



CAPS

Counseling and Psychological Services

“Helping you weather any storm”

SFAC
Report of Fiscal Year 2008 – 2009
and request for 2010 -- 2011
Responses to SFAC FY 2011
Program Questionnaire
FY 2011 Budget Request

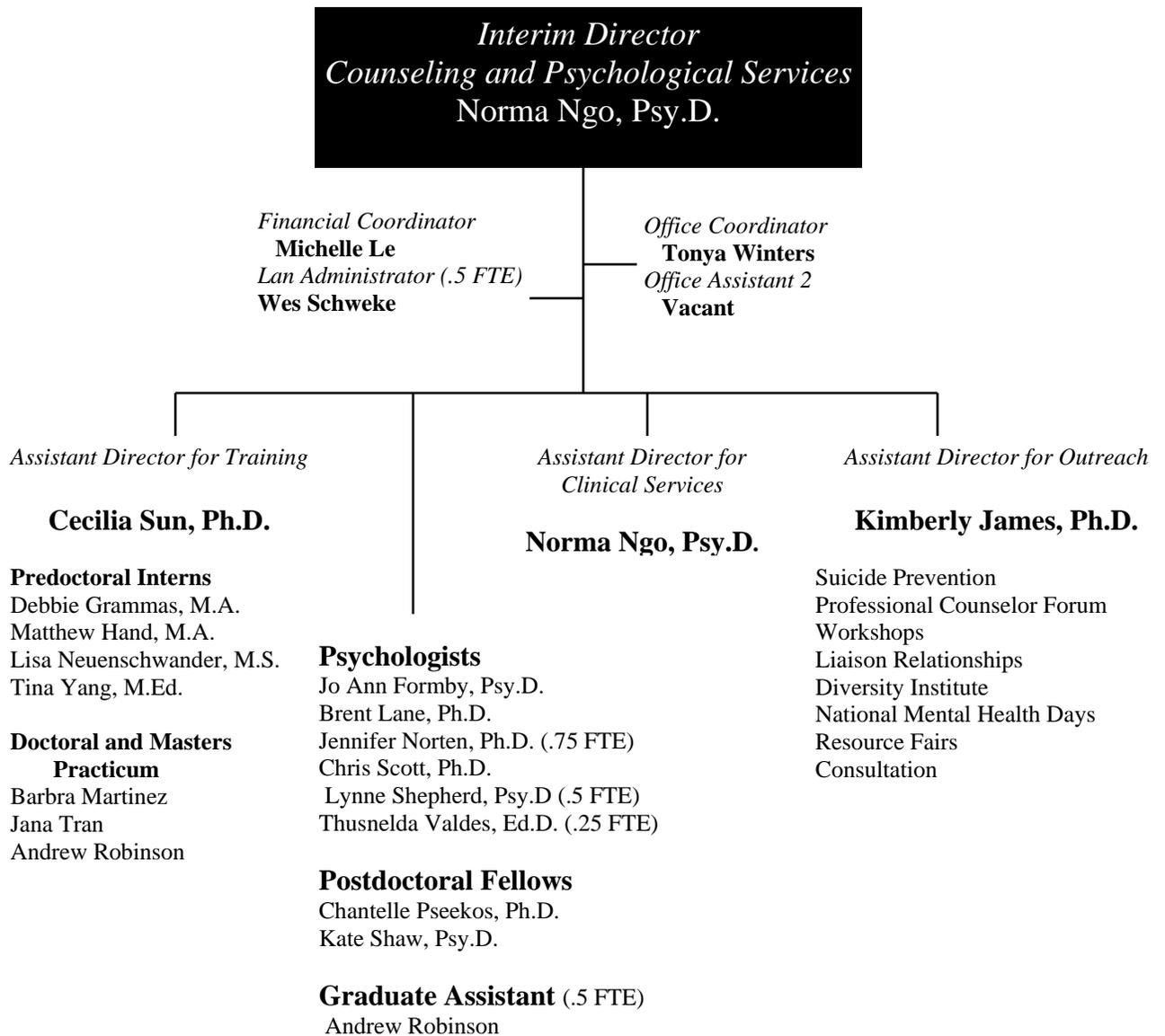
1. Provide an executive summary of your questionnaire responses.

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; training; and supervision. CAPS employs multiple measures to determine our effectiveness in meeting these objectives. We conduct student satisfaction surveys as well as outcome measures. The results of demonstrate the consistently high level of services we render. We evaluate our workshops and training activities and meet rigid national standards: we are accredited by the International Association of Counseling Services (IACS) for our psychological services and by the American Psychological Association for our pre-doctoral training program. CAPS' primary funding source is Student Service Fees. We are a service unit rather than a revenue-generating unit. We continue to use creative means to meet student needs with the funds allocated to us. We have a new logo (depicted on cover sheet) and slogan, "helping you weather any storm". The umbrella is a metaphor for the comprehensive services we offer at CAPS and our slogan expresses our awareness that the college years can be an unpredictable and challenging time. Research supports the positive role of counseling on retention. Turner and Berry (2000) reported a retention rate of 85 percent for students involved in counseling compared to 74 percent for the general student body. Frank and Kirk (1975) conducted a five-year study with 2,400 Berkeley students in which they found higher graduation rates for students who received counseling or psychiatric services. Our continued challenge is that CAPS is understaffed compared to comparable institutions. IACS recommends one staff member for every 1,500 students. Our current staff of 9.5 FTE is closer to one for every 3,894 students. We have made significant efforts over the year to streamline services. In spite of staff shortage, we have managed to eliminate our waiting list. Students are directly assigned to clinician after their initial appointment. A national survey of University and College Counseling Center Directors found that 83 % reported that there has been an increase in the past year in the number of students coming for counseling that are already taking psychotropic medications, 96 % reported that the number of students with significant psychological problems is a growing concern in their center or on campus, and 80% reported that they believe that the number of students with severe psychological problems on campus has increased in the past year. (AUCCD Survey FY 2008). Given the growing concern, 62.8% of counseling center directors reported that they have taken action to address this issue by training faculty, staff and others on campus to help them make more appropriate and timely referrals. Because our emphasis is on clinical services (while at the same time being short staff), our ability to provide extensive outreach to the campus and provide training opportunities is affected. The tragedies at Virginia Tech and at Northern Illinois underscore the kind of client crises we hope to avert and has created an opportunity to focus on primary prevention. As a result, CAPS spearheaded the formation of a behavioral/threat assessment team comprised of representatives from Dean of Students, Residential Life, General Counsel, University of Houston Department of Public Safety and CAPS early Fall 2009.

In conclusion, while CAPS would greatly benefit from a one-time request for a temporary clinical staff position for FY 2010, we are not making the request at this time due to the insufficient amount of time remaining to fill this kind of a position. We would like to reserve the option of making this one-time request for FY 2011 when SFAC convenes later this Fall 2010.

2. Provide an organization chart of your unit.

Counseling and Psychological Services



3. List the objectives that you provided with your 2009-2010 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). Turner and Berry (2000) reported a retention rate of 85 percent for students involved in counseling versus 74 percent for those who did not. The role of a university counseling center continues to evolve in response to social, political and economic factors (Council for the Advancement of Standards in Higher Education, 1999). A six-year longitudinal study of college students found that personal and emotional adjustment was an important factor in retention and predicted attrition as well as or better than academic adjustment (Gerdes & Mallinckrodt, 1994). The current generation of college students are increasingly diverse: 30 % minorities, 20 % international or first generation, 55% are female

and 44% of all undergraduates are over the age of 25 (Choy, 2002). As a result, their mental health needs have changed considerably from the past. 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). The most recent national survey of University and College Counseling Center Directors found that 83 % reported that there has been an increase in the past year in the number of students coming for counseling that are already taking psychotropic medications, 96 % reported that the number of students with significant psychological problems is a growing concern in their center or on campus, and 80% reported that they believe that the number of students with severe psychological problems on campus has increased in the past year. (AUCCD Survey FY 2008). 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 and couples counseling are free for up to ten sessions within an academic year, after which there are fees on a nominal sliding scale for services. 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 2008-2009 was 21.06. 61.3% were female (compared to 51% of the student body being female). 38.3 % were male. Ethnicity is represented in the chart below. In general, these are reflective of students at large at University of Houston.

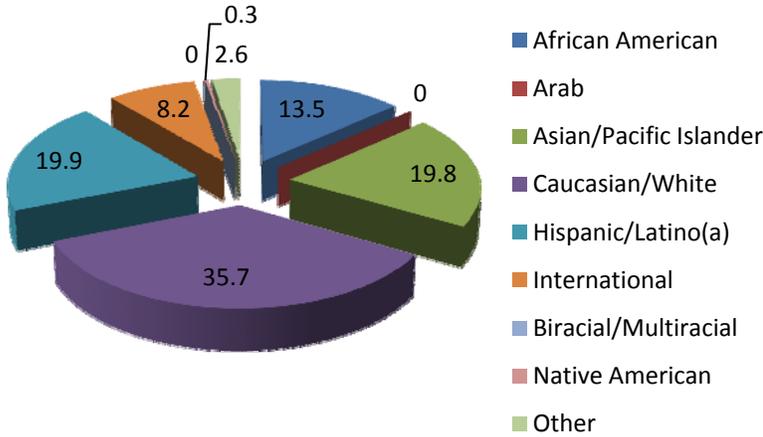
Ethnicity	UH statistics Fall 2008	CAPS client statistics 2008/2009
African-American/Black	13.5	15.3
Asian/Pacific Islander	19.8	16.3
Caucasian/White	35.7	42.8
Native American	0.3	0.6
Hispanic/Latino(a)	19.9	15.4
Biracial/Multiracial	*	4.9
International	8.2	5.6**
Other or unknown	2.6	3.3
Arab or Arab/American	*	1.4
*collected differently		
**overlaps with other categories		

Total: 100%

Total: 100%

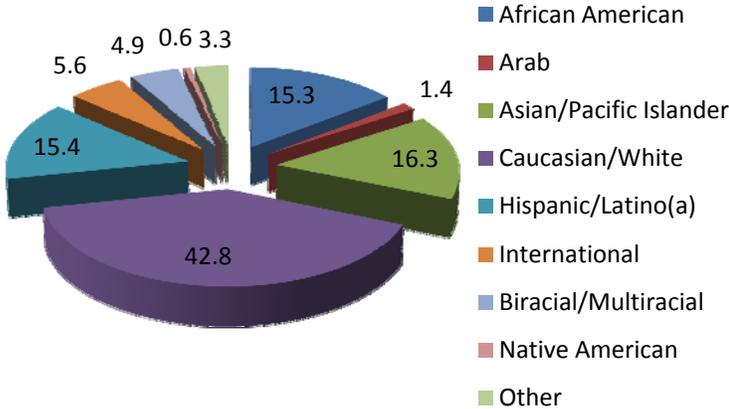
Ethnicity of UH Students

Fall 2008



Ethnicity of CAPS Clients

Academic Year 2008-2009



Counseling Contacts	
	<u># of Contact hrs.</u> <u>2008-2009</u>
Intakes	864
Crises	98
Individual	3603
Couples	359
Assessments	363
<u>Group</u>	<u>473</u>
Grand Total	5,760

In 2008-2009 there were 864 initial intakes (up from 808 the previous year) and 3,603 individual client contacts; 359 couples contacts and 473 group contacts (up from 374 the previous year). Consistent with national standards of best practices, CAPS does not have a waitlist. During the 2008-2009, clients were directly assigned to a clinician with little or no delay. As previously noted, our group counseling program continues to grow and serves the dual role of being an appropriate setting for clients who would benefit from peer feedback while serving many students simultaneously. We have also significantly expanded the self-help resource section on our website to include relaxation audio exercises in addition to the popular informational videos on anxiety, stress, depression, conflict resolution, grief and loss and international student issues. During this fiscal period, our greatest challenge was a reduction in FTE. The Director of CAPS retired and the Clinical Director was appointed as Interim Director. In addition, one of the full-time psychologist positions was filled only at 75 percent FTE. The resulting challenge was that we went from 10.75 FTE to 9.5 FTE and the Interim Director was assuming both director and clinical director responsibilities. Consequently, the clinician to student ratio was 1/3,894 (IACS recommends 1/1,500).

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 provide readily available crisis on-call services during normal academic business hours, they also provide after hours services. This is accomplished by utilizing a beeper system whereby the campus community may access a professional at night and on weekends. This process is supported through regular contacts with psychiatric staff and through weekly staffing meetings to deal with the management of critical concerns.

Many of our ongoing clients report significant suicidal ideation at the time of intake. For 2008-2009, of the 864 clients seen for intakes (SDS), 26.1% indicated that they had considered suicide prior to college, after starting college, or both. 8.9% indicated that they had made a suicide attempt prior to college, after starting college, or both. Clearly, many of the ongoing cases for CAPS staff 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 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. Highlights of this study are listed below (with ones of particular interest in **bold** or **bold and red**). It should also be noted that there will be a follow up national study on college suicidality with the goals of determining effective and efficient prevention strategies, studying suicide as a part of a larger continuum of distress, and studying how students cope with distress to tailor early interventions. Although an exact date has not been determined, it is tentatively planned for FY 2011-2010. CAPS will again be participating and will report results about University of Houston students when they are made available.

SURVEY HIGHLIGHTS FROM UNIVERSITY OF HOUSTON

- 1,000 UH undergraduates and 1,000 UH graduate and professional students were randomly surveyed (non-clinical sample).
- 147 undergraduates (14.7%) and 165 graduate/professional students (16.5%) completed the survey in full.
- Of undergraduates, 62.5 % of respondents were female, 37.5 % male.
- Juniors and seniors (over 73%) were more likely to respond than freshmen and sophomores.
- Ethnicity was not a large factor in who responded to the survey.
- The average undergraduate respondent was 24.21 years old, had a cumulative GPA of 2.96, and worked 19.60 hours per week.

- 86.3 % of respondents lived off campus. 63 % said they lived with a family member.
- 78.23 were single, never married/partnered.
- 43.84 % were not in a romantic relationship. 34.93 % were in romantic relationships but not living with that partner. 21.23 % were in a relationship and living with a partner.
- 63.89 % have never used tobacco and only 10.42 % use it daily.
- **About 14 % report having 5 or more drinks of alcohol in a 24 hour period weekly or more.** 36.81 % say they have never drank that much.
- Less than 5 % smoke marijuana weekly or more.
- **25 % of undergraduates have had psychological or mental health services at one time or another.**
- **11.81 % have seen a psychiatrist.**
- **10.49 % report they have received services from the university counseling center.**
- **11.89 % say they have taken medication for mental health concerns.**
- 2.8 % report having been hospitalized for mental health concerns.
- **42.36 % indicated that they had had thoughts of “I wish this would all just end”.**
- **13.89 % acknowledged having had the thought “I wish I was dead”.**
- **Less than a third said they had never had suicidal thoughts.**
- **23.61 % report they have seriously considered attempting suicide.**
- **12.5 % admit to having attempted suicide at least once.**
- **11.11 % say they have seriously considered attempting suicide in the last 12 months.**
- Of those who had seriously contemplated suicide 18.75 % had considered it for many days and a like amount had considered it for several hours in a day.
- **37.5 % of those who had seriously considered attempting suicide described those thoughts as strong.**
- **Over 2/3 of those seriously contemplating suicide said the thoughts impacted their academic performance.**
- **12.5 % of the serious contemplators had a specific plan in mind.**
- After recognizing how seriously they were considering attempting suicide, ¾ said they still told no one.
- 81.25 % of these serious contemplators never received professional help.
- School/academics had a large or very large impact in 37.5 % of those seriously considering suicide.
- Problems with family relationships had a large or very large impact on 46.67 % of those seriously considering suicide.
- Romantic relationships had a large or very large impact on 43.75 % of those seriously considering suicide.
- Problems with finances had a large or very large impact on 43.75 % of the same group.
- Half described themselves as angry, over 56 % described themselves as anxious/worried, and 93.75 % described themselves as sad.

- **Over 2/3 described themselves as lonely/isolated. 75% described themselves as feeling hopeless. 62.5 % felt helpless.**
- 37.5 % had a recent breakup or loss of a romantic relationship, the same % who reported recent family problems.
- The largest protective factor was concern about disappointing/hurting family members. Wanting to finish school and religious/moral beliefs were major factors as well.
- **Asian-American and multiracial students were at highest risk. Students on academic probation were at highest risk.**

In the interest of brevity we have focused on the survey of undergraduates. Naturally the graduates were older, more likely to be in relationships and had higher GPAs. More had sought mental health services. Fewer had suicidal thoughts in the past year and fewer had seriously considered an attempt. Complete results are available upon request.

2008/2009 data collected from CAPS clients (SDS) indicates that 26.1 % have considered suicide at one time or another and 8.9% have attempted suicide in their lifetimes. Research suggests that the majority of students who kill themselves never received counseling services: 2004- 80.3%, 2003- 80.6%, 2002- 82.8%. If they do receive counseling, students are six times less likely to kill themselves.

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 staff members at CAPS are responsible for doing these assessments so that the university can meet its obligations for reasonable accommodations under the Americans with Disabilities Act of 1997. Psychological testing is often utilized to provide more comprehensive treatment planning for more difficult cases.

Much of assessment is quite time consuming. With regard to LD or ADHD assessment, students are able to receive this testing at CAPS at a greatly reduced fee (\$250) compared to seeing someone in the community (\$1,000 - \$2000). It is also more convenient for students to receive this testing at the university given that it often takes several hours and multiple appointments to complete.

Referrals for Learning Disability (LD) and Attention-Deficit Hyperactivity Disorder (ADHD) is a frequently requested service due to the accommodation needs that students may have. In 2007-2008, the total number of LD and/or ADHD assessments completed was 54. This increased to 67 in 2008-2009. The number of requests continues to increase, but with staff shortage and the significant

amount of time required to complete the LD and/or ADHD assessments, this is a continuing challenge for CAPS.

CAPS also provides vocational testing 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, staff are 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 for students to find satisfaction in their living and be successful in their pursuits.

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 37,000 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:

- Free “Food for Thought” Workshop series offered by CAPS 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)—Suicide Prevention Training for the campus community.
- Diversity Institute.
- Professional Counselor Forum.
- Ongoing liaison relationships between CAPS clinicians and faculty, staff and student organizations to consult about CAPS services, individuals of concern and assist in referrals.
- Presentations to academic departments, campus groups, campus organizations and residence halls.

- Collaborative programming with campus departments and organizations (e.g. Cat's Back, Cougar Resource Fair, Safe Spring Break, Occupational Wellness Fair, Take Back the Night and Veterans' Services Resource Fair CAT's Back, Cougar First Impressions, World's Aid Day).
- Increased resources available to students on CAPS website and brochures, CAPSTONE newsletter.
- Brochure distribution, including how to handle students in crisis
- Advertising through the Daily Cougar, UH today, DOS handbook.

During the 2008-2009 academic year, CAPS served over 4,371 individuals through its total outreach efforts. Twenty-nine different food for thought workshops were offered and included topics such as, Maintaining Balance in College: School, Family, & Friend; Understanding Anxiety: Signs, Symptoms & Ways to Cope; Career Exploration & Planning; Understanding Depression: What Everyone Should Know; I'm Listening Honey! Communication Among Couples; Anger Management; 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 from student groups, faculty, staff and community organizations.

As part of our efforts to educate the student population about important mental health issues and services that are offered at CAPS, we participate in each Freshmen and Transfer Student Orientation session, International Student Orientation, Scholar's Community, Freshman Resource Fair, New Faculty Orientation, and Law Center New Student Orientation. The total number of students served at these orientations in 2008-2009 was 2,813. 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 at the UC and Residence Halls as well as in front of the Student Service Center 1. Screening instruments are administered to participants wishing to find out if they may be having difficulties with the area addressed that day. Additional crisis Services are available at CAPS during those screenings. In 2008-2009, we screened a total of 390 individuals who were then 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 2 specialized trainers at CAPS to provide QPR; which is down from 4 available trainers. Resident advisors annually receive this training. It has also been delivered to the International Student and Scholars Office (ISSSO), Career Services and to the College of Business. Both Residential Life and ISSSO serve students who are at higher risk of suicide than others on campus. QPR training can be provided to any group or department per request.

CAPS collaborates with other units to provide programming for campus community. Take Back the Night is an annual event intended to raise awareness of sexual assault. Other annual programs that we participate in include: Safe Spring Break, March of Dimes/Walk America, World Health Day, Cat's Back Welcome Back Fair, Occupational Wellness Fair, 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 redesigned our web page, to include our new logo (Umbrella) and slogan ("*helping you weather any storm*"); A *New and Current Events* section which has updated information corresponding with National Events (e.g. National Heritage months, H1N1); expanded self-help section including video-streaming of self-help topics (depression, conflict resolution in couples, anxiety management, and others) and audio clips on relaxation exercises. <http://www.caps.uh.edu/resources-self.aspx>

We are aware of the growing population of students accessing information through the web. During FY 2008-2009 the CAPS web site www.caps.uh.edu logged an increase in 10,239 unique visits and 30,059 page views, including ones from 74 countries. Thus, we have upgraded and maintained the timeliness of our web site updates and continue to add to the number of streaming videos available as well as links to other mental health resources. CAPS is also now available on Facebook.

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 staff members are active contributors to numerous committees on campus, providing expertise in a variety of areas. Some of the committees include: Alcohol Education and Prevention Committee, Cougar Allies, the Accommodations Committee, and Veteran's Services Committee. More recently in early Fall 2009, CAPS spearheaded the formation of a behavioral intervention committee (comprised of representatives from Department of Public Safety, Residential Life, General Counsel, Dean of Students and CAPS) to address potentially troubling student behavior. One of the outcomes of the Virginia Tech and Northern Illinois tragedies, is 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. Although this committee is in its early formation stages, a major goal is that it will serve as a central point for converging information across individual silos on campus.

CAPS works with the mental health community of Houston, offering continuing education programs for mental health providers. The Assistant Director for Outreach organizes and coordinates the Professional Counselor Forum which provides low cost, high quality continuing education workshops.

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

We are preparing for our ninth annual Diversity Institute this April 2010. This is an annual campus wide event for students, faculty, and staff, developed 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 Director, is responsible for planning and coordinating this event. In April 2009, we had over 102 students attend this event.

CAPS is actively involved in the Cougar Allies committee and was a co-sponsor of Cougar Allies Training during the 2008-2009 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 22 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. During Fall 2008-Spring 2009, CAPS staff supervised 4 practicum students. 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.

In FY1998-99, for the first time, we instituted a Multicultural Postdoctoral fellowship. After several years of one-time funding, this position was base funded by SFAC beginning Fall 2002 and has allowed us to advertise in January and recruit the finest candidates early in the recruiting process. Fall 2009 marked the 12th anniversary of the Multicultural Postdoctoral fellowship. In addition, our one-time funded Assessment/Clinical Postdoctoral fellowship in FY2009 was based funded by SFAC for FY 2010.

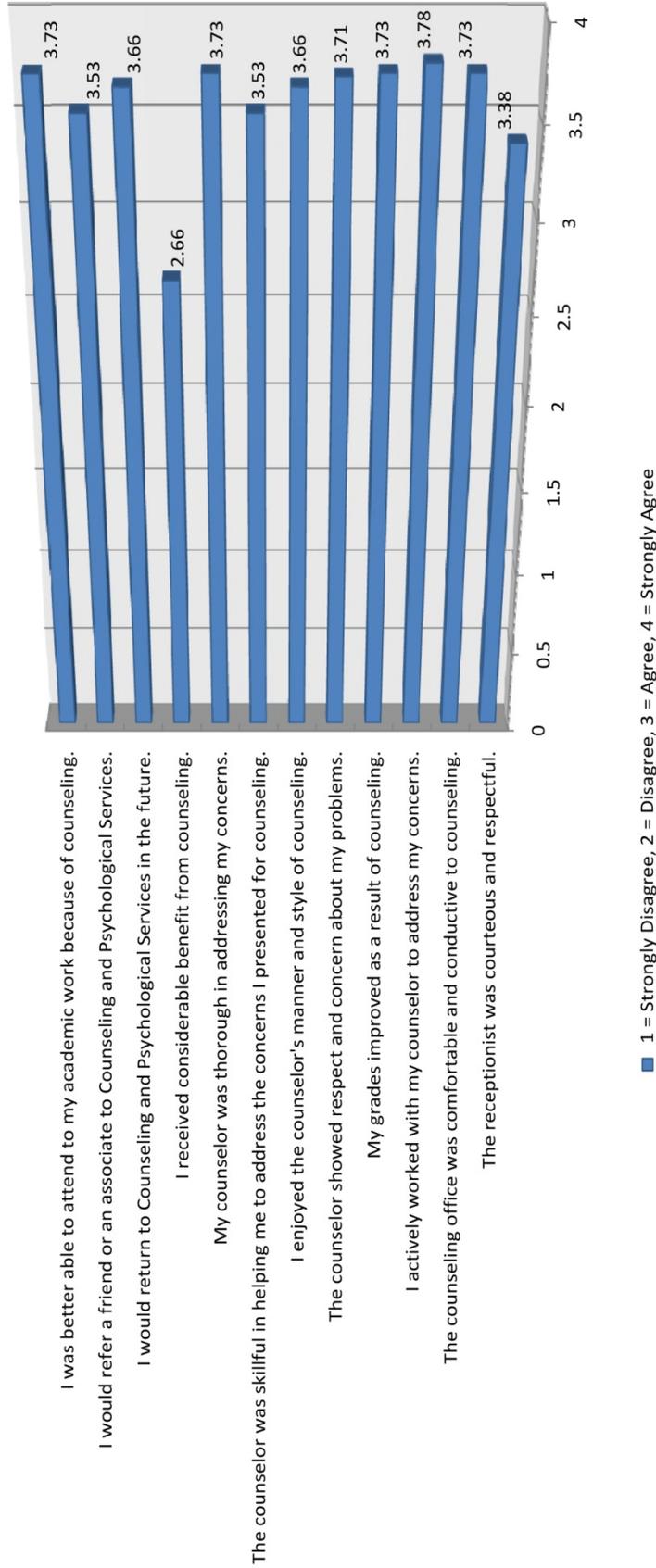
In early Fall 2009, the CAPS Training Director completed a comprehensive Self-Study of the APA approved Predoctoral Internship program in preparation for the APA site visit. The self-study was well-received by APA and site visitors are scheduled for March 2010 to review re-accreditation of our Pre-doctoral 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 and in improving our functioning. CAPS regularly evaluates its services and is engaged in a more comprehensive assessment of service provision so as 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) and for training (American Psychological Association—APA). APA was last here in June 2003 for a site visit, which was highly successful. At that time CAPS was granted continued accreditation through 2010. Staff members are licensed by the State and failure to meet ethical standards can result in both loss of license and university position. IACS conducted a site visit in Fall 2006 which resulted in continued accreditation as well as praise for our counseling center.

CAPS measures consumer satisfaction through evaluation forms given at termination of counseling. Periodically we also collect evaluations during the year. We continue to give out student evaluations for workshops. The scores from all these evaluations have remained high. For the 2008-2009 academic year, respondents to the consumer satisfaction survey answered twelve questions about services received in counseling (next page).

Counseling Service Evaluations 2008-2009



In addition, during the most recent survey of student services, CAPS achieved one of the highest student evaluation ratings among the major units in Student Affairs. Over 90% of students said that they were either “satisfied” or “very satisfied” with counseling and/or outreach services.

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 until recently had been identified as the treatment and referral resource for staff, faculty, and students facing these problems. CAPS still sees clients with substance abuse referrals from the Dean of Students Office, Athletics, Residential Life and Housing, and self-referrals. CAPS also continues to see staff and faculty for crisis intervention and counseling for up to three sessions. CAPS staff 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, 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, make evaluation and accountability essential. We evaluate all of our services including service, training, and supervision, as well as our employees (exempt and non-exempt).

Multiple means are used for evaluating these services. CAPS is reviewed 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 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 system data management system called Titanium which allows us to organize our progress notes,

termination summaries, crisis reports, and schedules. 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 (for which we get a discount on fees). Unlike the previous system it runs fewer risks of crashing and provides significantly more data with fewer problems.

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 is available comparing national and University of Houston statistics is available upon request.

5. Please discuss any budget changes from your last (FY2010) 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.

In recent years CAPS has experienced a significant increase in requests for LD and ADHD testing. This is partially due to policies of the university accommodations committee which require psychological testing in order to allow

accommodations for ADHD. Increased demand for services, including counseling, crisis intervention, and assessment, means that CAPS is greatly understaffed compared to comparable institutions. While we received base-funding for the Assessment/Clinical Postdoctoral Fellowship for FY 2010, we did not receive base-funding for a requested psychologist position. Furthermore, changes in personnel resulted in budget alterations.

6. Please list your 2010-2011 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 includes, Individual, couples and group counseling are available to all enrolled students and will continue to be our main priority at CAPS. Professional psychologists, postdoctoral fellows and advanced graduate trainees address problems such as depression, anxiety, substance abuse, stress, relationship concerns, and academic difficulties. CAPS will continue to expand the group counseling program and will implement an informational video about group therapy and depicting the group process Fall 2010. We will continue to explore and implement national best standard practices in all aspects of our clinical services.

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. Psychological testing 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 retain students and tuition dollars, which may also help prevent tragedies like those at Virginia Tech and Northern Illinois.

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. Outreach includes a variety of prevention, developmental, and psychotherapeutic activities geared towards reaching out to the campus, and may include:

- Question/Persuade/Refer(QPR), a nationally acclaimed suicide prevention program
- Food For Thought Workshop series
- Participating in various committees(behavioral intervention team, academic accommodations, substance abuse, Cougar Allies)
- Liaison relationships between each clinician and key academic departments and offices
- Presentations to academic departments, campus groups, campus organizations
- Annual participation in resource fairs (i.e. Cougar Resource Fair)
- Educational/informational days (e.g. National Suicide Prevention Day, National Depression Screening Day), etc.
- Collaborative programming with campus departments and organizations (Cat's Back)
- Increased resources available to students on CAPS website
- Diversity Institute

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 identify and refer a student in distress that is available on our website.

A FY2011 focus will be on further developing the details of the behavioral Intervention team to identify and intervene with potentially troubled students and/or situations that could pose danger to the university community.

In an effort to share the most up-to-date information with the campus community, CAPS will maintain timely updates to its website, and continue to add more resources in its self-help section.

CAPS will also explore additional avenues to reach out to students who might not otherwise seek out counseling. We will examine the viability of having drop-in sites across campus where students might have immediate access to support

and consultation from CAPS staff. 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. Depending on what resources are required, future requests for funding may be made to SFAC.

An important component of the services offered at CAPS is our commitment to working with other university units to improve not only our service offerings, but also theirs. Of equal importance are our efforts at providing a bridge to the community in order to benefit students and the university as a whole.

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. In June 2003 CAPS came up for reaccreditation, which was successful, resulting in re-accreditation for an additional seven years until 2010. Consequently, CAPS will be preparing for the APA site visit regarding reaccreditation of our Pre-doctoral Internship program. This site visit is tentatively scheduled for March 2010.

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 as well as implementing a completely on-line Consumer Satisfaction Surveys which will commence by Fall 2010 so as to ensure the highest quality of care for students and the university.

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. We would like to apply for grants, but need more staff to free up clinical time. In order to provide high-quality mental health

services, it is critical that CAPS has the necessary resources to carry out its mission. To this extent, we will continue to explore additional sources of revenue.

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 is collaborative in that staff members have created strong liaisons with other units within Student Affairs. 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 support other departments in their efforts to do the same.

