

**IUPUI
Counseling and Psychological Services
(CAPS)**

Annual Report

2011-12

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IUPUI Counseling and Psychological Services (CAPS)

VISION

CAPS is valued and recognized by the campus community for promoting psychological health, well-being, and success for all students.

MISSION

CAPS provides direct professional psychological services, including crisis response, counseling, assessment, and referral, that are accessible to, and provide for, the general well-being of all IUPUI students. Services also include consultation to the campus community and training experiences for graduate student counselors.

VALUES

In providing a student-centered service, CAPS VALUES:

Professional and Ethical Practice

- Adherence to standards of Confidentiality
- Genuine and Competent service providers

Accessibility & Inclusiveness

- Sensitivity and Accommodation to individual differences, including but not limited to race, age, gender, ethnicity, sexual orientation, religion, socioeconomic status, and physical abilities

Adherence to Best Practices

- Recruitment and Retention of Qualified service providers
- Accountability to professional standards
- Continuing professional development

Cooperative Partnerships

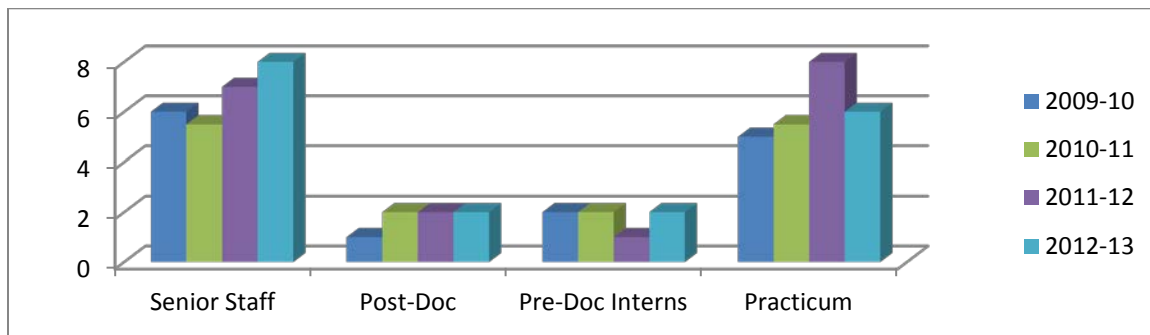
- Consultation and program development with educational partners

Staffing levels

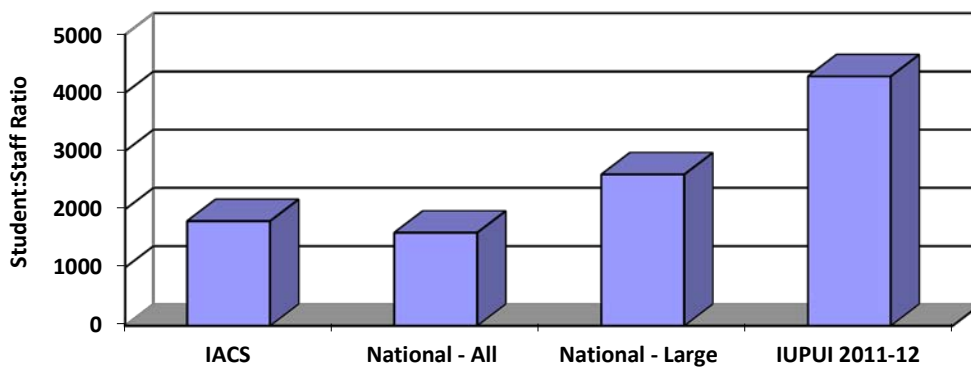
CAPS began the fall 2011 semester with 7 full-time clinical staff members. In addition to full-time staff, counselors included two post-doctoral fellows, two unpaid pre-doctoral interns, and eight practicum students. Staffing changes over the course of the year included:

1. Hiring of Jason Katte as staff counselor with a start date of July 12, 2011.
2. FMLA leave for one intern early 2012.
3. Resignation of one intern in March due to various concerns.
4. FMLA leave for one staff member in February 2012 – to return at 0.6 FTE.

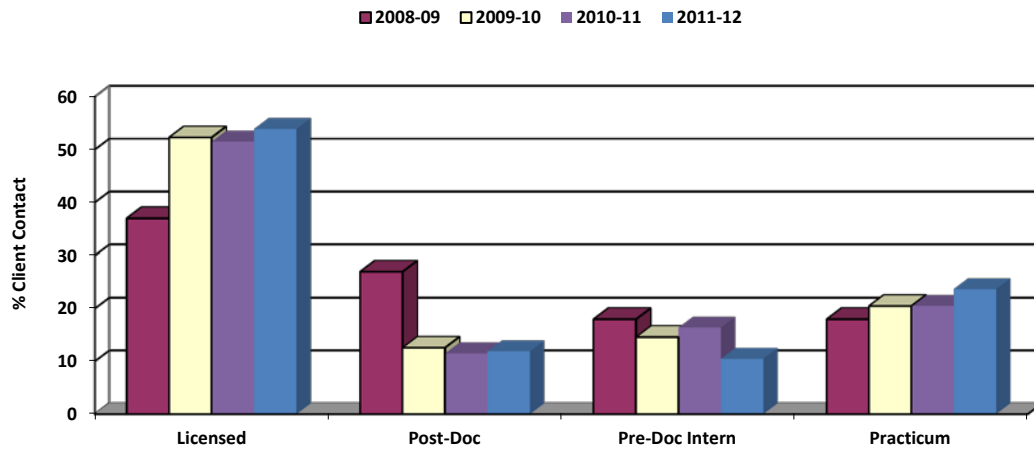
Projections for 2012-13 include 8 clinical FTE, two post-doctoral fellows, two pre-doctoral interns, and 6 practicum students; these anticipated staffing levels are illustrated below.



Despite the current and anticipated gains in staffing, IUPUI CAPS remains significantly understaffed when compared to professional guidelines (IACS), and 2010 national data for “all” and “large” (>15,000) institutions. The Student: Staff ratios for these comparisons are illustrated below. Currently, the goal for full-time licensed professional staff at IUPUI CAPS is 12-15, which would bring the Student: Staff ratio to 2000-2500 to 1. IACS guidelines recommend staffing levels of 1800:1. With 8 clinical FTE in the upcoming year, CAPS would be at a Student:Staff ratio of 3700:1.



Due to understaffing, CAPS continues to rely heavily on trainees to provide clinical services. The absolute hours of clinical contact provided by senior staff increased this year due to addition of a new staff member. However, the percentage of services provided by services provided by full-time senior staff remained relatively the same as the prior year, just over 50%. As in the past few years, ~35% of service was provided by graduate students in training. This data reflects stabilization in our goal to maintain service provision by senior staff and post-doctoral fellows at >50% of total.



Budget

Budgetary information is presented for the fiscal year July 1, 2011 – June 30, 2012. CAPS was historically funded only through base funds from the State budget allocation, with minimal income through fees for services. During that time, >91% of funds were used for compensation of staff; therefore, operational, outreach, and professional development funds were minimal. In 2007-08, CAPS became one of several units receiving additional funds through a General Services Fee assessed to students.

In 2008-09, the CAPS allocation from the General Services Fee nearly doubled. In addition, Chancellor Bantz ordered an increase to CAPS funding following a campus review based on the standards developed following the Virginia Tech shootings. Those funding levels have been maintained, with the funds initially allocated by the Chancellor being transitioned into General Service Fee resources.

In 2010-11, cash reserves were used to fund a second post-doctoral fellow and additional funds were allocated from the General Services fee for one full-time staff member (sixth staff member, partial year). Funding for 2011-12 included full-year funding for the sixth staff member, full funding for a seventh staff member and permanent funding for a second post-doctoral fellow.

A budget summary for the past three years follows:

ALLOCATIONS/INCOME	2009-10	2010-11	2011-12
Base Funds	\$282,395	\$272,691	\$272,691
General Service Fee	\$310,000	\$310,000	\$466,000
Additional GFF Award	\$13,000	\$ 24,840	\$40,000
Revenue - budgeted	\$ 28,000	\$ 28,000	\$ 28,000
Total Funds	\$633,395	\$635,531	\$806,691

2011-12 Budgeted EXPENSES	Base + Rev	GSF	Total
Compensation	254,703	424,300	679,003
Operations	39,238	4,400	43,638
Outreach		2,800	2,800
Travel/Prof Dev	6,750	12,000	18,750
Psychiatry		62,500	62,500

As can be seen, additional funds have been primarily allocated to salaries and benefits for new staff (~92% of 2011-12 budget). Operating expenses have also been increased to support the daily work, supplies, licensure, and continuing education of all staff.

CAPS has maintained a contract with Dr. DeLynn Williams to provide psychiatric services. The current budget allows for 8 hours of service per week, 50 weeks per year. Additional service by Dr. Williams is

provided as the income from her services is available. As the need for psychiatric services continues to increase, budgetary issues must be addressed.

CAPS currently provides basic short-term (6-sessions) individual counseling at no charge, although an initial fee of \$15 is assessed to establish services. Individual counseling beyond 6 sessions is provided at a fee of \$10/session, and fee reductions are provided based on financial need. Fees are charged for testing, relationship counseling, and medication management services. Revenue categories (Paid) for the past three years are illustrated below:

	2009-10	2010-11	2011-12
Activation/Reactivation Fee	\$ 8,240	\$ 8,906	\$ 8,637
Individual Counseling	\$21,613	\$19,881	\$29,543
Relationship Counseling	\$ 1,505	\$ 2,105	\$ 1,809
Group Counseling	\$ 45	0	0
Testing	\$12,960	\$ 11,047	\$12,378
Undetermined		\$ 4,585	---
Psychiatry	\$22,359	\$22,116	\$27,746
Total	\$66,722	\$68,640	\$80,113

A total of 30 fee reductions for Individual Counseling were granted in 2011-12, based on the client income. Of those, 57% qualified for the lowest fee (\$2). The number of fee reductions decreased from an all-time high in 2010-11 of 43. This practice is consistent with the value of providing accessible and inclusive services to students.

With regard to Revenue, CAPS' budget included \$28,000 of income for services in order to meet the funding for all base budget categories. As shown below, revenue has exceeded the budgeted amount each of the past few years, such that unallocated cash reserves may be used in future budget cycles for one-time expenditures.

	2009-10	2010-11	2011-12
Revenue through service fees	\$ 66,722	\$68,640	\$79,956
Revenue to meet budget	\$ 28,000	\$28,000	\$28,000
Overage	\$ 17,216	\$ 7,320	---
Cash Carryover	\$21,506	\$33,320	\$51,956

It should be noted that there was an overage in expenditures that is not reflected in the above table. The bulk of the "overage" was for additional psychiatric services. The initial budget of \$62,500 was to cover 8 hours per week, 50 weeks per year, of psychiatric care. Due to the demand for these services, hours were extended beyond 8 per day and approximately 9 additional days of psychiatric services were added. Psychiatric service costs totaled \$78,784 for the fiscal year. This additional expenditure of \$16,284 was met within the current budget due to decreased expenditures in other areas.

Accumulated funds will be used to partially fund an additional post-doctoral fellow and/or part-time clinical staff, as well as special projects, in 2012-13 and beyond.

CAPS has historically not pursued collections beyond provision of balance due statements. As a result, some fees remain uncollected, and that amount increased significantly in 2009-10. In 2010-11, CAPS initiated an option for individuals to bill fees to their Student Accounts. A total of \$6,381 was collected through this method and the sum of unpaid fees was significantly reduced. During 2011-12, a total of \$14,209 was collected through Student Accounts.

During 2010-11, CAPS' staff identified a source of lost revenue: unattended psychiatric appointments. Historically, CAPS has not charged for No Show appointments of any kind. However, as with most similar arrangements, the current psychiatric service contract provides payment to Dr. Williams for hours on site. Therefore, missed appointments not cancelled well in advance represent a cost with no partial cost-recovery. For 2010-11, the lost revenue totaled nearly \$5,000, which was more than 20% of the amount collected for psychiatric services.

As a result, in the fall of 2011, CAPS implemented a charge for missed psychiatric appointments not cancelled at least 24-hours in advance. Each student was allowed one missed appointment at no charge, but was contacted and reminded that they would be billed for any future No-Show appointments with Dr. Williams. This policy appears to have been successful, as the No-Show rate dropped from 14% in 2010-11 to 9.7% in 2011-12. However, the lost revenue remains a concern. It is anticipated that collections for missed medication management sessions will increase in future years, as the one session exemption has already been utilized by some students.

2011-12	No Show Sessions	Lost Revenue
Psychiatric Intake	13	\$ 715
Medication Management	92	\$3,680

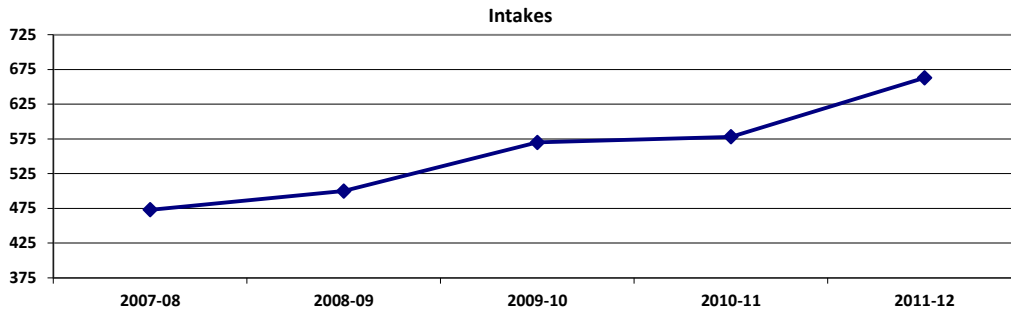
While the CAPS budget has increased significantly over the past few years, the projected budget for a fully operational IUPUI CAPS is ~\$1,509,400 (See: IUPUI Student Health, "A Vision for the 21st Century", Spring 2008).

Service Provision

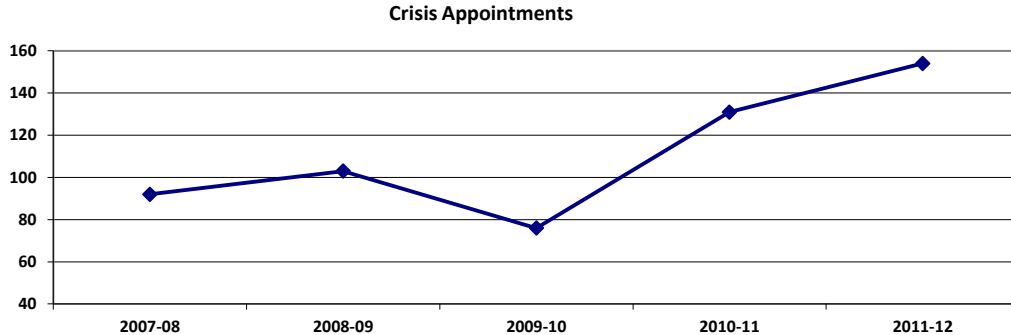
Service provision information is presented as Summer, Fall, and Spring semesters.

Clinical Appointments

intakes: The requests for CAPS’ services continue to increase in all clinical areas. The number of clients seeking counseling services and seen for intake increased ~15% this year for a total of 663 students initiating counseling. As can be seen in the graph below, the new requests for counseling services continues to increase at a rate of ~8% per year.



Crisis Sessions: The number of individuals presenting for “crisis” appointments, those in need of immediate or same day services, increased ~15% compared to the prior year. The numbers below reflect specifically crisis intervention sessions, and do not include the 71 clinical screenings provided to individuals endorsing thoughts of harm to self or others, but not requesting immediate appointments.



Wait List: Over the past few years, CAPS has been required to use a wait list following initial assessment so that those most in need of services were seen in a timely manner. Record numbers were placed on the wait list in 2010-2011. A reduction in wait list assignments was realized in 2011-12 with the addition of a new clinical staff member and additional practicum students:

	Wait List			
	Summer	Fall	Spring	Total
2008-09	0	4	62	66
2009-10	7	87	62	156
2010-11	42	55	116	213
2011-12	53	59	80	165

Of the 165 individuals placed on the wait list in 2011-12, 73 were eventually assigned to a counselor during the year, leaving 121 (~73%) unable to be offered services during the semester sought; this is a similar number to the 126 students not assigned during the prior year. The per-semester numbers are listed below:

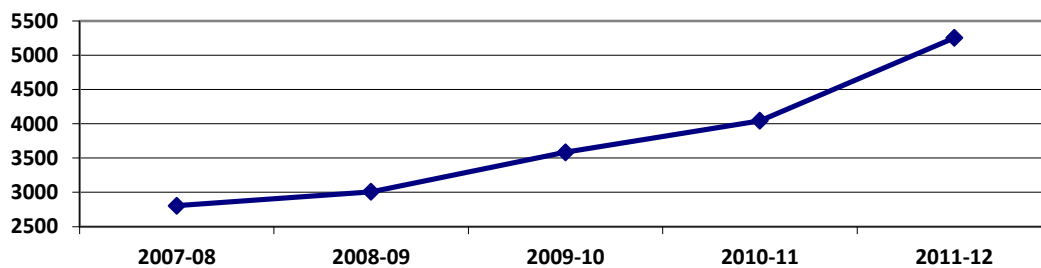
	Summer 2011	Fall 2011	Spring 2012
Start Date	5/11/11	11/3/11	1/11/12
Placed on Wait List	53	59	80
Assigned During Semester	34	19	20
Not Assigned	21	40	60

Given the high number of students remaining on the wait list at the end of the spring semester, CAPS asked for individuals to indicate if they remained interested in services over the summer months. Of those 56 individuals and 4 couples, 16 individual and 2 couples remained interested in services and were assigned to counselors early in the summer months. In addition, CAPS offered a refund of the initial fee to those that were no longer interested and this option was taken by a few students (<5). Alternatively, individuals that paid the initial fee but were not seen beyond intake will not be required to pay a reactivation fee if they return within the next year.

While CAPS uses a triage protocol in an attempt to prevent clients at risk of harm or with significant functional impairment from being placed on the wait list, the fact that a significant number of clients were never seen for services makes for a high level of unaddressed need.

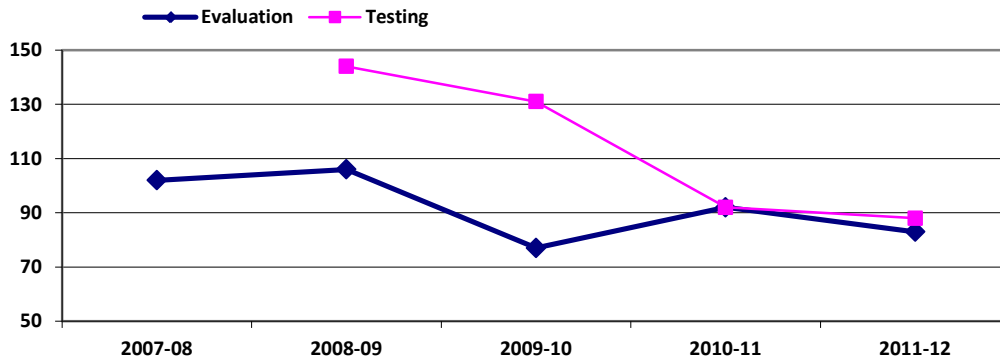
Counseling: The increased demands for services, along with the increased number of service providers, resulted in nearly a 30% increase in counseling services provided during this past year.

Counseling Sessions



Our client assignment process allows for individuals with more severe presentations and impairments to be given priority in beginning counseling, while those functioning relatively well are placed on the wait list. As a result, *the average number of counseling sessions attended increased from 7.26 in 2010-11 to 8.44 in 2011-12* and the percentage of students persisting more than 3 sessions increased from 56.3% to 63.5%. These are continued trends, as the average number of session in 2008-09 was 5.9 and the percentage of clients persisting more than 3 sessions was 51%. This stands to reason, as the clients seen for counseling were those with the most significant symptoms at intake.

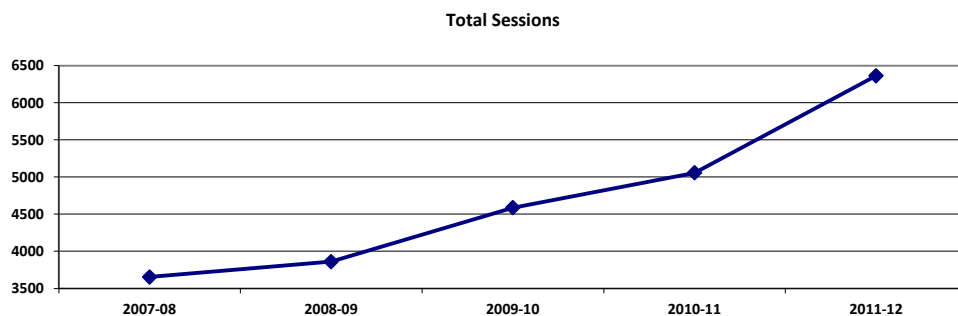
Evaluation and Testing: The demand for psycho-educational evaluations seems to be stabilizing at ~80 per year. However, ~60% of those individuals completed testing and the total number of testing sessions remained consistent with the prior year. In many cases, students presented for evaluations were determined to have other coexisting issues that might obscure testing results (e.g., depression, anxiety) and were referred for counseling services. Others did not have a history consistent with ADHD or LD, and testing was not recommended. Finally, a few students declined testing due to financial or personal reasons. While the evaluation and testing process is time intensive, the academic accommodations available based on formal diagnosis of a learning problem undoubtedly contributes to student success.



Group Counseling: In the spring of 2011, two staff members were tasked with developing a strategic plan for the implementation of a group counseling program for IUPUI CAPS. Groups are the preferred mode of treatment for certain areas of concern, often provide powerful interpersonal experiences that are not possible in the individual counseling setting, and allow for increase efficiency of service delivery.

Groups were successfully implemented during the 2011-12 academic year, and included: interpersonal process, mind-body stress reduction, a drop in skills group. There was successful beginning, with 266 group contacts, consisting of 36 individuals and accounting for ~4% of clinical contacts. Additional topical groups have been developed for implementation in the summer and fall and expansion of group offerings is a primary goal for the next year.

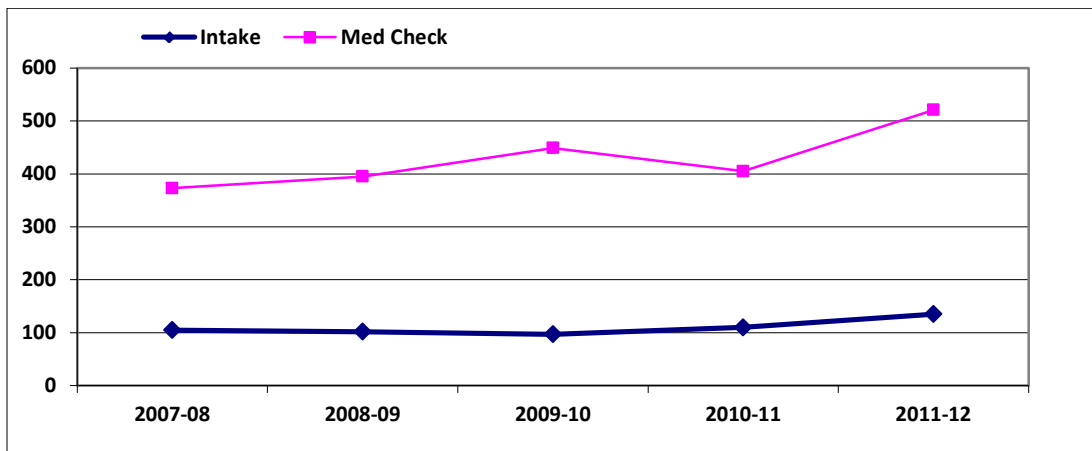
Total Psychological Services: In total, the number of clinical sessions provided by CAPS in 2011-2012 increased by more than 25% compared to the prior year. (Note: This includes Consultation sessions with students as in the prior year). For 2006 through 2009, the number of clinical sessions provided had reached a plateau as counselors were working at maximum capacity. The more recent increases in service provision can be attributed to continued increase in demand for services and the additional staff available to address these needs.



Client attendance to sessions is relatively consistent at IUPUI CAPS, with the No Show rate ranging between 8-10% of scheduled sessions and the Cancellation/Reschedule rate ranging between 15-20%. The No Show rates are comparable to other centers, while the Cancellation/Reschedule rates are slightly higher at IUPUI. Data for the prior two years can be found in the table below, demonstrating a slight increase in percentage of scheduled appointments attended over the prior year due to fewer rescheduled sessions by counselors:

Appointment Status	2010-11	2011-12
Client No Show	8.8%	9.2%
Client Cancel	6.6%	6.7%
Client Reschedule	10.9%	10.3%
Counselor Cancel or Reschedule	5.0%	3.2%
Attendance	68.6%	70.2%

Medication Management: The contract with Dr. DeLynn Williams to provide psychiatric services was extended through the past year and the total number of individuals obtaining medication management services through CAPS increase from 180 the prior year to 212 (18%). There were significant increases in the number of psychiatric intakes (+22%) and medication management (+29%) appointments, compared to 2010-11.



While the current fees of \$55 per Intake and \$40 per Med Check do not fully recover the costs of the contract, these rates are considered to be near the top of the range that our students can bear.

Due to an increasing No-Show rate for psychiatric appointments, in the fall of 2011, CAPS implemented a charge for missed psychiatric appointments not cancelled at least 24-hours in advance. Each student was allowed one missed appointment at no charge, but was contacted and reminded that they would be billed for any future No-Show appointments with Dr. Williams. This policy appears to have been successful, as the No-Show rate dropped from 14% in 2010-11 to 9.7% in 2011-12.

Service Provision: Annual Change

		2010-11	2011-12	% Change
Summer	Individual Intake	77	98	27.3%
	Relationship Intake	10	20	100.0%
	Individual Counseling	813	939	15.5%
	Relationship Counseling	18	26	44.4%
	Evaluation	19	17	-10.5%
	Testing	27	18	-33.3%
	Feedback	12	16	33.3%
	Crisis	21	18	-14.3%
	Clinical Screening	7	4	-42.9%
	Individual Consultation	3	2	-33.3%
Fall	Individual Intake	242	270	11.6%
	Relationship Intake	14	22	57.1%
	Individual Counseling	1585	2093	32.0%
	Relationship Counseling	44	66	50.0%
	Evaluation	35	34	-2.9%
	Testing	34	37	8.8%
	Feedback	20	18	-10.0%
	Crisis	39	69	76.9%
	Clinical Screening	31	33	6.4%
	Individual Consultation	15	16	6.7%
Spring	Individual Intake	219	237	8.2%
	Relationship Intake	16	16	0.0%
	Individual Counseling	1550	2094	35.1%
	Relationship Counseling	33	34	3.0%
	Evaluation	38	32	-15.8%
	Testing	31	33	6.4%
	Feedback	18	19	5.6%
	Crisis	71	67	-5.6%
	Clinical Screening	32	34	6.2%
	Individual Consultation	12	15	25.0%
Year	Individual Intake	538	605	12.4%
	Relationship Intake	40	58	45.0%
	Individual Counseling	3948	5126	29.8%
	Relationship Counseling	95	126	32.6%
	Evaluation	92	83	-9.8%
	Testing	92	88	-4.4%
	Feedback	50	53	6.0%
	Crisis	131	154	17.6%
	Clinical Screening	70	71	1.4%
	Individual Consultation	40	40	0.0%
	Total	5056	6364	25.9%
By Service				
	Intake	578	663	14.7%
	Counseling/Consultation	4083	5252	29.9%
	Testing/Assessment	184	171	-7.1%
	Crisis	201	225	11.9%
By Semester				
	Summer	1004	1156	15.1%
	Fall	2059	2658	29.1%
	Spring	2020	2581	27.8%

Students Served

As reflected by the increased demand and provision of services, the number of students served has increased steadily. In 2011-12, the number of individuals seen at CAPS increased by ~9% over the prior year, and this number has increased nearly 30% over the past 5 years (since 2007-08).

Service Type	Number of Students Receiving Services	
	2010-11	2011-12
Couples Counseling	42	62
Individual Counseling	726	796
Evaluation/Testing	93	83
Crisis	162	160
Total Clinical Served	835	907
Psychiatric Services	180	212
Total Served	876	960

Students receiving services at IUPUI CAPS have typically been more diverse (less White/Caucasian) than the campus at large. There was a slight shift this year, in that 73.1% of the students served at CAPS identified as White, compared to 72.2% of the campus population. It should be noted, however, that the only identified group substantially under-represented in the CAPS population was International students. This is significant in that non-white and non-Western European individuals are generally less likely to seek mental health services for a variety of cultural and social reasons. CAPS seeks to maintain and enhance services to traditionally underserved populations and will explore additional opportunities to do so over the next year. Males from all cultures tend to seek counseling services at a lower rate than females; this trend is reflected in the CAPS' data. The number of transgender individuals seeking CAPS' services continues to gradually increase.

	IUPUI	CAPS		IUPUI	CAPS	
	2010	2010-11		2011	2011-12	
	% Enrolled	#	% Served	% Enrolled	#	% Served
Hispanic/Latino	3.3%	41	4.7%	3.8%	37	3.9%
African American	9.6%	96	11.0%	9.9%	95	10%
American Indian/Alaskan	0.2%	2	0.2%	0.2%	1	0.1%
Asian American	4.0%	45	5.2%	3.9%	43	4.5%
Native Hawaiian/Pacific	0.1%	3	0.3%	0.1%	3	0.3%
International	4.7%	20	2.3%	5.0%	20	2.1%
Multi-Racial	1.4%	29	3.3%	2.1%	31	3.3%
White	72.8%	620	71.3%	72.2%	697	73.1%
Other	--	12	1.4%	--	26	2.7%
Unknown	3.9%	1	4.7%	2.8%	--	--
Total	28,915	869		28,815	953	

Female	56.5	559	64.3	56.0	619	64.9
Male	43.5	306	35.2	44.0	329	34.5
Transgender		4	0.5		6	0.6

CAPS provided students an opportunity to identify based on sexual orientation for the first time this past academic year.

Identity	Number	% New Clients
Heterosexual	557	82.2
Lesbian	17	2.5
Gay	18	2.7
Bisexual	32	4.7
Questioning	11	1.6
Prefer not to answer	32	4.7
No Response	11	1.6

Students seeking services at CAPS also tend to be older and further along in their educational pursuits than the average student. It is also of note that doctoral students consistently seek services from CAPS at a rate higher than their campus representation. The distribution across class status remained similar to the prior year. The slight decrease in number of Dental students and increase in the number of Law students observed this year may represent an impact of the change in physical location relative to those two schools; this will be monitored in the upcoming year. The average age of students served decreased slightly this year, from 26.4 years in 2010-11 to 25.8 years in 2011-12, yet 25-32 year olds remain the most prevalent age group served.

Student Status	2010-11		2011-12			
	% Enrolled	#	%	% Enrolled	#	%
Freshman	13.9%	99	11.3%	14.2%	110	12.2%
Sophomore	16.0%	144	16.4%	15.6%	149	16.5%
Junior	14.4%	168	19.2%	14.3%	188	20.8%
Senior	23.8%	196	22.3%	24.3%	206	22.8%
Masters	14.9%	108	12.3%	15.0%	132	14.6%
Doctoral	2.1%	36	4.1%	2.2%	33	3.7%
Dental	9.5%	20	2.3%	9.7%	17	1.9%
Medical		8	0.9%		13	1.4%
Law		38	4.3%		48	5.3%
Other		39	3.8%		41	4.5%
Non-Degree	5.4%	18	2.1%	4.7%	17	1.3%
Not Available		6	0.7%		3	0.3%

Age	IUPUI	CAPS 2010-11		CAPS 2011-12		
		#	% Served	IUPUI	#	% Served
Under 18	0.8%	0	0.0%	0.7%	0	
18-20	22.9%	165	18.9%	23.1%	174	18.2%
21-22	17.8%	146	16.7%	18.2%	174	18.2%
23-24	14.5%	130	14.9%	15.1%	166	17.3%
25-32	27.5%	293	33.5%	26.8%	324	33.9%
33-39	8.2%	68	7.8%	8.0%	57	6.0%
40-59	7.9%	58	6.6%	7.8%	54	5.6%
60+	0.3%	2	0.2%	0.3%	3	0.3%
NA		12	1.4%		5	0.5%

CAPS maintained an Alumni transitional treatment policy through the current year, serving a total of 25 individuals. Most students were seen for a few sessions (>6) following graduation, while a few have been seen for longer periods of time. A limitation of 12-months of treatment post-separation from the university will be considered as standard policy in the future, although case-by-case decisions will be made by the Director and treating counselor.

All academic schools at IUPUI are represented in the students engaging in CAPS' services.

School	Classification					
	Undergraduate		Graduate		Total	
	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12
Allied Health Sciences	8	11	5	10	13	21
Continuing Studies	10	10	0	1	10	11
Engineering & Technology	56	52	2	3	58	55
Herron School of Art	48	64	2	3	50	67
Kelley School of Business	42	48	6	5	48	53
Library and Information	1	1	4	5	5	6
PE and Tourism Management	17	23	0	0	17	25
School of Dentistry	3	5	18	17	21	22
School of Education	27	27	13	8	40	35
School of Informatics	26	18	5	5	31	23
School of Journalism	6	9	2	2	8	11
School of Law	2	1	41	49	43	50
School of Liberal Arts	91	98	21	24	112	127
School of Medicine	12	5	15	34	27	39
School of Nursing	35	33	8	6	43	39
School of Science	102	104	24	24	126	128
School of Social Work	19	14	23	26	42	40
SPEA	20	22	7	12	27	34
University College	56	87		0	56	87
Non-degree/Other					50	58
No Answer					8	44
Total	581	653	196	242	835	975

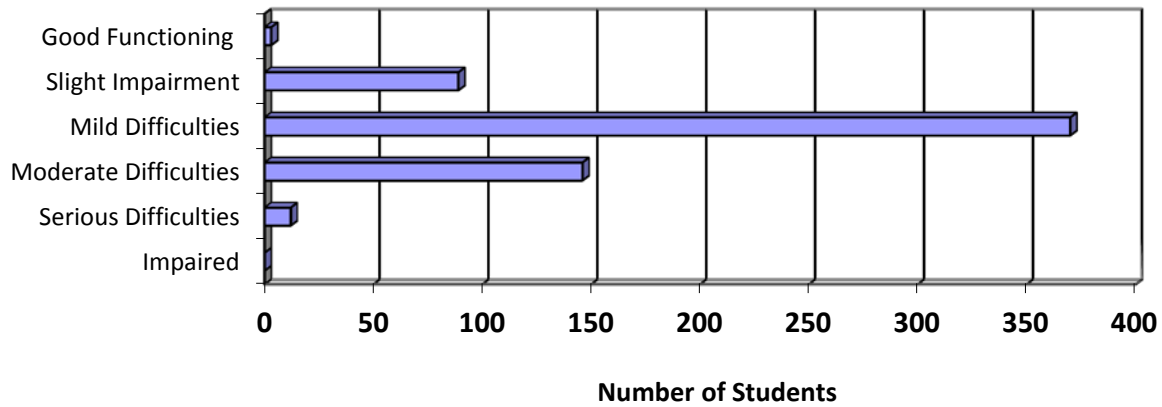
Consistently, most students find their way to CAPS through faculty and staff recommendations. The web-site and word of mouth from friends also account for a significant number of contacts.

	2010-11		2011-12	
	#	%	#	%
Friend	94	14.2	105	15.5
Faculty/Staff	194	29.3	189	27.9
Advertisement	16	2.5	37	5.5
Learning Community	13	2.5	12	1.8
Screening/Awareness Day	4	0.6	4	0.6
Student Health Center	11	1.7	24	3.5
Other Outreach	9	1.4	4	0.6
Spouse/Family Member	30	4.5	35	5.2
Other	77	11.6	59	8.5
Web Site	163	24.6	162	23.9
Orientation	36	5.4	32	4.7
AES	10	1.5	14	2.1
No Answer	0	0	1	0.1

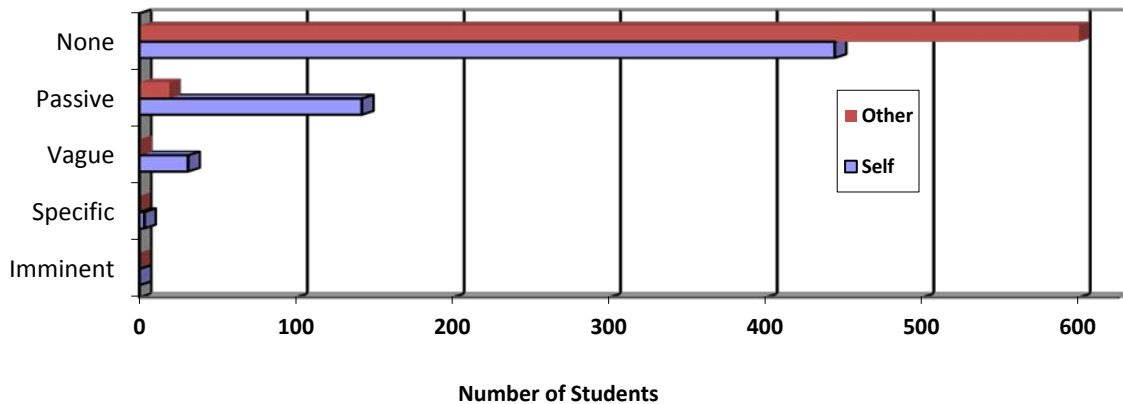
Clinical Severity

Students presenting to CAPS typically are experiencing mild to moderate difficulties maintaining daily function. Some are experiencing suicidal or homicidal ideation (Threats of Harm). Many report that their academic functioning is impaired to at least some extent (68%) as a result of their presenting concerns. The following graphs are based on clinical interview assessment of ~620 new clients that established individual counseling services during the 2011-12 year.

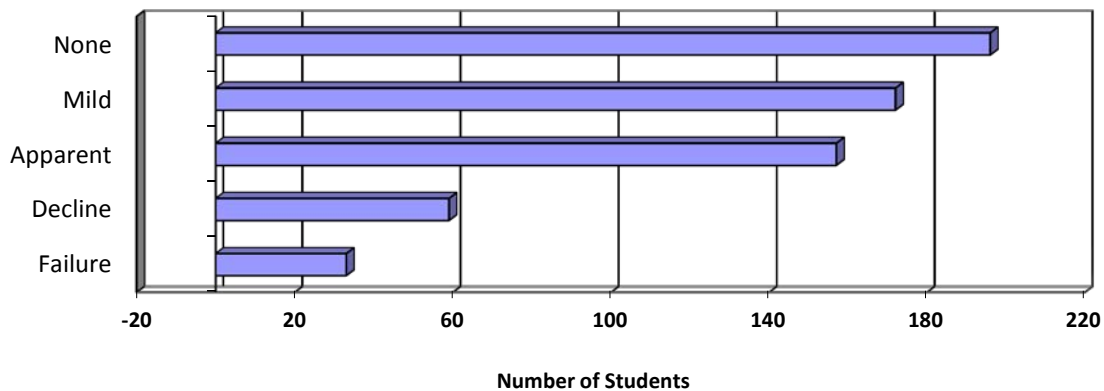
Level of Functioning (GAF)



Threat of Harm

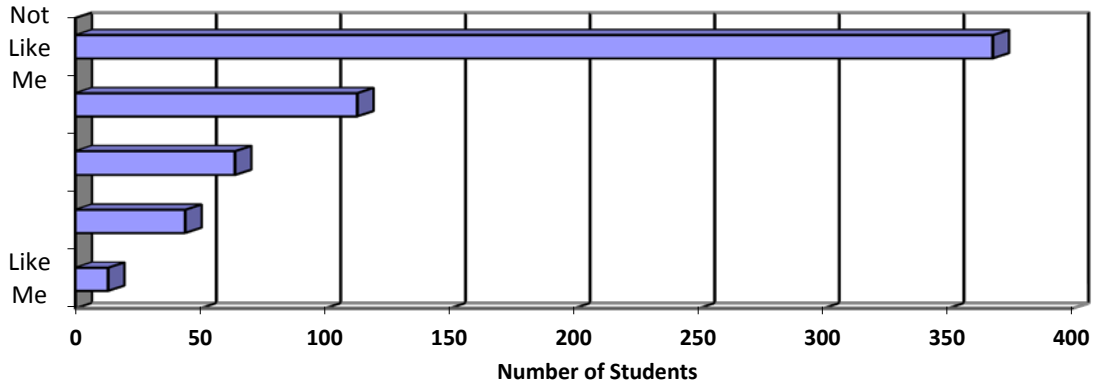


Academic Impairment

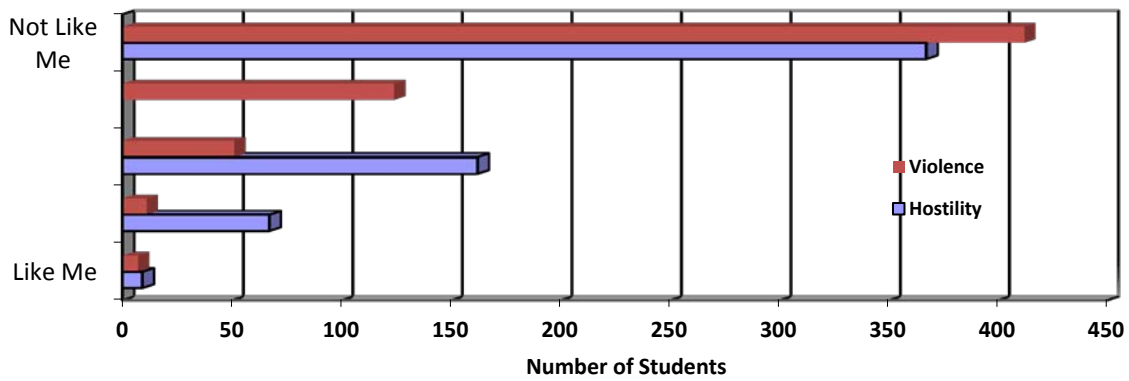


Students complete a self-report questionnaire (CCAPS) when establishing services at CAPS. The patterns of thoughts of harm to self or others from this assessment were similar to those obtained from counselor assessments. Reports of academic impairment were somewhat higher in self-report, compared to clinician, assessment.

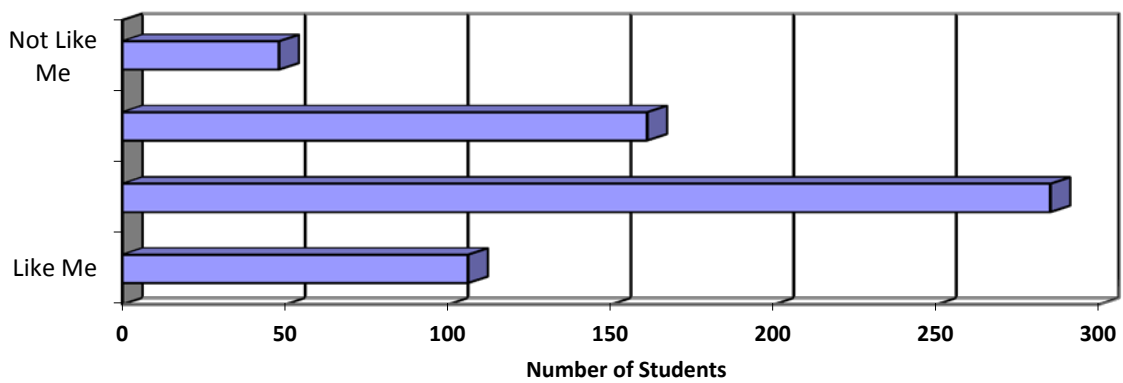
Suicidal Ideation



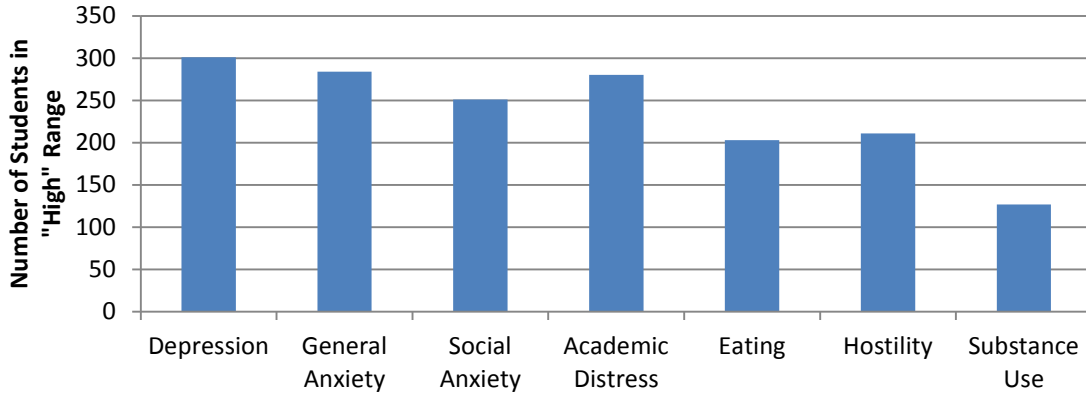
Hostility and Violence



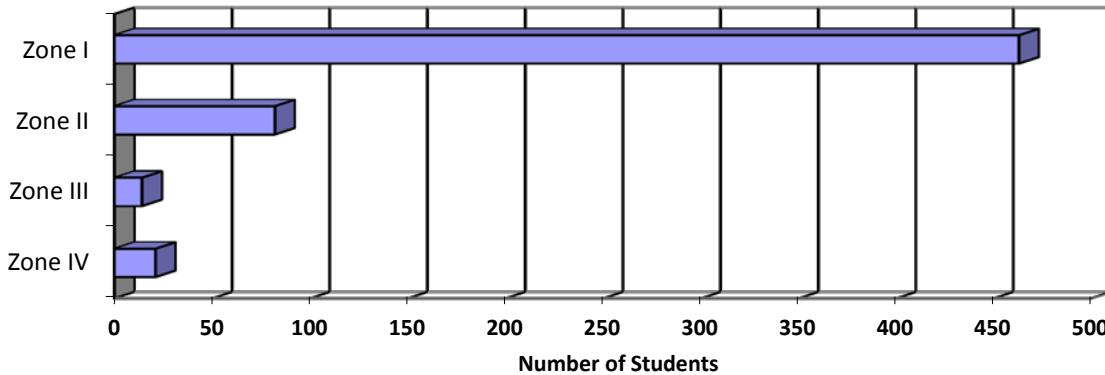
Academic Impairment



The CCAPS also provides scales related to clinical symptoms. Scores are compared to those obtained from other college counseling centers and a range of severity is assigned. The following graph reflects the number of students that presented for individual counseling and endorsed significantly above average concerns in each area. Consistent with clinical diagnostic impressions, depression (48%) and anxiety (General: 45% and Social: 40%) are the most prevalent symptoms in IUPUI students presenting for counseling. Substance use issues are relevant for ~20% of CAPS' clients (CCAPS and AUDIT) with significant alcohol use noted in ~6% (AUDIT Zone III and IV).



Alcohol Use



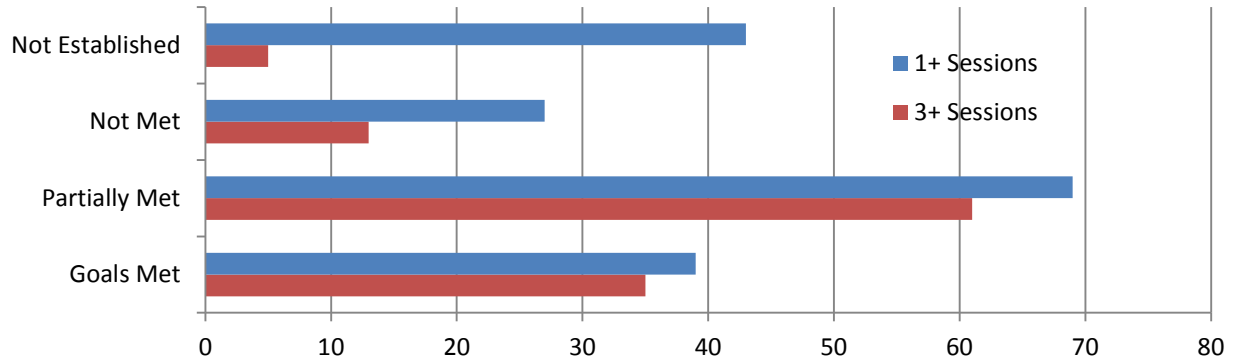
Of the 302 clients that initiated and engaged in individual counseling for a sufficient amount of time to support a diagnosis by the treating counselor, the most frequent symptom presentation include depression and/or anxiety. (Note: Some clients met criteria for more than one diagnosis, therefore, the column sum is >300 and >100%). In contrast to prior years when depression was clearly the most common diagnosis, anxiety symptoms (excluding trauma) were the most prevalent in 2011-12. The number of substance related diagnoses nearly doubled in 2010-11, compared to the prior year and this increase was maintained in 2011-12. These data will be used to guide clinical specializations of staff.

Diagnoses of Treatment 2011-12		
Diagnostic Category	# clients	% w/ Diagnosis
Anxiety	185	61.26%
Depression	158	52.32%
Relationship Problems	107	35.43%
Situational Problems	80	26.49%
Substance Related	61	20.20%
Adjustment Issues with depression/anxiety	49	16.23%
Developmental/Cognitive	39	12.91%
Trauma – PTSD or Acute Stress	21	6.95%
Eating/Body Issues/Physical Symptoms	15	4.97%
Thought Disorders/Problem Behaviors	15	4.97%
Victim of Abuse	13	4.30%
Bipolar Disorder	7	2.32%

In addition to the diagnoses listed above, 55 individuals were tested for learning disorders or attention problems and in most cases, a diagnosis was supported.

Clinical Outcomes

For the ~180 clients that attended at least one individual counseling session this past year and formally terminated services, ~61% met or partially met their goals. For the 114 that persisted for at least 3 counseling sessions, 84% met or partially met their goals.



Substantial improvement in functioning and reduction of risk were also documented.

	Intake		Termination	
	# at risk	%	# at risk	%
Total = 184				
Moderate-Severe Functional Impairment	44	23.9%	13	7.1%
Threat of Harm to Self	57	31.0%	16	8.7%
Threat of Harm to Other	9	4.9%	2	1.1%
Apparent Academic Impairment	70	38.0%	35	19.0%

The clinical impact of counseling can also be seen across sessions, as the number of clients considered at risk or with elevated symptoms declines over the course of treatment. Clinical and CCAPS evaluations for individual counseling clients seen for at least 6-11 or 12+ sessions are illustrated below.

	Incoming		At session 6	
	#	%	#	%
N=88				
Moderate-Severe Functional Impairment	12	13.6%	3	3.4%
Threat of Harm to Self	27	30.7%	16	18.2%
Threat of Harm to Other	4	4.5%	1	1.1%
Academic Impairment	29	33.0%	11	12.5%
Depression	45	51.1%	23	26.1%
General Anxiety	39	44.3%	23	26.1%
Social Anxiety	41	46.6%	31	35.2%
Academic Distress	33	37.5%	21	23.9%
Eating	35	39.8%	32	36.4%
Hostility	29	33.0%	15	17.0%
Substance Use	13	14.8%	8	9.1%

	Incoming		At session 6		At session 12	
N=66						
Moderate-Severe Functional Impairment	19	28.8%	5	7.6%	2	3.0%
Threat of Harm to Self	22	33.3%	9	13.6%	11	16.7%
Threat of Harm to Other	3	4.5%	2	3.0%	1	1.5%
Academic Impairment	19	28.8%	10	15.2%	6	9.1%
Depression	29	43.9%	16	24.2%	13	19.7%
General Anxiety	27	40.9%	16	24.2%	19	28.8%
Social Anxiety	30	45.5%	31	47.0%	28	42.4%
Academic Distress	25	37.9%	17	25.8%	17	25.8%
Eating	24	36.4%	20	30.3%	28	42.4%
Hostility	15	22.7%	10	15.2%	9	13.6%
Substance Use	4	6.1%	3	4.5%	6	9.1%

The same patterns are evident when considering only clients that initiated counseling during 2011-12.

	Incoming		At session 6	
N=66				
Moderate-Severe Functional Impairment	9	13.6%	2	3.0%
Threat of Harm to Self	20	30.3%	10	15.2%
Threat of Harm to Other	2	3.0%	1	1.5%
Academic Impairment	23	34.8%	7	10.6%
68				
Depression	34	50.0%	16	23.5%
General Anxiety	29	42.6%	17	25.0%
Social Anxiety	29	42.6%	22	32.4%
Academic Distress	27	39.7%	19	27.9%
Eating	24	35.3%	22	32.4%
Hostility	23	33.8%	11	16.2%
Substance Use	10	14.7%	5	7.4%

	Incoming		At session 6		At session 12	
N=32						
Moderate-Severe Functional Impairment	9	28.1%	2	6.3%	0	0.0%
Threat of Harm to Self	11	34.4%	3	9.4%	5	15.6%
Threat of Harm to Other	2	6.3%	1	3.1%	1	3.1%
Academic Impairment	7	21.9%	3	9.4%	2	6.3%
33						
Depression	15	45.5%	7	21.2%	6	18.2%
General Anxiety	12	36.4%	5	15.2%	9	27.3%
Social Anxiety	16	48.5%	15	45.5%	15	45.5%
Academic Distress	10	30.3%	8	24.2%	8	24.2%
Eating	11	33.3%	9	27.3%	12	36.4%
Hostility	6	18.2%	4	12.1%	3	9.1%
Substance Use	2	6.1%	2	6.1%	1	3.0%

Further, based on multiple administrations of the CCAPS to 174 students, clinical symptoms and critical item risk endorsement decreased by statistically reliable amounts for a significant percentage of students. That is, for those individuals with above average baseline scores, ~20% demonstrated significant improvement with counseling.

Scale	% showing improvement
Depression	37
General Anxiety	22
Social Anxiety	13
Academic Distress	17
Eating	21
Hostility	23
Substance Use	21
Critical Item	% endorsing
Thoughts of ending my life	39.6% to 29.3%
Thoughts of hurting others	12.6% no change
Afraid might lose control and act violently	32.8% to 22.4%

These data reflect the clinical efficacy of counseling services at IUPUI CAPS.

Impact on Academic Success

In July 2009, CAPS obtained academic progress information from IMIR on students that had accessed services over the prior 10 years. As with prior analyses, the data indicated that students accessing CAPS' services had relatively high retention and graduation rates, compared to the IUPUI average. Data will be reviewed again in the upcoming year.

Based on the outcome data described above, self-reported levels of Academic Distress per the CCAPS decreased significantly over the course of treatment. Similarly, the number of students reporting Academic Impairment to counselors declined by >60%. Finally, from 294 anonymous client satisfaction surveys completed this past year, nearly 60% reported engaging in CAPS' services had a positive impact on academic performance and more than 50% indicated that CAPS' services helped them to remain enrolled in classes.

In addition, as part of a Division-wide effort to identify how Student Life programs and services contribute to the IUPUI Principles of Undergraduate Learning (PULs), CAPS identified specific assessment outcomes. Baseline data were obtained during 2010-11 and follow-up data were obtained in 2011-12. This information can be found in the Appendix.

Client Satisfaction

IUPUI CAPS administers an anonymous Client Satisfaction Survey each semester, most recently using Survey Monkey. All students seen in the first 8-12 weeks of the semester were sent an e-mail invitation and link to the Survey. As in prior years, most students seeking CAPS' services were pleased with their experience. In all, 297 surveys (Fall = 152, Spring = 145) were completed in 2011-12 with the following results:

- o >88% found the visits useful (#10);
- o >75% experienced improvement in their condition (#13);
- o 50% indicated that CAPS' services helped them to remain at IUPUI (#15); and,
- o >59% believed CAPS' services helped to improve their academic performance (#16).

These data support prior information indicating that students utilizing CAPS' services are more likely to persist and graduate than the general student population. Response frequencies are presented below.

Additional Comments were provided by 70 of the 297 respondents to the 2011-12 Satisfaction Survey. Of these, 12 were classified as "Criticisms/Concerns", 7 as "Neutral/Mixed" and 51 as "Positive." As you will see by the comments listed below, most criticisms were related to wait list issues, while most positive comments were related to the comfort and progress experienced by clients.

Outreach

In 2005, CAPS' staff made a decision to limit outreach efforts in order to meet the rising clinical demand. A more significant reduction was made in 2009-10, as Learning Community presentation requests were referred to use of on-line Power Point resources. A summary of ongoing outreach activities follows.

Screening

CAPS has participated for several years in the national screening days for depression and anxiety, and more recently began screening for alcohol use and body image issues. The following numbers represent actual surveys completed and feedback given, and do not include the many individuals that collected information and talked informally with staff.

Type of Screening	2010-11		2011-12	
	Total Screened	Recommended for Services	Total Screened	Recommended for Services
Alcohol	19	7	34	7
Depression	32	16	26	20
Body Image	31	8	27	5
Anxiety	46	29	19	18

Resource Tables

CAPS participates in several resource and health fairs on campus, including those associated with Summer Orientation. CAPS' staff answers questions and provides informational brochures/cards and simple give-away promotional items. During the past year, CAPS participated in:

- 19 Orientation sessions in the summer of 2011, reaching more than 4000 students,
- 19 Orientation sessions are planned for the summer of 2012,
- >4 other health or resource fairs reaching students, faculty, and staff.

Presentations

CAPS also provides invited presentations to classes, student groups, and faculty/staff. The presentations for 2011-12 are summarized in the tables below. Compared to the prior year, the number of presentations was slightly lower and number of individuals directly reached much lower, primarily due to fewer students reached in the fall semester. While CAPS currently prioritizes clinical service provision, this data will be reviewed on an annual basis to make decisions regarding service priorities. Outreach can serve as a means of prevention and education, and, with more staff, CAPS will look to increase outreach activities in the following year.

Number of Presentations

	Summer	Fall	Spring	Total
Presentation	5	10	6	21
Workshop	3			3
Total	8	10	6	24

Number of Participants

	Summer	Fall	Spring	Total
Presentation	463	180	304	788
Workshop 1.5-3 hours	62			62
Total	525	180	304	850

Presentation Topics

Adjusting to College	1
Alcohol Awareness	1
CAPS' Services	2
Communication/Assertiveness/Conflict	3
Healthy Relationships	2
Sexual Assault Prevention	1
Stress Management	6
Life Balance/Healthy Living/Time Mgmt	2
Test/Performance Anxiety	1
Working with Students - various	1
Working with Students in distress	1

Liaison Relationships

In January 2011, CAPS developed and implemented a liaison program, where staff members are assigned to be the primary contact for outreach and programming within specific campus units. The CAPS' staff member makes contact with the unit at least twice per year and is responsible for discussing and arranging programming efforts. The liaison contacts have been maintained and expanded over the past year.

On-Line Resources

CAPS provides internet access to many self-assessment and psycho-educational resources.

Online Screening

In 2011-12, 619 screenings were completed on-line, which is a 10% increase over the prior year. As in prior years, high percentages of those completing the screenings scored in the positive range (499 or 80.5%), suggesting they likely or very likely were experiencing a clinical level of symptoms and impairment. Additionally, >70% of the nearly 400 students responding to the question “Do your plan to seek further evaluation?” indicated they planned to pursue services. Even if only a fraction of those students were to seek services at CAPS, there would be a significant impact on service demand.

Online Screening	#	%
Depression (Total)	237	
Unlikely	26	10.97
Likely	133	56.12
Very Likely	78	32.91
Generalized Anxiety (Total)	177	
Negative	14	7.91
Positive	163	92.09
Alcohol (Total)	19	
No Symptoms	1	5.26
Harmful/Hazardous	8	42.11
Harmful w/ Dependence	10	52.63

Online Screening	#	%
Bipolar Disorder (Total)	136	
Negative	79	58.09
Positive	67	41.91
PTSD (Total)	27	
Unlikely	2	7.41
Positive-Partial	11	40.74
Positive-Full	14	51.85
Eating Disorders (Total)	23	
Negative	8	34.78
Positive	15	65.22

Substance Use/Abuse

E-Chug: Electronic Check-Up to Go is an online self-assessment that provides students with confidential, accurate, detailed, and personalized feedback on their use of alcohol. The tool is open to all IUPUI students, with specific referrals made by CAPS, Housing, and Student Conduct.

EChug	#	%
Students Completing	188	
Number who drink	160	85%
Typical week BAC (if drink)	0.11	
Typical drinks per week (if drink)	11.4	
Level I Risk	44	23.4%
Level II+ Risk	23	12.2%

E-Toke was implemented for the first time on the IUPUI campus in 2010-11. In addition to general access through the web-site, students establishing services at CAPS were asked to complete *E-Toke* if they endorsed having used marijuana within the past 12-months. Only 36 students completed *E-Toke* in the current year; however, the average use of >16 days and >80 hours per month by these individuals suggests the potential for significant impairment in academic and life functioning and an area of concern for the campus community.

EToke	#
Students Completing	36
Days per month using	16.1
Hours per month under influence	80.3

Consultation Services

CAPS provides consultation services to faculty, staff, and students regarding their concerns about others. While many informal consultations occur in the process of engaging the campus community, CAPS’ staff performed 80 formal consultations (~17 hours) during the 2011-12 academic year. Information regarding those consultations is presented below.

	Consultee	Person of Concern
Faculty	14	1
Staff	36	1
Undergraduate Student	13	59
Graduate Student	3	4
Parent/Family	5	
Friend	2	
Other	6	4
Self	1	6

Nature of Consultation	Number
Harm to Self	25
Harm to Others	2
Abusive Relationship	3
Academic Problems	18
Sexual Assault	3
Substance Abuse	3
Odd Behavior	11
Job Performance	4
Making a Referral to CAPS	23
Other	31

More than one may apply to a single case, therefore total is >80.

In 8 cases, it was recommended the caller also file a report with the Behavioral Consultation Team.

Staff Service and Professional Development

CAPS' staff were actively engaged in university and community service during the past year:

Celesta Duvall

CAPS Department Human Resources and Business Liaison
Critical Incident Stress Management Team

Mike Hines

Campus Wellness Coalition
Sexual Assault Awareness and Prevention Task Force
Wellness Promotion Committee – Student Life

Jason Katte

Julie Lash

Behavioral Consultation Team (Core member)
Critical Incident Stress Management Team (coordinator)
Critical Threat Assessment Team
Campus Advising Council
Sexual Assault Awareness and Prevention Task Force
Search Committee for Assistant Vice Chancellor of Student Life
Wellness Promotion Committee – Student Life

Ciara Lewis

Behavioral Consultation Team (Core member)
Critical Incident Stress Management Team
Critical Threat Assessment Team
Student Life Assessment Group

Luana Nan

Critical Incident Stress Management Team

Misty Spitler

Critical Incident Stress Management Team
Disaster Action Team and Disaster Mental Health Worker – Johnson County/Greater
Indianapolis Red Cross
President Elect – Indiana Psychological Association
Provided clinical support for Sociology Dept. research project funded by Indiana State Dept. of
Mental Health
Student Life's Professional Development Committee

Rebecca Stempel

Critical Incident Stress Management Team (co-coordinator)

Training

Master’s and Doctoral level students in various mental health fields provide clinical services at CAPS under supervision of licensed senior staff. CAPS has sustained relationships with several academic programs throughout Indiana and Illinois. During the past two years, the number of trainees from various institutions included:

	Practicum—Masters		Practicum—Doctoral		Intern		Post-Doc	
	10-11	11-12	10-11	11-12	10-11	11-12	10-11	11-12
Ball State	1							
Fuller Theological Seminary						1		
Indiana State University	1					1		
Indiana University - Bloomington			1	1				
Purdue University			1	2				
University of Indianapolis		1	2	5	2		2	2

For 2012-13, trainees will represent the following academic programs:

	Practicum—Masters	Practicum—Doctoral	Intern	Post-Doc
Wright State University			1	
The Chicago School			1	
Fuller Theological Seminary (California)				1
University of Texas—Austin				1
Indiana University - Bloomington		2		
Purdue University		1		
University of Indianapolis	1	3		

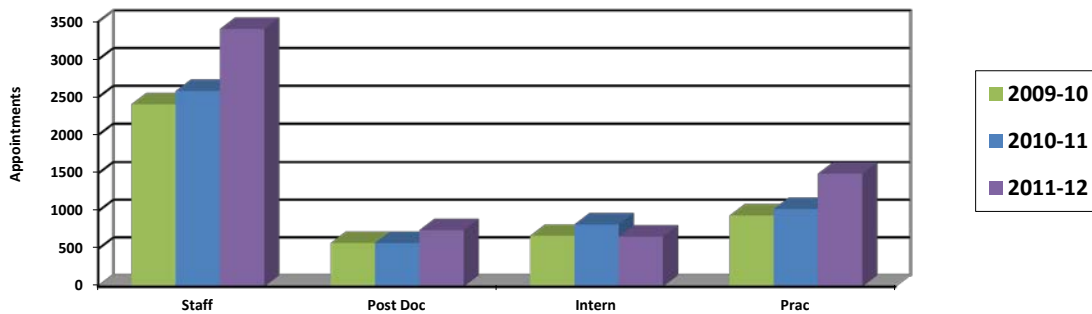
IUPUI CAPS typically receives material from many more applicants than can be placed. For example, 52 applications were received from 5 different institutions for practicum placements. We interviewed 31 applicants on-site and selected 6 for positions. For pre-doctoral internship, CAPS received 28 applications and interviewed 9 candidates via Skype; CAPS also hosted an open house luncheon to allow interested applicants to visit the site. Both open positions were filled through the first round of the national match. A total of 13 applications were received for the post-doctoral fellowship and 5 were interviewed on-site for the two available positions, both of which were filled.

In addition to the selection process, clinical training involves weekly individual supervision (1 hour/week for post-doctoral fellows and practicum students, 2 hours/week for pre-doctoral interns), didactic training on clinical topics relevant to practice at CAPS (1.5-2 hours/week) and group supervision/staffing (2 hours/week).

While the training program requires significant time commitments on the part of staff, it also meets our mission of training future professionals. As noted in the first section of this report and again presented in the following graph, our graduate students in training, interns, and post-doctoral fellows provide a

significant percentage of the total clinical service. The number of full-time clinical staff increased essentially from 5 to 7 this past year, and the amount of service provided by senior staff increased accordingly. Last year our two post-doctoral fellows transitioned to senior staff positions in March, while this year both post-doctoral fellows have remained in that role throughout, resulting in an increase in service provision by this staff classification.

One pre-doctoral intern left CAPS in March and the other was on leave for ~9 weeks, therefore, the contact hours by interns decreased slightly compared to last year. The number of practicum students providing clinical services was greater this year than in the past (8 vs. 6), and the number of hours of service provision increased accordingly. In total, 2121 clinical appointments were provided by practicum students or pre-doctoral interns in 2011-12. Given the overall ~26% increase in clinical services, the percentage provided by practicum students increased only slightly over past year (~24% vs. 20.5%) and that of interns decreased (10.5% vs. 16.4%). It is clear that the training program contributes significantly to CAPS' services.



In addition to the quality and quantity of client services provided, IUPUI CAPS seeks to provide a high quality of clinical training. Graduate students have been consistently pleased with their experiences at CAPS and indicate that they have encouraged classmates to apply to our site.

Strategic Planning and Goals

Strategic Plan

During the winter and early spring of 2007-08, CAPS completed a 3-5 year strategic plan with the guidance of Rob Aaron, Director of Assessment and Planning for the Division of Student Life. CAPS identified five primary goals:

1. Prevention – prevention and wellness activities in outreach efforts
2. Engagement – recognition by and involvement of students
3. Professional Practice – policies and procedures to support professional practice
4. Community Building – partnerships with campus and community groups
5. Professional Development – staff training and support

The progress toward specific goals established for 2011-12 is noted below:

- Minimize number of students placed on wait list
 - Fewer students were placed on the wait list (165 compared to 213 prior year)
 - Number of students seeking, but not provided service, remained similar (121 vs. 126)
- Implement skills-based and process counseling groups
 - Process and skill-based groups were offered throughout the year
 - Groups served 36 individuals for a total of 266 client contacts
- Further develop liaison relationships with campus partners
 -
- Increase faculty/staff referral base through workshops and promotion of Kognito/At-Risk
 - No promotion of the At-Risk program was accomplished
 - Six presentations were made to faculty/staff/student leader groups regarding working with students of concern and making referrals
 - Faculty/staff referrals decreased from 194 to 189
 - Consultation contacts increased from 75 to 80
 - Total time spend in consultation increased from 13 to 17 hours
- Collaborate with campus partners on sexual assault prevention and SAVE Act compliance
 - Three meetings were held for cross campus participants
 - Modifiable curriculum was developed and presented to >300 students
 - Presentations for following year have been scheduled
- Implement policies/procedures for use of CAPS' "emergency" funds
 - Minimal progress made
- Implement client education through interactive web-based programs
 - Minimal progress made
- Increase psychiatry hours of availability
 - Approximately 110 more hours of service were provided
 - Number of students receiving medication management increased by 18% (220)
 - Number of psychiatric intakes and medication management appointments increased by 22% and +29%, respectively
- Prepare for strategic planning to align with new Division goals
 - New strategic plan developed – see Appendix for details

Note: The entire IUPUI CAPS' strategic plan is available in another web document.