

Counseling Services

Development

Goal Description:

Create programs and services that encourage the personal growth and well-being of students.

RELATED ITEMS/ELEMENTS

RELATED ITEM LEVEL 1

DBT Group

Learning Objective Description:

As part of the Counseling Center's effort to deliver effective services to the largest number of students possible, a new therapy group was piloted during the spring of FY16, "Calm in the Storm: DBT Skills Training". Dialectical Behavior Therapy, or DBT, is an empirically validated treatment for individuals with severe clinical symptoms and has also been shown to be beneficial for those who generally lack coping skills. This group is designed to help people change patterns of behavior, emotions and thoughts that are negatively impacting relationships, academic/work performance and daily functioning. Group members will increase their positive coping skills by learning about the triggers that lead to their reactions and by helping them decide which skills to use for daily stressors.

RELATED ITEM LEVEL 2

DBT Outcomes

Indicator Description:

The effectiveness of the DBT group will be measured on a weekly basis through the administration of the "DBT Group Outcomes Assessment". This assessment consists of four scales that measure negative symptoms, maladaptive coping strategies, adaptive coping strategies, and ability to identify protective factors.

Attached Files

 [DBT Group Outcomes Assessment Spring '16](#)

Criterion Description:

Over the course of the semester, 75% of group members will experience a clinically significant decrease in negative symptoms and maladaptive coping strategies, and a clinically significant increase in use of adaptive coping strategies, acknowledging protective factors, and overall personal state.

*The clinical assessments utilized for this analysis do not have cut-scores, but rather look at change over time to demonstrate impact of treatment.

Findings Description:

8 of the 12 group members (or 67%) showed clinically significant improvement as a result of their participation in the DBT Group. 2 group members (or 16%) showed moderate improvement, and 2 group members (or 16%) showed minimal or no change.

RELATED ITEM LEVEL 3

Expansion of DBT Groups

Action Description:

Although the target of 75% of group members achieving clinically significant improvement was not achieved, based on the results of the assessment, as well as anecdotal evidence (e.g. a group member who came in during crisis walk-in hours and was able to self-soothe with minimal intervention from the therapist on duty by utilizing skills learned in group) the group was successful. As a result, the Counseling Center plans to offer two sections of the DBT group during Fall and Spring semesters of FY17 to double the number of students who can potentially benefit.

RELATED ITEM LEVEL 1

Client Concerns Inventory

Performance Objective Description:

As the number of students who utilize the Counseling Center's services continues to grow, so does the variety of presenting concerns that bring students in to the center. In an effort to ensure that we have the best understanding of these concerns to guide the development of clinical resources and professional development, we will begin assessing the primary presenting concerns for all clients coming to the Counseling Center.

RELATED ITEM LEVEL 2

CLICC Description and Outcomes

KPI Description:

The "Clinician Index of Client Concerns" or CLICC was developed by the Center for Collegiate Mental Health to aid university counseling centers in understanding the specific treatment needs of their clients. The CLICC is completed at the end of the client's first session by the treating clinician, who identifies the most relevant clinical complaints from a pre-defined list, and then identifies the top complaint from those selected.

Attached Files

[!\[\]\(99f58673407353e96a019fbca558fd72_img.jpg\) CLICC Screen Capture - July '15](#)

Results Description:

Based on an analysis of data from the CLICC for FY16, the following are the top 10 presenting concerns for Counseling Center clients:

- Stress – 53.1%
- Anxiety – 46.9%
- Depression – 46.3%
- Family – 36.2%
- Interpersonal Functioning – 31.7%
- Specific Relationship Problem - 30.1%
- Self-Esteem – 26.4%
- Mood Instability – 22.8%
- Academic Performance – 19.9%
- Grief/Loss – 16.9%

Attached Files

[!\[\]\(3211b5d1d968fc1665909b34f9f16010_img.jpg\) CLICC Results FY16](#)

RELATED ITEM LEVEL 3

CLICC Action

Action Description:

As a result of the analysis of CLICC data, the Counseling Center will add additional sections to those therapy groups that target presenting concerns listed in the top 10 (e.g. Understanding Self and Others). Because group therapy is often the treatment of choice for both internal symptoms of distress as well as interpersonal difficulties, and because several students can receive treatment at once, this is an ideal modality to address these concerns. Counseling Center staff will also start to explore professional development opportunities to ensure that they are treating clients with the most effective and up-to-date techniques.

RELATED ITEM LEVEL 1

Counseling Center Productivity

Performance Objective Description:

During the the fall semester of the FY15 assessment cycle, an audit of Counseling Center productivity rates was conducted, and based on this audit, a new set of criteria for clinician schedules was piloted during the spring semester. Additional adjustments were made after the pilot period, and the final process will be monitored during the FY16 assessment cycle to ensure that it has the desired outcome on productivity levels during our peak time periods.

RELATED ITEM LEVEL 2

Direct Service Outcomes

KPI Description:

Based on the structure developed during the Spring semester of FY15, the amount of time spent in Direct Service should be no less than 53%, the amount of time spent in Indirect Service should be no more than 27%, and the amount of time spent in Administrative tasks should be no more than 20%.

Results Description:

For FY16, the amount of time clinicians spent in Direct Service was 54%, the amount of time spent in Indirect Service was 34%, and the amount of time spent in Administrative Duties was 12%. Clinicians spent slightly more time providing direct service than was expected, while they spent slightly more time on Indirect Service and slightly less time on Administrative Duties than was expected. This is likely due to changes in clinical documentation processes that allow for a more streamlined documentation process.

RELATED ITEM LEVEL 3

Direct Service Action

Action Description:

Overall, it appears that the new structure has proven itself to be effective, although minor adjustments will likely need to be made to ensure it continues to function effectively. Given that the rate of Counseling Center utilization has increased at a rate greater than the growth of the university, it will become necessary to adjust the amount of time spent in Direct Service closer to the maximum of 60% that is recommended by the International Association of Counseling Services accreditation guidelines. The Counseling Center will accomplish this by gradually raising the Direct Service Standard over the next three years while lowering the amount of time spent in Administrative Duties.

RELATED ITEM LEVEL 1

Group Therapy Program

Performance Objective Description:

Given that the rate of increase in students utilizing Counseling Center services has outpaced the growth of the overall student population for the past three years, it has become increasingly important to look at alternative ways of delivering clinical services. Group therapy has been proven to be an effective treatment modality for a number of presenting concerns, and can be the treatment of choice for specific issues. Additionally, it has the advantage of being able to treat multiple students simultaneously. Based on information gleaned from last year's assessment cycle, the Center's clinical staff underwent training on group therapy prior to the start of FY16. Additionally, we revised our processes related to group therapy (e.g. referrals, paperwork) to increase the number of clients who could be referred to group. Now that this groundwork has been completed, the Counseling Center will begin expanding its group therapy options during FY16 in an effort to maximize the overall availability of clinical resources.

RELATED ITEM LEVEL 2

Group Therapy Description & Outcomes

KPI Description:

The Counseling Center will begin offering a variety of therapy groups to target specific populations or presenting concerns that are most commonly seen or have high levels of clinical significance. These groups include:

Understanding Self & Others (2 sections)

Calming the Storm

Sexual Assault Recovery Group

Guys Group

LGBT Support Group

Sister to Sister

Mindfulness

Group members' change scores on the CCAPS will be compared with the change scores for clients who are in individual counseling to determine which groups are the most effective.

Results Description:

When it came time to run the data related to this item, the functionality that allowed for a comparison of individual versus group scores within our EMR was no longer available. Apparently at some point during the academic year a software update had removed this option unbeknownst to us. As a result, a nuanced review of change data was not possible.

RELATED ITEM LEVEL 3

Group Action

Action Description:

Given the challenges faced in analyzing group outcome data effectively, new options for doing so will be explored for the next assessment cycle, as this remains a critical item and something that needs to be understood for overall departmental effectiveness.

Supporting

Goal Description:

Preparing students for success with learning opportunities that improve life skills, retention, and graduation.

RELATED ITEMS/ELEMENTS -----

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Update to Previous Cycle's Plan for Continuous Improvement

Previous Cycle's Plan For Continuous Improvement (Do Not Modify):

Due to the the previously mentioned challenges related to running our groups during FY15, the entire Counseling Center clinical staff participated in an intensive day-long training on current best practices for group therapy in a university setting and developing a group therapy culture. As a result, we have revised our process for referring clients to group, and have also developed some new policies and procedures around group therapy in general. The overall goal of this effort is to increase the number of students utilizing groups across the board, as this is one of the most effective treatment modalities for a variety of presenting concerns.

Update of Progress to the Previous Cycle's PCI:

A major portion of this year's assessment plan was tied to the ongoing evaluation of our group program, in an effort to determine whether the work that was put in to training the staff and expanding our group offerings was paying dividends. Unfortunately, some functionality in our EMR was removed, making the tracking and analysis of this unrealistic. We have now altered our assessment practices around group therapy in an effort to track data that can be analyzed outside of our EMR. It is our hope to revisit this aspect of our assessment plan within the next year, incorporating this new data.

Review of FY16 Assessment Cycle and Plan for FY17

Closing Summary:

As a result of information gathered during the current assessment cycle, significant additions have been made to various aspects of the Counseling Center's clinical program. An extra session of our DBT group was offered at the start of FY17, and additional staff members have been identified for training in this modality. New therapy groups focused on coping skill development were added to address the needs of the large numbers of clients who come in to cope with symptoms of stress, depression, and anxiety, and we have begun exploring the possibility of incorporating a new program called TAO Connect into our service delivery model, which specifically targets Major Depression and Generalized Anxiety Disorder (this will involve obtaining budgetary resources and some staff training in the new modality).

Based on the end result of the clinical productivity study, we have decided to add two additional clinical hours per clinician and will continue to audit schedules to ensure that time is being used appropriately. Lastly, we have developed some new outcome paperwork for our groups in an effort to reassess group therapy outcomes.