



2008-2009 Assessment Plan Report

PROGRAM ASSESSMENT REPORT-SERVICE UNITS AY 2008-2009

Report Date: June 11, 2009
Division/Office: University Life
Department/Program: Counseling and Psychological Services
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Overview Statement:

The following Student Learning Outcomes were assessed during 2008-09:

- 1A** CAPS clients will show clinical improvement indicating a decrease in their level of emotional and lifestyle distress from their first to last administration of the Outcome Questionnaire-30
- 3A** CAPS clients completing the Student Experience Survey (SES) will report engaging in increased self-care.
- 4A** CAPS clients completing the SES will indicate improved relationships with others.
- 5A** CAPS clients completing the SES will report a greater understanding of their cultural identity
- 5B** CAPS clients attending the Alternative Sexuality Group will demonstrate an increased sense of sexual identity through completion of the Klein Sexual Orientation Grid

All members of CAPS clinical staff were involved in the assessment activities related to outcome 1A, 3A, 4A, and 5B. Drs. Molly Zook and Tom Ellis were responsible for establishing outcome 5A and identifying related assessment.

Student Outcomes Assessed:

Activities

- **1A.** CAPS clients completed the Outcome Questionnaire-30 (OQ-30), a self-report instrument that tracks client changes in the areas of anxiety and depression symptoms, substance use, interpersonal relationships, work/school functioning, and overall quality of life over the course of



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treatment. The instrument was administered via computer at session one with follow up administration at sessions three, five, and termination. This process provided immediate access to initial and subsequent outcome scores and allowed clinicians to appropriately integrate the results into their clinical work.

- **3A, 4A, 5A.** CAPS Clients were asked to complete the Student Experience Survey (SES) via Survey Monkey or in the waiting area of the center. In addition to assessing client satisfaction, the instrument asked for client self-report as it related to increases in self care (i.e. sleep habits, stress management, exercise, time management, eating behavior, alcohol/drug use), improved relationships (i.e. communication, assertion, anger management, self esteem), and greater understanding of identity (i.e. ethnic, spiritual, gender, sexual orientation, racial, ability, class, familial).
- **5B.** The Alternative Sexuality Support Group included support and discussion for students identifying with or exploring alternative sexual orientations. The Klein Sexual Orientation Grid was administered to the group members in order to increase awareness of their sexual orientation and identity. The Klein Sexual Orientation Grid, a research instrument, is an expansion of Kinsey's heterosexual-homosexual continuum scale and takes into account a range of complex, interacting, and fluid factors that encompass sexual orientation. It consists of seven variables, sexual attraction, sexual fantasies, emotional preference, social preference, lifestyle preference, and self-identification that are measured on a heterosexual-homosexual continuum and account for changes in sexual preferences over time. The grid was completed by 11 participants as a way to deepen awareness of their sexual orientation.

Staff Learning:

- **1A.** Of the 622 students who presented for individual services at CAPS 401 (65%) consented to complete the OQ prior to the first interview. 242 of the 401 who were assessed at intake attended three or more therapy sessions and completed one or more follow-up administrations of the OQ. Of these clients 145 produced initial scores within the "clinical" range with two-thirds (66%) presenting within the "severe clinical" range. Outcome data between the initial and final scores of the 242 clients who completed the assessments revealed:
 - * 34% of the students who initially scored in the "clinical" range met the criteria for "recovered" and an additional 20% evidenced a significant improvement.



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* 8% of the clients in the clinical range indicated deterioration or increased distress on their final OQ. These clients were flagged and assessed regarding needed interventions and/or changes to their treatment plan in order to more adequately address their concerns. In most cases, these students needed care beyond the scope of CAPS brief therapy model and were assisted in finding more comprehensive, long term treatment providers in the community. In additional cases, the instrument was administered during finals and previously recovered or improved clients experienced deterioration in scores.

* Overall, 54% of the students who initially presented in marked distress indicated significant symptom relief on their final OQ.

- **3A, 4A, 5A.** 236 clients completed the CAPS Student Experience Survey (SES). We judged it significant that the majority of respondents chose to answer the questions posed to them regarding changes identified. Of the respondents 77% noted increased understanding in some area of their identity, 88% indicated improvements in self care, and 90 % of the respondents indicated improved relationships.
- * **Self Care:** Clients indicated counseling helped them better manage their stress (84.5%), improve sleep habits, (30.9%), manage time (26.1%), exercise more (22.2%), 18.4% stated they ate better and used fewer alcohol/drugs, and 29% noted other improvements in self care.
- * **Relationships:** Clients indicated feeling better about themselves (76.7%), communicating better (62.4%), being more assertive (39%), and managing their anger more effectively (18.1%).
- * **Understanding of personal identity:** 62.4% of clients indicated increased understanding of their identity within the context of their families. Additional increases were indicated in terms of racial, gender, ethnic, spiritual, ability, sexual orientation, and class identities. Finally, 23% indicated increased understanding into identity characteristics other than those listed.
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- **5B.** All group members who completed the Klein Sexual Orientation Grid reported their responses to the other group members and engaged in a discussion about their experience completing this self-assessment. During this discussion, they reported having a better understanding of their own sexual identity, thinking differently about sexual orientation,



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greater acceptance of their sexual orientation, a better understanding of the orientation of other group members, and an appreciation for the variables presented on the Klein scale.

Planned Changes and Adjustments

- **I A.** OQ data provided a useful means by which to track client learning and tagged severe cases, however, the combined recovery/improvement rate was below that of previous the year. In order to decrease possible therapeutic weaknesses, primary supervisors will be charged with addressing overall caseload OQ data with supervisees on an on going basis. Cases indicating deterioration and “no change” will be assessed for treatment appropriateness and/or changes to treatment goals. Supervisees will be responsible for providing their supervisors with quarterly OQ case summaries. Any case in which deterioration and “no change” is taking place will also receive priority in case conference activities in order that the collective center staff has an opportunity to evaluate interventions being employed and discuss alternatives. In addition, in order to increase the cooperation in completing the instrument, standardized training regarding how to introduce the instrument will be introduced.
- **3A, 4A, 5A.** As a result of reviewing the outcome data obtained from the SDS, CAPS will be re-double their efforts to have clients complete the assessment. Although a 33% response rate does allow for some generalization we would like to be closer to 50% so that we might speak more confidently regarding therapy impact. Additionally, we will be analyzing the “comments” and “other” sections to determine what we might want to add to the assessment response options. Finally, while maintaining the high scores on some factors (e.g. *improvement in stress management* and *better understanding of family identity*) we will increase focus on areas that appear not to be addressed as frequently in therapy (e.g. *improved nutrition* and *religious identity*).
- **5B.** Given the reported and observed benefit that the Klein Sexual Orientation Grid had on helping the group members become more aware and accepting of their own sexual identity, as well as that of the other group members, no changes are recommended at this time.