COUNSELING SERVICES 2013-2014 ASSESSMENT REPORT

MISSION

The mission of UHWO Counseling Services (CS) is to establish programs that assist students in maintaining psychological health and developing life practices that support retention. To accomplish this, the CS offers developmental, clinical, and preventative interventions. At the developmental level, the CS assists students in acclimating to college, achieving personal objectives, and establishing positive interpersonal and intrapersonal relationships. Students with more acute psychological needs may receive clinical treatment involving assessment, diagnosis, psychotherapy, and crisis interventions. Measures employed at the preventative level aim to reduce the likelihood of harmful situations and promote the overall wellbeing of students.

GOALS

- Increase help-seeking behavior.
- Provide brief and effective mental health treatment that addresses threats to retention, healthy living, and wellbeing.
- Promote a campus culture of wellness through training, education, and community partnerships
- Provide students accurate and comprehensive psychodiagnostic, neurocognitive, and risk assessments.

DEPARTMENTAL DASHBOARD

On August 19, 2013, UHWO hired its first fulltime clinical psychologist to establish a fully operating Counseling Service unit. From this date forward, students and program data are being collected on a continued and systematic basis.

POINTS OF PRIDE

- The integrative referral approach utilized by Student Affairs has identified and appropriately referred students with mental health needs from the early intervention initiative, ADA consultations, instructional staff, student life, and tutoring center.
- Initial pretest/posttest results revealed that individuals receiving psychotherapy showed a significant reduction in symptoms between four and six counseling sessions.
- The use of contemporary psychological tests has provided information concerning treatment, ADA accommodations, and identified students who may be at risk of harming themselves or others.
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ASSESSMENT ACTIVITIES 2013-2014

Program Objective 1

Beginning Fall semester 2013, 100% of UHWO’s Counseling Services’ student clients will receive best practice counseling services that include clinical and neurocognitive assessment, therapeutic intervention, and reports of treatment effectiveness.

Methods and Measures

Counseling Services will use the Symptom Check List-90-Revised (SCL-90-R) and program questionnaires to evaluate the services offered. The SCL-90-R is a commonly administered and empirically validated instrument that utilizes normative based comparison to test a broad range of mental health symptoms. It is administered at the beginning of therapy and prior to changing an individual’s treatment status. Help-seeking behavior is assessed by sources of client referrals and findings from pretest/posttest questionnaires distributed before and after trainings. The knowledge and application of wellness topics are also evaluated by these surveys.

The clinical psychologist will administer the SCL-90-R to all student clients at the beginning of therapy and before making any changes to an individual’s treatment status. The SCL-90-R will be used to evaluate the response to treatment and other related data essential to ensuring that student clients receive a high standard of care.

Findings

Over the past three months, 22 students received mental health services, 58 therapy sessions were conducted, and 9 people met with the psychologist to consult about psychological issues. There were 22 faculty consultations, 5 ADA consultations, 2 full psychological batteries, and 3 crisis/outreach efforts. Of the individuals receiving ongoing treatment, 4 were referred by an instructor, 3 by the ADA coordinator, and 5 were self-referred.

Since the beginning of the program, 4 people completed pretest/posttest SCL-90-R assessments. The students in this sample participated in 4 to 6 one-hour psychotherapy sessions. On average, the clients showed an 18.5% reduction of symptoms and a 15.3% reduction of symptom severity. With respect to the latter, the participant who showed the least amount of progress endorsed an improvement of 7%. Contrastingly, the patient with the greatest treatment response reported a 40% decrease in symptom severity.

Conclusions/Status
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PLANS FOR COMING YEAR

- Provide the following trainings and wellness initiatives: (a) Dyslexia and Study Skills, (b) Dealing with Suicidal and Homicidal Students, and (c) Introduction to Mental Health Services
- Modify the Crisis Response Protocol to include assessing and treating suicidal and homicidal students.
- Develop and maintain the following support groups: (a) College Christians, (b) From Ex to Next, and (c) The Fraternity.
- Increase the administration of psychological batteries by 5%
- Increase the psychotherapy caseload by 10%
- Increase referrals to CS by 10%

ATTACHMENTS