

UNIVERSITY of **HOUSTON**

DIVISION OF STUDENT AFFAIRS Counseling & Psychological Services

SFAC
Report of Fiscal Year 2010– 2011
and request for 2012 -- 2013
FY 2013 Program Questionnaire
FY 2013 Budget Request



1. 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 helps 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 and services; consultation; psychological assessment; and training and supervision of pre-doctoral Interns and practicum students. CAPS employs multiple measures to determine our effectiveness in meeting these objectives. We conduct student satisfaction surveys as well as outcome measures. The results demonstrate the consistently high level of services we render. We evaluate our workshops and training activities and meet rigid national standards as evidenced by our accreditation by the International Association of Counseling Services (IACS) for our psychological services and by the American Psychological Association (APA) for our pre-doctoral training program. We stand by our motto, "*helping you weather any storm*", which expresses our awareness that the college years can be exciting and challenging. Through our comprehensive services, we are committed to helping students succeed emotionally and academically. It is not surprising that the stress associated with college would result in more students turning to university counseling centers for assistance. A summary of the available research (Bishop & Brenneman, 1986; Brackney & Karabenick, 1995; Boyd et al., 1996; Illovsky, 1997; Wilson et al., 1997; and Turner & Berry, 2000;) suggests that mental health problems may negatively impact academic performance, retention, and graduation rates, but having available counseling positively influences retention rates. As of Fall 2011, CAPS data suggested a 77.81% retention and graduation rate for all clients that were seen within the previous year. Moreover, mental health problems can have a significant impact on all aspects of campus life: individual, interpersonal and institutional levels. 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 mental health concerns would serve the greater good of the university community and should be a shared concern and responsibility within the university.

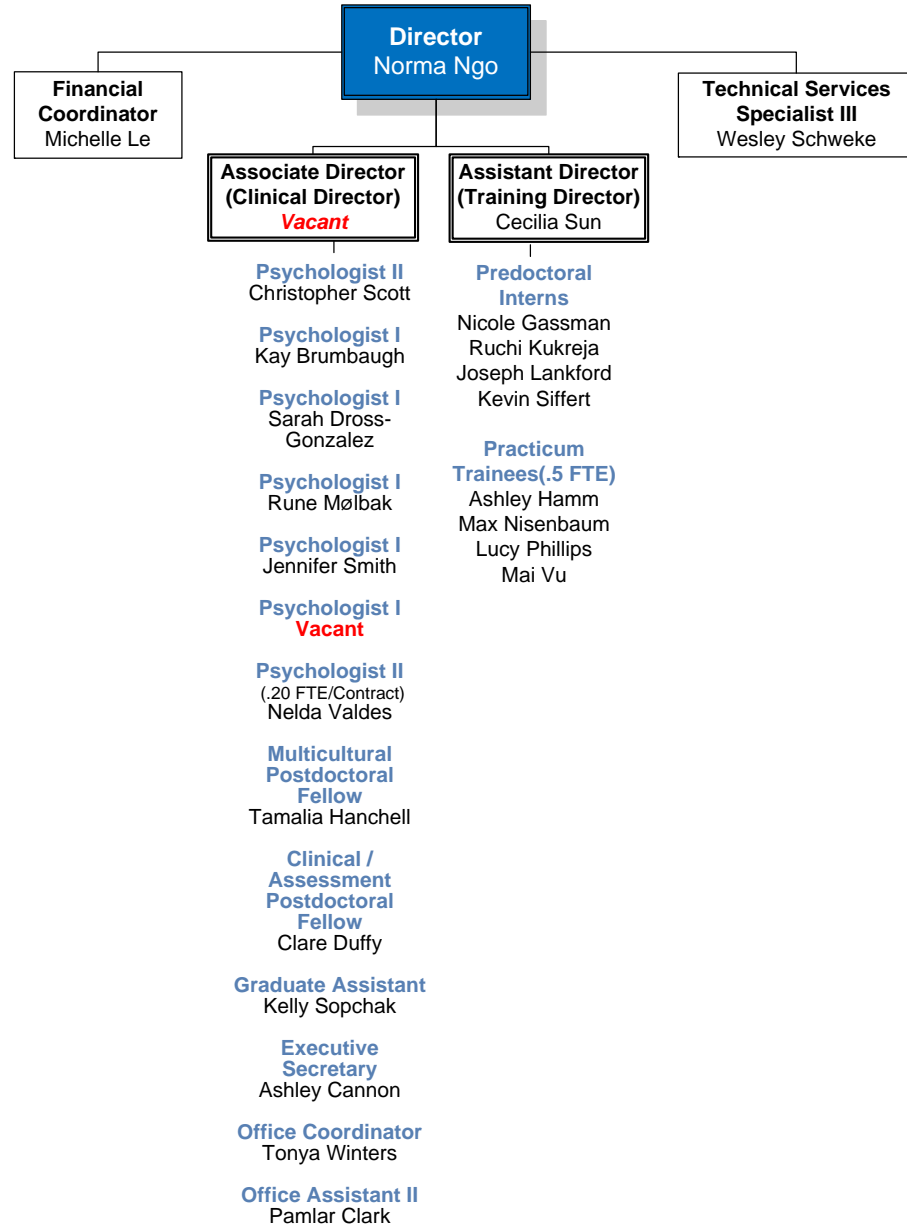
Between FY 2009 to FY 2011, CAPS experienced at 31% growth in total client contact hours and a 30% growth in unique clients. This trend is expected to increase with the university's move toward a more residential campus. In addition, according to the 2010 Association of University and College Counseling Center Directors Survey, 72% of directors in institutions of 35,001 and larger reported that the number of students with severe psychological problems on their campus had increased in the past year. Given the trend of continued growth, CAPS is at risk of limitations in design and growth of its programs without additional staffing and expansion of space. CAPS is understaffed in comparison to similar sized institutions. IACS recommends one staff member for every 1,500 students. Our current staff size (as of Fall 2011) is 7.25 FTE (down from 9.25 FTE from Fall 2010) is closer to one staff for every 5,495 students (based on the approximate Fall 2011 enrollment figure of 39,844). 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 also noted concerns about the "staff to student ratio, physical space limitations, budget limitations, and a staff gender imbalance".

In order to meet the growing demand with limited resources, we have employed creative initiatives in the past year, some of which include: continuing to streamline our services to maintain our "no wait list" policy in which clients are directly assigned to a therapist after their initial intake and can be seen for a same day appointment if in crisis; our pilot "Let's Talk" program that offers informal drop in stations at convenient locations across campus where students, staff and faculty may consult with CAPS therapists; and a complete transformation of our website that includes specific information for students, staff/faculty, parents and loved ones, new self-help resources, and the new "helping students of concerns" section. Upcoming initiatives include: adding specific information tailored to the needs of specific populations such as veterans returning to school, LGBTQIA, international students, athletes, and students with disabilities to our website; expanding outreach programming and psychoeducational workshops to residence halls; completing the transition to a paperless documentation system; and continued involvement in assessment efforts within the division and nationally. Finally, please see the separate cover at the end of this report for our base augmentation request.

2. Provide an organization chart of your unit (As of Fall 2011).

UNIVERSITY of HOUSTON
COUNSELING & PSYCHOLOGICAL SERVICES



3. List the objectives that you provided with your 2010-2011 SFAC request. Please comment on your success in achieving these objectives. If an objective changed during the year, please note this and explain. Also, list any new objectives, the rationale for the addition, and comment on your success in achieving these objectives.

Counseling and Psychological Services (CAPS) has a mission to provide psychological, educational, and social support services to the university community, which help 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, outreach programs, consultation, psychological assessment, training, and supervision. To facilitate this mission, CAPS has the following objectives:

Objectives

- A. To provide clinical/psychological services to the university community, including group, individual, and couples counseling, as well as crisis intervention, psychological assessment and vocational counseling.
- B. To provide outreach services to the university campus and community, including educational prevention programs, consultation services, and collaborative programming with other university units across campus.
- C. To provide training opportunities for university students.
- D. To monitor and evaluate CAPS services in order to ensure quality control
- E. To ensure compliance with the drug-free campus mandates.

A. To provide clinical/psychological services to the university community, including group, individual, and couples counseling, as well as crisis intervention, psychological assessment and vocational counseling.

Research suggests 37% of people aged 15 – 24 have a diagnosable mental illness, and mental illness or psychological problems are barriers to retention and ultimately graduation (Kessler, Olsfon & Berglund, 1998; Pritchard & Wilson, 2003). Gerdes & Mallinckrodt (1994) did a study on college freshmen and found that social and emotional adjustments are the most critical factors in predicting student retention, suggesting that college freshmen may leave school due more so to personal rather than academic issues. This supports CAPS mission to provide psychological, educational, and social support services to students, which may in turn, assist in reducing student attrition.

The current generation of college students are increasingly diverse and more students are coming to college with existing mental health needs. As a result, the need to provide counseling for such a broad range of students and issues is one of the major challenges facing university counseling centers (Archer & Cooper, 1998). In order to support UH students in their academic pursuits, individual, couples, and group counseling are available to all currently enrolled students. Group counseling is free as a continuing service and individual counseling is free for up to ten sessions within an academic year, after which, students are charged a \$5 fee per session. Couples sessions are \$10 per session with no session limits. CAPS is comprised of licensed psychologists, postdoctoral fellows and advanced graduate trainees (who are under the supervision of licensed psychologists). The average age for a CAPS client during 2010-2011 was 25.45. 59.8% were female (compared to 50.05% of the student body being female), 39.70% were male (compared to 49.95% of the student body being male). Ethnicity is represented in the chart below. In general, these are reflective of students at large at University of Houston.

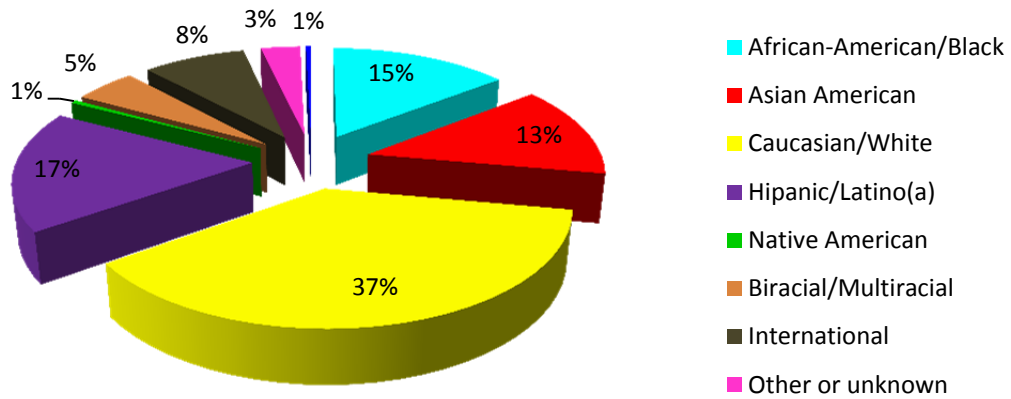
Ethnicity	CAPS client statistics 2010-2011	UH statistics Fall 2010
Caucasian/White	37.4	34.1
Hispanic/Latino(a)	17.4	22.3
African-American/Black	14.5	12.6
Asian American	13.3	19.5
International	8.3*	8.5
Biracial/Multiracial	5	1.6
Other or unknown	3.2	.8
Native American	.5	.3
Hawaiian / Pacific Islander	.4	.3
*overlaps with other categories		

Total: 100%

Total: 100%

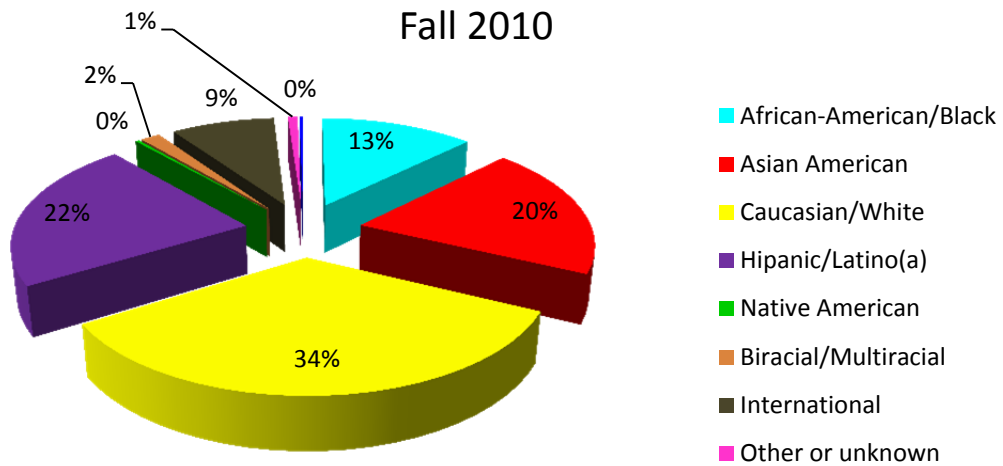
Ethnicity of CAPS Clients

Academic Year 2010 - 2011



Ethnicity of UH Students

Fall 2010



Counseling Contacts	
	# of Contact hrs. <u>2010-2011</u>
Intakes	1323
Crises	117
Individual	4301
Couples	295
Assessments	465
<u>Group</u>	<u>1151</u>
Grand Total	7652

In 2010-2011 there were 1323 initial intakes (up from 1110 the previous year), 117 crises (up from 88 the previous year), 4301 individual client contacts (up from 3864 the previous year); 295 couples contacts (up from 266 the previous year), 465 Assessments (up from 457 the previous year) and 1151 group contacts (up from 604 the previous year). The total number of unique clients presenting to CAPS during the 2010-2011 was 1366, which is a **17% increase** from the previous year (2009-2010 unique clients = 1165). The total number of client contact hours **increased by 20%** from 2009-2010 (6389) to 2010-2011(7652). Consistent with national standards of best practices, CAPS does not have a waitlist. Clients are directly assigned to a clinician at the end of their Intake (initial assessment). Our group counseling program has grown exponentially and serves the dual role of being an appropriate setting for clients who would benefit from peer feedback while serving many students simultaneously. In 2010-2011, the total group client hours (1016) **increased by 81.75%** from 2009-2010 (559) totals. During 2010-2011, we offered 8 different types of groups with a total of 21 groups (e.g. LGBTQIA, Understanding Self and Others, Anxiety and Stress Management, Happiness and Optimism, Women's Therapy, How to Talk to Anybody about Anything, Working Through Anger, and Circle of Sisters).

During 2010-2011, our greatest challenge was the vacancy of the Clinical Director position, resulting in the Director assuming both roles. Our clinical staff consisted of 9.25 FTE, which is equivalent to a student to staff ratio of 1:4189 (IACS recommends 1:1,500) based on the approximate Fall 2010 enrollment figure of 38,752.

Crisis intervention refers to the management of emergency situations on and off campus that affect students as well as university staff and faculty. Crises may include both personal and academic exigencies, and much of our work includes not only providing counseling, but follow up, consultation services, and education. Staff members are often called upon to educate and debrief in an

effort to prevent further crises before they occur. The demand for crisis counseling services intensified following the terrorist attacks of September 11, 2001. The increase in demand for services without a corresponding increase in resources posed significant challenges for 63% of campus counseling centers surveyed (Gallagher, Gill & Sysko, 2000). Corresponding increase in demand for crisis counseling and consultation also resulted after the Virginia Tech and Northern Illinois shootings.

CAPS staff not only provides crisis services during normal academic business hours, we also provide after hours on call services. This is accomplished by utilizing a cellular phone system whereby the campus community may access a CAPS professional at night and on weekends via the University of Houston Department of Public Safety.

For 2010-2011, CAPS data (as obtained by our Standardized Data Set--SDS), indicated that 28% of clients had considered suicide at some point in their life. 10.3% indicated that they had made a suicide attempt at some point in their life (please note that these numbers may be underrepresented due to many students' discomfort with reporting this information on paper). Notwithstanding, many of the ongoing cases at CAPS involve serious, life threatening issues. Research suggests that the majority of students who kill themselves never received counseling services: 2004- 80.3%, 2003- 80.6%, 2002- 82.8% (Schwartz, 2006). If they do receive counseling, students are six times less likely to kill themselves (Schwartz, 2006).

In 2006 CAPS participated in a national survey (conducted by the Research Consortium) on suicidal ideation among college students. 70 colleges and universities participated with over 26,000 participants. A summary of the findings concluded that suicidal thoughts are common among our students; crises are often brief, intense, and recurrent; and half of students do not seek help. CAPS participated in the follow up study conducted Spring 2011 examining how undergraduate and graduate students coped with stressful experiences. The purpose of this study was to learn about how college students may be best protected against suicidal thoughts and behaviors, by focusing on how colleges can bolster students' adaptive coping with stressful experiences. The 2011 study surveyed students at 74 institutions across the nation. A total of 26,740 students responded, with a response rate of 26.3%. The response rate for the UH sample was 13.3%. A summary of results follow and comprehensive details are available upon request:

- ❖ *61.10% of respondents were female; 38.9% male*
- ❖ *15.5% of respondents were international students*
- ❖ *56.6% of respondents were graduate/professional students*
- ❖ *43% of respondents were undergraduate*
- ❖ *40% of students stated that the most stressful period in the last year began in March, April, or May*
- ❖ *21.1% of students stated that they had stressful period lasting for 3 or more months in the last year*

- ❖ 18.6% indicated that they have considered suicide at some point in their life
- ❖ 40.8% indicated that they first considered suicide in high school
- ❖ 30.6% indicated that they first considered suicide in college
- ❖ 10.4% indicated that they considered suicide in the past year
- ❖ 77.7% of students stated that **academic problems** were a significant contributor to the most stressful period they experienced in the last year
- ❖ 32.5% of students stated that **financial problems** were a significant contributor to the most stressful period they experienced in the last year
- ❖ 23% of students stated that **a life transition** was a significant contributor to the most stressful period in the last year
- ❖ 20.4% of students stated that **family problems** were a significant contributor to the most stressful period they experienced in the last year
- ❖ 20% of students stated that **romantic relationship problems** significantly contributed to the most stressful period they experienced in the last year
- ❖ 10.2% of students indicated that **emotional health problems** were a significant contributor to the most stressful period in the last year
- ❖ The top five people that students indicated they would turn to for help regarding emotional problems were:
 - Friend or Roommate: 49.1%
 - Parent or Family Member: 50.2%
 - Romantic Partner: 50.2%
 - Professional: 8.7%
 - Advisor: 1.5%
 - 12.5% of students stated they would **not** seek help for emotional problems
- ❖ The top five coping methods used by students were:
 - Prayer: 15.8%
 - Creating a Plan: 11.3%
 - Focusing on the positive: 10.6%
 - Exercising: 10.2%
 - Eating Healthy: 7.9%
- ❖ 29.1% of students surveyed stated they had received counseling from a counselor at one time in their life
- ❖ 13.2% stated they received counseling from a psychiatrist at one time in their life
- ❖ 17% stated they had taken medication for mental health concerns at one time in their life
- ❖ 13.2% stated they had received counseling from their college
- ❖ 21.2% of respondents stated they had been a victim of violence or abuse
- ❖ 12.5% of students surveyed stated they did not feel connected to their college at all
- ❖ 7.2% of students surveyed stated that their financial support did not meet their needs at all

Assessment is one of the services provided by CAPS staff. Clinicians are often called upon to administer and interpret vocational testing to help students with decision-making such as career choices, choice of major, or life planning and other personal decisions. Learning disabilities (LD) and attention deficit hyperactivity disorder (ADHD) can be major impediments to a student's academic achievement, and CAPS is responsible for doing these assessments in order for the university to meet its obligations for reasonable accommodations under the Americans with Disabilities Act of 1997. Lastly, psychological/personality assessment is often utilized to provide more comprehensive treatment planning for more difficult cases.

The assessment process is comprehensive and requires additional time beyond the standard counseling session (approximately 11-15 hours from beginning to end). With regard to LD or ADHD assessment, students are able to receive this at CAPS at a greatly reduced fee (\$300) compared to seeing a provider in the community (\$1,000 -\$2000). It is also more convenient for students to receive this assessment at the university given that it often takes several hours and multiple appointments to complete.

Requests for LD and ADHD assessment are frequently requested due to significant need for academic accommodations. In 2007-2008, the total number of LD and/or ADHD assessments completed was 54. This increased to 67 in 2008-2009, 85 in 2009-2010, and 79 in 2010-2011 (slightly lower number due to less available staff to conduct these assessments). A continued challenge for CAPS is having available staff that have the specialized training required to conduct these assessments, and the significant amount of time required to complete these assessments. Notwithstanding, CAPS is working to increase the number of available of clinicians who are trained to perform this specialized function.

CAPS also provides vocational assessment and counseling for students who are seeking to clarify their academic or career goals. This generally is provided through vocational workshops and through individual counseling, and is often a secondary concern when counseling students on personal issues.

In exploring vocational concerns, CAPS is acutely aware that students need to explore their personal life goals as well as their test results when choosing a major or a potential career. This makes the counseling component of vocational support as relevant (if not more relevant) than the testing itself. Our mission is to help students succeed academically.

B. To provide outreach services to the university campus and community, including educational prevention programs, consultation service and collaborative programming with other university units across campus.

CAPS recognizes our primary mission is to serve the approximately 39,000 students at University of Houston. To achieve this mission, we work hard to reach students through a variety of activities we call outreach using prevention and developmental models. Traditionally, Counseling and Psychological Services (CAPS) has answered the call for services across the university campus by responding to office, department and student group requests for individualized, structured workshops. CAPS employs a systematic and relational approach to providing outreach services to the greater University of Houston community fully utilizing our professional training and skills. Currently, outreach programming at CAPS consists of a 4-Tier System: facilitation of presentations, sponsoring campus wide events, liaison relationships with the broader University of Houston community and consultation with departments. Specifically, outreach activities may include:

- Ongoing liaison relationships between CAPS clinicians and faculty, staff and student organizations to consult about CAPS services, individuals of concern and assist in referrals.
- Free, weekly “Food for Thought” Workshop series offered by CAPS clinicians during the noon hour at CAPS.
- Campus Events: National mental health days, (e.g. National Suicide Prevention Day, National Depression Screening Day, National Eating Disorder Day, National Alcohol Prevention day, National Anxiety Disorders Screening Day).
- QPR (Question, Persuade, Refer)— Nationally Recognized Suicide Prevention Training for the campus community.
- Diversity Institute.
- Professional Counselor Forum.
- Presentations to academic departments, campus groups, campus organizations and residence halls.
- Collaborative programming with campus departments and organizations (e.g. National Night Out, Cougar Resource Fair, Dodge Balls Not Bullets, Safe Spring Break, Occupational Wellness Fair, Take Back the Night, Veterans’ Services Resource Fair, Take Back the Night/Clothesline Project, Cougar First Impressions, World AIDS Day).
- Additional resources available to students via CAPS website, Facebook, and informational brochures.

During 2010-2011, CAPS served over 5,721 individuals through its total outreach efforts. Twenty-one different food for thought workshops were offered and included topics such as, *Success at College: Creating Balance between School; Work & Relationships; Readjustment to College for Veterans; Understanding Anxiety: Signs, Symptoms & Ways to Cope; Undecided! Career Exploration & Planning; Understanding Depression: What Everyone Should*

Know; I'm Listening Honey! Communication Among Couples; It's All the Rage: Managing Anger; Surviving a Relationship Breakup; Stress Management & Relaxation; Coping with Financial Stress; and Life After Loss: Dealing with Grief. In addition to these scheduled workshops, we also received outreach requests for topic presentations from various student groups, faculty and staff.

As part of our efforts to educate the student population about important mental health issues and services that are offered at CAPS, we participated in New and Transfer Student Orientation, International Student Orientation, and Law Center New Student Orientation. The total number of students served at these orientations in 2010-2011 totaled 1,321. In addition, CAPS offers National Screening Days including National Suicide Prevention Day, National Depression Screening Day, National Eating Disorders Awareness Day, National Alcohol Disorders Screening Day and National Anxiety Disorders Screening Day. For these days, we set up information tables throughout campus. Screening instruments are administered to participants wishing to find out if they may have difficulties with the area addressed that day. Additional crisis services are available at CAPS during those screening days. In 2010-2011, CAPS screened a total of 916 individuals, some of whom were offered referrals to CAPS for follow up services or provided with alternative referrals.

We are highly committed to Suicide Prevention Training on campus. Using a nationally acclaimed program called QPR (Question, Persuade, Refer) we have 5 specialized trainers at CAPS to provide QPR. It is a basic training that can teach anyone how to ask the suicide question. All Residential Advisors receive this training annually. It has also been delivered to fraternities, sororities, and various university departments. Both Residential Life and International Students and Scholars Services serve students who are at higher risk of suicide than others on campus. QPR training is a one hour training that can be provided to any group or department upon request. In 2010-2011, CAPS provided QPR training to 107 individuals.

CAPS collaborates with other units to provide programming for the campus community. Take Back the Night is an annual event intended to raise awareness of sexual assault. Some of the other annual programs that we participate in include: National Night Out, Safe Spring Break, Out of Darkness (suicide prevention walk), World Health Day, Finals Mania, Cougar Resource Fair, Cougar First Impressions, Dodge Balls Not Bullets, and Study Abroad Pre-Departure and Re-Entry.

CAPS values the internet as a window into prevention and education for students. We also understand that it can serve as a bridge for students who may initially be apprehensive about seeking mental health services to gain information and become familiar with what we offer. We have significantly redesigned our web page to include specific information for students, faculty/staff, parents and loved ones, mental health tips of the month, and frequent Q&As. We have also

expanded our crisis intervention page to include more detailed information on “helping students of concern”. Our self-help section has new informational videos and audio on various mental health topics, as well as comprehensive resources and referrals.

We are aware of the growing population of students accessing information through the web. During FY 2010-2011 the CAPS web site www.caps.uh.edu logged a total of 11,629 unique visits and 49,134 page views, including 17,682 visits from 87 countries/territories (approximately a 19% increase from 2009-2010). Thus, we have upgraded and maintained the timeliness of our web site updates and will continue to add specific content information. CAPS is also now available on Facebook, “Counseling & Psychological Services (CAPS) Outreach at U. Houston”.

CAPS clinicians provide consultation on a regular basis. CAPS provides mental health consultation to the UH community by focusing on the mental health implications for the UH community, overall consultation strives to enhance the psychological well-being of the UH community. Consultation involves 3 main parties: **Consultant:** CAPS Therapist, **Consultee:** UH Faculty or UH Staff Member **Individual(s) of Concern:** UH Student or UH Faculty or UH Staff Member . Consultation with the UH community involves evaluating situations and supporting the intervention of UH faculty and staff in reported situations to manage difficult situations effectively (i.e., traumatic events, grief debriefing, distressed emails, etc.) with individual(s) of concern. When providing consultation we clearly define our roles as consultants and clarify that our obligation is to the consultee and to the university. When providing consultation, we are guided by APA Ethical Principles of Psychologists and Code of Conduct and the Mission Statement of the University of Houston. The goals of consultation at CAPS are to improve the current and future functioning of the consultee and to enhance services to individual(s) of concern. CAPS staff is available to consult if you have any mental health questions or concerns regarding any individual.

More specifically, UH faculty or staff will consult with CAPS staff on how to deal with students who are distressed or disruptive, how to provide learning or educational support for students, how to manage difficult or challenging situations, and what services might be available to a student in need. We also receive calls from students who want to better understand many of the issues they are discussing in class or writing about in term papers. The surrounding community may call upon us to assist with matters of educational, psychological, and social importance. For example, it is not unusual for staff to be interviewed by the university or local news agencies, or to serve as consultants to other universities. Faculty, staff, and administrators, as well as students frequently contact CAPS for ideas and support. We are called upon to offer feedback or make recommendations for multiple concerns, such as handling a difficult student or employee situation, the process of withdrawals or re-admissions, places to find support for meeting the needs of students with disabilities, identifying appropriate community or university resources, or offering expertise

regarding sensitivity to diverse populations, e.g. gender, race, culture, national origin, religion and sexual orientation. A complete listing of the CAPS Liaison list is available on our website.

CAPS provides support through **defusing and debriefing** with the UH campus community after a 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. Defusing is done the day of the incident and is designed to assure understanding of their reactions and to discuss resources for further services when needed. Defusing interventions involve individuals who were directly involved in the incident and take place at a location secured by the UH campus community caller. They are designed to assist individuals in coping in the short term and address immediate needs. Debriefings are usually the second level of intervention for those directly affected by the incident and often the first for those not directly involved. A debriefing is normally done within 72 hours of the incident and gives the individual or group the opportunity to talk about their experience, how it has affected them, identify individuals at risk, and inform the individual or group about services available to them in their community. When providing defusing and debriefing interventions, we are guided by APA Ethical Principles of Psychologists and Code of Conduct and the Mission Statement of the University of Houston. In 2010-2011, CAPS provided Defusing and Debriefing to approximately 50 individuals. Detailed information about Defusing and Debriefing can be found on our website.

CAPS staff members are active contributors to numerous committees on campus, providing expertise in a variety of areas. Some of the committees include: The Division of Student Affairs Committees on Assessment, Professional Development, and Marketing; Alcohol Education and Prevention Committee; Cougar Allies; the Academic Accommodations Education Committee; and Veteran's Services Committee. In Fall 2009, CAPS spearheaded the formation of a behavioral intervention committee called the, "Conduct Awareness Response Team" (CART) chaired by the Dean of Students and comprised of representatives from UH Department of Public Safety, Residential Life and Housing, General Counsel, Academic Program Management and CAPS. CART is aimed at addressing students of concern who may require additional attention and assistance. One of the outcomes of the Virginia Tech and Northern Illinois tragedies was a heightened national focus on campus safety. Some of the issues that were raised in a report to the U.S. President after the Virginia Tech Tragedy highlighted the need for improvement in awareness and communication sharing as keys to prevention. A major goal of CART is to serve as a central point for converging information across campus.

CAPS works with the mental health community of Houston, offering continuing education programs for mental health providers. The CAPS Outreach Coordinator organizes the Professional Counselor Forum (PCF) which provides low cost, high quality continuing education workshops. Sample PCF topics

include: *“Counseling Muslims and Ethical Considerations”*, *“Transition Home: Providing Treatment for our Returning Veterans”*, *“Suicidality in Clinical Practice: What Every Clinician Needs to Know”*, and *“Methods of Assessing Violence Risk”*.

Other efforts include the direct involvement of CAPS staff in classroom teaching. Several of the staff have taught courses in Psychology and Counseling Psychology at University of Houston, while others have served on dissertation committees.

In 2010-2011, CAPS sponsored the 10th Annual Diversity Institute, entitled: *“Learning from the Past, Uniting our Present, Creating a Better Future”*, facilitated through dialogues, panel discussions and experiential activities to the UH campus community. This is an annual campus wide event designed by CAPS for students, faculty and staff to explore issues related to diversity and multiculturalism. While the format and specific topics vary by year, it is a perennial favorite at the University of Houston. A goal of the institute is to increase the visibility of CAPS services on campus, but the main objectives are to raise awareness around diversity, to promote inter-cultural contact, and to increase multicultural understanding. It is also an excellent opportunity for leadership and diversity training for students and the campus community. The CAPS Multicultural Postdoctoral Fellow, with the support of the Outreach Coordinator, is responsible for planning and coordinating this event. In April 2011, over 211 students attended this event (up from 106 in April 2010).

CAPS is actively involved in the Cougar Allies committee and was a co-sponsor of Cougar Allies Training during the 2010-2011 year. Cougar allies training teaches individuals to be able to respond knowledgeably and sensitively to the needs of the Gay, Lesbian, Bisexual, Transgender, and Queer (GLBTQ) students, staff, and faculty at the University of Houston

C. To provide training opportunities for university students.

CAPS is an American Psychological Association (APA) approved training site for doctoral interns in clinical and counseling psychology. The program has been APA approved for 23 years. This past August, four new advanced doctoral students from across the country began their predoctoral internships at CAPS. The pool of candidates ranges from 60-90. Training is also available for doctoral and master's practicum students in Counseling Psychology and Clinical Psychology. These trainees are students at the University of Houston and other nearby campuses. These students are primarily University of Houston students who receive training essential to their academic goals, and are in addition to the four interns who receive training and supervision each year. One to two hours of direct supervision each week is required for each student for whom we provide training. We also provide training and assessment seminars for them as a group. As a result, CAPS is meeting not only an academic requirement for students in these disciplines, it is also providing low cost, high quality service to the students

who come to CAPS for services. These trainees are able to augment the professional staff in providing services, but are not calculated in the student to staff ratios as required by our accrediting body, the International Association of Counseling Services.

The most recent APA site visit in March 2010 went smoothly and CAPS received re-accreditation for an additional seven years from APA for its Pre-doctoral internship program.

D. To monitor and evaluate CAPS services in order to ensure quality control.

Quality control is an important part of providing good 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 a site visit for continued accreditation. We are accredited for both service delivery (International Association of Counseling Services—IACS since 1979) and for training (American Psychological Association—APA). Staff members are licensed by the State and failure to meet ethical standards can result in both loss of license and university position. CAPS received high praise and re-accreditation from IACS for its psychological services in March 2011. CAPS also measures consumer satisfaction through on-line evaluation forms at the termination of counseling. For the 2010-2011 academic year, respondents to the consumer satisfaction survey answered twelve questions about services received in counseling.

Highlights from the 2010-2011 Counseling Services Evaluations indicated that 75% of students reported, “My grades improved as a result of counseling”, 94% indicated, “I received considerable benefit from counseling” and 86% stated, “I would refer a friend or an associate to CAPS”. Samples of the feedback include:

“I'm truly grateful for Dr. X helping me get through my darkest hour. There were times where her knowledge and experience helped me to gain a profound understanding of myself and with that, the ability to break away from a seemingly inescapable mindset. She has set me on a new path and given me skills that I will carry with me for the rest of my life. I honestly didn't expect to gain all this from counseling. I'd like to give a big thanks to Dr. X and to the UH CAPS department”.

“X was really great. I walked in a bipolar mess with an obstinate refusal to do just about anything to help, and I've left a much better, far sharper, more competent professional. I really don't know if I'd still be here today without her”.

“I really feel that working with X really helped me in my time of need. She helped me find that strength that I was looking for in my time of grief. I changed so much

within the short time that I was working with X and I couldn't have done it without her”.

CAPS also conducts evaluations for all outreach workshops. The scores from these evaluations have remained high.

In addition, during the most recent 2010 survey of student services, CAPS achieved an 88% satisfaction rate among the major units in Student Affairs.

E. To ensure compliance with the drug-free campus mandates.

The State mandates that the University have a designated Employee Assistance Program available to assist individuals with alcohol and drug problems. CAPS was formerly identified as the sole treatment and referral resource for staff, faculty, and students facing these problems. CAPS is one of the major providers for substance abuse referrals from the Dean of Students Office, Athletics, Residential Life and Housing, and self-referrals. On a more limited basis, CAPS serves staff and faculty for crisis intervention and counseling for up to three sessions. CAPS staff also serve on the Substance Abuse Education and Prevention Committee.

4. 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. 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 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(including clinical service, outreach, and training and supervision) utilizing multiple means.

CAPS is reviewed by external agencies, which evaluate the center to determine if it is meeting the needs of clients and the ethical and legal responsibilities to which it is held. This includes a site visitation for continued accreditation. The International Association of Counseling Services (IACS) accredits us for service delivery. The American Psychological Association (APA) accredits us for our predoctoral internship training program. Further, counseling staff are held accountable not only by professional organizations, but by licensing boards. Staff are licensed by the State and failure to meet ethical standards can result in loss of their license and their position. Some staff members hold multiple licenses. We routinely send out follow-up surveys to all individual and group participants, and elicit evaluations of workshops and presentations.

In April, 2004 CAPS began utilizing a state-of-the-art data management system called Titanium which organizes our clinical documentation and client scheduling. We can also electronically sign these documents, making access to records both secure and also easy to find when necessary. We also serve as the Beta site for this software.

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. In Fall 2008, CAPS participated in a national pilot study in which de-identified data from participating centers was pooled by CSCMH. This information provided the first such standardized glimpse of mental health among university counseling centers in the United States, with 22, 060 students reflected. Data comparing national and at the University of Houston statistics is available upon request.

5. Please discuss any budget changes from your last (FY2012) SFAC request, their impact on your programs, and your reason for implementing them. We recognize that some programs did not receive the funding that they requested, that some programs were impacted by additional expenses after the budget cycle, and that some programs may be ahead of/behind their self generated projections.

For FY2012 base, CAPS requested \$1,242,720. However, SFAC approved \$1,236,717 resulting in \$6,003.00 less than what was requested. This amount would have typically been used to purchase assessment materials to conduct LD/ADHD assessments and outreach supplies to provide to students during outreach events. There was also a resulting fund balance for FY 2011 as a result

of temporary staff appointments ending and their replacements not starting until September 2011.

6. Please list your 2012-2013 objectives in priority order. The objectives should reflect the priorities stated in your unit's strategic plan. Larger units may wish to group your response by subprogram. Under each objective, state the specific programs, activities, and/or services that you plan to implement to meet our objectives.

It is the mission of CAPS to provide high quality

psychological and social services to the university in order to enhance student success in their academic, personal, and social pursuits. Our current objectives are as follows:

A. To provide clinical/psychological services to the university community, including group, individual, and couples counseling, as well as crisis intervention, psychological assessment and vocational counseling.

Clinical services, which include, Individual, couples and group counseling are available to all enrolled students and will continue to be our priority at CAPS. The demand for these services is expected to increase as we grow into a more residential campus. It is our hope that we will receive the necessary support to find reasonable solutions as we face the inevitable issues of staff shortage and space limitations, a reoccurring issue that has been raised by our accreditation source. As professional psychologists, postdoctoral fellows and advanced graduate trainees, we will continue to address priority concerns such as depression, anxiety, substance abuse, stress, relationship issues, and academic difficulties. It will always be our objective to implement national best standard practices in all aspects of our clinical services. We will continue to explore the best treatment options for our clients, and will work to increase our group program to meet the growing demand and limited supply challenge. Decreasing session frequency as appropriate is another alternative to meet the growing demand challenge.

Crisis intervention refers to the management of emergency situations on and off campus. All students, staff and faculty who are in crisis can be worked in for a same day appointment. In addition to intervening when crises occur, staff members are often called upon to provide efforts at preventing crises. Crisis intervention can involve providing counseling services, follow up services, and consultation services to multiple individuals or groups as they relate to a singular crisis.

Learning disabilities and Attention Deficit disorder assessment is essential in order for the university to meet its obligations for reasonable accommodations. CAPS will continue to hire and train clinicians who are capable of conducting this valuable assessment. Psychological assessment is often utilized to provide more comprehensive treatment planning. CAPS provides vocational testing and counseling for students who are seeking to clarify their academic or career goals. This is generally offered through vocational groups or interpretations although it is offered on occasion through individual counseling.

Overall, we will strive to maintain high quality mental health services; to continue to increase the viability of our individual, couples and group counseling programs to assist the university in promoting student success and retention.

B. To provide outreach services to the university campus and community, including educational prevention programs, consultation services, and collaborative programming with other university units across campus.

CAPS is committed to reach as many UH students as possible and will continue to campaign to decrease the stigma of seeking mental health treatment. A significant avenue in this effort is through our outreach programming, which includes a variety of prevention, developmental, and psychotherapeutic activities geared towards reaching out to the campus. Additionally, CAPS staff members provide consultation on a regular basis to the university in order to resolve various concerns. Often faculty or staff will consult with CAPS staff on how to deal with students who are disruptive or in distress, how to provide learning or educational support for students, or how to manage difficult or challenging situations. CAPS will continue to employ the 3-Tier consultation model and encourage staff and faculty to become familiar with this model and the information on how to help students of concern that is available on our website. CAPS will also continue to advertise the availability of the Defusing and Debriefing to the UH community.

In order to reach more students, CAPS strives to be innovative in its approach to serving the rapidly growing UH community. Such efforts include our new, "Let's Talk" program designed to allow students easier access to informal confidential consultations with CAPS clinicians who provide walk-in hours at critical sites around campus. The focus is on immediate problem-solving, support, and advocacy, which may later develop into a counseling relationship and subsequent referral to CAPS for more comprehensive services. This is a non-traditional approach that seeks to cross barriers and bridge gaps by reaching out to students who may not otherwise seek help in a traditional counseling setting. It is our hope that this effort will help to minimize some of the stigma associated with mental health treatment. For the remainder of FY 2012 and into FY 2013, CAPS goal is to expand "Let's Talk" to more sites on campus. Current sites are Engineering and Athletics, with all residence halls scheduled for Spring 2011 and additional sites in 2012-2013 that will be identified.

In anticipation of the growing residential campus and its associated mental health needs, CAPS and Residential life will also be collaborating to identify specific programs that will assist resident students. Specific workshops on mental health topics to residents, and comprehensive trainings throughout the year for resident advising staff will be offered at convenient times throughout the day and evening.

A continued focus for CAPS in collaboration with other UH units for FY 2012-2013 is to widely advertise the availability of the Conduct Assessment and Response Team (CART) to the UH community. This is committee that has great potential to be an extremely valuable resource to the UH community as more learn about it.

In an effort to share the most up-to-date information with the campus community, CAPS will maintain timely updates to its website. The goal is add specific information for special populations to our website, some of which include: international students, GLBTQIA, returning adult students, athletes, veterans returning to school, college parents, and students with disabilities. As part of our campaign to reduce the stigma of mental health, we will also put together informational videos depicting students who will discuss the process of counseling and what to expect. We will also add on-line mental screening tools that are quick and easy to complete.

A critical value is CAPS commitment to working with others within the division and across the university to improve not only our service offerings, but also others. Our goal is the university's goal, promoting student success, and is the motivating force behind what we do.

C. To provide training opportunities for university students.

CAPS is an APA (American Psychological Association) approved training site for doctoral interns in psychology. Training is also available for doctoral practicum students, and master's level practicum students. Additionally, staff members provide training for university tutors, and for peer educators and resident advisors. CAPS will continue to provide quality training and design programs to bolster this initiative.

D. To monitor and evaluate CAPS services in order to ensure quality control.

CAPS regularly evaluates its services, and will continue to engage in the CSCMH study via the CCAPS for outcome data. Fall 2010 launched the on-line Counseling Evaluation survey and this data was reported in section 3 D of this report. We will also collaborate with the exciting assessment initiatives as set forth within the division scheduled for the remainder of FY 2012 and into FY 2013.

7. 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.?)

In general, CAPS is a service unit, not a revenue-generating unit. Therefore, there are few opportunities for external funding. We are reluctant to charge additional fees to students, who often come to us with financial hardship. We have some modest income from fees for Learning Disability and Attention Deficit Hyperactivity Disorder assessments, and charge a very modest fee for counseling past the 10th session, but the revenue generated is still not substantial, nor is it likely to be so in the future. There are a few other minor amounts collected as fees, but the total amounts to only about 2% of our funding. In Spring 2011, we engaged in a collaborative effort with the Center for Students with Disabilities (CSD) 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 receive this support via CSD, as students with financial hardship who present to CAPS seeking LD/ADHD assessments may now be financially assisted.

8. Please describe any overlaps between your unit and any other unit(s) providing services to students. Please provide a rationale.

CAPS works cooperatively with several other units. Staff members at CAPS are responsible for LD testing which is subsequently utilized by the Center for Students with Disabilities. University Career Services and the Office of Academic Advising frequently refer students for our vocational testing and counseling services. The CAPS counseling staff and the psychiatrists located in the University Health Center frequently work together to provide comprehensive care.

Additionally, CAPS and Wellness collaborate on a number of educational programs offered to students throughout the year. CAPS also works with Learning Support Services in providing study skills programming. Included in these collaborative efforts are programs developed jointly with the Dean of Students Office, educational and training programs provided in conjunction with Residential Life, and academic and personal development programs offered regularly through the Athletics Department. These liaisons represent a broad

spectrum of programming efforts aimed at such issues as Diversity Training, Suicide Prevention, and Social Health. We believe it is central to our mission to help students be successful and to graduate, and to support other departments in their efforts to do the same.

CAPS is respectfully submitting the following request for your consideration:

**SFAC Request for Base Funding Augmentation
2012-2013**

- 1) Base augmentation to cover the remaining wage salary for the Executive Secretary (base salary = 12,335 + benefit = 4,258 + Admin Finance Charge = 996 + VPSA charge = 249)

TOTAL = \$17,838

Justification for the Executive Secretary position:

- *Given the significant growth in our clinical program, two support staff to manage the front desk responsibilities of daily appointment scheduling, answering phones, attending to client care, and input of a significant amount of clinical client data was insufficient. This became even more apparent when either of the support staff was out of the office, requiring clinical staff to fill in at the front desk.*
- *The Executive Secretary position not only assists during busy times and filling in with front desk responsibilities, this individual also has specialized skills to run assessment stats and knowledge of graphic software to support the agency initiatives in website development, outreach, clinical data/assessment, and training.*
- *We are keenly aware of budget shortages and your need to prioritize. We are basing our request on the basic needs of CAPS in order to effectively serve the quickly expanding student body, many of whom are now living on campus. However, if base augmentation is impossible at this time, we respectfully request that SFAC consider a one-time funding for FY 2012-2013 for the Executive Secretary position, given that enrollment has exceeded the budgeted target, which may generate enough one time funds.*