Student Services Annual Department Report
Department: Counseling and Psychological Services

Humboldt State University

Enrollment Management and Student Affairs

Counseling and Psychological Services

Counseling and Psychological Services Mission Statement

Mission Statement
Counseling and Psychological Services contributes to the mission of the Division of Enrollment Management and Student Affairs and the University by promoting and supporting the well-being of HSU students through a range of services including counseling, consultation, outreach, education, research, and training. Our services are offered with recognition and appreciation of each student's unique personality and background, and we are honored to play a part in helping students to achieve emotional, psychological, social, and intellectual growth and development.

Related Items
1: To provide counseling, crisis, and referral services

Description of Goal
To provide confidential, effective, and efficient psychological counseling, crisis, and referral services for students facing developmental, transitional, and/or mental health challenges.

1.a.: Improvement in Functioning

Type of Outcome: Student learning outcome
Learning Domain: KA: Knowledge Acquisition, Construction, Integration & Application, ID: Intrapersonal Development, PC: Practical Competence

Description of Outcome
As a result of the services received at CAPS, students will report an improvement

in functioning

Measurement Strategy: Pre and Post Survey, Evaluations

Assessment Method
Students will evaluate the services received at CAPS through anonymous evaluations. Evaluations will collect data regarding satisfaction with services as well as perceived effectiveness of services.

Students will also complete a pre- and post-treatment questionnaire of symptoms/functioning in various domains (such as substance use, depression, etc.) which will provide a second outcome measure of effectiveness of treatment.

Results of Assessment
Outcome measures were modified at the end of Fall, 2014 to collect better outcome data. Spring, 2015 evaluations included items that addressed possible improvements in several areas relevant to life functioning.

Individual Counseling Evaluations

Students rated their level of agreement (from 1 = strongly disagree to 7 = strongly agree) with the statement "**As a result of counseling, I have experienced improvements in..**.[with each of the below areas]"

Item:	Mode	Mean
my emotional state	6	5.5
thinking or perspective	6	5.64
relationships and social functioning	6	5.43
ability to cope with loss	7	5.18
ability to cope with with past trauma or negative incidents	6/7	5.43
my self-care (sleeping, eating, exercise)	7	5.37

Group Psychotherapy Evaluations

Students rated their level of agreement (from 1 = strongly disagree to 7 = strongly agree) with the statement "**As a result of counseling, I have experienced improvements in..**.[with each of the below areas]"

Item:	Mode	Mean
my emotional state	7	5.76
thinking or perspective	5,7	5.79
relationships and social functioning	7	5.48
ability to cope with loss	7	5.47
ability to cope with with past trauma or negative incidents	6	5.79
my self-care (sleeping, eating, exercise)	6,7	5.77

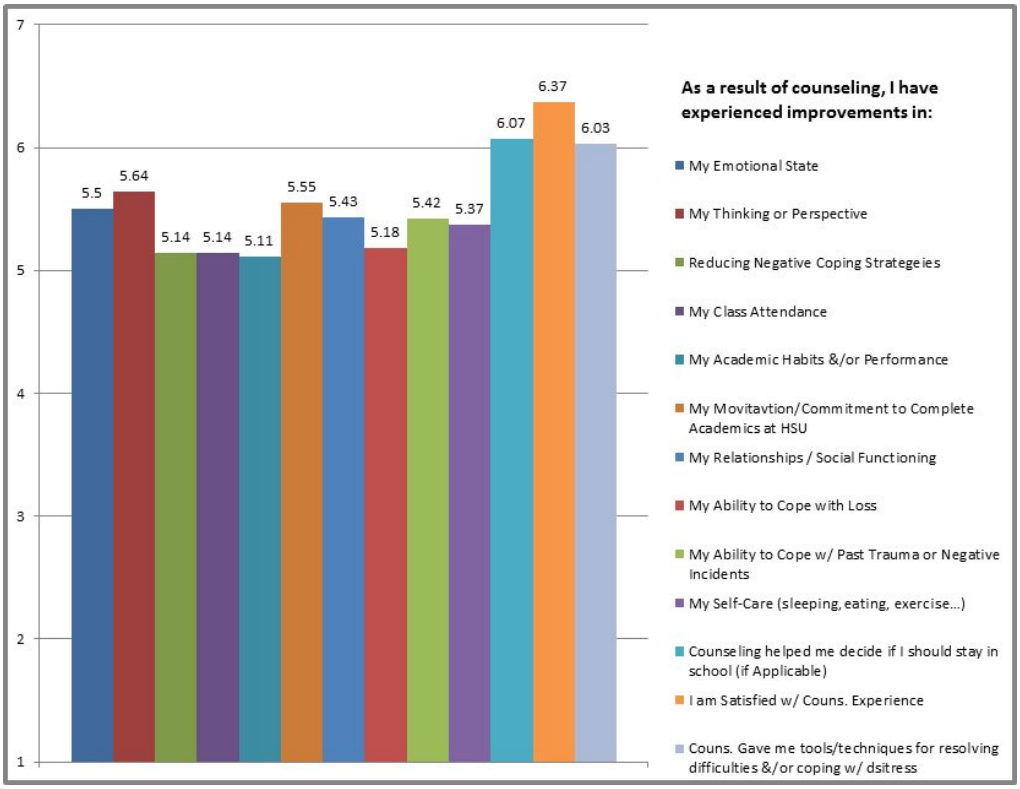
Our pre-post measure of psychological functioning (the CCAPS) is completed at the outset of 1:1 therapy and again near the completion of therapy (ideally at both the mid-point and end of therapy depending on the duration of services). Subscale changes are calculated for those clients that have at least 2 CCAPS on file with at least 3 attended CAPS appointments and who started therapy with baseline subscale scores that are above average. The number of students that met this criteria were only 218. Data on the CCAPS is below.

Subscale	% Reliably Improved	% Reliably Worsened	% Not Reliable Changed	Total Clients
Depression	29	0	71	136
Generalized Anxiety	19	1	80	134
Social Anxiety	10	0	90	147
Academic Distress	17	2	81	117
Eating Concerns	19	6	75	102
Hostility	13	0	87	94
Substance Use	18	8	74	74

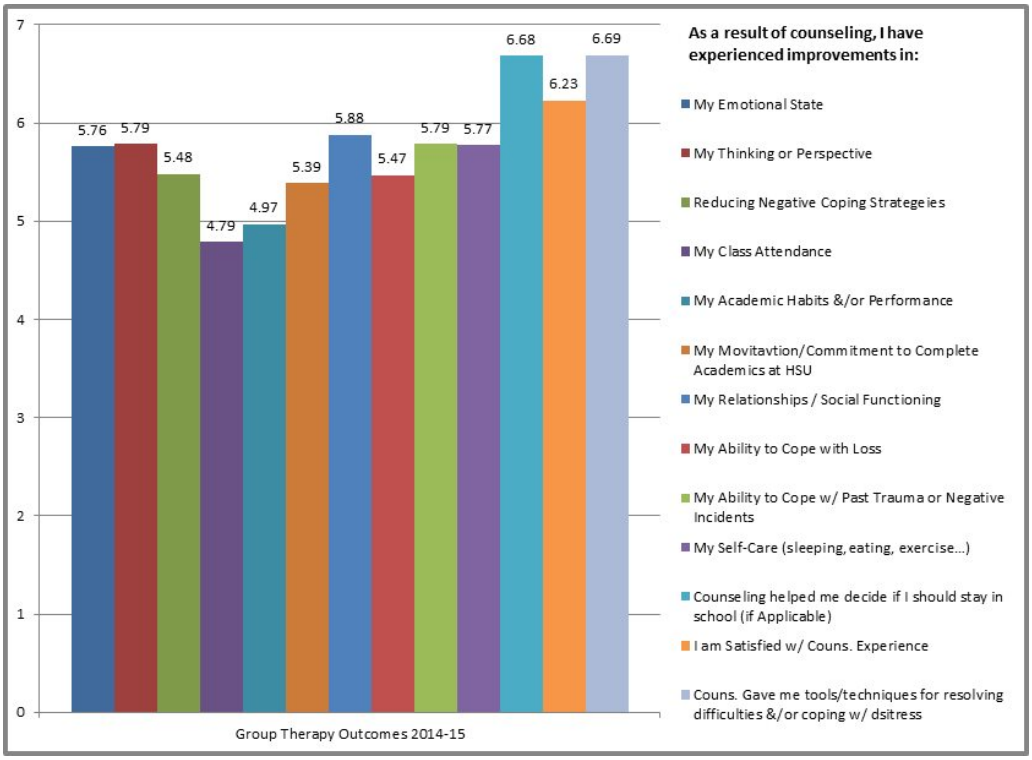
At the beginning of therapy, 12 of the above 218 clients strongly endorsed "I have thoughts of ending my life" on the CCAPS (rating of 4 on a 0-4 point scale). Only 4 of these 12 clients (33%) continued to rate this item a 4 after several (3 or more) sessions of therapy. In other words, 67% of clients who strongly endorsed suicidal thoughts at the outset of therapy showed a significant lessening of suicidal thoughts after several sessions of therapy.

Graphic representation of Therapy Outcomes:

Ratings following Individual Therapy at CAPS



Ratings following Group Therapy at CAPS



Conclusions
CAPS clients reported significant improvement in functioning across several life areas, such as self-care, emotional and relational functioning, thinking and perspective, ability to cope with negative incidents and loss, relationships, etc. regardless of the format of therapy (individual or group). Ratings on a 7 point scale of these areas ranged from a 5.18 to 5.79, with the mode for almost all items being a 6 or 7 (indicating that most of our clients perceived valuable gains). These results indicate that CAPS is providing an important and valuable service that helps students improve their lives. Importantly, ratings were higher in each life area measured (emotions, thinking, relationships, coping with trauma and loss, self care) following group versus individual therapy. Thus, while individual therapy is preferred by most clients, group therapy actually may produce greater change. These results serve to affirm our decision at CAPS to focus much of our clinical effort on developing and implementing a broad range of therapy groups.

The ability to evaluate pre-post changes on the CCAPS subscales (our secondary measure of therapeutic change) is somewhat hindered by the low number of clients that met the relevant criteria for this evaluation. Given that a student must be in a clinical range of a subscale to qualify for pre-post evaluation, the likelihood of statistically significant improvements (e.g., in clinical depression or anxiety) within our short-term treatment model at CAPS is not great. Pre-post changes may have been calculated after only 3 or 4 sessions of therapy for conditions that are presumed (within the mental health field) to require much longer-term care. Given the low numbers for comparison, the severity of symptoms, and the short-term nature of therapy at CAPS, the percentage of clients that reliably improved on each subscale is fairly noteworthy. For example, pre-post differences show that 29% of clients with significant depression scores reliably improved with 3-8 sessions of CAPS therapy. Likewise 19% of clients improved in generalized anxiety and eating concerns. The only two subscales that revealed a reliable worsening of symptoms for several students were Substance Use (10 students) and Eating Concerns (6 students)-- these two areas are notoriously difficult to treat, require more intensive treatment, and are prone to relapse. These are also two areas in which our local Humboldt resources are inadequate (thus CAPS often provides preliminary care in the hope of summer referrals).

The above information is useful to CAPS in moving forward with clinical programming and professional development plans. In the area of substance abuse, our AOD specialist, Krystal Jacob, plans to acquire further professional training in this area during the summer and fall months. Dr. Jacob is also planning to attend a conference this fall for the treatment of Eating Disorders and we look forward to her sharing this training with staff upon her return. CAPS will evaluate our planned programming for substance use and eating disorders in Fall, 2015 to make sure that we are doing our best to provide what services we can within our limited scope of practice. CAPS will also better liaison with community providers in providing care for these serious conditions. Despite these efforts, we do not expect to see significant improvements in either of these conditions within a handful of sessions. Our hope, rather, is to provide education and preliminary help and to connect students with valuable longer-term resources. For lower level severity, groups at CAPS (that last 4-8 months) may result in discernible treatment gains.

We are also looking for ways to supplement and improve services for clients struggling with stress related disorders, including depression and anxiety, such as developing "workshop series" that will be offered throughout the year and that can be accessed prior to, or in conjunction with, individual therapy. In addition, we are getting ready to launch a workshop series focused on trauma to better address the needs of our students struggling with experiences and symptoms of trauma. We look forward to evaluating the effectiveness of these workshops next year. Importantly, our workshops will be offered at various points throughout the year which will be very helpful in serving students that come to CAPS when we have a waitlist for individual therapy. In other words, they can be offered admission into a workshop series rather than having to wait for individual therapy.

1.b.: Decrease in Symptoms

Type of Outcome: Student learning outcome
Learning Domain: KA: Knowledge Acquisition, Construction, Integration & Application, ID: Intrapersonal Development

Description of Outcome
Following counseling services, students will report a decrease in problematic or troublesome psychological/behavioral symptoms

Measurement Strategy: Pre and Post Survey, Evaluations

Assessment Method
Students will self-report their perception of a decrease in troublesome behaviors and symptoms through:
a) Anonymous evaluations of therapy and their outcomes
b) CAPS clinical forms [CCAPS] that measures symptomatology on various clinical subscales

Results of Assessment
Outcome measures were modified at the end of Fall, 2014 to collect better outcome data. Spring, 2015 evaluations included an item that addressed this goal.

Students rated their level of agreement (from 1 = strongly disagree to 7 = strongly agree) with the statement "**As a result of counseling, I have experienced improvements in reducing negative coping strategies/symptoms (such as substance use, self-harm, procrastination, disordered eating, excessive internet/tv/texting).**"
Individual Therapy:
The mean rating of this item was 5.14 with a mode of 6 indicating that students experienced some relief from symptoms/negative coping strategies.
Group Therapy:
The mean rating of this item was 5.48 with a mode of 6 indicating that students experienced some relief from symptoms/negative coping strategies.

Our pre-post measure of psychological functioning (the CCAPS) is completed at the outset of therapy and again near the completion of therapy (ideally at both the mid-point and end of therapy depending on the duration). Subscale changes are caculated for those clients that have at least 2 CCAPS on file with at least 3 attended CAPS appointments and who started therapy with baseline subscale scores that are above average. The number of students that met this criteria were only 218. Data on the CCAPS is below.

Subscale	% Reliably Improved	% Reliably Worsened	% Not Reliable Changed	Total Clients
Depression	29	0	71	136
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Substance Use	18	8	74	74

At the beginning of therapy, 12 of the above 218 clients strongly endorsed "I have thoughts of ending my life" on the CCAPS (rating of 4 on a 0-4 point scale). Only 4 of these 12 clients (33%) continued to rate this item a 4 after several (3 or more) sessions of therapy.

Conclusions
Most students self-reported a reduction in symptoms and use of negative coping strategies (mean of 5.14 for individual therapy and 5.48 for group therapy; mode of 6 for both forms of therapy), with 72% of individual therapy clients and 81% of group therapy clients rating this item between 5-7 (on a 7 point scale). Only a very small proportion of our clients (2% group, 3% individual) strongly disagreed that they had a reduction in negative coping strategies or symptoms. Given the difficulty of changing negative habits (such as use of alcohol or food to numb emotional pain), the fact that 72-81% of our clients reported positive change in this area is very meaningful.

Symptom reduction according to the CCAPS* showed only modest reliable improvements. With 3-8 sessions of therapy, depression symptoms lessened for 29% of the clients studied [that is, who met criteria to measure pre-post CCAPS scores]. Symptom reduction was also seen for:
Generalized Anxiety (19%)
Social Anxiety (10%)
Academic Distress (17%)
Eating Concerns (19%)
Hostility (13%)
Substance Use (18%)
In addition, significant suicidal ideation was reduced by 67% between pre and post CCAPS completion.
*See conclusions in Section 1a for further discussion of CCAPS limitations.

Given the short-term nature of therapy at CAPS (3-8 sessions), having 10-30% of the above clients show reliable symptom reduction on their CCAPS subscale scores is encouraging. In addition, 67% of clients reporting strong thoughts of ending their lives at the start of therapy reported a reduction in suicidal ideation after several sessions of therapy. Many individuals that struggle with suicidal thoughts have experienced such thoughts for years and this chronic suicidal ideation is part of their "clinical picture." Students whose suicidal ideation is unrelenting and/or who have behavioral manifestations (e.g., suicide attempts) are always a concern and CAPS does our best to connect such students with

ongoing resources beyond our center.

Therapy at CAPS may be all that is needed for some students to make significant improvements and greatly reduce symptoms, but for others, therapy at CAPS is a "nice start" and a positive introduction as to what therapy has to offer and ideally, these students pursue further help. Of the latter group, many are referred by their CAPS clinician to CAPS therapy groups while others are referred to community providers for therapy off campus. Of note, students that are engaged in therapy groups at CAPS (either in lieu of, or following, individual therapy) do NOT complete the CCAPS following the therapy group. Thus, we have no way of knowing how much their CCAPS scores might change as a result of group therapy. Given the trend for group clients to report greater improvements and fewer negative coping strategies, we might expect their CCAPS scores to show more robust change as compared to individual therapy.

The above data is useful to our clinicians in terms of treatment planning, outcome tracking, and treatment modifications. In the several years that we have been using the CCAPS to track scores (and treatment related changes) in depression, anxiety, etc. our clinicians have complained about the lack of sensitivity in this measure. CCAPS scores are fairly general and may not relate to specific therapy goals. In addition, CCAPS scores are impacted by a client simply having "a bad day" and may less reliably track changes that have been made across time.

It may be useful for clinicians to more explicitly measure a client's **specific** unwanted symptoms at various points of the therapy and to use this data to guide possible treatment changes if symptoms are not adequately remitting. We have formed a subcommittee to explore alternative measures to the CCAPS to see if we can find a measure that appears to track changes in a more sensitive and reliable way.

Regardless, moving forward, our therapists should continue to look at (and strive for): 1) a decrease in unwanted symptoms and/or negative coping strategies; 2) an increase in positive coping and use of new desirable skills; 3) a reduction in mental health conditions (depression, generalized anxiety, etc.). While our measures (evaluations and CCAPS) do not track these changes perfectly, they do indicate significant and positive changes.

1.c.: Acquisition of Tools and Techniques

Type of Outcome: Student learning outcome
Learning Domain: KA: Knowledge Acquisition, Construction, Integration & Application

Description of Outcome
Following counseling services, students will report having better tools or techniques for resolving difficulties and coping with distress

Measurement Strategy: Evaluations

Assessment Method
Evaluations will be provided and collected by CAPS reception at mid and end point of therapy.

Results of Assessment
Spring, 2015 anonymous therapy evaluations asked our clients to rate (on a 7 point scale with 1 = strongly disagree and 7 = strongly agree):
"As a result of counseling, I have better tools or techniques for resolving difficulties and/or coping with distress."

Individual Therapy:
The average rating on this item was 6.03 with 45% of students rating this item a 7.

Group Therapy:
The average rating on this item was 6.69 with 80% of clients rating this item a 7.

Conclusions
Students felt strongly that therapy helped them to gain better tools and techniques for resolving difficulties and/or coping with distress (mean of **6.03** for individual therapy and **6.59** for group therapy, mode of 7 for both, with the vast majority of clients (91% for individual therapy and 98% for group therapy) rating this item between a 5-7.

This is highly meaningful, as the short-term work we do at CAPS (3-8 sessions) will not always result in huge improvements in functioning or great reductions in psychological symptoms. Often, we focus on helping clients shift or expand their mindset, having an experience of being understood and cared for, helping them better understand and evaluate their situation and their choices, and giving them tools and techniques that they can put to use in resolving current and future difficulties.
The old adage: "Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime" comes to mind. We expect that by empowering our clients with new ways of thinking and emotional/behavioral tools, we are giving them the resources to reduce negative symptoms and create more health and wellness in the lives (not just for today but for tomorrow).

Our plan to create more workshops for next year is supported by these results as many of our workshops will focus on skill building and resiliency.

1.d.: Improvement in Academic Functioning

Type of Outcome: Student learning outcome
Learning Domain: PC: Practical Competence

Description of Outcome
Overall, students will indicate that CAPS services had a positive influence on their academic performance and/or decision to continue enrollment at HSU

Measurement Strategy: Pre and Post Survey

Assessment Method
Students will complete pre- and post- treatment questions regarding academics as part of their CAPS intake and follow-up forms.

They will also rate improvements in academic habits and/or performance and ability to remain at HSU on their anonymous therapy evaluations.

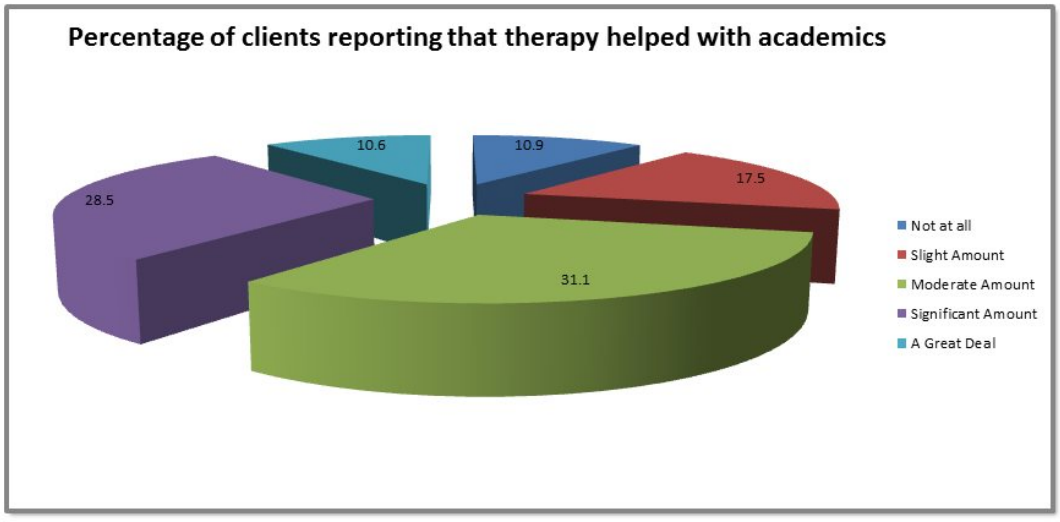
Results of Assessment
On the Spring, 2015 anonymous evaluations, we asked students to rate several items related to academic functioning on a 7 point scale (1 = strongly disagree, 7 = strongly agree). Results are reported below:

1. As a result of counseling, I have experienced improvements in:
a) My academic habits and/or performance
Individual Therapy: mean = 5.11, mode = 6
Group Therapy: mean = 4.97, mode = 6
b) My motivation or commitment to complete my academics at HSU
Individual Therapy: mean = 5.55, mode = 7
Group Therapy: mean = 5.39, mode = 6

2. [If applicable], Counseling has helped me to make a decision about whether I should continue in school right now.
Individual Therapy: mean = 6.07, mode = 7
Group Therapy: mean = 6.23, mode = 7

On their individual counseling follow-up forms (completed non-anonymously), using the following scale (0 = not at all, 1 = a slight amount, 2 = a moderate amount, 3 = a significant amount, and 4= a great deal), we asked:
1. To what degree has counseling helped you improve your academic functioning (e.g., attendance and performance)?
Results: 70.2% gave a rating of 2-4 (a significant amount to a great deal)
2. To what degree are you thinking of withdrawing from school?
Results:
At intake: 47% = not at all, 20% = a slight amount, 14% = a moderate amount, 9% = a significant amount, 8% = a great deal
Post-counseling: 64.2% = not at all, 19.2% = a slight amount, 10.6% = a moderate amount, 2.6% = a significant amount, 2% = a great deal

In other words, 17% of students were seriously thinking of withdrawing from school at the onset of therapy and counseling helped to reduce this number to only 4.6% after several sessions of therapy. Counseling increased the percentage of students with no thoughts of withdrawing from 47% (at intake) to 64% (with 4-8 sessions).



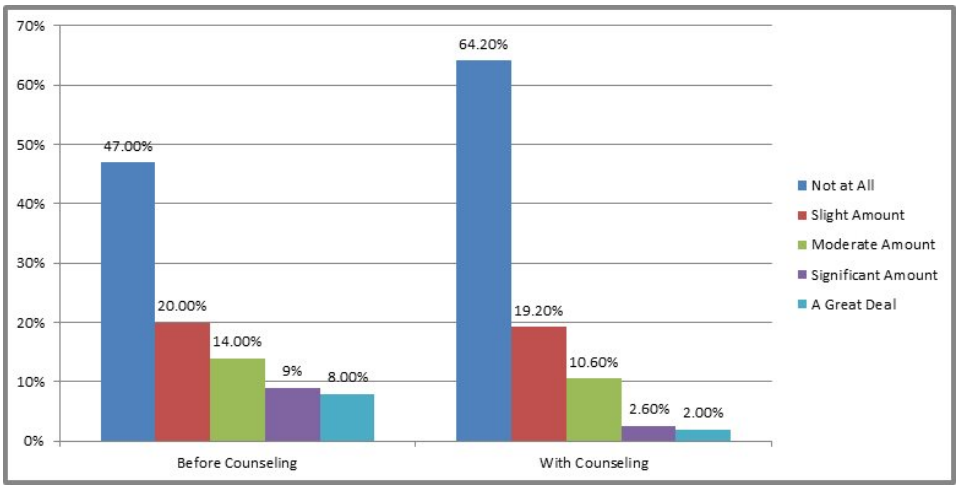


Chart shows the Extent Student was Thinking of Withdrawing from HSU

Conclusions

Participating in therapy at CAPS helped students to make improvements in their academic functioning and motivation (according to their self-report), even when this was not the direct focus of therapy (e.g., none of our therapy groups explicitly focus on academics or academic skills). Interestingly, this was the only area of functioning (of those we measured) which showed individual therapy to be more effective than group therapy.

1) On anonymous evaluations, students:

a. felt that their academic habits &/or performance had improved (mean of 5.11 for individual therapy and 4.97 for group therapy),

b. reported more commitment or motivation to complete their academics at HSU (mean of 5.55 for individual therapy and 5.39 for group therapy), and

c. felt that CAPS helped them to make a decision as to whether to stay in school right now (mean of 6.07 for individual therapy and 6.23 for group therapy).

2) On individual counseling follow-up forms, 70% of CAPS clients reported that counseling helped them to improve their academic functioning (from a significant amount to a great deal) and counseling significantly impacted the degree to which a student was thinking of withdrawing from school (e.g., 17% of students were seriously thinking of withdrawing when they came to CAPS and this number shrunk to only 4.6% after several sessions of therapy).

Mental health and life problems deter many students from their academic goals. HSU has struggled for years with retention problems. CAPS has made a significant impact on many students ability to remain in school and to be successful.

Individual therapy appears to have a slight advantage in terms of helping someone improve his/her academic habits or performance, while group therapy may better connect an individual to peers, thus having a more significant impact on their wanting to stay at the university.

1.e.: Referral Tracking and Follow-Up

Type of Outcome: General Outcome
Learning Domain:

Description of Outcome
CAPS will track the number of referrals to on- and off-campus resources and will follow-up with high need students to assess follow-through and satisfaction

Measurement Strategy: Interview, Tracking

Assessment Method
Disposition section of CAPS intake report tracks plans beyond the intake session (e.g., referrals out, referrals to CAPS groups, continuation of individual counseling services at CAPS, etc.).

I can run a report to give me summary information from our clinician intake reports about referrals out.

Results of Assessment
Following intake, the CAPS clinician determines a plan for care or treatment (which may include multiple resources). Below are the dispositions for each semester.

Fall, 2014

Dispositions	% of people
Acute care (1-2 sessions of follow-up)	23.5
Ongoing individual (may include waitlist)	53
CAPS group	30.2
CAPS drop-in or schedule as needed	9.8
Use of CAPS website/Prezi resources	1.8
Health Center	10.1
Other Campus Resources	8.3
HSU Community Clinic	3.4
Humboldt Family Service Center	1.1
Private Therapist in Community	14.1
Other Community Resources	5.8

Spring, 2015

Dispositions	% of people
Acute care (1-2 sessions of follow-up)	35
Ongoing individual (may include waitlist)	32.3
CAPS group	36.3
CAPS drop-in or schedule as needed	10.6
Use of CAPS website/Prezi resources	6.3
Health Center	7.4
Other Campus Resources	4.7
HSU Community Clinic	13.5
Humboldt Family Service Center	7
Private Therapist in Community	25.1
Other Community Resources	3.2

Conclusions
In looking at referral data, it is important to recognize that multiple dispositions may have been made in any given case. For example, a single client may have been given 1-2 sessions of acute follow-up care (1:1 sessions), referred to a CAPS group, and referred off-campus for ongoing individual therapy.

In the fall, CAPS clinicians referred 18.6% of our clients to therapists outside of our center, referred 30.2% of our clients to our internal therapy groups, and offered either acute care or ongoing care to 83.2% of our clients. Because we have more staff availability in early fall, we are able to absorb much of the clinical demand in the early months of the academic year. The data shifts a bit in the spring.

In the spring, we referred 45.6 of our clients to therapists outside of our center, referred 36.3% of our clients to CAPS groups, and offered either acute care or ongoing care to 67.3% of our clients.

During the spring semester, we have more ongoing therapy groups to refer to and less available individual appointments (due to continuation of ongoing clients from the fall semester, use of clinician time for groups, and trying to absorb clients from the waitlist). As summer approaches, we make more referrals out because our office closes in May and students with mental health needs are best served by connecting with a therapist that they can work with through the summer.

The above disposition patterns make sense in light of the ebbs and flows of a CAPS in a university setting. It is expected that referrals in the spring will be higher than they were in the fall and that our group program will absorb higher numbers in the spring as groups have been able to gain momentum and have higher referrals as the year continues (and people "run out of" individual sessions). We look forward to the addition of a case manager, when budget allows, so that we can better help clients with (and track outcomes with) community referrals.

Due to the ongoing demand for therapy at CAPS and the fact that we have a waitlist for ongoing therapy for much of the year, we are planning to incorporate more "workshop series" (e.g., focusing on stress management/resiliency skills with a focus on depression and anxiety). This will add an important resource and we hope (and expect) that many of our

clinicians will refer to these workshops and thus can avoid placing a potential client on a waitlist or making a, sometimes unwanted, referral off-campus.

2: To promote and support the psychological health of individual students

Description of Goal
To promote and support the psychological (e.g., behavioral, emotional, social, intellectual) health of individual students and our campus community.

2.a.: Use of On-line Resources
Type of Outcome: General Outcome
Learning Domain:

Description of Outcome
CAPS will maintain and track use of our on-line resources, such as:

• Mental Health Screenings

• Educational Prezis

• Suicide Prevention: Messages of Hope

Measurement Strategy: Tracking

Assessment Method
Mental Health Screenings are automatically tracked and I have access to this data online through the company's website.

Prezis and Suicide: Messages of Hope-- the number of views are tracked automatically and I have access to this data through my accounts.

Results of Assessment

Mental Health Screenings

Between July 1st, 2014 and May 21st, 2015, we tracked **544 mental health screenings**.
Depression: 201
Anxiety: 155
Bipolar Disorder: 63
PTSD: 40
Alcohol: 22
Eating Disorders: 63
(This is an increase from 2013-14 which had about 360 completed mental health screenings).

Results of the MH Screenings:

HANDS® Depression

Screenings	Not Consistent	Consistent	Highly Consistent
201	10%	47%	43%

AUDIT Alcohol

Screenings	Not Consistent	Consistent – hazardous or harmful	Consistent – alcohol dependence or abuse
22	23%	55%	23%

CD-GAD Generalized Anxiety

Screenings	Not Suggestive	Suggestive
155	5%	95%

SPRINT-4 PTSD

Screenings	Not Consistent	Somewhat Consistent	Correspond
40	15%	38%	48%

EAT-11 Eating Disorders

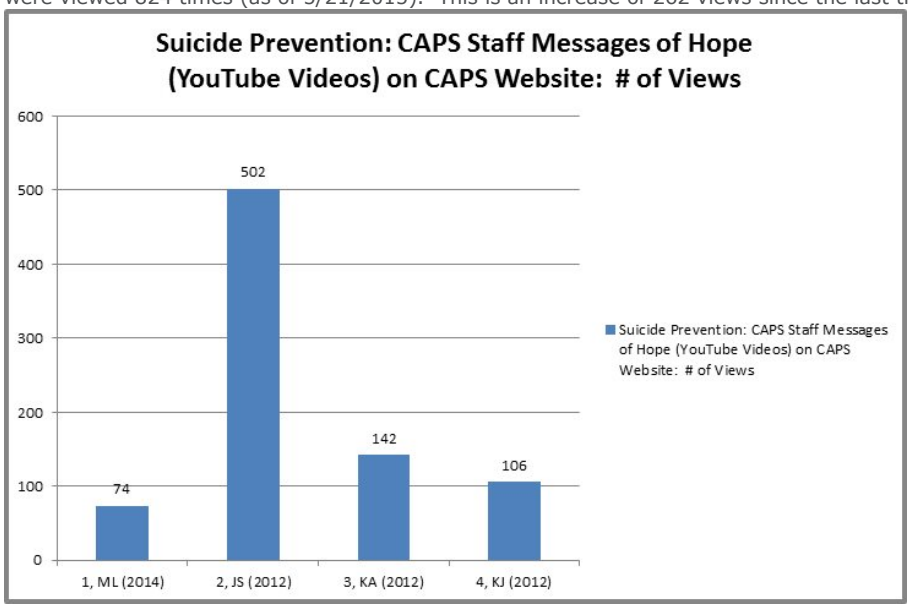
Screenings	Not At Risk	At Risk
63	43%	57%

MDQ Bipolar

Screenings	Not consistent	Consistent
63	43%	57%

Suicide: Messages of Hope

were viewed 824 times (as of 5/21/2015). This is an increase of 262 views since the last tracking of views (8/29/14).



Prezis:

Counts as of 5/21/15

Help for Depression	2494
Overcoming Anxiety	2035
Happiness	2003
Assertiveness	1734
Coping w/ a Break-Up	1257
Party Safe: Pot	1282
To Sleep	1179
Healthy Relationships	1063
Positive Body Image	1004
Social Anxiety	775
Understanding Self-Harm	734
Panic Attacks	704
Anger Management	668
Homesickness	622
Party Safe: Alcohol	544
Decision Making	534
Stress Less	450
Career Indecision	393
Being a Better Bystander	162
Manage Your Moods	144
Social Skills	142
Helping Your Freshman Succeed [for parents]	110
Grow a Happy & Healthy Love Relationship [new 3/15]	105
Sexual Health	96
Eat, Sleep, and Be Well	94
College & AOD Use	92
LGBQ: Being Who You Are [new 3/15]	62
Money Matters	45
Healing f/ Sexual Assault [new 4/15]	19
Coping w/ Grief [new 4/15]	10

This is a total of 20,555 views! This is almost double what the count (about 11,500) was on 6/30/14.

For comparison sake, here were the counts on 6/30/14:

Prezi	Number of Views
Alcohol	?
Anger Management	310
Assertiveness	1373
Anxiety	1178
Body Image	894
Break-up	818
Career Indecision	162
Depression	1865
Happiness	1489
Healthy Relationships	?
Homesickness	351
Mood Management	80
Panic Attacks	497
Pot	?
Self-Harm	442
Sleep	716
Social Anxiety	418
Stress Less	177

Conclusions

Our On-line resources, specifically, **CAPS prezis and Suicide: Messages of Hope**, continue to be very popular. Prezis have now been viewed over 20,000 times altogether and Messages of Hope have been viewed over 800 times, significant increases over the past year. These methods of providing help likely reached a great number of students that might not otherwise seek out help (e.g., in-person at CAPS). They were also a nice supplement to therapy. For example, a client could

be referred to go through the Panic Attack prezi or Sleep prezi as part of their treatment for an anxiety condition and valuable in-person time could be spent in other ways. Likewise, a student in treatment at CAPS that was having strong thoughts of suicide, could use the Suicide: Messages of Hope page of the CAPS website as a between-session "tune up" to help him/her manage painful thoughts and hopelessness between sessions.

Mental Health Screenings continue to be well utilized, with 544 total screenings completed since July, with September, October, and April being the months of highest utilization. These screenings help students identify whether they have problems in various realms, including:
Depression
Anxiety
Bipolar
PTSD
Alcohol
Eating Disorders

Depression and Anxiety Screenings were the most well utilized at 201 and 155 screenings each (respectively). Screenings tell students whether they likely have a problem in the area of screening (such as Depression) and advise those who have significant results to seek help at CAPS. This is an important tool for early intervention, helping students recognize problems, and for reaching students that otherwise might not come to CAPS for help. As can be seen from the results above, most students who took a screening had results that were consistent with a diagnosis or that indicated risk for developing further problems in that area. For example, the depression screening revealed that 90% of HSU students that took the screening had results that were consistent or highly consistent with a diagnosis of depression. Similarly, of the 155 people that took the generalized anxiety screening, 95% had results that were "suggestive" of the diagnosis. All of these students would have been referred to CAPS as a result of these significant results.

Given the high number of referrals to CAPS based on our online mental health screenings, it would be nice to know how many students are actually following through with participating in an intake appointment at CAPS. We plan to start collecting this data in the fall.

Given the high use patterns for our Prezis and other online resources, CAPS will continue to develop and promote such tools.

2.b.: MH Training for Campus

Type of Outcome: Student learning outcome
Learning Domain: KA: Knowledge Acquisition, Construction, Integration & Application, PC: Practical Competence

Description of Outcome

1. CAPS will provide annual educational trainings to the campus community on suicide prevention (e.g., QPR, ASIST) and mental health first aid.

• CAPS will track and record the trainings offered and the number of people served through these efforts.

• Participants will report satisfaction with these trainings.

• Participants will evidence a positive shift in attitudes, knowledge, and ability/willingness to talk to and refer students with mental health difficulties.

2. CAPS will provide additional support and training for the campus as requested (e.g., support services for Take Back the Night, psychoeducational workshops (e.g., on mental health, diversity, stress reduction), participation in candle light vigils and Spring Preview, etc.

• CAPS will track and record our participation in outreach and the number of people served through these efforts.

Measurement Strategy: Pre and Post Survey, Evaluations

Assessment Method

CAPS can track outreach efforts in our scheduling program, Titanium. Clinicians categorize the outreach event and track attendance (who and how many). The Titanium software can generate reports.

We hand out evaluations for some of our outreach offerings, including QPR and MHFA. Summary data will be reviewed.

Results of Assessment

1. Suicide Prevention and Mental Health First Aid Trainings

Applied Suicide Intervention Skills Training (ASIST) (Sarah Haag & Kris Huschle)
4/16-17/2015 for Psychology Graduate Students: **14** people trained

ASIST Course Evaluations

1. How would you rate the quality of the ASIST workshop (1 = did not like at all... 10= liked a lot).
Mean = 8.43
2. This workshop was helpful. (1 = definitely no... 10 = definitely yes).
Mean = 8.79

For questions 3-8, the rating scale was:
1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree
3. If someone told me he or she were thinking of suicide, I would do a suicide intervention.
Mean = 4.64
4. Before taking the ASIST training, my answer to #3 would have been...
Mean = 3.14
5. I feel confident I could help a person at-risk for suicide.
Mean = 4.21
6. Before taking the ASIST training, my answer to #14 would have been...
Mean = 2.64
7. I feel comfortable discussing suicide with others.
Mean = 4.36
8. Before taking the ASIST training, my answer to #7 would have been...
Mean = 2.79

Question, Persuade, Refer (QPR)
8/19/14: QPR (Krystal Jacob + Kim Hall) for Staff and Faculty: **18** people trained
1/15/15 QPR (Sarah Haag + Krystal Jacob) for Residential Life Staff: **60** people trained

Suicide Prevention Workshop
3/9/15 (Krystal Jacob + Catherine Chan) for Kinesiology Students: **15** people trained

Mental Health First Aid (MHFA) (Jen Sanford + Lori Brown)
1/21 and 1/22/15 for Residence Life Staff (RLCs): **6** people trained

MHFA Course Evaluations (Scale: 1 = strongly disagree; 2 = disagree; 3 = uncertain; 4 = agree; 5 = strongly agree)
1. Course goals were clearly communicated.
Mean = 4.7.
2. Course goals and objectives were achieved.
Mean = 4.8.
3. Course content was practical and easy to understand.
Mean = 4.7.
4. There was adequate opportunity to practice the skills learned.

Mean = 4.7.

5. As a result of this training, I feel more confident that I can...
   - Recognize the signs that someone may be dealing with a mental health problem or crisis. **Mean = 4.2.**
   - Reach out to someone who may be dealing with a mental health problem or crisis. **Mean = 4.2.**
   - Ask a person whether s/he is considering killing her/himself. **Mean = 4.6.**
   - Actively and compassionately listen to someone in distress. **Mean = 4.8.**
   - Offer a distressed person basic "first aid" level information and reassurance about mental health problems. **Mean = 4.2.**
   - Assist a person who may be dealing with a mental health problem or crisis to seek professional help. **Mean = 4.2.**
   - Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports. **Mean = 4.2.**
   - Be aware of my own views and feelings about mental health problems and disorders. **Mean = 4.5.**
   - Recognize and correct misconceptions about mental health and mental illness as I encounter them. **Mean = 4.6.**

Student of Concern Presentations (Jen, Randi, Ben, Vincent, UPD)
9/26/14 9:30 am: **50** people attended
9/26/14 2 pm: **40** people attended

II. Additional campus outreach in 2014-15

(excluding the above): **1463** people served through various trainings, support activities, panels, tabling, etc.

Conclusions
CAPS has continued to provide a great deal of outreach, support, and mental health related trainings to the HSU campus. We have reached approximately 1,700 students, faculty, and staff through these efforts. Over 100 individuals were trained in suicide prevention and another 6 individuals (Residence Life Coordinators) were trained in Mental Health First Aid (which includes suicide prevention).

While we do not have complete data to evaluate the effectiveness of the QPR suicide prevention trainings above, such trainings have been consistently well regarded for three years running, and we have no reason to suspect the impact of (or satisfaction with) such trainings were any different this year.

The ASIST suicide prevention program above was fully evaluated. This training received high ratings in terms of quality and helpfulness (means of 8.43 and 8.79 on a 10 point scale), and those trained appeared to be better equipped for helping someone contemplating suicide. They expressed that they were more confident that they could help someone at risk for suicide following the training (mean of 4.21 versus mean of 2.64), as well as feeling more comfortable to do so (4.36 versus 2.79). They asserted that if someone told them s/he was thinking of suicide, they would do a suicide intervention (mean of 4.64). This is very encouraging as so many people in our society express feeling ill equipped to have such a discussion.

The MHFA training was fully evaluated. Once again, the training was well received (ratings of 4.7-4.8 on a 5 point scale) and seemed to have the desired impact on participants' knowledge set and willingness to help someone in need. For example, participants said that as a result of the training, they felt more confident that they could "actively and compassionately listen to someone in distress" (mean of 4.8), ask about suicide (mean of 4.6), and "offer a distressed person basic "first aid"... (mean of 4.2) and assist him/her in getting professional help (mean of 4.2) and community support (mean of 4.2). The training was also important in that it helped to reduce stigma associated with mental health problems and participants noted that they would be confident to "recognize and correct misconceptions about mental health and mental illness as [they] encounter them" (mean of 4.6).

We plan to continue offering such trainings next year as we believe that mental health and wellness require a community effort and that suicide prevention (including identifying and helping someone in need) is something that we should all be involved in.

3: To create a therapeutic environment

Description of Goal
To create a therapeutic environment in which students of diverse backgrounds feel safe, valued, and supported.

3.a.: Therapeutic Environment of Safety

Type of Outcome: General Outcome
Learning Domain:

Description of Outcome
Clients from all demographics will report that the center, and their personal therapist, felt welcoming and safe

Measurement Strategy:

Assessment Method
Clients were asked about safety in two different ways.

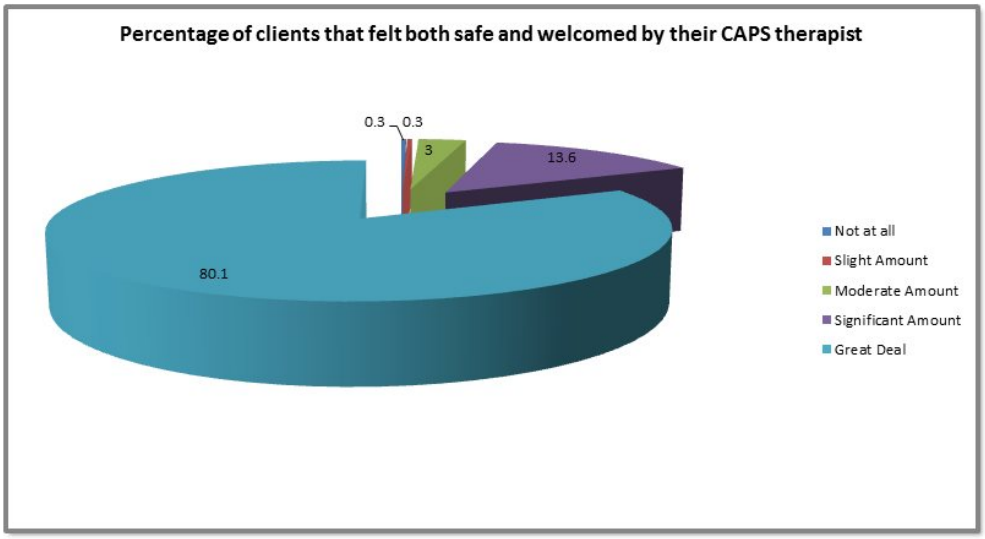
I. On their follow-up forms (completed at mid and/or end-points of therapy on the iPads in the CAPS waiting room). Using the following scale:
0 - not at all
1 = a slight amount
2 = a moderate amount
3 = a significant amount
4 = a great deal

1) Did you feel both safe and welcomed in the CAPS reception area?
2) Did you feel both safe and welcomed by your CAPS therapist?

II. On their anonymous counseling evaluation (completed at mid and/or end-point of therapy).
Scale: strongly disagree 1.....2.....3.....4.....5.....6.....7 strongly agree

1) I found the receptionist to be welcoming and helpful.
2) My therapist creates a safe atmosphere.

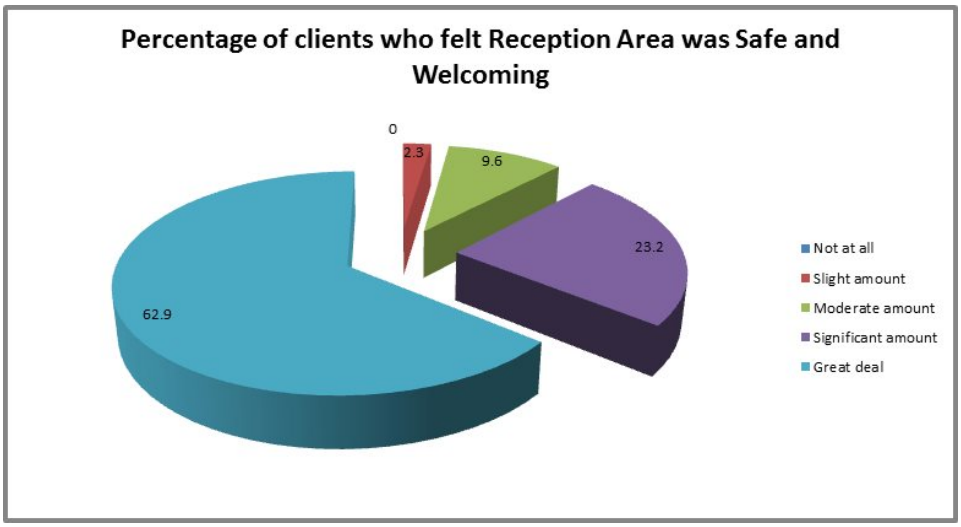
Results of Assessment



The vast majority of CAPS clients **(97%**) felt both safe and welcomed by their CAPS therapist (from a moderate amount to a great deal).

Asked another way (whether the therapist created a safe atmosphere for therapy), client ratings were:
Fall, 2014: Mean of **6.9** (on a 7 point scale with 7 indicating "strongly agree")
Spring, 2015: Mean of **6.85** (on the same 7 point scale)

In terms of general feelings of safety in our reception area...



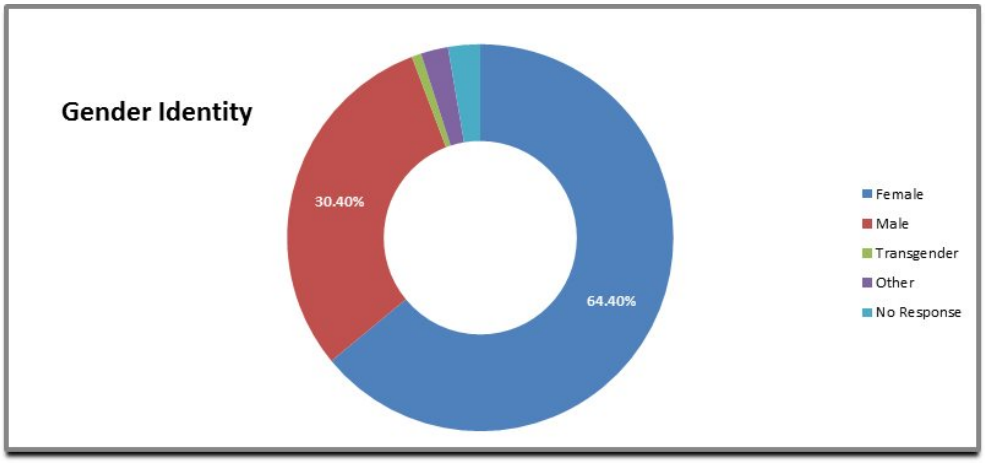
In other words, close to **96%** of our clients felt safe and welcomed in our reception area (from a moderate amount to a great deal).

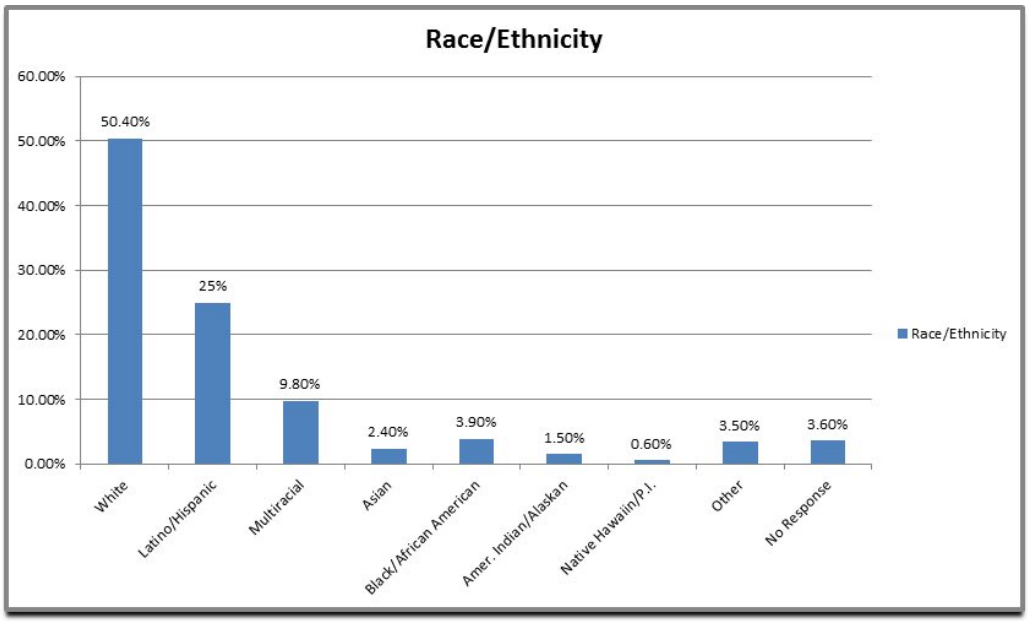
Conclusions
Overwhelmingly, our clients reported that they felt safe and welcomed at CAPS-- both by our receptionists and our therapists.

It appears that we provide a safe and welcoming atmosphere for students of both genders and from various cultural and racial backgrounds.

It will be helpful in future years, to be able to do a comparison across different racial groups in terms of:
1) feelings of safety
2) therapeutic disposition
3) appointment statistics (e.g., are "no show" and cancellation rates similar across differing student groups?). We will need to make changes to how we compile our data in order to make such comparisons possible.

Incidentally, CAPS data reveals use patterns that are fairly reflective of the general university population:





1st Generation College Student	40%
Registered EOP Student	3.6%
Registered SDRC Student	10.3%
LGBTQ Identified	19.3%
International Student	1.5%
Residential Student	31.8%
Transfer Student	39%

4: To serve as a training site for graduate students and pre-licensed clinicians

Description of Goal
To serve as a training site for graduate students and pre-licensed clinicians, offering training and supervision in direct client care and outreach.

4.a.: Trainee Proficiencies

Type of Outcome: Student learning outcome
Learning Domain: KA: Knowledge Acquisition, Construction, Integration & Application, CC: Cognitive Complexity, IC: Interpersonal Competence, ID: Intrapersonal Development, HCE: Humanitarianism & Civic Engagement, PC: Practical Competence

Description of Outcome
As a result of their experiences at CAPS, postgraduate residents will be proficient in consultation, crisis intervention, short-term therapy, and group counseling, as well as outreach (e.g., psycho-educational workshops, liaison relationships with other departments)

Measurement Strategy: Observation, Evaluations

Assessment Method
Licensed supervisors will provide formal written evaluations of our residents. Evaluations will include the various roles and proficiencies of a CAPS clinician.

Evaluations are based on formal weekly supervision (2 hours per week), review of clinical documentation, case discussion (and presentations within our "case conference"), review of recorded client sessions, anonymous client evaluations, and consultative feedback from other CAPS staff members. Trainees are also evaluated by co-leaders of any therapy group that they are facilitating.

Results of Assessment
Residents were evaluated using a 5 point scale by their clinical supervisor:

N/A - no chance to observe

1: Unsatisfactory/Below level expected for current level of training

2: Fair/Needs improvement

3: Average performance for current level of training

4: Good performance/Needs limited supervisor assistance in this area

5: Advanced performance/Could function autonomously in this area

Area of Review	Resident 1 (ML)	Resident 2 (CC)	Resident 3 (EP)
Clinical Assessment / Evaluation	Across 6 items of evaluation in this area, mean rating was 4.83	Across 6 items of evaluation in this area, mean rating was 4.67	Across 6 items of evaluation in this area, mean rating was 4.67
Psychotherapy / Case Management	Across 12 items of evaluation in this area, mean rating was 4.91 (one item was marked n/a)	Across 12 items of evaluation in this area, mean rating was 4.5	Across 12 items of evaluation in this area, mean rating was 4.83
Crisis Intervention	All 6 items of evaluation in this area were rated at a 5	Across 6 items of evaluation in this area, mean rating was 4.67	All 6 items of evaluation in this area were rated at a 5
Ethical / Legal Principles	All 8 items of evaluation in this area were rated at a 5	Across 8 items of evaluation in this area, mean rating was 4.75	Across 8 items of evaluation in this area, mean rating was 4.88
Cultural Diversity	Across 5 items of evaluation in this area, mean rating was 4.8	Across 5 items of evaluation in this area, mean rating was 4.8	All 5 items of evaluation in this area were rated at a 5
Use of Supervision / Staff Relations	All 12 items of evaluation in this area were rated at a 5	All 12 items of evaluation in this area were rated at a 5	All 12 items of evaluation in this area were rated at a 5
Self-Awareness	All 8 items of evaluation in this area were rated at a 5	Across 8 items of evaluation in this area, mean rating was 4.63	All 8 items of evaluation in this area were rated at a 5
Supervisor Comments	"M quickly develops rapport with her clients by her present, calm, caring nature… she is able to adapt to where clients are… and her conceptualizations are based in sound theory… Her crisis intervention and case documentation skills stand out as clear strengths… She has excellent self-awareness…"	"She has numerous areas of exceptional strength as a psychotherapist… is fanatically compassionate… and her therapeutic instincts are scarily good…"	"E's paperwork is exemplary… Her transparency with herself and in supervision is perhaps her greatest gift… She is able to form a therapeutic alliance fairly quickly with most clients…I am completely confident in E's crisis skills… and she does a great job assessing risk and making the appropriate interventions."

Residents were evaluated on their group facilitation skills by their co-facilitator of the group (a more senior CAPS staff therapist) using the following scale:

N/A - no chance to observe

1: Unsatisfactory

2: Fair / Below level expected

3: Good / Meets level expected

4: Very Good / Above level expected

5: Excellent

Evaluation of Group Psychotherapy (by co-facilitator)	Resident 1 (ML	Resident 2 (CC)	Resident 3 (EP)
Pre-screening	**Healthy Relationships Group, S1** N/A (no new members to screen, all were continuing from the fall) **Grief Support Group** Across 4 items of evaluation in this area, mean rating was 4.75	**Survive & Thrive Group, S2** Across 4 items of evaluation in this area, mean rating was 4.5	**Survive and Thrive Group, S1** All 4 items of evaluation in this area were rated at a 5 **Healthy Relationships Group, S2** All 4 items of evaluation in this were rated at a 4
Group facilitation	**Healthy Relationships Group, S1** Across 14 items of evaluation in this area, mean rating was 4.64 **Grief Support Group** Across 14 items of evaluation in this area, mean rating was 4.5	**Survive & Thrive Group, S2** Across 14 items of evaluation in this area, mean rating was 4.79	**Survive and Thrive Group, S1** Across 14 items of evaluation in this area, mean rating was 4.64 **Healthy Relationships Group, S2** Across 14 items of evaluation in this area, mean rating was 4.14
Supervision / Grp Understanding	**Healthy Relationships Group, S1** All 3 items of evaluation in this area were rated at a 5 **Grief Support Group** Across 3 items of evaluation in this area, mean rating was 4.67	**Survive & Thrive Group, S2** Across 3 items of evaluation in this area, mean rating was 4.67	**Survive and Thrive Group, S1** All 3 items of evaluation in this area were rated at a 5 **Healthy Relationships Group, S2** All 3 items of evaluation in this area were rated at a 5
Supervisor Comments	M is highly attuned to content, as well as group process and non-verbal communication. She facilitates discussion in the here-and-now by attending to non-verbals that could be easily missed… M communicates genuine concern and care" "Also of note… is M's consistent demonstration of really significant insights into both individual and group dynamics…"	"I was repeatedly impressed by C's ability to balance process and content and to make well-timed interventions… Among C's greatest strengths as a clinician are her constant desire for greater self-awareness and her openness to exploring ways to deepen her self-awareness in conversation…"	"E's gentle nature helped her to connect with and challenge group members in a non-threatening way… E's care for the group members was clearly conveyed through her words and actions… Over the course of the year, she was able to be more active and help take the group to a deeper place."

Conclusions

All three postgraduate residents were outstanding this year. As can be observed from the ratings above, all were consistently rated between "good or very good" and "excellent/advanced" in different areas of counseling center work and in terms of their therapy skills.

The residents received a great deal of experience, training, and supervision in crisis intervention, individual and group psychotherapy. All three managed high risk cases in their caseloads and were presented with various legal and ethical challenges over the course of the year. Supervisors rated all three as being exemplary in ethical and legal principles, in crisis intervention, and in cross-cultural competence.

All three residents also had the opportunity this year to supervise a practicum student (from psychology or social work) and all were well-regarded by their trainees-- with solid evaluations.

Besides the work the residents did at CAPS, all three were involved with outreach and inter-departmental relationships. Unfortunately, we do not have sufficient documentation outlining their proficiencies in these arenas. This points to a need,

on our part, to develop a better system for evaluating outreach and liaison relationships. This will be a priority in the fall. The verbal feedback we received, and the few outreach evaluations that were collected, were all positive.

The entire CAPS staff feels confident in our residents' ability to become licensed and to practice psychotherapy independently following their year at CAPS.

Staffing and Budget Snapshot

Investments

- Budget snapshot HM 500
- Budget snapshot HM 507 & SPF
- Staffing

Related Items
There are no related items.

End of Year Summary

Summary and Conclusions
Counseling and Psychological Services (CAPS) met a very high clinical demand for the third year running. We offered 4700 individual appointments in total. We provided 1,247 same day intake and crisis appointments and had 1,296 contacts through our therapy and wellness groups. Our group program is now so popular that we have almost tripled our service through groups in the last 6 years.

Therapy services culminated in very positive treatment outcomes. Overwhelmingly, students reported that they felt both safe and welcomed by their CAPS therapist (97%). Students reported that therapy improved their emotional state, thinking/perspective, relationships and social functioning, ability to cope with loss and trauma, and self-care. Many clients experiencing significant clinical issues (such as depression or generalized anxiety) had reliable improvement in their symptoms (e.g., 29% of students with depression showed reliable improvement after several sessions of therapy). Clients also reported that therapy helped them to reduce their negative coping strategies and gave them new tools and techniques for resolving difficulties and/or coping with distress. Interestingly, group therapy clients generally gave stronger ratings on all of the above items as compared to individual therapy clients implying that positive and empathic interaction with peers particularly facilitates such positive growth.

Students also reported significant improvements in academic functioning and commitment to HSU. For example, following several sessions of individual therapy, clients reported (on a 7 point scale) that class attendance had improved (mean of 5.14), academic habits and performance were better (mean of 5.11), motivation/commitment to complete academics at HSU had improved (mean of 5.55) and therapy helped them decide if they should stay in school (mean of 6.07). Similarly, when asked "To what degree has counseling helped you improve your academic functioning?" over 70% of students indicated that counseling had helped "a significant amount" to "a great deal". The number of students that had been seriously thinking of withdrawing from HSU (17%) significantly lessened after several sessions of therapy (4.6%).

Aside from therapy services, CAPS was successful in providing several online resources that were well utilized. Our "Prezis" have been viewed over 20,000 times, the "Suicide: Messages of Hope" have been accessed over 800 times, and students completed 544 online mental health screenings.

Likewise, CAPS was successful in getting our services to the HSU community through outreach and trainings. We served over 1550 people through various outreach projects, and specifically trained over 100 people in suicide prevention.

We successfully trained three postgraduate residents this year, all of whom were judged to be exceptionally proficient in the various roles of a CAPS clinician. We are very proud to have them enter the professional workforce and bring their significant skills to bear in helping individuals to live happier and healthier lives. We also provided clinical training to 4 practicum students, all of whom successfully graduated from HSU in May.

We are proud of our department's accomplishments and look forward to trying some new things next year (see below) to better meet the increasing mental health demands on campus.

Next Steps and Plans for Improvement
For the third straight year, CAPS has struggled to meet the demand for counseling on our campus, seeing far more clients and offering way more sessions than we ever have previous. Each of the last three years, we have provided between 4700-4783 individual appointments, and seen from 1317 to 1634 people. (In the three years previous to this, 2009-2011 academic years, we offered between 2408 and 3261 appointments and saw 857-1129 clients). The same pattern holds true when we examine use of crisis/same-day services and participation in therapy and wellness groups. Use patterns are "up" in all areas (crisis/same-day, individual counseling, group counseling).

Because of the rise in demand and in the acuity of cases, CAPS has changed the way we operate in recent years. We offer far more same-day services, a greater number of groups (both an efficient use of therapist time and a highly effective treatment modality), more online resources, and a system that allows for 1-3 sessions for acute care without resorting to use of a "waitlist."

Despite these modifications, we had a waitlist this year that got as long as a 6 week wait for ongoing therapy. We simply do not have the staffing to meet the demands for ongoing counseling, at least not without a significant wait for services. In examining use patterns on a monthly basis over the last few years, some trends become apparent. Most of our new clients come to the center in September and October (over 200 each month), though November, February, March, and April continue to see fairly high rates of

new clients (about 100 each month). Individual appointments are typically highest in October, September, April, and February (in that order), while group appointments tend to steadily build over the course of the year and peak in April.

In practice, what tends to happen is this: Individual case loads fill in the fall with the influx of new clients. When they finish their course of short-term therapy in the fall, many of these clients transition into therapy groups for the spring. Clinician time shifts a bit in the spring as we open more therapy groups, so that individual appointments are fewer and group offerings are more plentiful. This pattern generally works well, except that brand new clients entering our system in the spring may have fewer resources to turn to. That is, once our therapy groups are full, the options are 1-2 sessions of follow-up counseling, wait-list for longer-term counseling, or referrals into the community.

We have decided to try a few new things next year to try to reduce the size of our waitlist and open up new resources for clients entering our system at inopportune times. We are going to create workshops or workshop series (2-4 sessions) that we will offer over the course of the academic year, particularly in high use times (Sept, Oct, Nov, Feb, Mar, Apr). These workshops will focus on the main presenting concerns of our clientele (depression, anxiety, stress management, relationship issues) and will be skill building and solution focused. Clinicians will be responsible for managing the clients with whom they have done intakes. They will have several options available to them in order to best serve the client and connect them to resources: they will always have upcoming workshops available to refer the client, they can work the client into their schedule as their schedule allows (e.g., a monthly appt until a weekly opening arises), etc. We will no longer have a general (all-staff) waitlist, clinicians will be responsible for their own clients and clients will have this one point-person with whom to communicate their needs and wishes. Our hope is that our workshops may prove to be "enough" for many students, and that only a subset of students will require or want ongoing individual or group therapy. Surely many students will still have a wait for ongoing counseling at CAPS, but the new system will provide greater continuity of care and provides for at least some help while someone is waiting for more extensive services.

Other plans for the future:
1) Next year we plan to focus our monthly professional development in the area of diversity to increase staff competence and awareness in this area.
    a. We will work to develop positive relationships with the various cross-cultural centers for excellence and will have liaisons to each center. We hope to build trust, increase access, and provide whatever services these groups might want and benefit from...
2) We plan to find a way to better track potential differences in satisfaction, treatment dispositions, and treatment outcomes for our different demographic groups.
3) We need to be more consistent in collecting evaluations for outreach events
    a. Supervisors need to better evaluate trainee competencies in outreach and liaison services
4) Once we have the funding for a case manager, we will be in a better position to track referral follow-through and satisfaction, to track and consistently manage high risk cases, etc.

We hope to be approved for moving forward next year with a student fee increase request. Without additional budget, we cannot hire a case manager or additional staff therapists.

Related Items
There are no related items.