COUNSELING SERVICES 2014 - 2015 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, developmental, clinical, and preventative interventions are offered. At the developmental level, the CS assists students in acclimating to college, achieving personal objectives, and establishing positive interpersonal and intrapersonal relationships. In addition, students with qualified disabilities are provided with appropriate learning accommodations to ensure equal access to education. 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 overall wellbeing. Please refer to the CS Tree attachment a visual overview of CS services.

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 with accurate and comprehensive psychodiagnostic, neurocognitive, and risk assessments.
- Implement and monitor accommodations for ADA qualified students.

DEPARTMENTAL DASHBOARD

On August 19, 2013, UHWO hired its first fulltime clinical psychologist to establish fully operating mental health services. Four months later on January 6, 2014, the Clinical Psychologist and American’s with Disabilities Act (ADA) Coordinator roles were combined. Since the start of the CS, data has been 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 services, instructional staff, student life, and tutoring center.
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- 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.
- The first weekly Mental Health Moment Article was emailed to all faculty, staff, and students on February 20, 2014.
- The crisis and response team has been established and has started to meet once a month beginning in September 2014. Please refer to the Threat Assessment Screening attachment

ASSESSMENT ACTIVITIES 2014 - 2015

Program Objective 1: Encourage Help Seeking Behavior

In October 2013, the CS Assessment Report established a goal of increasing the psychotherapy caseload and mental health referrals by 10% over one year. Psychological services offered include individual therapy, couples counseling, faculty and student consultation, support groups, and assessment. In an effort to achieve Program Objective #1, CS developed a referral network utilizing social media and outreach efforts targeting students, staff, and ADA identified students.

Methods and Measures

Help seeking behavior was measured by direct service hours, types of mental health approaches used, and sources of referrals. Direct service hours are defined as time spent providing psychological assessment, therapy, or student/staff consultations associated with mental health complaints or issues. Consultations involving ADA accommodations or needs, support hours, outreach efforts, and other activities were not counted as direct service hours.

Findings

* Percentages were rounded to the closest whole number.

August 2013 to October 2013 (3 months)

For the first three months of the counseling program, 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.

Research Implication

This initial analysis was conducted with little to no intentional outreach efforts or targeted data collection methods. In an attempt to achieve objective #1, it was determined that information concerning the effectiveness of various forms of outreach and advertisement methods needed to be obtained and analyzed. Additionally, it was decided that measuring the hourly distribution of services would provide more meaningful data as opposed to simply documenting the type of encounter.
Between August 19, 2013 and March 24, 2014, 57 students received psychological treatment and/or assessment. From this group, information concerning the source of referral was available for 30 of the cases. Approximately 33% of students were referred by staff, 20% by the ADA Coordinator, and 13% by the previous psychologist. Of the other students who received either therapy or psychological evaluations, 17% accessed the CS contact information through the campus webpage, 10% attended a class presentation, and 4% responded to a Mental Health Moment article.

With respect to direct service units, the CS provided 253.25 hours of mental health evaluation, consultation, or treatment. Of these hours, 82% were spent in therapy and assessment, 16% in faculty and student consultations, and 2% in crisis intervention.

In this sample, information concerning a student’s educational cohort was available for 26 of the students. Students with less than 1 year to 2 years of college experience were categorized as the “Freshman/Sophomore” group. Participants with 3 or more years of post-secondary education were referred to as “Junior/Senior” learners. When these groups were compared, it was discovered that 21 out of the 26 students (81%) sampled were categorized as a member of the Junior/Senior category. This suggests that the students who utilize the services of the CS were disproportionately upperclassmen.

Research Implication
Given these findings, it was determined that more consistent information should be obtained concerning a student’s educational level and use of CS services. Initial results concerning years of education and utilization of counseling service revealed that Freshman/Sophomore students were significantly less likely to encounter the CS. This suggests that marketing and outreach initiatives should target this population of learners. In addition, staff influence (including the ADA coordinator) accounted for the majority of student referrals. It was also noted that while the Mental Health Moment had just been created, that this outreach effort appeared to be a promising method of increasing helps seeking behavior.

March 25, 2014 – November 4, 2014 (8 Months)
Given the results of the previous assessment, the campus psychologist attended and presented at student orientations, conducted a training with first year experience peer mentors, and increased the visibility of CS services by participating in club rush events targeting Freshman students. Moreover, faculty outreach efforts were conducted to educate faculty about the CS, learning difficulties, ADA regulations, and about managing difficult students. The Mental Health Moment was also emailed to all faculty and students on a weekly basis. Between March 25, 2014 and November 4, 2014 the following workshops and presentations were delivered to students and staff:

- 6/24/14 Introduction to Counseling Services and Suicide Prevention for Peer Mentors
- 6/27/14 Learning with a Learning Disability
- 7/16/14 Dealing with Difficult Patrons
- 8/13/14 No’eau Center Tutor Training
- 8/19/14 ADA Do’s and Don’ts
- 9/3/14 Introduction to Counseling Services
- 10/16/14 Healthy Relationships
10/7/14 Dealing with Difficult Patrons: Student Help

From March 25, 2014 to November 4, 2014, 45 students received psychological therapy and/or assessment. Of this group, information concerning the source of referral was available for 44 of the cases. Approximately 27% of students were referred by staff, 27% responded to the Mental Health Moment articles, 18% were referred by the ADA Coordinator, 14% from outreach efforts (e.g. class presentations and flyers), 7% by other students, 7% from the university internet page, and 7% from the previous therapist. In terms of educational levels, 24 (55%) students were classified as Freshman/Sophomore learners and 19 (43%) were Junior/Senior students.

With respect to direct service units, the CS provided, 225 hours of mental health evaluation, consultation, or treatment. Of these hours, 88% were spent in therapy and assessment, 6% in consultation, and 6% in crisis intervention. Although there was a slight decrease in the direct service hours counted between March 2014 and November 2014 there was a significant decline in the use of CS service over the summer months. For example, during the summer break, only 5 hours of direct service hours occurred.

An initial analysis suggests that the previously mentioned initiatives produced promising results. While staff efforts still accounted for a large number of referrals (27%), and equal number of students (27%) reported that they learned about the CS through the Mental Health Moment (an increase of 23% from the previous sample). Outreach efforts such as class presentations accounted for 14% of the CS referrals; this is a 4% increase from the previous evaluation. In light of the changes in marketing, it was also noted that the interned only accounted for 7% of CS referrals. It may be hypothesized that as no changes were made to the internet referral system, other outreach methods showed greater effectiveness.

The most pronounced difference between the current evaluation and previous assessment involved the distribution of years of education and utilization of CS services. Since marking efforts intentionally targeted first and second year college students, a significant increase in help seeking behavior has been observed in this population. For example, the Freshman/Sophomore group represented a majority of the CS referrals and a more even distribution between classes of students was identified (Freshman/Sophomore = 24 students and Junior/Senior = 19 students).

Conclusions/Status

Substantial progress has been achieved on Program Objective #1. In October 2013 the CS established a goal of increasing the caseload and referrals by 10% over a period of one year. The findings of this self-study indicated that between 2013 and 2014, the mental health caseload has more than quadrupled from 22 in October 2013 to 95 in November 2014. When the referral sources were analyzed staff referrals, the Mental Health Moment, and outreach initiatives appear to be the most effective methods for increasing help seeking behavior. It was also identified that targeting first and second year college students likely accounted for the dramatic increase in services provided to this population. Based on these findings, the CS has offered the following recommendations:

- Continue to use and update the multi-source referral network.
- To accommodate the increasing utilization of the CS, it would be beneficial to hire a licensed social worker, therapist, or post-doctoral fellow in clinical psychology or related field.
Program Objective 2: Provide Effective Mental Health Treatment

Program Objective #2 states that the CS will provide best practice psychological treatment to all student-clients. These interventions are targeted at reducing mental health symptoms and encourage practices that support wellbeing and retention.

Methods and Measures

Counseling Services uses the Symptom Check List-90-Revised (SCL-90-R) to evaluate the effectiveness of treatment. The SCL-90-R is a commonly administered, empirically validated, normative based instrument that tests a broad range of mental health symptoms. It is administered at the beginning of therapy and prior to changing an individual’s treatment status.

Findings

In the October 2013 CS Assessment Report, 4 people completed pretest/posttest 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. Since the initial CS assessment, most new treatment referrals were administered pretest evaluations. However, more time is needed to collect and analyze posttest results.

Conclusions/Status

Initial pretest/posttest results suggested that treatment had a positive and measurable impact on student health, overall symptomatology, and intensity of psychological complaints. While these results are promising, it is necessary to increase the sample size used in this portion of the CS assessment to achieve more robust and meaningful findings.

Program Objective 3: Utilize Empirically Validated Psychological Assessment Procedures to Achieve Accurate Diagnoses and to Inform Student Care

It is the goal of the CS to employ the intentional use of empirically validated and commonly used assessment tools and procedures to guide treatment and improve diagnostic accuracy.

Methods and Measures

The number of assessments conducted and type of evaluations used were referenced to measure Program Objective #3.

Findings

From August 2013 to November, 2014 18 students received comprehensive psychological evaluations. The following testing instruments were administered:
Weschler Adult Intelligence Scale-IV (WAIS-IV)
Weschler Abbreviated Scale of Intelligence-III (WASI-III)
Wide Range Achievement Test – 4 (WRAT-4)
Rorschach Inkblot Test
Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
SCL-90-R
Personality Assessment Inventory (PAI)
Minnesota Multiphasic Inventory-2-RF (MMPI-2-RF)
Historical Clinical and Risk Management-20 (HCR-20)
Career Assessment Inventory (CAI)
Substance Abuse Subtle Screening Inventory-3 (SASSI-3)

**Conclusions/Status**
The tests listed above are extensively studied instruments used in psychological practice. Research suggests that the findings from these tools are useful aids in achieving accurate diagnoses and can inform mental health treatment. On the previous CS Assessment Report, it was the goal of the center to increase psychological evaluation by 5% in one year. The first sample in October 2013, 2 full psychological assessments were completed. Over the past years a total of 18 students received full psychological evaluations. This figure greatly exceeds the goal of a 5% increase.

**Program Objective 4: Implement Student-Centered Wellness Initiatives Directed at Promoting Health Practices and Influence Positive Campus Social Norms**

At the preventative level, the CS has developed wellness initiatives to enhance help seeking behavior, promote healthy practices, and influence positive social norms on campus. To achieve these objectives, the Mental Health Moment and “I’m a B” program have been implemented. The Mental Health Moment, a weekly psychoeducational article, is emailed to all faculty, staff, and students. Topics of the Mental Health Moment have included depression, trauma, and anxiety.

With respect to the “I’m a B” program, students are asked to make a verbal pledge to be a “B.” A “B” is a bystander that vows to report acts of sexual violence. It is the goal of this program to address and modify harmful social norms. For example, a “B” is sometimes used as a derogatory term to describe a female. It has also been well demonstrated that many sexual crimes are not reported. The goal of the “I’m a B” program is to challenge and change social norms that encourage sexual violence.

**Methods and Measures**
The impact of the Mental Health Moment can be measured by CS referrals and the effectiveness of the “I’m a B” program can be assessed by studying the reporting of sexual violence over time.

**Findings**
At present, the Mental Health Moment and “I’m a B” program have only been available for approximately one month. More time is needed to evaluate the effectiveness of these initiatives.

**Conclusions/Status**
There is insufficient information at this time to provide a conclusion about the impact and utility of the Mental Health Moment and “I’m a B” program.

Program Objective 5: Provide Reasonable ADA Accommodations to Self-Identified Students

Program Objective #5 involves providing reasonable accommodations to self-identified ADA students.

Methods and Measures
Data were collected concerning the number of students receiving ADA services, notices of accommodations submitted to instructional staff, and types of accommodations used.

Findings
Over the past year, 85 students were self-identified as having an ADA eligible disability. Most students were afforded extra time on tests, provided with a distraction free examination environment, offered preferential seating in class, and permitted to audio record lectures. Two students were provided with an in-class note taker, and 3 students received books in alternative formats.

Conclusions/Status
Without baseline data concerning the number of self-identified ADA students and types of accommodations offered, it is difficult to assess the outcome of this program objective.

PLANS FOR COMING YEAR

- Continue providing workshops and presentations directed at increasing help seeking behavior
- Implement a standard procedure threat assessment procedure to be used when responding to crisis situations.
- Increase the use of mental health services 5% over one year.

ATTACHMENTS

- CS Tree
- SCL-90-R (Administration Only)
- Threat Assessment Screening (Administration Only)