



Division of Student Affairs

Self-Study Report

2015-2016

Table of Contents

Mission Statement.....	2
Mission & History	3
Goals.....	3
Programs/Services.....	4
Staffing & Training/Development.....	6
Budget Narrative.....	7
Facilities, Technology/Equipment.....	8
Ethical Considerations and Professional Practices.....	8
Completion/Retention.....	9
Assessment & Evaluation.....	9
Conclusion.....	10
Sources.....	11
Appendix A: CAPS Staff, Organizational Chart, Position Responsibilities Chart.....	12
Appendix B: Financial Report.....	14
Appendix C: Summary of Services Provided 2015-2016.....	16
Appendix D: Summary of Client Satisfaction Survey Results 2015-2016.....	19



At USU CAPS we embrace a holistic approach to student development by removing psychological, emotional and behavioral barriers to learning and success. We work to enhance the university experience for students and promote a healthy environment on campus preparing students to be self-reliant contributors in the world.

History & Mission

More than 40 years ago, the Counseling Center was a small office in the basement of Old Main staffed by two psychologists who met with students individually and walked about campus consulting with colleagues. An informal, relaxed atmosphere permeated the Center and demand for service was reasonable. The Counseling Center moved from Old Main to the TSC in 1986 and its name was changed to Counseling and Psychological Services (CAPS) in 2010.

Utah State has more than doubled in size and now CAPS maintains eight staff psychologists serving more than 1,000 students a year in an attempt to address young adult development. While the mission of the University is to provide post-secondary education, CAPS mission is to facilitate the social and emotional growth needed to compliment intellectual success and career preparation.

Over the past five years, the severity of presenting concerns (depression, anxiety, relationship challenges, eating issues and substance abuse) has resulted in a spike in suicide attempts and now the focus has shifted to post traumatic growth, resilience and emotional interdependence. Removing emotional barriers to success and providing effective coping skills has become a major thrust of CAPS services. Outreach to faculty and staff as well as student organizations has become a key function of counseling services.

Table 1: USU CAPS clients compared to UCC Clients across the Nation.

CCMH (2015) suggests the following about students seeking services at UCCs across the nation.	Students seeking services at USU CAPS		
	2013-2014	2014-2015	2015-2016
One out of two have previously been in counseling	43%	56%	58%
One in three are on medication for mental health use	23%	23%	23%
One in four have self-injured	23%	31%	30%
One in three have seriously considered suicide	49%	43%	46%
One in ten have made a suicide attempt	12%	13%	11%
One in ten have been hospitalized for psychiatric reasons	na%	10%	11%
One in five have experience sexual assault	19 %	20%	21%
One in three have experienced traumatic event	11%	47%	48%

Both the Center for Collegiate Mental Health (CCMH) and USU CAPS information is based on data collected on Titanium clinical record keeping software for UCCs. (na=not assessed that year)

Goals

To facilitate degree completion and the transition to adulthood, all domains of young adult development are addressed, including identity formation, autonomy, emotional regulation, effective communication, interpersonal skill, determination and purpose. The focus is on promoting well rounded graduates likely to succeed and contribute in the world.

Where students are uncertain about their strengths and weaknesses, CAPS provides systematic investigation of their personal profiles to isolate learning and interpersonal strengths as well as disabilities so tailored interventions can be provided.

A fundamental goal is reaching out to every traditional, incoming freshman but also to an increasing number of non-traditional students, including veterans. In addition, cultural sensitivity is promoted in serving minority students from a host of backgrounds to promote diversity on campus. A growing concern is reaching students from around the state attending regional campuses.

Program & Services

All students maintaining at least nine credits are eligible for CAPS services free of charge. An initial thirty- minute consultation is scheduled to identify presenting concern and formulate an initial treatment plan. Approximately half of all students request individual therapy, but a number are better served through group process, skill development, workshops or even self-care.

Table 2: The top ten reasons students seek services nationwide/compared with USU students

Nationwide	USU CAPS 2014-2015	USU CAPS 2015-2016
1. Anxiety	1. Relationship Problems	1. Relationship Problems
2. Depression	2. Anxiety	2. Anxiety
3. Relationship Problems	3. Self-Esteem/Identity Issues	3. Self-Esteem/Identity Issues
4. Stress	4. Depression/Grief	4. Adjustment Issues
5. Academic Concerns	5. Adjustment Issues	5. Depression/Grief
6. Family	6. Academic Concerns	6. Academic Concerns
7. Interpersonal Issues	7. Childhood Abuse	7. Childhood Abuse
8. Grief/Loss	8. Addictions/Compulsions	8. Career Uncertainty
9. Mood Instability	9. Career Uncertainty	9. Existential Issues
10. Adjustment Issues	10. Existential Issues/Crisis of Faith	10. Eating Concerns

Over the past five years, utilization of CAPS Services has increased from 889 in 2010-2011 to 1,244 in 2014-2015. One in two have been in counseling before, one in three make use of medication to address their presenting psychological concerns and one in ten have made a suicide attempt. Almost one in three are dealing with significant past trauma.

The distribution of students seeking service is even (approximately 22-24% for each undergraduate class and almost 10% for graduate students). The vast majority are Caucasian (85%) with Hispanic (6%), Asian (3%), Black (2%) or multi-racial (3%) making up other student groups. Almost 60% of CAPS clients are single and 25% live on campus.

The majority of clients (744) are seeking individual therapy, but more than 230 participated in semester long group therapy and 22 sought couples work. Those seeking comprehensive psychoeducation evaluations (135) are referred primarily from the DRC to document disabilities.

This year, due to more effective advertising, workshops were well attended, ranging from stress management to lasting relationships. Other topics included depression, sleep hygiene,

effective communication and the art of happiness. A new focus the past two semesters was QPR training to address the issues of suicide prevention. Over 1,700 participants attended dozens of presentations and screening days provided by REACH Peers.

Staff spent over 900 hours last year doing presentations, workshops, and providing outreach consultation. Outreach consultation includes time spent in person or on the phone with faculty, staff, students, and members of community providing information on helping students of concern, mental health and wellness information, therapy and university resources, etc.; representing CAPS at university functions; and attending debriefings, meetings with liaisons, and committee meetings (BIT team, Registration adjustment, Diversity Council, dissertation/thesis committees, search committees, etc.)

Undergraduate REACH Peers provided skills development to 102 clients (293 sessions) closely supervised by staff and trainees. The average number of sessions provided to students was just under six and the average wait time for service between October and April was 3-4 weeks.

Table 3: Summary of CAPS Services provided

	7/11-6/12	7/12-6/13	7/13-6/14	7/14-6/15	7/15-6/16
Number of individuals who attended one of the clinical sessions below.	931	975	1032	1244	1214
Number of clinical <u>sessions</u> provided					
Initial Consult (individual)	629	717	765	799	701
Initial Consult (couple)	23	18	15	17	24
Crisis	164	88	107	199	139
Priority Consult*	n/a	n/a	n/a	67	237
Follow-up Consult	201	173	182	304	366
Intakes	427	480	515	589	565
Individual Therapy	3316	3049	3202	2776	3224
Couples Therapy	66	38	69	46	65
Group screen	120	158	160	193	119
Group Therapy	313	346	326	329	316
Assessment	288	267	275	272	254
Diversity Support Group sessions	26	26	34	60	28
REACH Peer Consult Appointments	246	217	213	239	293
Assessment batteries/reports completed	143	139	117	135	118
Outreach Presentations/Workshops Given	115	133	112	136	140
Outreach Consultations	337	530	373	402	451
Individual supervision appointments	1018	981	1028	844	807

Information based on Titanium records (with Diversity Groups and Assessment reports information added)

*Priority Consult Sessions started at CAPS Fall 2014

See Appendix C for expanded information on services provided during 2015-2016.

Staffing & Training

Five full time staff focus 100% time at CAPS, one part-time staff member is 75% and two staff members have joint assignments. Currently, Regional Campus funds a full time staff member who spends part of the week in Logan and two afternoons at the Brigham City Campus. He is also consulting with faculty, staff and students state-wide. A second staff position is split with Veterinary Medicine and he spends half time at CAPS and half time at Vet Med. See Appendix A for organization chart, staff names, administrative assignments, and responsibilities chart.

CAPS is accredited by the International Association of Counseling Services and repeatedly they have criticized the insufficient staff to student ratio for USU. Assuming a student population of 17,000 students in Logan, a minimum of twelve full time staff would be standard. All eight psychologists on staff are licensed and maintain the standards of the Office of Professional Licensure in Utah including annual continuing education credits.

Minimum continuing education is maintained through an annual Utah Counseling Center Conference in the Fall and a CAPS Annual Conference in the Spring. Presenters of national and international reputation come each year, the past 25 years, for a full day presentation, including David Jobes (2016) on Suicide Assessment, Ronald Siegel (2015) on Mindfulness, Bessell Van der Kolk (2014) on Trauma and the Brain, Scott Miller (2013) on Effective Practice, Sonja Lyubormirsky (2012) on Happiness and Jason Kilmer (2011) on Addictive Behaviors. Next year, the presentation will be on resilience.

Ethics training is required each year and CAPS staff routinely attend national conferences on group therapy, effective training and directing counseling services. The increasing cost of national conferences has required a boost in CAPS operating budget for professional development.

Four tiered training is available at USU CAPS from the undergraduate to the doctoral level. Ten to twelve exceptional undergraduate volunteers donate 5-6 hours a week to CAPS for outreach and skill development training. These Psychology, Social Work or Family and Human Development majors use their REACH Peer training as a culminating experience. It is rare for undergraduates to see individual clients, so USU's program is unique in the country.

In addition, 3-4 doctoral students from Psychology spend 10 hours a week at CAPS seeing 5 clients and participating in individual and group supervision. As third year students, this becomes a crucial part of their training prior to internship.

Most years, CAPS employs one to two doctoral students at Graduate Assistants to spend 20 hours a week providing individual service and often co-leading interpersonal process or skill groups. They may also select opportunity to provide assessment and are encouraged to design outreach presentations.

Four doctoral interns spend one year at CAPS working 40 hours a week and completing the capstone piece of their individual training. They are provided both primary and secondary

supervision, group supervision and seminars to insure all standards are met before they go out into the world as independent practitioners.

While the attention to training is significant, it sharpens staff, provides tremendous energy and allows USU CAPS to employ four interns at less than half the cost of full time staff. Interns also engage in outreach projects across campus, from Athletics to Access and Diversity, from Housing to the International Student Office and from the Disability Resource Center to the Veteran's Center.

Critical to CAPS operation are two staff assistants, one who serves as the office manager. In addition to greeting and scheduling students, they balance the demands of constant phone calls, inquires and students in need. They are trained to identify students in crisis who need immediate attention and those who need priority consults. They also manage the electronic data system, correspond with other offices on campus and agencies/institutions around the country and manage data storage. They are crucial in helping communicate CAPS programming through effective electronic marketing, maintaining the Webpage and updating announcements. They also help facilitate requests with the Business Service Center to maintain the operating budget, secure office supplies and track leave. They juggle office space, and assist staff in promoting a smooth, efficient and effective training program.

Budget

Underfunded for much of the past two decades, under present Student Affairs leadership, significant gains have been made to raise the base salary for a licensed psychologist from \$40,000 annually to \$60,000. While this is still well below national averages, it is within the low average range.

Likewise, with ever increasing demands for improvements in and the cost of technology, the former budget of \$30,000 was insufficient for eight staff, sixteen to twenty trainees, two office personnel and undergraduate volunteers.

Meaningful gains in the budget have allowed for outdated computers to be replaced, professional development to be pursued to insure ongoing licensure, and additional server costs to host secure electronic record keeping. Additional funding is now being pursued via three funding mechanisms: the state legislature, the president's office and USUSA in the form of tier II tuition requests.

In 2015 CAPS altered the eligibility criteria for service because so many USU students are now enrolled in on-line as well as face to face courses. In past years, students had to be enrolled in 6 main campus credits (on-line courses did not count) but now they are required to be enrolled in 9 credits (on-line courses do count) to receive service. During the fall 2015 semester students seeking services at CAPS has registered for 7044 face to face credits and 793 online credits. Students paying for face to face courses are paying student services fees that assist in the funding of CAPS and other student service departments. On-line students are not paying fees that assist in funding of CAPS.

Facilities & Technology

Housed on the third floor of the TSC, CAPS has expanded to include two group rooms and a testing center for psychological assessment. Space is limited (13 offices) for eight staff, four interns, four to six doctoral students and ten to twelve undergraduate volunteers. Storage space is also an issue. Office juggling is required, testing the talent of the office managers who have to stagger appointments when part time staff are gone to fulfill other assignments. In addition, both group rooms are in use from morning until early evenings most days of the week.

A comfortable waiting room provides some privacy and space for student data entry. Our receptionists are kept busy from 8 AM to 5 PM, especially when students transition on the half hour, even though our office assistant is working only 75% time.

In the past, computers were replaced every five years, but more recent efforts have allowed computers to be replaced every three years as CAPS inherits cast offs (but upgrades) from other offices on campus. In addition to individual PC's in each office, there are three computers for data entry in the waiting room and a computer for testing in the testing room. There are two work stations for graduate students to complete notes in a small work space.

There is only one printer for all offices and it is very old and black and white. A proposal is being forwarded for a newer, laser printer with color function. The copy machine is also old but functions well. One staff member and the office assistant address technology needs including maintenance of the CAPS Website and interface with the division.

Recently, iPad Minis were acquired to allow for data entry in each office to track emotional function at the start of each session and satisfaction at the end of each session. Data is now being collected on therapist effectiveness and CAPS effectiveness.

Ethical Considerations

Three primary ethical concerns surface from year to year. First, confidentiality is problematic as parents, faculty and staff want to discuss students of concern. By law, no information can be shared without the student's written consent. Typically, students are willing to give consent when information needs to be shared.

Efforts are in place to encourage students of concern to sign releases when they come to the attention of BIT members. Further CAPS Clinical Director is a member of the team and can provide general information without violating confidence.

A second issue relates to dual relations. Often CAPS staff teach for Psychology, Social Work or Connections and students who are in class cannot be seen for therapy by their instructor. Such cases are discussed in staff meeting and assigned to a staff member who has no classroom relationship with the student, eliminating the conflict of interest.

Likewise, trainees requesting therapy services as students are not allowed to be seen in therapy

by someone who has or might provide supervision. Less common, but still a concern is duty to warn. Students are notified before they are assigned a therapist of the duty to warn when someone is a risk to self or others or in the case when they disclose minors at risk of abuse.

According to the annual survey of University and College Counseling Center Directors, the severity of psychological distress in college students coming to counseling centers across the nation has increased significantly over the last 10 years. In 2016, Dr. Jessica Lucero, USU professor, and master’s social work students, surveyed 381 USU Regional Campus (RC) students. The survey included a measure to assess symptoms of psychological distress (CCAPS). Below is a chart showing the results for RC students that took the survey; USU CAPS clients during the 2015-2016 year; and the national averages for college students that received UCC services during that time in over 280 university and college counseling centers across the nation.

Table 4: Distress Levels of Students

Subscales	Nationwide	CAPS Clients	RC Students
Depression	1.53	1.99	2.29
Generalized Anxiety	1.81	2.16	2.65
Social Anxiety	1.77	2.37	2.67
Eating Concerns	0.99	1.14	2.50
Hostility	0.92	0.90	1.85
Substance/Alcohol Use	0.67	0.29	1.32
Academic Distress	1.88	2.09	2.46

Note: Subscale scores range from 0 to 4, higher numbers indicating higher distress

Retention & Completion

National data is clear, students who seek psychological services on campus are more likely to graduate, especially when they are dealing with major depression or severe anxiety. Currently, data is being collected to estimate the number of students at USU CAPS who stay in school, graduate or drop out.

One of the satisfaction survey items specially asks students the impact of CAPS services on academic success and the majority (over 80%) strongly agree with the assumption Counseling helped them not only stay in school but manage their coursework.

Assessment & Evaluation

Assessment is a critical component of CAPS from the moment a student walks in the door. They complete an initial measure (CCAPS) containing 54 questions about psychological well-being including scores of depression, anxiety, social anxiety, family problems, eating concerns, hostility, suicidal thoughts, academic distress and alcohol abuse. This measure is repeated each session as well as a four item-survey in the therapist’s office.

Four basic questions related to personal well-being, close relationships, school and work relationships and overall well-being are posed and the client moves a cursor right (if doing well)

or left (if struggling). This subjective measure is very effective in tracking progress week to week.

At the end of the session four questions probe the therapeutic relationship (effective listening), the goals of the session, the approach of the session and the overall rating of the session. While scores tend to be inflated, they are still very helpful in measuring the connection between student and counselor.

In addition to clinical efficacy from week to week, once a semester, students are asked to complete a 15 minute client satisfaction survey to monitor how helpful CAPS services seem, how understood the student feels, and if they would recommend CAPS services. A subjective report of mood improvement, relationship improvement, problem solving, effective communication and decision making is obtained. A summary of 2015-2016 client satisfaction survey results are included in Appendix D.

In addition to brief assessment, comprehensive batteries are completed for students who suspect learning disabilities, attention deficit or traumatic brain injury. These evaluations take up to four hours to complete and are performed by three staff members and four interns (under careful supervision).

A typical battery consists of a measure of general cognitive ability and executive function, including working memory, processing speed, verbal comprehension and perceptual reasoning. Academic achievement is also included to determine reading levels, quantitative literacy, writing skills and overall academic performance. Applications and fluency are documented as well as basic skills. Five to ten page reports are generated for the students who pay for the evaluation (\$200 which is a fraction of what they would pay in the community) and for the DRC.

Conclusion

As the severity of mental health concerns escalate around the county and as young adult stress increases, the provision of counseling service will remain a critical part of Student Affairs. Working closely with the VP's office, the DRC, Student Success, Access and Diversity and a host of others, USU faculty and staff will better address young adult development.

While additional resources may help, more importantly, USU CAPS is working to develop a more efficient and effective model to facilitate maturation and resilience. Insuring emotional well-being and healthy relations increases the odds of student success.

Sources

Center for Collegiate Mental Health (CCMH) Annual Report (2015). Retrieved June 20, 2016 from CCMH: <http://ccmh.psu.edu/>

International Association of Counseling Services (IACS) Accreditation Standards. Retrieved June 20, 2016 from IACS: <http://www.iacsinc.org/>

National Survey of College Counseling (2014). Retrieved June 20, 2016 from American College Counseling Association (ACCA): <http://www.collegecounseling.org/surveys>

Appendices

Appendix A

CAPS Staff, Organizational Chart, Position Responsibilities Chart

Appendix B

Financial Report

Appendix C

Summary of Services Provided 2015-2016

Appendix D

Summary of Client Satisfaction Surveys 2015-2016

Appendix A
USU Counseling and Psychological Services (CAPS) Staff
 2016 - 2017

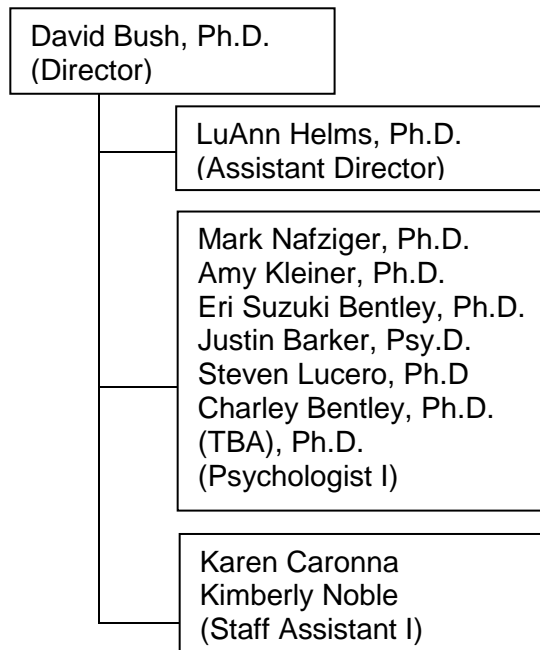
Professional Staff

David W. Bush, Ph.D.	Director, Research Coordinator, Staff Psychologist
LuAnn S. Helms, Ph.D.	Assistant Director, Director of Training, Staff Psychologist
Mark Nafziger, Ph.D	Clinical Director Staff Psychologist
Amy Kleiner, Ph.D.	Practicum/GA Coordinator, Diversity Coordinator, Staff Psychologist
Eri Suzuki Bentley, Ph.D.	Internship Training Director, Group Coordinator, Staff Psychologist
Justin Barker, Psy.D.	Assessment Coordinator, Regional Campus Coordinator, Staff Psychologist
Steven Lucero, Ph.D.	Technology Coordinator, Veterinary Medicine Coordinator, Staff Psychologist
Charley Bentley, Ph.D.	Assistant Clinical Director Staff Psychologist
(TBA), Ph.D.	Outreach Coordinator, REACH Peer Coordinator, Staff Psychologist

Support Staff

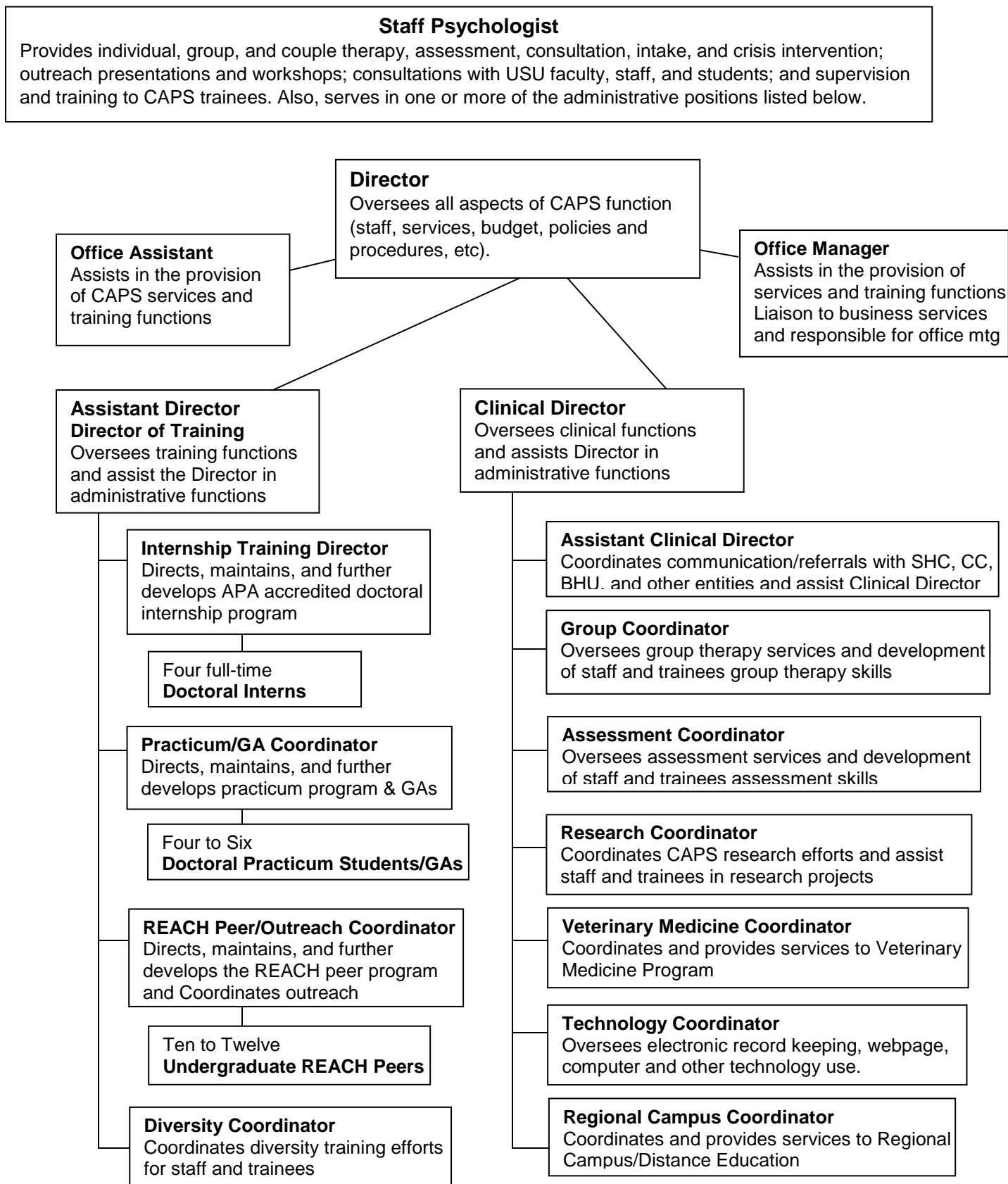
Karen Caronna	Office Manager
Kimberly Noble	Staff Assistant

CAPS Organizational Chart based on USU HR position titles



Please also see **CAPS Position Responsibilities Chart** on follow page

CAPS Position Responsibilities Chart



Appendix B
Financial Report

Appendix C
Clinical Services Summary Worksheet
2015-2016

Total number of individuals who sought services: **1214**

Gender:

Percentage of females:	60%	(722)	Percentage of Transgender	<1%	(4)
Percentage of males:	40%	(480)	Percentage of Self-identify/other	<1%	(8)

Student Status

Percentage of Freshman:	26%	(309)
Percentage of Sophomores:	24%	(289)
Percentage of Juniors:	25%	(298)
Percentage of Seniors:	18%	(216)
Percentage of Graduates:	7%	(83)
Percentage of N/A-Others:	1%	(16)
Percentage of Non-Student:	<1%	(1)
Percentage of Non-Degree Student:	<1%	(2)

Ethnicity

Percentage of Caucasians:	86%	(1040)
Percentage of African American / Black:	1%	(13)
Percentage of Hispanic /Latino/a:	5%	(58)
Percentage of Asian American / Asian:	3%	(30)
Percentage of American Indian or Alaskan Native:	<1%	(8)
Percentage of Multi-racial:	4%	53)
Percentage of Native Hawaiian / Pacific Islander:	<1%	(2)
Percentage of Other:	<1%	(10)

Marital Status

Single	60%	(733)	Separated	1%	(14)
Married	14%	(174)	Divorced	1%	(17)
Civil Union / Domestic Partner	<1%	(1)	Widowed	<1%	(1)
Serious dating/Committed Relationship	23%	(274)			

Housing

On-campus residence hall/apartment	30%	(368)	Other (please specify)	<1%	(5)
Off-campus apartment/house	62%	(750)	No Response	<1%	(1)
On/off campus fraternity/sorority house	1%	(11)			

1214 Reported:

Living Alone	7%	(84)	Living with spouse/significant other	20%	(237)
Living with Roommates	68%	(822)	Living with Parent(s)/Guardian(s)	5%	(66)
Living with Children	5%	(64)	Living with Other Family	5%	(64)
Living with Other	<1%	(9)	No Response/Other	1%	(15)

Counseling Services: Based on 1203 clients that followed through with appointments

Crisis Consultation:			
Individual:	9%	(113)	135 Appointments
Couple:	<1%	(4)	4 Appointments
Priority Consults:	19%	(232)	237 Appointments
Initial Consultation:			
Individual:	55%	(659)	672 Appointments
Couple:	2%	(22)	24 Appointments
Follow-up Consultation:			
Individual:	18%	(215)	355 Appointments
Couples:	<1%	(4)	4 Appointments
Intakes:			
Individual:	45%	(538)	549 Appointments
Couples:	1%	(12)	12 Appointments
Individual therapy:	47%	(562)	3186 Appointments
Couples/Family therapy:	1%	(12)	65 Appointments
Assessments:	10%	(118)	242 Appointments

Off Site:

Initial Consult/Individual	<1%	(5)	5 Appointments
F/U Consults	<1%	(4)	7 Appointments
Intakes	<1%	(4)	4 Appointments
Individual	<1%	(10)	38 Appointments
Assessment	<1%	(7)	11 Appointments
Assessment Distance	<1%	(1)	1 Appointment

Groups: 198 Clients attended – 119 Group Screens

IP=Understanding Self and Others	8%	(101)	153 Sessions	935 Appointments
Skills Training Groups	4%	(50)	50 Sessions	249 Appointments
Stress and Anxiety Management	1%	(17)	18 Sessions	54 Appointments
Mindfulness Based Stress Reduction	1%	(12)	12 Sessions	30 Appointments
Men's Issues Groups	1%	(7)	13 Sessions	56 Appointments
Women's Issues Groups	1%	(11)	26 Sessions	148 Appointments

GLBTA Brown Bag/Support Group – 28 sessions, 41 Attendees

REACH Peer Appointments: 9% (102) 293 Appointments

No Shows: 561 (42%) Clients “No Showed” 1131 Appointments

Averages: Average Number of Appointments per Client overall – 6.22

Average Number of Appointments for ongoing Individual clients – 21+ Appt.-5.5% (66 Clients)

Waiting lists:

Wait list for therapist began - September 30th, 2015. There were 257 waitlist entries.

Average number of days on waitlist -12 days

Presenting Problems: (605)

55% Relationship difficulties (330)	6% Eating Disorder (36)
40% Depression and Grief (241)	4% Self-Injury or Self Harm (22)
41% Adjustment & Diversity Issues (249)	4% Substance Abuse (25)
49% Self-Esteem Issues (296)	4% Physical/Sexual Abuse as an Adult (24)
54% Anxiety (329)	10% Abuse as a Child (60)
35% Academic Concerns (214)	2% Unusual Behavior (10)
9% Career Uncertainty (52)	0.2% Sexual Dysfunction (1)
8% Existential Concerns (49)	3% Impulse-Control & Other Addictions (18)

Improvements Rates: (605)

Marked Improvement: 22% (134)	Unimproved: 10% (57)
Moderate Improvement: 26% (154)	Worse: 1% (5)
Slight Improvement: 23% (138)	Unknown: 19% (117)

Clients Reporting Medication for Mental Health Concerns:

23% - (283) of 1214 respondents are currently taking medications for Mental Health concerns

Outreach:

Debriefing	11 appointments	18 hours	57 attendees
Display Table	29 appointments	55 hours	764 attendees
Informational Consultations	168 appointments	228 hours	1132 attendees
Meetings	283 appointments	343 hours	1465 attendees
Panel Discussion	1 appointment	5 hours	50 attendees
Presentations	95 appointments	142 hours	3060 attendees
Representative	79 appointments	114 hours	1023 attendees
Screening Days	10 appointments	19 hours	454 attendees
Workshops	45 appointments	60 hours	546 attendees

983 Total 8551 Total**Supervision provided:**

Provided by: 8 Licensed Psychologists; 4 Interns
 Individual Supervision Given: 807 hours
 Group Supervision Given: 433 hours
 Provided for: 4 Interns; 4 Practicum; 12 REACH Peers.

Appendix D
Summary of CAPS Client Satisfaction Surveys
 2015-2016

CAPS clients usually complete the survey at their sixth individual therapy session. If a client terminates before the sixth session, they complete the survey at their last session or they are emailed a link to the survey. This is an abbreviated summary and does not include all questions.

N = 133

1. My initial contact with CAPS was helpful.			
Strongly Agree	58%	Disagree	4%
Agree	34%	Strongly Disagree	0%
Neutral	3%	NA/NR	1%
2. The amount of wait time before I received services was reasonable.			
Strongly Agree	55%	Disagree	5%
Agree	28%	Strongly Disagree	3%
Neutral	8%	NA/NR	1%
3. I felt understood and respected by my therapist.			
Strongly Agree	85%	Disagree	0%
Agree	11%	Strongly Disagree	0%
Neutral	2%	NA/NR	2%
4. My therapist and I agree on the problems I'm working on.			
Strongly Agree	72%	Disagree	1%
Agree	20%	Strongly Disagree	0%
Neutral	4%	NA/NR	3%
5. My therapist was helpful and understanding.			
Strongly Agree	82%	Disagree	0%
Agree	12%	Strongly Disagree	0%
Neutral	3%	NA/NR	3%
6. Overall, I am satisfied with my therapist.			
Strongly Agree	81%	Disagree	0%
Agree	12%	Strongly Disagree	0%
Neutral	4%	NA/NR	2%
7. Counseling homework assignments were relevant and helpful.			
Strongly Agree	34%	Disagree	1%
Agree	32%	Strongly Disagree	0%
Neutral	15%	NA/NR	18%
8. I would recommend CAPS to other students.			
Strongly Agree	80%	Disagree	0%
Agree	14%	Strongly Disagree	0%
Neutral	3%	NA/NR	3%
9. I am meeting my therapy goals.			
Strongly Agree	46%	Disagree	1%
Agree	39%	Strongly Disagree	0%
Neutral	12%	NA/NR	3%

10a. As a result of CAPS services, I am more capable of developing satisfying, healthy relationships.

Strongly Agree	22%	Disagree	1%
Agree	48%	Strongly Disagree	0%
Neutral	21%	NA/NR	8%

10b. As a result of CAPS services, I am better able to problem solve and cope.

Strongly Agree	29%	Disagree	1%
Agree	55%	Strongly Disagree	0%
Neutral	11%	NA/NR	5%

10c. As a result of CAPS services I am practicing healthier habits (diet, exercise, sleep).

Strongly Agree	16%	Disagree	5%
Agree	30%	Strongly Disagree	1%
Neutral	25%	NA/NR	23%

10d. As a result of CAPS services, I am experiencing greater academic success (reduced stress, improved performance).

Strongly Agree	20%	Disagree	1%
Agree	32%	Strongly Disagree	1%
Neutral	29%	NA/NR	16%

10e. As a result of CAPS services, I am more aware of emotions and how to appropriately express them.

Strongly Agree	36%	Disagree	0%
Agree	46%	Strongly Disagree	1%
Neutral	12%	NA/NR	6%

10f. As a result of CAPS services, I am more capable of effective communication.

Strongly Agree	22%	Disagree	0%
Agree	48%	Strongly Disagree	0%
Neutral	21%	NA/NR	8%

10g. As a result of CAPS services, I am better able to make decisions.

Strongly Agree	22%	Disagree	2%
Agree	38%	Strongly Disagree	0%
Neutral	20%	NA/NR	17%

10h. As a result of CAPS services, I am better able to describe clearly my life goals.

Strongly Agree	22%	Disagree	2%
Agree	35%	Strongly Disagree	1%
Neutral	20%	NA/NR	18%

10i. As a result of CAPS services, I am more likely to graduate from USU.

Strongly Agree	24%	Disagree	0%
Agree	26%	Strongly Disagree	1%
Neutral	29%	NA/NR	24%

NA/NR = Not applicable or no response

Please add comments or recommendations to help us improve:

I really enjoyed my sessions here, keep up the good work.

I really like the reminder emails.

You guys are great! Thank you so much!

More therapists! I know, you're trying. But a friend of mine really needs help and she's been on the waitlist for about a month now.

No major improvement necessary, this program has been extremely helpful for me and my struggles. Excellent job!

Decrease waiting period to receive help

I do not have recommendations for improvement at this time. As a comment, I would just like to express my gratitude for the availability of this service.

CAPS is a great asset to students in need because it helps to have someone to talk through issues and problems with. Even students who may not have major life problems can benefit from talking to a counselor, simply to keep their life in order.

I think everything is going good.

Eri is seriously the best! Helped me develop coping strategies that I could apply to situations with my past struggles that I didn't even need to share! She is really sweet, respectful, and understanding. And I am so glad she was the one for me!

I have loved working with LuAnn, and am so glad I came into CAPS! I have really benefited from therapy with LuAnn.

Steve has been great

Kayla is an amazing therapist. I have had a lot of therapists who didn't seem to understand, care, or think my problems were worth solving. She always listens to what I say and helps me work through things without feeling bad about myself.

Thank you. Only suggestion would be to advertise services to students more. I wasn't on campus during student orientation, so I don't know if you do this already, but if not, that would be a good place to make sure students know they are welcome to use CAPS to help work through issues affecting their academic success and happiness. You are a wonderful aspect of USU and students should know this is available to them.

I have enjoyed beginning to learn about mindfulness through working with Kayla and the Reach Peer program. I also have begun to think about distinguishing feelings, thoughts, and emotions. I think the combination of these two programs, along with holding sessions at a more frequent rate have allowed me to notice some improvement already.

Of all the external sources I was offered, the wheel listing different feelings was the most helpful. I am now able to be more specific when describing how I feel. And now that I can describe my feelings better, I am also able to communicate what annoys me. And therefore do my best to prevent those things from occurring.