

UNIVERSITY of **HOUSTON**

DIVISION of STUDENT AFFAIRS and ENROLLMENT SERVICES
Counseling and Psychological Services

SFAC
Report of FY 13 (2012-2013) &
Requests for FY 15 (2014 – 2015)
FY 2015 Program Questionnaire
FY 2015 Budget Request



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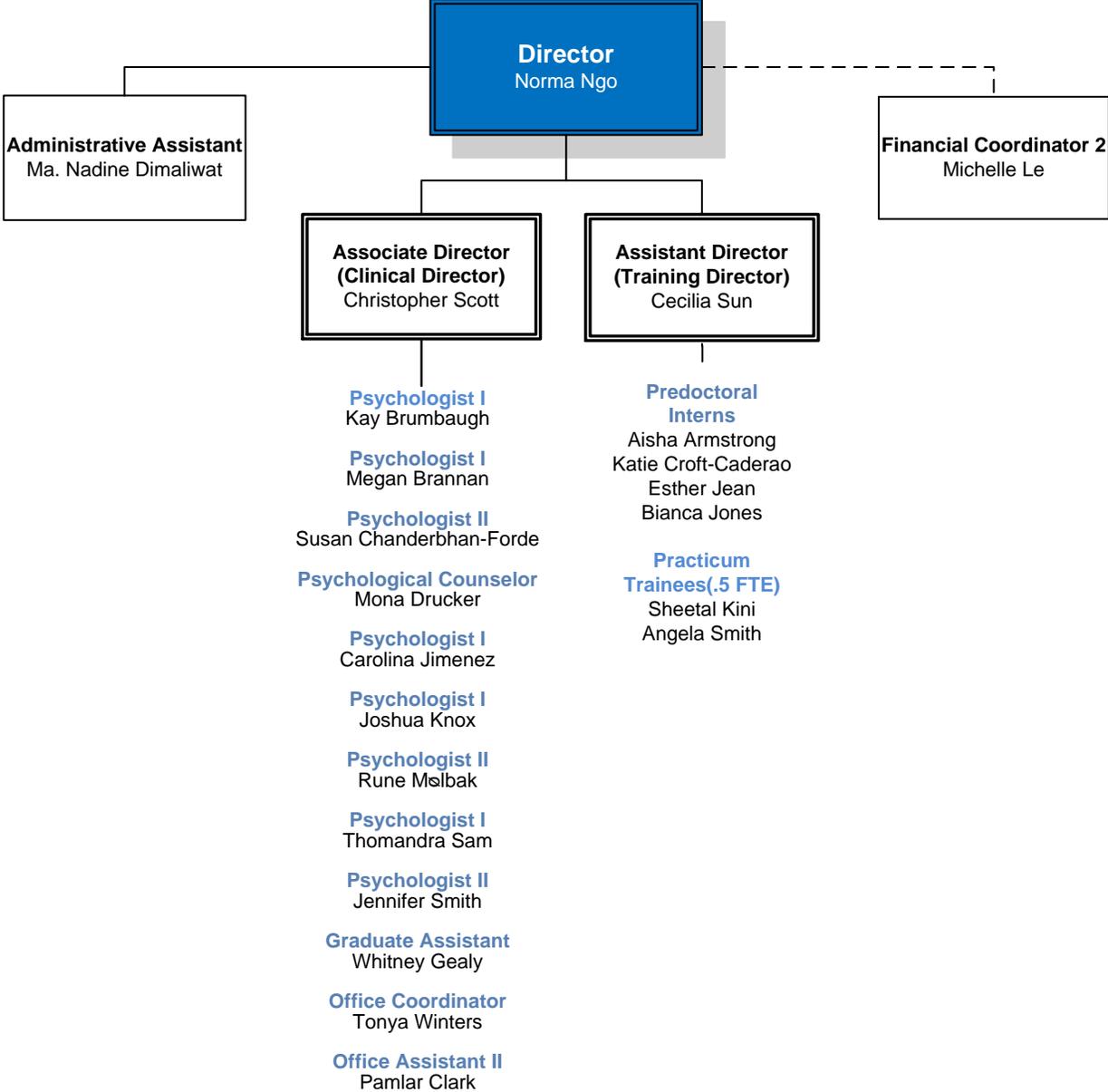
I. Provide an executive summary of your questionnaire responses

Counseling and Psychological Services (CAPS) has a mission to provide psychological, educational, and social support services to the university community, which assists students to be more successful in their academic, personal, and social pursuits. To achieve this mission, CAPS offers individual, couples, and group psychotherapy; crisis intervention; preventative and developmental outreach programming; consultation to faculty/staff/students; assessment; and training of pre-doctoral interns and practicum trainees. CAPS employs multiple measures to determine our effectiveness in accomplishing our mission. We engage in outcome assessments for our clinical and outreach services, as well as our training program. In addition, we also measure client satisfaction via survey questions. We must maintain rigid national standards as evidenced by our continued accreditation by the International Association of Counseling Services (IACS) for our psychological services and by the American Psychological Association (APA) for our pre-doctoral internship training program. Through our key component services, we are committed to helping students succeed in and outside of the classroom by supporting their emotional and psychological well-being. Students with emotional and behavioral problems not only struggle at the individual level, but may negatively impact their classmates, roommates, faculty, and staff with whom they come in contact. We believe that helping students with their mental health issues can promote student success and benefit the university community overall.

With respect to how we have attempted to address the growing number of students on campus, CAPS has decreased wait time for students seeking initial appointments by offering some same-day appointments for initial counseling visits. The average wait time for a new appointment for FY13 went down to 3.3 business days from 7.13 business days equivalent to a 46% reduction in wait time. This was one of the methods we implemented in order to better meet the growing clinical demand. After a review of data we saw that our attendance rate for initial counseling appointments earlier in the day was significantly less than later in the day. Consequently, we provided more initial appointments later in the day in order to better meet student demand for services. Again, this was another method to better meet the growing clinical demand. We reduced the late cancellation/no-show rates, especially for first appointments, by implementing a late cancellation/no-show fee. This was designed to create additional availability for clinicians based on the theory that students would cancel their appointments earlier giving time to work in other clients. After implementing our late cancellation/no-show fee policy in spring of 2013, we saw an 8.2% increase in attendance for individual counseling appointments from FY12. Finally, as our campus continues to grow, CAPS clinical staff must continue grow to keep up with the demand. As previously stated, IACS recommends a staff to student ratio of 1:1500. Based on an approximate student population of 39,000, CAPS is currently functioning at 1:3,250. For this reason, CAPS is respectfully requesting one (1), base augmentation for a psychologist position for FY 15.



II. Provide an organization chart of your unit (As of Fall 2013)



III. List your unit's strategic initiatives and action steps identified for the 2012-2013 academic year and cite the specific Division of Student Affairs Strategic Initiatives and University of Houston Strategic Goals to which they relate. Please comment on your success in achieving these strategic initiatives/actions steps.

A. CAPS Strategic Initiatives for Clinical Services

- S.I. 1. Increase the quantity, variety, and quality of group therapy services (*DSA Strategic Initiatives #1, 2, 3; UH Strategic Goal #2*)
- Offer more groups which impart skills that contribute to student success. For example, skill based groups that will help students to cope with stress, increase self-efficacy, and increase interpersonal effectiveness.
 - Provide training and case conference opportunities for staff in order to enhance group therapy and assessment skills.
 - Use assessment measures at regular intervals (e.g. CCAPS, GRQ, GQ) to improve the quality and effectiveness of groups.
- S.I. 2. Leverage technological resources to reduce client wait time related to completing paperwork, reducing data entry error, and increasing clinician time with clients during initial consultation appointments (*DSA Strategic Initiatives # 1, 2,4,6; UH Strategic Goal #2*)
- Install Titanium web component.
 - Configure waiting room to allow for laptop stations to be set up for students to enter their own clinical data into Titanium.
- S.I. 3. Decrease wait time for students seeking initial clinical appointments (*DSA Strategic Initiatives #1,2, 4; UH Strategic Goal #2*)
- Use data to guide revisions to clinical program structure based on high demand days/times.
- S.I. 4. Increase accessibility of clinical services for more students (*DSA Strategic Initiatives #1,2, 4, 6; UH Strategic Goal #2*)
- Reduce late cancellation/no-show rates, especially for first appointments by implementing a late cancellation/no show fee.

Success in Achieving these Strategic Initiatives/Action steps for Clinical Services

S.I. #1

- The CAPS group program piloted several new groups during 2012-2013 in order to meet student need and interest. Those included: First in the Family (group/workshop for first generation college students), Cultural Connections (for students of color to explore cultural beliefs, relationships, and how these factors



- impact their identities), a social anxiety group, and Peaceful Mind, Peaceful Body (Body Image group).
- CAPS offered groups that targeted specific underserved or minority populations. These groups included the LGBT Support and Process Group, First in the Family, and Cultural Connections.
 - CAPS successfully ran **35** groups this year, serving **281 students** with a wide variety of presenting concerns.

S.I. #2

CAPS implemented the use of the Titanium web component during the spring of 2013. We did this by using tablets which negated the need to spend time and resources remodeling our front office. It is anticipated that the use of the Titanium web component will save our administrative assistants more than 200 hours of work per year devoted to inputting data into client records.

S.I. #3

- Decreased wait time for students seeking initial appointments by offering some same-day appointments for initial counseling visits. The average wait time for a new appointment for FY13 went down to 3.3 business days from 7.13 business days for FY12. This is a 46% reduction in wait time. This was one of the methods we implemented in order to better meet the growing clinical demand.
- Used data to guide revisions to clinical program structure based on high demand days/times. After a review of data we saw that our attendance rate for initial counseling appointments earlier in the day was significantly less than later in the day. Consequently, during the spring of 2013 we concentrated most of our availability for initial appointments later in the day in order to meet student demand for services. Again, this was another method to better meet the growing clinical demand.

S.I. #4

- We reduced the late cancellation/no-show rates, especially for first appointments, by implementing a late cancellation/no show fee. This was designed to create additional availability for clinicians based on the theory that students would cancel their appointments earlier giving time to work in other clients. We consulted extensively with staff at the UH Health Center regarding the implementation of this project given that their department had successfully implemented a similar policy.
- After implementing our late cancellation/no-show fee policy in spring of 2013, we saw an 8.2% increase in attendance for individual counseling appointments from FY12. CAPS clinicians schedule more than 6,000 hours of individual therapy and psychological assessments per year and an 8% increase in attendance equals to nearly 500 hours saved.
- After implementing the “*consultant on duty*” model (where designated clinicians are available to receive requests for consultation, referral, or “urgent” counseling sessions for and related to students in distress), we saw a 129% increase in utilization (90 individuals presenting with consultation questions in FY 12 versus 206 in FY13).



- *Assessment* is another service provided by CAPS. The most common type of assessment that CAPS provides are Learning Disabilities (LD) and Attention Deficit-Hyperactivity Disorder (ADHD) evaluations. This is a challenging form of assessment due to the specialized training and time commitment (an additional 11-20 hours beyond the counseling session) from beginning to end that is required to complete an LD and/or ADHD battery. In fact, this type of assessment is not typically offered at counseling centers for these reasons. Furthermore, recent changes in the field of LD assessment has increased the time and expertise needed to complete LD assessments. However, CAPS retains this service because we are aware that having an LD and/or ADHD can be a major impediment to a student's academic achievement and we believe that providing these assessments is important to helping the university meet its commitment to academic success for *all* students.
- Students are able to receive LD or ADHD assessment at CAPS at a greatly reduced fee (\$300-\$500) compared to an assessment in the community (which can range from \$1,000 -\$2000 per assessment).
- In 2012-2013, CAPS implemented the use of target numbers for LD/ADHD assessment for each semester and a waitlist to allow for better utilization of staff time and improved customer service to students seeking LD/ADHD assessments.

B. CAPS Strategic Initiatives for Outreach Services

- S.I. 1. Increase number of attendees for QPR training (a nationally recognized suicide prevention program designed to educate persons to recognize and respond to the signs of suicidal thinking or behavior) (*DSA Strategic Initiatives # 1, 2; UH Strategic Goal #2*)
- a. 25% increase in use of QPR training (goal = 100 participants).
- S.I. 2. Increase collaboration between CAPS and the UH campus (*DSA Strategic Initiatives #1, 6; UH Strategic Goal #2*)
- a. Evaluate the success of our liaison relationships and explore the development of new liaison relationships.
 - b. Seek out opportunities to educate campus about role and function of CART.
 - c. Clarify how CART and CAPS can work together to address students of concern while maintaining confidentiality and preserving the therapeutic relationship if the student is also a client.
- S.I. 3. CAPS is committed to reach as many UH students as possible and will continue its campaign to decrease the stigma of seeking mental health treatment (*DSA Strategic Initiatives #1, 6; UH Strategic Goal #2*)
- a. Increase visibility of CAPS on campus by building our relationship with the campus community via our outreach programming.



- b. Continue to evaluate the success of the “Let’s Talk” program and explore expansion to other campus locations.
 - c. Maintain our “user friendly” website and social media outlets to reach those who may be ambivalent about accessing services.
- S.I. 4. Increase collaboration between CAPS and Student Housing Residential Life (SHRL) to address the growing residential campus and its corresponding mental health needs (*DSA Strategic Initiatives #1, 6; UH Strategic Goal #2*)
- a. Develop workshops on mental health topics to residents and comprehensive trainings throughout the year for resident advising staff.
 - b. Explore possibilities for offering workshops/trainings at convenient times for SHRL staff and residents throughout the day and evening.

Success in Achieving these Strategic Initiatives/Action steps for Outreach Services

S.I. #1

- More than doubled (242%) the number of attendees re-certified in QPR training.

S.I. #2

- Developed new liaison relationships with Campus Recreation and Wellness.
- Raised awareness of the existence of CART via KUHF program, “Houston Matters”.
- 533% increase in individuals served via our defusing and debriefing process in which we intervene after a campus traumatic event that may include recent deaths by suicide or homicide, natural disaster, events with a high degree of threat to the UH community, or any significantly distressing event.

S.I. #3

- 170% increase in individuals served through our campus wide presentations on a variety of mental health topics.
- 112% increase in Facebook “likes”.
- Developed “Rock Your Body Week” during National Eating Disorder Awareness Week. 4 Days of events that included:
 - *Student-Athlete Body Image Day- collaborated with UH Athletics*
 - *Media Smart Awareness Day*
 - *Rock Your Body Day (disordered eating screenings)*
 - *Documentary Screening of “Misrepresentation”*
- Increased visibility during Finals Mania Presence by developing 4 events:
 - *Pop Zone (free bubble wrap to pop)*
 - *Heat Up to Chill Out (students made free heating pads)*
 - *Gardening Therapy (students planted their own plant in a pot)*
 - *Study Paws (brought therapy dogs to campus)*
 - 7 workshops on a variety of stress management topics



S.I. #4

- Food for Thought Workshop attendance nearly doubled (increase of 51%).
- Raised awareness about CAPS Food For Thought Workshops by implementing digital advertising of these workshops in all residence halls.
- “Preparing for Your 1st Finals” (evening presentation at Cougar Village I).
- “Garden Therapy” during Finals Mania (in front of Cougar Village I).

C. CAPS Strategic Initiatives for Training

- S.I. 1. Foster an enhanced learning environment for graduate clinical and counseling psychology students (*DSA Strategic Initiatives #1, 6; UH Strategic Goal #2*)
- a. Collaborate with UH faculty to utilize available expertise in the field and to stay current with program requirements.

Success in Achieving these Strategic Initiatives/Action steps for Training

S.I. #1

- Trainee client contact hours remained high; re-evaluated trainee service delivery priorities in terms of time efficiency (e.g., therapy vs. assessment). More time devoted to therapy.
- Streamlined the practicum program to two positions, due to space constraints.

D. To Monitor and Evaluate CAPS Services in Order to Ensure Quality Control.

Quality control is an important and on-going part of providing competent services. CAPS regularly evaluates its services and is engaged in a more comprehensive assessment of service provision in order to ensure the highest quality of care for students and the university. CAPS is reviewed regularly by external agencies, which evaluate the center in terms of its meeting the needs of clients and the ethical and legal responsibilities to which it is held. This includes annual re-accreditation process as well as periodic site visits for continued accreditation. We are accredited for both service delivery (International Association of Counseling Services—IACS) and for training (American Psychological Association—APA). Staff members are licensed by the state of Texas and failure to meet ethical standards can result in both loss of license and university position.

E. To Ensure Compliance with the Drug-Free Campus Mandates.

CAPS provides evaluative feedback, brief therapy, and referral services for substance use problems. CAPS is the primary on-campus provider for substance abuse treatment. We frequently receive referrals from the Dean of Students Office, Athletics, and Student Housing and Residential Life. In addition, CAPS also provides initial evaluations, feedback, and referrals to staff and faculty. A member of the CAPS staff also serves on the Substance Abuse Education and Prevention Committee.



IV. Please discuss the means that you are utilizing to evaluate both your success in achieving the aforementioned objectives and their importance as compared to other objectives that you might pursue. Where data exists, discuss the number of persons served by each of your programs and any assessment measures and/or learning outcomes used to evaluate the program success. Please provide the method for collecting these data.

CAPS has arguably one of the most thorough and comprehensive self evaluations of any department on campus. This is due in part because of the confidential nature of our services and the ethical and legal responsibilities associated with it, as well as the implications of outcome, making evaluation and accountability essential. We evaluate all of our services (e.g., clinical, outreach, and training/supervision) utilizing multiple means. First, CAPS is reviewed by external agencies, which evaluate the center to determine if it is meeting standards of practice and maintaining ethical and legal responsibilities to which it is held. This includes annual updates and site visits in order to maintain accreditation by the International Association of Counseling Services (IACS), which accredits CAPS for its clinical services. The American Psychological Association (APA) accredits CAPS for its pre-doctoral internship training program. Furthermore, the licensed staff are accountable to state licensing boards. Failure to meet ethical standards can result in suspension and/or loss of license to practice.

The Center for Collegiate Mental Health (CCMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students in order to serve the needs of mental health providers, administrators, researchers, and the public. CCMH represents a collaborative practice-research network comprised of over 140 college counseling centers. CAPS has been involved since the inception of CCMH, actively working to gather center-specific and nationwide data on college students seeking psychological services. Participating counseling centers use the *Counseling Center Assessment of Psychological Symptoms* (CCAPS) as a psychometric instrument assessing various dimensions of mental health for all clients initiating services at participating counseling centers. In addition to very strong psychometric properties and a balanced rational/empirical design that is highly relevant to clinical work in counseling centers, the CCAPS instruments provide regularly updated peer-based norms drawn from very large samples. For example, the current CCAPS norms (2012) are based on approximately 60,000 students seeking counseling services at institutions across the U.S. Because of the size and diversity of the norming group, clinicians can feel very confident that a scored CCAPS profile provides an up-to-date, relevant, and accurate evaluation. The CCAPS norms will be continually updated and improved as data becomes available. It is a 62-item instrument with nine distinct subscales related to psychological symptoms and distress in college students. The subscales consist of: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, and Substance Use. This



instrument is typically given at the initial consultation appointment with the student and at regular intervals to inform treatment decisions by measuring change over time.

Also as a part of CCMH, CAPS utilizes the *Standardized Data Set (SDS)*, which is a set of questions and answers used by counseling centers during routine clinical practice. The SDS contains a number of "core" or required items and a larger number of optional items. Over 100 counseling centers participated in the creation of the Standardized Data Set (SDS) beginning in 2006. The principle goal of the SDS is to encourage the collection and pooling of standardized information that can be compared at the national level.

Below are the results of the FY 13 Learning Outcomes for our Key Component Areas (Clinical, Outreach, Training)

Individual Counseling

Learning Outcome 1: Students will implement healthy behaviors as a result of Individual counseling

- **Hostility:** 48% of students showed reliable improvement in reducing feelings of anger, irritability, and thoughts of harming others.
- **Substance Use:** 57% of our students showed reliable improvement in substance abuse and substance use related behaviors.

Both health-related behaviors improved significantly, especially given that the minimum number of sessions (therapeutic dose) was set at 4. This is quite brief as most psychotherapy treatment protocols recommend between 12-16 weeks of treatment for most of the presenting disorders that we see in our students.

Problems with substance use showed the most reliable improvement out of any of the CCAPS clinical subscales. This health related behavior appears to be one of the most amenable to change given the brief individual therapy focus of our department.

Learning Outcome 2: Students will experience reduction of symptoms through our individual counseling services

- **Depression:** **44%** of CAPS clients that reported significant depressive symptoms (excessive sadness, hopelessness, suicidal ideation) showed statistically significant improvement during this time period.
- **Generalized Anxiety:** **29%** of CAPS clients reported improvement in generalized anxiety symptoms (e.g. excessive worry about a variety of things).
- **Social Anxiety:** **25%** of CAPS clients showed a reliable reduction in social anxiety symptoms (excessive fear and avoidance of situations where they may be evaluated by others).



- Academic Distress: **36%** of students who completed the CCAPS showed statistically significant improvement in academic functioning after receiving at least 4 sessions of individual psychotherapy.
- Eating Concerns: Eating concerns as measured by the CCAPS includes body image concerns, difficulties with regulating food intake, and excessive dieting behaviors. **27%** who attended 4 or more individual therapy appointments indicated a significant reduction in eating concerns.
- Family Distress: Family distress measures problems with parental support, conflict, and violence in the home. **23%** of students who indicated a high level of family concerns indicated that those concerns were significantly better after 4 or more individual counseling sessions.
- Distress Index (Global Scale): The distress index is a global scale derived from other CCAPS clinical scales. **50%** of students who received 4 or more individual counseling sessions demonstrated a significant reduction in distress as measured by this scale.

It appears that there were mixed results with regards to reduction in symptom distress. Overall, individual counseling was effective, especially with regards to depressive symptoms and reducing academic distress. It appears that shifting student attitudes and beliefs regarding anxiety and eating concerns appears to be more difficult and may require exploring using specialized treatment protocols or treatment modalities outside of individual psychotherapy. It may be helpful to explore greater utilization of group therapy services rather than individual therapy for students reporting high levels of social anxiety. There is a body of literature that suggests that the exposure effects in group psychotherapy are more therapeutic than individual psychotherapy for persons whose primary concern is social anxiety.

Learning Outcome 3: Students will be able to better attend to their academic work as a result of individual counseling

During the Fall 2012 semester

- **60%** of student of students who indicated that they were having significant academic problems and/or thinking about leaving the University of Houston indicated that CAPS services were helping them improve their grades.

During the Spring 2013 semester

- **58%** of students who indicated that they were having significant academic problems and/or thinking about leaving the University of Houston indicated that CAPS services were helping them improve their grades.

From this data it appears that the majority of students involved in CAPS services who reported academic problems found our services helpful. This is useful data given that our services do not directly remediate academic deficits or study skills. Further research may



give insight into what the ideal therapeutic “dose” (e.g. number of counseling sessions) is needed to achieve positive outcomes in this area.

Learning Outcome 4: Clients will experience improved functioning as a result of CAPS services

Global Assessment of functioning values was assigned to all new clients at the beginning and end of their treatment at CAPS. The Global Assessment of Functioning is a rating from 1-100 that clinicians use to rate how severely a client’s presenting problem is affecting their relationships, school functioning, and general well-being. Low scores indicate greater impairment. From 9/01/12 until 7/23/13 we had 505 clients who began and ended their treatment at CAPS during this time period. The average number of individual sessions was 4. The mean GAF change was 3.69 points which was a 5.48% change in GAF scores, suggesting mild improvement which does not seem to fit with other measures (CCAPS, Satisfaction survey)

Unlike with the CCAPS, we were unable to analyze cases that had a certain number of treatment sessions. Given this limitation, this analysis included many students who only came for one visit. That resulted in no change in GAF score. It may be hypothesized that these cases are skewing the data in a negative direction.

The Global Assessment of Functioning assessment has been the subject of criticism for its lack of construct validity and inter-rater reliability. Our clinic has been using the Global Assessment of Functioning as part of our use of the Diagnostic and Statistical Manual 4th Edition (Text Revision) (DSM IV-TR). The American Psychiatric Association, who produced the DSM IV TR, published the 5th edition of their manual (DSM 5) May 2013. This latest edition does not use the Global Assessment of Functioning because of problems with validity and reliability with this measure. Given these developments there are no further plans to use the Global Assessment of Functioning measure in future CAPS assessment activities.

Group Counseling

Learning Outcome: Student will be able to decrease their social anxiety symptoms as a result of participating in group therapy for a semester at CAPS

Subscales	% Reliably Improved (% of students that improved on this subscale, on CCAPS)
Depression	54
Generalized Anxiety	43
Social Anxiety	33
Academic Distress	47
Eating Concerns	29
Family Distress	22
Hostility	49
Substance Use	50
Distress Index	70



Data Based on Group Evaluations via Campus Labs for Fall 2012 and Spring 2013 Semesters (9/1/12-5/31/13)

Statements for Fall 2012	% Agree	%Strongly Agree	Total that Agreed/Strongly Agreed
I was able to consistently work on the group goals I created for myself	44	31	75%
Group helped me improve my ability to communicate and interact with others	34	57	91%
At the end of group, my overall well-being had improved	43	43	86%
Overall, I am satisfied with the quality of my group counseling experience.	42	58	100%

Statements for Spring 2013	% Agree	%Strongly Agree	Total that Agreed/Strongly Agreed
I was able to consistently work on the group goals I created for myself	36	56	92%
Group helped me improve my ability to communicate and interact with others	36	57	93%
At the end of group, my overall well-being had improved	36	51	87%
Overall, I am satisfied with the quality of my group counseling experience.	28	72	100%

LD/ADHD Assessment

Learning Outcome: Clients who complete ADHD/LD testing will better identify their academic strengths and weaknesses and identify strategies which will improve their academic success

- 100% of clients who responded to the post-assessment survey indicated that they either agreed or strongly agreed that they were able to better identify academic strengths and weaknesses.
- Ability to identify strategies which will improve academic success- 100% of clients who responded to the post-assessment survey indicated that they either agreed or strongly agreed that they had learned about strategies they can use to improve their academic performance.

Outreach Services

Learning Outcome 1: 70% of workshop attendees will demonstrate understanding of the FFTW by being able to identify one new skill that was learned during the FFTW

- 87.5% of Food For Thought workshop attendees demonstrated understanding of the FFTW by being able to identify one new skill that was learned during the FFTW.



Learning Outcome 2: 70% of workshop attendees that respond to a one-month follow-up, will be able to demonstrate knowledge and application of the FFTW by stating he/she has used one skill

- 65% of workshop attendees that responded to a one-month follow-up demonstrated knowledge of a skill they had learned during the FFTW. Of those that did respond and identified a skill, 94.7% indicated they had incorporated the skill moderately or more.

Training

Learning Outcome: CAPS practicum trainees will demonstrate competence in the following core skills: individual therapy, sensitivity to diversity, ethical sensitivity and professionalism, and use of supervision/training

For the three practicum trainees in AY2013, the aggregate scores for each period were as follows:

December 2012

Individual Therapy: 3.56

Sensitivity to Diversity: 3.92

Ethical Sensitivity and Professionalism: 4.17

Use of Supervision and Training: 4.18

April 2013

Individual Therapy: 3.61

Sensitivity to Diversity: 4.13

Ethical Sensitivity and Professionalism: 4.48

Use of Supervision and Training: 4.49

- In each core skill, our practicum trainees showed competence (minimum average score of 3) each semester. Indeed, our trainees showed increased competence over the course of the training year, as evidenced by increased average scores each semester.
- Individual therapy scores were the lowest relative to the other core skills. This was not surprising given that this was the first clinical practicum experience for 2 of the 3 practicum trainees. However, these data did prompt us to consider how to better support our beginning trainees in this area. We are therefore removing the clinical responsibility of conducting Initial Consultations (ICONS) from the practicum trainees' schedule, to allow more time for them to focus on individual therapy. In addition, we have selected fewer (only 2) and more advanced trainees for next year's practicum, in order to provide the highest quality service delivery possible.



Number of Unique Clients Seen at CAPS

<u>2011-2012</u>	<u>2012-2013</u>	 Change: 3.95% Increase
• 1,441	• 1,498	

***Hospitalizations**

<u>2011-2012</u>	<u>2012-2013</u>	 Change: 50% Increase
• 6	• 9	

*Hospitalizations appeared to have increase after CAPS made efforts to reduce wait time for first appointments and after creating the Consultant on Duty role where clinicians are available for “urgent” concerns throughout the business day.

After Hours Contacts

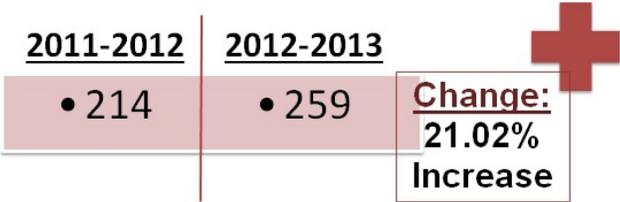
<u>2011-2012</u>	<u>2012-2013</u>	 Change: 23.52% Increase
• 17	• 21	

Number of *attended* individual appointments with clinicians (initial appointments, treatment planning, individual counseling, assessments)

<u>2011-2012</u>	<u>2012-2013</u>	 Change: 3.95% Increase
• 1,441	• 1,498	



***Number of *attended* Couples Counseling appointments**



*CAPS prioritized hiring licensed clinicians during the spring/summer of 2013 and as a result we had a larger number of licensed clinicians available to provide couples counseling services.

Satisfaction Questionnaire Highlights:

- 83.19% (*fall 2012*) and 78.65% (*spring 2013*) of our students reported that counseling helped them identify one change they could make to accomplish their goals
- 71.67% (*fall 2012*) and 76.41% (*spring 2013*) of our students reported that counseling helped them learn to better cope with feelings
- 60% (*fall 2012*) and 58.42% (*spring 2013*) of our students reported that counseling helped connect with other UH campus department that would support them in their goals
- 46.66% (*fall 2012*) and 39.33% (*spring 2013*) of our students reported that counseling has helped them better connect with other university of students faculty and staff

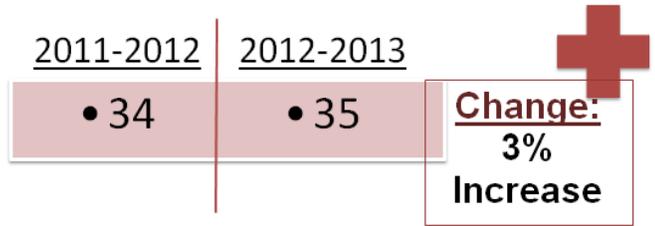
Learning Outcome Highlights:

- 48% of students reporting high levels of substance use made significant improvement after 3 or more individual counseling sessions.
- 31% of students reporting significant academic distress made significant improvement after 3 or more individual counseling sessions
- 49% of students who reported significant overall psychological distress demonstrated significant improvement after 3 or more individual counseling sessions

Attended Group Counseling appointments



***Number of Groups offered**

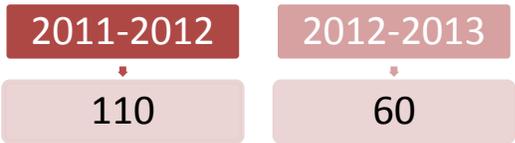


*Growth in the CAPS group therapy services appeared to stabilize during 2012-2013. From 2010-2011 there was a 58% utilization increase, while this year, there was only a 3% increase. Although we have not been able to drastically increase the number of groups offered, CAPS group therapy program has consistently been able to meet student demand and offer as many groups as in the past. Since we have been expanding our offered groups and developing our group program over the past several years, it makes sense that the numbers have now leveled out a bit. This data illustrates that we have established a consistent and stable group program.

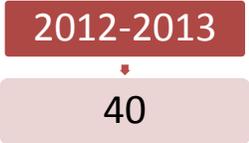
Group Counseling Learning Outcome Highlights:

- 33% of students who reported significant social anxiety reported reliable symptom improvement
- 54% of students reporting significant depressive symptoms reported reliable improvement while undergoing group counseling.
- 70% of students who exhibited significant levels of psychological distress demonstrated improvement as a result of group therapy.

Total number of LD/ADHD assessments (for students seeking accommodations) conducted:



ADHD Psychiatry Screenings (for students seeking medication management with UH Psychiatry)



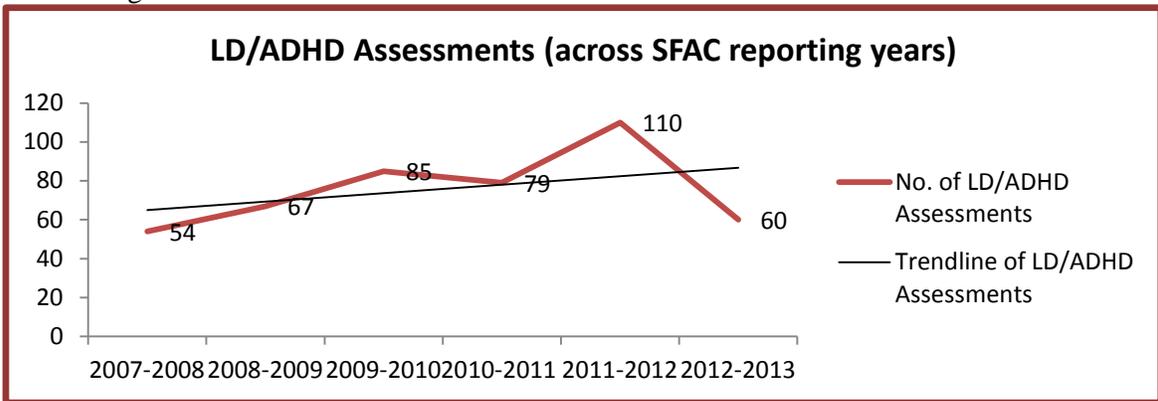
In 2012-2013, to address demand from students in need of brief assessments in order to pursue medication management services for ADHD, CAPS collaborated with our campus partner, UH Psychiatry Clinic to develop and implement a new service, an ADHD screening designed for psychiatric referrals. This is a briefer assessment than the one CAPS has always provided to students seeking accommodations with UH's Center for Students with Disabilities



LD Assessments

2011-2012	2012-2013
40	30

There was a 25% decrease in LD evaluations between 2011-2012 and 2012-2013. This is attributed to the fact that it takes more time to complete LD due to recent changes in best practices requirements in the field of learning disability evaluation. It must be noted that despite the implementation of target numbers and a waitlist in 2012-2013, a trend analysis of the number of LD/ADHD assessments for students seeking accommodations across years shows that the number of LD/ADHD assessments is projected to increase. Given factors such as increased enrollment, the low cost of assessments offered by CAPS, and the convenience of obtaining an assessment on campus, CAPS anticipates that demand for this service will continue to grow.



***Total IC, GC, CC, and assessment appointments *scheduled* (includes attended, no shows, and cancellations).**

2011-2012	2012-2013
13,149	12,373

***Our attendance rate for all appointments rose to 91.5% in FY 2013 as opposed to 79.9% attendance in FY 2012 (before no-show fees and same-day ICONs).**



OUTREACH	HOURS 2012-2013	PEOPLE 2011-2012	PEOPLE 2012-2013	CHANGE IN PEOPLE SERVED
Consultation				
• Phone	54.8	90	206	129%
• Let's Talk	218	147	68	-54%
• TOTAL:	272.8	237	274	16%
Table at Campus Events	42.8	1100	1174	7%
Debriefing	10.3	6	38	533%
FFTW	24	173	261	51%
Screening Days	22	266	218	-18%
Campus Presentations	48.1	679	1832	170%
QPR	19.3	81	277	242%
Diversity Institute	9	130	46	-65%
TOTAL	448.3	2672	4120	54%

ORIENTATION (SUMMER NSO/ART)	NUMBER OF EVENTS	PEOPLE (2012-2013)
CAPS Information Tables	32	1781
Campus Safety & Awareness Presentation	6	683
Health & Wellness Presentation	5	1777
Departments/colleges on campus	2	234
Other Presentation	7	361
TOTAL	52	4836

V. Please discuss any budget or organizational changes experienced since your last (FY2014) SFAC request, their impact on your programs, and your reason for implementing them. If your unit concluded FY 2013 with a Fund 3 addition to the Fund Equity, please describe the conditions which caused the addition.

In FY 13, we did not fill three positions within CAPS: Technical Services Specialist III (.5 FTE), Administrative Assistant (1 FTE), and Graduate Assistant (.5 FTE). We did not fill the vacancy for the Technical Services Specialist III due to the reorganization of IT services within the Division of Student Affairs to a centralized IT model. We were also unable to fill the Administrative Assistant vacancy with a qualified candidate; however, we reallocated some of these funds toward the hire of two temporary staff from Core staff to assist with administrative and front desk duties. Similarly, CAPS was unable to find a



qualified candidate for the GA position, thus, we reallocated these funds and that of the Technical Services Specialist III toward a Psychological Counselor (at 1 FTE) to assist with our clinical services. At the closing of FY 13, CAPS had a resulting fund balance of \$45,586 as a result of the unfilled Administrative Assistant position, a staff moving to contract status, and the use of Ledger 2 for a portion of the maintenance and operation expenses.

We would also like to point out that we promoted three clinicians from Psychologist 1 to Psychologist II (starting September 1, 2013) because we believe it is critical to retain well-qualified staff that are committed to promoting student success (*DSA Strategic Initiative #2*). Therefore, CAPS would like to reallocate the base funding from the Technical Services Specialist III position toward these promotions if at all possible.

VI. Please list your 2014-2015 strategic initiatives and action steps in priority order. Under each strategic initiative, please state the specific action steps (programs, activities, services, policies/procedures, etc.) that you plan to implement to accomplish your stated initiatives.

A. 2014-2015 Strategic Initiatives and Action Steps Overall for the Department

- S.I. 1. Enhance the human, fiscal and facility resources that will increase our potential to contribute to student success (*DSA Strategic Initiatives #1, 2, 3; UH Strategic Goal #2*)
- a. Hire new clinical staff to increase the staff to student ratio as recommended by IACS.
 - b. Explore the feasibility of a new facility to allow for future growth.
 - c. Explore avenues of recruiting and retaining talented staff.

B. 2014-2015 Strategic Initiatives and Action Steps for Clinical Services

- S.I. 1. Evaluate the customer experience and enhance transparency (*DSA Strategic Initiatives #1, 2, 4, 6; UH Strategic Goal #2*)
- a. Use Campus Labs to evaluate customer experiences for individual and group counseling services as well as LD/ADHD testing services.
 - b. Modify existing policies and procedures to better meet student needs.
 - c. Develop new services and programs based on customer feedback.
 - d. Establish an CAPS advisory board consisting of key campus stakeholders
 - Add key clinical service documents to our website (e.g. CAPS informed consent, CAPS authorization for release of information).
- S.I. 2. Measure/evaluate learning outcomes for our clinical services and make programmatic changes based on data (*DSA Initiatives 1, 2 and 4, UH Strategic Goal # 2*)



- a. Use Campus Labs to evaluate these learning outcomes and customer experiences.
- b. Use the Counseling Center Assessment of Psychological Symptoms (CCAPS) to measure treatment outcome for all clinical services (individual and group).
- c. CAPS Group Program will continue to use feedback from clinicians and students (evaluation forms) in order to offer groups that meet student need and interest.
- d. Continue to measure/evaluate learning outcomes for LD/ADHD assessments and utilize this data to assess the attainment of learning outcomes and make needed program changes.
 - Continue to administer LD/ADHD surveys.
 - Analyze data from surveys at regular intervals in order to make timely changes to assessment program.

S.I. 3. Staff Development (*DSA Strategic Initiatives #2, 4, 6; UH Strategic Goals #2, 6*)

- a. Provide high quality in-house continuing education opportunities in areas such as advanced individual and group psychotherapy techniques, psychological assessment, legal and ethical issues, and multiculturalism.
 - Provide ongoing training for staff to transition to the new Diagnostic and Statistical Manual (5th Edition).
- b. Devote time for weekly case conferences for individual and group psychotherapy where staff can engage in cooperative learning and support.
- c. Develop a comprehensive group manual to be used as a resource center wide.

S.I. 4. Continuous Improvement of Client Care Fostering Engagement and Student Success (*DSA Strategic Initiatives #1, 2, 4, 6; UH Strategic Goal #2*)

- a. Increase appointment attendance by implementing an appointment reminder system.
- b. Provide student consumers of LD/ADHD assessment services with a greater array of evidence-based interventions that they can implement to improve their academic achievement.
 - Develop recommendations and strategies that address most common student learning issues.
 - Train staff how to effectively communicate these interventions in reports and share them during assessment feedback sessions with students.
- c. Continue to offer groups that target specific underserved or minority populations in order to provide a needed service to these students and continue to foster and embrace inclusion on the UH campus.



C. 2014-2015 Strategic Initiatives and Action Steps for Outreach Services

- S.I. 1. Measure/evaluate learning outcomes and customer experiences for our outreach services (*DSA Strategic Initiative # 4; UH Strategic Goal #2*)
- Work with Campus Labs to evaluate these learning outcomes and customer experiences.
 - Evaluate utility of assessment instruments.
 - Develop further strategic initiatives for outreach services based on these learning outcomes and customer experiences.
- S.I. 2. Increase number of attendees for QPR training (*DSA Strategic Initiatives #1, 5,6; UH Strategic Goals 2 & 6*)
- 10% increase in use of QPR training (goal = 100 participants).
 - Increase re-certification (i.e. follow-up with departments previously trained).
 - Advocate for *all* Health and Wellness division service employees to be certified.
- S.I. 3. Utilize technology as a means of interacting with students (*DSA Strategic Initiatives #1 & 2; UH Strategic Goals #2, 6*)
- Use Facebook to link students to articles of interest.
 - Develop recommended books section of current CAPS website.
 - Leverage fiscal and technological resources by linking self-help resources to offerings available through the UH libraries.
- S.I. 4. Increase collaborative partnering with broader Houston mental health provider community (*DSA Strategic Initiatives # 6; UH Strategic Goals #2 & 6*)
- Re-establish Professional Counselor Forum.
 - Generate fiscal resources through hosting continuing education needs for mental health providers, i.e. Diversity Institute and Professional Counselor Forum.
- S.I. 5. Continue to build connection between CAPS and the greater campus (*DSA Strategic Initiatives #2, 4, 6; UH Strategic Goals #2, 6*)
- Evaluate the success of “Let’s Talk” program and explore transitioning or expanding to other campus locations.
 - Assess liaison relationships needs and utilization.
 - Increase collaborative programming with departments to increase stakeholders in FFTW, National Screening Days and Diversity Institute.
- S.I. 6. CAPS is committed to reach as many UH students as possible and will continue its campaign to decrease the stigma of seeking mental health treatment (*DSA Strategic Initiatives #1, 2, 4, 6; UH Strategic Goal #2*)
- Increase visibility of CAPS on campus by building our relationship with the campus community via our outreach programming.
 - Maintain our “user friendly” website and social media outlets to reach those who may be ambivalent about accessing services.



D. 2014-2015 Strategic Initiatives and Action Steps for Training

- S.I. 1. Leverage technology to assist with preparations for the 2016 APA internship accreditation self-study (*DSA Strategic Initiatives #1, 2; UH Strategic Goal #2*)
- Create and distribute end of year evaluations via Campus Labs.
 - Summarize data and use to evaluate program effectiveness.
- S.I. 2. Due to an increase in the number of applications for our training programs each year, re-evaluate selection criteria and processes in terms of time efficiency while maintaining high quality selection (*DSA Strategic Initiatives #1, 2, 4; UH Strategic Goal #2*)
- Meet with training team to review selection criteria.
 - Review selection processes.
 - Review use of technology in the selection process.

VII. What are the other possible sources of funding available to your unit and what efforts are being made to access them (i.e. grants, donations, etc.)?

There are few opportunities for external funding for our department. Due to the legal and ethical considerations of our field we are limited in our ability to engage in many traditional fundraising activities such as seeking support from alumni who have used our services in the past. In the surrounding community, mental health service providers sustain themselves by charging fees for their services comparable to that of other health care providers (upwards of \$80-\$200 per hour). CAPS is sensitive to the fact that many of our students are uninsured/underinsured and are not receiving adequate medical and psychological health services. In recognition of this large number of uninsured students at the University of Houston, CAPS keeps its rates significantly lower than providers in the surrounding community. We generate a small amount of revenue from fees for Learning Disability and Attention Deficit Hyperactivity Disorder assessments; however, these fees are nominal given the significant time commitment to complete these assessments. In January 2013, individual psychotherapy sessions were assigned a (nominal) \$5 copay and \$25 late cancellation/no show fee intended to encourage a higher level of commitment and responsibility from our clients. After implementing our no-show late cancellation fees we saw a significant increase in attendance (approximately 8%) which saves us hundreds of hours of labor. Our self-generated income totals to only about 2% of our funding. In the past (spring 2011), we engaged in a collaborative effort with the Center for Students with Disabilities and Psychology Research and Services center to write a proposal seeking support from the Stanford and Joan Alexander Foundation to integrate and enhance the mental health services for the University of Houston campus. The collaborative initiative was an effort to expand the University of Houston's capacity to provide an integrative mental health success program that will allow more students access to affordable counseling and assessment. The Alexander's approved a substantial gift to fund the Center for Students with Disabilities, of which a portion was dedicated for student psychological assessments which includes LD/ADHD assessments. We were grateful to see the Center for Students with Disabilities receive this support, as students



with financial hardship who present to CAPS seeking LD/ADHD assessments may now be financially assisted to pay for the already substantially discounted fee we charge for these services. Consequently, this has dramatically increased demand for this type of assessment. We anticipate as our staff continues to grow and we become better equipped to meet the basic clinical demands, we will be able to allocate more time to explore the possibility of grants and other funding sources.

VIII. Please describe any services that are similar to yours and/or any overlap between your unit and any other unit(s) providing services to students and the rationale for the overlap.

The CAPS counseling staff and the psychiatrists located in the University Health Center collaborate on many shared clients to provide continuity of care. Empirical research supports both medical and behavioral interventions for the treatment of mental health concerns. In some instances, counseling is an adjunct or alternative to psychiatric interventions because: 1) There is a body of evidence that shows that in certain instances a combination of counseling and medication is the best approach 2) A large constituency of students want the option of counseling in addition to psychiatric treatments for mental health concerns, 3) Counseling is more effective for a number of presenting concerns common among university students (e.g. relationship concerns, identity concerns, substance use problems). The Psychology Research and Services Center (PRSC) located on campus provides counseling to students and the greater Houston community. The main difference between PRSC and CAPS is that the former functions primarily as a training clinic for its clinical psychology students while CAPS is primarily a service provider and offers various psychological services by licensed professionals to UH students, staff and faculty. CAPS and Wellness collaborate on a number of outreach programming offered to students throughout the year such as national screening days. Finally, CAPS provides limited study skills workshops while Learning Support Services provides much more comprehensive services in this area.

