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 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 particular emphasis on evidence-based practice and adherence to the ethical standards of psychology. Evidence-based practices are defined as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences,” (American Psychological Association, 2005).

PCC Clients

Between July 1, 2010 and June 30, 2011, the PCC served an average of 71 clients each month, including those seen in the general PCC, Anxiety Disorders Clinic, and Substance Abuse Clinic (excluding group therapy). A total of 125 new cases were opened during the year, and 64 clients were receiving services as of June 30, 2011. Clients learned of the PCC primarily through referrals from other agencies (15.5%; e.g., the Child Advocacy Center, Community Action Partnership of Lancaster and Saunders Counties), followed by referrals from family members and friends (17%) and other professionals (e.g., physicians; 16.7%). Unreported sources accounted for a large portion of PCC referrals (41.6%).

Most PCC clients sought treatment for individual therapeutic services, although a portion of clients pursued services for psychological evaluations as well (15.9% of all PCC clients). A little over half (50.2%) of PCC clients were male, and 49.8% were female. Over half of PCC clients were between the ages of 19 and 35 (56%), while 19% of clients were between age 36 and 50 and 10% were over age 51. Children and adolescents also represented a portion of clients seen at the PCC (14%), with 5% of PCC clients reporting ages under 13 years old and 9% of clients reporting ages between 13 and 18. Client age range during 2010-2011 was similar to 2009-2010.
With regard to race/ethnicity, the majority of PCC clients (86%) identify as White/Non-Hispanic, while approximately 11% of clients identify with an ethnic minority group (race/ethnicity was unreported for 4% of clients). Specifically, 5% of clients identified as Hispanic or Latino, 4% identified as Black or African American, 1% identified as Asian or Asian American, and 1% identified as American Indian. Demographic data on PCC clients during the 2010-2011 year were similar to that of clients seen during the 2009-2010 year as well as to residents of Lancaster county in 2010, where 87.1% of individuals identified as White/Non-Hispanic, 5.8% as Hispanic or Latino, .1% as Pacific Islander, 3.5% as Asian; .7% as American Indian or Alaska Native, and 3.5% as Black/African American.

Revenues and Expenditures

During the 2010-2011 year, revenues were generated from a broad range of sources, including client fees, specialty clinic fees, Continuing Education (CE) fees, and community contracts. PCC revenue exceeded total expenditures for the year by approximately 11%, and the surplus was contributed to reducing the overall deficit in the PCC fund balance.

Specialty Clinics

Substance Abuse Clinic (SAC): The SAC, directed by Dennis McChargue, Ph.D., is a specialty clinic within the PCC that treats a variety of individuals (e.g., college students, community persons, court-mandated and non-court mandated) with primary substance use problems. The SAC is affiliated with local state agencies, such as the University Health Center, Community Corrections Center of Lincoln, and the Department of Probation, as well as treatment facilities in the community. Therapists and clients work together to design an effective outpatient treatment program related to the client’s treatment goals, substance use difficulties, and other relevant mental health concerns. The SAC incorporates empirically supported treatments for substance abuse within an evidenced-based practice framework.

The Alcohol Skills Training Program (ASTP), a cooperative service between SAC and UNL Judicial Affairs helps UNL students examine problematic alcohol use following violation of the “dry campus” policy. ASTP is conducted online, where students complete questionnaires related to their alcohol and drug use and subsequently receive personalized feedback via e-mail. During the last year, 280 students completed online ASTP.

Selected SAC presentations and publications:
ASTP also provides an opportunity for ongoing, longitudinal research which seeks to identify students who may be most vulnerable to risky alcohol-related behavior and differentially impacted by the brief online education course. In addition to the baseline questionnaires that all students sanctioned to ASTP complete, students who consent to research also complete brief follow-up surveys 3, 6, and 12 months post-ASTP. ASTP is currently in its sixth year of data collection, and is particularly interested in the influence of child/adolescent sexual abuse on treatment outcome.

The SAC also coordinates the Brief Alcohol Screening and Intervention for College Students (BASICS), an individualized, in-person brief motivational intervention (BMI) treatment approach that is designed for college students requiring a higher level of care than the ASTP program offers. BASICS consists of two treatment sessions and utilizes personalized feedback to reduce harmful behavior associated with problematic drinking. A similar program, Marijuana Education (ME), is also offered which utilizes the same principles and techniques as BASICS; however, it focuses on providing harm-reduction education around the use of marijuana. The BASICS program is currently in its first year of development, with over 100 students completing the program thus far.

**Anxiety Disorders Clinic (ADC):** The ADC, directed by Debra A. Hope, Ph.D., is a specialty service in the PCC. Therapists within the ADC assess and treat a wide variety of anxiety-related problems among adults. The ADC has three inter-related missions: training doctoral students in state-of-the-art clinical assessment and intervention, providing excellent clinical services to the community, and conducting research on the psychopathology and treatment of anxiety. During 2010-2011, 35 new cases were opened in the ADC for individual cognitive behavioral therapy for a variety of anxiety disorders. The ADC has a number of research projects that are part of ongoing data collected from the clients seen in the clinic. ADC staff regularly present research at national conferences.

**Selected ADC presentations and publications:**

**Family Interaction Skills Clinic (FISC):** FISC, 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. FISC services are designed to prevent and treat child maltreatment and to support healthy family development.

FISC coordinates **Project SAFE (Sexual Abuse Family Education)**, a free group and individual short-term therapy program for children and adolescents who have reported sexual abuse, their non-offending parents and their siblings. Treatment procedures have been demonstrated to be effective and useful for participating families. Project SAFE services are offered in collaboration with the Child Advocacy Center, a community agency that provides investigative interviews, medical exams, victim advocacy and support, referral for therapy, and court school for victims of child abuse. The Project SAFE/Child Advocacy Center collaboration has received generous grants from the Woods Charitable Fund, the Nebraska Child Abuse Prevention Fund, and the Cooper Foundation. During the 2010-2011 year, Project SAFE provided group interventions for children, adolescents, parents, and siblings affected by sexual abuse, Brief Family Interventions (short-term, 3-6 sessions, individual counseling), and Parent Support and Education Sessions (single crisis session).
Selected FISC presentations and publications:

FISC-affiliated CPTP graduate students provide mental health services and consultation to Early Head Start and Head Start Programs at Community Action Partnership of Lancaster and Saunders Country. During the 2010-2011 year, FISC Child and Family Behavior Consultants provided services that included mental health screenings for infants, toddlers, and preschoolers, individual and family therapy for children, their parents, and families, behavioral observations of children, consultations with teachers and Family Advocates, and staff training in child development and behavioral health) for Early Head Start and Head Start families. During the 2010-2011 year, procedures were developed to facilitate referrals to FISC services for Lincoln Public Schools Part-Day/Part-Year Head Start Children and their families. Coordination with interpretation services increased the ability of FISC graduate student therapists to provide mental health services to non-English speaking families. Early Head Start and Head Start research activity benefitted from graduate student research funding obtained from both the)

Office of Head Start/Administration for Children and Families and the Doris Duke Charitable Foundation Research projects examined the effectiveness of center-based therapy and clinical efforts aimed at child maltreatment prevention.

Rainbow Clinic: The Rainbow Clinic, directed by Dr. Debra Hope, is an outreach to the gay, lesbian, bisexual, transgender, and queer community that provides individual, couples, and family therapy and contributes to knowledge about diversity issues in clinical psychology, with a particular focus on psychological needs of the LGBTQ community. The Rainbow Clinic has also partnered with OutLinc, Lincoln's GLBT Community Center, to help bring awareness of mental health services within the area and extend the outreach of the clinic’s services.

Selected Rainbow Clinic presentations and publications:
Program Evaluation

Therapist Satisfaction: The PCC distributed surveys to student therapists during Spring 2011 asking them for their evaluation of clinic procedures, personnel, and facilities. Overall, 10 (out of a total of 13; 77%) completed PCC Therapist Satisfaction Surveys were returned. The results of this survey indicated that those who responded perceive 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 (e.g., intake assignment, emergency procedures, client confidentiality).

Half (50%) of therapists who completed the survey reported that they somewhat agreed or agreed or strongly agreed that the PCC offered an appropriate number of clinical-related workshops. Regarding those workshops that were held, 90% of therapists reported that they somewhat agreed or agreed or strongly agreed that the workshops were useful. Therapists who responded to the survey reported satisfaction with the fairness of client fees, but less satisfaction with the consideration of therapist input in PCC policies and procedures, the availability of up-to-date assessment materials, and obtaining adequate experience in conducting evaluations. In order to address these concerns, student and community representatives have been added to the PCC Advisory Committee in the Fall of 2010. See below “Updates” and “Future Directions” sections for more information on these changes.

Client Satisfaction: In 2010, the PCC distributed satisfaction surveys to clients assessing their opinions of the PCC across several domains: physical setting, reception staff, procedures, therapists, and value of services. Overall, 40 clients returned the surveys. Clients noted that they found the PCC staff to be friendly and respectful. Client reported perceiving their therapists in a positive light (e.g. respectful, well-trained, professional, and sensitive to client needs). A majority of clients reported that they would be likely or extremely likely to come back to the PCC in the future (90%) and that they would recommend PCC to a friend who needed therapy (90%). Further 90% of clients reported that their therapy sessions where either worth what they cost or more than what they cost. Areas of concern for at least some clients included the physical setting and videotaping.

Teaching and Training

The PCC provides clinical training to the graduate students of the CTP, as well as educational opportunities for members of the Lincoln community. In addition to the initial Clinical Intervention course, all PCC student therapists video-record therapy sessions, which frequently are viewed with the supervisor for additional training. Students give and receive feedback as part of group supervision and participate in didactic activities throughout the year as well. The clinical training provided through the PCC allows students to gain experience in the provision of evidence-based practice and to develop case conceptualization and treatment planning skills. Furthermore, students are provided with the opportunity to gain supervision experience through peer supervision.

Talks and Workshops: The PCC hosted and co-hosted a variety of noon talks and workshops between July 2010 and June 2011 that provided students, faculty, and community members with the opportunity to further advance their clinical knowledge and skills. These talks and workshops included the following:

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<tr>
<th>Dr. Dennis McChargue</th>
<th>Inform Your Practice: An Evidence-Based Approach for Clients with Dual Diagnoses</th>
<th>PCC Practice Update Series</th>
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<td>Mary Kay Hansen and</td>
<td>The mediation process and how clinical psychologists can work with mediators to help clients</td>
<td>PCC Noon Talk</td>
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<td>Dave Hubbard</td>
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Updates

◮ **Video Recording Equipment:** A new digital video recorder (DVR) system was installed to record high resolution videos of therapy sessions.

◮ **Assessment Material Accessibility:** Due to informal and formal program feedback, as well as the importance of assessment within an evidence-based practice framework, efforts were undertaken to increase the accessibility and improve the organization of assessment and intervention materials located within the PCC for therapist use.

◮ **Increasing Referrals:** To increase the number of training opportunities and clients served by the PCC, we completed a mailing to professionals in the area.

Future Directions

◮ **Website Updates:** The PCC will be publishing a new website using the UNL Content Management System (CMS), which is designed to create and manage website content with ease. Instead of being a one-page site, the new website will include multiple pages and provide more thorough information to clients and referral sources.

◮ **Social Media:** The PCC plans to establish guidelines for therapists regarding the use of social media, and will incorporate these policies into the next PCC manual update.

◮ **Electronic Record Keeping:** The PCC is looking into purchasing a new management software system for scheduling and electronic record keeping.

◮ **Monitoring of Client Progress:** The PCC is exploring options for effectively tracking overall client progress with the use of the OQ software or the Online Progress Tracking software.

Special Thanks

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◮ **Mary Fran Flood, Ph.D., Director**
◮ **Rosy Maldonado, M.A., Assistant Director, 2011-2012**
◮ **Laura Watkins, M.A., Assistant Director, 2010-2011**
◮ **Ashley Brauer, Administrative Assistant**