I. Department/Program Overview
Counseling and Psychological Services (CAPS) is the primary provider of mental health care for University of Houston students. We also provide limited mental health services to faculty and staff. Our primary focus is on providing direct clinical services to students, but we also provide training to graduate students in clinical/counseling psychology programs; consultation with faculty, staff, and students about individuals of concern; and educational/outreach services on a variety of mental health topics. We are accredited by the International Association of Counseling Services (IACS). We have a budget of $1,384,854. The staff is comprised of 9 FTE licensed clinical staff, 1 FTE Financial Coordinator II, 1 (vacant) FTE Administrative Assistant, 1 FTE Office Coordinator, and 1 FTE Office Assistant II. We maintained a relatively large clinical training program this year that consisted of two full time post-doctoral fellows, four full time pre-doctoral interns, and three half-time practicum students. Our pre-doctoral internship program is accredited by the American Psychological Association.

II. Department/Program Mission
CAPS has a mission to provide psychological, educational, and social support services to the university community to help students be 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 and services, consultation, psychological assessment, training, and supervision.

III. Department/Program Goals (and link to Department/Program strategic plan and Division’s strategic plan)

1) Individual Counseling: The goal of individual counseling is to provide one-on-one support, feedback, and information to students in order to enable them to meet their academic, social, and personal goals.

2) Group Counseling: The goal of group counseling is to provide the opportunity for students to provide and receive support and feedback to and from their peers. Occasionally (depending on the structure of the group) clinicians provide information and educate group members about topics such as stress management or communication skills. Group therapy is very helpful in assisting students in achieving their social, personal and (to a lesser extent) academic goals.

3) LD/ADHD Assessment: The goal of LD/ADHD assessment is to provide feedback to students about their strengths and weaknesses as they pertain to their academic endeavors. This information and feedback may also help them improve social and emotional health as well. CAPS works closely with the Center for Students with disABILITIES to make recommendations regarding academic accommodations that help students meet their potential.

4) Outreach: The goal of outreach at UH CAPS is to educate the UH community about our services and about important mental health topics. Outreach also provides a non-clinical venue for CAPS clinicians to interact with the UH community that may be more approachable for some students, faculty, and staff.
5) **Training:** To build core professional counseling skills for counseling and clinical graduate students both nationally and locally.

### Strategic Initiatives and Action Steps Overall for the Department

1. Enhance the human, fiscal and facility resources that will increase our potential to contribute to student success
   a. Continue to address the poor staff to student ratio as strongly urged by IACS by converting the existing postdoctoral positions into positions that will be occupied by licensed psychologists. This is in order to raise the FTE ratio while staying within the headcount that will fit within the current physical space. Converting these positions will help CAPS because postdoctoral residents require additional oversight and supervision and a search is required each year when their contract expires.
   b. Explore the development of a CAPS Advisory Board consisting of key stakeholders within and external to DSA to assist CAPS to effectively meet the needs of the growing student population. Specific items to address may include: how to more efficiently allocate resources, generate funding, propose fee changes, and developing critical outreach programming.
   c. Create the Multicultural Coordinator role that will help lead the department to build upon and maintain its high level of multicultural competence to effectively address the diverse student body at UH
   d. Create the Referral Coordinator role that will serve as the liaison between CAPS and community resources in order to connect students with the optimal level of care on and off campus
   e. Explore the feasibility of a new building for CAPS and the Health Center by serving on the Health and Counseling Center Feasibility Committee that will generate ideas and recommendations which will be forwarded to the Vice Chancellor/Vice President for Student Affairs
   f. Explore interim space options until a new facility can be actualized
   g. Examine our fee structure to build upon our self-generated income
   h. Set up a voluntary “donate” button on our website as an opportunity for students and alumni to make donations to CAPS

2. Examine CAPS identity within the Division of Student Affairs
   a. Align CAPS Mission, Vision, Values with that of DSA to promote a united vision
   b. Participate in events sponsored by other departments within DSA
   c. Participate in a broad range of DSA committees in order to foster a shared identity.

3. Maintain technological responsibility given the reliance on our electronic record keeping system
   a. Determine how CAPS specialized IT needs will be met as soon as possible given that CAPS houses 3 servers that maintain our website and store confidential mental health information.
B. Strategic Initiatives and Action Steps for Clinical Services

1. Integrate/align the mission and strategic initiatives of the Division of Student Affairs into our clinical service model
   a. By engaging more students in our clinical services that will provide them with the necessary emotional/psychological support and constructive feedback regarding necessary behavioral changes that will lead to persistence and graduation
   b. By continually evaluating how our resources might be best allocated to maximize opportunities to support student success

2. Continue to enhance the group therapy program
   a. by offering a higher number and variety of groups
   b. by offering more groups that impart skills that contribute to student success. For examples, skill based groups that will help students to cope with stress, increase self-efficacy, and increase interpersonal effectiveness.
   c. by providing training and case conference opportunities for staff in order to enhance group therapy and assessment skills
   d. by using assessment measures at regular intervals (e.g. CCAPS, GRQ, GQ) to improve the quality and effectiveness of groups

3. Measure/evaluate learning outcomes and customer experiences for our clinical services
   a. Use Campus Labs to evaluate these learning outcomes and customer experiences
   b. Develop further strategic initiatives based on these learning outcomes and customer experiences

4. 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
   a. Install Titanium web component
   b. Configure waiting room to allow for laptop stations to be set up for students to enter their own clinical data into Titanium

5. Decrease wait time for students seeking initial appointments
   a. Use data to guide revisions to clinical program structure based on high demand days/times.

6. In an effort to make our services available to more students, we will attempt to reduce late cancellation/no-show rates, especially for first appointments
   a. Implement late cancellation/no show fee

7. Continue with the transition process to entirely paperless record keeping system
   a. Scan all new client paperwork
b. Follow systematic scanning system to convert all paper records from the past 10 years into the electronic records
c. Use the Titanium web component will aid us considerably in going paperless. It will eliminate the majority of paper that goes into the client record.

C. Strategic Initiatives and Action Steps for Outreach Services

1. Measure/evaluate learning outcomes and customer experiences for our outreach services
   a. Work with Campus Labs to evaluate these learning outcomes and customer experiences, and document student/faculty/staff involvement
   b. Develop further strategic initiatives for outreach services based on these learning outcomes and customer experiences

2. 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).
   a. Plan to see a 25% increase in use of QPR training (goal = 100 participants)

3. Supporting the CAPS mission statement and following IACS’ recommendations that outreach programming help students to acquire new knowledge, skills and behaviors, CAPS outreach will incorporate preventative education as part of major outreach events
   a. Focus on National Screening Days
   b. Focus on Diversity Institute

4. Continue to utilize technology as a means of interacting with students
   a. Use Facebook to link students to articles of interest
   b. Develop recommended books section of current CAPS website
   c. Leverage fiscal and technological resources by linking self-help resources to offerings available through the UH libraries.

5. Continue to build connection between CAPS and the greater campus
   a. Continue to evaluate the success of the “Let’s Talk” program and explore expansion to other campus locations
   b. Continue to evaluate the success of our liaison relationships and explore developing new liaison relationships
   c. Seek out opportunities to educate campus about role and function of CART
   d. 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.

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
   a. Increase visibility of CAPS on campus by building our relationship with the campus community via our outreach programming
b. Maintain our “user friendly” website and social media outlets to reach those who may be ambivalent about accessing services

7. In anticipation of the growing residential campus and its associated mental health needs, CAPS and Student Housing Residential Life (SHRL) will continue to collaborate to identify specific programs that will assist resident students.
   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

D. Strategic Initiatives and Action Steps for Training

1. Foster an enhanced learning environment for graduate clinical and counseling psychology students
   a. Collaborate with UH faculty to utilize available expertise in the field and to stay current with program requirements

2. Leverage technology to improve the efficiency of the evaluation process for trainees and to aid in summarizing data each year in preparation for the APA self-study (next one due 2016)
   a. Create and distribute end of year evaluations via Campus Labs
   b. Summarize data (mean scores) and use the scores to evaluate overall seminar effectiveness, recommended seminars, and those that should be discontinued

3. Operationalize the expected outcomes of the training program to align with best practices in the field of psychology training
   a. Meet with training team to review “Competencies Benchmarks” document
   b. Review training program goals
   c. Generate expected outcomes / skills in each program goal area using competencies language
   d. Utilize Campus Labs for evaluations
IV. Department/Program Learning Outcomes

A. Individual Counseling

Learning Outcome

1) Students will implement healthy behaviors as a result of Individual counseling
2) Students will experience reduction of symptoms through our individual counseling services
3) Students will be able to better attend to their academic work as a result of individual counseling
4) Students will experience improved functioning as a result of CAPS services

B. Group Counseling

Learning Outcome

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

C. LD/ADHD Assessment

Learning Outcome

Clients who complete ADHD/LD testing will better identify their academic strengths and weaknesses and identify strategies with will improve their academic success

D. Outreach

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
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

E. 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
V. Department/Program Accomplishments

1. Clinical (Individual and Group Counseling)

A. All paperwork completed by incoming clients are now converted to electronic records. Systematically scanning and converting past paper records into electronic record keeping system (Titanium)

B. An increase in unique clients and total number of contact hours after we implemented a “Same Day” model for new clients in September 2012, which resulted in a 47% increase in individual appointments for September 2012 as compared to September 2011. We realized that our old appointment system was resulting in a 40% no-show rate for these appointments which is very inefficient and there were wait times of two weeks or more during busy times of the year. This did not meet the needs of students with urgent concerns. Over this past academic year, students had the option of calling our office in the morning of the business day and securing a same-day appointment, consequently we have seen reduced wait time for new appointments.

C. Implemented the “Consultant on Duty” system in which designated clinicians (Consultants on Duty) were available for consultation and able to see crisis clients. This system has enabled our clinic to have a more rapid and organized response to consultation requests and clients presenting in crisis.

D. CAPS successfully ran 35 groups this fiscal year, serving 279 students with a wide variety of presenting concerns.

E. The CAPS group program also met the learning objectives set for this fiscal year. The data shows that the learning outcome was achieved, as evidenced by the CCAPS reports (outcome measure used at CAPS). Group therapy reliably helped reduce clients’ reported social anxiety symptoms (33 percent of clients) and depressive symptoms (54 percent of clients). These are two main symptoms that our group program focuses on, so this is a significant accomplishment.

F. Several new groups were piloted this year, including: First in the Family (group/workshop for first generation college students), Cultural Connections, and a Social Anxiety Group. For the first time at CAPS, we offered two evening groups.

G. The group evaluation data from this fiscal year showed: that 100 percent of students who filled out the evaluation were satisfied with the quality of their group experience. Also, 92 percent indicated that group helped them improve their ability to communicate and interact with others (a main presenting issue) and majority agreed (75% for fall, 92% for spring) that they were able to consistently work on their treatment goals in group therapy. These numbers show that our group program is helping students and that they are getting what they need from the offered groups.
2. **Assessment**

*This year several changes were made to improve our assessment services:*

A. Collecting data on the amount of staff time used to complete LD/ADHD evaluations in order to make data-based decisions about CAPS time and resources allocated toward assessment
B. Implementation of target numbers for LD/ADHD assessment for each semester and a waitlist allowed for better utilization of staff time and improved customer service to students seeking LD/ADHD assessments
C. Transition to best practices method for learning disability evaluations:
   i. Purchasing of new assessments to comply with best practice changes in the field of learning disability evaluation
   ii. Providing staff an overview of new methods while providing CAPS senior staff members with more in-depth training
D. Provided overview of new methods to the Center for Students with disAbilities (CSD) staff
E. Development of new LD/ADHD background interviews
F. Development of new form to document ADHD Screening for Psychiatry in order to increase efficiency of service provision in this area
G. Development of LD/ADHD survey to be given to students at conclusion of services in order to assess LD/ADHD assessment services
H. Updating inventory of assessments based on utilization by staff and compliance with best practices in field of LD/ADHD evaluation
I. Developing a handout informing students about LD/ADHD assessment services at CAPS and sharing this handout with CSD
J. Assisting CSD with changes to their website regarding documentation for students with disabilities
K. Consulting with staff in CSD to assist in reviewing reports from outside providers (these reports used new methods of learning disability determination)
3. Outreach

A. Met Spring 2013 learning objectives
   i. 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.
   ii. 65% of Food For Thought workshop attendees that responded to a one-month follow-up demonstrated knowledge of a skill he/she had learned during the FFTW. Of those that did respond and identified a skill, 94.7% indicated he/she had incorporated the skill moderately or more.

B. New programming
   i. Improved social media presence
      Active participation in Facebook to engage students
      1. ‘Motivational Music Monday’
      2. Mental Health Tip of the Month
      3. Advertising Events of CAPS and other DSA departments
      4. Posting photos to increase visual recognition of CAPS
   ii. Developed “Rock Your Body Week”
      4 Days of events
      1. Student-Athlete Body Image Day
      2. Media Smart Awareness Day
      3. Rock Your Body Day (disordered eating screenings)
      4. Documentary Screening of ‘Missrepresentation’
   iii. Improved Finals Mania Participation
      Developed 4 events
      1. Pop Zone (free bubble wrap to pop)
      2. Heat Up to Chill Out (students made free heating pads)
      3. Gardening Therapy (students planted their own plant in a pot)
      4. Study Paws (brought therapy dogs to campus)
   iv. Planned and implemented 7 workshops on various stress management topics

C. Diversity Institute 2013 was a success with evidence of more support from Division of Student Affairs.

4. Training
The CAPS training program is highly competitive, as evidenced by the record number of applicants for the pre-doctoral internship (112 internship applications for 4 slots) and the practicum (14 practicum applications for 2 slots) programs (for the 2013-2014 training year).
VI. Utilizations Reports

### Individual Counseling Services

<table>
<thead>
<tr>
<th></th>
<th>Individual Therapy Services</th>
<th>New Clients</th>
<th>Wait for First appointment</th>
<th>Psychiatric Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unique Clients</td>
<td>Contact Hours</td>
<td>Unique Clients</td>
<td>#days wait time</td>
</tr>
<tr>
<td>2011-2012</td>
<td>1412</td>
<td>6601.52</td>
<td>1086</td>
<td>9.87</td>
</tr>
<tr>
<td>2012-2013</td>
<td>1498</td>
<td>6959.25</td>
<td>1228</td>
<td>5.3</td>
</tr>
<tr>
<td>Difference</td>
<td>+6%</td>
<td>+5.42%</td>
<td>+13.07%</td>
<td>-46.41%</td>
</tr>
</tbody>
</table>

**Highlights:**

- Steady increase in demand for individual therapy services
- Increased psychiatric hospitalizations during the course of treatment.
- Significantly reduced wait time for new clients seeking their first appointment.
- These trends follow patterns from previous years. The University of Houston has increased enrollment and is focusing on becoming more residential. The increased number of students living on campus has led to an increased demand for mental health services.

**Trends regarding individual services,**

In 2011, we experienced a 6% increase in clients seeking therapy. We saw a steady 6% growth in new clients for 2012 as well even though there were no significant increases in on-campus residency during this time period. It will be interesting to track any changes in utilization after the completion of Cougar Village II and the remodeled Cougar Place.

An unforeseen change brought about by the reduction of wait time for first appointments is the dramatic increase in psychiatric hospitalizations during the course of treatment during the fall of 2012. During the fall of 2011, only one of our clients was hospitalized due imminent harm to themselves or others. After making changes to increase our availability to respond to urgent concerns we experienced a surge in hospitalizations during the fall of 2012 that eventually evened out. By the end of this reporting period CAPS saw a 50% increase in hospitalization from the previous reporting year.
**Group Therapy Services**

*Highlights:*

A. **Frequency** (number of contact hours for group therapy) and unique individuals served (number of unique individuals seen in groups)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Contact Hours</th>
<th>Unique Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2012</td>
<td>893</td>
<td>106</td>
</tr>
<tr>
<td>Spring 2013</td>
<td>1284.5</td>
<td>138</td>
</tr>
<tr>
<td>Summer 2013</td>
<td>251.5</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total for academic year</strong></td>
<td><strong>2429</strong></td>
<td><strong>279</strong></td>
</tr>
</tbody>
</table>

B. **Comparison Rates**

<table>
<thead>
<tr>
<th></th>
<th>Fall 2011</th>
<th>Fall 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Hours</td>
<td>807</td>
<td>893</td>
</tr>
<tr>
<td>Unique Individuals Seen</td>
<td>90</td>
<td>106</td>
</tr>
<tr>
<td>Number of groups</td>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

**Percent increase in utilization (contact hours): 11% increase for Fall Semester**

<table>
<thead>
<tr>
<th></th>
<th>Spring 2012</th>
<th>Spring 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Hours</td>
<td>1329</td>
<td>1284.5</td>
</tr>
<tr>
<td>Unique Individuals Seen</td>
<td>135</td>
<td>138</td>
</tr>
<tr>
<td>Number of groups</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

**Percent increase in utilization (contact hours): 3% decrease (lower attendance in some groups)**

<table>
<thead>
<tr>
<th></th>
<th>Summer 2012</th>
<th>Summer 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Hours</td>
<td>265</td>
<td>251.5</td>
</tr>
<tr>
<td>Unique Individuals Seen</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Number of groups</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Percent increase in utilization (contact hours): 5% decrease**

<table>
<thead>
<tr>
<th><strong><strong>TOTALS</strong></strong></th>
<th>8/1/11-7/31/12</th>
<th>This Year: 8/1/12-7/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact hours</td>
<td>2401</td>
<td>2429</td>
</tr>
<tr>
<td>Unique Individuals Seen</td>
<td>260</td>
<td>279</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Number of groups</td>
<td>33</td>
<td>35</td>
</tr>
</tbody>
</table>

Percent increase in utilization (contact hours): 1% increase when compared this year to last year

<table>
<thead>
<tr>
<th></th>
<th>USaO</th>
<th>Theme</th>
<th>PsychoEd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2011</td>
<td>7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Spring 2012</td>
<td>7</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Summer 2012</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Fall 2012</td>
<td>8</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Spring 2013</td>
<td>8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Summer 2013</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

CAPS has offered more of the Understanding Self and Others (USaO) and Psychoeducational groups this year. There was one less themed group, but this was due to low referrals (not getting these groups running) and not due to a lack of what was offered.

Assessment Services

Highlights:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Fall 2012</th>
<th>Spring 2013</th>
<th>Summer 2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>12</td>
<td>13</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>LD</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Combination</td>
<td>13</td>
<td>8</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>ADHD Psychiatry screens</td>
<td>9</td>
<td>27</td>
<td>3</td>
<td>39</td>
</tr>
</tbody>
</table>

Trends regarding LD/ADHD assessment:

CAPS began investing more time to complete LD evaluations due to the necessity to conform with recent changes in best practices requirements in the field of learning disability evaluations. A waitlist was instituted in order to balance our need to provide this resource-intensive service while coping with other clinical service demands identified as priority areas (e.g., crisis/triage appointments, individual counseling). As a result, a smaller number of LD assessments were conducted during Summer 2013 in comparison to Summer 2011 and Summer 2012. The number of ADHD assessments conducted in Summer 2013 was roughly equivalent to the number provided in Summer 2012.
Outreach Services

**Highlights:**

Overall, the outreach program grew during August 1, 2012-July 31, 2013. There were no decreases for any categories within outreach programming.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>UTILIZATION DATA</th>
<th>CHANGES COMPARED TO August 1, 2011-July 31, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Let’s talk</td>
<td>68 unique individuals (&amp; additional 256 stopping by for information)</td>
<td>INCREASE 62%</td>
</tr>
<tr>
<td>Consultations</td>
<td>164 unique individuals</td>
<td>INCREASE 86%</td>
</tr>
<tr>
<td>Presentations</td>
<td>1576 unique individuals</td>
<td>INCREASE 145%</td>
</tr>
<tr>
<td>National Screening Days</td>
<td>300 unique individuals</td>
<td>INCREASE 13%</td>
</tr>
<tr>
<td>Information Tables</td>
<td>1739 unique individuals</td>
<td>INCREASE 60%</td>
</tr>
<tr>
<td>Orientation Presentations &amp; Tables</td>
<td>4858 unique individuals</td>
<td>INCREASE 127%</td>
</tr>
<tr>
<td>Food for Thought Workshops</td>
<td>261 unique individuals</td>
<td>INCREASE 51%</td>
</tr>
<tr>
<td>Defuse/debrief</td>
<td>38 unique individuals</td>
<td>INCREASE 533%</td>
</tr>
</tbody>
</table>
VII. Assessment Projects

A. CAPS utilizes a client satisfaction survey with clients.

B. The Center for the Study of Collegiate Mental Health (CSCMH) is an emerging research center seeking to quantify the mental health of today’s college and university students. It represents a national network of research partners including over 135 colleges and university counseling centers, academic departments, and industry partners. The Center aims to meet the informational needs of mental health providers, university administrators, researchers, and the public. CAPS has been involved since the inception of CSCMH, actively working to gather center-specific and nationwide data on college students seeking psychological services. Participating 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. It consists of eight subscales, including: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, and Substance Use. This instrument is typically given at intake, and at CAPS, it is also given at a regular interval to inform treatment decisions by measuring change over time.

VIII. Assessment Highlights with discussion

A. Individual Counseling

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

Highlights:

1. **Hostility**: 48% of students showed reliable improvement in reducing feelings of anger, irritability, and thoughts of harming others.

2. **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.
- These results show that our brief individual therapy services are helping a great number of students improve these health related behaviors. No changes are planned at this time.
Learning Objective 2: Students will experience reduction of symptoms through our individual counseling services.

**Highlights:**

1. **Depression:** 44% of CAPS clients that reported significant depressive symptoms (excessive sadness, hopelessness, suicidal ideation) showed statistically significant improvement during this time period.
2. **Generalized Anxiety:** 29% of CAPS clients reported improvement in generalized anxiety symptoms (e.g. excessive worry about a variety of things).
3. **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).
4. **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.
5. **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.
6. **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.
7. **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.
Clinicians will be informed of this data so they can alter individual therapy treatment plans and consider alternative treatments such as group psychotherapy and referrals to specialist clinics outside of CAPS.

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

Highlights:
1. During the Fall 2012 semester, 60% 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.
2. 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 Objective 4: Clients will experience improved functioning as a result of CAPS services.

Highlights:
1. While the 3.69 point change in Global Assessment of Functioning indicates some very mild improvement, this data does not seem to fit with other measures (CCAPS, Student surveys).
2. 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.
3. We were also unable to run a GAF change over time analysis on clients who met a certain threshold of clinical distress. Clients with higher GAF scores (80+) will show little improvement over time using this measure. The inability to exclude high-functioning clients from the analysis again would skew the data in a negative direction.
4. 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.

B. Group Counseling

Highlights:

1. The data indicated that the learning outcome was achieved as evidenced by the CCAPS reports. The data showed that 33% of clients reliably improved on the social anxiety subscale. Social anxiety is a main presenting concern for clients who participate in our group therapy program, so this is a good indicator of effectiveness.

2. One can conclude that group therapy reliably helped reduce clients’ reported social anxiety symptoms. The data showed that 33 percent of clients reliably improved (percentage of students that improved on this subscale, on CCAPS) on the social anxiety subscale. Also, 54 percent reliably improved on the depression subscale and 70 percent reliably improved on the distress subscale after participating in the group therapy program.

3. In addition, it is important to look at both the CCAPS data which focuses on specific symptom reduction while also looking at the data that students reported on the group evaluation (Table 2 and 3) when trying to assess for the overall effectiveness of our group program. The latter can shed more light on the qualitative differences that students experience during group treatment and illustrate more specifically how group benefitted them. Based on the group evaluation data for spring 2013 semester, 87 percent of group members stated that their overall well-being had improved during the course of their group treatment. Also, 93 percent of group members stated that group therapy helped improve their ability to communicate and interact with others, which is one of the main focuses of our group program (reduce social anxiety and increase interpersonal effectiveness).

4. Essentially, our group program changes to a certain extent each semester because we offer a different constellation of groups. There are certainly “core” groups that we have found consistently beneficial and in line with students’ needs, but we also try to add new groups each semester. The group coordinator works with the staff each semester to decide which groups to offer keeping three things in mind: student need/interest; staff experience/interest; and learning objectives. CAPS will continue to offer groups that focus specifically on the presenting issues delineated in our learning objectives and will train clinicians to conduct these groups effectively. For example, we offered a themed
group on Social Anxiety during the Spring 2013 semester and the data showed that these efforts were effective in reducing clients’ reported social anxiety symptoms. Also, the data showed that the lowest percentages of reliable change across the different subscales were in family distress and eating concerns. If possible, it may be beneficial for CAPS to offer themed groups or workshops aimed at these presenting concerns in the future, in order to increase this amount of reliable change in our clients’ reported symptoms in these areas. These continued efforts and attention to assessment data will help increase the group program’s ability to help students.

5. We also tend to offer three different types of groups: themed, general process groups, and psychoeducational groups. We find that this accommodates student need and presenting issues well and will most likely continue to try to balance these different types of groups in future semesters.

6. The group coordinator will continue to conduct group case conference and consult with CAPS staff regarding: group preparation, group screening, short term group therapy, and effective group interventions. Research will be used to guide trainees and promote staff development on such topics as: effective group therapy, attrition, proper group preparation, and brief group psychotherapy. Group case conference will also be used as a time for clinicians to consult with one another about group cases and examine our roles as group facilitators in order to grow as a staff.

7. We will be collaborating as a staff to find tools and interventions that will help in group preparation and screening as well as increase process-orienting work and group cohesion in our interpersonal process groups. We hope that by testing out different methods and tools, we can find measures that will help increase the effectiveness of these aspects of group and, as a result, increase the overall effectiveness of the group program.

8. In sum, our objective is to use this data to focus group interventions, staff training, and group offerings in order to increase the percentage of students that show a decrease in symptoms on the subscales of the CCAPS in future semesters. It is also our objective to increase the percentage of students who report increased interpersonal effectiveness and overall well-being on the evaluations.

9. With the addition of new staff for the Fall 2013 semester, we hope to have an increased ability to offer a wider range of group options to address a variety of presenting issues. With each year, CAPS hopes to add additional staff to meet student need. Consequently, this will result in an increase in the number of groups that we can provide for students.
C. **Assessment**

*Highlights:*

The Learning Goal established in the 2012-2013 CAPS assessment plan for the LD/ADHD assessments was to have clients who complete LD/ADHD testing be better able to identify their academic strengths and weaknesses and identify strategies which will improve their academic success. Criteria were to establish a baseline to gain a preliminary understanding of where the Assessment Program stands in relation to the desired learning goal, and against which future assessment surveys could be compared. Clients who completed LD/ADHD assessments were administered a survey to assess the Learning Goal established in the 2012-2013 CAPS assessment plan. Data were then entered data into Excel by the Assessment Coordinator. Analysis of the surveys showed that 1) 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 and 2) 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.

D. **Outreach**

*Highlights:*

1. 87.5% of workshop attendees demonstrated understanding of the FFTW by being able to identify one new skill that was learned during the FFTW.
2. 65% of workshop attendees that responded to a one-month follow-up demonstrated knowledge of a skill he/she 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.
3. The paper and pencil method for the initial evaluation worked well. The only method to gain follow-up data is to continue with electronic responses. It would be beneficial to identify an incentive for responding to the follow-up survey.
4. FFTW would benefit from gaining funding that would allow purchase of incentives to encourage completion of the follow-up survey.
E. **Training**

1. The learning objectives were achieved. 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.

2. 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

3. 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.
IX. Areas for Continuous Improvement

Growth and Opportunities

Because of our challenges regarding increased demand, limited resources, and limited space, we have had to innovate in a number of ways. Our successful piloting of the “Let’s Talk” program in the fall of 2011 has helped us expand to the University of Houston residence halls during 2012-2013. As this program continues to expand and gain awareness around campus, it will increase our ability to be more accessible to students. Students using our “Let’s Talk” services who are interested in more immediate consultation will not have to wait for regularly scheduled appointment. It is our hope that this program will bridge the gap for students who are ambivalent about seeking help, contribute toward a decrease in the stigma around mental health, assist with university wide retention efforts as students can feel more connected to the staff on campus. We are also hopeful with the support of the DSA administration, that we will be able to expand our personnel resources by finding interim space for fall 2014 while we continue to explore the feasibility of constructing a permanent facility for the Health and Counseling Center.

Critical Challenges

Our critical challenges include: the increasing demand for services, poor staff to student ratio and physical space limitations. We will reach our physical space capacity this fall 2013. In order to accommodate additional staff for fall 2014, we must have interim space identified. As noted, CAPS is understaffed when compared to similar sized institutions. The International Association of Counseling Services (IACS) recommends one staff member for every 1,500 students. Our current staff size (as of Fall 2012) is 9 FTE, which translates to a ratio of one staff for every 4,527 students (based on the Fall 2012 enrollment figure of 40,747). In March 2011, we were pleased to receive continued reaccreditation from IACS, in which they noted that CAPS offers “an effective and comprehensive program of services”, including a “strong group program, extensive program of outreach activities, involvement with national research and data collection, staff diversity, and the strong APA approved training program”. However, IACS noted concerns about the “staff to student ratio, physical space limitations, budget limitations, and a staff gender imbalance”.

X. National, Regional, Local and Campus Recognition and Leadership

Dr. Norma Ngo, has exhibited community leadership and engagement via her past role as Vice President of the Board of Directors for Asian American Family Services (AAFS) and currently serving on the Advisory Council. AAFS was established in 1994 as the only community-based, non-profit agency of its kind in the Southwestern United States. AAFS is dedicated to serving the mental health and social service needs of the diverse multi-ethnic Asian American community in Texas by providing bilingual and culturally appropriate mental health counseling and family support services. CAPS has established community engagement via many other agencies within the Houston community (e.g. MHMRA, NPC, MCOT), but has shared the longest history with AAFS. Dr. Ngo is active with the Texas State Board of Examiners of Psychologists in her
role as an examiner for the Psychologists Oral Examination. Dr. Ngo was also appointed by Dr. Richard Walker as Chair of the Multicultural Student Services Task Force in April 2013.

**Dr. Cecilia Sun** is heavily involved in ACCTA (Association of Counseling Center Training Agencies), the American Psychological Association’s training program, APPIC (Association of Psychology Postdoctoral and Internship Centers), and CHATS (Council of Houston Area Training Sites).

Some of her accomplishments during this review period include:


**ACCTA (Association of Counseling Center Training Agencies)**

- Member of the Standing Committee on Training Resources (2003 – present)
- Member of the Standing Committee on Diversity (2003 – present)
- Board Member (2010 – present)
- Continuing Education Co-Chair (2010 – present)
- Board Liaison to Standing Committee on Diversity (2010 – present)

**APA (American Psychological Association)**

- Site Visitor (2011 – present)

**APPIC (Association of Psychology Postdoctoral and Internship Centers)**

- E-mail List Manager (2011 – present)
- Annual host and presenter for doctoral interns attending Houston area APA-accredited psychology internships (2002 – present)
  
  Topic: Diversity Experiential Exercise; Job Search Overview

**Dr. Kay Brumbaugh** serves as the Chapter President for the American Foundation for Suicide Prevention – Greater Houston. This organization comes to University of Houston campus each Spring semester for their annual ‘Out of the Darkness Campus Walk.’ Local students organize Out of the Darkness Campus Walks each year to raise money to prevent suicide and save lives, increase national awareness about depression and suicide, and provide support for people who have lost someone to suicide. These 3–5 mile walk events occur in the spring at campuses across the country, and together they raise hundreds of thousands of dollars for AFSP’s national and local efforts.
Dr. Thomandra Sam
- (International) American Psychological Association, Society of Counseling Psychology, 2014 International Counseling Psychology Conference, Domestic Diversity Committee, Co-Chair
- (National) American Psychological Association of Graduate Students, Mentor
- (National) American Psychological Association, Society of Counseling Psychology Section on Ethnic and Racial Diversity, Chair
- (Campus) University of Houston Division of Student Affairs, First Year Experience Committee, Co-Chair

Dr. Rune Mølbak published, “Cultivating the therapeutic moment. From planning to receptivity in therapeutic practice” in the *Journal of Humanistic Psychology*.

XI. Committee Involvement and Oversight
Currently we do not have any staff chairing campus committees; however, CAPS staff are very active members in a number of committees across campus.

*CAPS staff and the committees on which they served during the 08/01/12-07/31/13*

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Committees</th>
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<tbody>
<tr>
<td>Kay Brumbaugh</td>
<td>Marketing, Student Athlete-Well Being</td>
</tr>
<tr>
<td>Susan Chanderbhan-Forde</td>
<td>Professional Development Committee</td>
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<tr>
<td>Carolina Jimenez</td>
<td>First Year Experience</td>
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<tr>
<td>Michelle Le</td>
<td>Professional Development Committee</td>
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<tr>
<td>Rune Mølbak</td>
<td>Substance Abuse</td>
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<tr>
<td>Norma Ngo</td>
<td>Academic Accommodations, CART, MC Task Force</td>
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<tr>
<td>Thomandra Sam</td>
<td>First Year Experience</td>
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<tr>
<td>Chris Scott</td>
<td>Assessment</td>
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<tr>
<td>Jennifer Smith</td>
<td>Cougar Allies, LGBT Resource Center and Advisory Board</td>
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<tr>
<td>Cecilia Sun</td>
<td>Risk Management</td>
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<tr>
<td>Tonya Winters</td>
<td>First Year Experience</td>
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</tbody>
</table>

XII. Student Governance
Currently we have no staff involved in student governance.

XIII. Personnel Updates/Achievements
Drs. Susan Chanderbhan-Forde, Carolina Jimenez and Thomandra Sam joined CAPS fall 2012 bringing a breadth of expertise and adding to the diversity of the CAPS staff. The following three clinical staff have been hired to start Fall 2013: Dr. Megan Brannan, Dr. Joshua Knox, and Ms. Mona Drucker. CAPS will effectively retire the annual Postdoctoral Fellow positions and replace them with two permanent staff positions starting this fall 2013. According to IACS, trainees are not calculated in their recommended 1:1,500 staff to student ratio which is motivation to retire.
the postdoctoral fellowship and replace it with permanent staff positions (Brannan, Knox). We will, however, retain our American Psychological Association (APA) approved Pre-Doctoral Internship. We should also note that, historically, CAPS has hired psychologists as part of the requirements set forth by APA for our Pre-doctoral Internship. However, given that we are in need of rapidly expanding our staff with qualified licensed therapists, we have hired a licensed Masters level clinician (Drucker) starting this fall 2013.

XIV. Budget/Fundraising/Grants

A. Budget Issues

Starting Spring 2013, CAPS implemented a $5, co-pay fee per individual session and a $25 fee for no shows and late cancellations. This was implemented after a review of other counseling centers within the state and nationally, as well as our partners at the Student Health Center. The rationale for this implementation was to improve therapy attendance rates and promote a higher degree of student commitment to the therapy services we provide. As a result, we noted an overall improvement in therapy attendance rates. Below is highlights some of the Client Satisfaction data specifically pertaining to CAPS’ fee structure.

Spring 2013 Client Satisfaction

(94.39%) Agreed or Strongly Agreed: My Clinician Showed Me Respect and Concern

(93.19%) Agreed or Strongly Agreed: CAPS Fees are reasonable when compared with other healthcare providers in the community

(92.13%) Agreed or Strongly Agreed: Policies and Fees were adequately explained to me

Analysis of Survey:

- Clients appeared more in agreement that CAPS fees are reasonable after we began charging per session Individual Counseling Fees.
- Client’s indicate agreement that our fees are reasonable at rates similar to their agreement about their favorite aspect of our service that we surveyed (care and respect from our clinician).

Late Cancellation/No Show Fees:

Titanium Data Regarding Implementation of Late Cancellation/No Show Fees

- 2011-2012: IC attendance: 62.7% attended appointments
- 2012-2013: IC attendance: 70.7% attended appointments
Analysis

- 8% improvement in attendance after we implemented our Late Cancellation/No Show Fees
- Over 300 IC contact hours were saved due to reduced no-show/late cancellations
  - This is more than the IC client utilization of a full time licensed clinician. This is equal to ~$60,000 + benefits.

Appeals for Late Cancellation/No Show Fees:

- Appeal Committee Composition: Financial Coordinator + Office Coordinator + 1 senior staff.
  - Final Approval is made by the Clinical Director
- The financial coordinator will approve without submission the following situations:
  - Traffic, Car problems, other health care appointments, bereavement, health care of child/parent/partner/pet
- 19 Appeals were filed over the last year
- 17 were approved

B. Fundraising/Grants
CAPS did not engage in any fundraising or receive grant money during this annual review period.

XV. Collaborations
a. Internal to DSA

CAPS maintains liaison relationships with the following DSA departments:

1. A.D. Bruce Religion Center
2. Campus Recreation
3. Center for Student Involvement
4. Center for Leadership and Fraternity & Sorority Life
5. Dean of Students Office
6. Forensic Society
7. Health Center
8. Student Housing & Residential Life
9. Student Publications
10. University of Houston Wellness
11. University Career Services
12. University Centers
13. Urban Experience
14. VCVP of Student Affairs

CAPS collaborates with University of Houston Wellness for annual national mental health screening days such as the National Depression Screening Day in the Fall of 2012.

b. External to DSA

“Let’s Talk” Program via
- Athletic Department
- Student Housing & Residential Life
  - Cougar Village
  - Moody Towers (North & South)
  - Quadrangle

CAPS maintains liaison relationships with the following departments outside of the Division of Student Affairs:

1. Academic Program Management
2. Admissions Office
3. African American Studies Program
4. Athletics Department
5. Department of Art
6. Educational Psychology
7. English Department
8. Language & Culture Center (LCC)
9. Moores School of Music
10. Office of Scholarships and Financial Aid
11. Undergraduate Scholars
12. UH School of Theatre and Dance
13. College of Architecture
14. College of Business
15. College of Education
16. College of Engineering
17. College of Hotel and Restaurant Management
18. CLASS
19. College of Natural Sciences and Mathematics
20. College of Optometry
21. College of Pharmacy  
22. College of Technology  
23. Graduate School of Social Work  
24. Honors College  
25. UH Law Center  
26. Council of Ethnic Organizations  
27. Gay, Lesbian or Bisexual Alliance (GLOBAL)  
28. The Daily Cougar  
29. Office of Equal Employment Opportunity  
30. Air Force ROTC  
31. Army ROTC  
32. Center for Students with Disabilities  
33. Challenger Program  
34. College Success Program  
35. Human Resources  
36. ISSSO  
37. Learning and Assessment Services  
38. Learning Support Services  
39. LGBT Resource Center  
40. Psychology Research & Services Center  
41. Student Government Association  
42. Study Abroad Program, Office of International Studies and Programs  
43. UH Department of Public Safety  
44. University Parking and Transportation  
45. University Speech, Language and Hearing Clinic  
46. Veteran’s Services Office  
47. Women’s Center

**External to the University of Houston**

CAPS participates in the annual ‘Out of the Darkness Walk’ hosted by the American Foundation for Suicide Prevention - Greater Houston Area Chapter, in collaboration with the College of Engineering.

**Purpose and Outcomes of Collaborative Efforts**

Each CAPS staff member has an on-going liaison relationship with a department, office and/or student group at UH. This liaison relationship helps to bridge the gap between CAPS services and the campus community by educating the campus community on how to deal with students facing mental health issues. Specifically, the office can call to address concerns about student mental health issues, how to cope with a student that may
be experiencing difficulties and how to refer to CAPS. In addition, the staff liaison can
act as a direct referral source for that office or act as the key outreach program leader. In
accordance with the collaboration initiative of the Division of Student Affairs, external
community partnership is an opportunity for CAPS to exchange community resources
and support.