

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

**Annual Report**

**2010-11**

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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

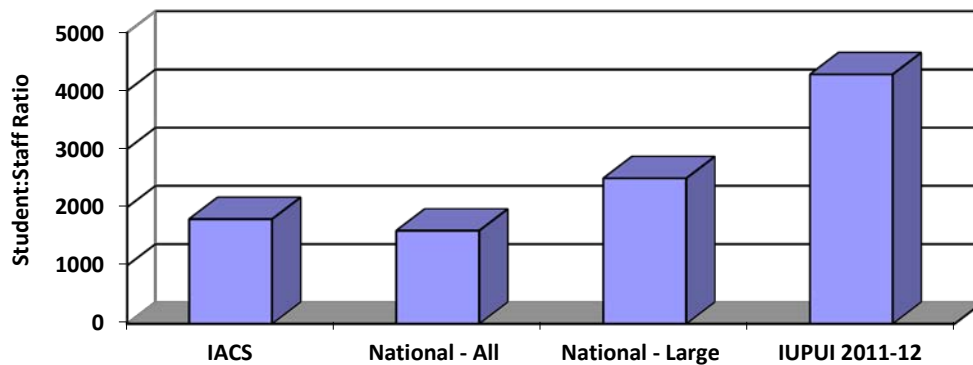
#### ***Cooperative Partnerships***

- Consultation and program development with educational partners

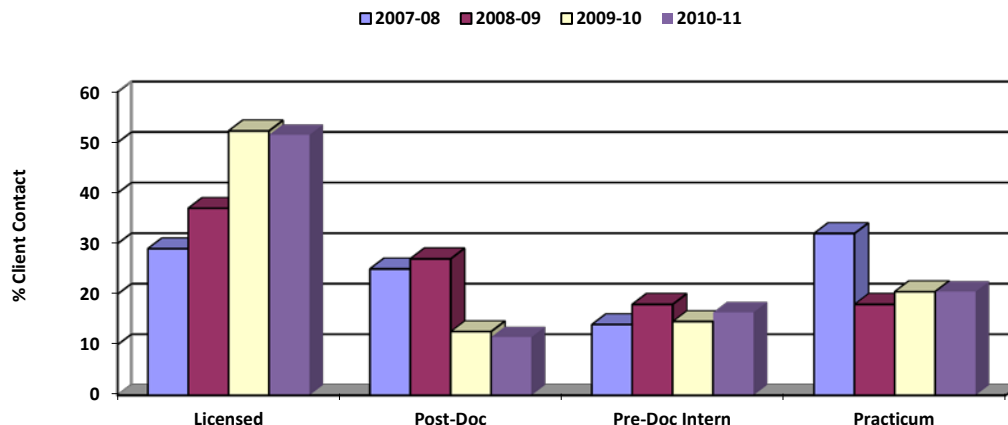
## Staffing levels

CAPS began the fall 2010 semester with 5 full-time clinical staff members. In addition to full-time staff, counselors included two post-doctoral fellows, one part-time licensed provider, two unpaid pre-doctoral interns, and six practicum students. Staffing changes over the course of the year led to ending the fiscal year with 5 full-time clinical staff members, no post-doctoral fellows (both were hired as staff), two unpaid pre-doctoral interns, and 4 practicum students. Projections for 2011-12 include 7 clinical FTE, two post-doctoral fellows, two pre-doctoral interns, and 8 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.



Due to understaffing, CAPS continues to rely heavily on trainees to provide clinical services. The amount of clinical contact provided by licensed staff remained relatively the same as the prior year, as the loss of one staff member was compensated by the promotion of two post-doctoral fellows to full-time staff. While there were two post-doctoral fellows early in the year, both transitioned to full-time staff in March such that the percent contribution by fellows was similar to the prior year. 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, 2010 – June 30, 2011.** 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 includes 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 year follows:

ALLOCATIONS/INCOME	2010-11	Budgeted EXPENSES	2010-11		
			Base + Rev	GSF	Cash Reserve
Base Funds	\$274,860	Compensation	277,577	241,394	39,000
General Service Fee	\$310,000	Operations	25,283	6,106	
Additional GFF Award	\$ 24,840	Outreach		2,000	
Revenue - budgeted	\$ 28,000	Training		1,000	
Chancellor Funds		Travel/Prof Dev		9,500	
<b>Total Funds</b>	<b>\$637,700</b>	Psychiatry		50,000	

As can be seen, additional funds have been primarily allocated to salaries and benefits for new staff (~90% of total budget). Operating expenses have also been increased to support the daily work, supplies, licensure, and continuing education of all staff. Budget modifications will be required for 2012-13, as CAPS will be required to provide a salary for pre-doctoral interns in order to maintain APPIC membership and participation in the National Matching Service. CAPS has maintained a contract with Dr. DeLynn Williams to provide psychiatric services. The cost of this contract and revenue generated remain budgetary considerations and funding for increased hours of service will be pursued in future requests.

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.

With regard to Revenue, CAPS must obtain \$28,000 of income for services in order to meet the funding required 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. Accumulated funds will be used to partially fund the pre-doctoral interns in 2012-13 and beyond.

	<b>2010-11</b>
Activation/Reactivation Fee	\$ 8,906
Individual Counseling	\$19,881
Relationship Counseling	\$ 2,105
Group Counseling	0
Testing	\$ 11,047
Undetermined	\$ 4,585
Psychiatry	\$22,116
Total	\$68,640

	<b>2010-11</b>
Revenue through service fees	\$68,640
Revenue to meet budget	\$28,000
Overage	\$ 7,320
Cash Carryover	\$33,320

CAPS has a mechanism for reduction of counseling fees, based on client income. A total of 43 fee reductions for Individual Counseling were granted in 2010-11. The number more than doubled that for the prior year (20) and 60-65% qualified for the lowest fee of \$2 per session. This practice is consistent with the value of providing accessible and inclusive services.

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 by 75% over the prior year.

During this past year, CAPS' staff identified an additional 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, nearly \$5,000 of revenue was lost, which is more than 20% of the amount collected. This accounts only for "No Show" sessions and does not include lost revenue from sessions cancelled or rescheduled by the client on the same day of the appointment. *Given the impact on psychiatric service delivery and cost recovery, beginning in the fall semester of 2011 CAPS will implement a charge policy for any missed psychiatric session not cancelled at least 24-hours in advance.*

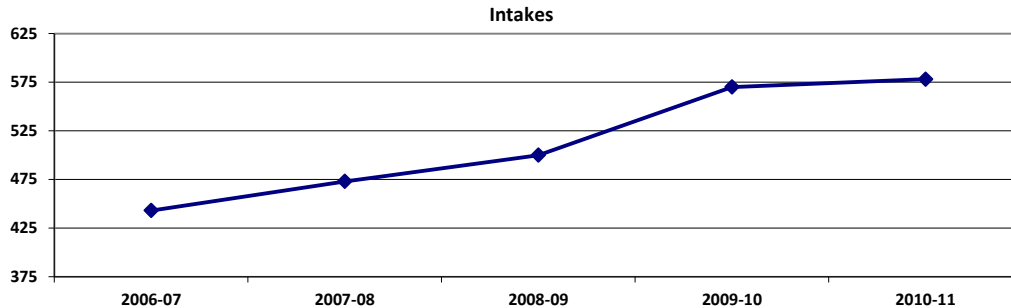
While the CAPS budget has increased significantly over the past few years, the projected budget for a fully operational IUPUI CAPS is ~\$1,509,400 (See: IUPUI Student Health, "A Vision for the 21<sup>st</sup> Century", Spring 2008).

## Service Provision

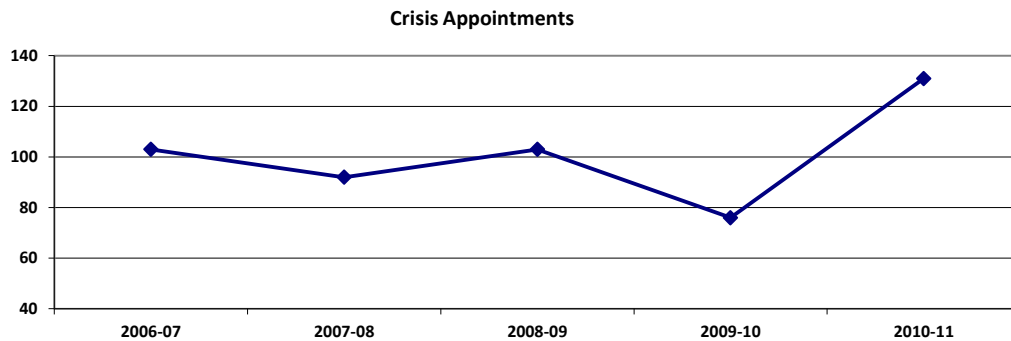
Service provision information is presented as Summer, Fall, and Spring semesters

### Clinical Appointments

The requests for CAPS' services continue to increase in all clinical areas. The number of clients seeking counseling services and seen for intake increased ~1.5% this year for a total of 578 (note: a correction was made to last year's numbers, with an ~14% increase over the 2008-09 year). As can be seen in the graph below, the rate of increased demand leveled slightly this year, compared to a prior rate of ~ 5-6% per year.



The number of individuals presenting for "crisis" appointments, those in need of immediate or same day services, nearly doubled this past year compared to last. The numbers below reflect specifically crisis intervention sessions, and do not include the 70 clinical screenings provided to individuals endorsing thoughts of harm to self or others, but not requesting immediate appointments.



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:

	Wait List			
	Summer	Fall	Spring	Total
2007-08	1	4	2	7
2008-09	0	4	62	66
2009-10	7	87	62	156
2010-11	42	55	116	213

Of the 213 individuals placed on the wait list in 2010-11, 87 were eventually assigned to a counselor, leaving 126 (~59%) unable to be offered services during the semester sought; this is more than double the 54 (35%) not assigned during the prior year. The per-semester numbers are listed below:

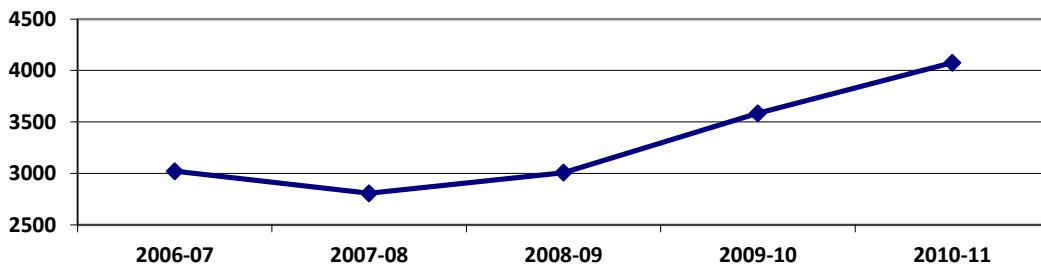
	Summer 2010	Fall 2010	Spring 2011
Start Date	5/11/10	11/4/10	1/25/11
Placed on Wait List	34	42	116
Assigned During Semester	23	22	31
Not Assigned	11	33	77

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. Unlike prior semesters, several students (29, ~25%) indicated continued interest. These students will be assigned over 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 (<10). 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.

Even though a record number of students were placed on the wait list this past year, the number of counseling sessions provided in 2010-11 increased nearly 14% over the prior year.

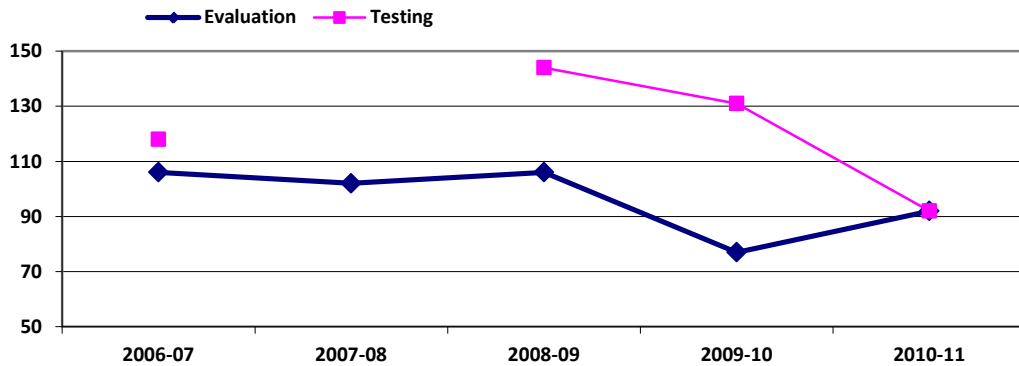
**Counseling Sessions**



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 6.5 in 2009-10 to 7.26 in 2010-11* and the percentage of students persisting more than 3 sessions increased from 54% to 56.3%. 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.

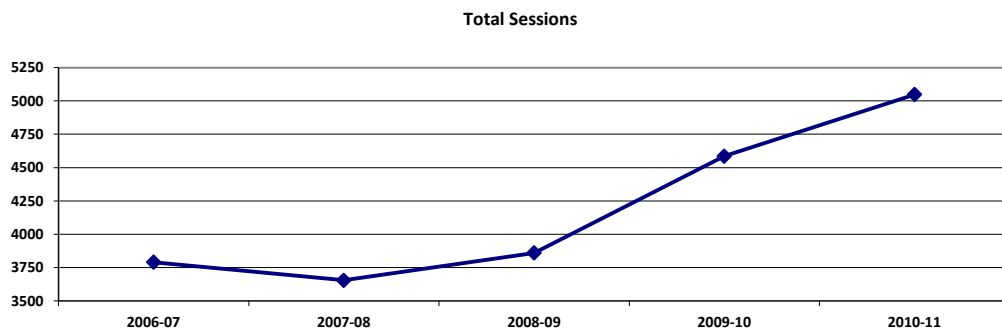


The demand for psycho-educational evaluations actually increased this year, following a decline in 2009-10. However, only 66% of those individuals were referred for testing and there was a decrease in the total number of testing sessions (-30%) and time spent in evaluation activities (-16%). In many 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.



To more accurately reflect the nature of the interaction, a clinical session type of “Individual Consultation” was added this year to reflect meetings with past or current clients regarding documentation, referral, or other issues but not qualifying as “treatment.” These sessions are added to the Total number of clinical sessions identified below and were previously coded as individual counseling sessions.

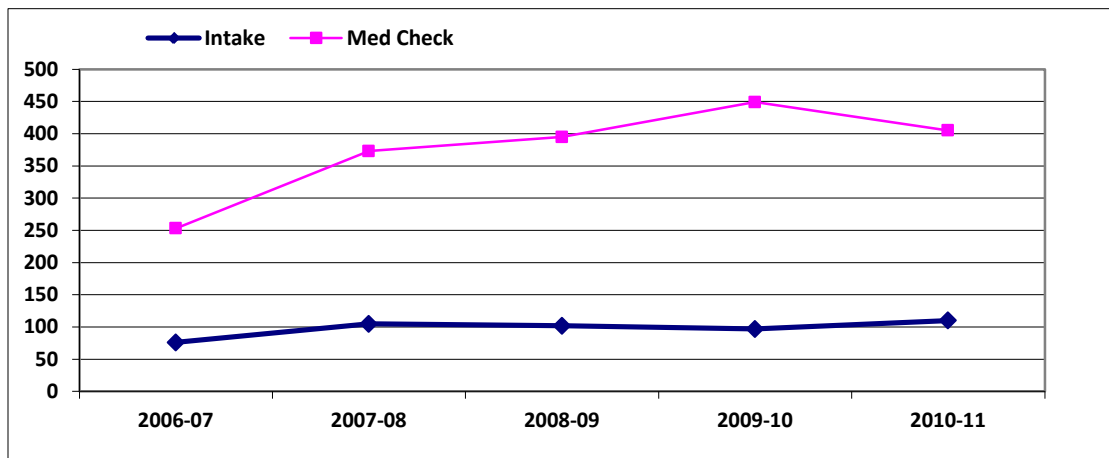
In total, the number of clinical sessions provided by CAPS in 2010-2011 increased by just over 10% compared to the prior year. For 2006 through 2009, the number of clinical sessions provided had reached a plateau as counselors were working at maximum capacity. While the 2009-10 increase in service provision could be partially attributed to an increase in staffing levels, only minimal changes in staffing occurred this past year. Therefore, the significant increase in sessions provided this year can be attributed to: 1) increased demand for services, and, 2) exceptional productivity of staff and graduate student counselors in training.



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 decrease in percentage of scheduled appointments attended over the prior year due to more rescheduled sessions by both clients and counselors:

<b>Appointment Status</b>	<b>2009-10</b>	<b>2010-11</b>
Client No Show	8.9%	8.8%
Client Cancel	7.2%	6.6%
Client Reschedule	8.8%	10.9%
Counselor Cancel or Reschedule	2.2%	5.0%
Attendance	72.7%	68.6%

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 remained relatively constant (~ 180). There was a slight increase in intake sessions (+13.5%) and slight decrease in medication management appointments (-9.8%).



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.

It is notable that the No-Show rate for psychiatric appointments increased over the prior year (~12% to ~14%). As previously noted, in the fall of 2011 CAPS will implement a charge for missed psychiatric appointments not cancelled at least 24-hours in advance. We anticipate this policy will not only allow for recovery of lost revenue, but also increase the number of students seen for medication management services.

### Service Provision: Annual Change

		2009-10	2010-11	% Change
Summer	Individual Intake	98	77	-21.4
	Relationship Intake	12	10	-16.7
	Individual Counseling	748	813	8.7
	Relationship Counseling	30	18	-40.0
	Evaluation	18	19	5.6
	Testing	34	27	-20.6
	Feedback	17	12	-29.4
	Crisis	13	21	61.5
	Clinical Screening	10	7	-30.0
	Individual Consultation		3	na
Fall	Individual Intake	243	242	-0.4
	Relationship Intake	22	14	-36.4
	Individual Counseling	1302	1585	21.7
	Relationship Counseling	38	44	15.8
	Evaluation	23	35	52.2
	Testing	43	34	-20.9
	Feedback	16	20	25.0
	Crisis	28	39	39.3
	Clinical Screening	48	31	-35.4
	Individual Consultation		15	na
Spring	Individual Intake	185	219	18.4
	Relationship Intake	10	16	60.0
	Individual Counseling	1448	1550	7.0
	Relationship Counseling	18	33	83.3
	Evaluation	36	38	5.6
	Testing	54	31	-42.6
	Feedback	26	18	-30.8
	Crisis	35	71	102.9
	Clinical Screening	32	32	0.0
	Individual Consultation		12	na
Year	Individual Intake	526	538	2.3
	Relationship Intake	44	40	-9.1
	Individual Counseling	3498	3948	12.9
	Relationship Counseling	86	95	10.5
	Evaluation	77	92	19.5
	Testing	131	92	-29.8
	Feedback	59	50	-15.3
	Crisis	76	131	72.4
	Clinical Screening	90	70	-22.2
	Individual Consultation		40	na
	Total	4587	5056	10.2
<b>By Service</b>	Intake	570	578	1.4
	Counseling/Consultation	3584	4083	12.8
	Testing/Assessment	208	184	-11.5
	Crisis	166	201	21.1
<b>By Semester</b>	Summer	980	1004	2.4
	Fall	1763	2059	16.8
	Spring	1844	2020	9.5

Students Served

As reflected by the increased demand and provision of services, the number of students served has increased steadily. In 2010-11, the number of individuals seen at CAPS increased by 3.7% over the prior year, and this number has increased nearly 20% over the past 5 years (since 2006-07).

Service Type	Number of Students Receiving Services	
	2009-10	2010-11
Couples Counseling	44	42
Individual Counseling	677	726
Evaluation/Testing	91	93
D/A Evaluation	0	0
Total Clinical Served	791	835
Psychiatric Services	181	180
<b>Total Served</b>	<b>845</b>	<b>876</b>

Students receiving services at IUPUI CAPS have been consistently a more diverse (less White/Caucasian) group than the campus at large. 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. Males from all cultures tend to seek counseling services at a lower rate than females; this trend is reflected in the CAPS' data.

	IUPUI	CAPS		IUPUI	CAPS	
	2009	2009-10		2010-11	2010-11	
	% Enrolled	#	% Served	% Enrolled	#	% Served
Asian/Pacific Islander	3.9	46	5.8	4.0	48	5.5
Black/African-American	9.5	94	11.9	9.6	96	10.9
Hispanic/Latina(o)	2.7	24	3.0	3.3	41	4.7
Native American	0.3	5	0.6	0.2	2	0.2
White/Caucasian	73.0	546	69.0	72.8	617	70.4
International	4.6			4.7	20	2.3
Multiracial and Other		32	4.1		41	4.7
No Answer/Unknown	6.0	36	4.6	5.3	12	1.4
Total		791		28,915	877	

Female	57.1	500	63.2	56.5	560	63.9
Male	42.9	270	34.1	43.5	304	34.7
Transgender					2	0.2

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. While the distribution across class status remained similar to the prior year, the number of students aged 18-22 years increased substantially and the average age of clients served at CAPS decreased slightly from the prior year, to 26.4 years.

<b>CAPS</b>				
	<b>2009-10</b>		<b>2010-11</b>	
<b>Student Status</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Freshman	91	11.5	99	11.3
Sophomore	123	15.5	144	16.4
Junior	141	17.8	168	19.2
Senior	170	21.5	196	22.3
Masters	108	13.7	108	12.3
Doctoral	35	4.4	36	4.1
Dental	14	1.8	20	2.3
Medical	12	1.5	8	0.9
Law	39	4.9	38	4.3
Other	12	1.6	39	3.8
Non-Degree	12	1.5	18	2.1
Not Available	34	4.3	6	0.7

<b>IUPUI Enrollment</b>		
	<b>2009</b>	<b>2010</b>
Freshman	15.2%	13.9%
Sophomore	16.1%	16.0%
Junior	13.8%	14.4%
Senior	22.5%	23.8%
UG Special/Unclassified	3.8%	3.3%
Masters	14.8%	14.9%
Doctorate	2.0%	2.1%
Professional	9.5%	9.5%
GR Special/Unclassified	2.2%	2.1%

<b>Age</b>	<b>CAPS 2009-10</b>		<b>CAPS 2010-11</b>	
	<b>#</b>	<b>% Served</b>	<b>#</b>	<b>% Served</b>
18-22	209	26.4%	311	35.5%
23-25	202	25.5%	205	23.4%
26-30	176	22.3%	180	20.5%
31-40	95	12.0%	111	12.7%
41-50	31	3.9%	41	4.7%
>50	23	2.9%	14	1.6%
No Answer	55	7.0%	11	1.3%

CAPS maintained an Alumni transitional treatment policy through the current year, serving a total of 27 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	
	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
Continuing Studies	0	10	1	0	1	10
Engineering & Technology	38	56	1	2	39	58
Health and Rehabilitation	21	8	13	5	34	13
Herron School of Art	34	48	5	2	39	50
Kelley School of Business	57	42	10	6	67	48
Library and Information	0	1	3	4	3	5
PE and Tourism Management	11	17	-	0	11	17
School of Dentistry	4	3	15	18	19	21
School of Education	52	27	12	13	64	40
School of Informatics	27	26	6	5	33	31
School of Journalism	4	6	-	2	4	8
School of Law	7	2	46	41	53	43
School of Liberal Arts	42	91	9	21	51	112
School of Medicine	5	12	15	15	20	27
School of Nursing	39	35	6	8	45	43
School of Science	104	102	36	24	140	126
School of Social Work	9	19	18	23	27	42
SPEA	9	20	10	7	19	27
University College	32	56	-		32	56
Non-degree/Other					19	50
No Answer					89	8
<b>Total</b>	495	581	206	196	815	835

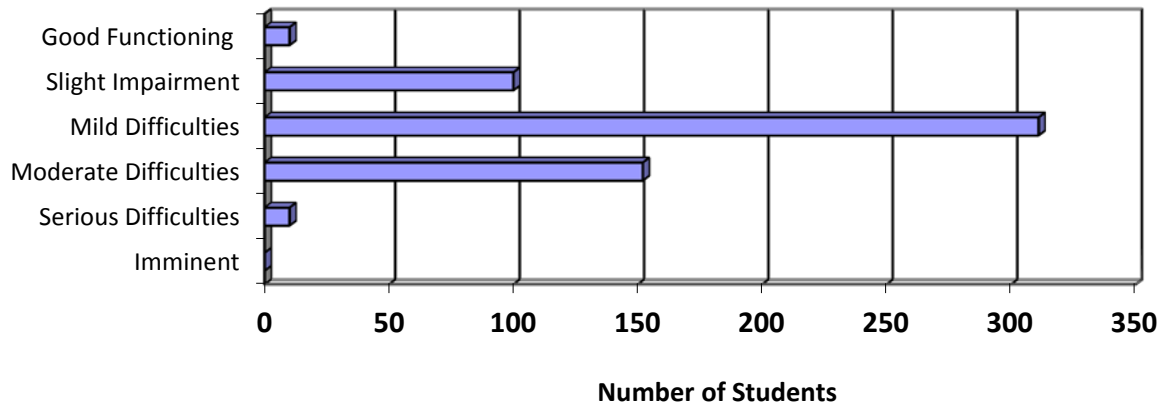
Consistently, most students find their way to CAPS through faculty and staff recommendations. The web-site and word of mouth from friends also account for a significant number of contacts.

	2009-10		2010-11	
	#	%	#	%
Friend	133	16.8	94	14.2
Faculty/Staff	245	31.0	194	29.3
Advertisement	23	2.9	16	2.5
Learning Community	1	0.1	13	2.5
Screening/Awareness Day	3	0.4	4	0.6
Student Health Center	6	0.8	11	1.7
Other Outreach	5	0.6	9	1.4
Spouse/Family Member	20	2.5	30	4.5
Other	49	6.2	77	11.6
Web Site	190	24.0	163	24.6
Orientation	49	6.2	36	5.4
AES	11	1.4	10	1.5
No Answer	56	7.1	0	0

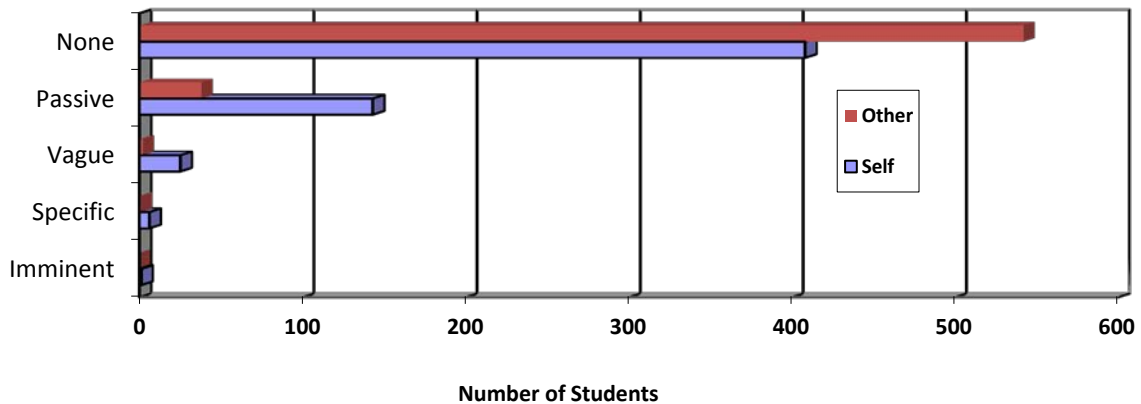
### Clinical Severity and Outcomes

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 (69%) as a result of their presenting concerns. The following graphs are based on clinical interview assessment of ~580 new clients that established individual counseling services during the 2010-11 year.

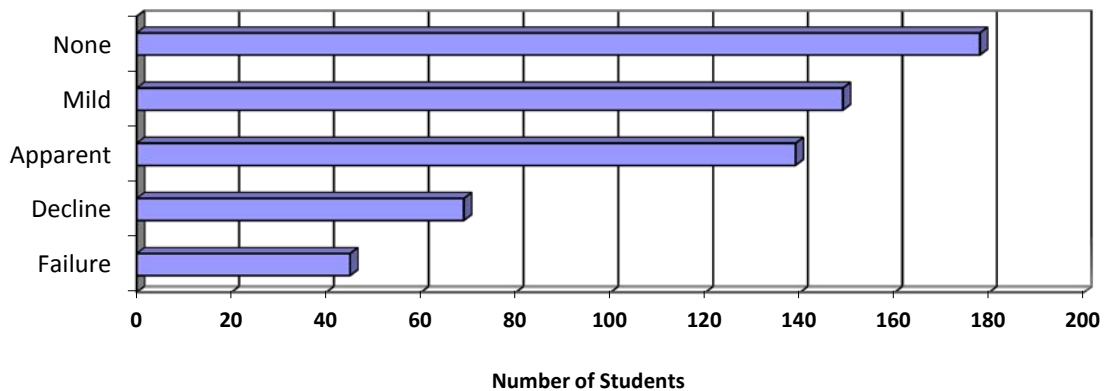
#### Level of Functioning (GAF)



#### Threat of Harm

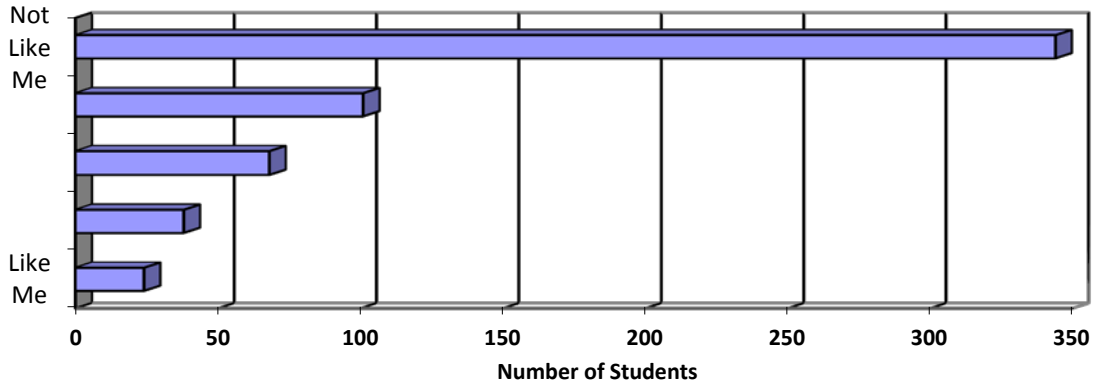


#### Academic Impairment

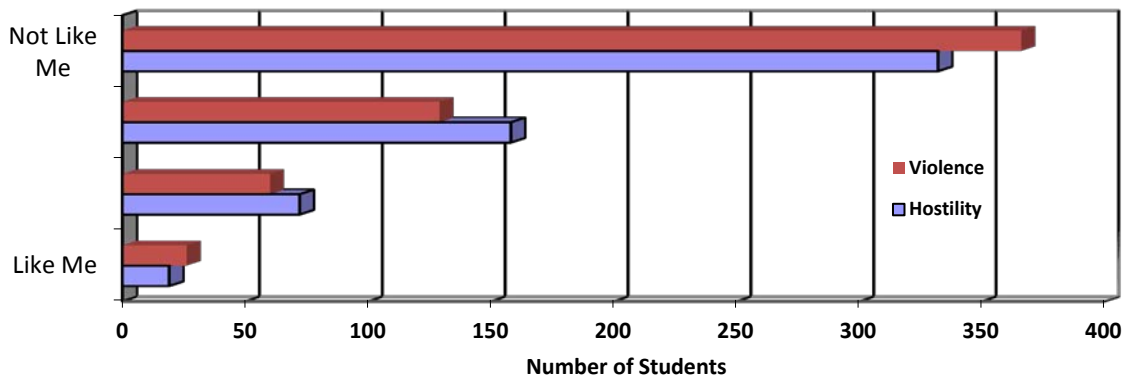


Students complete a self-report questionnaire (CCAPS) when establishing services at CAPS. The patterns of thoughts of harm to self or others from this assessment were similar to those obtained from counselor assessments. Reports of academic impairment were somewhat higher in self-report, compared to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

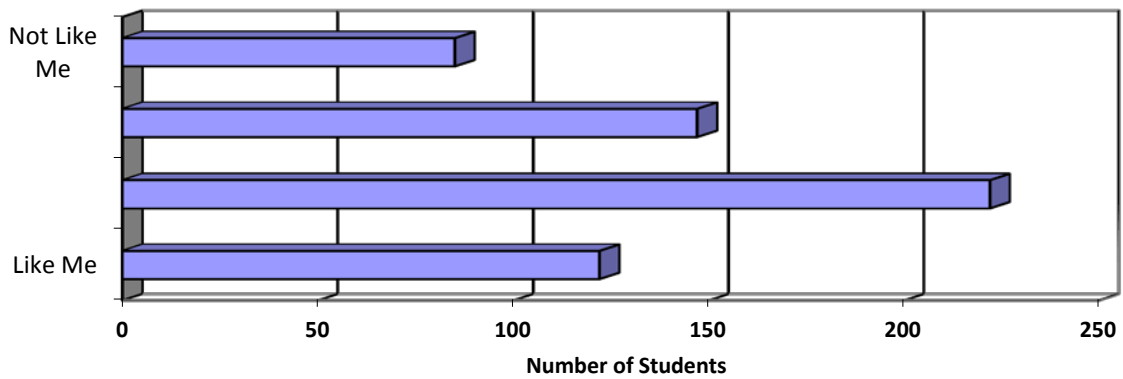
### Suicidal Ideation



### Hostility and Violence

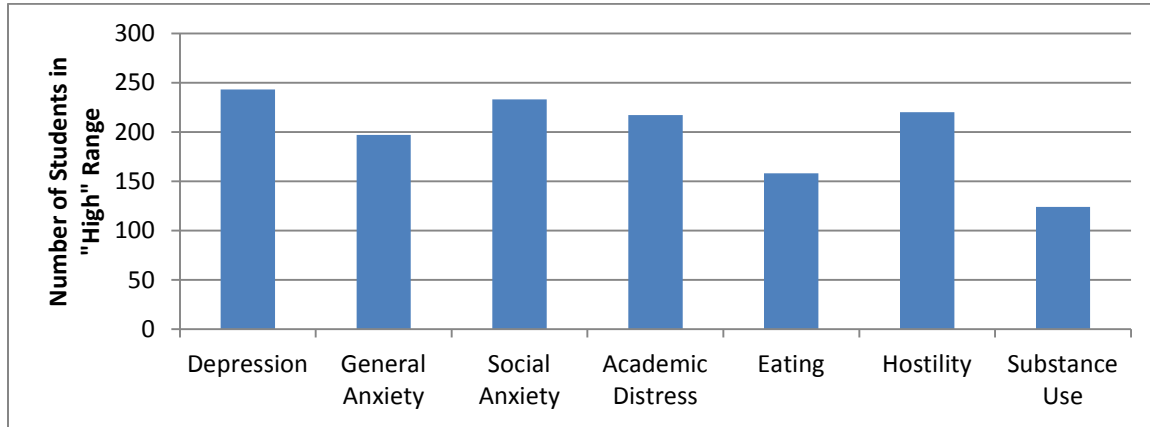


### Academic Impairment





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 endorsing significantly above average concerns in each area. Consistent with clinical diagnostic impressions, depression (35%) and anxiety (General: 28% and Social: 34%) are the most prevalent symptoms in IUPUI students presenting to CAPS.



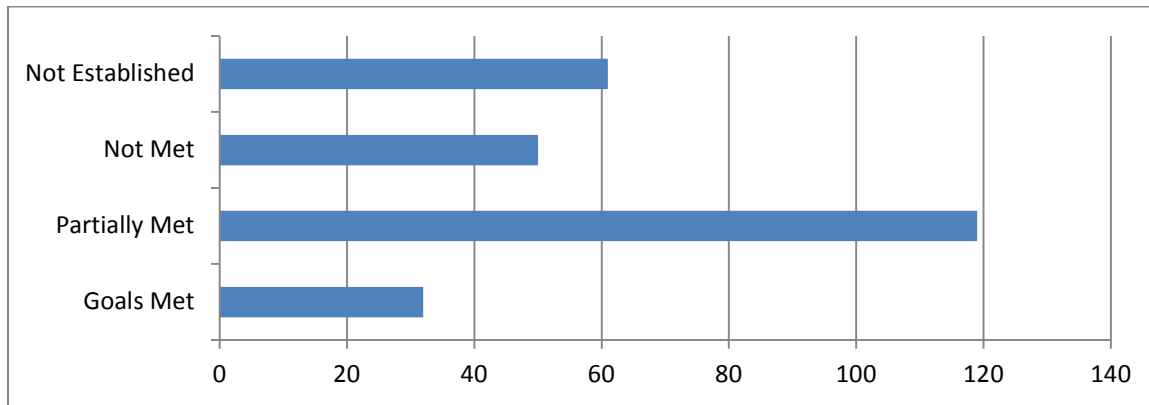
Of the 244 clients that initiated and engaged in individual counseling for a sufficient amount of time to support a diagnosis by the treating counselor, the most frequent symptom presentation was related to clinical depression. (Note: Some clients met criteria for more than one diagnosis, therefore, the column sum is >244.) In contrast to prior years, anxiety symptoms (excluding trauma) were the second most common presenting concern. The number of substance related diagnoses nearly doubled compared to the prior year. These data will be used to guide clinical specializations of staff.

Diagnoses of Treatment 2010-11		
Diagnostic Category	# clients	% w/ Diagnosis
Depression	126	52%
Anxiety	101	41%
Relationship Problems	79	32%
Substance Related	52	21%
Adjustment Issues with depression/anxiety	46	19%
Situational Problems	44	18%
Trauma – PTSD or Acute Stress	25	10%
Eating/Body Issues/Physical Symptoms	16	7%
Victim of Abuse	13	5%
Thought Disorders/Problem Behaviors	11	5%
Bipolar Disorder	8	3%
Developmental/Cognitive	5	2%

In addition to the diagnoses listed above, ~50 diagnoses of learning disorders or attention problems were made through evaluation and testing services.

For the 262 students attending at least one individual counseling session after intake, there were noted declines in the number demonstrating functional impairments or threats of harm to self or others. In addition, 75% of those that persisted for at least three sessions met or partially met their counseling goals.

	Incoming	Termination
Moderate-Severe Functional Impairment	29.9%	10.4%
Threat of Harm to Self	27.7%	5.6%
Threat of Harm to Other	11.3%	3.0%
Academic Impairment	69.7%	49.8%



The following table reflects the percentage of students with baseline elevations in CCAPS scores that reported significant symptom reduction at subsequent administrations.

	Attended >5 sessions	Attended >11 sessions
	N=125	N=30
Depression	41%	59%
General Anxiety	25%	22%
Social Anxiety	10%	12%
Academic Distress	20%	13%
Eating	26%	20%
Hostility	24%	24%
Substance Use	19%	10%

Similarly, of the 88 students initiating and terminating counseling during 2010-11, fewer scored in the “high” level of distress upon termination.

	Initial	Termination
Depression	37.5%	12.5%
General Anxiety	38.6%	23.9%
Social Anxiety	31.8%	23.9%
Academic Distress	46.6%	15.9%
Eating	42.0%	35.2%
Hostility	31.8%	13.6%
Substance Use	13.6%	5.7%

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.

The Division of Student Life engaged in a project to map division programs and services to the IUPUI Principles of Undergraduate Learning (PULs). The results of CAPS’ contributions to this project can be found in the appendix. Baseline data were obtained during 2010-11, and future annual reports will incorporate PUL assessment as outcome date.

#### 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, 258 surveys (Fall = 107, Spring = 151) were completed in 2010-11 with the following results:

- o >88% found the visits useful (#10);
- o >76% 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 100 of the 258 respondents to the 2010-11 Satisfaction Survey. Of these, 19 were classified as “Criticisms/Concerns”, 17 as “Neutral/Mixed” and 64 as “Positive.” 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	2009-10		2010-11	
	Total Screened	Recommended for Services	Total Screened	Recommended for Services
Alcohol	38	4	19	7
Depression	25	15	32	16
Body Image	19	3	31	8
Anxiety	36	22	46	29

### Resource Tables

CAPS participates in several resource and health fairs on campus, and was involved in Orientation for the first time in the summer of 2008. CAPS' staff answers questions and provides informational brochures/cards and simple give-away promotional items. During the past year, CAPS participated in:

- 20 Orientation sessions in the summer of 2010, reaching more than 4000 students,
- 21 Orientation sessions are planned for the summer of 2011,
- >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 2010-11 are summarized in the tables below. Compared to the prior year, the number of presentations was similar, but nearly 50% more individuals were directly reached by CAPS' staff. 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 would like to resume a full compliment of outreach activities.

#### Number of Presentations

	Summer	Fall	Spring	Total
Presentation	8	8	10	26
Workshop	2			2
Panel Discussion	1		1	2
Total	11	8	11	30

#### Number of Participants

	Summer	Fall	Spring	Total
Presentation	543	462	329	1334
Workshop 1.5-3 hours	48			48
Panel Discussion	15		30	45
Total	606	462	359	1427

Presentation Topics

Assertive Communication	1
CAPS' Services	6
Anxiety/Depression/Other	2
Healthy Relationships	1
Emotional Health and College Success	1
GLBT Issues	1
Stress Management	3
Life Balance/Healthy Living/Time Mgmt	6
Test Anxiety	1
Working with Students - various	4
Working with Students in distress	4

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.

On-Line Resources

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

Online Screening

In 2010-11, 558 screenings were completed on-line, which is a slight (10%) reduction over the prior year. However, as in prior years, high percentages of those completing the screenings scored in the positive range, suggesting they likely or very likely were experiencing a clinical level of symptoms and impairment. Additionally, ~73% of those scoring positive for symptoms indicated they planned to pursue further evaluation and services. Even if only a fraction of the 405 students endorsing symptoms were to seek services at CAPS, there would be a significant impact on service demand.

Online Screening	#	%
<b>Depression (Total)</b>	222	
Unlikely	37	16.67
Likely	121	54.50
Very Likely	64	28.83
<b>Generalized Anxiety (Total)</b>	169	
Negative	18	10.65
Positive	151	89.35

Online Screening	#	%
<b>Bipolar Disorder (Total)</b>	134	
Negative	92	68.66
Positive	42	31.34
<b>PTSD (Total)</b>	33	
Unlikely	6	18.18
Positive-Partial	14	42.42
Positive-Full	13	39.39

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. During 2010-11, CAPS requested that students establishing services who scored >8 on the AUDIT self-report screening administered at intake complete the E-Chug. This resulted in a total of 242 completions, more than a 60% increase over the prior year.

<b>EChug</b>	<b>#</b>	<b>%</b>
Students Completing	242	
Number who drink	219	90%
Typical week BAC	0.083	
Typical drinks per week	9.2	
Level I Risk	69	29%
Level II+ Risk	31	13%

*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. While fewer than 100 student completed E-Toke, the average use of >15 days per month suggests the potential for significant impairment in academic and life functioning and an area of concern for the campus community.

<b>EToke</b>	<b>#</b>
Students Completing	94
Days per month using	15.4
Hours per month under influence	71.2

## Consultation Services

CAPS continues to provide 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 75 formal consultations (~13 hours) during the 2010-11 academic year. Information regarding those consultations is presented below.

	Consultee	Person of Concern
Faculty	10	
Staff	35	2
Undergraduate Student	12	50
Graduate Student	1	5
Parent/Family	3	
Friend	4	1
Other	9	6
Self	1	11

Nature of Consultation	Number
Harm to Self	15
Harm to Others	5
Abusive Relationship	3
Academic Problems	18
Sexual Assault	2
Substance Abuse	13
Odd Behavior	18
Job Performance	27
Making a Referral to CAPS	15
Other	5

More than one may apply to a single case, therefore total is >75.

In 11 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 Liaison  
Critical Incident Stress Management Team

Mike Hines

Sexual Assault Awareness and Prevention Task Force

Julie Lash

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

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  
Student Life Retreat Committee (Fall 2010)  
Search and Screen Committee: Residence Director (Spring 2011)

Misty Spitler

Critical Incident Stress Management Team  
Disaster Action Team – Johnson County/Greater Indiana Red Cross  
Student Life Professional Development Committee  
Office for Women Advisory Council  
Volunteer – Crisis Response – Joplin, MO (Spring 2011)

Rebecca Stempel

Critical Incident Stress Management Team (co-coordinator)

Unchana Thamasak

Critical Incident Stress Management Team  
Student Life Emergency Preparedness Group



## 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:

	Masters		Doctoral		Intern		Post-Doc	
	09-10	10-11	09-10	10-11	09-10	10-11	09-10	10-11
Adler Institute								
Ball State		1						
Indiana State University		1						
Indiana University - Bloomington				1				
Purdue University			2	1				
University of Chicago							1	
University of Indianapolis	1		2	2	2	2		2

For 2011-12, trainees will represent the following academic programs:

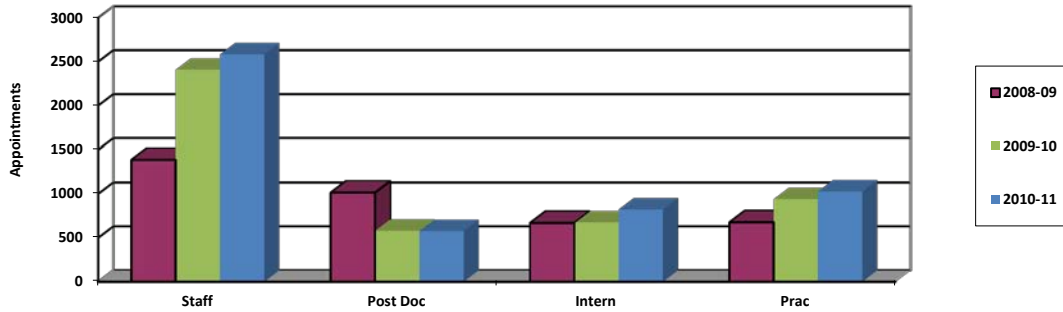
	Masters	Doctoral	Intern	Post-Doc
Ball State				
Fuller Seminary - California			1	
Indiana State University			1	
Indiana University - Bloomington		1		
Purdue University		2		
University of Indianapolis	1	4		2

IUPUI CAPS typically receives material from many more applicants than can be placed. For example, 48 applications were received from 4 different institutions for practicum placements. We interviewed 43 applicants on-site and selected 8 for positions. For pre-doctoral internship, CAPS received 8 applications and interviewed 3 on-site. Neither position was filled through the first round of the national match. However, CAPS received 7 applications for the second phase of the national match from 6 different institutions and interviewed 5 via Skype. The two positions were then filled through the second round of the match. A total of 15 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. While two individuals began the years as post-doctoral

fellows, both transitioned to senior staff positions in March. As a result, the amount of service provided by senior staff and post-doctoral fellows remained consistent compared to last year (~52 and 12%, respectively). Both pre-doctoral interns remained active throughout the year, therefore, service provision increased by ~2%, to 16.4% of all services. The percentage of clinical services provided by practicum students remained relatively stable compared to last year, at 20.5%.



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. While there are occasionally students that do not find the demands of the site compatible with their skills or needs, such instances have remained few.

## 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

Several goals and objectives were met or exceeded in 2010-11.

- Clinical contact hours were increased by 10.2% over the prior year.
- The number of students presenting for services increased by 5.6% (44).
- 27 alumni were provided services.
- Clinical staffing levels were increased to 7 FTE for 2011-12.
- The number of fee reduction awards more than doubled (20 to 43) compared to the prior year.
- Income generated by counseling/testing services increased by ~\$2,000.
- Client satisfaction with CAPS' services increased slightly, with 89% (vs. 87%) reporting overall satisfaction.
- More than 50% of clients report CAPS' services assisted them in academic performance and persistence.
- The number of students screened face-to-face for depression, anxiety, and eating disorders increased over the prior year.
- The number of students completing on-line alcohol education (E-Chug) increased by >60% as this was added to the CAPS' clinical protocol.
- While State funding allocations to CAPS continue to decline, the overall budget increased by >\$4,000 for 2010-11, and will increase by another \$140,000 for 2011-12 due to increased allocations from the General Service Fee.

Strategic plan goals that were not met in 2009-10 included:

- The number of students placed on the wait list (213), and those not seen for services (126), increased significantly over the prior year.
- Students generally presented with a higher level of functional impairment than in the prior year, resulting in fewer services related to "wellness" issues.
- The number of outreach presentations remained stable compared to last year.
- Psychiatric service provision remained stable.
- There was a continued decrease in the number of referrals by faculty and staff.

The progress toward specific goals established for 2010-11 is noted below:

- Minimize number of students placed in wait list status.
  - Number of students placed on wait list actually increased dramatically due to increased demand for services.
- Emphasize web-based outreach and screening options.
  - Online resources for prevention and psychoeducation - maintained
  - Kognito gatekeeper training for training faculty, staff, student leaders – minimum use
  - Determine role of CAPS' E-Newsletter - eliminated
  - Add retention/graduation information to web - completed
  - Develop social networking options – Facebook page developed and maintained
  - Add counselor profiles to web-page - completed
- Limit face-to-face outreach presentations
  - Health fair involvement but minimize presence at other “fairs” – slightly fewer
  - Screening days – increased number screened
  - Same number of presentations, with significant increase in number of students reached.
- Increase in-house substance use prevention work
  - Increased completion of E-Chug (242)
  - Implementation of E-Toke (94)
- Develop proposal and pilot guidelines for fee reduction for testing service – deferred
- Identify space and staffing options
  - Increase psychiatry medication management hours – minimal change
  - Increased clerical assistance to office manager to ~30 hours/ week
  - Moved to Walker Plaza (July 2011)
- Evaluate all satisfaction and outcome surveys to ensure PUL domains are assessed - completed
- Begin exploration of potential partners and funding for supported education – deferred

Specific goals for 2011-12 include:

- Minimize number of students placed on wait list
- Implement skills-based and process counseling groups
- Further develop liaison relationships with campus partners
- Increase faculty/staff referral base through workshops and promotion of Kognito/At-Risk
- Collaborate with campus partners on sexual assault prevention and SAVE Act compliance
- Implement policies/procedures for use of CAPS' “emergency” funds
- Implement client education through interactive web-based programs
- Increase psychiatry hours of availability
- Prepare for strategic planning to align with new Division goals

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

**Appendix: Contribution to Principles of Learning  
IUPUI CAPS**

Service	1 Core communication and quantitative skills	2 Critical thinking	3 Integration and application of knowledge	4 Intellectual depth, breadth, and adaptiveness	5 Understanding society and culture	6 Values and ethics
Counseling		Students will implement healthy behaviors as a result of personal counseling.	Students will experience reduction of symptoms and improved functioning as a result of personal counseling.  Students will demonstrate academic success as a result of personal counseling.			Students will be able to clarify values and make choices based upon personal values as a result of seeking personal counseling.
Psychoeducational Testing	Students will receive appropriate academic accommodations as a result of psychoeducational testing.		Students will successfully complete a program of study as a result of psychoeducational testing.			
Outreach Activities		Students will learn about healthy lifestyle choices as a result of participation in outreach activities.	Students will learn about their own level of risk for mental health concerns.		Students will learn about mental health concerns as a result of participation in outreach activities.	

<b>Counseling &amp; Psychological Services</b>	<b>1 Core communication and quantitative skills</b>	<b>2 Critical thinking</b>	<b>3 Integration and application of knowledge</b>	<b>4 Intellectual depth, breadth, and adaptiveness</b>	<b>5 Understanding society and culture</b>	<b>6 Values and ethics</b>
Psychiatric Services	Students will maintain or improve academic function as a result of receiving psychiatric services.	Students will implement healthy behaviors as a result of receiving psychiatric services.				
Clinical Training			Students will report satisfaction with counseling process as a result of working with graduate student counselors in training.	Students will demonstrate clinical improvement as a result of working with graduate student counselors in training.		
Faculty/Staff Consultation and Training		Students will seek CAPS services as a result of faculty and staff referrals.			Students will report feeling supported by their academic advisors and faculty as a result of CAPS training and consultation.	