCC to a friend.

Treatment Outcomes: Clients served at the PCC between July 2013 and June 2014 reported a wide range of presenting problems. The pie chart to the right indicates the primary diagnoses of PCC clients receiving a DSM-IV or DSM-5 diagnosis (n=174). Among those clients who attended 6 or more sessions, routinely completed the DASS, and were discharged from treatment prior to June 30, 2014 (n= 37), depression, anxiety, and stress scale scores on the DASS decreased between intake and termination. Results of a within-groups ANOVA indicate that pre- and post-treatment mean differences were statistically significant for depression [F(1, 36)= 39.63, p < .01, Mse= 170.95]), anxiety [F(1, 36)= 32.37, p < .01, Mse= 163.62]), and stress [F(1, 36)= 85.66, p < .01, Mse= 180.62)].

Teaching and Training

Clinical Training: The PCC provides clinical training to the doctoral students of the CPTP. In addition to receiving live supervision during their second year of training, all PCC student-therapists video record therapy sessions for the purposes of supervision. Students give and receive feedback as part of group supervision and participate in didactic activities throughout the year. The clinical training provided through the PCC allows students to gain experience in the provision of evidence-based practice and peer supervision as well as to develop case conceptualization and treatment
planning skills.

**Talks and Workshops:** The PCC provided students with the opportunity to further develop their clinical knowledge and skills by hosting a number of noon talks and webinars between July 2013 and June 2014:

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Zindel Segal, Ph.D.</td>
<td><em>Mindfulness Meditation in Clinical Practice</em></td>
<td>ABCT Webinar</td>
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<tr>
<td>Rose Esseks, Ph.D.</td>
<td><em>The DSM-5: What it Means for Your Practice</em></td>
<td>PCC Noon Talk</td>
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<tr>
<td>Robert Pynoos, M.D. and</td>
<td><em>DSM-5: Trauma and Stressor-Related Disorders in Children and Adolescents</em></td>
<td>National Child Traumatic Stress Network Webinar</td>
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<td>Charles Zeanah, Jr., M.D.</td>
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<tr>
<td>Debra A. Hope, Ph.D.</td>
<td><em>Note and Report Writing</em></td>
<td>PCC Noon Talk</td>
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<tr>
<td>Jonathan Abramowitz, Ph.D.</td>
<td><em>Exposure Therapy for OCD Symptom Dimensions</em></td>
<td>ABCT Webinar</td>
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<tr>
<td>Michelle Craske, Ph.D.</td>
<td><em>DSM-5: Anxiety, Obsessive-Compulsive Spectrum, Post-Traumatic, and Dissociative Disorders</em></td>
<td>NPA Conference</td>
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**Internship Class**

| 2013-2014 CPTP Internship Class | The internship application and interviewing process | PCC Noon Talk |

**Updates and Future Directions**

**Office Administrator Position:** The PCC and CPTP said goodbye to Susie Brees, the PCC Office Administrator since August 2013, in June 2014. With assistance from many Psychology faculty members, the new Office Administrator, James Berg, was hired in July 2014. James has been a wonderful addition to the PCC team.

**Electronic Record Keeping:** The PCC has purchased Titanium Schedule, an electronic medical records system. The Assistant Director (Annie Steel) and Psychology Department Computer Specialist (Melody Scholl) are currently working on updating our server and configuring Titanium. At the start of the Spring 2015 semester, we plan to pilot Titanium with a group of advanced PCC therapists.

**Updating Assessment Measures:** The PCC will soon purchase the Wechsler Intelligence Scale for Children—5th Edition (WISC-5). The PCC Advisory Committee recently discussed the possibilities of adopting an alternative to the Depression, Anxiety, Stress Scale 21+2 (DASS-21+2). The DASS-21+2 as well as incorporating a measure of treatment progress for child clients. In order to address clients’ mixed reports of satisfaction with the DASS-21+2 (as indicated on the most recent client satisfaction survey), the PCC plans to offer a training regarding the effective use of assessment measures within the context of treatment.

**Evaluating PCC Services:** CPTP graduate student, Andrew Jeon, recently received IRB approval to analyze DASS-21+2 data for adult clients receiving at the PCC during the 2013 calendar year. This data analysis will enable the PCC to better evaluate overall client progress.

**Special Thanks**

Special thanks go to James Berg for his help in preparing the PCC annual report.

**Mary Fran Flood, Ph.D., Director**
**Annie Steel, M.A., Assistant Director, 2014-2015**
**Samantha Pittenger, M.A., Assistant Director, 2013-2014**
**James Berg, Office Administrator**