PROGRAM REVIEW

University of San Francisco
Division of University Life

1. **EXECUTIVE SUMMARY**

2. **OVERVIEW**
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5. **BENCH MARKING AND ANALYSIS**
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   Budget

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Counseling & Psychological Services—Executive Summary
Program Review
Fall 2008

During the 2007-08 academic year CAPS conducted an Internal Program Review. Components of the internal review included the following:

Self-Assessment based upon the CAS Standards
Benchmarking/Comparative Analysis
External review by the International Association of Counseling Services
Ongoing Quantitative Review

Areas of strength and improvement were identified through analysis of the above components of the self study.

CAPS STRENGTH AREAS

Integration into the Campus Community: CAPS has strong connections within the UL Division and the University. We are involved in extensive networking, collaboration, and campus activity with established monthly consultation with St. Mary's Health Services, Student Disability Services, and Career Services and extensive involvement in the programming efforts of the Arts and Sciences' PASS program and Multicultural Student Services' SJEP/STEM programs. Additionally, the center staff are members of several division-wide committees and chair the subcommittee dedicated to increasing the cultural competency of incoming freshmen.

Outcome Research: CAPS employed the Outcome Questionnaire-45 (OQ45) for five years and has adopted the OQ-30 for the past two years. Nationally recognized as an empirically validated measure of counseling outcome related to symptom change, the results of this assessment have directed center practice. Additionally, the Student Experience Survey (SES) has provided outcome data to the center in areas not assessed by the OQ-30.

Counseling & Psychotherapy: CAPS staff provides competent, professional, confidential, and timely counseling to over 600 clients each year. They do so in an environment of dwindling resources and increasing utilization. The staff has creatively met the challenge of "more with less" balancing the numerous demands on the center.

Multiculturally-Focused Training: CAPS provides excellent professional development and in-service training for licensed staff, future professionals, UL colleagues, and the broader campus community. In particular, the staff is pleased to

provide weekly training seminars on multicultural topics relevant to their clinical work. Additionally, they have taken the lead in introducing incoming first year students to the concept of identity development and cultural competency and has provided outreach to the campus faculty and staff regarding mental health issues as a disability.

CAPS TOP PRIORITY IMPROVEMENT AREAS

Many of the recommendations for improvement of center services that were made by field visitors from the accrediting agency, the International Association of Counseling Services (IACS), and by internal review processes have been implemented. The following areas demand additional resources of time and/or money.

Staffing: It was recommended that CAPS develop a strategic plan to hire an additional staff member who would complement the skills and diversity of the current staff configuration, help to reduce the wait list for services, and provide the FTE stipulated as necessary for IACS accreditation. Currently, the FTE requirement is met by the fortuitous "volunteer" services of two individuals who needed to accumulate additional training hours. The center may not be this fortunate in the future and would have 20 hours/week fewer clinical hours during which students could be seen.

Technology: The center collects vast amounts of confidential data and publishes several quantitative reports for campus distribution. The burgeoning reports, data collection for outcome analysis, and increased scrutiny of records as it relates to reducing institutional liability strongly recommends a more efficient, less resource consuming and securely confidential database. The Titanium system is used by many counseling centers including SCU, LMU, and UOP.

Additionally, the Outcome Questionnaire-30 is now administered via computer. This has necessitated administration in trainee offices compromising use of their offices and the ability to meet with clients in a timely manner. Mini-laptop computers to assure privacy could be used in the reception area.

Finally, It was recommended that CAPS investigate the use of digital video to enhance the training program.

Chart Review Process: It was recommended that CAPS institute a chart review process to increase the quality of the records and insure greater consistency in the staff recordkeeping, particularly as it relates to progress notes. While the center has responded by discussing this idea and distributing standard guidelines a formal review process has not been implemented. The Titanium program noted above would enhance this capability as a "sign off" function is built in for supervisors.

Front Office Student Staff: The IACS evaluation underscored the need to reduce student worker involvement in the front office. It was recommended that the use of student workers to enter data, schedule clients, and type correspondence be discontinued. These adjustments would effectively eliminate the utility of having student employees and leave an already over-burdened front office in a perilous position. IACS

reviewers stated "There is not adequate office support for CAPS and it is recommended that a funding proposal be developed to hire additional administrative staff."

Wages for Trainees: It was evident from both the internal and external evaluation that trainee wages were woefully inadequate. They have not been adjusted in 15 years. The $7,500 award necessitates that the trainees, doctoral level students who have advanced to candidacy, be moved to volunteer status by February of each year. By comparison, Santa Clara University and the University of the Pacific compensate their trainees at a rate of $23,000/ year. Additionally, others within the UL Division who have less education and less work experience, who receive higher compensation.

Soundproofing: Due to the "bleed" of sound into hallways despite the use of four sound machines and a radio in the waiting area, IACS has recommended that steps be taken to augment the soundproofing characteristics of the facility.

Psychiatry: Benchmarking activities indicated that, while the coverage at the center was "average", our coverage varying from 4-6 hours/week, the compensation was below that of the comparison institutions. Increase salary and coverage was recommended based upon the internal review as the waiting list for services often exceeds four weeks.

USF
UNIVERSITY of SAN FRANCISCO

VISION, MISSION *and* VALUES
of the University of San Francisco

Approved by the Board of Trustees September 11, 2001

VISION

The University of San Francisco will be internationally recognized as a premier Jesuit Catholic, urban University with a global perspective that educates leaders who will fashion a more humane and just world.

MISSION

The core mission of the University is to promote learning in the Jesuit Catholic tradition. The University offers undergraduate, graduate and professional students the knowledge and skills needed to succeed as persons and professionals, and the values and sensitivity necessary to be men and women for others.

The University will distinguish itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor sustained by a faith that does justice. The University will draw from the cultural, intellectual and economic resources of the San Francisco Bay Area and its location on the Pacific Rim to enrich and strengthen its educational programs.

CORE VALUES

The University's core values include a belief in and a commitment to advancing:

{ 1 } the Jesuit Catholic tradition that views faith and reason as complementary resources in the search for truth and authentic human development, and that welcomes persons of all faiths or no religious beliefs as fully contributing partners to the University

{ 2 } the freedom and the responsibility to pursue truth and follow evidence to its conclusion

{ 3 } learning as a humanizing, social activity rather than a competitive exercise

{ 4 } a common good that transcends the interests of particular individuals or groups; and reasoned discourse rather than coercion as the norm for decision making

{ 5 } diversity of perspectives, experiences and traditions as essential components of a quality education in our global context

{ 6 } excellence as the standard for teaching, scholarship, creative expression and service to the University community

{ 7 } social responsibility in fulfilling the University's mission to create, communicate and apply knowledge to a world shared by all people and held in trust for future generations

{ 8 } the moral dimension of every significant human choice: taking seriously how and who we choose to be in the world

{ 9 } the full, integral development of each person and all persons, with the belief that no individual or group may rightfully prosper at the expense of others

{ 10 } a culture of service that respects and promotes the dignity of every person.

STRATEGIC INITIATIVES

The following initiatives are key to the University's achieving recognition as a premier Jesuit Catholic, urban university:

{ 1 } Recruit and retain a diverse faculty of outstanding teacher-scholars and a diverse, highly qualified, service-oriented staff, all committed to advancing the University's Visions, Mission and Values;

{ 2 } Enroll, support and graduate a diverse student body, which demonstrates high academic achievement, strong leadership capability, concern for others and a sense of responsibility for the weak and the vulnerable.

{ 3 } Provide an attractive campus environment and the resources to promote learning throughout the University:

- Learning resources that improve the curriculum and support scholarship
- Facilities to support outstanding educational programs
- Technology solutions to enhance learning and improve service

{ 4 } Continue to strengthen the University's financial resources to support its educational mission.

Counseling and Psychological Services

Vision
USF Counseling and Psychological Services envisions a campus community with high-functioning individuals and groups who support and encourage development within themselves and among each other.

Mission

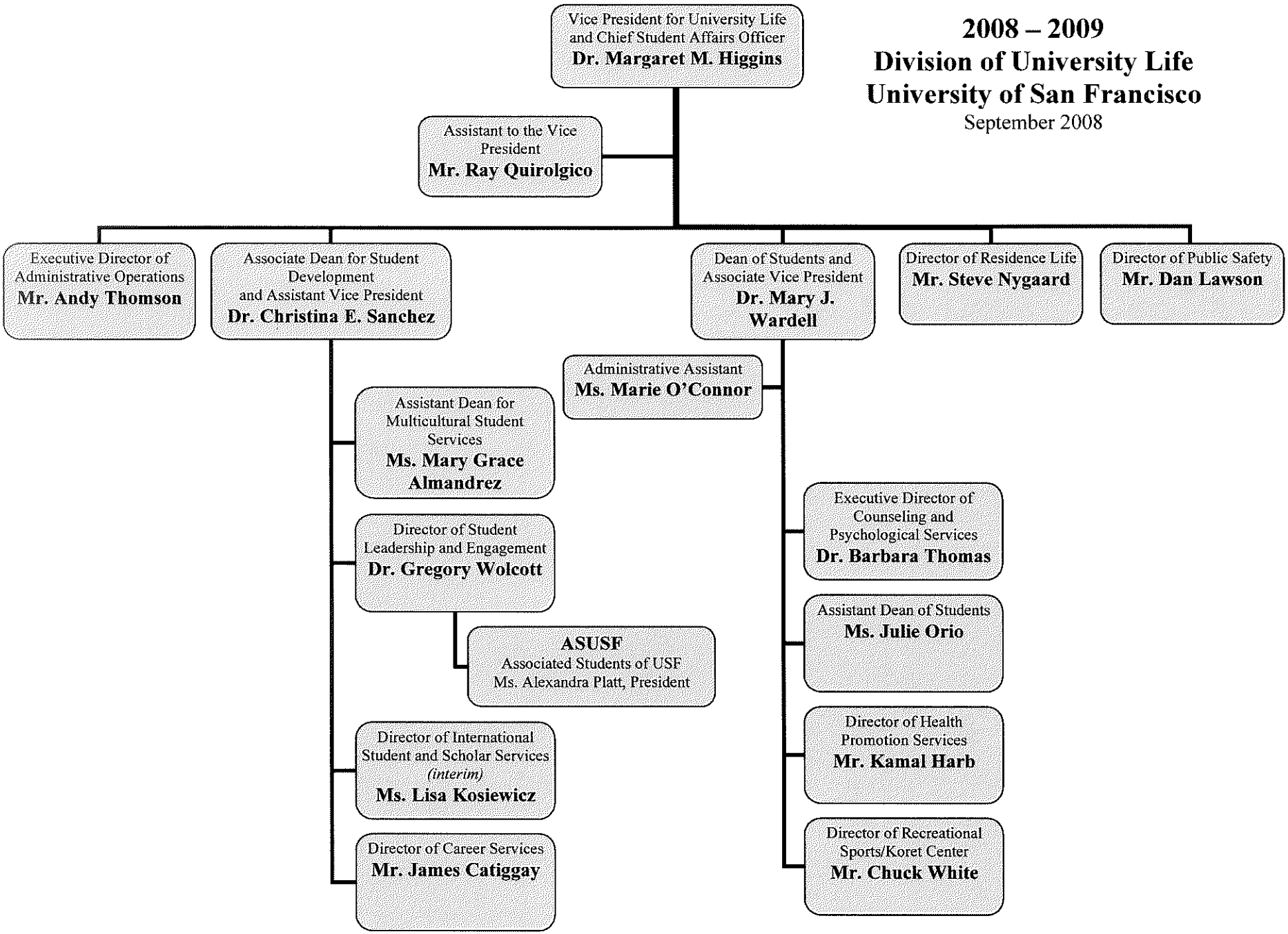
The mission of the University of San Francisco Counseling and Psychological Services is to provide students with timely and effective mental health services that allow them to improve and maintain their mental well-being and to meet their educational, personal, emotional, and spiritual goals. We treat all individuals with respect. We acknowledge and value the intersection of race, ethnicity, gender, religion, sexual orientation, ability, and class.

Goals Guiding our work:

- Provide professional mental health services to enrolled students, including individual, couples and group counseling, crisis response, consultation, brief assessment, and referral that are accessible to and provide for the general well-being of all students
- Provide appropriate referral for students who may have concerns that are not within our scope of proficiency; or problems that may be chronic or severe in nature and may require more services than CAPS is capable of offering
- Encourage self awareness, personal responsibility, and healthy interpersonal relationships within a diverse environment.
- Ensure confidentiality and privacy as mandated by state and federal laws.
- Provide prevention programming and consultation to students, faculty, staff, and families with the purpose of facilitating healthy development, wellness and psychological functioning
- Ensure that all services provided are vital, current and consistent with the guidelines of professional organizations
- Maintain positive and ongoing relationships with the campus and surrounding community, with an emphasis in establishing and sustaining liaisons with those groups who have regular contact with students
- Provide continued professional and personal development opportunities to our staff, with the purpose of allowing counselors to find a sense of balance; which will, in turn, allow them to maintain a high level of work with clients.
- Train future professionals in a brief evidence-based, multiculturally-focused treatment model that is directly applicable to college counseling

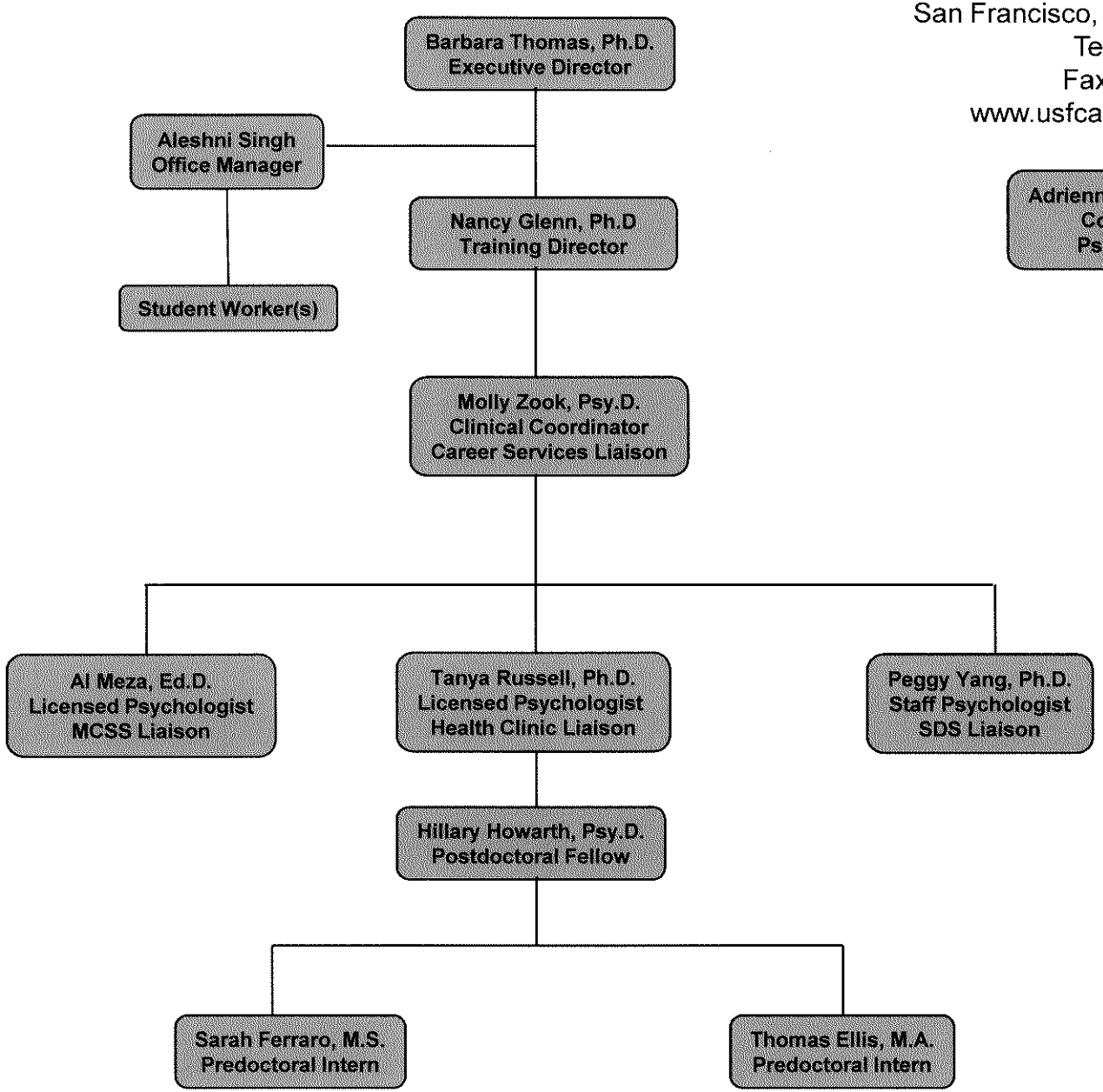
Values
Self-awareness
Multiculturalism
Development
Expertise in psychology
Compassion humanism
Service

2008 – 2009
Division of University Life
University of San Francisco
September 2008



Last updated August 22, 2008

Counseling and Psychological Services
2130 Fulton Street
San Francisco, CA 94117-1080
Tel: 415-422-6352
Fax: 415-422-2260
www.usfca.edu/counseling



Academic Year 08-09

COMMUNITY NUMBERS

Psychiatric Emergency Services
(415) 206-8125

Suicide Hotline
(415) 781-0500

Westside Community Crisis Clinic
(415) 353-5050

SF Women Against Rape
(415) 647-RAPE/7273

CAMPUS NUMBERS

Academic Support Services
(415) 422-6876

USF Health Clinic—St. Mary's
(415) 750-4980

Health Promotion & Services
(415) 422-5797

Learning & Writing Center
(415) 422-6713

Public Safety
Non-emergency (415) 422-4222
Emergency (415) 422-2911

Sexual Harassment
Complaints/Inquiries
(415) 422-6707

Student Disability Services
(415) 422-2613

University Ministry
(415) 422-4463

LICENSED PSYCHOLOGISTS

Barbara Thomas, Ph.D.
Executive Director

Nancy Glenn Ph.D.
Training Director

Al Meza, Ed.D.
Staff Psychologist

Tanya Russell, Ph.D.
Staff Psychologist

Peggy Yang, Ph.D
Staff Psychologist

Molly Zook, Psy.D.
Clinic Coordinator

POSTDOCTORAL FELLOW

Hillary Howarth, Psy.D.

PREDOCTORAL INTERNS

Thomas Ellis, M.A
Sarah Ferraro, M.S.

PSYCHIATRIST

Adrienne Fratini, M.D.

UNIVERSITY OF SAN FRANCISCO

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USF
UNIVERSITY of SAN FRANCISCO

COUNSELING AND PSYCHOLOGICAL SERVICES

2008-2009

Providing psychological services, educational resources, and referrals to the diverse USF community

www.usfca.edu/counseling

SERVICES

- Free, brief, confidential psychotherapy (individual, couple, and group) for currently enrolled students.
- Crisis intervention, including referrals for mental health emergencies.
- Psychoeducational resources covering a wide range of subjects.
- Online Mental Health Screenings
  - Depression
  - Substance Abuse
  - Anxiety
  - Eating Disorders
- Presentations on mental health topics relevant to the needs of your organization or group.
- Referrals linking members of the USF community to off-campus mental health resources.
- Consultation to faculty and staff as well as families and friends of currently enrolled students.

ELIGIBILITY

Any currently enrolled, degree seeking student is eligible to receive our services. The cost of services is included in tuition and fees.

LOCATION & APPOINTMENTS

Counseling and Psychological Services (CAPS) is located on the lower level of Gillson Hall. Our regular office hours are from 9:00 a.m. to 5:00 p.m. weekdays. A limited number of evening appointments are available. Drop in to schedule an appointment (we are closed 12:00-1:00pm) or call (415) 422-6352.

CRISIS SERVICE

Support for mental health emergencies is available. Call CAPS during our regular operating hours at (415) 422-6352 and let us know that you or someone you know needs to be seen immediately. For after hours emergencies, contact Public Safety at (415) 422-2911.

2130 Fulton Street
Gillson Hall - Lower Level
San Francisco, CA 94117
Phone: (415) 422-6352

UNIVERSITY OF SAN FRANCISCO

STAFF

Counseling and Psychological Services is staffed by:

- Licensed psychologists who are experienced in working with the diverse USF community.
- Postdoctoral fellow and predoctoral interns who provide counseling under the supervision of the licensed staff.
- Psychiatrist (6 hours per week)
- All staff are well versed in the issues, interests and concerns of a multi-cultural student population.

CONFIDENTIALITY

You have the right to privacy and can expect your contact with us to be kept private and confidential (with limited legal and ethical exceptions).

Counseling records are maintained separately from all other records at USF. The center will not release any information about you without your written permission.

Fostering Diversity

We continue to educate ourselves about complex issues through the Multicultural Seminar, case conference, and inservice training and are deeply committed to exploring and challenging biases, prejudices, and stereotypes related to differences. CAPS staff successfully redesigned the Multicultural Seminar (Appendix H) by increasing licensed staff ownership and involvement in the development, teaching, and evaluation of the seminar. This resulted in a positive shift in attitude regarding the importance of multicultural training. Additionally, client feedback on the SES indicated that 74% found their counselor to be sensitive to their cultural and individual differences.

Collaboration with Others

Collaboration is an important aspect of socially responsible delivery of our services. We regularly participate in planning events initiated by other departments and invite faculty and staff to collaborate with us on a variety of projects. Some examples include the following:

- Arts & Sciences - supported the Arts & Sciences Student Academic Services with guest lectures related to mental health issues as part of the series for academic probation students; presented, as part of a panel, to Arts & Sciences faculty on dealing with Distressed Students, and to Program Assistants on Dealing with Troubled Students

- Career Services Center - provided monthly consultation regarding client cases

- International Student Services - presented on Cultureshock and coping strategies at orientation events

- Judicial Affairs - consulted on cases, assisted in sanction design, provided mandatory substance abuse evaluation (Appendix I)

- Residence Life - provided psycho-educational and skill building seminars throughout the year

- School of Education -facilitated group for Master in Counseling (MFT) students and had SOE faculty present to trainees (Appendix I)

- Student Disability Services - collaborated on student treatment plans, cross-referral, and provided monthly consultation regarding client cases

- University Ministry - engaged in joint training regarding services, limits of confidentiality, and campus crisis response

- Athletics – provided sport psychology assistance to the coaches, and athletes; provided cultural diversity training in freshman athletes College

Success class; worked with administration to create therapy alternatives for troubled athletes

- Learning and Writing Center- Provided training to Bridge Forward students
- Orientation- as part of orientation team, presented on CAPS services and Parents in Transition
- English As A Second Language- Reviewed treatment options for ESL students and created language specific referral base
- Health Promotion Services- Co-facilitated Body Image and Choices groups, trainees worked closely with HPS staff around events for Eating Disorders and Alcohol Awareness Weeks (Appendix I)

Additionally, we participated in divisional training sessions, delivered presentations, and served on various committees and taskforces.

Training Program

The CAPS staff dedication to positive mental health and social justice is at the core of our training program. We take pride in instilling these values in our trainees who carry them into their professional lives outside of USF and contribute to the betterment of the larger society. It is imperative that the program have strong, competent, professional leadership and we are thrilled that we were able to recruit Dr. Nancy Glenn for the Training Director position. Dr. Glenn is recognized throughout the state as a stellar professional.

Trainees were well mentored despite the lack of a fulltime Training Director. As a result of participation in the CAPS training program the postdoctoral fellow and pre-doctoral interns reported increased clinical diagnostic and intervention skills, significantly enhanced multicultural awareness and related therapy skills, increased professional identity and a sound introduction to outreach psycho-education. On a standardized measure, the California Brief Multicultural Competence Scale, all trainees demonstrated substantial improvement in scores from pre to post-test on at least 50% of the statements evaluated.

3. What is needed?

CAPS would greatly benefit from an improved technological infrastructure including purchasing and training on the Titanium database, the addition of digital recording devices, the installation of video cameras in training offices, and the services of a web consultant who could improve our website and its navigation. Web activities including podcasts, enhanced self assessment, and social networking are increasingly seen in professional literature as counseling center activities that are relevant to today's students.

The following guidelines apply to the implementation of the above policy:

1. There is a need to distinguish sexual attraction from sexual acting out. Both staff members and trainees are encouraged to discuss feelings of attraction to a colleague, should they arise, just as they would discuss feelings of attraction towards a client. Discussing and acknowledging feelings is a step towards assessing one's current needs and the implications of any future courses of action/ behavior.

2. Licensed staff is encouraged to discuss such feelings with a licensed colleague or the Training Coordinator. Trainees who find themselves attracted to licensed staff members should discuss their feeling with the Training Coordinator or another licensed staff member - if it seems difficult or unhelpful to discuss the feelings with the supervisor in question.

3. If a licensed staff member's behavior crosses the boundaries of a professional relationship with a trainee, an administrative review of the situation will be conducted. The staff member may be subject to disciplinary action by the Director according to the relevant University of San Francisco policies and procedures.

D. Direct Service Commitment of Licensed Staff

The table below displays the number of direct service (individual, couple and group counseling) hours that licensed staff are expected to maintain:

Supervision

% FTE	Hours per week (over 11 months)	Individual Direct Service Hours
92 %	37.5	23
84%	34	21
80%	32	20
68%	28	17

Licensed staff can adjust the number of individual direct service hours for other responsibilities, as follows:

1. Group facilitation = 2 hours
2. Training Director = 4 hours

UNIVERSITY POLICY ON SEXUAL HARASSMENT

The University of San Francisco has approved a policy on **Prevention of Sexual and Other Unlawful Harassment.** It is important that you familiarize yourself with the contents of this policy because it applies to you as an employee of the University.

APPENDICES

A. Client Summary – Demographics
B. Presenting Issues
C. Outcome Questionnaire (OQ-30)
D. Student Experience Survey
E. Consultations
F. Web site data
G Outreach Activity Report
H. Multicultural Seminar
I. Groups and Mandated Referrals

APPENDIX A

Counseling Psychological Services
Client Summary
Summer 2007 - Spring 2008

All Clients

	Male	Female	Total
Students	162	436	598
Faculty	0	0	0
Staff	0	0	0
Partner (Couple Therapy)	1	0	1
Total Clients	163	436	599
Percentages	27%	73%	100%

Students

	Male	Female	Total
Undergraduate	122	325	447
Graduate	40	111	151
Total Students	162	436	598

International (all clients)

Male	Female	Total
11	23	34

Ethnicity

	Male	Female	Total	CC%	USF %
Asian American/Pacific Islander	25	100	125	21%	20%
African American/Black	8	15	23	4%	6%
Caucasian/White	81	210	291	49%	40%
Hispanic/Latino	17	37	54	9%	12%
Native American	0	0	0	0%	1%
Multiracial	20	57	77	13%	3%
Other	10	16	26	4%	4%
Unspecified	2	1	3	1%	6%
Total	163	436	599	100%	92%
				International	8%

Disability (self identified at intake)

Learning	22
Visual	2
Hearing	1
Other Physical	4
Mental Health	7
Other Unspecified	2

Some individuals identified more than one disability. Totals, therefore, are misleading.

APPENDIX A

Counseling Psychological Services
Client Summary
Summer 2007 - Spring 2008

Gay/Lesbian Identified (all clients)

Male	Female	Total
16	19	35

Age (all clients)

	Male	Female	Total
Under 18	0	5	5
18-21	90	269	359
22-25	30	98	128
26-30	27	39	66
31-35	10	13	23
36-40	3	6	9
41+	3	6	9
Total	163	436	599
	23	21.9	22.2

On Campus vs. Off Campus (students only)

	Undergraduate	Graduate	Total
On Campus	213	3	216
Off Campus	234	148	382
Total	447	151	598

School

	Undergraduate		Graduate			
	Male	Female	Male	Female	Total	%
Arts & Sciences	83	233	7	5	328	55%
Education	-	-	10	54	64	11%
Nursing	3	47	1	10	61	10%
CPS	1	0	2	6	9	2%
Business	29	35	4	4	72	12%
Law	-	-	15	32	47	8%
Unspecified	5	8	1	3	17	3%
Total	121	323	40	114	598	100%

Counseling Center
Client Summary
Summer - Fall 2007

All Clients

	Male	Female	Transgender	Total
Students	97	272	0	369
Faculty	0	0	0	0
Staff	0	0	0	0
Partner (Couple Therapy)	1	0	0	1
Total Clients	98	272	0	370
Percentages	26%	74%	0%	100%

Students

	Male	Female	Transgender	Total
Undergraduate	74	208	0	282
Graduate	23	64	0	87
Total Students	97	272	0	369

International (all clients)

Male	Female	Transgender	Total
4	16	0	20

Ethnicity

	Male	Female	Transgender	Total	CC%	USF %
Asian American/Pacific Islander	14	64	0	78	21%	20%
African American/Black	2	10	0	12	3%	6%
Caucasian/White	53	128	0	181	49%	40%
Hispanic/Latino	14	18	0	32	9%	12%
Native American	0	0	0	0	0%	1%
Multiracial	12	42	0	54	15%	3%
Other	2	9	0	11	3%	4%
Unspecified	0	1	0	1	0%	6%
Total	97	272	0	369	100%	92%
					International	8%

Disability (self identified at intake)

Learning	12
Visual	2
Hearing	1
Other Physical	3
Mental Health	5
Other Unspecified	0

Some individuals identified more than one disability. Totals, therefore, are misleading.

Counseling Center
Client Summary
Summer - Fall 2007

Gay/Lesbian Identified (all clients)

Male	Female	Transgender	Total
10	20	0	30

Age (all clients)

	Male	Female	Transgender	Total
Under 18	0	5	0	5
18-21	56	170	0	226
22-25	19	57	0	76
26-30	14	21	0	35
31-35	5	8	0	13
36-40	2	5	0	7
41+	2	6	0	8
Total	98	272	0	370
Mean Age	22.8	22.7	20.5	22.7

On Campus vs. Off Campus (students only)

	Undergraduate	Graduate	Total
On Campus	129	1	130
Off Campus	153	86	239
Total	282	87	369

School

	Undergraduate			Graduate		
	Male	Female	Transgender	Male	Female	Total
Arts & Sciences	47	153	0	2	4	206
Education	-	-	0	9	31	40
Nursing	2	28	0	1	8	39
CPS	0	0	0	3	2	5
Business	19	21	0	2	2	44
Law	-	-	0	7	16	23
Unspecified	4	5	0	2	1	12
Total	72	207	0	26	64	369

APPENDIX B

Primary Focus of Treatment

Fiscal Year 2007 - 2008

	# of students	% of students
Academic concern	55	9%
Career-related concern	7	1%
Substance Abuse	63	11%
Eating concerns/body image	14	2%
Stress	24	4%
Abortion adjustment	3	1%
Current unplanned pregnancy	2	0%
Sexual concerns	0	0%
Other health concern	8	1%
Depression	61	10%
Loss/grief	17	3%
Anxiety	80	13%
Strange or bizarre thoughts	2	0%
Sexual orientation	2	0%
Identity/development	15	3%
Self-esteem	11	2%
Adjustment/life transition/acculturation	38	6%
Assertiveness	7	1%
Conflict resolution	1	0%
Anger management	5	1%
Romantic or dating relationship concern	91	15%
Family issues	48	8%
Other relationship concern	16	3%
ACOA	2	0%
Past molestation	2	0%
Rape/sexual abuse	3	1%
Other PTSD/trauma	9	2%
Sexual harassment	0	0%
Discrimination-related harassment	1	0%
Learning disability	1	0%
ADD/ADHD	6	1%
Self-abuse/cutting	0	0%
Impulse control	1	0%
Other	4	1%
TOTAL	599	100%

APPENDIX C

COUNSELING CENTER
OUTCOME QUESTIONNAIRE (OQ-30.1)
RESULTS 2007-08

In the 2007-2008 academic year, the Counseling Center again collected outcome data related to our individual therapy services using the Outcome Questionnaire 30.1 (OQ-30.1), a self-report instrument that tracked client changes throughout the course of treatment. The instrument, administered to clients via palm pilots, provided immediate access to initial and subsequent outcome scores allowing clinicians to appropriately integrate the results into the clinical work.

The items that comprise the OQ 30 address commonly occurring problems and measures symptom severity across a wide variety of disorders. Areas covered include anxiety, depression, work/school functioning, interpersonal relationships, work/school functioning; and overall quality of life.

Intake Data:

Of the students who presented for individual services, 471 or 83% * consented to complete the OQ prior to the first interview. Ninety-four (17%) of the clients seeking individual therapy declined the OQ. Of the 471 students who completed an OQ at intake:

- 268 (57%) produced scores that fell in the "Clinical" range, suggesting that these students were experiencing clinically significant distress
- 203 (43%) produced scores in the "Non-Clinical" or normal range.

Outcome Data:

259 clients (55%) of the 471 clients who were assessed at intake attended 3 or more therapy sessions and completed one or more follow-up administrations of the OQ. Of these 259 students:

- 157 (61%) produced initial scores within the "Clinical" range, with almost one-half (49%) of these clients presenting within the "Severe Clinical," suggesting that their symptom distress (anxiety and/or depression) was impacting, to a greater to lesser degree, these students academic, work, social functioning, and/or overall satisfaction with life.
- 102(39%) of the initial scores reflected "Non-Clinical" or normal functioning.

Outcome Analysis:

Outcome data or comparisons between the initial and final OQ scores of the 259 clients who completed follow-up assessments revealed:

- 79 students (50%) who initially scored in the "Clinical" range met the criteria for "Recovered" upon administration of their final OQ. This represents a *significant increase* (34%) from last year.
- 46 students (18%) demonstrated a "Clinically Significant Improvement", as measured by the OQ-30
- 24 or 9% of the students (same as last year) evidenced a "Deterioration. These clients were flagged and assessed regarding needed interventions, referrals, and/or changes to the treatment plan in order to more adequately address the clinical concerns.
- 110 (42%) evidenced some improvement or remained stable between their first and last assessment.

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* This data excludes students mandated for a substance abuse assessment, *and* who did not continue with individual therapy following their assessment, or obtain individual therapy at another time this academic year.

Review of 2006-07 Recommendations:

Recommendation:	Outcome:
Include comprehensive OQ training in the 2007 orientation for the trainees.	OQ was integrated into the 2007 orientation as a part of the seminar on, "The First Session." Trainees were informed about OQ usefulness as an initial and on-going assessment tool; identifying high risk clients, particularly those exhibiting significant symptoms of anxiety and depression; and guiding treatment interventions and goals. Administrative procedures were also reviewed. However, feedback from the trainees indicated that more time was needed to cover and discuss interpretation and integration of the OQ into on-going treatment, administrative protocol, and accessing a using the OQ website.
All trainees who did not have access to Meeting Maker will have access, in order to effectively communicate and manage follow-up administers of the OQ.	All trainees had access to Meeting Maker, and the average follow-up rate for the trainees the trainees had a higher follow-up rate than the average rage of the CAPS staff members
Integrate the staff and trainees follow-up rates and clinical use of the OQ into their performance evaluations.	Mid-year and final OQ outcome data were integrated into staff performance reviews and trainee evaluations.

Recommendations for 2008-09

OQ data provided a useful means by which supervisors tracked trainee progress and tagged severe cases. Continuing to emphasize with staff members, particularly those who supervise, as well as our new Training Director, of the OQ data usefulness is important.

During the 2008 Trainee Orientation, the Training Director, trainees, and staff, who are underutilizing the OQ, will receive comprehensive OQ training: The training will highlight the usefulness of this instrument in the initial and on-going treatment evaluation and planning, the reliability and validity of the OQ-30.1, interpretation of initial and outcome scores, procedures for addressing cases showing deterioration or at risk for suicidality. In addition, administrative protocol, including how to administer the OQ when the office manager is out and accessing and utilizing the OQ-30 website will be covered.

Counseling & Psychological Services
Student Experience Survey
07-08

Total Started Survey: 202

Total Completed Survey: 201 (99.5%)

1. How many times did you meet with a counselor?

	Response Percent	Response Count
1-2 times	22.5%	45
3-6 times	**44.0%**	88
7-9 times	18.5%	37
10 or more times	15.0%	30
	answered question	**200**
	skipped question	**2**

2. I met with the following counselor:

	Response Percent	Response Count
Sarah Brown David, Ph.D.	7.1%	14
Randall Cockshott, Ph.D.	1.5%	3

Counseling & Psychological Services
Student Experience Survey
07-08

2. I met with the following counselor:		
Janet Elliott, M.A.	4.6%	9
Turi Honegger, Ph.D.	8.7%	17
Kristopher Lichtanski, Ph.D.	2.0%	4
Al Meza, Ed.D	8.7%	17
Tanya Russell, Ph.D.	9.2%	18
Barbara Thomas, Ph.D.	5.1%	10
Bau Vang, M.A.	**20.4%**	40
Vida Wong, M.A.	10.7%	21
Peggy Yang, Ph.D	10.2%	20
Molly Zook, Psy.D.	11.7%	23
	answered question	**196**

Counseling & Psychological Services
Student Experience Survey
07-08

2. I met with the following counselor:

skipped question	6

3. Indicate your level of agreement with the following statements about the counseling you received:

	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree	N/A	Rating Average	Response Count
The counselor protected my confidentiality	**85.1% (171)**	9.0% (18)	2.5% (5)	0.5% (1)	0.5% (1)	2.5% (5)	1.18	201
The counselor was interested in me	**79.7% (161)**	16.3% (33)	2.5% (5)	1.0% (2)	0.5% (1)	0.0% (0)	1.26	202
The counselor was knowledgeable	**68.2% (137)**	27.4% (55)	4.0% (8)	0.0% (0)	0.5% (1)	0.0% (0)	1.37	201
The counselor was sensitive to my spiritual/religious background	**60.9% (123)**	12.4% (25)	5.4% (11)	0.0% (0)	0.0% (0)	21.3% (43)	1.30	202
The counselor was sensitive to my cultural and individual differences	**74.3% (150)**	16.8% (34)	4.5% (9)	0.0% (0)	0.5% (1)	4.0% (8)	1.29	202
Counseling helped me understand my values	**48.5% (98)**	28.7% (58)	13.4% (27)	2.0% (4)	0.5% (1)	6.9% (14)	1.68	202
Counseling helped me resolve issues that were interfering with my optimal academic	**42.1% (85)**	28.7% (58)	10.4% (21)	2.5% (5)	2.0% (4)	14.4% (29)	1.76	202

Counseling & Psychological Services
Student Experience Survey
07-08

3. Indicate your level of agreement with the following statements about the counseling you received:

performance

answered question	**202**
skipped question	**0**

4. Counseling helped me take better care of myself by:

	Response Percent	Response Count
maintaining good sleep habits	24.3%	45
eating better	15.7%	29
managing stress	**75.7%**	140
using less alcohol or other drugs	20.0%	37
exercising more	17.8%	33
managing time better	22.2%	41
view Other (please list)	29.2%	54
answered question		**185**

Counseling & Psychological Services
Student Experience Survey
07-08

4. Counseling helped me take better care of myself by:

skipped question	**17**

5. Counseling helped me improve my relationships with others by:

	Response Percent	Response Count
communicating better	58.2%	103
being more assertive	41.8%	74
managing my anger more effectively	18.1%	32
feeling better about myself	**73.4%**	130
view Other (please list)	10.2%	18
answered question		**177**
skipped question		**25**

6. As a result of counseling, I gained a greater understanding of my cultural identity as it relates to my:

	Response Percent	Response Count
ethnicity	11.5%	18

Counseling & Psychological Services
Student Experience Survey
07-08

6. As a result of counseling, I gained a greater understanding of my cultural identity as it relates to my:

religion	6.4%	10
gender	21.8%	34
sexual orientation	9.6%	15
race	5.1%	8
physical ability	10.9%	17
social class	7.7%	12
family	**68.6%**	107
view Other (please list)	23.1%	36
	answered question	**156**
	skipped question	**46**

7. Please rate your overall SATISFACTION with the following counseling center services and resources

	very satisfied	somewhat satisfied	neutral	somewhat dissatisfied	very dissatisfied	N/A	Rating Average	Response Count
individual therapy	**68.9% (135)**	25.0% (49)	1.5% (3)	1.0% (2)	1.0% (2)	2.6% (5)	1.36	196
group counseling	1.3% (2)	2.5% (4)	1.9% (3)	0.0% (0)	0.6% (1)	**93.7% (149)**	2.40	159

Counseling & Psychological Services
Student Experience Survey
07-08

6. As a result of counseling, I gained a greater understanding of my cultural identity as it relates to my:

substance abuse specialist	1.9% (3)	1.3% (2)	1.9% (3)	0.6% (1)	0.6% (1)	**93.7% (148)**	2.50	158
psychiatry / medication	9.3% (15)	5.0% (8)	3.1% (5)	1.2% (2)	0.6% (1)	**80.7% (130)**	1.90	161
front office staff	**66.1% (123)**	18.8% (35)	7.5% (14)	1.6% (3)	1.1% (2)	4.8% (9)	1.45	186
counseling center website	9.1% (15)	16.4% (27)	9.1% (15)	1.8% (3)	1.2% (2)	**62.4% (103)**	2.19	165
online assessments	8.5% (14)	10.4% (17)	7.9% (13)	1.8% (3)	0.6% (1)	**70.7% (116)**	2.17	164
						answered question		**197**
						skipped question		**5**

8. Additional comments about your experiences with the Counseling Center:

Response Count
73
answered question **73**
skipped question **129**

APPENDIX E

Type	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	YTD
1 Student	5	11	15	8	10	10	1	6	13	2	9	3	93
2 Family	3	3	8	6	7	5		11	10	4	11	3	71
3 Priv. Prac.	1	1	5			2	3	2	2	2	4	1	23
4 Athletics		2	4	13	13	4		6	13	6	12	3	76
5 Res. Hall Staff	3	3	3	3	3	2		4	3	2	1	1	28
6 Other Staff	5	10	6	9	8	14	1	13	18	8	12	9	113
7 Faculty		2	3	3	8	10	3	5	10	5	5		54
8 Partner/Friend	2								1		2	1	6
9 Alumni			2	4	1	4		1		2	5	1	20
10 Community	4	6	3	3	4	4	2	4	4	3	1	8	46
11 Health Clinic		1			1	1		2	2		3		10
12 Judicial Affairs			2	1		1		5	4		2	3	18
13 Academic Advising		1	2		7			1	3	2	3	3	22
Total	23	40	53	50	62	57	10	60	83	36	70	36	580
													580

Phone	373
Face	116
Email/ Letter	91
	580

APPENDIX F

HITS TO WEB SITE

June 2007- May 2008

	all pages	parents page
	2007	
June	1115	22
July	872	22
August	735	20
Sept	620	9
October	819	8
November	473	9
December	581	9
	2008	
January	887	15
February	1245	13
March	777	11
April	3016	41
May	1094	39
TOTAL	**12234**	**218**

APPENDIX G

OUTREACH PRESENTATIONS 07/08

Date	Counselor	CODE	Event /Topic	Target audience	# Attended
6/28/07	KC	training	Fast Track Orientation	parents	130
7/5/07	BT	training	Fast Track Orientation	parents	87
7/25/07	MZ	training	Suicide Prevention	HDs, AHDs	15
8/5/07	BT	lecture	BridgeForward: Transition to College	students	34
8/6/07	BT	lecture	BridgeForward: Transition to College	students	41
8/13/07	PY	training	Suicide Prevention	RAs	75
8/15/07	BT	training	Millennial Students	new faculty	50
8/15/07	BT	training	Students in Distress	A&S Program Assts	45
8/15/07	KL	training	Culture Shock	international undergrad students	120
8/15/07	TR	tabling	New Faculty/Staff Orientation	faculty/staff	25
8/16/07	TR	tabling	Law School Orientation	day and evening law school students	120
8/16/07	TR	training	Culture Shock	international grad students	50
8/17/07	BT	Training (non-students)	Saying Good-Bye	parents	300
8/18/07	BT	service info presentation	Services Overview	freshmen parents	600
8/19/07	MZ	tabling on campus	Koret Night	freshmen and transfers	650
8/27/07	AS	tabling on campus	Involvement Fair	student body	50
9/5/07	PY	Community Outreach	Fall Transfer Student Luncheon	transfer students	33
9/17/07	BT	lecture	FYUN (Freshman Year)	freshmen and Res. Life staff	27
9/17/07	BT	service info	Center Services	HD/AHD	17
9/25/07	AM	Community Outreach	Stress Management Workshop	Nursing Students	80
9/26/07	BT	classroom lecture	Stress Management Lecture	College Success Class	27
10/14/07	MZ/PY	classroom lecture	Cross the Line--MultiCultural Exercise	College Success Class	26
10/23/07	JE	Community Outreach	"Abused:" A Discussion of Domestic Violence on Women and Children	Students/Faculty	25-30
11/12/07	BT	lecture	Hazards of Hook up	student	50
11/13/07	PY	training (students)	Battling the Blues	Academic Success Class	20
11/14/07	KL	training	"Culture shock" for study abroad students(pre-departure meeting)	USF undergraduate students	65
11/15/07	PY	training (students)	Stress Management Workshop for Res. Hall Desk Supervisors	Res. Hall Desk Supervisors	5
11/27/07	MZ, PY, TH	classroom lecture	"Cultural Competency" for College Success for Athletes class	student athletes	45
1/15/08	KL	training (students)	ISS Orientation / Culture Shock	int'l students	60
1/16/08	BT	service info	Spring 2008 Orientation	parents	37
1/28/08	AT, BV, VW	tabling	Spring 2008 Involvement Fair	students	6
2/6/08	MZ,SD	classroom lecture	Performance Anxiety	Students enrolled in a public speaking class	40
2/20/08	BT	Training (non-students)	How to stay safe in the classroom	A&S Faculty	43
2/25-2/29	BV	tabling on campus	Eating Disorders Awareness Week	USF community	
4/9/08	PY	Community Outreach	Battling the Blues	A&S, SOBAM, Academic Success Class	25
4/9/08	KL	training (students)	Study Abroad pre-departure meeting	USF students	~70
4/18/08	VW	tabling on campus	Admitted Student Visit Program	Admitted Students & Parents	12
4/20/08	MZ	training (students)	Time Management Workshop	Freshman and Sophomore students athletes	60
4/21/08	BT	classroom lecture	Stress Management Lecture	A&S students-PASS program	37
417/08	MZ	Community Outreach	LGBT Caucus Conversation on Bisexuality	Students, Staffs amd Faculty	35
5/5/08	BT	Community Outreach	Transition To College	St. Ignatius H.S	96
5/5/08	BV, KL, TH	tabling on campus	Stress Less Day	USF studesnts, faculty, staff	50
5/21/08	PY	Training (non-students)	Helping Students in Distress: Workshop for ISS	ISS Staff & Alcohol Grant Coordinator	5
			TOTAL		3293

TABLE 17A

Ethnic, Religion, and Age Distribution

	UNDERGRADUATE																GRADUATE / LAW						SPECIAL					
	Traditional Undergraduates														TOTAL													
	FRESH		SOPH		JUNIOR		SENIOR		TOTAL		TOTAL	%	CPS/UND		UNDERGRAD		GRAD		LAW		CPS/GRD		SPECIAL		TOTAL		TOTAL	%
Ethnicity:	M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F		TOTAL
Asian	104	154	73	157	77	129	111	236	365	676	1041	21.4%	28	27	393	703	82	164	41	65	28	39	7	9	551	980	1531	17.6%
African Amer.	24	43	10	35	19	30	22	51	75	159	234	4.8%	12	27	87	186	41	77	18	26	11	27	2	6	159	322	481	5.5%
Hispanic	65	117	45	92	44	106	48	130	202	445	647	13.3%	28	33	230	478	58	123	29	36	22	31	2	5	341	673	1014	11.6%
Native Amer.	7	6	2	6	4	8	3	3	16	23	39	0.8%	1	2	17	25	2	8	1	5	0	1	0	0	20	39	59	0.7%
Native Hawaii/Pac Isl	6	15	3	16	4	8	16	40	29	79	108	2.2%	7	3	36	82	9	25	3	5	4	4	0	2	52	118	170	1.9%
Multi-ethnic	8	6	15	24	13	24	26	37	62	91	153	3.1%	8	7	70	98	6	20	12	17	2	5	0	1	90	141	231	2.6%
Other	7	12	7	13	5	11	11	14	30	50	80	1.6%	8	6	38	56	40	97	17	23	15	26	0	5	110	207	317	3.6%
International	49	44	45	38	38	29	52	68	184	179	363	7.5%	0	1	184	180	142	177	10	10	14	9	26	31	376	407	783	9.0%
Unspecified	43	69	32	55	29	52	23	37	127	213	340	7.0%	26	16	153	229	45	65	68	47	4	9	24	28	294	378	672	7.7%
White	175	310	118	274	147	281	213	346	653	1211	1864	38.3%	90	79	743	1290	338	565	157	149	69	114	19	20	1326	2138	3464	39.7%
TOTAL	488	776	350	710	380	678	525	962	1743	3126	4869	100.0%	208	201	1951	3327	763	1321	356	383	169	265	80	107	3319	5403	8722	100.0%

	Traditional Undergraduates														TOTAL													
	FRESH		SOPH		JUNIOR		SENIOR		TOTAL		TOTAL	%	CPS/UND		UNDERGRAD		GRAD		LAW		CPS/GRD		SPECIAL		TOTAL		TOTAL	%
Religion:	M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F		TOTAL
Buddhist	13	12	7	17	12	12	9	20	41	61	102	2.1%	3	0	44	61	4	8	0	0	2	2	0	1	50	72	122	1.4%
Catholic	236	335	151	300	149	278	225	446	761	1359	2120	43.5%	41	39	802	1398	79	146	18	20	31	41	11	10	941	1615	2556	29.3%
Hindu	4	5	2	6	5	4	5	7	16	22	38	0.8%	3	0	19	22	1	1	0	0	5	3	0	0	25	26	51	0.6%
Jewish	13	17	7	17	9	12	10	20	39	66	105	2.2%	2	3	41	69	1	11	2	3	1	3	0	2	45	88	133	1.5%
Muslim	7	6	3	4	8	3	4	3	22	16	38	0.8%	2	1	24	17	1	3	0	1	2	2	0	0	27	23	50	0.6%
No Religion	62	91	25	53	13	20	19	26	119	190	309	6.3%	11	11	130	201	17	28	5	2	2	9	3	1	157	241	398	4.6%
Other	18	80	19	38	20	28	16	19	73	165	238	4.9%	6	15	79	180	16	14	1	3	5	16	2	4	103	217	320	3.7%
Protestant	26	53	29	64	18	41	44	56	117	214	331	6.8%	17	8	134	222	15	33	5	4	12	13	3	6	169	278	447	5.1%
Unspecified	109	177	107	211	146	280	193	365	555	1033	1588	32.6%	123	124	678	1157	629	1077	325	350	109	176	61	83	1802	2843	4645	53.3%
TOTAL	488	776	350	710	380	678	525	962	1743	3126	4869	100.0%	208	201	1951	3327	763	1321	356	383	169	265	80	107	3319	5403	8722	100.0%

	Traditional Undergraduates														TOTAL													
	FRESH		SOPH		JUNIOR		SENIOR		TOTAL		TOTAL	%	CPS/UND		UNDERGRAD		GRAD		LAW		CPS/GRD		SPECIAL		TOTAL		TOTAL	%
Age:	M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F		TOTAL
17 & under	30	101	3	5	0	1	0	0	33	107	140	2.9%	0	0	33	107	0	0	0	0	1	0	6	8	40	115	155	1.8%
18	297	515	28	119	3	8	1	0	329	642	971	19.9%	0	0	329	642	0	0	0	0	0	0	6	3	335	645	980	11.2%
19	124	136	161	410	45	103	7	10	337	659	996	20.5%	0	0	337	659	1	0	0	0	0	0	2	3	340	662	1002	11.5%
20	26	19	87	127	144	371	58	144	315	661	976	20.0%	0	1	315	662	1	3	0	0	0	0	4	7	320	672	992	11.4%
21	6	4	32	25	85	111	173	413	296	553	849	17.4%	1	3	297	556	12	11	4	6	0	1	3	13	316	587	903	10.4%
22	1	1	19	9	39	46	102	195	161	251	412	8.5%	1	2	162	253	27	73	16	31	4	1	4	4	213	362	575	6.6%
23	1	0	10	6	18	7	71	77	100	90	190	3.9%	1	3	101	93	59	112	31	45	1	2	6	5	198	257	455	5.2%
24	1	0	4	4	12	5	27	41	44	50	94	1.9%	3	1	47	51	67	109	57	56	3	6	2	4	176	226	402	4.6%
25 - 29	2	0	4	4	21	16	62	46	89	66	155	3.2%	35	44	124	110	255	423	158	185	28	84	14	17	579	819	1398	16.0%
30 - 34	0	0	2	0	6	5	12	13	20	18	38	0.8%	50	35	70	53	129	202	60	37	39	64	12	12	310	368	678	7.8%
35 - 39	0	0	0	1	3	3	9	15	12	19	31	0.6%	54	31	66	50	85	108	20	15	38	32	7	14	216	219	435	5.0%
40 - 44	0	0	0	0	0	2	3	3	3	5	8	0.2%	22	27	25	32	48	89	8	5	20	31	7	3	108	160	268	3.1%
45 - 49	0	0	0	0	2	0	0	2	2	2	4	0.1%	23	30	25	32	36	84	2	2	19	19	1	3	83	140	223	2.6%
50 - 54	0	0	0	0	1	0	0	2	1	2	3	0.1%	10	13	11	15	28	51	0	1	7	15	2	6	48	88	136	1.6%
55 & up	0	0	0	0	0	0	0	1	0	1	1	0.0%	7	11	7	12	15	56	0	0	9	9	2	5	33	82	115	1.3%
Unspecified	0	0	0	0	1	0	0	0	1	0	1	0.0%	1	0	2	0	0	0	0	0	0	1	2	0	4	1	5	0.1%
TOTAL	488	776	350	710	380	678	525	962	1743	3126	4869	100.0%	208	201	1951	3327	763	1321	356	383	169	265	80	107	3319	5403	8722	100.0%

APPENDIX H
Multicultural Seminar FA07-SP08

Wednesdays	TOPIC	PRESENTER
9/5	Overview	Barbara
9/12	Building Connections	Barbara
9/19	Building Connections	Barbara
9/26	Building Connections	Barbara
10/3	Multicultural Competence (APA)	Peggy & Barbara
10/10	Self Assessment and goals	Peggy & Barbara
10/17	**Sexism**	**Nancy Hoopes**
10/24	**Feminist Therapy**	**Nancy Hoopes**
10/31	Male Issues (film)	Al
11/7	Male Issues (film II)	Al
11/14	Transgender Issues	guest S.A.G.E. & Al
11/28	**Case conversation re: gender**	**Al & Nancy Hoopes**
12/5	Sizeism	Tanya
12/12	Ageism	Tanya
1/9	Heterosexism/Homophobia	Molly
1/16	Sexual Orientation, Ethnicity, and Religion	Molly
1/23	Case conversation re: LGBTQI	Molly
1/30	social Class in America	Barbara
2/6	Social Class in America	Barbara
2/13	Social Class in America	Barbara
2/20	Social Class in America	Barbara
2/27	Case conference re: Social Class	Barbara
3/5	Racial Identity Development	Peggy &Janet
3/12	White Identity	Tanya
3/19	Undoing Internalized Oppression I	Al
3/26	Undoing Internalized Oppression II	Al
4/2	Color of Fear	Peggy
4/9	Color of Fear	Peggy
4/16	Encountering Racism in Therapy	Janet
4/23	Case conference re: racism	Peggy
4/30	Multiracial Identity Development	TBA
5/7	Multiracial Experience and Themes	TBA
5/14	Case conference re: multi-racial identity	TBA
5/21	Examining Western Psychotherapy within the Context of other Healing Modalities	Al
5/28	Potluck/Evaluation	All

APPENDIX I

	Group	# of attendees	# of sessions
Fall 2007			
	MFT Support Group	5	11
	Bipolar Support Group	3	2
	Test Anxiety for Nursing Students	4	9
Spring 2008			
	Choices - 2nd Alcohol Violation	3	3

07-08	Mandated Referrals	
	# of students referred	66
	# of students seen	53

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1. Review of Goals

Departmental
Goal I: Redesign and increase licensed staff ownership in the Multicultural Seminar through assigning sections to each for preparation, execution, and evaluation.
Achieved

CAPS	Program Outcomes: *Senior staff increased their involvement in planning for and presenting in the multicultural seminar, leading to a positive shift in attitude regarding the importance of multi-cultural training and increased ownership of the training efforts.* 100% of the senior staff developed two or more didactic presentations for the multicultural seminar. At each seminar, minimally 25% of the senior staff was in attendance. During the spring semester, 66% of the senior staff attended six presentations related to racism. As evidenced by the increased participation and self-report during performance evaluation the senior staff's positive attitude toward and investment in this training component increased. *A related shift in trainee satisfaction and perception of CAPS commitment to developing cultural competency would be reported.* The four trainees, in written and verbal evaluation of the seminar, reported a high level of satisfaction and a universal perception of senior staff commitment.	Measurement: Method: Responding to staff and trainee feedback to increase CAPS senior staff ownership in the multicultural seminar series, data was collected from departing trainees in spring 2007 to determine which of the presentations had the greatest impact upon their work with students and/or their personal development. Of those identified, licensed staff discussed who would be best qualified to address the topic(s). The seminar was restructured to create more opportunities for senior staff participation in and modeling of the process of developing one's own awareness and understanding of privilege, identity, and cultural competence. Criteria for Success: The criterion measure established was that 100% of the senior staff would develop two (or more) didactic presentations for the seminar. Additionally, at least 25 % of the senior staff would attend every seminar. Timeline: Implementation Fall 2007 Use of results: Results will be used to determine additional refinement of the multicultural seminar

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Departmental Goal II: Hire and train Training Director **Achieved**		
CAPS	Program Outcome: *Hire a Training Director responsible for the development of pre-doctoral interns and postdoctoral fellows who are agents of change during their tenure at USF.* Dr. Nancy Glenn, a highly regarded professional with excellent experience, was successfully recruited and hired in Spring 2008 and will begin work at the center in August 2008. Learning Outcome: *Staff will report increased awareness of the caliber and talent pool of Training Directors nationwide.* 40+ applicants were reviewed and seven were interviewed by the senior staff, lending a national perspective to the profession's employment picture.	Measurement: Method: Responding to the need for a new Training Director, we initiated a national search to recruit qualified candidates with a strong commitment to developing doctoral level trainees as culturally competent professionals. Screen applicants. Bring finalists to campus to interview. Criteria for Success: Recruit and hire Training Director with previous experience training in a counseling center and commitment to brief therapy, integrationism, multiculturalism, evidence-based practice. Timeline: Fall 2007

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Departmental Goal III: Create a comprehensive online education program to train faculty and staff about mental health, depression, and suicide. **Not Achieved**		
CAPS	Learning Outcome: *As a result of increased staff and faculty awareness of student mental health issues, referrals to the center will increase and staff and faculty will report increased knowledge of how to assist a student in distress.* In order to fund the development of a comprehensive , online training program for staff and faculty, we completed a lengthy and detailed grant application process in hopes of being awarded the nationally recognized, Substance Abuse and Mental Health Services Administration's Garrett Lee Smith Memorial Grant. The application process was highly selective and we were not awarded the grant and did not have adequate funding to complete the project.	Measurement Method: Complete and submit grant, create on-line program, market to faculty and staff, survey of faculty, staff and clients to assess effectiveness Criteria for Success: Funding of Grant, Increase in number of faculty/staff referrals over previous year, on-line program accessed by 100 during inaugural year Timeline: Launch Fall 2007
Departmental Goal IV: Create a student mental health advisory board to promote the academic and social success of students: **Not Achieved**		
CAPS	Learning Outcome: *As a result of involvement with the student mental health advisory board students will report increased understanding of CAPS services and opportunities for involvement in CAPS programs.* *CAPS staff will report increased awareness of student mental health concerns and improved opportunity to market CAPS programs to student leaders on campus.* Two well-planned attempts were made to convene a group of students to serve on the advisory board. Despite recruitment through direct face-to-face contact and follow-up emails students did not follow through with their original intentions to participate.	Measurement: Method: Recruit individual students via face-to-face interactions with club members, 'butt hut users' (i.e. smokers), outreach interactions, athletics presentations; meet four times annually to discuss relevant issues and introduce services, programs, staff, and any changes. Evaluate knowledge changes via pre and post-test Timeline: Spring 2008, ongoing

INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES, INC.
The Accreditation Association For University And College Counseling Services

ACCREDITATION STANDARDS FOR UNIVERSITY AND COLLEGE COUNSELING CENTERS©

Revised April, 2000

Amended, October 25, 2005
Board of Accreditation Chairperson, Jeffrey P. Prince, Ph.D.

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ACCREDITATION STANDARDS FOR UNIVERSITY AND COLLEGE COUNSELING CENTERS

University and college counseling services[1] have played a vital role in higher education for many years. In the last three decades there has been a dramatic increase in the number of campus counseling services and the multiplicity of functions that are performed. Guidelines for university and college counseling services were first developed in 1970 by a task force of counseling center directors chaired by Barbara Kirk (Kirk et al., 1971). Its work originated from an earlier draft developed by a committee of the Canadian University Counselling Association chaired by Robert I. Hudson. Guidelines were extensively revised in 1981 by a committee of the University and College Counseling Centers Board of Accreditation of the International Association of Counseling Services Inc. chaired by Kenneth F. Garni (Garni et al., 1982). The 1981 revision reflected the evolving role, functions, and changes in the professional practices of university and college counseling services in the preceding decade. The revision of 1991 (Kiracofe et al., 1991) marked a change from providing accreditation guidelines to the establishment of standards for accreditation. It also updated professional practice changes that have occurred in counseling centers in recent years. This present revision of 2000 amends the Standards to include: (1) a provision on counseling services merged with other campus units such as career services and health services, etc., (2) a provision on the ethical use of more recent technology in counseling services, and (3) further specification, elaboration and clarification of the standards.

A. RELATIONSHIP OF THE COUNSELING CENTER TO THE UNIVERSITY OR COLLEGE COMMUNITY

Counseling services are an integral part of the educational mission of the institution and support the mission in a variety of ways, such as consultation, teaching, preventive and developmental interventions, and treatment. They provide clinical and counseling services to clients who are experiencing stress due to academic, career or personal problems which may interfere with their ability to take full advantage of the educational opportunities before them. Counselors are also involved in consultation with faculty and staff, student needs advocacy, program development, teaching, outreach programming, retention activities, and research and evaluation that support the efforts of faculty and staff in enhancing the university environment.

While the relationship of the counseling service to other units within the institution will vary according to organizational structure and individual campus needs, it is critically important that the service be administratively neutral. Centers may provide mandatory assessment and other consultations to campus units, but must not make admissions, disciplinary, curricular or other administrative decisions involving students.[2]

Typically, counseling services are administratively housed in the student affairs unit of the institution and are acknowledged as a valuable component of the overall student services effort. To achieve this recognition counselors must develop an extensive network of institutional and community relationships. Close linkages should be forged with academic units, campus student service offices, and sources of referral and consultation. Solid working relationships must be maintained with campus and community medical services and with community mental health services in order to accommodate clients who have medical problems or who require hospitalization. Counseling service professionals should work with

1 For the purposes of this document, the terms "services" and "centers" are interchangeable.
2 The Standard on Mandatory Counseling was amended on October 25, 2005.

faculty and administrators to promote the goal of psychological and emotional development in the many aspects of campus life.

Finally, it is essential that the counseling service work closely with the chief student affairs officer and other key administrators to ensure the accomplishment of institutional goals and objectives. The chief student affairs officer, as well as other senior administrative staff, should be fully aware of and appropriately supportive of the complex role of the counseling service.

While the counseling service works in a cooperative manner with members of the campus community, it is important to emphasize the unique role that it plays within the institution. Specifically, it provides services such as crisis intervention, individual and group psychotherapy, career development, and consultation with the campus community about student characteristics and development. In addition, counseling professionals often provide a needed perspective for campus administrators in maintaining an appropriate balance between an administrative and a humanistic approach in managing distressed students.

B. COUNSELING SERVICES ROLES AND FUNCTIONS

The counseling service should play three essential roles in serving the university and college community. The most prominent is providing counseling and/or therapy to students experiencing personal adjustment, vocational, developmental and/or psychological problems that require professional attention. Second is the preventive role of assisting students in identifying and learning skills which will assist them in effectively meeting their educational and life goals. The third role involves supporting and enhancing the healthy growth and development of students through consultation and outreach to the campus community.

A counseling service must include an appropriate range of activities to be eligible for accreditation. Agencies whose services are limited to the following areas are not eligible to be accredited: academic advising, placement services, tutorial programs, academic skills training, (i.e., developmental reading services, learning centers, etc.) and drug and alcohol programs. It should be noted, however, that many accredited counseling services include some or all of the above activities in their programs.

To be eligible for accreditation a counseling service must provide the following program functions:

1. Individual and Group Counseling /Psychotherapy

Counseling services must provide individual and group counseling and therapy services that are responsive to the diverse population of students experiencing ongoing or situational psychological or behavioral difficulties.

These direct service activities should meet the following criteria:

a) Individual and/or group counseling and psychotherapy should be provided for educational, career, personal, developmental, and relationship issues.

b) Psychological tests and other assessment techniques should be used as needed, to foster client self-understanding and decision-making and to determine the most effective intervention strategies possible within the limits of available resources.

c) Staff should have the necessary training to meet the diverse needs of students.

d) Regular evaluation of the effectiveness of the services must be conducted.

e) All staff must adhere to the ethical principles of their disciplines.

f) Services provided by interns, practicum students, and paraprofessionals must receive close supervision by qualified personnel and be in compliance with professional training standards and state or provincial statutes.

2. Crisis Intervention and Emergency Services

Counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements with other resources on campus and in the surrounding area.

Psychiatric resources must be available to the service either on campus or in the community.

Counseling services should provide emergency services for students who are experiencing acute emotional distress, are a danger to self or others, or are in need of immediate hospitalization. Such services may be provided by other agencies on campus or in the surrounding community. In such cases, counseling service staff need to work closely with other service providers to ensure that the resources are adequate and effectively used.

3. Outreach Intervention

Counseling services must provide programming focused on the developmental needs of students that maximizes their potential to benefit from an academic experience. The counseling service must offer preventive and developmental interventions for students. Programs should be developed and provided that help students acquire new knowledge, skills and behaviors, encourage positive and realistic self-appraisal, foster personal, academic and career choices, enhance the ability to relate mutually and meaningfully with others, and increase the capacity to engage in a personally satisfying and effective style of living. These programs should be designed to meet the needs of students, responsive to sexual orientation, racial, cultural, disability and ethnic diversity among students, and reach students who are less likely to make use of traditional counseling services.

4. Consultation Interventions

Counseling services must provide consultative services to members of the university community that make the environment as beneficial to the intellectual, emotional, and physical development of students as possible. The counseling service must play an active role in interpreting and, when appropriate, advocating for the needs of students to administrators, faculty, and staff of the institution. The service should also identify and address issues and problems in the environment that may impede the progress of students.

Consultation services provided by the center should meet the following guidelines:

a) Consultation regarding individual students should be provided as needed to faculty and other appropriate campus personnel within the bounds of the confidential counseling relationship.

b) Consultation may be provided to parents, spouses, and other agencies that are involved with students as long as confidentiality requirements are met.

A counseling service should not be solely responsible for administrative decisions about students.

5. Referral Resources

Counseling services must provide referral resources within the insitution and the local community to meet the needs of students whose problems are outside the scope of services of the counseling center.

6. Research

An integral responsibility of the counseling service is to conduct ongoing evaluation and accountability research, to determine the effectiveness of its services, and to improve the quality of services.

Services must adhere to the following:

a) Counseling services must abide by professional ethical standards as well as expectations developed by university groups responsible for overseeing research. Ultimate responsibility for the establishment and maintenance of accepted ethical practices shall reside with the individual researcher and the Director of the counseling service.

b) The counseling service should contribute to studies of student characteristics and follow-up studies of student progress in various programs.

c) Counseling services should be involved with students and faculty who wish to conduct individual research on student characteristics or on the influence of specific student development programs. Such activities must be in compliance with appropriate professional ethical standards as well as institutional research board requirements.

d) The counseling service should make every effort to contribute to the fields of counseling, psychology, and other relevant professions (e.g., student personnel services, social work, etc.) through research and other scholarly endeavors.

7. Program Evaluation

There must be a regular review of the counseling service based on data from center evaluation efforts. When possible it is desirable to include comparative data from other institutions in the evaluation process.

8. Training

Counseling centers must provide training, professional development and continuing education experiences for staff and trainees. Training and supervision of others (paraprofessionals, practicum students, pre-doctoral interns, post-doctoral psychology resident/fellows, etc.) are appropriate and desirable responsibilities of counseling services. While training and supervision are legitimate functions, they should not supersede the primary service role of the agency.

The following guidelines pertain to training:

a) Graduate student trainees and paraprofessionals should be selected carefully and supervised closely by experienced, qualified personnel in a manner consistent with professional training standards and state and provincial statutes.

b) Cases assigned to trainees must be related to their present level of training and competency to ensure quality services to students.

c) All staff members are to be afforded regular opportunities to upgrade their skills. Such training may occur through case conferences, workshops sponsored by the center, and/or the provision of time and/or resources for staff members to attend workshops and conferences.

C. ETHICAL STANDARDS

Professional ethical practice forms the cornerstone of the counseling service. Maintaining ethical standards and abiding by related laws in the administration of a counseling center is a very complex and important task. Clear definitions of ethical and legal questions are not universally applicable, so an understanding of ethical codes and relevant case and statute law is essential. Counseling center staff should have access to legal counsel when necessary and should be well informed regarding legal issues. Staff members must maintain strict adherence to the ethical principles, standards, and guidelines of the American Psychological Association, the American College Personnel Association, the American Counseling Association, the Canadian Psychological Association, the National Association of Social Workers, etc. Agency operating procedures should be congruent with these standards and in no way abridge or contravene an individual staff member's ethical obligations and privileges. [See reference section on ethical statements and professional guidelines.]

1. Support and other staff must be selected carefully and trained thoroughly regarding appropriate agency policies and procedures.

2. The confidential nature of the counseling relationship must be consistent with professional ethical standards and with local, state, provincial and federal guidelines and state statutes. Information should be released only at the request or concurrence of a client who has full and informed knowledge of the nature of the information that is being released. Appropriate information is then to be released selectively and only to qualified recipients. Instances of statutory limits to confidentiality and other appropriate restrictions (e.g. policies related to observation, audio and video taping) need to be clearly articulated and implemented only after careful professional consideration.

3. When the condition of the client is indicative of clear and imminent danger to self or others, counseling service professionals must take reasonable personal action that may involve informing responsible authorities and, when possible and appropriate, consulting with other professionals. In such cases, counseling service professionals must be cognizant of existing ethical principles, relevant statutes, and local mental health guidelines that may stipulate the limits of confidentiality, ordinarily including but not limited to the following: statutes that require the reporting of child abuse and other forms of abuse; statutes and/or case law that stipulate making appropriate notification when clients and/or others are at risk.

4. Procedures regarding the preparation, use, and distribution of psychological tests must be consistent with professional standards. [See reference section on ethical statements and professional guidelines.]

5. Standards regarding research with human subjects must be maintained. Review procedures for proposed research should be established to insure that research efforts do not interfere with service delivery responsibilities of the counseling service. [See reference section on ethical statements and professional guidelines.]

6. Systematic case records must be maintained as required by professional standards and applicable statutes. The record must include all pertinent clinical documentation such as intake and assessment information, case notes, a termination summary, results of any tests or inventories, etc. If records are computerized, or if computerized billing is used in the center, confidentiality of data files must be insured. Confidentiality and appropriate handling of information and records must be reflected in the collection, classification and maintenance of the data, administrative security, and in dissemination of information regarding clients. Records must be secure and should be kept in a central area. Hard copy records must be stored in a secure area, typically in locked file cabinets. In the case of computerized records, password protection and other physical safeguards must be in place to ensure the confidentiality of stored material. Regardless of the case record form used by the center, all case records are the property of the counseling service.

7. Procedures for the disposition of client and agency records should be consistent with professional standards, college and university guidelines, and relevant statutes. The complete record should be maintained for a minimum of 7 years from the last date of service.

8. Access to counseling records must be limited to counseling center personnel. An informed, signed release of information must be obtained from the client before records or other counseling information can be shared with any other individual, office or department.

9. Staff members must be knowledgeable about and function in a manner consistent with relevant civil and criminal laws. They should be aware of the obligations and limitations imposed on the institution by national, regional, and local constitutional, statutory, regulatory, and institutional policy.

10. Technology

Counseling centers must demonstrate a basic understanding of technology prior to adopting any new technology for use. It is recognized that counseling centers may need to rely upon non-psychologists to provide technical assistance. Professionals providing technical assistance should be given training concerning issues regarding confidentiality.

a) Computerized client data and case records must be secured in such a way to prevent unauthorized access. Clients must be informed that confidential information about their treatment is stored on the Center's computer.

b) Electronic mail (e-mail) is not a safe means to transmit confidential information. If e-mail is used to communicate with a client or transmit information, an informed consent must be used which explains the inherent technology risks to confidentiality.

c) Counseling centers that use fax machines to transmit confidential information must develop a system to secure the faxed material from unauthorized access. If a fax machine is used to transmit confidential information, an informed consent must be used.

d) Cordless and cellular telephones should not be used to communicate confidential information.

D. COUNSELING SERVICE PERSONNEL

Counseling and psychotherapy functions are performed by professionals with at least a master's degree from disciplines such as counseling psychology, clinical psychology, counselor education, psychiatry, and social work.

Both professional staff members and trainees should have access to necessary consultation resources. Assistance should be available in areas such as psychopharmacology, psychological assessment, case management, and program development. Specialists in psychiatry, learning disabilities, law, occupational information, and substance abuse are important resource professionals for the counseling staff as well.

It is expected that professional staff members be accorded rights and privileges consistent with university or college faculty. This may include tenure (or its equivalent) and the opportunity for representation on university governing bodies. Sabbatical, educational, or professional leaves should also be available wherever possible.

1. Director

a) Qualifications and Competencies

1) The Director should have an earned doctorate from a regionally accredited university in counseling psychology, clinical psychology, counselor education, or other closely related discipline.

2) The Director must have had an internship or equivalent in which she/he received supervision for counseling and psychotherapy activities, preferably with a diverse college student population.

3) Before being named Director, a person should have a minimum of 3 years experience as a staff member in a clinical and/or counseling setting, at least one of which should be in a clinical and/or administrative supervisory capacity.

4) The Director should have abilities and attributes that enable effective representation of mental health issues in the university or college community; the Director should have personal qualities and skills that enable effective interaction with, and the ability to gain the respect of, counseling staff, colleagues, administrators, faculty, staff, and students.

5) The Director should hold appropriate state or provincial licensure, registration, or certification within a two-year period of her/his appointment.

b) Equivalency Criteria: Non doctorate Directors

For a doctoral equivalency waiver to be considered by the IACS University and College Counseling Centers' Board of Accreditation, nondoctoral directors must meet the following criteria.

1) Hold a master's degree in an appropriate field.

2) Have completed a supervised field placement as part of the requirement for the master's degree that provided ongoing counseling and psychotherapy experiences, preferably with a college population.

3) Have had graduate level academic training in clinical and professional functioning such as diagnosis and assessment, psychotherapy and counseling practice, ethical and professional issues, supervision, diversity, and research.

4) Have had a minimum of 5 years experience as a staff member in a clinical and/or counseling setting, at least two of which should be in a clinical and/or administrative supervisory capacity.

5) Be able to provide evidence of involvement and commitment to educational and professional development.

6) Have a licensed, registered or certified professional in the counseling service who has a doctorate in counseling psychology, clinical psychology, counselor education, or related discipline and who is directly involved in the delivery of counseling services and responsible for the supervision of the clinical activities of the agency.

c) Duties

1) Overall administration and coordination of the resources and activities of the center including strategic planning and goal setting, identification and attainment of service objectives, resource allocation, program and/or services evaluation and research, counseling, psychotherapy, outreach, consultation, and preventive mental health activities. With the staff the director develops and implements philosophy, policies, and procedures for counseling service operations.

2) Coordination, recruitment, training, supervision, development, and evaluation of professional, nonprofessional, and support staff.

3) Preparation and administration of counseling center budget, the development of annual reports, and other reports and documents representing and advocating for the needs of the counseling center and the psychological and developmental needs of the university community.

4) Responsibility for providing crisis intervention, counseling and/or therapy, clinical supervision, outreach, and consultation services to the university community, as defined by administrative policies and procedures.

5) Participation in university or college policy formation and program development; providing consultation and education to the university community regarding psychological and developmental issues.

6) Serve on college or university committees.

7) Administration of procedures that monitor the quality of counseling and/or clinical services rendered by the center.

8) Takes leadership in representing the center to other campus units.

2. Professional Staff

a) Qualifications and Competencies

1) Professional staff members should have a terminal degree. The minimum qualification for a staff member is a master's degree in a relevant discipline from a regionally accredited institution of higher education.

2) Documentation of supervised experience at the graduate level in the counseling of college-aged students must be provided.

3) Professional staff must have had appropriate course work at the graduate level and demonstrate knowledge, skills, and abilities in psychological assessment, theories of personality, abnormal psychology or psychopathology, human development, learning theory, counseling theory, and/or other appropriate subjects.

4) Professional staff must have had a supervised internship, clinical field placement or practicum experience with diverse populations as part of the degree requirement.

5) Doctoral level staff must have a degree in counseling psychology, clinical psychology, counselor education or other closely related discipline and should be licensed/certified to practice within their specialty. Nondoctoral staff should be appropriately licensed/certified or registered according to their level of education, training, and professional experience as determined by state regulations.

6) Professional staff must demonstrate knowledge of principles of program development, consultation, outreach, developmental theories of the adolescent and adult, and be able to understand the person in the context of a diverse social and cultural milieu.

7) Professional staff should have personal attributes that enable them to facilitate effective interpersonal relationships and to communicate with a wide range of students, faculty, staff, and administrators.

8) When a staff member has the responsibility for the clinical supervision of other professional staff members or of graduate student trainees, the staff member

must hold the doctorate or have an appropriate master's degree and experience in the training of other professionals.

9) In those instances where a staff member does not meet the above minimum qualifications, the Board of Accreditation will examine, on a case by case basis, any appeal to justify this individual's commensurate qualifications.

b) Duties

1) Provide individual and group counseling and/or psychotherapy, assessment, and crisis intervention services.

2) Design and conduct developmental and outreach program activities.

3) Provide consultation services, as requested, to student groups, faculty, and staff within the university.

4) Participate in research and service evaluation activities.

5) Provide necessary training and supervision to paraprofessionals, graduate trainees and post-doctoral fellows/residents.

6) Perform other assigned functions that contribute to the service offerings of the center and the academic mission of the institution (e.g., teaching, committee work, liaison with academic or administrative units, participation in university program development, etc.).

3. Other Center Administrative Staff

Centers develop administrative structures based on size and need. Individuals appointed to fill positions such as Associate or Assistant Director, or Training Director, should have relevant experience and expertise to fulfill the duties assigned to these roles.

4. Trainees

When graduate level trainees (pre-doctoral interns, externs, practicum students, field placements) are used in the delivery of counseling center services and programs, their work must be closely supervised in accordance with the trainee's professional specialty and state, regional, provincial and/or national standards and statutes. Responsibility for the placement, the supervision of the trainee's work, assignment of clinical and/or counseling responsibilities, and quality assurance of the program lies with the trainee's supervisor(s), the Training Director of the counseling center (if available), and ultimately the Director of the counseling center.

a) Types of Trainees

1) Pre-Doctoral Interns:

The term Intern is reserved for those individuals completing either a full- time (40 hours per week for one year) or half-time (20 hours per week for two years) Pre-Doctoral Internship that is an established and integral part of the agency mission,

that is sequential and cumulative in nature and builds on the experience obtained at the agency, and is both an intensive and extensive learning experience. Supervision of Pre-Doctoral Interns should be regularly scheduled; at a minimum, a full-time Intern should receive 4 hours of supervision per week, at least 2 of which should be face-to-face individual supervision (half-time Interns pro-rated accordingly).

2) Practicum Students, Externs, Supervised Field Placements, etc:

These terms apply to those trainees who are obtaining training and supervision, either as part of an academic practicum, or on a voluntary basis to obtain additional clinical/counseling experience. The center should provide an appropriate range of training, supervision, and learning experiences. These may be at the Masters, Specialists or Doctoral level and occur prior to the Pre-Doctoral Internship.

3) Post-Doctoral Residents/Fellows:

Post-doctoral Residents/Fellows need to have an opportunity to obtain advanced training and education beyond the doctoral degree in preparation for practice in counseling, therapy, or specialization in a practice area. Their training needs to be integrally connected to the counseling center and consistent with the mission of the center and institution. Residencies are typically one full year or two half-years and build upon prior learning. As a result of this training, Residents should demonstrate advanced proficiency and skill in such areas as assessment/diagnosis, treatment, outreach and consultation, program development and implementation and evaluation, supervision, teaching, research, and administration. Regularly scheduled supervision should be integral to the training experience.

b) Duties: Trainees and Paraprofessionals

Professional trainees, such as interns and practicum students, as well as professional personnel, perform various functions in the counseling service appropriate to their training and experience.

1) Trainees

Materials describing professional (graduate student) trainees should include: (1) number of trainees at various levels of training; (2) amount and content of training; (3) supervisor(s) and amount of supervision: (a) number of hours per week in direct supervision, (b) type of supervision (e.g., individual, group), and (c) qualifications of the supervisors; (4) scope of service functions performed, and (5) criteria used for selection of trainees.

2) Paraprofessional Staff

A description of any paraprofessional program shall include the following: (1) number of paraprofessionals; (2) amount and content of their training; (3) supervisor(s) and amount of supervision; (4) service functions performed, and (5) criteria used for selection.

5. Support Staff

a) Clerical employees who deal directly with students should be selected carefully since they play an important role in the students' impressions of the counseling service and often must follow decision-making protocols about student disposition.

b) Graduate assistants working at the center should have controlled access to clinical files or records. For example, trainees and graduate assistants should have access only to client records of students they see as clients and are appropriate to their duties. Graduate research assistants may have access to files if identifiable information is coded.

c) Students employed in the center should be selected carefully and trained sufficiently in confidentiality and privacy issues. They should be assigned tasks limited to their training that do not compromise the confidentiality of clients. Student-workers must not have access to client files, confidential office records, and should not do client scheduling.

d) There should be an adequate number of trained support staff and effective use of technology to meet the center's service load. Work tasks include receptionist duties, scheduling, data analysis, word processing, handling of any psychological tests or inventories, and billing. The use of student workers as office support workers should be minimized.

e) All support staff, including student workers, should be given training concerning: (1) the operation and function of the counseling service; (2) the limits of their functioning within the counseling service; and (3) issues regarding confidentiality.

E. RELATED GUIDELINES

1. Professional Development

a) On-going professional development activities are an essential aspect of an effective counseling program. Both release time and budget resources should be made available to assist staff in these endeavors.

b) Staff members should hold membership in and participate in appropriate professional organizations.

c) Staff members should attend relevant campus colloquia and seminars and local, regional, provincial and national professional meetings.

d) Staff members should be encouraged and supported in accepting leadership responsibilities within their respective local and national organizations.

e) The counseling service should maintain a continuous in-service training program, the chief feature of which is supervision and consultation. Junior staff members should have the opportunity for continuing supervision and consultation from more highly trained and experienced staff members. It is highly desirable that additional in-service training be provided for all staff members, including activities such as case presentations, research reports, discussion of issues, etc.

f) It is important that staff members be encouraged to participate in community activities related to their profession.

2. Staffing Practices

Staff members should be free of prejudice with respect to race, religion, age, gender, sexual orientation or physical challenge. The counseling service should demonstrate hiring practices that are consistent with the goals of equal opportunity/affirmative action.

3. Size of Staff

The human resources necessary for the effective operation of a counseling service depend, to a large degree, on the size and nature of the institution and the extent to which other mental health and student support resources are available in the area. The complexity of the service offerings and training programs also influences staffing needs. It is recommended that staff levels be continually monitored with regard to student enrollment, service demands, and staff diversity to insure that program objectives are being met.

a) Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies.

b) Support staff must be adequate to assume responsibility for all receptionist and secretarial duties necessary for the effective functioning of the counseling service.

c) Application from counseling services with fewer than two full-time equivalent professional staff members shall not be approved as this would essentially place the Board of Accreditation in the position of granting individual certification rather than agency accreditation.

4. Workload

Staff members should have a balanced workload that affords time for all aspects of their professional functioning. Direct service responsibilities such as intake, individual and group counseling, and crisis intervention should not exceed 65% of the workload on a continuing basis.

5. Compensation - Salary

Salaries should be established in relation to credentials, experience, responsibilities, and quality of performance of duties. Salaries, benefits, and career advancement opportunities should be commensurate with those of others in the institution with similar qualifications and responsibilities and comparable professionals in other institutions of higher education in the region.

6. Physical Facilities

It is desirable that counseling centers be centrally located and readily accessible to all students, including those who are physically challenged. Counseling centers should be physically separate from administrative offices, campus police, and judicial offices.

a) Individual sound-proofed offices should be provided for each professional staff member and intern. Each office should have a telephone, access to audio and/or video recording equipment, files, bookcase, furniture that creates a relaxing environment for students, and computer access.

b) Counseling service staff (including interns) should have access to computers and technology support for scheduling, record keeping, data storage/file management, research, and publication activities.

c) There should be a reception area that provides a comfortable and private waiting area for students.

d) There should be a central area where all client records are kept in secure, locked files.

e) The counseling service should have library resources that include professional journals, books and other technical materials.

f) A resource center of occupational and career information should be made available by centers that provide career counseling services.

g) An area suitable for individual and group testing should be available.

h) The counseling service should maintain (or have ready access to) space suitable for group counseling sessions and staff meetings.

i) For counseling services with training components, it is strongly recommended that they have adequate audio-visual recording facilities and, where possible, direct observation facilities.

7. Multiple Counseling Centers

The accreditation requirement for multiple counseling services is based upon the organizational structure of the agency. A multiple counseling agency is operationally defined as consisting of one or more subagencies, each with a separate director and staff having no daily physical interaction (e.g., a state college system consisting of branch campuses each with a separate counseling service). In such a case each unit would be accredited separately. Counseling

services which have subunits at different locations, supervised by a single Director, would be accredited as a single unit (e.g., a large university with satellite counseling centers). All subunits must meet requirements for the agency to be accredited.

F. SPECIAL CONCERNS

Issues Affecting Counseling Center Mergers

When mergers occur that bring together counseling centers and other campus agencies (i.e., health center, career planning units, advising offices, etc.), the newly formed entity must meet the standards for accreditation established by the International Association of Counseling Services, Inc. (IACS) in order to maintain accreditation. In as much as merged entities may also be accredited by other professional bodies (e.g., Council for the Advancement of Standards, Joint Commission on Accreditation of Hospitals, Accreditation Association for Ambulatory Health Care, etc.) counseling services are not the focus of such accreditations. Merged centers or centers anticipating mergers must maintain IACS standards.

While not all of the standards have been reviewed here, the following interpretations of the standards are offered. You will notice that the specific standards referred to below are numbered consistent with the accreditation standards for easy reference.

A. Relationship to University or College Community

Center Independence/Neutrality (Para. 2)
When a counseling center is merged with some other campus agency, the center's ability to continue to maintain functional independence and neutrality must not be compromised. For example, if the counseling center and health center were merged, the newly formed entity will need to permit the counseling center's efforts to continue to be an integral part of the institution's educational mission; rather than be seen as primarily an ancillary clinical operation housed in a hospital or clinical environment.

Relationship with Supervisor/Chief Student Affairs Officer (Para. 4)
Following a merger, the Director of the counseling center should continue to have a direct line of communication to a Vice Chancellor or a Vice President of Student Affairs, Academic Affairs, or some other related college or university division. This is necessary both to ensure that counseling centers are intimately involved in accomplishing institutional goals and objectives and to inform these key administrators of the unique role that counseling centers play on campus.

B. Counseling Services Roles and Functions

3. Outreach Interventions & 4. Consultation Interventions
Mergers should not eliminate or de-emphasize the preventative, developmental, outreach, consultative, and psychoeducational activities of counseling centers. Additionally, to be accredited, merged centers must ensure that the staff delivering these preventative and developmental services are appropriately trained and competent to provide them. Such services are integral to the mission of counseling centers, a part of the historical roots of centers, and essential for IACS accreditation.

C. Ethical Standards

6. Case Records

Counseling center records must be kept separate from records of any other merged entity (e.g., medical records, advisement notes, placement credentials, etc.). Access to counseling records must be limited to counseling center personnel only. Informed permission to release records must be obtained from clients before any records can be viewed or released to anyone outside the center.

D. Counseling Services Personnel

Duties: Director (see D. 1.c)

Mergers must not substantially alter or diminish the autonomy of the Director in managing the center. This includes the following: (1) overall administration and coordination of the resources and activities of the center including counseling, psychotherapy, outreach, consultation, research, and preventive mental health activities; (2) coordination, recruitment, retention, training, supervision, development, and evaluation of professional, nonprofessional, and support staff; (3) preparation and management of the budget; and (4) involvement in university policy formation and program development.

Summary

Although mergers involving structural changes do not necessarily prevent centers from qualifying for or maintaining accreditation, care must be taken to ensure that counseling centers in merged entities are in compliance with all IACS accreditation standards.

ACKNOWLEDGMENT

The University & College Counseling Centers' Board of Accreditation wishes to acknowledge the efforts of Dr. Richard D. Grosz, Past Accrediting Board Chair, for laying the groundwork for revising this document. Appreciation is also extended to Dr. Jaquie Resnick, President of the Association, and Dr. Don Sanz, Ms. Judy Mack, Dr. Norman Kiracofe, and Dr. Dennis Heitzmann, all Past Presidents of the Association, who critiqued the document and provided constructive feedback.

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Council for the Advancement of Standards in Higher Education
Self-Assessment 2006-2007

Summary

The USF Counseling Center, now Counseling and Psychological Services (CAPS), initiated the CAS self-assessment process during the 2006-2007 academic year and completed the process during the 2007-2008 academic year. The review team, led by Barbara Thomas, Ph.D., Executive Director, was established and included Molly Zook, Psy.D., Kim Caluza, Psy.D., Al Meza, Ed.D., Michael Turnacliff, MFT, Janet Elliott, MA, Sarah Brown-David, Psy.D., Jessica Ballou, MA, Jamie Haseley-Lopez, Ph.D., Randall Cockshott, Ph.D., and Kristopher Lichtanski, Ph.D. Ray Quirolgico, M.Ed., Assistant to the Vice President of University Life, was invited to conduct the assessment of Part 3: Leadership.

Upon the group review of CAS Standards, members of the team were assigned primary responsibility for assessing one or more of the thirteen CAS components, including collection of relevant data and review of the existing related documentation. Once the criterion measures were scored and the overview questions for a given component were answered, the findings were presented to the entire staff for further discussion. Collective agreement on each criterion measure for each component was then entered as the final rating. Recommendations for an action plan relevant to the component under discussion were made and documented at that time. The final group review of the 2006-2007 CAS self-assessment findings and the associated action plan was then completed.

The 2006-2007 CAS self-assessments addressed all CAS criteria; no criterion was judged ND (Not Done) or NR (Not Rated). While the CAS self-assessment protocol permits it, no additional criteria were added to the 2006-2007 assessment. In addition, no criterion reached an inter-rater discrepancy of two or more rating points. The review of 126 final scores indicates that no criterion was judged Not Met (score of 1 or below). Fifty six criteria (44.4%) were Fully Met (score of 4), 60 criteria (47.6%) were Met (score of 3.0 – 3.9), and 10 criteria (8%) were Minimally Met (score of 2.0 – 2.9). The CAS Work Form A, Step Two, lists criteria considered Excellent (scored 4) and criteria considered by the CAPS "Unsatisfactory," that is, criteria scored within the 2.0 – 2.9 rating.

Of the thirteen components of CAS Standards, eight achieved final ratings of 3 or better on all criteria. Mission, Program, Leadership, Organization & Management, Human Resources, Campus & External Relations, Diversity, and Ethics are areas of definitive strength for CAPS. The remaining five components: Financial Resources; Facilities, Technology, and Equipment; Legal Responsibility; Equity & Access; and Assessment & Evaluation, while meeting (score of 3) and fully meeting (score of 4) most criteria measured, had a rating lower than 3 on one or more criterion, warranting additional attention and a specific action plans (see Work Forms A, B, & C for details). Both strengths and challenges identified through the self-assessment process are summarized next.

Strengths

The CAPS Mission has been judged in alignment with CAS standards. The two recommendations for improvement involved an addition of the social justice value to the Center's Mission in order to align it with the University Mission more accurately and listing the specific goals that guide the Counseling Center's work. These changes were made and were implemented during the revision of the Counseling Center's Mission Statement in the Spring 2008 semester.

Within the Program component, the range of services offered, the clarity of identified learning and developmental outcomes, the multiple outcome measurements and data sources, and the commitment to evidence-based, comprehensive, and holistic service delivery have been very highly rated. The few items identified for improvement included: the need to change the name from *Counseling Center* to *Counseling and Psychological Services* (change implemented in Spring 2008), the need to decrease the periods of waiting list (to this end a new function of Clinical Coordinator has been created to start in Fall 2008 which will monitor case assignments and clinical schedules), and the need to revise the Referral Book more frequently (strategy in progress) Additional items to be addressed in the 2008-2009 training year include: the need to increase students' participation in group intervention offerings, exploring additional programming for overcoming skill and preparation deficiencies, increasing professional development related to mental health issues for University faculty and staff, and searching for funds to increase the hours of psychiatry services as well as for additional professional development for the CAPS staff.

The Leadership component was also rated very strongly. The performance of the Executive Director and of the Training Director was highly regarded and recognized for commitment to academic and professional excellence, effective management of periodic organizational changes, and the ability to buffer the staff from institutional pressures Both directors were commended for their positive and supportive supervisory style. Recommendations in this area included a desire to improve communication strategies to assure that all relevant communiqué reaches everyone, desire to better understand how projects are assigned to individual staff members, and a desire to provide trainees with more understanding of the role and function of the Executive Director outside of the Center On-going challenges related to budgetary constraints affecting acquisition of new technology and additional staffing have been noted.

In the area of Organization and Management, minor revisions to the *Policy and Procedure Manual* were recommended. Additional training for the clinical staff on the front office procedures was indicated as potentially helpful and the need for making the *Policy and Procedure Manual* including all forms and attachments available in the electronic form has been suggested. The manual and related materials are currently on the Jade server and other changes are being implemented and will be completed by the beginning of the 2008-2009 academic year. The overall structure and management strategy of the program were highly rated.

The Human Resources component indicated a high level of professional competence among CAPS staff and trainees, strong commitment to ongoing professional development and growth, well-developed hiring and evaluation practices, and commensurate compensation. While staffing was deemed adequate, it has been noted that the growing needs for the CAPS services necessitates periodic waiting lists, suggesting that an additional clinical position is likely to be necessary in the near future. Areas in need of additional attention included improving professional development opportunities for student workers and the need for additional training related to the use of technology in the context of legal and ethical mandates of mental health practice for all staff and trainees.

The area of Campus and External Resources indicated a broad range of relationships and collaborations with other departments of the University as well as with outside agencies and organizations already in place. Several additional contacts have been already pursued, such as with Student Leadership and Engagement and ASUSF. New programs addressing the needs of specific student groups, such as Law students and MBA students, are also being explored. The need for a closer working relationship with selected external resources, such as Mobile Crisis Unit, San Francisco General Hospital, and St. Francis Hospital, has been indicated. Finalizing the MOU with St. Mary's Hospital was strongly recommended and completed Spring 2008. The need for more frequent updates to the Referral Book has been noted and the process for regular updates is already being addressed.

The area of Diversity is one of the CAPS's strengths. The program is deeply committed to the ongoing development of multicultural competency of its staff and trainees, to addressing the needs of the University's diverse population, and to contributing knowledge and skills necessary to address the growing diversity worldwide. Collaboration with other University units particularly through the Council on Equity and Inclusion and related subcommittees and exploration of additional outcome measures for this area are currently a high priority for the Center.

The area of Ethics has also been identified as a CAPS's strength. The recommended improvements included: streamlining information updates regarding any changes to the APA Code of Ethics, creating codes for clients when scheduling sessions in Meeting Maker (implemented in Fall 2007), hiring non-USF student workers as Office Assistants to maintain highest degree of clients' confidentiality (a strategy attempted 9/07 but not successful), further sealing or securing offices in need of additional soundproofing, and providing additional training to address the issues of confidentiality in the age of technology. Recommendations regarding publicizing the disclosure of the limits of confidentiality when using email communication, in the brochure, and on the website have been implemented.

Challenges

The area of Facilities, Technology, and Equipment was the overall lowest scored component. While adequate space as well as compliance with federal, state, and

institutional regulations have been acknowledged; lack of adequate computer technology and multimedia equipment was of great concern. As a result, the CAPS Executive Director was given approval to purchase Titanium database to allow the transition to electronic record-keeping. In addition, an assessment of the distribution of currently available computers throughout the Center was completed (Summer 07) to assure better access to CPUs by trainees. Each trainee now has a serviceable computer and the psychiatrist is provided a laptop. The possibility of purchasing an LCD projector will be explored with the Division in the future.

Additional concerns were raised regarding soundproofing of some therapy rooms located near the high traffic areas, lack of chairs for larger clients, and the need to optimize access to the CAPS facility for people with limited mobility. To address these concerns, the Office Manager will explore, with Plant Operations, the options of installing an automatic door opener at the Center's front door and adding additional door insulation in the therapy rooms needing better soundproofing. Meanwhile, additional white noise machines were added to prevent any potential confidentiality breaches when conducting psychotherapy in these rooms. Acquisition of larger chairs to accommodate the needs of larger persons will be a priority for the next fiscal year.

Within the Financial Resources component, fiscal responsibility, fiscal priorities, and cost effectiveness were highly rated. However, lack of additional funding and lack of budget increase in the past 17 years (short of inflation adjustments) is an area of concern (score of 2). To this end, the Executive Director will continue to seek additional funding from the University and CAPS will continue to explore feasibility of pursuing grant applications for specific projects

In the area of Legal Responsibility, knowledge and practice of applicable laws and risk management strategies have been highly rated. However, the three criteria scoring below the rating of 3 reflected lack of adequate information regarding institutional policies about personal liability and related insurance coverage, inadequate knowledge of available legal resources at USF, and lack of systematic strategy to provide updates about changing legal obligations. To address these issues, the Executive Director sought clarification from the University Legal Counsel and Human Resources regarding the limits of liability offered by USF to the Center's staff and trainees and Molly Zook, Psy D., Staff Psychologist, completed a preliminary search regarding individual malpractice coverage. Survey of other college counseling centers regarding current standards related to individual coverage among staff was also conducted. The Executive Director clarified with Human Resources what legal resources are available to the staff through USF and how to access them. In the 2008-2009 training year, a staff member or trainee will be delegated to complete a listing of available legal resources outside of USF and the Training Director will consider supplementary didactic sessions throughout the training year devoted exclusively to Legal and Ethical concerns and updates.

The ratings on the Equity and Access criteria were high overall. The CAPS client population was deemed to closely approximate the University student population and the non-discriminatory, fair, and equitable treatment to all constituencies was acknowledged

The lowest scoring criterion reflected the need to revise the service eligibility criteria for clarity, particularly in regards to the ESL program students. This concern already has been addressed and both the brochure and the website were updated accordingly.

Similarly, the area of Assessment and Evaluation received high ratings on most criteria, including the overall program assessment and evaluation strategy; the effective use of collected data to improve the program and to enhance its effectiveness; and the overall approach to performance evaluation of staff and trainees. The criterion scoring below the rating of 3 indicated lack of qualitative data from students, limited feedback from the University faculty and staff, and the need for revision of the Outreach Evaluation Form. As a result, the new Evaluation Form was implemented last semester and plans are being made to conduct student focus groups as well as to develop and conduct University faculty and staff survey in the 2008-2009 academic year.

Conclusion

On the whole, the 2006-2007 self-assessment findings indicate high adherence to the CAS standards on the part of Counseling and Psychological Services. Ninety two percent of the CAS criteria have been determined as met or fully met, with the remaining eight percent identified as minimally met. This thorough and comprehensive self-assessment afforded the Counseling and Psychological Services staff and trainees the opportunity to demonstrate their commitment to the high quality of the CAPS program design, service delivery, and the ongoing desire for improvement and growth.

Recommendations made as a result of this process have been considered immediately and in most cases changes were implemented expediently. While no criterion was rated 1 (Not Met), the ten criteria falling within the 2 0 – 2 9 (Minimally Met) range were considered "Unsatisfactory" and led to the development of specific, documented action plans. Several of these action steps have been fully implemented, some are in process, and the remaining few will be undertaken in the 2008-2009 academic year. Counseling and Psychological Services reviewed the implementation process at the end of the 2007-2008 academic year and will do so again at the conclusion of the 2008-2009 academic year. The tentative date for the next complete CAS self-assessment has been set for 2011-2012 academic year.

PART 1. MISSION

Criterion Measures:

1.1	A program mission and goals statement is in place and is reviewed periodically. • The mission is in place but there are no standards that are in place regarding how often the mission is reviewed.	4
1.2	Student learning, development, and educational experiences are incorporated in the mission statement. • Student learning outcomes for therapy and outreach are part of assessing this standard.	4
1.3	The mission is consistent with that of the host institution and the CAS standards. • It was recommended that value of social justice be added to the counseling center's mission statement to aid in being even more consistent with the overall host institution's mission.	3
1.4	The program functions as an integral part of the host institution's overall mission.	4
1.5	The program must include: 1.5a High quality individual and group counseling 1.5b Programming for developmental needs 1.5c Consulting services to the institution 1.5d Assessment services • After a discussion with the staff it was determined that this rating is more accurately a 4 when rating assessment as it is described by CAS standards. • Currently refer clients to Disability Services office for LD screening and assessment.	 4 4 4 3

Part 1: Mission Overview Questions

A. What is the program mission?

The mission of the USF Counseling Center is to enhance the self-awareness, personal and intellectual functioning, and relationships of students. In order to achieve this mission, the Counseling Center provides brief individual, group, and couples' counseling; crisis management; consultation and referrals to faculty, staff, and students' families; and psycho-educational outreach. These services are offered by a professional staff committed to individual development, multiculturalism, training, and service.

B. How does the mission embrace student learning and development?

The focus on enhancing self-awareness, personal and intellectual functioning, and interpersonal relationships is central in student development and learning. It has been recommended that the goals guiding the Counseling Center's work be added to the Mission Statement.

C. In what ways does the program mission complement the mission of the institution?

- Enhancing intellectual functioning
- Supports academic success
- Focus on multiculturalism/diversity
- Provides skills needed to succeed intellectually and personally

Notes: See Appendix B for supporting documentation

PART 2: PROGRAM

Criterion Measures:

2.1	The program promotes student learning and development that is purposeful and holistic. • All activities of the Counseling Center are guided by its Mission Statement, which describes Its purpose and a set of goals; the goals are further delineated in the Center's *Policy and Procedure Manual*. • The Counseling Center regularly collaborates with other University departments as well as relevant professional organizations in order to understand the current needs and trends relevant to its purpose on the USF campus; outreach, training, and presentation activities are frequently designed to meet these specific needs. • Goals for individual students are further set upon clinical assessment and are documented on intake and reviewed upon termination of services. In designing treatment plans, the Counseling Center staff take into account student's psychological/emotional, developmental, sociocultural, and academic needs. Appropriate referrals are made as needed. • The Counseling Center recognizes the diversity of backgrounds and needs of the USF students, faculty, and staff and offers a range of services and programming tailored to competently address these needs.	4

2.2	The program has identified student learning and development outcomes that are relevant to its purpose. • General student learning and developmental outcomes have been identified and are listed in item 2.4 below. Specific student learning and developmental outcomes are further set individually upon intake (for clinical services) or upon request for outreach, training, and presentation sessions.	4
2.3	The program provides students with opportunities designed to encourage achievement of the identified outcomes. • The range of services providing opportunities for achievement of identified outcomes is listed in Part 2 Overview Question A below. Occasionally, brief waiting-list periods might prevent some students from accessing services when desired and this area is currently being addressed. Strong demand for direct clinical services limits the staff's time to proactively generate new outreach opportunities to achieve the identified outcomes.	3
2.4	The program provides evidence of its impact on the achievement of student learning and development outcomes in the domains checked. *List student learning and/or developmental outcomes* 2.4.1 [X] Intellectual Growth • Demonstrates increased understanding of self and others through psychoeducation and bibliotherapy • Demonstrates improvement in academic performance / remains at school / obtains degree Evidence: Student Experience Survey, clinical records, Data Sheet A collection of brochures and flyers on a wide range of topics are available in the Counseling Center's waiting room for free to clients and visitors. In addition, Counseling Center maintains a library with books, selected journals, workbooks, tapes/CDs, and videos/DVDs available for lending to students, faculty, and staff. Psychoeducational materials are also available to the University Community through the Counseling Center's website and are distributed to the University community at tabling, orientation, and training events as well as classroom observations. 2.4.2 [X] Effective Communication • Effectively communicates his/her ideas • Speaks upon reflection • Demonstrates active listening skills as part of effective	4 4

	communication Evidence: Student Experience Survey, clinical records	
	2.4.3 [X] Enhanced Self-Esteem • Exhibits self-respect and respect for others • Initiates action toward achievement of goals • Functions without need for constant reassurance Evidence: Student Experience Survey, clinical records, OQ-30	4
	2.4.4 [X] Realistic Self-Appraisal • Articulates rationale for personal behavior • Exhibits awareness of how he/she is perceived by others • Learns from past experiences • Accepts feedback from others and appropriately integrates it into self-appraisal This area is also a specific focus of work with students mandated for assessment following disciplinary probation by the University Judiciary Committee. Evidence: Student Experience Survey, clinical records, Probation outcome documentation (for mandated clients)	4
	2.4.5 [X] Clarified Values • Identifies personal values and beliefs and articulates their impact on self and others • Demonstrates willingness to scrutinize personal values and beliefs • Acts in congruence with personal values Evidence: Student Experience Survey, clinical records	3.5
	2.4.6 [X] Career Choices • Articulates career choices based on interests, values, skills, and abilities • Effectively utilizes resources available through Career Services Center • Functions effectively in a work setting Evidence: clinical records, OQ-30.	3

	Counseling Center maintains on-going collaboration with University Career Services Center to facilitate students' achievement of these outcomes.	
	2.4.7 [X] Leadership Development	3
	Counseling Center contributes to the leadership development of students through participation in training and educational activities in conjunction with other departments of the University (i.e., Residence Hall Assistants training, disenfranchised groups empowerment training, Fall Leadership Conference, Advisement for *Active Minds* Chapter) and addresses issues related to leadership on an individual basis within the context of psychotherapy as needed and appropriate. Evidence: Outreach/Training evaluation form; informal feedback from collaborators, clinical records	
	2.4.8 [X] Healthy Behavior	4
	• Chooses behaviors and environments that promote health and reduce risks • Implements behaviors that promote and facilitate wellness and well-being • Appropriately seeks and utilizes Health Services when needed Evidence: Student Experience Survey, clinical records, OQ-30, Assessment and Screening Instruments scores (i.e., Beck Depression Inventory, Burns Anxiety Inventory, Eating Attitude Test, SHARP Addiction Assessment). Counseling Center maintains ongoing collaboration with the University Health Promotion Services, Health Clinic, and Student Disability Services to facilitate students' achievement of these goals. Additional referrals to community-based agencies and services are offered as needed. Counseling Center maintains updated Referral sourcebook.	
	2.4.9 [X] Meaningful Interpersonal Relationships	4
	• Develops and maintains satisfying interpersonal relationships • Establishes mutually rewarding relationships with others • Treats others with respect Evidence: Student Experience Survey, clinical records, OQ-30	

	2.4.10 [X] Independence • Exhibits culturally appropriate self-reliant behaviors • Exhibits ability to function independently • Demonstrates tasks and time management abilities and problem-solving skills Evidence: Student Experience Survey, clinical records	4
	2.4.11 [X] Collaboration • Works collaboratively with others • Seeks feedback from others • Demonstrates capacity for empathy Evidence: clinical records	4
	2.4.12 [X] Social Responsibility • Recognizes and accepts responsibility for how his/her behavior impacts others and the environment • Understands and abides by the community norms and standards • Appropriately challenges unjust, unfair, or uncivil behavior of others Evidence: clinical records Counseling Center collaborates with the University Judiciary Committee and offers, when requested, psychological assessment and disposition for selected students placed on disciplinary probation. Counseling Center staff is involved in an ongoing development of the USF Allies program as well as the Social Justice Empowerment program (MCSS). Counseling Center is regularly appraised by University Public Safety of any events that have or might affect students' psychological well-being.	3.5
	2.4.13 [X] Satisfying and Productive Lifestyle • Articulates goals for work, leisure, and education • Achieves balance between work, leisure, and education • Overcomes obstacles that hamper goal achievement Evidence: Student Experience Survey, clinical records, OQ-30	4

	2.4.14 [X] Appreciate Diversity • Understands one's own identity and culture • Seeks understanding of and involvement with people different from him/herself • Understands the impact of diversity on one's own experience and the experience of others Evidence: Student Experience Survey, clinical records Counseling Center collaborates with other University departments in promoting multiculturalism and diversity, and in eliminating discrimination and prejudices through outreach and training, participation in Story Telling Enhancing Multiculturalism (STEM), and offering year-long Multicultural Seminar to Counseling Center's staff and trainees.	4
	2.4.15 [X] Spiritual Awareness • Articulates personal belief system • Understands the varying roles spirituality may play in personal and group values and behaviors Evidence: Student Experience Survey, clinical records Counseling Center collaborates with the University Ministry to assist students who are experiencing spiritual crisis or require faith-based support.	3
	2.4.16 [X] Personal and Educational Goals • Identifies personal goals for counseling • Understands consequences of one's goals and decisions • Integrates self-knowledge with external feedback for personal decision making Evidence: Student Experience Survey, clinical records, Personal Data Sheet	4
2.5.	Program offerings are intentional, coherent and based on theories of learning and human development. • In order to more accurately reflect the program offerings, a change of the Counseling Center's name to Counseling and Psychological Services has been strongly recommended.	4

2.6	Program offerings are designed to meet the developmental needs of relevant student populations and communities.	4
2.7	The program must provide … 2.7a Individual counseling and psychotherapy 2.7b Group interventions 2.7c Psychological testing and other assessment techniques 2.7d Outreach to students 2.7e Support to overcome skill or preparation deficiencies 2.7f Psychiatric consultation, evaluation, and support 2.7g Crisis intervention 2.7h Professional development for staff and faculty • The Counseling Center advertises several time-limited support group offerings, however not all of them achieve sufficient interest and participation. Additional strategies should be employed for attracting students' participation in group interventions. • The Counseling Center offers psychological testing and assessment services appropriate to the needs of the population served. Low-fee referrals to community agencies are offered when comprehensive psychological testing is needed; some students may be referred to Student Disability Services for testing when appropriate. • Additional services designed to support students in overcoming skill and preparation deficiencies could be developed. Currently, a test anxiety group for nursing students and a support group for MFT students are offered. Individual needs are addressed through individual psychotherapy. Referrals are made to other available services (Learning Center, Student Disability Services, etc.) when appropriate. • Due to budgetary constrains psychiatry services are limited and available to students without health insurance or on an emergency basis. Referrals to community-based services are offered. The Counseling Center Director has requested additional funds to increase the hours of the Counseling Center Psychiatrist. • The Counseling Center delivers presentation to University faculty and staff by request and through publications. Outreach efforts are in place to reach University faculty and staff. The Counseling center invites outside speakers as part of the didactic training, offering faculty and staff an opportunity for professional development. For the staff of the Counseling Center, additional training and lecture services are available through general University offerings. Limited funds are	4 3 3 4 3 3 4 3

	available for professional development offered outside of the University by relevant professional organizations. Additional funds are needed to allow the attendance of the Counseling Center staff at national professional conferences relevant to services offered by the Center.	

Part 2: Program Overview Questions

A. What are the primary elements of the program?

- Brief individual psychotherapy
- Assessment and disposition for students mandated by the University Judiciary Committee (disciplinary actions) or the Office of the Dean of Students (academic probations)
- Group psychotherapy offerings
- Crisis intervention, including after hours campus emergency response
- Consultation and referrals for students, faculty, staff, and parents
- Outreach, training, and presentations to University community
- Collaboration with other University departments
- Training of psychology pre-doctoral interns and post-doctoral fellows (approved by California Psychology Internship Consortium -CAPIC)
- Limited psychiatry services (medication assessment and monitoring)

B. What evidence exists that confirms the program contributes to student learning and development?

Quantitative evidence:

- Outcome Questionnaire (OQ-30) individual (1-5+ administrations per client) and aggregate (compiled semi-annually) data.
- Anonymous Student Experience Survey aggregate data, administered (paper-and-pencil or online) and compiled semi-annually.
- Evaluation Form data received upon completion of formal training or outreach sessions
- Data from selected clinical assessment and screening instruments (administered as needed)
- Data from selected items on the Data Sheet form (compiled annually)

Qualitative evidence:

- Data from clinical records: intake forms, progress notes, and termination forms.
- Data presented during Case Conference sessions

- Formal feedback from collaborating parties whenever Confidentiality Rights were specifically waved (psychotherapy/consultation) or did not apply (outreach, training, presentations)
- Informal feedback from members of the University community during outreach, training, presentations, and other events

C. What evidence is available to confirm program goals' achievement?

Quantitative evidence:

- Program Statistics report (compiled semi-annually)
- Outcome Questionnaire (OQ-30) aggregate data (compiled semi-annually)
- Anonymous Student Experience Survey aggregate data (compiled semi-annually)
- Data from University-administered surveys and assessments (items related to Counseling Center)

Qualitative evidence:

- Quarterly Activity Report generated for the University Board of Trustees.
- Annual Activity Report generated for the University President
- Staff Performance Evaluations and Reviews (completed semi-annually)
- Formal feedback from pre-doctoral interns and postdoctoral fellows (collected semi-annually)
- Program Review data (completed every five years)
- Review, Evaluation, and Accreditation by the International Association of Counseling Services (IACS).

Notes: See Appendix B for supporting documentation

PART 3: LEADERSHIP

Criterion Measures:

3.1	The host institution has selected, positioned, and empowered a program leader. • See Appendix A for additional comments	4
3.2	Program leaders at all levels are qualified on the bases of education, experience, competence, and professional credentials. • See Appendix A for additional comments	4
3.3	Program leaders apply effective practices that promote student learning and institutional effectiveness. • See Appendix A for additional comments	4

3.4	Clearly defined leader accountability expectations are in place. • See Appendix A for additional comments	4
3.5	Leader performance is fairly assessed on a regular basis. • See Appendix A for additional comments	3
3.6	The leader exercises authority over program resources and uses them effectively. • See Appendix A for additional comments	4
3.7	The program leader . . .	
	3.7a articulates an organizational vision and goals that include promotion of student learning and development based on the needs of the population served	4
	3.7b prescribes and practices appropriate ethical behavior	4
	3.7c recruits, selects, supervises, instructs, and coordinates staff members	4
	3.7d manages fiscal, physical, and human resources effectively	4
	3.7e applies effective practices to educational and administrative processes	4
	• See Appendix A for additional comments	
3.8	Communicates effectively and initiates collaborations with individuals and agencies to enhance program functions. • See Appendix A for additional comments	4
3.9	The leader deals effectively with individuals and environmental conditions that inhibit goal achievement. • See Appendix A for additional comments	4
3.10	The leader encourages campus environments that promote multiple opportunities for student learning and development. • See Appendix A for additional comments	4
3.11	The leader strives to improve the program in response to evolving student needs and institutional priorities. • See Appendix A for additional comments	4

Part 3: Leadership Overview Questions

A. In what ways are program leaders qualified for their roles?

- See Appendix A for responses.

B. In what ways are program leaders positioned and empowered to accomplish the program mission?

- See Appendix A for responses.

C. How are program leaders accountable for their performance?

- See Appendix A for responses.

D. What leadership practices best describe program leaders?

- See Appendix A for responses.

PART 4: ORGANIZATION and MANAGEMENT

Criterion Measures:

4.1	The program is structured purposefully and managed effectively. The Counseling Center (CC) has five distinct subsections: • Licensed staff psychologists under the direction of the Executive Director (ED); • Trainees: post- and pre-doctoral level, as well as an Ignatian Fellow; the trainees work under the immediate direction of their primary and secondary supervisors, as well as at the direction of the ED; • Substance abuse specialist, currently at 3 hrs/weekly; • Psychiatry, currently at 4 hrs/weekly; and, • Administrative/office management – Office Manager (OM) and student workers. The management of these subsections or departments, if you will, appears both appropriate and effectively managed.	4
4.2	Written policies, procedures, performance expectations, workflow graphics, and clearly stated delivery expectations are in place. Written policies for licensed staff and trainees are combined into one policy manual. This manual includes: • CC's Mission Statement; • policy and procedures for the Center (client eligibility, opening/closing files, session limit, etc.); • case management forms; • emergency response protocols; • assessment protocols; • personnel policies (staff benefits, professional responsibilities and conduct, USF's policy on sexual harassment, prevention of sexual harassment and other unlawful harassment policy);	3.5

	• personnel forms (time off requests, reimbursement request forms, etc.); • training information (CC's training philosophy, staff and roles, calendar of holidays, etc.) • training forms (CAPIC weekly log regulations, evaluation forms, etc.). It is suggested and recommended that this policy manual be revised to include a detailed table of contents and that it is made available electronically, including the forms. There is also an office policy and procedure manual maintained by the OM which covers more of the administrative management of the CC. Performance expectations for trainees are clearly defined and conveyed both in the written policy manual and verbally by the respective supervisors. There are twice-yearly written evaluations conducted that provide feedback to both the trainees and the supervisors. The ED performs bi-annual evaluations of the licensed staff. One of these evaluations originates from the University Life division. The ED also conducts bi-annual evaluations of the OM. The OM provides an annual evaluation of the student workers. There is a workflow chart of the assignment of primary and secondary supervisors to the trainees which is made available to the licensed staff and OM.	
4.3	Effective management practice exists that includes access to and use of relevant data, clear channels of authority, and viable communications, accountability, and evaluation systems. The management of the CC's data such as the OQ, client attendance, and annual reports is under the auspice of the OM. Access to this information is basically shared among the front office staff and the ED. The ED is the channel of the authority and the OM shares in the accountability of this data. A suggestion is made of licensed staff being trained and providing back-up support to OM's duties.	3
4.4	Channels are in place for regular review of administrative policies and procedures. These reviews are typically conducted in the summer months.	3

Part 4: Organization and Management Overview Questions

A. What are the institutional organizational structures that define, enable, or restrain the program?

See attached organizational flowchart in Appendix B

B. What protocols or processes are in place to insure effective management of the program?

Bi-annual evaluations of the ED are conducted by the VP to the Dean of Students. It was suggested that the ED update licensed staff of her job duties, including types of reports she generates twice yearly, at a minimum.

PART 5: HUMAN RESOURCES

Criterion Measures:

5.1	The program is staffed adequately with personnel to accomplish its mission	4
5.2	Procedures are in place for staff selection, training, evaluation, supervision, and professional development opportunities • This is fully met with all procedures on file.	4
5.3	The program strives to improve the professional competence and skills of all staff members. • CPA notes, selected journal subscriptions, new library acquisitions, in-service training, ongoing updates at staff meetings, professional development fees	4
5.4	Professional staff members hold either a relevant graduate degree or possess an appropriate combination of formal education and related work experience • Degrees (CVs) on file – Staff Personnel Records	4
5.5	Degree or credential-seeking interns are qualified by enrollment in an appropriate field of study and by relevant experience and are trained and supervised by professional staff members with appropriate credentials and work experience. • Documentation on file – Trainee Personnel Records	4

5.6	Student employees and volunteers are carefully selected, trained, supervised, and evaluated and have access to a qualified supervisor for guidance when exposed to situation beyond their training • It would be preferable to have these students work at least half time.	3
5.7	Student employees and volunteers are provided precise job descriptions, preservice training, and continued staff development • Training and job descriptions are under auspices of the OM; however, there is no formal ongoing staff development for student employees.	3
5.8	Technologically trained and proficient staff members who are knowledgeable of ethical and legal uses of technology are in place to carry out essential functions. • This area is covered through mandatory education and continuing education required of psychologists. Additional resources include access to CPA notes, APA, Board of Medical Examiners, and the University Legal Counsel. •	3
5.9	Staffing and workload levels are adequate and appropriate to meet the demand placed on the program by students and other constituents. • Although the need for a waiting list arises at times, this has not been the case this year (06-07).	4
5.10	Staff member compensation is commensurate with those in comparable positions in comparable institutions and situations in the relevant geographical region. • See Appendix B for comparison of figures from other institutions and comparing salaries on the national level. No regional salary comparison is available	4
5.11	Hiring and promotional programs are fair, inclusive, and non-discriminatory. • HR guidelines are followed; set interview protocol is in place (consistent questions asked of each person); job descriptions and the needs of students and the Center are attended to in selection process; Federal and Institutional guidelines are followed.	3

5.12	A diverse program staff is in place that provides readily identifiable role models for students. • HR guidelines are followed; affirmative action checklist is in place and is attended to during recruitment.	3
5.13	Position descriptions for all staff members are in place and used for performance appraisal and planning purpose • Position descriptions are on file	4
5.14	The program has a system for regular staff evaluation • Staff (and trainee) evaluations take place semi-annually, one in January and one at the end of the academic year.	3.5
5.15	The program provides staff members with continuing education and professional development opportunities including in-service programs and professional conferences and workshops. • See Appendix B for comparison with other universities; training funding is proportionate to FTE status and is additional for the Counseling Center Director and Training Director and director. Limited funds are available for trainees. The Director will pay for representatives to go to particular workshops relevant to the functions of the Counseling Center.	3
5.16	The director of CS possesses appropriate combination of courses, training, and experience • See the Director's CV – on file (Personnel Records)	4
5.17	CS staff members possess appropriate combination of courses, training, and experience. • See staff members' CVs – on file (Personnel Records)	4
5.18	The number of CS staff members is adequate.	4 **(FY07)**

Part 5: Human Resources Overview Questions

A. What is the strategic plan for staffing the program?

The staffing at the center has not kept pace with the influx of students. In 2006 the director requested, and was given, an additional .84 FTE staff position to replace the

Ignatian fellow who had been at the center for the previous two years. Despite this the center FTE staffing was down due to the return of a staff member who had been on a year long leave and had been replaced by two post-doctoral fellows. An additional post-doctoral fellow was also requested but that position was not funded in the center. This along with other factors (i.e., ill staff, search activities, over-enrollment) lead to a substantial wait list for services in the fall semester and a smaller one in the spring.

In 2007-08, in light of the increasing demand for services and severity of the issues clients presented with, the center director requested an increase in psychiatric coverage from four hours/week to six, the addition of a part-time office assistant, and an 11 month psychologist position. None of these requests were funded.

Discussion with staff has begun to re-evaluate staffing at the center. The possibility of requesting a Case Worker (LCSW) position is being considered as a means to manage and follow-up on referral of existing clients who have met session limits and those who either are not appropriate to be seen at the center or for whom there are no openings available. Although not optimal the center is also considering additional student staffing to supplement the coverage as currently there is no one at the front office over the noon hours nor after 5 PM despite clients being scheduled at those times creating multiple logistic issues.

All staffing is contingent upon support from the division and the approval of the Budget Planning and Review Committee.

B. In what ways are staff members' qualifications insured and their performance judged?

The search activities, interviewing, and hiring of all staff members is extensive and comprehensive. Searches are conducted in a thorough manner reaching out to several professional organizations and the Counseling Centers Director's Listserve. Interviews are conducted with the majority of the staff and others within the division with input sought from all involved. Reference checks are standard operating procedures. Once hired in psychologist positions, licensing is required within 12 months if not already completed. The progression of trainees is closely monitored as well.

All staff and trainees receive a mid-year and end of the year performance evaluation. The staff evaluation is informal at mid-year and not included in the permanent record. It focuses on appreciations and challenges. Trainees are formally evaluated by their primary and secondary supervisors in fall and spring. This is a reciprocal process with trainees evaluating their primary supervisors. The trainees also meet informally with the director for a discussion of their experience and for a final end of the year reflection. In May of each year the staff complete a self appraisal and the director completes an appraisal of them as well. These are discussed in individual meetings and subsequently provided to the Vice President of University Life for review.

C. In what ways does the program train, supervise, and evaluate staff members?

The center provides a two-hour weekly (between mid-August and June) in-service training opportunity for staff as well as a one hour/week multicultural seminar focused on increasing cultural competency. In addition, funds are made available to permanent staff in order to attend conferences and CEU workshops. Trainees are funded to attend the annual Northern California Training Conference.

The director has supervisory responsibility for licensed staff and is available to them on an individual consultation basis. Case conference activities and the weekly licensed staff meetings are also avenues for supervision. As noted in "B", trainees have a primary and secondary supervisor who they see for individual supervision. In addition, they receive two hours of group supervision weekly.

Re: evaluation, please see "B" above.

PART 6: FINANCIAL RESOURCES

Criterion Measures:

6.1	The program has adequate funding to accomplish its mission and goals.	2
6.2	Funding priorities are determined within the context of program mission, student needs, and available fiscal resources.	4
6.3	The program demonstrates fiscal responsibility and cost effectiveness consistent with institutional protocols.	4

Part 6: Financial Resources Overview Questions

A. What is the funding strategy for the program?

The Center is funded entirely through a student activities fee. Each year the director can (and typically does) submit a proposal for a program initiative to increase staffing and/or services. In 2007, with the loss of the Ignatian Fellow, the center requested and was provided with funds for a .84 FTE replacement psychologist position. In 2008 it was requested that an additional .92 FTE position be approved along with increase of psychiatry hours from 4 to 6 weekly, and a half time office assistant. None of these requests were funded. There has not been an increase in the Center's operational budget beyond a minimal 2-3% inflation for the past 17 years despite the increase in staff, services provided, collateral materials, and student enrollment.

The primary process when there is an extensive wait list, psychiatric services are backed up, or new psycho-educational materials are needed is to petition the Vice President of

University Life for additional funding. While this is often a successful strategy, it is apparent that this will be a yearly necessity until such a time as the center is adequately staffed and funded. It is also clear that no new initiatives or innovative programs can be undertaken by the Center without alternative funding. A grant was applied for in 2007 but was not funded and while additional grant options may be available, the time required to complete the grants is not.

The post-doctoral fellow ($18,000/10 months) and intern positions ($7500/10 months) are under-funded based upon comparative data at both the national and local level. This undervalues their contributions and narrows the applicant pool.

The licensing and related CEU requirements of the staff are not taken into account in the professional development fund allotments. Much of this expense is assumed by the individual clinicians. Finally, in the last 17 years staff members have been completely financially supported to attend national conferences on only four occasions and two of those involved conferences in San Francisco.

B. What evidence exists to confirm fiscal responsibility and cost-effectiveness?

The Center has economized in many ways—reusing paper, hosting potlucks for staff vs. celebratory lunches in restaurants, terminating part-time temp. employees as soon as the need for their services decreases, bringing in magazines for the lobby from home vs. ordering them, etc. These are likely important strategies with the apparent recession, however, they do have the feel of the activities of the poor church mouse. We make do.

From a broader lens, the center has not exceeded budget by more than $1000 in the past 17 years. This is a commendable feat.

PART 7: FACILITIES, TECHNOLOGY, and EQUIPMENT

Criterion Measures:

7.1	The program has adequate, suitably located facilities, technology, and equipment to support its mission.	2.5
7.2	Program facilities, technology, and equipment are evaluated regularly.	2.6
7.3	Facilities, technology, and equipment is in compliance with relevant legal and institutional requirements that ensure access, health, safety, and security of students and other users.	2.6
7.4	The physical and social environment helps confidentiality	2.6

Part 7: Facilities, Technology, and Equipment Overview Questions

A. How are facilities, technology, and equipment inventoried and maintained?

The Counseling Center provides adequate and suitably located facilities separate from other administrative offices on campus. Staff members all are provided with individual offices. The offices for the most part accommodate the functions performed by staff members. Staff and trainees have sufficient access to professional resource materials through access to the Center's as well as the University library and online databases. Exceptions include less than adequate group meeting space for larger audiences and less than adequate technology available to give multi-media presentations. Modern technical approaches to providing treatment and recordkeeping is at best minimally met. Technology used in training components for recording is minimally up to date. Software, such as Titanium for recordkeeping, used in other clinics is not available at the Center. Computer security is addressed through the use of encrypted hard drives. Access to equipment for research or media presentations is available on a request basis through the University. An improvement would be the availability of a computer and projecting equipment owned by the Center itself. Purchase of a portable LCD projector would improve the Center's ability to accommodate presenters. Computers are available for staff members, access for trainees is limited. Computers in the Center are replaced every 3 years by the University. Old computers are retained at the discretion of the Counseling Center staff in order to increase the amount of computers available to staff. However, these computers - due to age - are not serviced by the University.

B. What evidence exists to confirm facilities, technology, and equipment access, health, safety, and security for all who are served by the program?

CALOSHA and facilities management routinely inspects the facility to assure adherence to legal and institutional requirements that ensure access, health, safety, and security of students. University Public Safety Department is available in cases of safety or security emergency. Computers are inspected and serviced by the University Information and Technology Department on a routine and on as needed basis. An improvement in wheelchair accessibility to the Counseling Center could be made by installing an automatic door opener to the front door. Not all chairs in the Center are designed to accommodate larger individuals. While physical space provides adequate protection of confidentiality, several rooms are far from soundproof, or are in close proximity to third parties (i.e. the "butt hut"). Additional soundproofing of therapy rooms would greatly improve the level of confidentiality for the clients.

PART 8: LEGAL RESPONSIBILITIES

Criterion Measures:

8.1	To what extent do you feel knowledgeable about and respond to laws and regulations relevant to your job related responsibilities?	3.3

8.2	To what extent do you inform students, parents, staff, faculty and outside mental health practitioners of legal obligations and limitations associated with implementing your job-related responsibilities? **Comments**: Clinicians routinely and consistently review legal obligations and limits of confidentiality at intake and where it applies when talking/consulting with parents, staff, and faculty and outside mental health.	3.6
8.3	To what extent do you use informed practice to limit the liability exposure of the institution and its personnel? **Comments**: Many people did not know what was meant by "informed practice."	3.4
8.4	To what extent do you feel informed about institutional polices regarding personal liability and related insurance coverage options **Comments**: A large majority of comments reflected lack of information regarding liability and insurance coverage. Staff & trainees have no information about the USF liability coverage and therefore do not know where to locate the policy, do not know the specifics regarding what they were covered for (dollar amounts and limitations of the policy), and if staff would be fully covered if sued as an individual. Many employees would like to know if they should purchase individual malpractice coverage and how and where to obtain malpractice insurance.	2.3
8.5	To what extent are you aware of legal advice that is available to you to help you carry out your assigned duties? **Comments**: Employees had little sense of who to turn to for legal advice and did not seem to be aware of a reliable resource for legal consultation. Trainees relied on supervisors. Licensed staff suggested that there may be legal consultation available through USF legal representatives or via APA. Other resources included EAP or Board of Psychology (BOP).	2.2
8.6	Are you informed in a systematic fashion about extraordinary or changing legal obligations and potential liabilities **Comments:** There exists good communication in the Center about things changing-when someone knows they share it. Other resources include: BOP updates, ACCTA listserv and Counseling Centers Director's listserv.	2.6

Part 8: Legal Responsibilities Questions

A. What are the crucial legal issues faced by the Counseling Center?

- Most notably was the issue of legal obligation to break confidentiality, specifically with regard to crisis management, harm to self (suicidality, drug overdose), harm to other (Tarasoff/homicidality), child/elder abuse, releases of information and in the context of working with judicial affairs.
- Consent to treat minors
- Ethical care/practices working with clients.
- Data and file maintenance/protection
- With few resources – referral vs. abandonment
- Maintaining records-noting enough vs. too much
- Lawsuits issued by clients of ours that clam emotional distress during the time the client was in treatment

B. How are trainees and staff instructed, advised or assisted with legal concerns?

Trainees and student workers rely heavily upon the supervision by permanent staff. As ethical/legal issues arise, they may be discussed in:

- Case conference
- Supervision
- Staff meetings
- Consultations with other licensed staff
- With the Director

Other sources within the center include:

- Review of policy & procedures
- Orientation and ethics inservice

Beyond the staff, the resources listed were:

- CPA/APA journals & updates
- Conferences and CEU workshops

PART 9: Equity and Access

Criterion Measures:

9.1	All programs and services are provided on a fair and equitable basis.	3.0
9.2	All program facilities and services are accessible to prospective user	2.5
9.3	Program operations and delivery are responsive to the needs of all students and other users.	3.6

9.4	All services adhere to the spirit and intent of equal opportunity laws.	3.6
9.5	Program policies and practices do not discriminate against any potential users.	4.0
9.6:	The program acts to remedy imbalances in student participation and staffing.	3.0
9.7	Services are conveniently available and accessible to distance learner students or arrangements have been made for students to have access to related services in their geographical area.	3.0

Part 9: Equity and Access Overview Questions

A. How does the program insure non-discriminatory, fair, and equitable treatment to all constituents?

On the whole, the scores for Equity and Access are quite good. The USF Counseling Center client population closely approximates the USF student population with respect to ethnicity, gender, and on/off campus residence. Counseling Center ensures non-discriminatory, fair, and equitable treatment to all constituents by focusing on multicultural training competencies, recruiting culturally diverse staff, employing policies of non-discrimination with regard to both clients and staff interactions, and adhering to institutional policies and procedures.

B. What policies and/or practices are in place to address imbalances in participation among selected categories of students and imbalances in staffing patterns among selected categories of staff members?

The Counseling Center addresses imbalances in staffing and services by adhering to EEOC guidelines of employment and actively recruiting diverse staff members; we provide outreach to under-represented student groups (i.e. LGBT sexual fluidity group, multicultural student process group, lectures on culture shock to international student groups).

Suggestions for improving the scores in this area include: inserting a clarification about ESL students being ineligible for services at the Counseling Center; having a disability access lever at the front door to better accommodate those in wheelchairs or using crutches; mentioning accessibility of building for those with disabilities in brochures; increasing accessibility to distance learners via internet and website referrals by mentioning on-line services in letters to satellite campuses (i.e. depression screenings) and perhaps including a statements regarding non-discrimination in our center brochure.

PART 10: CAMPUS AND EXTERNAL RELATIONS

Criterion Measures:

10.1	The program has established, maintained, and promoted effective relations with relevant campus and external individuals and agencies. • The Counseling Services clearly maintains and promotes effective relations with relevant campus and external individuals and agencies. While there are some areas that need further development (i.e., relations with student activities), these areas that need development are minor. It is important to point out, that this is a significant achievement that has been accomplished. given the limited number of staff and trainees with competing demands to conduct prevention, collaboration, and serving the demanding treatment needs of the student population with increasing psychopathology, a trend seen in recent years, At times we struggle in deciding whether to focus efforts to provide more clinical services and avert a wait list or to focus our efforts to increase our visibility and conduct more collaboration and outreach in order to conduct more primary and secondary prevention.	3
10.2	The program has established appropriate working relationships with off-campus community health resources. • The Counseling Services has procedures and contact information for working with off campus community health resources. The Counseling could build a more formal working relationship with crisis resources in the community (e.g., Mobile Crisis and San Francisco General).	3

Part 10: Campus and External Relationship Overview Questions

A. With which relevant individuals, groups, campus offices, and external agencies must the program maintain effectively relations?

The Counseling Center works closely with Chief Student Affairs and Chief Academic Affairs to insure the meeting of institutional goals and objectives

- **Chief Student Affairs/University Life:** Vice President Margaret Higgins
- **Chief Academic Affairs**: Provost James Wiser

Comments:
The mission of the university and institutional goals and objectives are related to the center and become part of the staff's goals and objectives for the academic year.

The Counseling Center established close cooperation with student support units:

- **Career Services**: Director James Catiggay and Associate Director Ellen Kelly.
- **Academic Advising**: Associate Dean for Student Academic Services - Laleh Shahideh and Coordinator Sara Salloway
- **Learning Center**: Dr. Charlene Lobos
- **Services for Students with Disabilities**: Nicole Bohn
- **International Students**: Dr. Christina Sanchez
- **Multicultural Student Services**: Mary Grace and Simon Hara
- **Judicial Services:** Coordinator Ryan Garcia refers students in need of psychological services or a substance abuse assessment.
- **Campus Ministry**: Ongoing in-services training have been conducted with this group. CS has an established relationship with the current and past director.

In addition:

- Dr. Molly Zook is a member of the President's Advisory Committee on the Status of Women (PACSW), while Drs. Barbara Thomas, Tanya Russell, Peggy Yang, and Al Meza sit on various committees that seek to integrate multiculturalism into campus life.
- Relationship with **Student Leadership** (Dr. Greg Wolcott) is under development.

Comments:
As part of the orientation for new psychology trainees, a meeting is held with members of these programs in order to promote consultation, and collaboration between our program.

The Counseling center established relationships with student groups:

- LGBT groups: The Center offers a support group as a resource for LGBT. In addition, Drs. Molly Zook and Al Meza attend meetings of the university-wide faculty/staff organization for people who identify as LGBT.
- Nursing students: Support Groups for test anxiety designed specifically for nursing students are offered each year
- MFT students: Support Groups for MFT students designed to address the needs of the therapists-in-training are offered each year

Comments:
Collaboration with **Student Government** is an area of needed development. An advisory group that includes members of this group could be established to provide feedback on the delivery of the Center's services. Similarly, a closer collaboration with the Law School and the Business School could be developed to address these students' specific needs.

Efforts to promote visibility, however, must always be balanced with the Center's need to conduct prevention, outreach and collaboration, the latter which is highly valued by this institution. These efforts should also be conducted without sacrificing the need to provide direct services and reduce the escalation of mental health problems in the campus community.

Counseling Center has a close working relationship with St. Mary's Hospital, and particularly the Student Health Services.

- Hospital staff provide referrals to students in need of mental health services. In addition, the Physician's Assistant (PA) Patrick Evangelista and Al are working to develop procedures and forms for maintaining a continuity of care for students seen at St. Mary's Health Center and the Center. To promote stronger collaboration, meetings can be held on a quarterly basis to track students seen by both services and keep staff informed of the function of each center's services.

Counseling Center established relationships with academic units and campus professionals:

- **Admissions:** A working relationship exists with Sr. Associate of Admissions Suzette DeGrange and I presently work with Admissions Counselor Anthony Jimenez of this office in the recruitment and retention of multicultural students.
- **Athletics:** Staff and trainees have provided consultation to athletic staff about student athletes, offered a course to student athletes, given by Barbara and Molly, in which staff and trainees presented.
- **Residence Halls:** The Center offers training for Residence Hall Staff as well as consultation throughout the year on problematic students. Center Staff are also involved in serving on employee selection teams when hiring new residence hall staff. Working relationships exist with Residence Life Director Steve Nygaard and hall directors.

Comment:
The Counseling Center Director has plans to develop a student advisory group through Student Activities unit to provide feedback to the Counseling Services on its services to the campus community. This is a goal in process.

The Counseling Center has effective relations with the institutional legal counsel and the legal staff of relevant professional organizations.

- The Counseling Center maintains ongoing relationship with the University Judicial Affairs and has access to the University Legal Counsel. In addition legal advice is also available to the staff members of the American Psychological Association (APA) and the California Psychological Association (CPA).

Procedures for the referral of students who require counseling beyond the scope of the institutional CS as well as accessibility of services to individuals who are at a distance from the physical campus.

- The Center has established a procedure for referral as well as a list of community mental health resources to the physical campus as well as regional campuses of USF. An updated list of off-campus, community-based sliding scale practitioners is maintained at each USF campus.

Comment:
What is needed is a closer working relationship with Mobile Crisis, San Francisco General Hospital, and St. Francis Hospital. Formal Procedures for working with Campus

Security is also needed in working with potentially aggressive and/or violent students referred from Judicial Services. Formal procedures in working with St. Mary's Hospital are being developed in the form of a memorandum of agreement (MOU).

B. What evidence confirms effective relationships with program constituents?

- Memoranda of Understanding
- Informal referral agreements
- Outreach Request summary reports
- Formal feedback to the Counseling Center Director
- Informal Feedback to the Counseling Center staff
- Documentation in Clients Records regarding referrals to and from the Counseling Center
- Minutes from formal collaboration meetings
- Informal collaboration meetings

PART 11: DIVERSITY

Criterion Measures:

11.1	The program nurtures environments wherein commonalities and differences among people are recognized and honored	4
11.2	The program promotes experiences characterized by open communication that deepens understanding of identity, culture, and heritage.	4
11.3	The program promotes respect for commonalities and differences in historical and cultural contexts.	4
11.4	The program addresses characteristics and needs of diverse populations when establishing and implementing policies and procedures	3

Part 11: Diversity Overview Questions:

A. In what ways does the program contribute to the nurturing of diversity?

- Outreach activities that address diversity issues
- Inservice Training focusing on diversity
- Multicultural Training: a year-long Multicultural Seminar is offered each year to trainees with involvement of all Counseling Center staff and invited speakers
- California Breif Multicultural Competence Scale (CBMCS) is utilized with Trainees as part of the Multicultural Training

- Diversity of staff and trainees is sought and taken into account during hiring process
- Following EEOC laws/regulations
- Supervision addresses issues of diversity in the context of clinical work
- Consultation among professionals are utilized when expertise in a particular area related to diversity is needed

B. How does the program serve the needs of diverse populations?

- Individual psychotherapy
- Group psychotherapy
- Consultation to USF staff, faculty, students
- Outreach to student groups of diverse background
- Ongoing collaboration with International Student Services and Multicultural Student Services at USF

Additional comments and suggestions:

1) Increase outreach towards diverse populations
2) Maintain consistency of diversity topics in didactic seminars
3) Evaluate the atmosphere of the CC
4) More specifically address the needs of diverse students when implementing policies and procedures of the CC

PART 12: ETHICS

Criterion Measures:

12.1	All program staff members adhere to the principles of ethical behavior adopted, published, and disseminated by the program to guide ethical practice.	3.6
12.2	The program has a written statement of ethical practice that is reviewed periodically.	3.2
12.3	Privacy and confidentiality are maintained with respect to all communications and records to the extent protected under the law and program statements of ethical practice.	3.5
12.4	Information contained in students' education records is never disclosed without written consent except as allowed by law and institutional policy.	3.7
12.5.	Information judged to be of an emergency nature when an individual's safety or that of others in involved is disclose to appropriate authorities.	3.6

12.6	All staff members comply with the institution's human subjects research and other policies addressing confidentiality of research data concerning individuals.	3.7
12.7	Staff members avoid personal conflicts of interest or appearance thereof in transactions with students and others	3.5
12.8	Staff members strive to ensure the fair, objective, and impartial treatment of all persons with whom they deal and do not condone or participate in behavior that demeans persons or creates an intimidating, hostile, or offensive campus environment.	3.5
12.9	Staff members ensure that funds are managed in accordance with established institutional fiscal accounting procedures, policies, and processes.	3.6
12.10	All staff members perform assigned duties within the limits of training, expertise, and competence and when these limits are exceeded referrals are made to persons possessing appropriate qualifications.	3.6
12.11	Staff members confront and otherwise hold accountable others who exhibit unethical behavior.	3.1
12.12	Staff members practice ethical behavior in the use of technology.	3.1
12.13	Staff members do not participate nor condone any form of harassment.	3.8
12.14	Staff members perform duties within limits of their training, expertise, and competence.	3.4
12.15	Staff members hold other staff members accountable for ethical behavior.	3.3
12.16	Staff members deliver services to conform to relevant federal, state/provincial,and local statutes.	3.6
12.17	Staff members adhere to relevant ethical standards.	3.6
12.18	Staff members maintain confidentiality of student status and information disclosed in counseling unless approved by the client.	3.5
12.19	Staff members inform clients of limits to confidentiality.	3.9
12.20	Staff members disclose to appropriate authorities information judged to be of an emergency nature, including the safety of the client and others.	3.5

12.21	The program maintains records in a confidential and secure manner and monitors access, use, and maintenance of the records.	3.1
12.22	Staff members comply with institutional policies concerning human subjects research, ethical practices, and confidentiality of research.	3.7

Part 12: Ethics Overview Questions:

A. What ethical principles, standards, statements, or codes guide the program and its staff members?

APA Ethical Principles & Codes of Conduct, CA BOP Laws & Regulations Relating to the Practice of Psychology, USF Mission & Vision Statement, CC Policy & Procedure Manual.

B. What is the program's strategy for managing student and staff member confidentiality issues?

Educate non-CC staff & faculty, parents/family, etc. about confidentiality; Records are kept in locked filling cabinets and never leave the CC, Offices are soundproofed with white noise, Initial Questionnaire contains consent/preferences for reaching clients via phone; All clients are informed in writing & verbally about confidentiality/limits of confidentiality, Consent for audio/video taping is always obtained, Parental consent is obtained when treating minors (unless minor meets the criteria for exception) & clients under 17 are informed about the need to obtain such consent; Trainees, new staff, and student workers receiving specific and detailed training regarding the above concerns and CC policy & procedures to address such concerns and insure client confidentiality.

C. How are ethical dilemmas and conflicts of interest managed?

Consultation with licensed staff members; Consultation with the CPA, APA, OCCDHE, CAMFT or other licensed/qualified colleagues within the profession; Discussion in staff meetings, case conferences & supervision.

D. In what ways are staff members informed and supervised regarding ethical conduct?

Information released from the APA, CPA, & BOP, IACS Review; Continuing Ed course requirements; Staff meetings, Supervision, Case Conferences, Performance Evaluations, Didactic seminars, CC Policy & Procedures Manual.

Additional Part 12 Comments:
Eleven Counseling Center staff and trainees, comprised of licensed psychologists, a licensed MFT, the office manager, postdoctoral fellows, and predoctoral interns, individually rated each criterion measure of the *CAS* Ethics survey. Average scores from

for each of the 22 Ethics criteria were calculated and all 22 measures fell between 3.0 (Well Met) to 4.0 (Fully Met) with scores ranging from 3.1 to 3.9

The individual ratings, feedback provided from the responses to the Ethics Overview questions, overall average ratings, and documents pulled from the CC Staff & Trainee manuals were reviewed and collectively discussed among all the Counseling Center staff and trainees. Particular attention was given to criterion measures that received an individual rating of 2 or less from any one respondent, given the necessity that "all persons involved in the delivery of Counseling Services adhere to the highest principles of ethical behavior." As a result of this discussion, the following recommendations were made:

1) The CC Director or Training Director notify all staff and trainees of any changes to the APA Ethical Practices or the California BOP Laws, and accordingly update the CC Policy & Procedures Manual.
2) Seal or secure any offices in need of further soundproofing.
3) Hire *non-USF* students to assist the Office Manager given the necessary duties of the front office and potential access to client records.
4) Assign all clients a code when scheduling them in Meeting Maker.
5) Specific training addressing issues related to protecting confidentiality and the use of technology.
6) Should the CC need to contact a client, inquire about email contact preference(s) when obtaining the phone consent/preferences on the *Initial Questionnaire.* Also, it may helpful to put a similar caveat to the one found in staff emails in the Initial Questionnaire or possibly the Consent Form. It might read as follows: *"Emails are not secure. Due to confidentiality concerns, the Counseling Center staff prefers you not use email to discuss personal issues. Please also be aware that our staff does not maintain 24-hour access to email accounts and may only check email intermittently."*

Notes: See Appendix B for supporting documentation

PART 13: ASSESSMENT AND EVALUATION

Criterion Measures:

13.1	The program conducts regular assessment and evaluation and employs both qualitative and quantitative methodologies to determine how effectively its stated mission and student learning and development outcomes are being met. • Clients are given the Student Experience Survey during a 2 week snap shot in both the Fall and Spring Semesters. • At the conclusion of both Fall and Spring semester a mass e-mail is sent to all clients requesting the completion of the Student Experience Survey if they have not already completed.	3.4

	• The Student Experience Survey is not completed for the Summer Semester due to lack of both client and counselor continuity. • The Outcome Questionnaire (OQ-30) is given to clients several times over the course of treatment to monitor client progress <u>Suggestions for improvement:</u> • Conduct a student focus group to collect more qualitative data regarding counseling center services.	
13.2	The assessment process employs measures that ensure comprehensiveness and data collected include responses from students and other affected constituencies. • Currently in the process of writing and applying for a grant to help fund a university wide suicide prevention program for the 2007-2008 academic year. • Counselors provide on-going consultation to those who request this service. *(No evaluation forms given.)* • During freshman and transfer orientation, counselors provide information regarding counseling services with an evaluation form. (95% of participants felt objectives were met) • Two licensed psychologists taught the Athletes College Success Course in Fall of 2006. Evaluations were given at the end of the semester. • Counselors provide on-going outreach programs to the university on a request basis with evaluation forms (Suicide Outreach 95% participants felt objectives met; Disaster Response Training 94% participants felt objectives met; Conflict Management 100% participants felt objective were met). <u>Suggestions for improvement:</u> • Conduct a survey of faculty and staff regarding their experience with/ and satisfaction regarding counseling services. • Develop evaluations that are more consistent with the goals of outreach in measuring the satisfaction and usefulness of the outreach services rather than specific learning outcomes required by university life.	2.5
13.3	The program evaluates periodically how well it complements and enhances the institution's stated mission and educational effectiveness. • Staff meet annually to develop student learning outcomes that are congruent with the divisional and institutional goals. • Interns are given feedback regarding strengths and weaknesses throughout the course of supervision. A formal evaluation is	3.6

	provided at mid-year (December) and at the end of the academic year (May). A single evaluation is completed with input from both primary and secondary supervisors. • Evaluations of supervisors by interns are completed twice per year, mid-year (December) and at the end of the academic year (May). • Interns also evaluate the training program at the end of the year (May) evaluation period. • A staff retreat is held in the beginning of Spring Semester to receive feedback from full time staff as well as trainees regarding services provided by the counseling center. • The counseling center director meets individually with full time staff (psychologists) to discuss performance goals late spring/summer. In January high and low feedback is given and in May formal performance evaluations are given.	
13.4	Results of these evaluations are used to revise and improve the program and to recognize staff performance. • Staff members are given counseling center results as well as individual comments of the Student Experience Survey in both Fall and Spring. • Staff meets weekly to discuss on-going needs of the campus and counseling center. • Merit increases are given to licensed psychologists based, in part, on results of formal evaluations. • Results of program evaluation by interns are given to the training director to improve future training of the counseling center.	3.75

Part 13: Assessment and Evaluation Overview Questions:

A. What is the grand assessment strategy for the program?

- Clients are given the Student Experience Survey as well as the Outcome Questionnaire (OQ-30) to track progress over the course of treatment.
- Evaluation Forms are used to collect feedback from outreach and training sessions.
- Feedback is sought from the Counseling Center's staff and trainees semi-annually
- Data collected are reviewed semi-annually, resulting in changes and updates to the instruments used and to the Counseling Center's programming
- Institutional Program Reviews, CAS Self-Assessment, and IACS evaluations are performed regularly to assess and evaluate the effectiveness of the program.

Suggestions for improvement:
Include a survey of faculty and staff as well as focus group with USF students.

B. How are tangible, measurable outcomes determined to ensure program mission and goal achievement?

- The Student Experience Survey is given to clients as well as the Outcome Questionnaire.
- Evaluations are conducted for outreach services.
- Interns evaluate training experiences provided by the center.
- Supervisors evaluate trainees over the course of the academic year.
- The Counseling Center undergoes institutional Program Review, CAS Self-Study Assessment, and IACS evaluations regularly. Data collected during these processes are used by the Counseling Center to determine efficacy of the program and to set updated or new measurable outcomes ensuring that the mission and goals of the program are achieved.

Suggestions for improvement:
Rewrite evaluation for outreach services.

C. How are student learning and development outcomes determined to ensure their level of achievement?

- The Student Experience Survey
- The Outcomes Questionnaire
- The licensed staff meets annually to develop student learning outcomes that are congruent with the divisional and institutional goals and that adhere to the standards of CAS and IACS.

Notes: See Appendix B for supporting documentation

USF
UNIVERSITY of SAN FRANCISCO

Report on Staff Focus Groups Discussing **Leadership of the Counseling Center** at the University of San Francisco

Completed by
Ray Quirolgico
Spring 2007

To: Barbara Thomas, Ph.D., Director of the USF Counseling Center
From: Ray Quirolgico, M.Ed., Assistant to the Vice President of University Life
Date: June 2007
Re: Counseling Center Leadership Focus Groups

This brief (23 pages) report is the summary of the focus groups I conducted at your request in the spring semester of 2007. To summarize the process, I facilitated two focus group meetings to discuss the leadership of the Counseling Center: on March 14, 2007 I met with the trainees; and on April 5, 2007 I met with the permanent staff. Immediately after each meeting, I e-mailed any staff members who could not be present for the focus group and asked them to respond to some broad questions I posed about the topic. I incorporated their responses into the record of each focus group, as if they had been present (to create greater continuity in this report). At each focus group, I chose to gather the assessment data using a more narrative and conversational approach, rather than a more clinical formal interview format. I think you will see that this approach allowed for a greater range of open-ended responses in a much more naturalistic environment, instead of an artificially controlled inauthentic one.

In order to provide the data from these focus groups to you in what I hope is a useful and informative way, this report is structured in the following simple format:

1) Leadership Measures [starts on page 3]: This section includes the measurement standards combined with narrative responses excerpted from the full focus group transcripts that I felt were most relevant to the measures you provided to me (from the Council for the Advancement of Standards in Higher Education (CAS) Self-Assessment Guide for Counseling Services, August 2006, Part 3. Leadership, pages 18-19). In some cases, I included brief analysis commentary where possible to avoid repetition of quotes. I did not overwhelm this section with all the supporting quotes possible, since doing so could preempt the free creative future interpretations of the attached transcripts.

2) Focus Group Data [starts on page 13]: This section includes the full transcripts of the focus groups I completed. (Please see this section for an additional explanation of the reporting format of the transcripts.)
   a) Trainees (March 14, 2007 and subsequent follow-up via e-mail)
   b) Permanent Staff (April 5, 2007 and subsequent follow-up via e-mail)

3) Analysis [starts on page 21]: This section includes my interpretation of the data in some generalized, broad thematic categories.

I hope this is helpful for you as you prepare for your department's periodic external program review. Please contact me directly if you would like to discuss this further or need any clarification about the process I employed or the results I am reporting here. Of course, your expert interpretation of this report and my findings should be given far more priority consideration than what I offer here.

Thanks for the opportunity to assist you! I appreciated the experience and I wish you the best as you move forward with your department's program review.

I. LEADERSHIP MEASURES

From the Council for the Advancement of Standards in Higher Education (CAS) Self-Assessment Guide for Counseling Services, August 2006, Part 3. Leadership, pages 18-19:

Effective and ethical leadership is essential to the success of all organizations. Institutions must appoint, position, and empower Counseling Services (CS) leaders within the administrative structure to accomplish stated missions. CS Leaders at various levels must be selected on the basis of formal education and training, relevant work experience, personal skills and competencies, relevant professional credentials, as well as potential for promoting learning and development in students, applying effective practices to educational processes, and enhancing institutional effectiveness. Institutions must determine expectations of accountability for leaders and fairly assess their performance.

Leaders of CS must exercise authority over resources for which they are responsible to achieve their respective missions.

CS leaders must:

- **articulate a vision for their organization**
- **set goals and objectives based on the needs and capabilities of the population served**
- **promote student learning and development**
- **prescribe and practice ethical behavior**
- **recruit, select, supervise, and develop others in the organization**
- **manage financial resources**
- **coordinate human resources**
- **plan, budget for, and evaluate personnel and programs**
- **apply effective practices to educational and administrative processes**
- **communicate effectively**
- **initiate collaborative interaction between individuals and agencies that possess legitimate concerns and interests in the functional area**

CS leaders must identify and find means to address individual, organizational, or environmental conditions that inhibit goal achievement.

CS leaders must promote campus environments that result in multiple opportunities for student learning and development.

CS leaders must continuously improve programs and services in response to changing needs of students and other constituents, and evolving institutional priorities.

PART 3. LEADERSHIP *(Criterion Measures)*

3.1 The host institution has selected, positioned, and empowered a program leader.

Overall comments about the leadership of the Counseling Center included the words "good," "energetic," "helpful," friendly," available and accessible," "flexible," and "solid." The training staff and the permanent staff had consistently high praise for the leadership of the department. In particular they cited three individuals frequently: Dr. Barbara Thomas's excellence in overall program administration and oversight, Dr. Kim Caluza's training program, and Ms. Pat Toney's excellence in office administration.

> "I would say that there are two kinds of leaders here: Barb has leadership of the Counseling Center and Kim is the leader of the training program."
>
> "Pat's definitely the administrative leader."

There were some questions about the political support and leadership for the Counseling Center and for Dr. Barbara Thomas at and above her level at the university. The level and feeling of empowerment in this criterion is therefore difficult to estimate.

> "I notice that Barb is always running from appointment to appointment. She must have so much to do and so many pressures to respond to."
>
> "USF is hierarchical, definitely."
>
> "Barb knows the administrative and hierarchical expectations for sure. I think she does a great job of passing along that knowledge but she buffers us from the politics and supports us."
>
> "I think we're all great in the Center. We're the experts on this campus in issues of psychotherapy but I don't know if we are always regarded that way."

3.2 Program leaders at all levels are qualified on the bases of education, experience, competence, and professional credentials.

Both groups expressed high satisfaction with the perceived leader(s) of the department. One comment from the permanent staff included:

> "I appreciate the fact that we only hire psychologists (not MFTs, LCSWs, or MDs) and we train psychologists (not MFTs). We have clinical or counseling psychologists and that allows us to be colleagues instantly."

And this comment from the training staff:

> "I also feel good about the Counseling Center leadership because Barb and Kim are just so competent and qualified."

3.3 Program leaders apply effective practices that promote student learning and institutional effectiveness.

The student learning for the training staff (being pre-doctoral and post-doctoral interns) appears to be quite significant. As evidenced by the comments below, the leadership of the Center promotes their clinical effectiveness and professional development a great deal, while maintaining a commitment to a very respectful, humanistic endeavor.

> "My professional experience in this workplace has really helped me feel a sense of teamwork and step into my own as I view myself in the field."
>
> "The staff here has been great and wholly supportive of me: like in my work for my dissertation."
>
> "They were very supportive when I was studying for the licensing exam."
>
> "I think they recognize that work is a part of my being, but it's not all of me."

Measures of institutional effectiveness and student learning from the perspective of student clients at the Counseling Center were not obtained in this study.

3.4 Clearly defined leader accountability expectations are in place.

> "[Barb and Kim] …set clear expectations for clinical work. I guess they could be clearer on administrative expectations: like in-services, projects, and any kind of conditional expectations about the evaluation process."
>
> "There is a written, formal evaluation process but it seems unclear. I think the implementation of that process varies."

The only concerns expressed about leadership accountability stemmed from some confusion about performance reviews and the assignment of special projects. The disambiguation of casual communication networks may help clarify these expectations.

3.5 Leader performance is fairly assessed on a regular basis.

The training staff expressed some concerns about the lack of clarity in the performance review process and also said that their staff manuals could be revised to be more helpful. There also does not seem to be good understanding of the leader's accountability to the rest of the Division or the campus. Informing the staff of this knowledge would be particularly helpful for any staff members who are interested in counseling careers in a higher education environment.

> "I lack a sense of any leadership (good or bad) beyond her (Barb)."

"If I knew for sure right now that my career would require more administrative oversight and leadership I might seek out more contact with Barb or ask her for more opportunities to get that experience, like being assigned to a committee or something."

I recommend consulting with colleagues within the Division (e.g., Dr. Mark Thoma, Residence Life) for ideas about preparing training and staff manuals that specifically address some USF and University Life issues (e.g., organizational structure, performance review, Divisional goals).

3.6 The leader exercises authority over program resources and uses them effectively.

Again, there were no alarms raised in this criterion. The Director is clearly perceived as a strong leader, and the Training Director was also singled out for having equally strong involvement and consistent supervision of the department.

"I get a sense that Barb is in charge of the whole center and that includes the Administration and the Training Program."

"I feel like Barb is the leader of the Counseling Center, even over the trainee staff, although Kim is our Training Director and sometimes feels like a second leader altogether."

"Most of the time, I feel like the "Leader" of the Counseling Center is "over there" as an administrator, but always present. I just don't have any direct access to her leadership, except as an afterthought or a necessary consequence. But the point I want to stress is that there is no contradiction or disagreement between Barb as a leader and Kim as a leader. I feel like they are both right on."

An interesting insight offered by the training staff was that the perception of a leader seemed to be dependent upon frequency of contact with either Dr. Barbara Thomas or Dr. Kim Caluza. Timing of schedules and even proximate location of offices were cited as variables that could influence this frequency of contact for better or worse. Addressing this explicitly may help the department determine possible balances and imbalances in those resulting relationships.

3.7 The program leader:
3.7a articulates an organizational vision and goals that include promotion of student learning and development based on the needs of the population served

These focus groups did not address the vision or goals of the Center as they relate to the student-client population. However, considering the staff members themselves to be learners in the USF community as well, there does seem to be a strong culture to support their ongoing learning and development:

"...there are equal opportunities for everyone: professional staff or interns. The clinical staff here makes a very peer colleague environment."

3.7b prescribes and practices appropriate ethical behavior

No concerns were ever raised about unethical or inappropriate behavior. Based on the glowing comments about the training experience, I believe the permanent staff is providing excellent direction to the training staff in these regards.

> "At least it's not a hostile environment like other places I have worked at."

The Office Manager, Ms. Pat Toney, also seems like a capable leader for checking on the behavioral environment of the Center.

> "Pat always makes sure we check with Human Resources about things, and always informs staff of any policies."

> "Sometimes Barb looks stressed but it never feels stressful here in the Counseling Center. There are clear boundaries to 'keep it contained.'"

This last comment demonstrates that ethical boundaries between the personal and the professional, and between the individual experience and the departmental experience at USF are maintained well enough to allow each staff member to feel comfort and safety in the workplace.

3.7c recruits, selects, supervises, instructs, and coordinates staff members

I perceived no hesitations about the hiring process for staff, from either the training group or the permanent group.

> "The staff (especially Kim and Barbara) really make an investment in our training. They not only have interns hosted here every year, but everyone is genuinely excited about training and that makes being a trainee here fun."

A concern about the effectiveness of staff meetings was raised in the training group:

> "Staff meetings can sometimes feel like a series of announcements without much more rationale. It's hard to know if Barb speaks for the Counseling Center and if she is heard outside of this staff."

Spending some time to consider the content, structure, and purposes of group meetings and then articulating those intentions to the staff may help increase the feeling of a coordinated department.

3.7d manages fiscal, physical, and human resources effectively

Three leaders were consistently identified by name: Dr. Barbara Thomas for overall authority, Dr. Kim Caluza for the training program, and Ms. Pat Toney for office administration. The training staff members discussed the relatively poor financial compensation this internship site offers and this will no doubt be an issue for fiscal leadership in the future (to secure funding for increases in these line items). Additionally, technological leadership for the department seems to come from Pat Toney primarily. However, the overall human environment is unquestionably positive.

> "I feel valued and respected here."
>
> "I never feel like I am just a number here."
>
> "I wish the monetary compensation matched the human value I feel here, but it doesn't."
>
> "The selling points of this program is the training and the experience; the compensation does not match."
>
> "Pat is really the leadership too: she's always a step ahead of all of us and is so good with all the administration here. She's also the office's technology leader: she tries to not use paper so much and it feels like she brought the office into the year 2007."

There was a resounding voice from the permanent staff about the problematic name of the Counseling Center that appears to be a highly important issue to address with the university's leadership:

> "The name of our department sounds like we do hand-holding. It doesn't reflect what we do and what our training and expertise is."
>
> "We should be re-named something with the words 'psychology,' or 'clinic' in it."
>
> "On other campuses, the name of the Counseling Center is more clinical sounding, and that's appropriate here because we really run an outpatient clinic. Something like "Counseling and Psychological Services (CAPS)" seems to be the common language in the profession now. Otherwise, we will continue to get calls from looking for admission counselors, or academic advisors, or tutors, or career counselors, or transfer student advising, etc."

3.7e applies effective practices to educational and administrative processes

The leadership of the Center does an effective job of allowing client services to succeed while managing administrative processes without negatively interfering with the psychotherapy work.

> "Actually, I don't really need to know or (I think) want to know all the administrative leadership stuff. Maybe I'm happy not knowing it."

"I think both Barb and Kim do a good job of separating Counseling Center issues from the larger USF issues. I actually appreciate not being pulled in and getting involved with the political, interpersonal, and hierarchical dilemmas there."

3.8 Communicates effectively and initiates collaborations with individuals and agencies to enhance program functions.

There was definitely a feeling among both groups that open communication is respected, that feedback is appreciated, and that group decisions are enhanced through discussion and consensus.

"I feel able to talk about anything with the staff, even the really bad things."

"The case conferences have improved a lot with our Quaker intentionality. That was a nice introduction to the process: keep that and we appreciate the staff being open to new ideas like that."

"We try to work almost exclusively through consensus on any staff issue."

"Barb also always asks for input and opinions and our points of view."

"Barb is very open to hearing feedback, and she's willing to make changes or experiment and try out new things."

"We ask trainees to give mid-year and year-end feedback in individual (with his or her supervisor) and as a group (to the professional staff on retreat). This is unusual from what I know of other intern sites."

Streamlining a system of communication within the department so that information is not simply passed along through random contact between colleagues will be an important administrative issue to address in the future.

"I think maybe some administrative details (like meetings) get passed along as people see each other, so it's possible to miss something."

"Sometimes I wonder if decisions made above Barb are passed along to us equally: do we hear it first because we happened to be here and we're expected to pass that along, or should we use staff meetings for that stuff? It sometimes feels like maybe conversations happened before us or without us but somebody didn't check in with us? We can all stop and check on that and discuss something later, I guess."

Dr. Barbara Thomas was also identified for assigning projects to some staff as a way of introducing them to other departments and Divisions on campus. Assisting the staff's understanding of those assignments to a clear level of internalized detail is an important consideration.

"I think sometimes Barb moves too fast because she has to multitask so much that she doesn't have time to communicate al the details about background, context, and rationale. For example, we tabled at the Nursing School Graduate Job Fair. We didn't know why, we didn't know if everyone was going, and we didn't know if it was a good fit and good use of our time."

Dr. Barbara Thomas is also seen as a collaborative and professionally involved leader.

"I have worked at 2 college counseling centers now and there is no comparison between the leaderships. I would take Barbara anytime. I am appreciative of her friendly demeanor, and how welcoming she is at the center each day. She has helped me to feel welcome here and a part of the 'team' since the beginning. She is open to new ideas and helps to draw out those who may have them."

"I think the leadership of the Counseling Center, under Barb's direction, is excellent. She is easy to work with, and very respectful of me as a colleague. I know she is widely respected on campus and throughout networks of other colleagues around the region/country."

3.9 The leader deals effectively with individuals and environmental conditions that inhibit goal achievement.

The leadership of the Center seems capable and ready to make changes to address any roadblocks to high levels of achievement.

"I appreciate the flexibility in planning."

"Great adaptability, especially to solve disagreements or change plans (like when we switched the retreat dates to accommodate schedules)."

3.10 The leader encourages campus environments that promote multiple opportunities for student learning and development.

The leadership seems to support the active involvement of all staff members in as many different campus activities as the client load will allow.

3.11 The leader strives to improve the program in response to evolving student needs and institutional priorities.

The leadership of the Center seems very open to change, accepting of open and honest communication and can adapt to increase effectiveness and staff satisfaction. However, an assessment of responsiveness to student needs and institutional priorities was not directly investigated in these focus groups.

"For example, we changed how we have staff meetings, we discussed use of office equipment, and we changed how we match case conferences with supervisors. The

suggestions are not discounted, although that has not always been the case (in previous years)."

Part 3: Leadership Overview Questions

A. In what ways are program leaders qualified for their roles?

Specific responses about the qualifications of the leader(s) were not provided, but the staff members in both focus groups seemed to have unquestionable faith in the skills and competencies of their leaders.

B. In what ways are program leaders positioned and empowered to accomplish the program mission?

As far as training is concerned, the comments from the interns were powerful and consistently clear:

> "The training is excellent. Really appreciate what I have gained here."
>
> "The training experience here is a great segue to my professional work."
>
> "There's a lot to offer in this training program."
>
> "I really feel like any professional training I receive after being here will never be as good as it is here."
>
> "This was a top experience. In terms of actual training, the topics are current, the topics are client-specific, the conversations are safe, and none of it is repeated or routine."

(No other feedback specific to client satisfaction, student use, or program/outreach evaluation was solicited in these focus groups. Other sources of data should provide that information.)

C. How are program leaders accountable for their performance?

> "Everyone here is dedicated to what they do and to the program and they adapt to each trainee."

The program leaders seem to be most accountable to their own staff via the positive relationships established within the workgroup. One possible drawback to the reporting structure and physical layout of the office is the unpredictable way that the training staff established contact with assigned supervisors, the Training Director, and the Director. This seems to produce some incomplete communications and could be addressed at initial staff meetings that define working style preferences for the group. If desired, a changing system such as a rotation schedule of matching training staff with permanent staff could be employed.

D. What leadership practices best describe program leaders?

Overall, the staff members of the Counseling Center perceive the leadership to be very welcoming and supportive. The leadership has cultivated a workplace environment with high professional and ethical standards that remains committed to high-quality services to students and that remains open to adapting new ideas and changing with the times.

> "The clinical experience here is individualized."
>
> "I think what I said about the Center is true for me because there are equal opportunities for everyone: professional staff or interns. The clinical staff here makes a very peer colleague environment."
>
> "I think the professional staff is very poker-faced: I never hear dissenting views among them, or contention, or disagreement, and it's not an act: they all value and respect each other and us. I suppose that could be bad too if everybody thought the same way all the time, but in general I feel good about it. At least it's not a hostile environment like other places I have worked at."
>
> "It's like an idiosyncratic family here, without the enmeshment. Everyone is familiar and comfortable, they're all good at staying in touch, they gather information and tailor responses and experiences to each person, they remember individuals as humans first and they remember me. But it's not all dysfunctional in a bad way!"

II. FOCUS GROUP DATA

In the full transcripts that follow, my voice (as the Facilitator) is denoted with text in boldface font (such as **this**). The voices of the focus group participants (as the Respondents) are denoted with text in normal font (such as this). Any additional observations (about non-verbal communication or the environment or tone of the conversation) are denoted with text in italics (such as *this*). As much as possible (and as promised to the participants), identifying information has been deleted. Therefore, names of the participants and pronominal references to participants have been removed. Names or direct references to specific staff members have been retained when such references had significant meaning to the context of the focus group since deleting such information would void the understanding provided by the statement or else be unnecessary for the purposes of this pre-review report (e.g., if specific praise was given for the Director, the name "Barb" may appear because substituting "The Director" would be unnecessary and less direct in meaning). As described at the start of this report, a narrative approach was employed for the focus groups and therefore the questions asked will deviate from the language of the CAS measures. Different persons are dented with separate bullet points. Therefore, each bullet is a speaker in the conversation but that one speaker may have made comments about several topics at a time.

a) Trainees (March 14, 2007 and subsequent follow-up via e-mail)

To start this conversation, I'd like you to please complete this sentence: "Once upon a time, there was a Counseling Center at USF and its leadership…"

- …was good.
- …was White.
- …was energetic, helpful, friendly.
- …is encouraging.
- …is available.
- …yes, available and accessible.
- …is flexible.
- I feel like Barb is the leader of the Counseling Center, even over the trainee staff, although Kim is our Training Director and sometimes feels like a second leader altogether.
- I agree: I equate the leadership of the Counseling Center with Barb (and sometimes with Kim, if it's a training issue), but I lack a sense of any leadership (good or bad) beyond her (Barb).
- As far as I'm concerned, Kim is more the leader and role model but only because I have more contact with her. I like Barb too, but just have more of a sense of who Kim is.
- I would say that there are two kinds of leaders here: Barb has leadership of the Counseling Center and Kim is the leader of the training program.
- I agree. Although I have no sense of how that works out organizationally and how it works out between them.
- And because of those two roles, I feel like Barb is the Administrative Leader and is more distant, and Kim is the Clinical Leader and is more constant --- I'm just in touch with her

much more frequently. I have very little contact with the Administrative Leader (I could go a whole day without even seeing Barb), but I have more than daily contact with Kim.

- Most of the time, I feel like the "Leader" of the Counseling Center is "over there" as an administrator, but always present. I just don't have any direct access to her leadership, except as an afterthought or a necessary consequence. But the point I want to stress is that there is no contradiction or disagreement between Barb as a leader and Kim as a leader. I feel like they are both right on.
- That's absolutely true. And I can go to either one for help. I just have more frequent contact with Kim.
- Actually, I don't really need to know or (I think) want to know all the administrative leadership stuff. Maybe I'm happy not knowing it.
- I also think, and this might be minor, that a lot of relationships develop here based on proximity of offices. Those with office spaces closer to Barb will see her more and have more of a relationship. But if you're located closer to Kim, chances are you'll talk more with her.

Are you missing any information or missing out on any experiences? Is there anything you feel like you are not learning about in your professional development here?

- I agree that physical space might define the amount of contact with either Barb or Kim, so sometimes I might feel like I am missing out on the other one [with whom I don't have as much contact].
- If I knew for sure right now that my career would require more administrative oversight and leadership I might seek out more contact with Barb or ask her for more opportunities to get that experience, like being assigned to a committee or something.
- True. Right now I'm focused on the clinical training, so I'm okay with having more contact with Kim. People who have more interactions with Barb tend to get assigned "projects." Sometimes that's not a great thing.
- Yes, my energy and time availability drives me to be more clinical and less administrative.
- The good news is that those projects don't resurface because of insufficient progress. I mean: if a project is assigned, it gets done. So it's not floated and re-assigned to someone else later.
- Barb and Kim do provide great feedback and point out opportunities for improvement, for clinical stuff and especially for projects (for example like in grant applications).
- I think both Barb and Kim do a good job of separating Counseling Center issues from the larger USF issues. I actually appreciate not being pulled in and getting involved with the political, interpersonal, and hierarchical dilemmas there.
- Sometimes Barb looks stressed but it never feels stressful here in the Counseling Center. There are clear boundaries to "keep it contained."
- Sometimes I think not being supervised by Barb might be a disadvantage in my future job search (here at USF or somewhere else), but only because of lack of frequent contact. Some interns have very minimal contact with Barb and yet I think she submits a mid-year evaluation for everyone. I just don't know how much basis she would have for that input.
- Actually, that whole process was kind of unclear. I'm not sure if everyone got a mid-year evaluation, and if so who wrote it (just Kim or Kim and Barb?) and how it was reviewed. I guess that could be clearer. And then maybe Barb could just write an administrative evaluation if Kim really knows about our clinical performance.

Thinking back on how you completed that first sentence, let me ask you: how do you know that the leadership of the Counseling Center is the way you described it?

- I never feel like I am just a number here.
- The staff (especially Kim and Barbara) really make an investment in our training. They not only have interns hosted here every year, but everyone is genuinely excited about training and that makes being a trainee here fun.
- Everyone here is dedicated to what they do and to the program and they adapt to each trainee.
- I think the overall appearance of the Center also tells me what I need to know. I'm never really sure how all the administrative stuff happens but I know everything gets taken care of and I get paid and I can focus on my clients.
- Staff meetings can sometimes feel like a series of announcements without much more rationale. It's hard to know if Barb speaks for the Counseling Center and if she is heard outside of this staff.
- The clinical experience here is individualized.
- You know, I don't know if there is an organizational chart here. That might help, but I guess that might also hinder some relationships from forming naturally. It might just be good to keep in the training manual binder or something, to explain the relationship between Professional Staff, Training Staff, and Barb.
- I get a sense that Barb is in charge of the whole center and that includes the Administration and the Training Program. But I do sometimes wonder how Al, Molly, Kim, and Barb are all related. What are their responsibilities? What are their assigned special projects? Who subs for Barb if she is not here?
- I think what I said about the Center is true for me because there are equal opportunities for everyone: professional staff or interns. The clinical staff here makes a very peer colleague environment.
- I think the professional staff is very poker-faced: I never hear dissenting views among them, or contention, or disagreement, and it's not an act: they all value and respect each other and us. I suppose that could be bad too if everybody thought the same way all the time, but in general I feel good about it. At least it's not a hostile environment like other places I have worked at.
- It's like an idiosyncratic family here, without the enmeshment. Everyone is familiar and comfortable, they're all good at staying in touch, they gather information and tailor responses and experiences to each person, they remember individuals as humans first and they remember me. But it's not all dysfunctional in a bad way!
- They really treat me here as a professional.
- My professional experience in this workplace has really helped me feel a sense of teamwork and step into my own as I view myself in the field.
- The staff here has been great and wholly supportive of me: like in my work for my dissertation.
- They were very supportive when I was studying for the licensing exam.
- I think they recognize that work is a part of my being, but it's not all of me.
- I felt appreciated here because from the very beginning I was already considered a colleague.
- We do In-service Training and that really feels like colleagues.

- I feel able to talk about anything with the staff, even the really bad things.
- I also feel good about the Counseling Center leadership because Barb and Kim are just so competent and qualified. They set clear expectations for clinical work. I guess they could be clearer on administrative expectations: like in-services, projects, and any kind of conditional expectations about the evaluation process. I mean, for example, some of us didn't know about this focus group.
- I think maybe some administrative details (like meetings) get passed along as people see each other, so it's possible to miss something. That could be different if Barb is your supervisor because then you probably get every detail.
- I think some of those administrative details get lost with each cohort of trainees. In some of our one-on-ones, we learned that some trainees had claimed the time they put into preparing for in-services as work hours, but some of us didn't know that. I think that probably just got passed along from whoever is your supervisor.
- Yes, and I had to ask about worker's comp and someone else had already heard it. Also, I didn't know if a professional development day could count as hours on my timesheet. Maybe a training handbook could cover all of this. I mean, it only seems important now that we're talking about it.
- That would be good: and a manual should cover things like how to share office spaces (because we don't all have offices). Maybe we could cover all that at a staff meeting and not in one-on-ones because one-on-ones depend on your supervisor. But then again, maybe we shouldn't use staff meeting time to decide things like use of workspace.
- Sometimes I wonder if decisions made above Barb are passed along to us equally: do we hear it first because we happened to be here and we're expected to pass that along, or should we use staff meetings for that stuff? It sometimes feels like maybe conversations happened before us or without us but somebody didn't check in with us? We can all stop and check on that and discuss something later, I guess.

Any parting words or thoughts about "leadership" here?

Long pause for silent thought before anyone responded. The interns asked to make general comments about Barb and Kim separately, then about anything else.

For Barb…

- I would just say it's a tough decision to come to USF. It's not one of the better paying internships some of us considered. The experience here is what makes it worthwhile. But I wish it was an easier choice.
- I'm happy that more than half of - most of - the training I received here was what I determined I needed and wanted and that's great.
- I appreciate the flexibility in planning.
- Great adaptability, especially to solve disagreements or change plans (like when we switched the retreat dates to accommodate schedules)
- The case conferences have improved a lot with our Quaker intentionality. That was a nice introduction to the process: keep that and we appreciate the staff being open to new ideas like that.

For Kim…

- The training is excellent. Really appreciate what I have gained here.
- The training experience here is a great segue to my professional work.
- There's a lot to offer in this training program. Applicants will see that, although I do agree that it's not the most attractive offer to receive.
- I really feel like any professional training I receive after being here will never be as good as it is here.
- This was a top experience. In terms of actual training, the topics are current, the topics are client-specific, the conversations are safe, and none of it is repeated or routine.

General comments…

- The handbook is not really useful.
- There is a written, formal evaluation process but it seems unclear. I think the implementation of that process varies. *One intern did not know Barb would be writing an evaluation of that intern's performance. Instead, the intern thought the evaluation meeting with Barb was an opportunity to give feedback about Barb directly to her.*
- I feel valued and respected here.
- I wish the monetary compensation matched the human value I feel here, but it doesn't.
- The selling points of this program us the training and the experience; the compensation does not match.
- I enjoy that the staff here knows how to laugh while being serious. When I left my interview here, I was laughing and that made all the difference in the world to me.
- Even over the holiday break, at one point we just took a break and danced in the hallway. That was great!
- The feeling of appreciation for me and that I have for the Center is genuine.
- The staff here really love what they do and enjoy their work while they do it. You can tell.

b) Permanent Staff (April 5, 2007 and subsequent follow-up via e-mail)

So when you were first invited to be in this focus group about "leadership of the Counseling Center," what did you think about? What are your first impressions of that phrase, "Leadership of the Counseling Center?"

- I just equate the leadership with Barb. So I just thought we would be talking about her.
- I notice that Barb is always running from appointment to appointment. She must have so much to do and so many pressures to respond to.
- I think in some ways we share leadership. I mean it feels like we all are responsible for the Counseling Center in some way.
- Kim is definitely the leader in interns and training, even in their selection.
- I think the trainees would have different definitions of the Center's leadership based on who the supervisor is or even on what topic is being discussed today.
- Pat's definitely the administrative leader.
- That's true and I agree that the leader of the Center can change day-to-day depending on a topic we are covering in case conference or in-service.

How would you explain the leadership here to a visitor from off-campus?

- USF is hierarchical, definitely.
- Barb knows the administrative and hierarchical expectations for sure. I think she does a great job of passing along that knowledge but she buffers us from the politics and supports us. Maybe it would be nice for us to be informed about those as well (the politics) and then we would all be informed from the bottom-up.
- I would say the leadership here in the Counseling Center is very collegial.
- I think we're all great in the Center. We're the experts on this campus in issues of psychotherapy but I don't know if we are always regarded that way.
- That's true. For example, if we are expected to fit therapy goals into a USF or University Life matrix, that doesn't work. The American Psychological Association is not the University Life learning outcomes plan. And that makes work hard: the University doesn't have a way of really capturing what we do in therapy and supervision. And you can't adapt those mismatched systems without losing something.
- I think the emotional exhaustion and the actual day to day work we do is not acknowledged.
- The rest of the campus doesn't get it: they have no idea of the scope and extent of psychological problems we deal with.
- I think even the language of calling ourselves "The Counseling Center" is not good. *Every person present agreed on this point and quite emphatically nodded in agreement when this was voiced.*
- The name of our department sounds like we do hand-holding. It doesn't reflect what we do and what our training and expertise is.
- We should be re-named something with the words "psychology," or "clinic" in it.
- On other campuses, the name of the Counseling Center is more clinical sounding, and that's appropriate here because we really run an outpatient clinic. Something like "Counseling and Psychological Services (CAPS)" seems to be the common language in the profession now. Otherwise, we will continue to get calls from looking for admission counselors, or academic advisors, or tutors, or career counselors, or transfer student advising, etc.

How do you know that your descriptions of the leadership here are correct?

- There's laughter in the office all the time. That's great.
- I appreciate that we always do ethical check-ins to discuss any case (especially the really difficult cases) and we do so fully trusting each other.
- Everyone is really dedicated to helping the client.
- I appreciate the fact that we only hire psychologists (not MFTs, LCSWs, or MDs) and we train psychologists (not MFTs). We have clinical or counseling psychologists and that allows us to be colleagues instantly.
- We try to work almost exclusively through consensus on any staff issue.
- Barb also always asks for input and opinions and our points of view.
- Barb is very open to hearing feedback, and she's willing to make changes or experiment and try out new things.
- We ask trainees to give mid-year and year-end feedback in individual (with his or her supervisor) and as a group (to the professional staff on retreat). This is unusual from what I

know of other intern sites. For example, we changed how we have staff meetings, we discussed use of office equipment, and we changed how we match case conferences with supervisors. The suggestions are not discounted, although that has not always been the case (in previous years).

- Pat is really the leadership too: she's always a step ahead of all of us and is so good with all the administration here. She's also the office's technology leader: she tries to not use paper so much and it feels like she brought the office into the year 2007.
- Pat always makes sure we check with Human Resources about things, and always informs staff of any policies.
- For the budget, Pat can spend money but Barb approves expenditures. We don't understand the budget, but that's okay. I would feel overwhelmed if I had to do that too. Maybe if there was time it would be good to learn about.

What (else) are you not included in?

- Budget issues like salaries, salary increases, job classifications.
- The relationship of the Counseling Center to the rest of University Life.
- I didn't even know if all staff are OPE or not.
- More information about being a Director: What meetings does Barb attend and Why? What are they like? Who are her allies? What are those meetings all about? What do people expect from Barb at those meetings? It would be good to know what her role is in all those meetings, especially if we are substituting for her.

To end this conversation, I'd like you to please complete this sentence (which is how I started the focus group with trainees): "Once upon a time, there was a Counseling Center at USF and its leadership..."

- Solid, with years of experience. *Three people said this.*
- Not technologically pro-active, and needing improvement there (even with pretty basic bare-boned technology). I think the appreciation of technology is pretty low: we still print things for each other instead of forwarding e-mails correctly.
- I think it's solid and that's all Barbara: and this is a strength and a weakness. If Barb is ever gone, nobody could pick up everything right away, even if she is out sick for a day.
- Barb is so strong with years of experience, knowledge about this place, and relationships with colleagues here on campus and in the outside community, that she's the only one who can access that information and make some things happen. It would be good to share that information, but I wouldn't even know where to start.
- I think the leadership here can be pretty insulating for the staff: we get shielded from some things for sure.
- Barb doesn't even realize how much she knows. The knowledge gap compared to other staff is just ignorance, not resistance to sharing the knowledge. But still, that gap is huge.
- Communication needs to be specific in messages, what to do, and what the background is. For example, this focus group...we knew we all had to be here, but we didn't know until you (Ray) said it, that this was part of the external review. I mean that's smart but I didn't know it right away.

- I didn't even know that leadership was the topic of this focus group. Was that on the calendar?
- I think sometimes Barb moves too fast because she has to multitask so much that she doesn't have time to communicate al the details about background, context, and rationale. For example, we tabled at the Nursing School Graduate Job Fair. We didn't know why, we didn't know if everyone was going, and we didn't know if it was a good fit and good use of our time.
- I think leadership is built upon well established relationships and that's good and bad: definitely makes things happen but it also relies on those specific people and their histories.
- We do ask clients to fill out student satisfaction surveys (another example of use using paper when I think we are lagging in basic technology to get that done another way). But I don't know if all the clinicians see that feedback and if so is it presented as aggregate data or specific to individual clients? That might be good to improve everyone's work and leadership.

Additional feedback:

- I have been very happy with Barbara as the "leadership" of the counseling center. She has been supportive to me throughout my two years here at USF, and I have found her accessible and willing to meet with me whenever I have needed it. She has a wonderful ability to laugh and help us laugh as we do such challenging work here at the center. She has an ability to be direct when she needs to be, and she does it in a way that is clear and never shaming nor hurtful. I have worked at 2 college counseling centers now and there is no comparison between the leaderships. I would take Barbara anytime. I am appreciative of her friendly demeanor, and how welcoming she is at the center each day. She has helped me to feel welcome here and a part of the "team" since the beginning. She is open to new ideas and helps to draw out those who may have them.
- I think the leadership of the Counseling Center, under Barb's direction, is excellent. She is easy to work with, and very respectful of me as a colleague. I know she is widely respected on campus and throughout networks of other colleagues around the region/country.

III. ANALYSIS

I believe the excerpted narratives used to substantiate the leadership measures in the first section of this report speak for themselves. I will attempt to summarize my impressions and interpretations of these focus groups by commenting on what I perceive to be the existing challenges and strengths of the leadership of the Counseling Center.

Challenges

What I perceived to be the challenges most clearly articulated by the staff in these focus groups were concerns that I would attribute to the department's inherited legacy of organizational structure at USF. The thematic categories of leadership challenges that emerged from these research conversations were: staffing, budget, technology, and external perception.

1. *Staffing*

   There was a consensus of feelings and thoughts that the Director of the Counseling Center, Dr. Barbara Thomas, was the undisputed leader of the Center. Working in close collaboration with her (and with consistent vision and authority) was the Training Director, Dr. Kim Caluza. A challenge of the Center's leadership will be to share the vast repository of institutional memory, knowledge, experience, and interpersonal relationships of these two central individuals with the rest of the staff (permanent and training interns) to create a more diffuse network of leadership. Such an organization would be better equipped to respond to multiple demands from the campus, and could better substitute for any temporary or permanent losses/changes in staffing. In particular, the entire staff of the Center should be equipped to answer the question one person asked in the training staff focus group: "Who subs for Barb if she is not here?" Additional comments made along these lines include:

   > "I think it's solid and that's all Barbara: and this is a strength and a weakness. If Barb is ever gone, nobody could pick up everything right away, even if she is out sick for a day."
   >
   > "Barb is so strong with years of experience, knowledge about this place, and relationships with colleagues here on campus and in the outside community, that she's the only one who can access that information and make some things happen. It would be good to share that information, but I wouldn't even know where to start."
   >
   > "I think the leadership here can be pretty insulating for the staff: we get shielded from some things for sure."
   >
   > "Barb doesn't even realize how much she knows. The knowledge gap compared to other staff is just ignorance, not resistance to sharing the knowledge. But still, that gap is huge."

   The staff could benefit from its leader(s) addressing concerns such as:

"More information about being a Director: What meetings does Barb attend and Why? What are they like? Who are her allies? What are those meetings all about? What do people expect from Barb at those meetings? It would be good to know what her role is in all those meetings, especially if we are substituting for her."

2. *Budget (for Salary and Benefits)*
The training staff of the Counseling Center agreed that the compensation package for interns is far below that of other internship host sites. In order to continue to attract the best employees from diverse applicant pools in a highly competitive market to serve the USF student population, this issue needs to be addressed. Currently, the Counseling Center is fortunate to meet the leadership measures outlined by CAS for "leaders at various levels" to be hired "on the basis of formal education and training, relevant work experience, personal skills and competencies, relevant professional credentials, as well as potential for promoting learning and development in students, applying effective practices to educational processes, and enhancing institutional effectiveness." However, continued inequities (real or perceived) in the compensation offered to a hard-working staff have the potential to cause great disservice to the institution in the future. (The department's budget for services and programs was not discussed in these focus groups but should be addressed in future reviews.) This commitment to self-care demonstrated by adequate real compensation will be critical for the continued success of the department, especially in light of the emotional and psychological load of the workload the staff members experience:

"I think the emotional exhaustion and the actual day to day work we do is not acknowledged."

"The rest of the campus doesn't get it: they have no idea of the scope and extent of psychological problems we deal with."

3. *Technology*
The permanent staff commented on the need to continue to reduce use of paper resources, and more consistent use of available technologies. Although the training staff did not comment on this specifically, their brief discussions about uses of shared office spaces and office equipment suggested to me that a review of office technology, technology readiness of the staff, and training to support a decreased reliance on "pen and paper" procedures might be worthwhile. Future technological enhancements such as online assessments, web-based office communication and organization systems, and scanned/virtual client files may also be investigated in future reviews.

4. *External Perception*
I was more surprised than expected to hear such emphatic remarks about the name of the Counseling Center being so problematic for the staff. A permanent change in the department's name should be proposed to the leadership of the campus to specifically include at least the phrase "Psychological Services" to better distinguish the scope

and better describe the services of the department to all USF constituents. Barb's leadership in the outreach work of the Center, particularly to faculty and academic colleagues, reminding them of the services offered, the client load served, and the competence and experience of the staff at the Center is an admirable model for other departments to follow for establishing credibility and visibility on the campus.

Strengths

The field of counseling and psychotherapy is, by its very nature, entirely dependent upon human relationships (most often understood in the context of the relationship between client and therapist). It should come as no surprise then that any counseling operation should receive its highest evaluation marks in the area of relationships. In a similar vein, what was most striking about my conversations with the 2006-2007 staff of the USF Counseling Center was the overwhelmingly positive regard they felt about their relationships with each other and with the leadership of the department. The staff members feel very confident in the high caliber of professional skills and competencies of their peers, and especially of the Director (and the Training Director). I believe this confidence in the leadership of the department is evidenced by years of proven direction on this campus, flexibility in managing periodic organizational changes and enhancements, and the freedom to pursue excellence in service to clients while insulating and buffering the staff from the other pressures and demands related to providing senior administrative leadership to the rest of the campus community. The commitment of the leadership to hire an academically and professionally excellent and diverse staff is also very admirable, as is the overall ability of the group to remain light-hearted, positive, supportive, and encouraging despite the very heavy client caseload.

CAS
Self-Assessment Guide
Counseling Services

Work Form A
Assessment, Ratings, and Significant Items

INSTRUCTIONS:
This work form should be completed following individual ratings of the participants. For each of the 13 Parts, identify (**circle**) the criterion measure item number(s) in the column labeled *Step One* for which there is a substantial rating discrepancy (two or more ratings apart). Items not circled should reflect consensus among judges that practice in that area is satisfactory. Items where judgment variance occurs need to be discussed thoroughly by team members. Follow this action by determining which practices (criterion measures) can be designated as "excellent" or "unsatisfactory" and record them in the *Step Two* columns. Any criterion measure identified as "Unsatisfactory" by one or more reviewer should be included as a circled item in Step 1. In *Step Three*, list the items requiring follow-up action including any criterion measure rated as being unsatisfactory by any reviewer.

Note: 2006-2007 self-assessment identified no scores lower than 2 (Minimally Met), no NR (Not Rated), or ND (Not Done) items. There were also no inter-rater discrepancies of two or more ratings apart. Criteria indicated below as "Unsatisfactory" are those scored within 2.0 – 2.9 range score.

Step One						Step Two	
Part	**Items**					**Excellent**	**Unsatisfactory**
1. Mission	1.1 1.5b	1.2 1.5c	1.3 1.5d	1.4	1.5a	**1.1, 1.2, 1.4, 1.5a, 1.5b, 1.5c**	None
2. Program	2.1 2.4.3 2.4.8 2.4.13 2.6 2.7e	2.2 2.4.4 2.4.9 2.4.14 2.7a 2.7f	2.3 2.4.5 2.4.10 2.4.15 2,7b 2.7g	2.4.1 2.4.6 2.4.11 2.4.16 2.7c 2.7h	2.4.2 2.4.7 2.4.12 2.5 2.7d	**2.1, 2.2, 2.5, 2.6, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.8, 2.4.9., 2.4.10, 2.4.11, 2.4.13. 2.4.14, 2.4.16, 2.7a, 2.7d, 2.7g**	None
3. Leadership	3.1 3.6 3.7e	3.2 3.7a 3.8	3.3 3.7b 3.9	3.4 3.7c 3.10	3.5 3.7d 3.11	**3.1, 3.2, 3.3, 3.4, 3.6, 3.7a, 3.7b, 3.7c, 3.7d, 3.7e, 3.8, 3.9, 3.10, 3.11**	None

4. Organization & Management	4.1	4.2	4.3	4.4		**4.1**	None
5. Human Resources	5.1 5.6 5.11 5.16	5.2 5.7 5.12 5.17	5.3 5.8 5.13 5.18	5.4 5.9 5.14	5.5 5.10 5.15	**5.1, 5.2, 5.3, 5.4, 5.5, 5.9, 5.10, 5.13, 5.16, 5.17, 5.18**	None
6. Financial Resources	6.1	6.2	6.3			**6.2, 6.3**	6.1
7. Facilities, Technology, & Equipment	7.1	7.2	7.3	7.4		None	7.1, 7.2, 7.3, 7.4
8. Legal Responsibilities	8.1 8.6	8.2	8.3	8.4	8.5	None	8.4, 8.5, 8.6
9. Equity and Access	9.1 9.6	9.2 9.7	9.3	9.4	9.5	**9.5**	9.2
10. Campus and External Relations	**10.1**	10.2				None	None
11. Diversity	11.1	11.2	11.3	11.4		**11.1, 11.2, 11.3**	None
12. Ethics	12.1 12.6 12.11 12.16 12.21	12.2 12.7 12.12 12.17 12.22	12.3 12.8 12.13 12.18	12.4 12.9 12.14 12.19	12.5 12.10 12.15 12.20	None	None
13. Assessment & Evaluation	13.1	13.2	13.3	13.4		None	13.2

Step Three: List item number(s) for each Part determined to merit follow-up and describe the practice weaknesses that require attention.

1.
2.
3.
4.
5.
6. 6.1: The Center is entirely funded by student activities fees; there has been no increase in the Center's operational budget in the past 17 years beyond the 2-3% annual inflation rate and the monies for psychiatry increase. Additional funds and sources of funding are needed in order to adequately meet the growing demands for the Center's services.

7. 7.1: Less than adequate group meeting space; lack of electronic record-keeping software; offices are not equipped with training cameras; limited funds available for update of recording equipment 7.2: Previously retired computers retained by the Center to increase access to technology are not eligible for service by the University ITS department. 7.3: No computer station for student-clients; not all chairs can accommodate larger clients; wheelchair accessibility could be improved by installing automatic door-opener at the front door. 7.4: Several therapy rooms (located in high traffic areas and in close proximity to third parties) are vulnerable to confidentiality breach and need additional soundproofing.
8. 8.4: Staff and trainees have limited information about USF's liability coverage and it is unclear where this information can be accessed. While trainees are required to purchase their own liability/malpractice insurance, it is unclear if clinical staff should carry their own personal liability/malpractice insurance and if so, how it would be funded. 8.5: Employees are unclear what resources are available to them at USF for a reliable legal consultation and how to access it. 8.6: While changes to legal obligations are shared among the staff a more formalized way of providing updated information could assure that everybody is informed promptly.
9. 9.2: Lack of automatic door-opener at the front door; clarify access to services for ESL program students; clarify statement regarding access for services in brochures and on the website.
10.
11.
12.
13. 13.2: Collect data from faculty and staff; seek additional data from students through focus groups; Revise/Develop Evaluation forms that better asses outreach/presentation outcomes.

CAS
Self-Assessment Guide
Counseling Services

Work Form B
Follow-Up Actions

INSTRUCTIONS:
The purpose of this work form is to begin the planning for action to be taken on practices judged to merit follow-up (See Step 3, Work Form A). In *Step Four*, transfer short descriptions of the practices requiring follow-up and detail these items using the table format provided.

Step Four: Describe the current practice that requires change and actions to initiate the change

Practice Description	Corrective Action Sought	Task Assigned To	Timeline Due Dates
Budgetary constrains	Continue to seek additional funding from University. Consider feasibility of grants for specific projects (cost-benefit analysis; relevant grant availability)	CAPS Executive Director delegate to Trainee	On-going During the 2008-2009 training year
Lack of electronic record-keeping software Lack of multimedia equipment	Apply for approval to purchase Titanium database Apply to purchase LCD projector	CAPS Executive Director	Completed 5/08 By December 2008
Limited access to computers by trainees; some computers are not serviceable by USF-ITS due to age.	Re-evaluate distributions of computers in the Center to allow equal access. Seek approval to add CPUs or purchase additional laptops (allowing for portability)	Office Manager Office Manager	Competed Summer '07 Completed Summer '07
Lack of automatic door-opener at the front door	Assess the cost of installing the automatic door opener / install the door opener	Office Manager	By August 15, 2008 (prior to 08-09 academic year)
Several therapy rooms lack adequate soundproofing	Re-evaluate distribution of white-noise machines; add noise machines as needed. Explore feasibility of additional door and/or wall insulation by USF Plant Operations	Office Manager CAPS Executive Director	Completed 5/08 Summer 08

Lack of clarity regarding liability coverage for staff; potential need for personal policies	Seek clarification from USF Legal Counsel Explore feasibility of requiring staff to purchase individual coverage (cost-benefit analysis)	CAPS Executive Director Molly Zook, Psy.D.	Completed 2/08 Completed 3/08
Lack of understanding regarding access to legal consultation for staff	Explore available resources at USF Create a listing of resources available outside of USF	CAPS Executive Director Delegate to staff	Completed 2/08 By August 15, 2008
Formalize a system of providing legal updates to all staff and trainees	Revise the training schedule to provide additional sessions related to Law & Ethics throughout the training year.	CAPS Training Director	Prior to start of the 08-09 training year
Are ESL program students excluded from Center's services?	Clarify University Policy Update Brochures/Website to clearly indicate who is eligible for services	CAPS Executive Director Office Manager	Completed 3/08 Completed 4/08
Additional data from constituencies needed	Develop and administer a survey to University faculty and staff. Revise Evaluation Form for assessing satisfaction from outreach & presentations	Delegate to staff or trainee	During the 08-09 training year Completed Summer '07

CAS
Self-Assessment Guide
Counseling Services

Work Form C
Summary Action Plan

Step Five:
This form concludes the self-assessment process and calls for action to be taken as a consequence of study results. Write a brief action plan statement in the spaces below for each Part in which action is required.

Part 1: Mission

Part 2: Program

Part 3: Leadership

Part 4: Organization and Management

Part 5: Human Resources

Part 6: Financial Resources

The CAPS executive director will continue to seek additional funding from the University. CAPS will continue to explore feasibility of pursuing grant applications for specific projects. While grant writing can be time-consuming and requires unique skills, perhaps allotting a limited number of hours per month throughout a year can lead to securing additional funds in the future.

Part 7: Facilities, Technology, and Equipment

The CAPS Executive Director was given approval to purchase Titanium database to allow the transition to electronic record-keeping. An assessment of the distribution of currently available computers throughout the Center was completed to assure better access to CPUs by trainees. Each trainee now has a serviceable computer and the psychiatrist is provided a laptop. The possibility of purchasing an LCD projector will be explored with the Division.

The Office Manager will explore, with Plant Operations, the options of installing the automatic door opener at the Center's front door to increase ease of access for people with limited mobility and adding additional door insulation in the therapy rooms needing additional soundproofing to maintain adequate level of confidentiality. Meanwhile, additional white noise machines were added to prevent any potential confidentiality breaches when conducting psychotherapy in these rooms. Acquisition of larger chairs to accommodate the needs of larger persons will be a priority.

Part 8. Legal Responsibilities

The CAPS Executive Director sought clarification from the University Legal Counsel regarding the limits of liability offered by USF to the Center's staff and trainees. Molly Zook, Psy.D. completed a preliminary search for the cost of adding individual malpractice coverage. Survey of other College Counseling Centers about current standards related to individual coverage among College Counseling Centers staff was conducted. The Executive Director clarified with Human Resources what legal resources are available to the staff through USF and how to access them. A CAPS staff or trainee will be delegated to complete a listing of available legal resources outside of USF. The CAPS Training Director will consider additional didactic sessions throughout the training year devoted exclusively to Legal and Ethical concerns and updates.

Part 9: Equity and Access

As indicated in Part 7, the Office Manager will explore with the Plant Operations the option of installing the automatic door opener at the Center's front door to increase ease of access for people with limited mobility.

Clarification from the University regarding access to services at the Center by ESL Program students was examined and both the brochure and the website were updated to clarify the eligibility criteria for services at the Center.

Part 10: Campus and External Relationships

Part 11: Diversity

Part 12: Ethics

Part 13: Assessment and Evaluation

A CAPS staff will be delegated to develop a survey to seek feedback about the Center's services from University faculty and staff. A trainee will be delegated to administer the survey in the 2008-2009 training year.

A CAPS staff/trainee will also be delegated to conduct a focus group(s) with USF students to seek similar feedback during the 2008-2009 academic year.

The Evaluation Form used to collect outreach/presentation satisfaction feedback was revised in order to obtain a better quality of data for the Center.

Attachments

Part 1
Counseling Center Vision Mission Values
University of San Francisco Vision Mission Values Statement
University Life Commitments
USF Counseling Center Mission Statement
UC Davis CAPS Mission Statement
Summary of Mission Statements

Part 2
2006-2007 Counseling Center Annual Report
Student Experience Survey and results
Outcome Questionnaire 30.1 questions and 2006-2007 analysis
Personal Information Sheet
Confidential Data Sheet Codes
Individual/Couple Termination Form
Supervision Case Record Review Checklist
Client Evaluation of Group Counseling
Outreach Statistics Form
Eating Disorder Outreach Evaluation
Consultations
Consultation/Phone Contacts

Part 3
Responding to Student in Distress pamphlet

Part 4
Counseling & Psychological Services Organizational Chart
Division of University Life Organizational Chart

Part 5
Professional Development
Salary Comparisons

Part 6
AUCCCD 2005 Data Bank

Part 9
Basic Service Policy
Letters to regional campuses

Part 11
Multicultural Seminar Schedule

Attachments

Part 12
Counseling Center Rights and Responsibilities
When your therapist recommends a meeting with the psychiatrist
Consent for Release of Confidential Information
Cover letter for Released Information
Cover Letter for Prior Services Release
Consultation Request Information and Consent Form
Sample Letter to Parent / Guardian for Treatment of Minor
Parent Consent Form for Treatment of Minor
Waiver for Parental Legal Privilege to Confidential Information
University Counsel's Statement on Reporting of Domestic Violence
Excerpts from "A Guide to Surviving Subpoenas"
Client Requests a Letter- sample letter
Letter to insurance provider / referral for psychiatric assessment
USF Counseling Center Release Policy
Letter to Student re: Release Policy
Letter to Agency re: Release Policy
Email related to information security

Part 13
Outcome Questionnaire 30.1
Counseling Services - Student Experience Survey
Client Evaluation of Group Counseling
Eating Disorder Outreach Evaluation
Counseling Services – Faculty and Staff Experience
Inservice Presentation Evaluation Form
Supervisor Evaluation
Trainee Evaluation
Exempt Staff Self Appraisal
Exempt Staff Performance Appraisal

Identifying Best Practices in Professional Psychology and at the USF Counseling and Psychological Services

Introduction

This document offers empirical and conceptual rationales for our approach to identifying and implementing best practices at the USF Counseling and Psychological Services. Professional psychology has developed its own terminology and methodology for demonstrating and improving such practices, and the document also provides necessary background for readers who are more familiar with terms and methods that were developed in the business world.

Benchmarking is a method of measuring and improving quality that involves a "continuous and comparative measurement of a process, product, or service against an organization's toughest competitors, other organizations considered to be leaders, or similar activities within the organization" (Joint Commission, 2000, p. 5). Through this process, the organization improves by identifying and employing those *best practices* that result in superior performance.

Following the lead of Robert Camp of Xerox, benchmarking and best practices have become a standard approach to measuring and promoting quality within business and service industries (Siren & Laffel, 1998). Over time, the influence of this methodology extended far beyond the business community—for example, to education and medical care. Yet, aside from behavioral health services conducted within a managed care framework, a focus on quality improvement has only recently begun to appear in the literature of professional psychology and the other mental health professions. In the 1990s, task forces associated with the Agency for Health Care Policy and Research, the American Psychiatric Association, and the American Psychological Association began drafting and publishing "practice guidelines" that are pushing the mental health field toward greater accountability (Nathan, 1998). To the extent that this literature implicitly or explicitly identifies best practices, it does so almost exclusively on the basis of *outcome research* on psychopharmacologic treatment (e.g., American Psychiatric Association, 1994a) and psychotherapy (e.g., Task Force, 1995).

I. The scientist/scholar-practitioner model and evidence-based practice

The newfound emphasis on accountability in mental health, manifested by a focus on outcome research, is rooted in an older model of training and practice that itself constitutes the fundamental best practice of both professional psychology and the USF Counseling and Psychological Services. This best practice is known as the **scientist-practitioner or Boulder Model** of professional training. In 1949, urged on by the U.S. Public Health Service, the American Psychological Association scheduled a conference on professional training standards at Boulder, CO. Standards for professional training and accreditation that emerged included a consensus that the doctorate would be necessary to

adequately prepare clinical and counseling psychologists for professional practice, and an agreement that training should emphasize both *research* and *practice* (Baker & Benjamin, 2000.) Thus, a professional psychologist should combine the skills and perspectives of a *scientist* with those of a *practitioner*.

For many reasons, including varying levels of institutional support, skill, and interest—as well as possible differences in personality or temperament between effective scientists and therapists—most professional psychologists do not themselves produce research (Zachar & Leong, 2000). Therefore, this best practice in professional psychology is now sometimes stated as the ***scholar-practitioner model.***

Framing the work of the psychologist in terms of this revised model fits well with the current focus on outcome research and the related best practice of empirically supported or evidence-based psychological treatment (Dobson & Craig, 1998; Task Force, 1995). Although it is no longer assumed that professional psychologists will necessarily produce original research, they have a professional and ethical responsibility to engage in scholarly activity. They must keep abreast of the psychological literature—including research on outcome—and, to the extent possible, base diagnostic and treatment decisions on available evidence. The most current **Evidence Based Practice of Psychology (EBPP)** is defined by the American Psychological Association as a synthesis of research, clinical expertise, and client cultural variables and preferences.

Despite the emphasis on evidence-based treatment in the research literature, implementing these guidelines in training and practice settings remains a cutting-edge phenomenon. A survey by Crits-Christoph et al. (1995) indicates wide variation (from 0% to 95%) in the number of empirically supported treatments that are actually taught in psychology training programs. These results were obtained on university-based doctoral psychology programs, where the scientist-practitioner model reigns supreme. Most training and practice occur in settings staffed by mental health professionals who pay scant attention to current developments in the research literature (Sanderson, 2002).

The USF Counseling and Psychological Services implements the interrelated best practices of the scientist/scholar-practitioner model and evidence-based practice through:

- emphasizing Evidence-Based Practice in Psychology (EBPP) by utilizing a multidimensional approach combining research, clinical expertise, and client cultural variables and preferences (for example, applying research based evidence about the most effective treatment of psychological disorders by adhering to a policy that students must concomitantly be in therapy if they are receiving medication through the USF psychiatrist).

- maintaining a professional staff of doctoral-level licensed psychologists who identify themselves as scientist/scholar-practitioners.

- selecting predoctoral interns and postdoctoral fellows for our training positions from psychology programs that require the development of clinical *and* research skills.

- providing extensive didactic training in evidence-based treatment for our staff and trainees.

- making readily available to staff and trainees an on-line search engine (PsychINFO) that directly accesses abstracts and printable articles from the literature through the American Psychological Association website.

- monitoring our general effectiveness as a center through using the Outcome Questionnaire-45 (Lambert et al., 1998) as a measure for our psychotherapy and counseling work with clients. We selected this measure because of its increasing popularity at university Counseling and psychological Services and its potential use in future benchmarking studies as a substantial database begins to accumulate.

II. An eclectic/integrationist orientation to training and practice

A second best practice of the USF Counseling and Psychological Services is not unrelated to the best practice of evidence-based treatment. The existing literature on outcome indicates that psychotherapy "works" compared to no treatment. However, while some specific treatments are more effective than others for some specific client problems, there is no compelling evidence that any one theoretical or therapeutic approach is superior across the board in treating a general, outpatient population (Lambert, 1992). These findings contraindicate the historical tendency for mental health professionals to identify themselves primarily with a single theoretical or therapeutic orientation (e.g., behavior therapy, psychoanalysis, etc.). Therefore, Bergin and Garfield (1994), editors of the most comprehensive summary of empirical work on psychotherapy and counseling, conclude that *eclecticism* is one of the major trends in the mental health professions today, associated with "a steady decline in strict adherence to traditionally dominant theories of personality and therapeutic change" (p. 821).

Eclecticism suggests that practitioners will choose from available theories and methods those approaches that best fit with this particular client and his/her specific problem. Because eclecticism can have an unsystematic connotation to professionals and laypersons alike, many eclectic therapists have moved toward describing themselves as having an *integrationist* orientation (Norcross & Newman, 1992). Although surveys indicate that eclecticism/integrationism is the modal orientation of psychologists and other mental health professionals in the U.S. (Jensen, Bergin, & Greaves, 1990), much clinical training still takes place at sites that identify with a single orientation. Apparently, it is only after their training has been completed that many clinicians, confronted with the challenges and ambiguities of real-world practice, begin the movement toward eclecticism.

In an attempt to reconcile this contradiction between training and practice, the USF Counseling and Psychological Services has taken the step of explicitly identifying our training program as having an **eclectic/integrationist orientation**. This emphasis represents a best practice because it links the issue of theoretical and therapeutic

orientation with larger empirical, theoretical, and philosophical trends in the field. In addition, it qualifies as an *innovative* practice in that few academic programs or clinical placements in this country explicitly provide training in eclectic/integrationist thinking to predoctoral interns and postdoctoral fellows (Society for the Exploration of Psychotherapy Integration, 1995).

In sum, like Granello and Witmer (1998), we believe that an eclectic/integrationist stance represents one of the emerging "standards of practice" of the fields of counseling and psychotherapy. Toward that end, the design of our training program represents an important attempt to bring professional training into better alignment with this "best practice." This objective is pursued through:

- maintaining a professional staff who represent a variety of theoretical orientations and demonstrate an interest in continuing to modify and expand their existing theoretical and therapeutic repertoires.

- recruiting trainees who also represent a variety of theoretical orientations but are characterized by flexibility and openness in their thinking.

- encouraging trainees to broaden their repertoires through modeling, supervision, case conferences, and didactic seminars. Trainees are especially encouraged to define and examine existing assumptions that may constrain their perceptions of clients and client problems.

- inviting other mental health professionals to present alternative theoretical positions and treatment practices to our staff and trainees.

- promoting a *pluralistic, dialectical* attitude towards conflicts in the field over issues of theory and practice[1].

III. Multicultural competency

A third best practice of the Counseling and Psychological Services is universally acknowledged by the ethical guidelines of professional psychology and all of the other mental health professions – **multicultural competency** (Sue, Bingham, Porche-Burke, &

[1] For example, not all well-informed professional psychologists (Garfield, 1998; Persons & Silberschatz, 1998) embrace the current movement of the field toward evidence-based practice. Some critics suggest that it is simply premature to attempt to base comprehensive clinical practice on the existing outcome literature, when so few treatments and problem situations have been researched. Further, there is often a considerable gap between what is "efficacious" in a controlled, research setting and what is "effective" in the messy world of clinical practice. Finally, some critics suggest that objective, scientific methods will never adequately capture the subtle, often unique, human qualities and interactional processes that are necessary if deep change is to occur in psychotherapy. As eclecticists/integrationists who also define ourselves as scholar-practitioners, we challenge ourselves and our trainees to maintain a pluralistic stance toward differences in perspective of this kind. We believe that best practice is most likely to emerge from a clash of conflicting viewpoints rather than through acceptance of a single position. Our approach is also dialectical in that we often encourage trainees to approach conflicting points of view in terms of "both/and" rather than "either/or."

Vasquez, 1999). Multiculturalism is considered the "fourth force" in psychology after psychodynamism, behaviorism, and humanism (Pedersen et al., 2002). Multiculturalism has transformed the practice, research, and teaching of psychology from a largely individualistic, Western European focus to a field that values and incorporates pluralism and cultural diversity (culture, ethnicity, nationality, age, gender, sexual orientation, social class, ability, religion, etc.). Beyond pluralism, it is essential that psychologists understand the impact of the *intersection* of cultural identities i.e., not only what it means to be a woman, but also the perspective, needs, and experiences of being a woman who is a second generation American, first generation college student, and the first to be openly bisexual in her middle-class, Iranian-American family who is Muslim.

The pursuit of competence in providing services to a multicultural population has led to an imperative that professional psychologists demonstrate *awareness, knowledge, and skills* to work with individuals from diverse populations (Sue, Arredondo, & McDavis, 1992). This kind of skill-development requires mental health professionals to have an *experiential* awareness of their own assumptions and biases, an extensive general knowledge and experience of cultures other than their own, and a repertoire of specific counseling practices that are congruent with the client's needs, perceptions, and world-view. Despite the necessity for counselors to be aware of their level of multicultural competence, there is evidence to suggest that counselors should not rely on their personal estimations of their level of competence and would benefit from working in environments that sustain and promote growth in multicultural competence. Studies have shown that counselors-in-training tend to overestimate their multicultural competence (Ladany, Imnam, Constantine, & Hofheinz, 1997; Worthington, Mobley, Franks, & Tan, 2000). In addition, counselors-in-training have been found to identify cultural factors as sources of distress rather than potential sources of strength in their clients, thus pathologizing clients' cultural factors (Neufeldt, Pinterits, Moleiro, Lee, Yang, Brodie, & Orliss, 2006). Counselors do not instantly transform into highly competent professionals once they complete their training so it is plausible to hypothesize that working professionals may also overestimate their level of competence in providing services to diverse populations.

In light of these research findings, ongoing professional training and personal dedication to growing one's multicultural competence is essential to the ethical pursuit of psychology. In addition as the field of psychology endeavors to diversify its members, the recruitment of diverse staff is only the initial step to engaging in pluralism. Psychologists are faced with working collaboratively to understand different perspectives and shed the monocultural lens within an organization to create an atmosphere of safety and respect for pluralism. Given the diversity of USF's student population, the diverse staff of Counseling and Psychological Services, as well as the university and its mission statement, it is particularly important that Counseling and Psychological Services prioritize the best practice of continuing to develop our multicultural competence. We have done so through:

- pursuing diversity in our hiring practices for staff and trainees.
- honoring and acknowledging the intersection and differences in values and perspectives guiding our work as psychologists.

- nurturing an atmosphere of safety and conflict with civility when opportunities to understand our differences occur.

- stressing multiculturalism as one of the cornerstones of our training program, including the three components of increased awareness, expanded knowledge, and more effective skills in case formulation and intervention strategies.

- dedicating one hour per week to a multicultural seminar attended by trainees and staff. Staff pay attention to modeling and guiding trainees in their process of further developing multicultural skills, knowledge, and self-awareness.

- mentoring and providing culturally focused supervision to trainees as a way of developing new generations of culturally competent psychologists.

- capitalizing on the perfect union of our eclectic/integrationist stance toward practice with multiculturalism, since both insist that theories and methods should be fitted to the unique needs of individual clients.

- providing continued enrichment programs for USF staff, underlining that multicultural counseling competency is never mastered and requires ongoing learning (for example, bringing in a speaker to address the psychological needs and retention issues of a select population of young African American students).

- supporting and leading efforts to pursue multicultural competence within the university and field of psychology through outreach, professional presentations and leadership roles (for example, chairing the university's cultural competence committee, membership in the Asian American Psychological Association, facilitating allies trainings to campus staff).

IV. Balancing "counseling" and "clinical" models of service delivery in a university Counseling and Psychological Services

Congruent with current usage, "counseling" and "psychotherapy" have sometimes been used interchangeably up to this point. However, there are historical differences between these terms that have implications for the kinds of services that are offered by university Counseling and psychological Services.

As a term, counseling did not originate within the helping professions and is generically defined as "advice; opinion or instruction given in directing the judgment or conduct of another." However, one definition is more specific to the helping professions: "professional guidance in resolving personal conflicts and emotional problems" (Random House, 1998, p. 460).

Terms such as "clinical," "therapist," and "treatment" are more narrowly defined because of their association with medicine and with the diagnosis and cure of disease or disorder. Given that Freud, the originator of the "talking cure," was a physician, it is not

surprising that the term "psychotherapy" betrays its medical origins: "the treatment of psychological disorders or maladjustments by a professional technique, as psychoanalysis, group therapy, or behavioral therapy." Similarly, "psychopathology" refers to "the science or study of mental disorders" or to "a pathological deviation from normal or efficient behavior" (Random House, 1998, p. 1561).

Assuming that a continuum of human behavior exists, extending from "normal adjustment" through "adjustment problems" to "disorder," the expertise of the professional counselor has historically been applied to the middle range and the psychotherapist or clinician has dealt with the disordered range.[2] Similarly, although all professional psychologists must attain the doctorate, "counseling" psychologists would focus on normal development and expected deviations from it, including expertise in career assessment and counseling along with specialized counseling approaches for those confronting life transitions or developmental hurdles. By contrast, "clinical" psychologists would focus on the same population as psychiatry, developing diagnostic and treatment skills appropriate to individuals whose problems cross the threshold of psychopathology.

University Counseling and psychological Services, as the name implies, were historically conceived as providing educational, career, and personal counseling services for students who could be characterized as either "normally adjusted" or as "having temporary adjustment problems." Since many students do not seek individual or group services when they are in need, this model was gradually extended to the campus community at large. In time, the counselor role was expanded to include providing consultation to faculty and staff, serving on campus committees, working closely with Residence Life and Student Affairs, and offering campus-wide outreach and educational programs on issues and problems common in a university population.

This view of the responsibilities of university Counseling and Psychological Services began to change during the 1980s with the recognition that increasing levels of psychological distress and psychopathology were appearing on campuses (Stone & Archer, 1990). USF parallels this trend and has seen increasing levels of acuity and severity of student problems. Whereas in the past students tended to seek help for relationship, career, and identity concerns; today, students frequently present with anxiety, clinical depression, bipolar disorder, and drug and alcohol abuse. While there have been several conjectures about the reasons for this apparent increase, one explanation simply links it with the high rates of reported psychopathology in American society as a whole during this time period. Massive studies conducted by the National Institute of Mental Health (NIMH) in the 1980s and 1990s indicate that the one-year prevalence rate for mental disorder[3] in the U.S. population is 28-29% and the lifetime rate

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[2]This example represents something of an oversimplification. Normal and abnormal behavior are not discrete categories. Today, many professional counselors see clients with mental disorders; conversely, clients who fall at other points on the continuum are frequently seem by psychotherapists. Similarly, the distinction between counseling and clinical psychologists has become blurred in part because counseling psychology training programs have increasingly moved in a clinical direction.

[3] As defined by the (then) current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (1994b).

is 44-48% (Regier et al., 1998). These high rates, which astounded the NIMH researchers themselves, have had profound implications for colleges and universities. Given that the median age of onset of disorder in this research was 16 (Robins, Locke, & Regier, 1991), it is not surprising that a large number of high school students have already suffered significant symptoms by the time that they go to college and another substantial group of students will develop such symptoms after they arrive. Many students entering USF have sought treatment in the past and begin their college careers with a need to maintain ongoing psychological care (medication and therapy).

Generalizing across the NIMH studies and research conducted on college students themselves (e.g., Offer & Spiro, 1987; Rimmer, Halikas, & Schuckit, 1982), a reasonable estimate of a one-year prevalence rate for *any* psychiatric disorder in the college years would be in the range of 20%. Focusing exclusively on the common psychiatric illness of depression, in 2001 the National Mental Health Association found that "ten percent of college students have been diagnosed with depression" (NMHA, 2001). The most recent USF statistic from the Fall 2007 National College Health Assessment showed that of the students who participated, *13.2%* of USF students reported having been diagnosed with depression (n = 602, American College Health Association, 2007). Of those students, 33.8% were diagnosed in the last school year; 22.1% were currently in therapy for depression while 28.6% were currently taking medication for depression. Unfortunately, USF students' mental health needs are even greater than stated above because in addition to depression, students also experience a range of other mental health issues such as anxiety, trauma, eating disorders, and alcohol and drug addictions.

Given the demand, Counseling and Psychological Services has experienced a shift from a traditional counseling model to a clinically focused model of service delivery. Despite recognizing that the language, assumptions, training, and practices associated with these two models are quite different —and, at times, may seem entirely incompatible—the current best practice in university counseling requires us to face the challenge of **balancing counseling and clinical models of service delivery** (Guinee & Ness, 2000; Stone & Archer, 1990). At USF we have implemented this practice by:

- including both counseling and clinical psychologists on our professional staff.

- bringing an integrationist perspective to the issue of clinical and counseling models, insisting that each staff member and trainee develop comfort and expertise with additional theoretical models that may not have been the focus of his/her own training.

- emphasizing in training seminars and case conferences the importance of flexibility in our assessment and diagnosis of student problems. There is no hard-and-fast distinction between "normal" and "abnormal" behavior," and this differentiation is especially difficult during the college years when students often present in great distress due to normal developmental and situational challenges.

- encouraging staff/trainee competency with the clinically focused DSM–IV-TR but including a diagnosis in the student file only when it is necessary for appropriate

evaluation or treatment thus recognizing a less stigmatizing and more counseling focused model of student development.

- prioritizing the clinical model by providing specialized services to students needing psychiatric (medication) evaluation through expert consultants.

- utilizing a counseling and clinically integrative Harm Reduction model to treat substance abuse problems.

- developing guidelines for assessment and referral of students whose psychiatric conditions or psychotherapy needs exceed our services.

- prioritizing the counseling model through providing outreach and educational activities on campus while recognizing that outreach can create more demand for individual services during peak times.

- encouraging staff members and trainees to develop the overall flexibility in roles and activities compatible with practice in a comprehensive university Counseling and Psychological Services today—including counseling, psychotherapy, assessment, diagnosis, crisis intervention, case management, referral, education, outreach, committee work, administration, research or other scholarly work, and consultation.

V. Suicide Prevention and Crisis Response Training

The American Psychological Association (APA) recently announced that "suicidal thoughts among college students are more common than expected" (APA Press Release, August 17, 2008). New research with improved methodology and consideration of cultural variables are reflecting the true severity of college students' mental health issues. In 2006 the National Research Consortium of Counseling Centers in Higher Education conducted a large-scale study on suicidal behavior of college students in the U.S. Over 26,000 undergraduate and graduate students from more than 70 colleges and universities responded. 15% of the students reported having seriously considered suicide and five percent reported at least one attempt in their lifetime (National Research Consortium of Counseling Centers in Higher Education, 2006). Although USF students did not participate in the National Consortium's detailed study on suicidal behavior, there is very general data from two questions on the American College Health Association survey of 2007. Among USF students who participated, 8.4% reported seriously considering suicide within the last school year and one percent reported actually attempting suicide in that time period. 46.9% of USF students reported one or more episodes of "feeling so depressed it was difficult to function."

The risk of suicide increases dramatically for individuals who have been diagnosed with depression. Research suggests that the suicide rate for people who have been diagnosed with Major Depressive Disorder (one of several types of depressive illnesses) is eight times higher than people in the general population (Jacobs, Brewer, & Klein-Benheim, 1999). (Recall that over 13% of USF students reported having been diagnosed with some form of depression. ACHA, 2007). Suicide risk is even further

increased with symptoms of anxiety and/or alcohol and drug use (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services). ACHA data from 2007 indicates that an average of 13.7% of USF students used alcohol daily for more than 10 days and less than 29 days within the last 30 days of completing the survey. When student behavior data is viewed as a whole, it is clear that that many USF students are dealing with serious mental health issues that can benefit from expert help.

Although a significant percentage of students experience serious psychological distress, mental health experts know that generally *less than* one in three individuals who are suffering will seek help. Given the unfavorable combination of individuals' reluctance to seek help with the heavy direct service and outreach demands placed on Counseling and Psychological Services' staff, a university-wide approach to preventing mental health crises is essential. Indeed, university staff and faculty are the eyes and ears of a counseling center. Staff and faculty are often the first to see warning signs of students in distress - for example, students in a residence hall talking about suicide or writing papers in classes that describe violent fantasies. As a result, a vital component of Counseling and Psychological Services' outreach work is educating and training campus staff and faculty on how to intervene when they suspect a student needs help - particularly because staff and faculty are first line responders who typically see evidence of students in distress. Not only are staff and faculty first line responders, they are also gatekeepers. Gatekeepers are key members of a community who have knowledge of services in the community and who can therefore connect individuals in need with helpful assistance. Campus gatekeepers are the staff and faculty who are strategically positioned to intervene when they recognize signs of distress in a student and then help those students consider seeking help from Counseling and Psychological Services.

Across the country at colleges and universities of all sizes, community oriented suicide and crisis prevention is occurring (Suicide Prevention Resource Center). In 2006 the Jed Foundation in collaboration with the American College Health Association (ACHA), College Student Education International (ACPA), Association for University and College Counseling Center Directors (AUCCD), and Student Affairs Administrators in Higher Education (NASPA) published a framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student. The framework emphasized *university-wide collaboration* and protocols for assisting students at risk for suicide and other serious mental health issues. Included in the framework are 1) recommendations to develop safety protocols for intervening when students are in crisis, 2) protocols to notify emergency contacts of students, and 3) leave of absence and return protocols for students who need to withdraw for psychological and medical reasons. A Best Practices Registry (BPR) for Suicide Prevention organized by the federally funded Suicide Prevention Resource Center further delineates best practices in suicide prevention. Included in the BPR are: 1) dissemination of suicide prevention protocols and information by experts who develop and evaluate interventions and 2) greater achievement of results by creating comprehensive approaches involving multiple layers of coordinated components. The Substance Abuse and Mental Health Services Association (SAMHSA) and the Suicide Prevention Resource Center (SPRC) in conjunction with a nation-wide cohort of colleges and universities implementing suicide prevention programs recommend even more specific best practice approaches to campus suicide prevention and crisis intervention: 1) educate the campus community and

administrators about suicide and crisis intervention as a collaborative effort - not the sole purview of a university counseling center, 2) challenge gatekeepers' perceptions that they should not intervene when a student is in psychological distress, 3) train campus gatekeepers to recognize and intervene when students are in crisis, 4) educate campus newspapers and local media about best practices when reporting on suicide, 5) de-stigmatize mental health issues at *all levels* of the university culture in order to make it easier for someone who is suffering to obtain help.

It is also worth noting that as campuses experience an increase in the severity of students' mental health needs and focus on providing crisis intervention services, they also must examine the impact of increased mental health demands and the ripple effect it produces beginning at the university counseling center. Best practices do not yet address the ripple effect and the negative consequences that are being experienced at university counseling centers (higher turn over rates, staff burnout, increased sick days, etc.). We predict that in order to sustain crisis oriented help for students, universities will soon be evaluated according to best practices that address the impact on staff who are regularly and increasingly involved in crisis intervention.

At USF we have implemented several **suicide prevention and crisis intervention** best practices by:

- taking a community-based approach to educating first-line responders by training Residence Life staff, Public Safety, and Resident Ministry Interns on how to help students in distress and ways to intervene when they suspect a student is suicidal.

- providing expert consultation to faculty, staff, and administrators when they recognize students' signs of distress. This includes regularly providing expert consultation at crisis team meetings and at other times educating community members about the important role they play in caring for the whole student, as opposed to limiting interventions to academics when they see a student is emotionally distraught.

- collaborating closely within University Life sub-divisions and with other members of the USF community to reduce risk and intervene when students are distressed. This includes assisting students who are withdrawing for mental health reasons and alerting emergency contacts when students are at risk for suicide and other severe situations.

- maintaining ethical duties to clients in crises by upholding confidentiality and only disclosing a student's identity in order to obtain help when risk factors are evaluated to be severe and threatening the safety of a student or another individual.

- employing an overnight and weekend on-call system so University Life departments have 24-hour access to mental health experts for emergency situations.

- de-stigmatizing mental health issues from a bottom-up approach by advising and mentoring students through the campus chapter of Active Minds, a national student group dedicated to increasing mental health awareness on campuses.

- actively reaching out and educating the campus about clinical depression through Depression Screening Day events on campus.

- actively reaching out to faculty and staff at the start of every academic year to educate them about Counseling and Psychological Services and to provide a step-by-step guide on how to intervene when students are in distress.

- maintaining crisis hotline resources and mental health education and prevention materials on the Counseling and Psychological Services website for all campus members to access 24 hours a day.

- providing direct service crisis response to students who need immediate attention.

- upholding ethical guidelines of the practice of psychology by keeping healthy boundaries with clients in crisis so that continued care can be provided in an ethical and clinically responsible manner without impairing the professional abilities of staff.

- monitoring the impact of repeated exposure to crisis events on front-line staff and creating an atmosphere that promotes healthy self-care (for example rotating staff involvement and limiting involvement of staff members who are experiencing personal or family crises).

VI. Brief counseling and psychotherapy

A final best practice of the Counseling and Psychological Services involves our commitment to **brief counseling and psychotherapy** as a treatment modality and training focus. Brief counseling/psychotherapy developed as an independent treatment modality designed to provide the most appropriate intervention for the majority of clients who seek psychological assistance (Budman & Gurman, 1988; Cooper, 1995; Messer, 2001).

As a best practice, brief counseling/psychotherapy:

- is congruent with the expectations and behavior of most clients, who assume that they will be seen in counseling or psychotherapy for only 6-10 sessions and stay even fewer sessions (Budman & Gurman, 1988). Phillips (1985), summing across data from both time-limited and time-unlimited settings, concluded that the modal of number of sessions that clients stay in psychotherapy is *one*; further, the median number of sessions is 3-5 and the mean number is 5-8.

- is consistent with findings indicating that he greatest impact of counseling or psychotherapy is in the first 6 to 8 sessions, with later sessions showing smaller increments of change (Budman & Gurman, 1988).

- is best defined in terms of the assumption that significant change can occur within a relatively brief period of time, in association with specific assessment and intervention strategies.

- is distinct from open-ended or "long term" treatment, such that it requires its own approach to training and practice. This assumption is explicitly incorporated into our training, which makes our program unusual in the Bay Area (California Psychology Internship Council, 2002a, 2002b).

- is compatible with the best practices of evidence-based treatment, integrationism, and multiculturalism, where specific interventions are chosen on the basis of specific client need and fit.

- strongly supports the best practice of balancing counseling and clinical models of service delivery.

- can produce rapid symptomatic improvement and is particularly appropriate to a university population where students with normal, developmental problems often present either in crisis or with urgent concerns.

- promotes economy and efficiency in counseling and psychotherapy, encouraging simpler case conceptualizations and interventions for uncomplicated situations.

- requires explicit assessment and decision-making regarding the feasibility of offering treatment for chronic, complicated, or severe cases, which is prudent in this era of increasing psychopathology on university campuses (Gilbert, 1992).

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2008 May	Creighton Univ.	Gonzaga Univ.	Loyola Univ.	Loyola Marymount Univ.	San Diego Univ.	Santa Clara U.	Saint Joseph's Univ.	Seattle Univ.	U. of San Francisco
Individual Counseling	x	x	x	x	x	x	x	x	x
Couples Counseling	x			x	x	x		x	x
Group Counseling	1) Anxiety, 2) Motivationally challenged	1) Social skills	1) Body image, 2) Relationships		1) Grad. Student support, 2) LGBT, 3) Mindfulness, 4) Women of color		1) GLBT support	1) Eating concerns, 2) Men's group	1) Alternative sexualities, 2) MFT Support, 3) Nursing Test Anxiety
Session Limit	No limit	No limit	No limit	No limit	No limit	10; and each staff person can carry 20% long term	12	formerly 12; now no limit but stress short term model (ave. 5-6)	12
Consultation & Outreach	x	x	x	x	x	x	x	x	x
Crisis Intervention & Suicide Prevention	No info.	No info.	No info.	x	No info.	No info.	No info.	No info.	x
Psychological Testing	Learning d/o Assessment	Career and personality Assessments (SII, MBTI)	None	None	No full Learning d/o testing, Occasional use of psych testing for counseling purpose	None	None	None	None
Training Program									
Practicum	x		x		x	x		x	
MA level interns		x						x	
Predoctoral	x				x	x	x		x
Postdoctoral			x	x	x		x		x
Theoretical Orientation									
Short term model	x	x	x			x		x	x
Integrative/ Eclectic (including individual theories listed below)					x		x	x	x
Cog. Behavioral				x		x			
Interpersonal			x						
Psychodynamic	x			x		x			
Staff Training									
Multicultural (Hours per year)	12	4 - 8	20		6	3	3 - 4	10 (varies per year)	30+
Evidence Based Practice in Psychology									
Integration and use	No formal integration; considered in treatment	use treatment planner for college students	None	None	Training program	No formal integration	Does not agree with EBPP	Used in treatment, discussed in case conf., exploring use of outcome measures	Treatment approach, training, case conf., outcome measure, suicide prevention and crisis intervention

JASPA- Psychiatry At Jesuit Schools

University	Does your institution provide psychiatric services for students?	How many psychiatrists do you have on staff?	How many hours per week are provided?	What is the hourly rate for the psychiatrist?	Do students pay a fee for this service?	Are the services provided through your Student Psychological/Counseling Center?	Does the psychiatrist provide medication evaluation only or medication evaluation and management?	Does the psychiatrist assist with after-hours crisis related to voluntary or involuntary hospitalizations?
Boston College	Yes	"We have 3 pt psychiatrists" (answer on 9/16). "FTE of .83" (answer on 10/01).	36 hours per week during the academic year; 4 per week during the summer	c. $100 per hour	No.	Psychiatrists are part of Counseling Services	Psychiatrists consult to psychology staff, do evaluations of patients referred by psychologists, prescribe medication and do med follow-up.	No.
Fairfield University	Yes.	One.	Approx. 5 hours.	Fairfield University compensates our psychiatrist $9,000 annually to serve as *Psychiatric Consultant*. He provides weekly clinical supervision, is available for crisis intervention and threat assessment, and participates in training campus constituents on mental health issues.	Yes. The psychiatrist submits the claim for the visit to the student's insurance. The student is responsible for the amount not covered by health insurance. (No money is exchanged in person).	Yes.	Medication evaluation and medication management.	Yes (he is Chief of Psychiatry at a local hospital).
Forham University	Yes.	2 part-time psychiatrists, plus 2-3 psychiatric residents from local hospitals.	15 hours total per week during fall and spring semesters by paid personnel, and 24 hours per week during same semesters with residents.	Depending on qualifications, between $125-$175.	No.	Services provided through Counseling and Psychological Servies.	Both, but in regard to medication evaluation/management, it is only for those students we also have in counseling with our CPS staff.	Yes.
Le Moyne College	We have a contract with a local psychiatrist.	One.	He gives us about 2-3 hours per week.	His fee is around $7,000 per academic year.	No.	He works out of our center for personal growth counseling.	He does not help with medication issues.	He does not assist with off-hour crisis.
Loyola University Chicago	Yes.	FTE.06 (split between 2 psychiatrists).	4 hours during Fall and Spring semesters.	$130	Not directly, but our entire Wellness Center is student funded.	Services are provided through our Wellness Center which is an interdisciplinary department providing health and mental health services.	Medical evaluation and medication management. No therapy.	No.

University	Does your institution provide psychiatric services for students?	How many psychiatrists do you have on staff?	How many hours per week are provided?	What is the hourly rate for the psychiatrist?	Do students pay a fee for this service?	Are the services provided through your Student Psychological/Counseling Center?	Does the psychiatrist provide medication evaluation only or medication evaluation and management?	Does the psychiatrist assist with after-hours crisis related to voluntary or involuntary hospitalizations?
Loyola University, New Orleans	Yes.	One PT Psychiatrist.	3 hours, every other week.	$120	No.	Yes.	Medical evaluation/Medication management.	Yes, consultation and does not bill for these services.
Regis University	Limited services to include med. checks/management and mandated psych. assessments.	One consulting psychiatrist.	Five, more if necessary	$200	No, not at this time.	Yes.	Both.	No, not unless it is a patient that he has seen prior to the emergency.
Rockhurst University	No. We are not pursuing funding for a for a psychiatrist (mainly due to our smaller size and proximity to psychiatric care in our area of the city).							
Saint Joseph's University	Yes.	We have one psychiatrist.	5.5	$150	Students do not pay for this service, however sessions are limited. At the end of the academic year (late April)... students seeing our psychiatrist are referred to outside psychiatrists (if necessary). In other words, students are not eligible for our psychiatric service in the following academic year.	Counseling Center	Our psychiatrist provides medication evaluation and management during the academic year.	Our psychiatrist is available for consultation after-hours with regard to crises that may involve hospitalization.
Saint Louis University	Yes.	Currently we have one psychiatrist on staff.	12 hours of care a week.	$140	The students's insurance is billed for these visits at an average charge of $160/visit.	The psychiatrist is part of Student Health and Counseling Department.	The psychiatrist provides counseling as well as medication adjustment in her sessions.	The psychiatrist is available for after hours crisis intervention through the Department of Slucare on call system.
Saint Peter's College	Yes, we do provide psychiatric services as needed. We refer students to psychiatrists off campus with whom we have a working relationship and budget a sum for this. Payment is made as each case comes up. We also call upon the Mobile Crisis Unit from a local hospital as needed. Student followup would then be at their expense or their insurance.	None.	$150 per hour (for one of the team it is $175).	See the first answer.		The services are coordinated by our Center for Personal Development (our counseling center) - followup at the center is free to students.	I believe this depends on the case.	As needed. As noted in the first answer, the Mobile Crisis Unit is normally called upon in crisis situations.

University	Does your institution provide psychiatric services for students?	How many psychiatrists do you have on staff?	How many hours per week are provided?	What is the hourly rate for the psychiatrist?	Do students pay a fee for this service?	Are the services provided through your Student Psychological/Counseling Center?	Does the psychiatrist provide medication evaluation only or medication evaluation and management?	Does the psychiatrist assist with after-hours crisis related to voluntary or involuntary hospitalizations?
Santa Clara University	Yes.	One psychiatrist on staff on a consulting basis.	Five hours per week.	$130	No, but we do charge a no-show fee if they do not keep their appointment and do not notify us. The no-show fee is $60 for a new consult visit and $45 for follow-up visits.	Our health center and counseling centers are housed together in the same facility. His office is on the counseling center side, be he interacts with the Health Center side as well with laboratorty tests, etc.	He provides both medication evaluation and medication evaluation and management.	He does not assist with after-hours crisis situations related to voluntary or involuntary hospitalization.
Scranton, University of	Yes.	None, we use a consulting Psychiatrist that is contracted on an hourly basis	3	$150	No.	Counseling Center	Both.	Not typically, unless the involved student is one of his patients.
Seattle University	Yes.	We have no board certified psychiatrists. We have one 4th year psychiatry resident (in other words, an advanced psychiatry trainee).	6 hours... We are considering increasing this...	$100/hour for the psychiatry resident.	No.	Yes.	Medication evaluation with med managament until individual is adjusted to meds and stable. Then student is referred to psychiatrists in the community. (This limitation to short-term meds management is an accomodation to limited resources, not a philosophical or treatment choice.)	No, due to a very part-time status. However, if the student were already a patient of the psychiatry resident then we would seek to notify and involve him.

University	Does your institution provide psychiatric services for students?	How many psychiatrists do you have on staff?	How many hours per week are provided?	What is the hourly rate for the psychiatrist?	Do students pay a fee for this service?	Are the services provided through your Student Psychological/Counseling Center?	Does the psychiatrist provide medication evaluation only or medication evaluation and management?	Does the psychiatrist assist with after-hours crisis related to voluntary or involuntary hospitalizations?
Spring Hill College	No. We are looking into having a contractual agreement with a provider but only to be used for the most serious cases where we would need someone assessed fairly quickly. Generally, to the overall student body, we would not be offering this service.							
USF	Yes, we contract for four hours/week from Labor Day to Memorial Day.	One.	Four-six (when funded)	($120, far below the outside options which typically charge $200-250)	No.	Yes. The Student Health Center will provide very brief courses (5-7 days) of meds. for anxiety and insomnia.	Med. eval and management but only for clients currently being seen in therapy at CAPS. If someone wants meds. only we refer out as we do not see this as appropriate or adequate. Up until two years ago the psychiatrist would continue to see students throughout the year after session limits had been reached, however, due to the increasing pathology and liability she no longers see clients once their care has been terminated. Some clients chose to come for therapy less often to "stretch out" the psychiatric services.	No.
Xavier University	Yes.	One.	12 hours/month; 1:00 - 5:00 three Fridays/month	$150	It is a covered physician visit paid for with each semester's health & counseling fee on the bursar bill.	Yes.	Medication evaluation and management.	Yes.

2007 January	U. of Portland	Univ of Puget Sound	Holy Cross	Creighton Univ. (Omaha)	Gonzaga Univ	Loyola College (Maryland)	Loyola Marymount	Santa Clara U	St. Joseph's Univ. Phila, PA	Seattle Univ	U. of San Diego	Univ of San Francisco
Enrollment												
Undergraduate	2,800	2,650	2,790	4,200	4,150	3,400	5,500	4,938	4,200	4,160	4,970	5,000
Grad, Law & Professional	600	200		2,300	2,225	3,000	3,100	3,496	2,700	3,120	2,578	2,879
Total Students	3,400	2,850	2,790	6,500	6,375	6,400	8,600	8,434	6900 (6,000 FTE)	7,280	7,548	7,879
Staffing												
Director	Director	Director & Health Counseling	Director	Director	Director	Director/ Asst Vice Pres.	Director	Director & Health Counseling	Director	Director	Director	Executive Director 0.8 FTE
Psychologists (PhD, PsyD)	1.25 FTE	3 FTE	4 FTE	4 FTE	1 FTE	8.5 FTE (excl. Dir.)	9 FTE (includes asst director)	5.5 FTE +.83 FTE	5 FTE (6 indiv)	4.45 FTE	6.5 FTE	4 FTE (5 people, all 11 mos)
Counselors (MA, MFT)	1.66 FTE		hourly substance abuse specialist	1 FTE	2.5 FTE			1 MFT	1 FTE Substance Abuse Specialist			
Counselors (MSW)	1 FTE									.75 FTE		
Psychiatry - Board Certified		3.5 hrs/wk	Hourly	4/hrs. ($150/hr)	Yes, in Health Center	9 hrs/wk	4 hrs / wk ($125)	5 hrs/wk			6 hrs/wk	6 hrs/ wk (9 mos)
Psychiatry – Residents					4 hours/wk (therapy only)*					2 hours/wk		
Trainees												
Post-Doctoral Fellow (pre-license)	1 FTE			2 FTE		2 FTE	2 FTE					.8 FTE 10 mos
Pre-Doctoral Interns		2 FTE	"grad students"				1 FTE	2FTE starts fall 07	1.3 FTE		3 FTE	1.6 FTE 10 mos
Practicum students	0.25 FTE	0.5 FTE		0.75 FTE		2	1 PT			.75 FTE		
Total salaried clinical staff (excluding interns, prac students & psychiatry) ++	3.91 FTE	3 FTE (+ 4 health providers)		4 FTE	3.5 FTE	8.5 FTE	10 FTE	6.33 FTE	6 FTE	5.2 FTE	6.5 FTE	5.6 FTE (includes .8 postdoc)
Support Staff												
Office Manager	1 FTE	1 FTE				1 FTE	1 FTE	1 FTE (w/ back up)				
Admin Asst./ Secretarial	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	0.75 FTE	.5 FTE	from Health Center	0.92 FTE	1 FTE (0.8 +0.2)	1 FTE	1 FTE
Student Wrkrs	yes				yes		Grad asst (20 hrs)	yes		yes	no	yes
Budget												
Salary (w/o benefits)		615,000 (counseling & health- 7 providers)		460,000	223,928		508,795	458,718	368,000	351,510	480,000	385,000
Student Wages				?	2,900		n/a	9,000		5,523		6,156
Operating Budget (w/o Prof'l Dev)		45,000		25,000	3,373	24,000	25,335	14,700	49,000 (incl 11K for alcohol edu software)	22,195 (incl. 9,700 psychiatry)		34,965 (incl. 12,000 pscyhiatry)
Prof'l Dev./ Confs./Travel		8,000		yes, see op. budget	800	10,000	2,750	7,000	6,000	4,000	6,000	4,100
Budget Total				485,000	228,101		536,880	489,418	417,000	383,228	486,000	434,321
Staffing Ratios												
Students per Clinician	870 : 1	950 : 1		1625 : 1	1655 : 1	853:1	860 : 1	1332 : 1	1150:1	1400:1	1161 : 1	1530:1
Clinicians per Support Staff		3.5 : 1		4 : 1	3.5 : 1	4.8 : 1	5: 1	6.33: 1	6 : 1	5.2:1	6.5:1	10 : 1

APPENDIX C

COUNSELING CENTER
OUTCOME QUESTIONNAIRE (OQ-30.1)
RESULTS 2007-08

In the 2007-2008 academic year, the Counseling Center again collected outcome data related to our individual therapy services using the Outcome Questionnaire 30.1 (OQ-30.1), a self-report instrument that tracked client changes throughout the course of treatment. The instrument, administered to clients via palm pilots, provided immediate access to initial and subsequent outcome scores allowing clinicians to appropriately integrate the results into the clinical work.

The items that comprise the OQ 30 address commonly occurring problems and measures symptom severity across a wide variety of disorders. Areas covered include anxiety, depression, work/school functioning, interpersonal relationships, work/school functioning; and overall quality of life.

Intake Data:

Of the students who presented for individual services, 471 or 83% * consented to complete the OQ prior to the first interview. Ninety-four (17%) of the clients seeking individual therapy declined the OQ. Of the 471 students who completed an OQ at intake:

- 268 (57%) produced scores that fell in the "Clinical" range, suggesting that these students were experiencing clinically significant distress
- 203 (43%) produced scores in the "Non-Clinical" or normal range.

Outcome Data:

259 clients (55%) of the 471 clients who were assessed at intake attended 3 or more therapy sessions and completed one or more follow-up administrations of the OQ. Of these 259 students:

- 157 (61%) produced initial scores within the "Clinical" range, with almost one-half (49%) of these clients presenting within the "Severe Clinical," suggesting that their symptom distress (anxiety and/or depression) was impacting, to a greater to lesser degree, these students academic, work, social functioning, and/or overall satisfaction with life.
- 102(39%) of the initial scores reflected "Non-Clinical" or normal functioning.

Outcome Analysis:

Outcome data or comparisons between the initial and final OQ scores of the 259 clients who completed follow-up assessments revealed:

- 79 students (50%) who initially scored in the "Clinical" range met the criteria for "Recovered" upon administration of their final OQ. This represents a *significant increase* (34%) from last year.
- 46 students (18%) demonstrated a "Clinically Significant Improvement", as measured by the OQ-30
- 24 or 9% of the students (same as last year) evidenced a "Deterioration. These clients were flagged and assessed regarding needed interventions, referrals, and/or changes to the treatment plan in order to more adequately address the clinical concerns.
- 110 (42%) evidenced some improvement or remained stable between their first and last assessment.

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* This data excludes students mandated for a substance abuse assessment, *and* who did not continue with individual therapy following their assessment, or obtain individual therapy at another time this academic year.

Review of 2006-07 Recommendations:

Recommendation:	Outcome:
Include comprehensive OQ training in the 2007 orientation for the trainees.	OQ was integrated into the 2007 orientation as a part of the seminar on, "The First Session." Trainees were informed about OQ usefulness as an initial and on-going assessment tool; identifying high risk clients, particularly those exhibiting significant symptoms of anxiety and depression; and guiding treatment interventions and goals. Administrative procedures were also reviewed. However, feedback from the trainees indicated that more time was needed to cover and discuss interpretation and integration of the OQ into on-going treatment, administrative protocol, and accessing a using the OQ website.
All trainees who did not have access to Meeting Maker will have access, in order to effectively communicate and manage follow-up administers of the OQ.	All trainees had access to Meeting Maker, and the average follow-up rate for the trainees the trainees had a higher follow-up rate than the average rage of the CAPS staff members
Integrate the staff and trainees follow-up rates and clinical use of the OQ into their performance evaluations.	Mid-year and final OQ outcome data were integrated into staff performance reviews and trainee evaluations.

Recommendations for 2008-09

OQ data provided a useful means by which supervisors tracked trainee progress and tagged severe cases. Continuing to emphasize with staff members, particularly those who supervise, as well as our new Training Director, of the OQ data usefulness is important.

During the 2008 Trainee Orientation, the Training Director, trainees, and staff, who are underutilizing the OQ, will receive comprehensive OQ training: The training will highlight the usefulness of this instrument in the initial and on-going treatment evaluation and planning, the reliability and validity of the OQ-30.1, interpretation of initial and outcome scores, procedures for addressing cases showing deterioration or at risk for suicidality. In addition, administrative protocol, including how to administer the OQ when the office manager is out and accessing and utilizing the OQ-30 website will be covered.

OQ®-30.1 Name _____ Date ___/___/____

INSTRUCTIONS: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and blacken the oval which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, etc.

	Never	Rarely	Sometimes	Frequently	Almost Always
1. I have trouble falling asleep or staying asleep.	O	O	O	O	O
2. I feel no interest in things.	O	O	O	O	O
3. I feel stressed at work, school or other daily activities.	O	O	O	O	O
4. I blame myself for things.	O	O	O	O	O
5. I am satisfied with my life.	O	O	O	O	O
6. I feel irritated.	O	O	O	O	O
7. I have thoughts of ending my life.	O	O	O	O	O
8. I feel weak.	O	O	O	O	O
9. I find my work/school or other daily activities satisfying.	O	O	O	O	O
10. I feel fearful.	O	O	O	O	O
11. I use alcohol or a drug to get going in the morning.	O	O	O	O	O
12. I feel worthless.	O	O	O	O	O
13. I am concerned about family troubles.	O	O	O	O	O
14. I feel lonely.	O	O	O	O	O
15. I have frequent arguments.	O	O	O	O	O
16. I have difficulty concentrating.	O	O	O	O	O
17. I feel hopeless about the future.	O	O	O	O	O
18. I am a happy person.	O	O	O	O	O
19. Disturbing thoughts come into my mind that I cannot get rid of.	O	O	O	O	O
20. People criticize my drinking (or drug use) (If not applicable, mark "never").	O	O	O	O	O
21. I have an upset stomach.	O	O	O	O	O
22. I am not working/studying as well as I used to.	O	O	O	O	O
23. I have trouble getting along with friends and close acquaintances.	O	O	O	O	O
24. I have trouble at work/school or other daily activities because of drinking or drug use (If not applicable, mark "never").	O	O	O	O	O
25. I feel that something bad is going to happen.	O	O	O	O	O
26. I feel nervous.	O	O	O	O	O
27. I feel that I am not doing well at work/school or in other daily activities.	O	O	O	O	O
28. I feel something is wrong with my mind.	O	O	O	O	O
29. I feel blue.	O	O	O	O	O
30. I am satisfied with my relationships with others.	O	O	O	O	O

OQ®-30.1 Name _____ Date ___/___/___

INSTRUCTIONS: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and blacken the oval which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, etc.

		Never	Rarely	Sometimes	Frequently	Almost Always
1.	I have trouble falling asleep or staying asleep.	O	O	O	O	O
2.	I feel no interest in things.	O	O	O	O	O
3.	I feel stressed at work, school or other daily activities.	O	O	O	O	O
4.	I blame myself for things.	O	O	O	O	O
5.	I am satisfied with my life.	O	O	O	O	O
6.	I feel irritated.	O	O	O	O	O
7.	I have thoughts of ending my life.	O	O	O	O	O
8.	I feel weak.	O	O	O	O	O
9.	I find my work/school or other daily activities satisfying.	O	O	O	O	O
10.	I feel fearful.	O	O	O	O	O
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12.	I feel worthless.	O	O	O	O	O
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16.	I have difficulty concentrating.	O	O	O	O	O
17.	I feel hopeless about the future.	O	O	O	O	O
18.	I am a happy person.	O	O	O	O	O
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26.	I feel nervous.	O	O	O	O	O
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28.	I feel something is wrong with my mind.	O	O	O	O	O
29.	I feel blue.	O	O	O	O	O
30.	I am satisfied with my relationships with others.	O	O	O	O	O

Counseling and Psychological Service
Student Experience Survey

1. I met with the following **counselor** :_____

2. **How many times did you meet with a counselor?** (please circle)

   1-2 times 3-6 times 7-9 times 10 or more times

3. **Indicate your level of agreement with the following statements about the counseling you received**: (please check)

	strongly agree	**agree**	**neutral**	**disagree**	**strongly disagree**	**N/A**
The counselor protected my confidentiality						
The counselor was open and interested in me						
The counselor was competent and knowledgeable						
The counselor was sensitive to my cultural and individual differences						
Counseling helped me to better understand myself						
Counseling helped me resolve issues interfering with my academic performance						
Counseling impacted my decision to remain at USF						

4. **Counseling Services helped me take better care of myself by** (check all that apply):

	maintaining good sleep habits		Other (please list)
	managing stress		
	exercising more		
	managing time better		
	eating better		
	using less alcohol or other drugs		

5. **Counseling Services helped me improve my relationships with others by** (check all that apply):

	communicating better	Other (please list):
	being more assertive	
	managing my anger more effectively	
	feeling better about myself	

6. **As a result of counseling, I gained a greater understanding of my identity as it relates to my** (check all that apply):

	ethnicity		religion / spirituality
	gender		sexual orientation
	race		physical ability
	social class		family
Other:			

7. **Specific change(s) I have made as a result of counseling:**

8. **Please rate your overall SATISFACTION with the following counseling center services and resources** (please check)

	very satisfied	**somewhat satisfied**	**neutral**	**somewhat dissatisfied**	**very dissatisfied**	**N/A**
individual therapy						
group counseling						
mandated substance abuse intervention						
psychiatry / medication						
front office staff						
counseling center website						
online assessments						

8. **Additional comments about your experiences with the Counseling Center:**

Counseling Center Student Experience Survey 07-08

1. I met with the following counselor:

	Response Percent	Response Count
Sarah Brown David, Ph.D.	5.4%	5
Randall Cockshott, Ph.D.	2.2%	2
Janet Elliott, M.A.	6.5%	6
Turi Honegger, Ph.D.	14.1%	13
Kristopher Lichtanski, Ph.D.	4.3%	4
Al Meza, Ed.D	9.8%	9
Tanya Russell, Ph.D.	3.3%	3
Barbara Thomas, Ph.D.	4.3%	4
Bau Vang, M.A.	17.4%	16
Vida Wong, M.A.	5.4%	5
Peggy Yang, Ph.D.	8.7%	8
Molly Zook, Psy.D.	**18.5%**	17
	answered question	**92**
	skipped question	**0**

2. How many times did you meet with a counselor?

	Response Percent	Response Count
1-2 times	22.8%	21
3-6 times	**44.6%**	41
7-9 times	17.4%	16
10 or more times	15.2%	14
	answered question	**92**
	skipped question	**0**

3. Indicate your level of agreement with the following statements about the counseling you received:

	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree	N/A	Rating Average	Response Count
The counselor protected my confidentiality	**90.1% (82)**	7.7% (7)	1.1% (1)	0.0% (0)	0.0% (0)	1.1% (1)	1.10	91
The counselor was interested in me	**84.8% (78)**	14.1% (13)	1.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.16	92
The counselor was knowledgeable	**72.8% (67)**	25.0% (23)	2.2% (2)	0.0% (0)	0.0% (0)	0.0% (0)	1.29	92
The counselor was sensitive to my spiritual/religious background	**62.0% (57)**	8.7% (8)	4.3% (4)	0.0% (0)	0.0% (0)	25.0% (23)	1.23	92
The counselor was sensitive to my cultural and individual differences	**76.1% (70)**	14.1% (13)	4.3% (4)	0.0% (0)	0.0% (0)	5.4% (5)	1.24	92
Counseling helped me understand my values	**44.6% (41)**	29.3% (27)	14.1% (13)	1.1% (1)	0.0% (0)	10.9% (10)	1.68	92
Counseling helped me resolve issues that were interfering with my optimal academic performance	**39.1% (36)**	37.0% (34)	7.6% (7)	2.2% (2)	0.0% (0)	14.1% (13)	1.68	92
						answered question		**92**
						skipped question		**0**

4. Counseling helped me take better care of myself by:

	Response Percent	Response Count
maintaining good sleep habits	29.5%	26
eating better	15.9%	14
managing stress	**75.0%**	66
using less alcohol or other drugs	18.2%	16
exercising more	20.5%	18
managing time better	23.9%	21
Other (please list)	27.3%	24
answered question		**88**
skipped question		**4**

5. Counseling helped me improve my relationships with others by:

	Response Percent	Response Count
communicating better	57.8%	48
being more assertive	38.6%	32
managing my anger more effectively	20.5%	17
feeling better about myself	**71.1%**	59
Other (please list)	6.0%	5
answered question		**83**
skipped question		**9**

6. As a result of counseling, I gained a greater understanding of my cultural identity as it relates to my:

	Response Percent	Response Count
ethnicity	7.7%	5
religion	3.1%	2
gender	13.8%	9
sexual orientation	4.6%	3
race	6.2%	4
physical ability	10.8%	7
social class	4.6%	3
family	**66.2%**	43
Other (please list)	29.2%	19
	answered question	**65**
	skipped question	**27**

7. Please rate your overall SATISFACTION with the following counseling center services and resources

	very satisfied	somewhat satisfied	neutral	somewhat dissatisfied	very dissatisfied	N/A	Rating Average	Respor Coun
individual therapy	**70.5% (62)**	23.9% (21)	0.0% (0)	0.0% (0)	0.0% (0)	5.7% (5)	1.25	
group counseling	2.7% (2)	2.7% (2)	2.7% (2)	0.0% (0)	0.0% (0)	**92.0% (69)**	2.00	
substance abuse specialist	1.3% (1)	2.7% (2)	1.3% (1)	0.0% (0)	0.0% (0)	**94.7% (71)**	2.00	
psychiatry / medication	9.3% (7)	5.3% (4)	4.0% (3)	0.0% (0)	0.0% (0)	**81.3% (61)**	1.71	
front office staff	**77.6% (66)**	17.6% (15)	0.0% (0)	0.0% (0)	1.2% (1)	3.5% (3)	1.23	
counseling center website	8.9% (7)	16.5% (13)	7.6% (6)	1.3% (1)	1.3% (1)	**64.6% (51)**	2.14	
online assessments	9.1% (7)	6.5% (5)	7.8% (6)	1.3% (1)	0.0% (0)	**75.3% (58)**	2.05	
						answered question		
						skipped question		

8. Additional comments about your experiences with the Counseling Center:

	Response Count
	28
answered question	**28**
skipped question	**64**

Counseling Center Financial Profile

Unrestricted

			2005				2006				2007				2008
			Final Close				Final Close				Final Close				March Close
Organization	Description	Category	Avail Budget	YTD Activity	Variance	% Variance	Avail Budget	YTD Activity	Variance	% Variance	Avail Budget	YTD Activity	Variance	% Variance	Avail Budget
624001	Counseling Center	65 - Staff	358,851	377,392	(18,541)	-5.2%	375,091	364,996	10,095	2.7%	388,457	382,249	6,208	1.6%	457,877
		68 - Student Staff	9,707	3,946	5,761	59.3%	1,477	1,828	(351)	-23.8%	6,156	5,111	1,045	17.0%	6,402
		69 - Benefits	113,425	116,150	(4,725)	-4.2%	119,602	116,070	3,532	3.0%	125,768	113,946	11,822	9.4%	150,796
		71 - General Operating	40,615	38,199	2,416	5.9%	45,930	40,620	5,310	11.6%	40,369	37,579	2,790	6.9%	39,620
		79 - Capital & Depreciation Expense	0	0	0	NA	0	0	0	NA	0	0	0	NA	0
Expense Total			522,598	537,687	(15,089)	-2.9%	542,100	523,514	18,586	3.4%	560,750	538,885	21,865	3.9%	654,695
		On Campus Student HC^	7,487				7,712				7,916				8,060
		Ratio: Expense Total / OCHC	69.80				70.29				70.84				81.23
		Traditional Student HC*	4,283				4,453				4,790				4,869
		Ratio: Expense Total / TSHC	122.02				121.74				117.07				134.46

Year to Year Unit Change

			2005			2006			2007			2008
			Final Close			Final Close			Final Close			March Close
Organization	Description	Category	Avail Budget	YTD Activity		Avail Budget	YTD Activity		Avail Budget	YTD Activity		Avail Budget
624001	Counseling Center	65 - Staff	7,806	37,268		16,240	(12,396)		13,366	17,253		69,420
		68 - Student Staff	4,532	(177)		(8,230)	(2,118)		4,679	3,283		246
		69 - Benefits	4,455	13,581		6,177	(2,080)		6,166	(2,124)		25,028
		71 - General Operating	(726)	(2,490)		5,315	2,421		(5,561)	(3,041)		(749)
		79 - Capital & Depreciation Expense	0	0		0	0		0	0		0
Expense Total			16,067	48,182		19,502	(14,173)		18,650	15,371		93,945
		On Campus Student HC	268			225			204			144
		Ratio: Expense Total / OCHC	(0.37)			0.49			0.54			10.39
		Traditional Student HC	252			170			337			79
		Ratio: Expense Total / TSHC	(3.64)			(0.28)			(4.67)			17.40

Year to Year % Change

			2005			2006			2007			2008
			Final Close			Final Close			Final Close			March Close
Organization	Description	Category	Avail Budget	YTD Activity		Avail Budget	YTD Activity		Avail Budget	YTD Activity		Avail Budget
624001	Counseling Center	65 - Staff	2.2%	11.0%		4.5%	-3.3%		3.6%	4.7%		17.9%
		68 - Student Staff	87.6%	-4.3%		-84.8%	-53.7%		316.8%	179.6%		4.0%
		69 - Benefits	4.1%	13.0%		5.4%	-1.8%		5.2%	-1.8%		19.9%
		71 - General Operating	-1.8%	-6.1%		13.1%	6.3%		-12.1%	-7.5%		-1.9%
		79 - Capital & Depreciation Expense	NA	NA		NA	NA		NA	NA		NA
Expense Total			3.2%	9.8%		3.7%	-2.6%		3.4%	2.9%		16.8%
		On Campus Student HC	3.7%			3.0%			2.6%			1.8%
		Ratio: Expense Total / OCHC	-0.5%			0.7%			0.8%			14.7%
		Traditional Student HC	6.3%			4.0%			7.6%			1.6%
		Ratio: Expense Total / TSHC	-2.9%			-0.2%			-3.8%			14.9%

Source: EP_07S_SPR_Rev_1_1.xls, Updated 2/22/08

^ FY04-FY08 On campus Student HC includes all students in the fall semester; Education & CPS off-campus excluded

* FY04-FY08 Traditional Student HC includes undergraduate students for A&S, Business, and Nursing

Counseling Center Financial Profile

Unrestricted

			2005				2006				2007				2008
			Final Close				Final Close				Final Close				March Close
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		79 - Capital & Depreciation Expense	0	0	0	NA	0	0	0	NA	0	0	0	NA	0
Expense Total			**522,598**	**537,687**	**(15,089)**	**-2.9%**	**542,100**	**523,514**	**18,586**	**3.4%**	**560,750**	**538,885**	**21,865**	**3.9%**	**654,695**
		On Campus Student HC^	**7,487**				**7,712**				**7,916**				8,060
		Ratio: Expense Total / OCHC	**69.80**				**70.29**				**70.84**				81.23
		Traditional Student HC*	**4,283**				**4,453**				**4,790**				4,869
		Ratio: Expense Total / TSHC	**122.02**				**121.74**				**117.07**				134.46

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		71 - General Operating	(726)	(2,490)		5,315	2,421		(5,561)	(3,041)		(749)
		79 - Capital & Depreciation Expense	0	0		0	0		0	0		0
Expense Total			**16,067**	**48,182**		**19,502**	**(14,173)**		**18,650**	**15,371**		**93,945**
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		Ratio: Expense Total / OCHC	**(0.37)**			**0.49**			**0.54**			10.39
		Traditional Student HC	**252**			**170**			**337**			79
		Ratio: Expense Total / TSHC	**(3.64)**			**(0.28)**			**(4.67)**			17.40

Year to Year % Change

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		71 - General Operating	-1.8%	-6.1%		13.1%	6.3%		-12.1%	-7.5%		-1.9%
		79 - Capital & Depreciation Expense	NA	NA		NA	NA		NA	NA		NA
Expense Total			**3.2%**	**9.8%**		**3.7%**	**-2.6%**		**3.4%**	**2.9%**		**16.8%**
		On Campus Student HC	**3.7%**			**3.0%**			**2.6%**			1.8%
		Ratio: Expense Total / OCHC	**-0.5%**			**0.7%**			**0.8%**			14.7%
		Traditional Student HC	**6.3%**			**4.0%**			**7.6%**			1.6%
		Ratio: Expense Total / TSHC	**-2.9%**			**-0.2%**			**-3.8%**			14.9%

Source: EP_07S_SPR_Rev_1_1.xls, Updated 2/22/08

^ FY04-FY08 On campus Student HC includes all students in the fall semester; Education & CPS off-campus excluded

* FY04-FY08 Traditional Student HC includes undergraduate students for A&S, Business, and Nursing

International Association of Counseling Services, Inc.
Site Visit, May 19 -- 20, 2008
University of San Francisco (USF)
Counseling and Psychological Services (CAPS)

INTRODUCTION

The IACS reaccreditation field visit was conducted by Dr. Jon Hageseth on May 19 – 20, 2008. The USF Counseling and Psychological Services center received reaccredidation in November 1999 after a field visit and was re-evaluated in 2004 after a Board review of materials

The Director of CAPS is Dr. Barbara Thomas who has been at the center since 1990. Recently, she was promoted to the title of Executive Director. Dr Thomas reports directly to the Dean of Students and Associate Vice President of University Life

Initially, Dr. Hageseth met with Dr. Thomas to review the schedule. Dr. Hageseth had prepared a summary of the first board review concerns which he shared with the Director. This gave the Director an opportunity to specifically address each of the potential problems/lack of information concerns cited by the first board reviewers.

The field visitor met with several groups of individuals during the two-day visit. This included representatives from Health Promotion Services, Residence Life, Judicial Affairs, Student Leadership and Engagement, Career Services, Public Safety, International Student Services, University Ministry, Recreational Services, Student Disability Services, and the Learning Center. Meetings were scheduled with the senior staff, interns, office staff, Dean of Students and the Vice President. A copy of the field visit schedule is attached to this report.

At the conclusion of the visit, Dr. Hageseth reviewed his preliminary findings with the staff and Director. Throughout the visit all staff were very cooperative and accommodating, forthright in their comments, and expressed their support for the Counseling and Psychological Services center.

A. RELATIONSHIP TO THE UNIVERSITY COMMUNITY

Center Independence/Neutrality

The comprehensive mission of CAPS is clearly in support of the mission of University Life and the broader mission of the University. The CAPS services are viewed as a respected and valued contributor to the success of students. The first board reviewers questioned the neutrality of the services since the center conducts mandated assessments and may have been involved in "sanction designs". The interviewer determined that there are no administrative links to any disciplinary sanctions. The center~~, primarily one individual~~, does conduct mandated alcohol assessments using the BASICS model. This is in compliance with the forthcoming changes to the IACS guidelines which state

> "While the relationship of the counseling service to other units within the institution will vary according to organizational structure and individual campus needs, it is critically important that the service be administratively neutral. Centers may provide mandatory assessment and other consultations to campus units, but must not make admissions, disciplinary, curricular or other administrative decisions involving students." (Email Communication from Nancy Roncketti, 4/22/08)

Students who are referred for an assessment are also subject to separate disciplinary sanctions which are determined and monitored by the Office of Judicial Affairs. Neither the Director of CAPS nor members of CAPS is involved in designing or administering any sanction. The comment regarding "sanction design" in the Application for Accreditation referred to consulting that Dr. Thomas did as the office of Judicial Affairs set up the program for mandated assessments and disciplinary sanctions.

Role in Student Affairs/Linkages/Networks

The programs and staff of the Counseling Services appear to have several strong connections within the Division and the University. The reviewer met with representatives who enthusiastically described the valuable relationships with the Counseling Services. The Vice President for University Life and the Dean of Students echoed this theme. The staff and Director articulated several examples of these networks including positive relationships with various campus offices. Every office representative praised the CAPS staff for their networking, collaboration, and campus involvement.

Relationship with Chief Student Affairs Officer

The field visitor met with Dr. Margaret Higgins, the Vice President for University Life. She has worked closely with Dr Thomas and believes that CAPS is "absolutely integral" to the campus. The Director actually reports to Dr. Wardell, who has been in the position of Associate Vice President and Dean of Students since January, 2008. Dr. Wardell meets bi-monthly with Dr. Thomas, and the Dr. Thomas serves on the Dean's wellness team which meets monthly, the Vice President's University Leadership team which meets monthly, and the Crisis Response Team which meets weekly. Drs. Higgins, Wardell, and Thomas agree that the Director does have very good access to the Chief Student Affairs Officer which is maintained by the formal organizational structure and facilitated by the informal culture within University Life. Overall, the relationship between the Vice President and CAPS appears to be very strong.

B. COUNSELING SERVICES ROLES AND FUNCTIONS

Required Program Functions

The CAPS mission includes the provision of direct counseling and psychotherapy services, prevention and educational services, and consultation to the campus community. All the required components are present according to IACS standards.

A decision was made to change the name of the Counseling Center to the Counseling and Psychological Services Center and this change was implemented in the spring of 2008. This new title more accurately reflects the psychological nature of services that are designed to address mental health issues. The CAPS has been converting brochures, stationary, flyers, etc. during this past semester. **With the change it is recommended that the USF WebPages be reviewed to insure that the term "Counseling" is not used in other titles/offices which may lead to confusion for the students.**

1. Individual and Group Counseling/Psychotherapy

CAPS provides brief individual, group, and couples counseling. Primarily the center works with students who have personal and emotional concerns, academic concerns relating to test anxiety, and the occasional career client who experiences personal roadblocks that are interfering with his/her ability to make decisions about a major and career. The center has a session limit of 12 sessions per academic year with up to 12 additional sessions available during the summer. Students make appointments over the phone or in person and are assigned to the first available time that is compatible with the student's schedule. Students must be enrolled to make use of the services and the offices hours are typically 8:30 am to 5:00 pm. Occasionally, students are seen after hours, but this is by special arrangement. Generally, the student continues to see the person conducting the intake session, although in-house referrals are not uncommon. Faculty and staff are seen for up to two sessions for assistance in seeking an off campus referral.
The CAPS puts time and effort into group counseling, but like many centers the results are limited. The Application for Accreditation lists 4 groups – Body Image, Women's Support, Alternative Sexuality, and Multiracial Heritage – that accounted for 47 sessions.
It is recommended that the CAPS look at additional ways to publicize the availability of the group offerings perhaps through the use of campus emails.

Counseling staff and interns do not routinely use formal psychological tests in their intake procedures, preferring to use the Beck Screening Instruments for their clinical utility. Students in need of more formal diagnostic procedures are referred to one of the off campus resources. The CAPS does employ various online screenings through Screenings for Mental Health which is a company that provides feedback and referral information for students.

The CAPS has the services of a psychiatrist who works in the center on a part time basis. The psychiatrist has been providing services for the past 6 years and currently is available to students up to 6 hours weekly. There is no charge to the students for psychiatric appointments. The psychiatrist only takes referrals from CAPS staff and a student must be attending regular counseling sessions to qualify for psychiatric assistance. The psychiatrist is also able to help students who need off-campus psychiatric referrals. This is a wonderful resource for CAPS staff and USF students.

2. Crisis Intervention and Emergency

The CAPS seems to provide adequate crisis intervention and emergency services. Students who appear at the center in crisis or students who are being referred during the day as a crisis

are seen by a therapist in a timely fashion. The staff does not set aside any identified crisis hours or walk-in times, but they do an outstanding job accommodating students in need of crisis interventions. All the campus office representatives indicated that the CAPS responded in an excellent and professional manner when the offices needed to make an immediate referral or ask for consultative help regarding an urgent situation.

The staff rotate being on call and carry a designated cell phone that various agencies can use after hours. This seems to work quite well. The Residence Hall staff is trained to utilize the community resources so the CAPS staff is contacted fairly infrequently. In general, the staff received very positive reviews for their work during campus tragedies and with people who may have suffered from PTSD resulting from these incidents.

A major component of the crisis management procedure at USF is centered on a Crisis Response Team. This team meets weekly and the Director of CAPS is a core member. The team has been in existence since 2002 and staffs cases, conducts table top exercises, and is actively involved in policy development and implementation. Dr. Thomas is a valued member of the team and is able to negotiate the balance between confidentiality and campus safety quite well.

3. Outreach Interventions

The Counseling and Psychological Services staff reaches out to numerous campus constituencies to inform the campus of its services and programs. The outreach efforts are primarily informational and educational and cover a large spectrum of topics. The list of outreach presentations noted in the Application for Accreditation is quite extensive. The application cited 88 presentations on a variety of topics, which is quite noteworthy for the staff. The staff are also to be commended for their efforts in providing outreach services for marginalized students by participating in orientation activities, leading support groups, and providing leadership for the division's efforts to enhance the multicultural competency of students and staff.

4. Consultation Interventions

The clinical expertise of the CAPS staff is highly respected and recognized by the various offices and people that were interviewed during the field visit. The CAPS staff are members of several University committees and are "infused" throughout the campus. For example, the consultations include discussions of difficult students who are assigned to Recreational Sports and Residence Life, talking with staff from Judicial Affairs and Public Safety, and regularly scheduled case staffing meetings between CAPS staff and the offices of Career Services and Student Disability Services. These consultations are conducted within the bounds of confidentiality.

5. Referral Resources

Frequently, the CAPS staff makes campus referrals to the offices of Health Promotion, Student Disability, the Learning Center, and University Ministry. The referral process is

reciprocal and seems to be functioning quite well. Additionally, there are a number of referral resources available to students in the San Francisco area. This does not necessarily imply that the resources are easily accessible and low cost. The University does require all students to have health insurance (hard waiver) so this enables the students to receive services off campus using this insurance option. The CAPS has developed a list of low fee referral options which is updated annually. The referral process is time consuming and the need for this service is increasing.

6. Research

The first board reviewers noted this as a concern. The center collects and publishes data, creates quantitative and qualitative reports for campus dissemination, but does not engage in the typical kind of scholarly activities that might be a part of the duties of a counseling center staff who also hold faculty rank. The staff is very involved in outreach and this usually requires a significant amount of literature review to prepare for the presentation. **This reviewer determined that the level and scope of research is in compliance with IACS guidelines.**

7. Program Evaluation

The CAPS conducts regular evaluations. The staff uses the OQ 30.1 as an outcome measure for clients. The OQ is administered via PDAs multiple times, e.g. at the 1st, 3rd, 5th, etc. sessions. A Student Experience Survey is administered during a two week period in the fall and spring semester. The CAPS was involved in a recent CAS assessment and the findings were generally quite positive and constructive. The center also has a system set up to assess progress on three student learning outcomes. This data is compiled and shared with staff and the campus community.

8. Training

The CAPS staff provides excellent professional development and in-service training for its staff, University Life colleagues, and interns. In particular, the staff is involved in training with the Residence Life, helping the residence hall staff identify, respond, and make referrals for mental health issues. The CAPS staff is to be complimented for their weekly training seminars on multicultural topics along with their weekly in-service training meetings which focus more on clinical issues.

Professional development opportunities are available for staff in the region, but like all centers, the funds are limited. Given the increasing severity of mental health issues it is important that more funds be made available to help staff maintain there professional competencies

The CAPS does serve as a training site and partners with the California Psychology Internship Council to recruit the pre-doctoral interns and post-doctoral fellows. The center does not provide training for master's level students. The interns and post-doctoral fellows are a vital

component of the direct services mission. These trainees provide counseling services up to 40% of the CAPS caseload which led the first board reviewers to express concern about the case assignment process. Currently, the trainees are assigned clients based on the same "first opening" procedure used by all staff. Without a more formal intake and referral system the assignment of cases based on competency is difficult. **It is recommended that CAPS devise a procedure to match clients with interns based on the trainees' level of competence and expertise. This may include a revision of the intake system or may include a more graduated training format that will insure that the interns are ready to provide services that are commensurate with their skills and abilities.** This reviewer did determine that the supervision and training activities provided for the interns was outstanding, but there is a need to move forward with a more formalized case assignment plan.

C. ETHICAL STANDARDS

1. Staff Training

The support staff is very well trained, accurate in their work, dedicated to working as a team, and highly trained in the policies and procedures regarding confidentiality and office practices

2. Policy – Confidentiality

The CAPS maintains very high professional and ethical standards. These standards are displayed on their Webpage and discussed with the client during the assessment. A review of the records revealed that all the clients had read and initialed the "Counseling Center Rights and Responsibility" document. A first board review concern was noted regarding confidentiality and student workers. This is a problem and will be discussed in more detail in D-6.

3. Policy – Imminent Danger

This information is also covered in the informed consent document mentioned previously. The statement is quite comprehensive and covers instances of self-harm, threats of harm to others, and situations of abuse/neglect of children and/or the elderly. The staff follows the mandates set forth in the California statues that apply to self harm and imminent danger.

4. Testing

The Counseling Services abides by the required standards for the use of psychological tests The First Review readers questioned the use of psychological tests noting that the professional staff used psychological testing infrequently. The field reviewer raised this question with the senior staff. The staff views this as a matter of clinical judgment and was quite united in their belief that psychological testing is a matter of clinical choice while noting that there were off campus resources available when the student needed more formal diagnostic workups.

5. Research

Basic research, other than the use of the OQ 30.1, is not conducted by the staff. Any requests for research would be reviewed by the CAPS staff and comply with University IRB standards. The OQ 30.1 is administered with informed client consent and these results are reviewed annually

6. Case Records

The CAPS maintains paper files for their clinical records. The records are stored in a central location, are the property of the center, and comply with professional standards.

The elements of their case record include a Personal Information Form, a signed copy of the Client Rights and Responsibilities form, Initial Interview form which includes the client demographics, presenting problem, reported symptoms, interview behavior checklist, current life situation, history, OQ scores, suicidal information, other critical factors, diagnostic impressions, motivation for change, case formulation, treatment plan, and referral information. The case records may also contain psychiatric information and a consent form related to intern supervision. Each record contains progress notes, termination summary, and other documents that may be related to the treatment.

The field visitor reviewed 28 case records that sampled all senior and trainee staff including records that had been closed. In general, the records were quite good and in compliance with IACS standards. **It is recommended that a chart review process be considered as a way to increase the quality of the records even higher and insure greater consistency among the staff.**

It should be noted that the CAPS has plans to convert to the Titanium electronic records system late summer. This will provide an opportunity for the staff to discuss the contents of the records as they develop templates and forms.

7 Disposition of Records

The records are shredded after 7 years except the Termination Summary which is kept for 12 years

8. Access to Records

All written records are kept in locked filing cabinets which are only accessed by authorized staff. The professional staff is responsible for the pulling and filing of charts on a daily basis. A proper "Consent for Release of Confidential Information Form" is used for all releases. As noted in the Application for Accreditation, the records are not released to agencies who are conducting background checks for employment or security purposes, unless the release is court mandated.

9. Staff Awareness of Obligations and Limitations

All senior staff, interns, and support staff were knowledgeable regarding relevant state and federal statutes. The confidentiality portions of the policy manual are reviewed annually and staff discussions regarding the statutes occur quite frequently. California statutes mandate six hours of ethics training every two years.

10. Technology

a) Case records are not kept on the computer. Some client data is entered into File Maker Pro for the annual report. This data is encrypted and password protected and is not networked to any external system. The OQ 30.1 is scored electronically, but the results are not kept beyond one year. The first board reviews did raise concerns about the technology statement in the informed consent. **It is recommended that the informed consent form be updated to detail the use of electronic data storage more fully.**

b) Email correspondence is not used with clients. **It is recommended that a statement about the use of email be included in the confidentiality link on the CAPS Webpage.**

c) The first board reviewers indicated a best practice of calling the intended party who will be receiving a fax. **It is recommended that this practice be implemented for the use of faxed documents.**

d) The first board reviewer also raised a question about the use of cell phones. The staff does use a cell phone as part of the emergency call rotation. Only authorized campus personnel have access to this phone number, e.g. Public Safety, and the situations most often fall into the category of danger to self or others. The use of a cell phone in this situation is in compliance with IACS guidelines.

D. COUNSELING SERVICE PERSONNEL

1. Professional Staff Degree Level and Type of Training

The CAPS counseling staff has the required experience and degrees in appropriate disciplines. The disciplines include counseling and clinical psychology, education, and social work. The staff has access to appropriate consultative assistance in the areas of physical health, legal/ethical issues, substance abuse, multicultural issues, and disabilities.
The CAPS staff has been cited for their strong commitment to diversity and conducts regular trainings on issues related to multicultural competency. The staff and interns are racially and gender diverse, but there is only one permanent member of the senior staff who is male. Diversity balance among the staff is to some extent dependent on the pre-doctoral interns and post doctoral fellows

2. Professional Status

The University has a traditional academic orientation that affords more recognition to faculty. Generally, the CAPS staff has "parallel" rights and privileges compared to faculty, but they do not have tenured positions nor do they have the opportunity for sabbaticals.

3. Director

The current Director of Counseling Services is Dr. Barbara Thomas. Recently, her position title was upgraded to the title of Executive Director to reflect her increased level of responsibilities within the division and campus. She obtained her doctorate in 1982, her California license in 1987, and began her career at the University of San Francisco in 1990 at CAPS. Her duties include planning, organizing and directing the full range of counseling services. She has budget authority for the Center and work close with the Vice President for Student Life and the Associate Vice President and Dean of Students. The director also coordinates services with academic and University Life departments; develops procedures for service delivery; hires, supervises, trains and evaluates the counseling staff; and provides supervision for the pre-doctoral and post doctoral interns. Dr. Thomas is broadly respected by the University community and received noteworthy praise from a variety of individuals who met with the reviewer.

4. Professional Staff

All the professional staff of Counseling Services has terminal degrees in psychology and all but Dr. Yang is licensed in the State of California. Dr. Yang will receive her licensure when she completes her post-doctoral supervision requirements. The staff meets the qualifications and competencies required for working in a university counseling center based on their education, training and experience. The staff duties include providing individual and group counseling/psychotherapy as well as consultation and outreach services to the campus community. The staff also provides supervision to post-doctoral fellows and pre-doctoral interns. The staff has 11 month part time contracts ranging from a .70 appointment to a full time 11 month appointment. The compensation is equivalent to other private institutions, but is lower in comparison with the State institutions. The hourly fee for psychiatric services is low and the Director plans to increase this rate next year. Currently, the Center employs two temporary half time positions to backfill the open training director position which will be filled in the fall

The CAPS staff has been cited for their strong commitment to diversity and conducts regular trainings on issues related to multicultural competency. The staff and interns are racially and gender diverse, but there is only one permanent member of the senior staff who is male. Diversity balance among the staff is to some extent dependent on the pre-doctoral interns and post doctoral fellows

The CAPS staff are all very professional and highly credentialed and it would seem beneficial to have this information more readily apparent to USF students, staff, faculty, and parents

who might be viewing the Webpage. **It is recommended that staff post their professional profiles and pictures on the CAPS Webpage.**

Throughout the visit the reviewer heard comments from colleagues outside of CAPS that attested to the competence, professionalism, and helpfulness of the staff. The staff is commended for their efforts to represent the Center in such an exemplary manner. Their internal relationships seem quite collegial and the Center's climate can be characterized as respectful and supportive.

5 Trainees

The CAPS has a well-deserved reputation as a high quality training site, despite the low training stipend. Currently, CAPS has one post-doctoral fellow and four pre-doctoral interns who are supervised by the licensed professional staff.

The scope of services provided and content of training for both the pre-doctoral interns and post-doctoral fellow is identical except that the post-doctoral fellow serves in the emergency on-call rotation. Each trainee has a primary and secondary supervisor. They receive weekly individual supervision, group supervision, multicultural training, and participate in case conference discussions. The trainees use audiotapes to aid with their supervision. **It is recommended that the CAPS pursue the idea of installing digital video as a supplement for their training program.**

The trainees provide up to 40 percent of the direct services in the Center which raised a concern by the first board reviewers about the adequacy of the case assignment process. The current practice is to assign clients to a counselor, including trainees, based on the first available appointment. As noted previously, this does raise questions about the client - trainee matching process. Once again, it is recommended that the CAPS develop a plan to improve this training function.

In general, this is a fine training program and the interns indicated that they felt like the senior staff was very concerned about their professional development. **It is recommended that the CAPS continue to advocate for an increased intern stipend to keep pace with other training program competitors.**

6. Support Staff

The field reviewer met the one office support person who works at the front desk. The person, Pat Toney, appears well trained in the policies, procedures, and confidentiality standards that protect the clients' privacy. Her duties include managing the intake system, monitoring the schedule, budgeting, payroll, preparing reports, office management, supervision of the two students, entering client data, and coordinating the PDA distribution of the OQ system. Pat is to be highly commended for her ability to multitask in a demanding environment. **In the opinion of this reviewer there is not adequate office support for the CAPS and it is recommended that a funding proposal be developed to hire additional administrative**

staff, which would also eliminate the current practice of using student workers at the front desk.

The CAPS does rely on help from two students who are supervised by the office manager. The students enter client demographic data, make campus deliveries, answer phones, type correspondence, and schedule clients. The students are well versed in privacy issues and sign confidentiality statements. The work of the students is vital to the Center because the office staff duties exceed the capabilities of one person, even when this person is highly talented and dedicated. As the first board reviewers noted, the practice of using students to schedule clients, type correspondence, and enter demographic data electronically is not in compliance with IACS standards. **It is recommended that the use of student workers in these capacities be discontinued.**

E. RELATED GUIDELINES

1. Professional Development

On average $700 in professional development funds are provided annually for each staff member. Most of the professional development conferences and workshops are held in the San Francisco area or the State of California. The staff does an excellent job of convening weekly in-service meetings, multicultural trainings, and case conference discussions. The list of topics is extensive and impressive.

2. Staffing Practices

The CAPS has just completed a search for their new training director and the person will begin working this fall. The two temporary counselors have been providing services to students to backfill the vacancy. The current staff is diverse and new hires and intern selections are made with the goal of expanding the diversity representation within the Counseling and Psychological Services center.

3. Size of Staff

With the hiring of the new training director CAPS will once again have five professional staff. Since the staff has part time 11 month contracts the FTE will be closer to 4.5 which put the staffing ratio at 1 to 1800. This ratio is below the minimum IACS recommendation and is the major reason the CAPS has relied on temporary staff and interns to fulfill the direct service mission. Currently, each staff member engages in direct service, supervision, consultation, limited research, training, outreach, and campus involvement which constitutes an array of activities that makes CAPS a valuable member of the campus community. To continue with this comprehensive mission it seems likely that the CAPS will need an additional staff member in the not too distant future. **It is recommended that the CAPS develop a strategic plan to hire an additional staff member who would further complement the skills and diversity of the current staff configuration.**

4. Workload

Currently the staff devotes 50 percent of their collective effort to direct service which does not exceed IACS guidelines. Their overall workload appears to be well balanced. This balance, however, has been contingent on the use of temporary staff and several interns. The staff are very well connected and involved on campus. Increasing their workload might jeopardize their ability to maintain their high levels of consultation, outreach, education and prevention activities, and University service

5. Compensation

Licensed staff members are compensated at a level comparable to staff at other private institutions. The compensation for the psychiatrist seems to be well below community rates. The interns receive stipends, but the amounts are below the level of compensation for APA approved centers.

6 Physical Facilities

The CAPS is centrally located on the first floor of Gillson Hall, a residence hall for students. The facility is accessible, separate from the administrative offices and has a central reception area. The waiting room is nicely furnished and seems to offer a welcoming atmosphere. The files are centralized and maintained under lock and key. The CAPS has a testing room, small library, and equipment for audio-taping sessions. The addition of a digital video system would further enhance the quality of the training program.

Each office has a computer and the staff print to a networked printer and has access to a copier and a fax machine. The soundproofing is inadequate and seems more apparent since this is a "cozy" facility. The uses white noise machines and background music to muffle conversations, but more soundproofing is needed. **It is recommended that the steps be taken to augment the soundproofing characteristics of the facility.**

7. Multiple Counseling Centers

Not applicable

F. SPECIAL CONCERNS - Not Applicable

Summary of Recommendations

- **It is recommended that the steps be taken to augment the soundproofing characteristics of the facility.**

- **It is recommended that CAPS investigate the use of digital video to enhance their training program.**

- **It is recommended that the CAPS look at additional ways to publicize the availability of the group offerings perhaps through the use of campus emails.**

- **It is recommended that the CAPS develop a strategic plan to hire an additional staff member who would further complement the skills and diversity of the current staff configuration.**

- **It is recommended that a statement about the use of email be included in the confidentiality link on the CAPS Webpage.**

- **It is recommended that CAPS devise a procedure to match clients with interns based on the trainees, level of competence and expertise. This may include a revision of the intake system or may include a more graduated training format at the beginning of the semester that will insure that the interns are ready to provide services that are commensurate with their skills and abilities.**

- **It is recommended that the informed consent form be updated to detail the use of electronic data storage more fully.**

- **It is recommended that a chart review process be considered as a way to increase the quality of the records even higher and insure greater consistency among the staff.**

- **With the change it is recommended that the USF WebPages be reviewed to insure that the term "Counseling" is not used in other titles/offices which may lead to confusion for the students.**

- **It is recommended that the use of student workers to enter data, schedule clients, and type correspondence be discontinued.**

- **In the opinion of this reviewer there is not adequate office support for the CAPS and it is recommended that a funding proposal be developed to hire additional administrative staff, which would also eliminate the current practice of using student' workers at the front desk.**

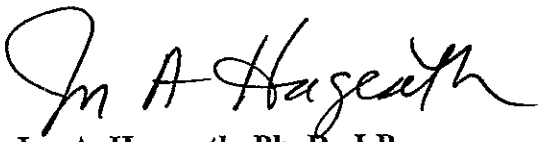
- **It is recommended that the CAPS continue to advocate for an increased training stipend for interns to keep pace with other training program competitors.**

- **It is recommended that the practice of calling intended fax recipients be implemented when using fax correspondence.**

- **It is recommended that staff post their professional profiles and pictures on the CAPS Webpage**

Signature Page
Field Visit Final Report
June 3, 2008
Counseling and Psychological Services
University of San Francisco

Submitted By



Jon A. Hageseth, Ph. D., LP
Director, Counseling and Testing Center
University of Wisconsin - La Crosse

6/4/08

Date

Response to Program Evaluation

The University of San Francisco
Counseling and Psychological Services

Conducted by the

International Association of Counseling Services, Inc.
Summer 2008

Barbara J. Thomas, Ph.D.
Executive Director
CAPS

1. Recommendation #1, page 3, Counseling Title
Following a review of USF WebPages it was determined that the "Counseling and Psychology" Department, providing academic training to future professionals, uses this term. We believe this is appropriate and not an area of confusion for the campus community. Additionally, a review revealed that Health Promotion Services was erroneously referred to as "Health and Counseling" on a web site for prospective students. We have requested, with the full support of HPS, that this error be corrected.

2. Recommendation #2, page 3, Group Counseling Promotion
CAPS is in agreement that the promotion of group offerings be improved. This fall the traditional postings have been expanded to include an email announcement, an ad in the student newspaper, distribution of flyers to orientation leaders and RAs, and outreach through a newly established ActiveMinds chapter.

3 Correction page 3, Assessment
In addition to the instruments identified by Dr. Hageseth the center routinely administers the OQ-30 at intake, sessions 3 and 5, and at termination. There is also a Student Experience Survey, focused on specific outcome data, distributed on line and in the center upon termination.

4. Bold print comment, page 5, #6 Research
CAPS staff would like to reinforce that several of them are interested in research and would embrace such activities were resources of time and money available. The group will investigate whether small-scale research related to our current clientele might be feasible within the limits of the identified factors. The OQ-30 provides a wealth of information that might be further analyzed to inform our work with students.

5 Recommendation #3, page 6, Training/Case Assignment
The recommendation toward more formal matching of clients with interns is under consideration. We are fortunate to have trainees who are either at the post-doctoral level or have advanced to candidacy (i.e., have finished all coursework, passed a clinical competency evaluation, and completed between 1600 and 2000 hours of doctoral level clinical work). They are chosen from an average of 80 candidates as we feel positive about our ability to assess their readiness for CAPS. At this level of training we expect the clinicians to have the ability to reflect upon client matching and to meet with their supervisors to discuss concerns. We also have a clinic policy allowing transfer of clients should the trainee feel unprepared to work with the individual and supervision/consultation is readily available. Finally, if the client is a "returnee" who has been flagged for severity they will not be assigned to a trainee by the front office.

6 Recommendation #4, page 7, Case Records
The CAPS staff has met to further standardize the information to be included in case notes and the formatting of the notes. New policy has been distributed. The Executive Director will be soliciting examples of chart review policies at like institutions to determine what procedures might be adopted by CAPS.

7. Recommendation #5, page 8, Technology
a. CAPS has drafted a new technology statement to be included in the informed consent form.
b. A statement about the use of email is drafted and will soon be included in the confidentiality link on the CAPS Webpage.

c. All confidential fax transmissions will be preceded by a phone call to the intended party who will be receiving a fax.

8. Update, page 8, Staff
CAPS training director position is now staffed by a licensed clinician, Dr. Nancy Glenn, who has 14 years experience as a training director. Dr. Yang has completed her licensure. In regards to staff diversity, it is worth noting that two of the licensed staff identify as gay/lesbian and that sexual orientation is considered in all of our diversity statements.

9. Recommendation #6, page 10, Staff Photos
Despite vanity, staff agreed to have photos and titles posted on the CAPS Website.

10. Recommendations #7 and #8, page 10, Trainees
CAPS is investigating the use of digital video in the training offices. This move will be contingent on funding. Funding is also a consideration related to intern stipends. All concur that the trainees are sorely under-compensated. (Anecdotally, USF CAPS is one of the few non-APA internship placements in the Bay Area that provides a stipend to pre-doctoral level trainees)

11. Recommendations #9 and #10, page 10, Support Staff
CAPS concurs that the front office is inadequately staffed given the demands of 10-12 clinicians, 600+ clients a year, the complexities of OQ-30 administration, and the limitations re: student staff. The Office Assistant is often understandably overwhelmed and the staff must "make do" if the assistant is unavailable. A proposal for additional support was not funded in 2007-08. Additionally, we are increasingly uncomfortable with the employment of students who are at times engaged in tasks not in compliance with the standards. We will continue to reinforce the need to exclude them from these activities although space restraints preclude our ability to remove workers from the front office at all times. We will redouble our efforts to gain additional support and trust that your observations will be respected as well

12. Recommendation #11, page 11, Size of Staff
It is our fervent hope that additional staffing will be possible in 2009-10. For the past five years it has been the good fortune of the center and our students that at least one intern and post-doctoral level trainee has returned to work WITHOUT COMPENSATION in exchange for additional hours and clinical experience. Minimally, we have benefited from and additional 15 clinical hours each week over the five years. Despite this fact, we have had wait lists every year. If the "luck" of additional assistance does not hold we anticipate burgeoning numbers of students not being served and

increased liability as individuals languish on the wait list. The request for additional staff for the current academic year was not funded.

13. Comment, page 12, Psychiatrist Compensation
Although a symbolic $5.00/hour increase was budgeted for the psychiatrist this year her hourly compensation remains far below the national average and even further below that of institutions in California. This disparity has been noted by the CAPS administration and a request for increase was denied in the 2008-09 budgeting cycle.

14. Recommendation #12, page 12, Sound Proofing
The Executive Director will consult with facility management to ascertain whether or not additional sound proofing would be possible without major renovation and expense

COUNSELING CENTER

www.usfca.edu/counseling

Providing psychological services, educational resources, and referrals to the diverse USF community

Services

- Free, brief, confidential psychotherapy (individual, couple and group) for currently enrolled students.
- Crisis intervention, including referral for mental health emergencies.
- Psychoeducational resources covering a wide range of subjects.
- Presentations on mental health topics relevant to the needs of your organization or group.
- Referrals linking members of the USF community to off-campus resources.
- Consultation to faculty and staff as well as families and friends of currently enrolled students.

Eligibility

Any currently enrolled student is eligible to receive our services. The cost of services is included in your tuition and fees.

Location & Appointments

The Counseling Center is located on the lower level of Gillson Hall. Our regular office hours are from 9:00 a.m. to 5:00 p.m. weekdays. A limited number of early evening appointments are available. Drop in to schedule an appointment or call (415) 422-6352.

Crisis Service

Support for mental health emergencies is available. Call the Counseling Center during our regular operating hours at (415) 422-6352 and let us know that you need to be seen immediately. For after hours emergencies, contact Public Safety at (415) 422-2911.

Staff

The Counseling Center is staffed by licensed psychologists; as well as a postdoctoral fellow and predoctoral interns who provide counseling under the supervision of the licensed staff. Our counselors are well versed in the issues, interests and concerns of a multicultural student population.

Confidentiality

You have the right to privacy and can expect your contact with us to be kept private and confidential (there are limited legal and ethical exceptions). Counseling Center records are maintained separately from all other records at USF. The center will not release any information about you without your written permission.

COMMUNITY NUMBERS

Psychiatric Emergency Services
(415) 206-8125

Suicide Hotline
(415) 781-0500

Westside Community Crisis Clinic
(415) 353-5050

SF Women Against Rape
(415) 647-RAPE / 7273

CAMPUS NUMBERS

Academic Support Services
(415) 422-6876

USF Health Clinic—St. Mary's
(415) 750-4980

Health Promotion & Services
(415) 422-5797

Learning & Writing Center
(415) 422-6713

Public Safety
Non-emergency (415) 422-4222
Emergency (415) 422-2911

Sexual Harassment
Complaints/Inquiries
(415) 422-6707

Student Disability Services
(415) 422-2613

University Ministry
(415) 422-4463

Educating minds and hearts to change the world

LICENSED PSYCHOLOGISTS

Barbara Thomas, Ph.D.
Director

Kimberly Caluza, Psy.D.
Training Director

Al Meza, Ed.D.
Staff Psychologist

Tanya Russell, Ph.D.
Staff Psychologist

Molly Zook, Psy.D.
Staff Psychologist

POSTDOCTORAL FELLOW

Turi Honegger, Ph.D.

PREDOCTORAL INTERNS

Randall Cockshott, Ph.D.
Janet Elliott, M.A.
Bau Vang, M.A
Vida Wong, M.A.

PSYCHIATRIST

Adrienne Fratini, M.D.

SUBSTANCE ABUSE SPECIALIST

Marc Wallis, LCSW

OFFICE MANAGER

Pat Toney, M.A.

College life can be stressful. Many students experience personal or developmental problems that significantly interfere with their academic performance. In any community, up to 10 percent of the population may be suffering from clinical depression, acute anxiety or drug/alcohol problems.

Signs and Symptoms of Stress

- Nervousness, agitation, impaired speech
- Increased irritability, aggressiveness
- Excessive procrastination
- Poorly prepared work
- Appears preoccupied, unable to focus on class discussions or activities
- Infrequent or erratic class attendance
- Tendency to isolate self or shun contact
- Change in classroom participation
- Lack of energy, falling asleep in class
- Inability to perform complex tasks or follow instructions on assignments or examinations
- Marked change in personal hygiene
- Reactive mood or excessive emotionality
- Appearance of being under the influence of alcohol or drugs
- Dependency, neediness— e.g., the student makes excessive appointments to see you
- Inability to make decisions, asking others to decide for them

Helpful Resources

COMMUNITY

Psychological Emergency Services
(415) 206-8125

Suicide Hotline
(415) 781-0500

Westside Community Clinic
(415) 353-5050

SF Women Against Rape
(415) 647-RAPE

CAMPUS

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Complaints/Inquiries
(415) 422-6707

Student Disability Services
(415) 422-2613

Academic Support Services
(415) 422-6876

Many students face normal developmental concerns due to insights they get about themselves as a result of new experiences. At times, because of environmental pressures, students may feel lonely, fearful, anxious or depressed. For these problems, as well as crises, it is helpful to gain the perspective of an unbiased source, such as a psychologist, who can help individuals think about their behavior and ways of coping.

HOURS

Monday-Friday, 9 a.m.-5 p.m.
Some evening appointments available

UNIVERSITY OF SAN FRANCISCO
Educating Minds and Hearts to Change the World

USF
UNIVERSITY of SAN FRANCISCO

GUIDELINES FOR FACULTY AND STAFF

Helping And Referring
The Distressed Student

Counseling Center

www.usfca.edu/counseling

The primary commitment of the University Counseling Center is to assist students in overcoming their personal problems so that they can cope more wisely and flourish as students. By providing emotional support and teaching them how to manage stress, respond reasonably to challenging situations, cultivate discipline and goal-achievement, and monitor thoughts, feelings, and behavior. Counselors can help students to develop the insight, self-care skills, and interpersonal competence they need to get the most out of their experience at USF.

The Staff

Services are offered by multicultural licensed psychologists, predoctoral interns, postdoctoral fellows, a consulting psychiatrist, and a substance abuse specialist.

Consultation

If you have any questions about a student and how best to approach that person, do not hesitate to call the Counseling Center to discuss the situation. If no one is available at the time of your call, please leave you name and number and your call will be promptly returned.

Other Useful Suggestions

Some circumstances indicate that it would be best for you to consider making a referral. The student may feel uncomfortable discussing details of his or her concerns with you, or you may not have the time necessary to assist the student. If you feel that counseling might be beneficial, you may refer students in any of the following ways:

- Suggest that the student come to the Center to make an appointment.
- Call the Center (6352) while the student is in your office in order to ensure that contact is made.
- Give the number of the Center to the student so that he/she can schedule an appointment.
- Walk the student over to the Center to make an appointment. If a counselor is available, the student can be seen immediately. Please call ahead and alert the staff in the event of a student emergency.
- We encourage you to speak directly to a student when you sense that he or she is in distress. Try to understand the issue from the student's point of view without agreeing or disagreeing.
- Point out the specific behaviors that concern you. It is helpful to note the magnitude and duration of these behaviors—e.g., *"I'm concerned about you because you've been very withdrawn and uncommunicative in class for the past three weeks."*
- Give your reason for making the referral—e.g., *"You and I have talked several times over the past three weeks, and it seems that things aren't getting better for you. I think it would be helpful for you to talk with a professional counselor."*
- Assure the student that you are not abandoning him or her by making the referral—e.g., *"I want you to know that I care about you, but I feel that it would be to your benefit to be involved with professional counseling."*
- If the student reacts as though you are implying that he or she is "sick" or "crazy," reassure the student that the Center is used by many students who have difficulty adjusting to college.
- At times, caretaking may serve to collude with and reinforce the student's problematic behavior. Despite appearances to the contrary, such behavior may have a long and troubling history. Making a referral to a professional counselor may provide the student with a crucial developmental experience in which achievement-oriented, age-appropriate behavior is expected and rewarded, rather than excuses, explanations, or manipulations.

Confidentiality

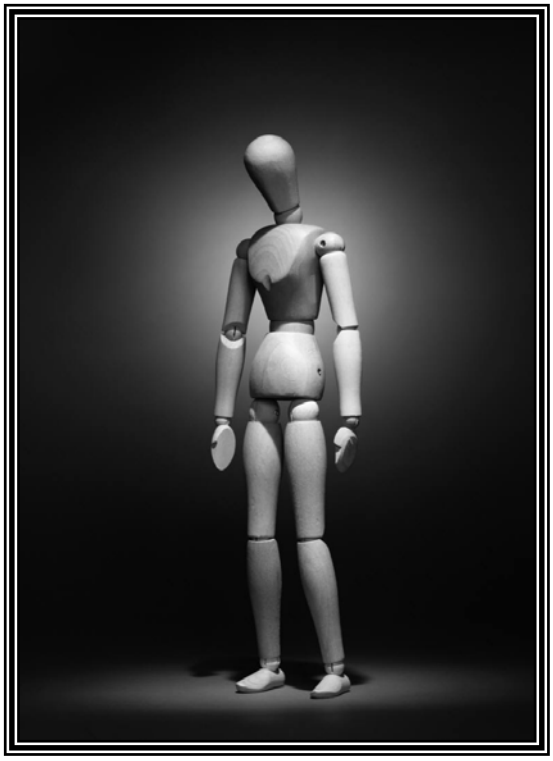
Communication between a counselor and client is **confidential**. We cannot discuss whether or not counseling is being received or the details of a student's situation without his or her written consent. If you desire to have notification of a student's attendance, please discuss this prior to the student's meeting with the counselor, so that the necessary release forms can be signed.

Crisis Situation

If the student is behaving in a strange manner, is agitated, or appears to be out of control, there are a number of guidelines that might prove helpful to you. In these situations, it is important to set clear limits:

- Be matter-of-fact. Controlling your emotions and acting in a calm manner may help the student to do the same.
- Be respectful, but firm. Set clear limits.
- Be concrete and direct. You may have to repeat yourself in order to be understood.
- Try to identify the problem and respond honestly about whether or not you can be of assistance.
- **IF YOU FEEL THREATENED DO NOT HESITATE TO CALL PUBLIC SAFETY (2911).**

Responding to Students in Distress



University of San Francisco
Counseling Center
Gillson Hall - Lower Level
www.usfca.edu/counseling
(415) 422-6352

Contents

Counseling Center's Role in Assisting Students

COUNSELING CENTER SERVICES

The Counseling Center supports the mission of the University by helping students gain the most from their education. We offer a variety of counseling and psychological services: crisis intervention; individual, couple, and group psychotherapy; referrals to outside agencies; and medication evaluation for ongoing clients.

WHO IS ELIGIBLE FOR COUNSELING CENTER SERVICES

All registered students are eligible, from those with typical developmental needs to those with more complex problems. Students are assisted with managing academic and social stressors, and they are encouraged to develop insight, coping skills, and resources.

CONFIDENTIALITY

With exceptions, such as in cases of imminent suicide, homicide, suspected child or senior abuse, we are required by law and professional ethics to protect the confidentiality of all communication between our professional staff and clients. Consequently, we cannot discuss the details of a student's situation or even indicate whether the student is in counseling. In order for information about a student to be released to you or others, we must first obtain written permission from the student.

LOCATION

The Counseling Center is located in the Lower Level of Gillson Hall. To use our services, students should contact the receptionist for an appointment. If immediate assistance is needed, drop-in services are available Monday through Friday from 9:00 am to 5:00 pm. Faculty, staff, or students who are concerned about a student or desire assistance in making a referral are encouraged to contact the Counseling Center at (415) 422-6352.

CONSULTATION

A consultation can assist individuals who are concerned about a student, employee, colleague, friend, or family member. During a consultation, strategies for dealing directly with the person of concern, or making referrals for further help, may be explored.

Your Role in Assisting Students

You play a central role in a student's help-seeking efforts as you are often in a direct position to observe a student and be aware of his or her behavior. Students frequently turn to faculty to obtain advice and support. Although you are not expected to provide psychological counseling, it is helpful for you to understand the critical role you can play in supporting students in need of help.

What You Should Know About Student Problems

Academic and social stressors are a normal part of college life. While many students cope with these demands successfully, a significant number of students have difficulties that interfere with their performance and general well being. A review of the mental health research literature on university students reveals that:

- 85% of college counseling centers reported an increase in the number of students they treat for psychological problems
- 61% of college students reported feeling hopeless, 45% said they felt so depressed they could barely function, and 9% felt suicidal
- Depression among freshman has nearly doubled from 8.2% to 16.3%
- Suicide is now the 2nd leading cause of death among college students and the 3rd leading cause of death among 15-24-year-olds
- The highest prevalence of both binge and heavy drinking was found in young adults ages 18 to 25 (especially on college campuses) 44.4% of college students described themselves as binge drinkers
- 36% of victims of rape and sexual assault are between the ages of 18 and 30
- 13.3% of college women say they have been forced to have sex in a dating situation
- 5-10 million women and 1 million men struggle with eating disorders including anorexia, bulimia, binge eating disorder, or borderline conditions after puberty

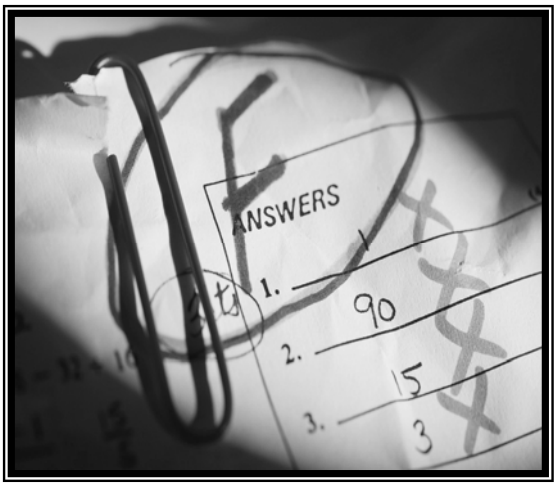
Statistics courtesy of AUCCD National Directors Survey (2005)

Characteristics of Distressed or Distressing Students

Sometimes it is very clear when a student is having difficulty coping, and sometimes their distress is masked with less obvious characteristics. Any marked change from a previous level of functioning is a potential sign of distress. Some obvious and not-so-obvious signs of distress to look for are:

PROBLEMS WITH ACADEMIC PERFORMANCE

- Poor academic performance and preparation
- Excessive absences or tardiness
- Chronic indecisiveness or procrastination
- Repeated requests for special considerations
- Increased concern about grades despite satisfactory performance
- Increased dependence - student hangs around you or makes excessive appointments to see you during office hours



UNUSUAL BEHAVIOR

- Listlessness, lack of energy, or falling asleep in class
- Disruptive classroom behavior
- Marked changes in personal hygiene
- Impaired speech or disjointed, confused thoughts
- Aggressive or threatening behavior
- Extreme mood changes
- Hyperactivity, irritability, or heightened anxiety
- Prolonged, excessive, or inappropriate display of emotions
- Dramatic weight loss or weight gain with no apparent physical illness / reason
- Bizarre behavior indicating a loss of contact with reality
- Use of mood altering chemicals (e.g., alcohol or drugs)

TRAUMATIC CHANGE IN ACADEMIC STATUS

• Academic Probation

• Academic Dismissal

TRAUMATIC CHANGE IN RELATIONSHIPS

- Death of a family member or close friend
- Difficulties in marriage or close relationships
- Problems with family or roommates

REFERENCES TO SUICIDE OR HOMICIDE

- Overt or veiled references to suicide - verbally or in writing
- Statements of helplessness, hopelessness or worthlessness
- Isolation from friends and family
- Indications of persistent or prolonged unhappiness
- Pessimistic feelings about the future
- Homicidal threats

OTHER COMMON STRESSORS THAT STUDENTS EXPERIENCE

- Isolation and loneliness
- Identity confusion
- Break-up of intimate relationship
- Low motivation or inability to establish goals
- Serious illness
- Academic pressure or failure
- Parenting responsibilities
- Cultural oppression / discrimination
- Outside work or family pressures
- Rejection by family

RESPONDING TO STUDENTS

Because you come in frequent contact with many students; you are in an excellent position to observe students, identify those who are in distress, and offer assistance. Your care, concern, and assistance will often be enough to help the student. At other times, you can play a critical role in referring a student for appropriate assistance and in motivating him/her to seek help. A few guidelines for responding to distressed or distressing students are summarized below:

OBSERVE

The first important step in assisting distressed students is to be familiar with the symptoms of distress and attend to their occurrence. Pay close attention to direct communications as well as implied or hidden feelings.

INITIATE CONTACT

Don't ignore strange, inappropriate or unusual behavior - respond to it! Talk to the student privately, in a direct and matter-of-fact manner, indicating concern. Early feedback, intervention, and/or referral can prevent more serious problems from developing.

CLARIFY YOUR ROLE

When you assume or are placed in the counseling role, role conflicts are possible and must be understood. Some students may see you as a figure of authority, and this perception may influence how helpful you can be. You may feel friendly with your student, which may make it difficult for you to act objectively in the academic or class management role.

LISTEN OBJECTIVELY

Listening has frequently been called an art, but it is also a skill that can be acquired with practice. To listen to someone is: to refrain from imposing your own point of view, to withhold advice unless it is requested; and to concentrate on the feelings and thoughts of the person you are trying to help, instead of your own. Listening is probably the most important skill used in helping and can be facilitated by allowing the student enough time and latitude to express thoughts and feelings as fully as possible. Some things to listen for include a student's view of him/herself, view of his/her current situation or environment and view of the future. Negative comments about these issues indicate a student may be in trouble

OFFER SUPPORT AND ASSISTANCE

Among the most important helping tools are interest, concern, and attentive listening. Avoid criticism or judgmental comments. Summarize the essence of what the student has told you, including the feelings/behavior conveyed or observed, as a way to clarify the situation. Encourage positive action by helping the student define the problem and generate coping strategies. Suggest resources that the student can access: friends, family, clergy, or professionals on campus.

KNOW YOUR LIMITS

As a help-giver, only go as far as your expertise, training, and resources allow. If you are uncertain about your ability to help a student, it is best to be honest about it. Trust your feelings when you think an individual's problem is more than you can handle.

Signs that you are taking on too much:

You feel:

- responsible for the student
- pressure to solve the student's problems
- you are over-extending yourself in helping the student
- stressed-out by the student's issue(s) or behavior
- that the problems a student brings to you are more than you can handle
- anxious when the student approaches you

CONSULT WITH COUNSELING CENTER STAFF

In your attempt to help a student, you may need to talk with a professional. The Counseling Center staff can suggest possible approaches to take with students or provide you with support. Call (415) 422-6352 for assistance.

WHAT YOU SHOULD KNOW ABOUT MAKING A REFERRAL TO THE COUNSELING CENTER

Faculty and staff are not expected to provide psychological counseling. That is the role of the Counseling Center. Our professional staff is trained to assess and intervene with emotional problems and psychological disorders. In some instances, you may wish to refer students to the Counseling Center.

When you have decided that professional counseling is indicated,
Inform the student in a direct, concerned, straightforward manner. Because many students initially resist the idea of counseling, it is useful to be caring, but firm in your judgment that counseling will be useful; to be clear and concrete regarding the reason you are concerned; and to be familiar with the procedures and the counseling services or other help-giving agencies on campus. *Except in emergencies, it is important to allow the student to accept or refuse counseling*.

Suggest that the student call or come in to make an appointment.
Give them the counseling center phone number (415) 422-6352 and location (Lower Level Gillson Hall). Remind the student that our services are free and confidential. If they would like more information before calling, they can visit the Counseling Center website at www.usfca.edu/counseling.

Sometimes it is useful and necessary to assist the student more directly.
In these instances, you can offer the use of your phone or call the Counseling Center yourself, while the student is in your office. Occasionally, you may think it wise to walk the student over to the Counseling Center. This can be especially helpful to students who are unsure about the location and/or are intimidated about meeting with a counselor for the first time.

Please note:
If you are concerned about a student but unsure about the appropriateness of the referral, feel free to call the Counseling Center at (415) 422-6352 for a consultation with a professional staff member.

What You Should Know About Responding to Student Emergencies

Emergency situations are rare; however, immediate and decisive action is necessary when they do occur. Generally, a psychological emergency involves one or more of the following conditions:

- ***A suicidal attempt, gesture, threat, or stated intention***
- ***A homicidal attempt, gesture, threat, or stated intention***
- ***Behavior posing a threat to self-harm***
- ***Behavior posing a threat to harm others***
- ***Loss of contact with reality***
- ***Inability to care for oneself***

In the event of an emergency, it is helpful to follow these basic guidelines:

- ***Stay calm, as this will help you respond more effectively, and also help to reduce the student's anxiety or agitation***
- ***If possible, provide a quiet, private place for the student to rest while further steps are taken***
- ***Talk to the student in a clear, straight-forward manner***
- ***If the student appears to be dangerous to self or others, do not leave the student unattended***
- ***Make arrangements for appropriate intervention or aid***

The primary campus resources for responding to mental health emergencies are the Counseling Center and Public Safety. The following options are available to you:

- ***Phone consultation with a Counseling Center staff member is available at (415) 422-6352 during work hours***
- ***You can walk the student over to the Counseling Center for an emergency consultation or appointment during the hours of 9am – 5pm. We are usually open during the noon hour***
- ***If the student is unusually aggressive or otherwise unmanageable, campus security is available to offer assistance***
- ***Be prepared to provide as much information as possible about the student and the situation to the campus resource you contact***

Common Problems

The following pages contain descriptions and practical guidelines for responding to specific students

ANXIETY

Anxiety is a normal response to a perceived danger or threat to one's well being. For some students, the cause of their anxiety will be clear; but for others, it is difficult to pinpoint the source of stress. Regardless of the cause, the resulting symptoms may include rapid heart palpitations; chest pain or discomfort; dizziness; sweating; trembling or shaking; and cold, clammy hands. The student may also complain of difficulty concentrating, obsessive thinking, feeling continually "on the edge," having difficulty making decisions, or being too fearful/unable to take action. In rare cases, a student may experience a panic attack in which the physical symptoms occur so spontaneously and intensely that the student may fear s/he is dying. The following guidelines are appropriate in most situations.

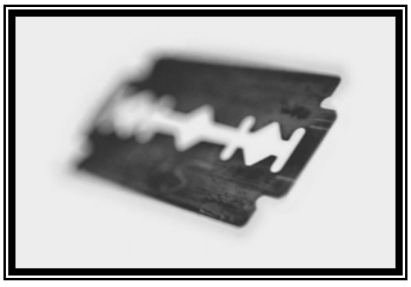
Do

- Encourage the student to take slow, deep breaths
- Encourage the student to discuss his/her feelings and thoughts, as this alone often relieves a great deal of pressure
- Provide reassurance without being unrealistic
- Remain calm
- Be clear and direct
- Provide a safe and quiet environment until the symptoms subside

Don't

- Minimize the perceived threat to which the student is reacting
- Take responsibility for the student's emotional state
- Overwhelm the student with information or ideas to "fix" his/her condition

SELF-INJURY



Self-injury is intentional harm of one's own body without conscious suicidal intent. Most types of *self-inflicted violence* (SIV) involve cutting of one's own flesh (usually the arms, hands, or legs), burning one's self, interfering with the healing of wounds, excessive nail biting, pulling out one's own hair, hitting or bruising oneself, inserting objects in body, and intentionally breaking one's own bones. SIV is more common than you might think with roughly 1% of the general population engaging in these behaviors (and this is likely to be greatly underestimated). The explanations for why people intentionally injure themselves are numerous and diverse. However, most explanations indicate that SIV is used as a method of coping and tends to make life more tolerable (at least temporarily). Self-injurious behavior may be used as a means to restore or preserve a person's emotional equilibrium.

Coping Strategies for People Who Self-Injure:

- Keep dangerous things away
- Make a list of friends to call
- Use music / exercise / other diversions
- Call a crisis line
- Focus on what is real in the environment
- Create an internal safe place
- Develop self-soothing routines
- Seek counseling

Do

- Talk about self-inflicted violence
- Be supportive
- Be available
- Get help for your own reactions
- Refer the student to the counseling center

Don't

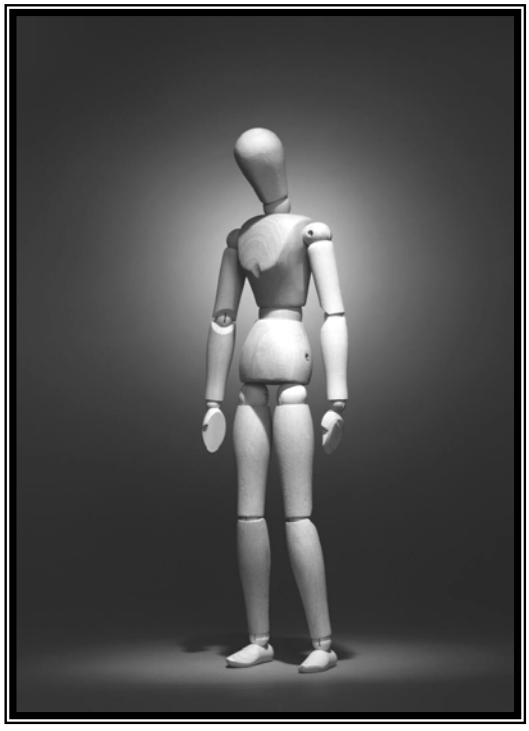
- Ignore the situation
- Encourage the self-injury behavior
- Overreact

DEPRESSION

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, many students will experience periods of reactive depression during their college careers. It is when the depressive symptoms become so extreme or are so enduring that they begin to interfere with the student's ability to function in school, work, or social environments, that the student will come to your attention and be in need of assistance.

Due to the opportunities that faculty, staff, and RAs have to observe and interact with students, you are often the first to recognize that a student is depressed. Look for a pattern of these indicators:

- Tearfulness / general emotionality or a marked lack of emotion
- Dependency (a student who makes excessive requests for your time)
- Markedly diminished performance
- Lack of energy / motivation
- Infrequent or sporadic class attendance
- Increased anxiety / test anxiety / performance anxiety
- Irritability
- Deterioration in personal hygiene
- Alcohol or drug use
- Problems eating (loss/gain of weight)
- Problems sleeping



Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances of the student's rapid return to optimal performance.

Do

- Let the student know you've noticed that s/he appears to be feeling down and you would like to help
- Reach out and encourage the student to discuss how s/he is feeling
- Offer options to further examine and manage the symptoms of depression e.g., referral to Counseling Center

Don't

- Minimize the student's feelings, e.g. "Don't worry. Everything will be better tomorrow."
- Bombard the student with "fix it" solutions or advice
- Chastise the student for poor or incomplete work
- Be afraid to ask whether the student is suicidal if you suspect s/he may be e.g.," Have you had thoughts of harming yourself?"

SUICIDALITY

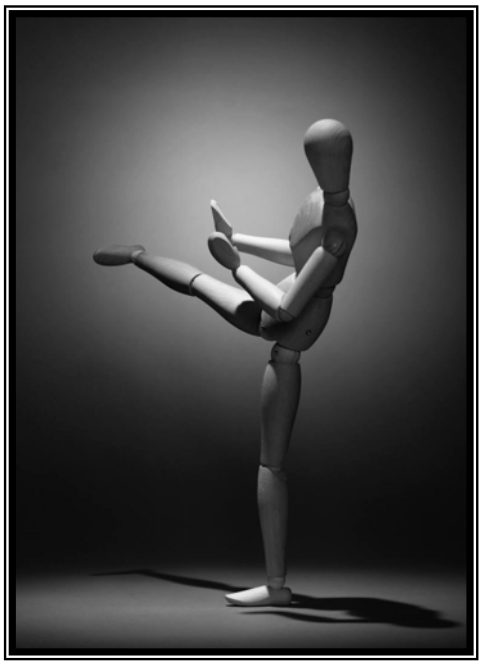
Suicide is the second leading cause of death among college students. It is important to take all suicidal comments or behavior seriously and respond appropriately. Overall high risk indicators include: feelings of hopelessness, helplessness, and futility; a significant loss or threat of loss; a suicide plan; a history of a previous attempt or knowledge of someone who has attempted suicide; history of alcohol or drug abuse; feelings of alienation and isolation; and preoccupation with death. Suicidal behavior can be classified as either imminent or ambiguous. In the case of imminent threat (i.e., student tells you he or she has taken pills) stay calm; get the student's name, location, what s/he has taken and call 911. In the case of an ambiguous situation, inform your supervisor or department chair and contact the counseling center for a consultation. In addition:

Do

- Take the student seriously — 80% of individuals who attempt suicide give warning of their intent
- Be direct — ask if the student is suicidal, if s/he has a plan and if s/he has the means to carry out that plan. This exploration may actually decrease the impulse to commit suicide.
- Be available to listen but refer the student to the counseling center for additional help. Do your best to make sure the student actually gets help
- Take care of yourself. Allow yourself to receive support from those close to you or those trained to provide it. Responding to suicidal students is emotionally draining.

Don't

- Minimize the situation
- Leave the student alone if s/he has a plan
- Be afraid of planting the idea of suicide in an already depressed mind by inquiring about it (the person will very likely feel relieved that someone has noticed and cared enough to discuss it with him/her)
- Overcommit yourself. Doing so may leave you eventually feeling overwhelmed or unable to deliver on what you promised
- Ignore your limitations



VIOLENCE

Violence due to emotional distress is rare and typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode all of the student's emotional controls. The adage, "An ounce of prevention is worth a pound of cure," best applies here. Violent behavior is often associated with the use of alcohol and other drugs.

Do

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset and may be tempted to lash out"
- Explain clearly and directly what behaviors are acceptable without denying his/her feelings, e.g., "You certainly have the right to be angry, but breaking things is not OK"
- Get necessary help (send someone for other staff, public safety, etc.)
- Stay safe: have easy access to a door; keep furniture between you and the student; keep door open if at all possible / appropriate; make certain that a staff, faculty, or another person is nearby and accessible; in some instances, you may wish to see the student only with another person present if you fear for your safety

Don't

- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats
- Threaten or corner the student
- Touch the student
- See the person alone if you fear for your safety

VERBAL AGGRESSION

Students may become verbally abusive when they encounter frustrating situations, which they believe are beyond their control. They can displace anger and frustration from those situations onto the nearest target. Explosive outbursts or ongoing belligerent, hostile behavior become this student's way of gaining power and control in an otherwise out-of-control experience. It is important to remember that the student is generally not angry with you personally, but is angry at his/her world. You may have become a convenient object for his/her pent-up frustrations. This behavior is often associated with the use of alcohol and other drugs.

Do

- Acknowledge their anger and frustration, e.g., "I hear how angry you are"
- Rephrase what they are saying and identify their emotion, e.g., "It appears you are upset because you feel your rights are being violated and nobody will listen"
- Reduce stimulation; invite the person to a quiet place if this is comfortable. However, do not invite the person to a quiet place if you fear for your safety. In all instances, ensure that another person is easily accessible to you in the event that the student's behavior escalates
- Allow them to tell you what is upsetting them
- Be directive and firm about the behaviors you will accept, e.g., "Please stand back; you're too close," and/or "I cannot listen to you when you are yelling"
- Help the student problem-solve and deal with the real issues when they become calm, e.g., "I'm sorry you are so upset; I'd like to help if I can"
- Be honest and genuine; do not placate aggression

Don't

- Get into an argument or shouting match
- Become hostile or punitive yourself, e.g., "You can't talk to me that way"
- Press for explanations for their behavior
- Ignore the situation
- Touch the student, as this may be perceived as aggression or otherwise unwanted attention

SEXUAL HARASSMENT

Sexual harassment involves unwelcome and unwanted sexual attention and/or advances, requests for sexual favors, and other inappropriate verbal or physical conduct. It is often found in the context of a relationship of unequal power, rank, or status. It does not matter that the person's intention was not to harass. It is the effect that counts; as long as the conduct interferes with a student's academic / work performance or creates an intimidating, hostile, or offensive learning environment, it is considered sexual harassment.

Sexual harassment usually is not an isolated one-time only case but a repeated pattern of behavior that may include:

- Comments about one's body or clothing
- Questions about one's sexual behavior
- Demeaning references to one's gender
- Sexually oriented jokes
- Conversations filled with innuendoes and double meanings
- Displaying of sexually suggestive pictures or objects
- Repeated non-reciprocated demands for dates or sex
- Inappropriate and unwelcome touch

Common reactions by students who have been harassed is to doubt their perceptions, wonder if it was a joke or question whether they have brought it on themselves in some way. A student may begin to participate less in the classroom, drop or avoid classes, or even change majors.

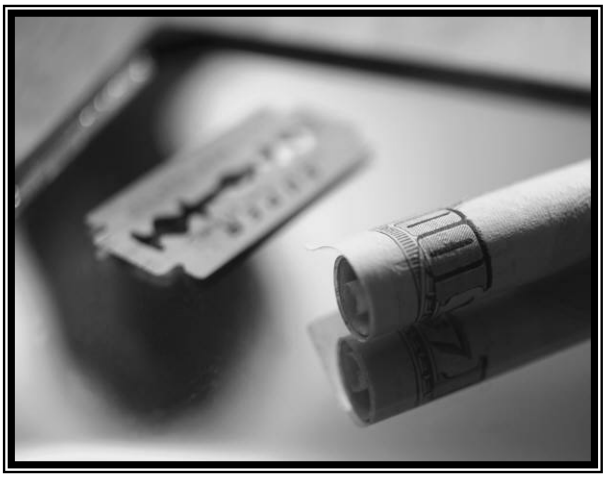
Do

- Separate your personal biases from your professional role
- Listen carefully to the student and assure the student that you understand and support her/him
- Encourage the student to keep a log or find a witness
- Direct the student to the campus Sexual Harassment Policy and Procedures and to the appropriate sexual harassment officer(s) on campus
- Inform the student that informal discussions (or support / counseling) can begin at the counseling center to help clarify what further steps s/he may want to take
- Maintain the student's privacy rights and share the information ONLY with appropriate persons and with the student's knowledge

Don't

- Ignore the situation. Taking no action reinforces the student's already shaky perception that s/he has been wronged. Ignoring the issue also can have legal implications
- Overreact. Instead, listen, support, and guide the student to appropriate channels

SUBSTANCE ABUSE & ADDICTION



Alcohol is the preferred drug on college campuses and is the most widely used psychoactive drug. Alcohol abusers in college populations may also abuse other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure.

The effects of alcohol on the user are well known. Student alcohol abuse is most often identified by faculty, staff, or RAs when irresponsible, unpredictable behavior affects the learning, work, or living environment (e.g., drunk and disorderly in class, office or residence halls), or when a combination of the health and social impairments associated with alcohol abuse sabotages student performance. Because of the denial that exists in most substance abusers, it is important to express your concern about the student not in terms of suspicions about alcohol and other drugs, but in terms of specific changes in behavior or performance.

Do

- Confront the student about his/her behavior that is of concern
- Address the substance abuse issue if the student is open and willing
- Offer support and concern for the student's overall well-being
- Make a referral to an appropriate helping department or agency
- Maintain contact with the student after a referral is made

Don't

- Convey judgment or criticism about the student's substance abuse
- Make allowances for the student's irresponsible behavior
- Ignore signs of intoxication in the classroom, workplace, or residence hall

EATING DISORDERS

Eating disorders represent complex physiological and psychological difficulties, which are typically characterized by unhealthy and/or obsessive thoughts and behaviors linked to food, eating habits, and body image. Although many college students struggle with disordered eating patterns and body image concerns, dancers and athletes are especially at risk. The two most serious eating disorders, Anorexia Nervosa and Bulimia Nervosa, can be health and/or life threatening. Anorexia can best be characterized by voluntary self-starvation, whereas Bulimia is a disorder in which the individual becomes entrapped in a vicious cycle of alternating food binges and purges (i.e. vomiting, laxative abuse, excessive exercise). While individuals struggling with Anorexia are usually severely underweight, those struggling with Bulimia are often normal weight, or even overweight. These disorders often become the major preoccupying theme in an individual's life, causing numerous interpersonal and medical problems, often interfering with his/her academic and/or work performance.

Due to the opportunities that faculty, staff, and RAs have to observe and interact with students in classrooms, the cafeteria, and residence halls, you are often the first to recognize that a student may be struggling with an eating disorder. Look for a pattern of indicators, such as:

- Obsession with food / dieting
- Low self-esteem
- Ritualistic behavior around food
- Distorted body image
- Extremely regimented life
- Excessive exercise
- Perfectionist expectations of self
- Binge eating / purging
- Secretive eating
- Excessive dental / medical problems
- Compulsive behavior
- Difficulty concentrating / focusing
- 15% weight loss (Anorexia)
- Isolation / withdrawal from friends

<u>Do</u>

- Let the individual know that you are concerned about him/her
- Remember a person with an eating disorder is just that -- first a person, and secondarily, one who has trouble with food
- Be available to listen - one of the best ways to help someone gain control over eating is to reach out as a friend instead of focusing on his/her eating behavior
- Be supportive and encourage the person to get help

Don't

- Spy on the person or nag about eating / not eating
- Hide food to keep the person from binge eating
- Let yourself be convinced that the person really doesn't have a problem
- Be afraid to let the person know that you are concerned about him/her

SUSPICIOUSNESS

Typically, these students complain about something other than their psychological difficulties. They are generally tense, anxious, mistrustful, isolated, and have few friends. They tend to interpret minor oversights as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everyone's behavior and view everything that happens as having special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior, though they may seem capable and bright.

Do

- Express compassion without intimate friendship. Remember, suspicious students have trouble with closeness and warmth
- Be firm, steady, punctual, and consistent
- Be specific and clear regarding the standards of behavior you expect

Don't

- Assure the student that you are his/her friend. Instead, acknowledge that although you are not a close friend; you are concerned about him/her
- Be overly warm and nurturing
- Flatter or participate in his/her games. You don't know his/her rules.
- Be cute or humorous
- Challenge or agree with any mistaken or illogical beliefs
- Be ambiguous

DEPENDENCE / PASSIVITY

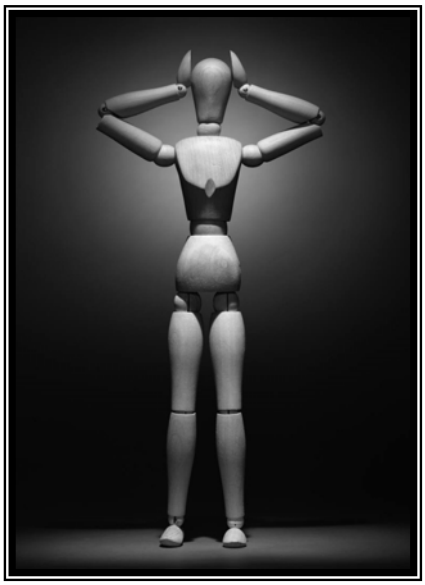
You may find yourself feeling increasingly drained and responsible for this student in a way that is beyond your normal involvement. It may seem that even the utmost time and energy given to these students is not enough. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. It is helpful if the student can be connected with proper sources of support on-campus and in the community in general.

Do

- Let students make their own decisions
- Set firm and clear limits on your personal time and involvement
- Offer referrals to other resources on- and off-campus

Don't

- Get trapped into giving continual advice, special conditions / treatment, etc.
- Avoid the student as an alternative to setting and enforcing limits
- Overcommit



POOR CONTACT WITH REALITY

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused, or irrational; their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre or disturbing. They may experience hallucinations, often auditory, and may report hearing voices. While this student may elicit alarm or fear from others, they are generally not dangerous and are more frightened and overwhelmed by you than you are of them. If you cannot make sense of their conversation, they may be in need of immediate assistance.

Do

- Respond with warmth and kindness, as well as with firm reasoning
- Remove extra stimulation from the environment (turn off the radio, step outside of a noisy room)
- Acknowledge your concerns and state that you can see they need help
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., "I understand you think someone is following you, but I don't see anyone and I believe you're safe"
- Acknowledge your difficulty in understanding them and ask for clarification or restatement, e.g., "I'm not sure I understand what you're trying to tell me; can you try to explain it more clearly?"
- Focus on the "here and now." Ask for specific information about the student's awareness of time, place, and destination. Speak to their healthy side, which they have. It's OK to laugh and joke when appropriate

Don't

- Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of their false perceptions
- Play along with or encourage further discussion of the delusion processes, e.g., "Oh yes, I hear the voices (or see the devil)"
- Demand, command, or order
- Expect customary emotional responses

GRIEF

Greif is a normal reaction to a significant loss of any kind. Grief reactions vary from person to person and situation to situation. Reactions can include a wide range of feelings, thoughts, and behaviors; some of which would be concerning under different circumstances. Emotions can include sadness, anger, guilt, anxiety, lonliness, fatigue, hopelessness, yearning, and/or emptiness. Sleep disturbances, a lack of appetite, magical thinking, and social isolation are also common. Physical sensations may include hollowness in one's stomach, tightness in one's chest or throat, and/or breathlessness. Grief should not be mistaken for depression. However, grieving can become complicated; some people who experience loss or trauma are at risk for depression or posttraumatic stress. Professional help may be needed if the trauma presents an insurmountable obstacle to academic or social achievement.

Do

- Normalize feelings
- Listen to the student and ask questions. Allow space and time for talking. Reminiscing can be helpful.
- Encourage the student to reach out to others.
- Make a referral to support services if/when a student's grief is interfering significantly with his/her academic performance.

Don't

- Avoid the issue of loss. You don't need to know exactly what to say or do. Be available to listen.
- Provide platitudes or minimize feelings.
- Expect all grief reactions to look the same. Allow students to grieve in their own way.

Campus & Community Resources

There are numerous individuals and departments on and off campus whose primary role is to provide students with information, assistance, or the support they need to succeed. Some of these are listed below:

Academic Support Services ..... (415) 422-6876

Community Violence Solutions (24hr Crisis Line) ..... (800) 670-7273

Counseling Center ..... (415) 422-6352

Dean of Students ..... (415) 422-6251

Health Promotion & Services ..... (415) 422-5797

National Drug & Alcohol Referral Services ..... 800) 662-HELP

Public Safety ..... (415) 422-4222

SF Drug Line (24hr Crisis Line) ..... (415) 362-3400

SF General Hospital (Emergency Room) ..... (415) 206-8111

SF Women Against Rape (24hr Crisis Line) ..... (415) 647-7273

Student Disability Services ..... (415) 422-2613

Student Health Clinic ..... (415) 750-4980

Suicide Prevention (24hr Crisis Hotline) ..... (415) 781-0500

University Ministry ..... (415) 422-4463

Adapted from:UC Davis Counseling and Psychological Services (CAPS). (2004). Responding to Distressed or Distressing Students [Brochure]. Davis: Author.

ATTACHMENT 23

COUNSELING CENTER
OUTREACH STATISTICS FORM

Event type:

- ❑ classroom lecture
- ❑ tabling on campus
- ❑ attended a reception
- ❑ service info presentation
- ❑ community outreach
- ❑ mental health lecture/ training (students)
- ❑ training (non- students)

Counselor:_____ **Date of Event:** _____

Event: _____

Population_____ **Number Served**_____

Please indicate:

- ❑ on campus presentation
- ❑ on campus event: represented center
- ❑ off campus/ community outreach
- ❑ pro bono

Comments:

COUNSELING CENTER
OUTREACH STATISTICS FORM

Event type:

- ❑ classroom lecture
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Counselor:_____ **Date of Event:** _____

Event: _____

Population_____ **Number Served**_____

Please indicate:

- ❑ on campus presentation
- ❑ on campus event: represented center
- ❑ off campus/ community outreach
- ❑ pro bono

Comments:

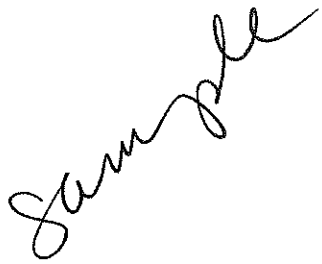
EATING DISORDER OUTREACH EVALUATION

1. How would you rate your own understanding of eating disorders?

   Not Sure Very Limited Limited Good Very Good

2. List 4 signs of anorexia.

3. List 3 signs of bulimia.



4. True or False
   a. You should never discuss food with a person who has an eating disorder
   b. It is good to hide binge food from a bulimic
   c. *Men are increasingly experiencing the Adonis Complex*
   d. More than one hour of aerobic exercise a day is considered aerobic nervosa

Please comment on the following:

1. Did you find today's presentation useful?

2. What did you like least about the presentation? Any suggestions for change?

3. What did you like most about the presentation?

4. Additional comments:

Consultations

Counselor's Name: _____ **Month:** _____

Consults (list initials)	**CRISIS**	Phone	Face to Face	Email / Letter	Student	Family	Private Prac.	Athletics	Res. Hall Staff	Other Staff	Faculty	Partner/Friend	Alumni	Community	Student Health Clinic	Judicial Affairs	Academic Advising
		Modes (check one)			**Role/Relationship** (check one)												
		1	2	3	1	2	3	4	5	6	7	8	9	10	11	12	13
																	Totals

please turn in to front office the last day of each month

Counselor:_____

COUNSULTATION / PHONE CONTACTS

Faculty Staff Parent Community Friend/Roommate

Phone Drop in Appt.

Name: _____ Date: _____

Relationship: _____ Phone: _____

Student Name: _____ Age: _____

Student Class: _____ Major/Dept.: _____

Issue: _____

_____

_____

_____

Follow-up Needed: _____

_____

_____

Dates	Discussion and Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Number of Hours: _____

Personal Information

Counseling Center - University of San Francisco

The Information that you provide below is to assist you and your counselor during your first meeting.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Date: _____ **Student ID#:** _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Local Address: _____ **Phone:** ( )_____-_____
Street City State ZIP

Permanent Address: _____ **Phone:** ( )_____-_____
Street City State ZIP

Date of Birth: ____/____/_____ **Age:** _____ **Gender:** _____

International Student? Yes____ **(Specify Nationality)**_____ **No**_____

Emergency Contact Name: _____ **Phone:** ( )_____-_____

If the need arises (e.g., research, cancellation, no show), is it ok to contact you? Y N
If yes, please enter contact information:

Phone: _____

Post in plain envelope (address): _____

Primary Ethnicity:

African American/Black_____ Caucasian/White (not of Hispanic origin)_____
Native American_____ Chicano/Latino/Hispanic_____
Asian/Pacific Islander_____ Middle Eastern_____
Other_____
Multi-racial (please specify)_____

Sexual Orientation

_____

Special Status:

Disability Yes_____ No_____ If Yes, describe:_____
Veteran Yes_____ No_____ Other:_____

Academic Status:

Undergraduate Freshman Sophomore Junior Senior **Graduate** **Faculty** **Staff**

Major_____ Full-Time_____ Part-Time_____# of Units_____
GPA_____ Academic Probation Yes_____ No_____

Your Status: Single Married Committed Relationship Separated Divorced Widowed

Social History:

Relations	Age	Occupation	Education	Marital Status	If deceased, when?
Mother					
Father					
Siblings					
Children					
Spouse/Partner					

Please read the following list and check off those items that are of particular concern to you at this time.

Academic
_____Adjusting to University
_____School work and grades
_____Procrastination, motivation
_____Test or performance anxiety
_____Major choices or change
_____Career decision
_____Need information

Social
_____Family Concerns
_____Roommate conflicts
_____Friendship conflicts
_____Relationship difficulties
_____Shyness
_____Loneliness

Personal
_____Self confidence
_____General anxiety
_____Depression
_____Sexual concerns
_____Angry, hostile feelings
_____Traumatic experience

Additional
_____Physical distress
_____Eating problems
_____Alcohol or drug problems
_____Sleep problems
_____Suicidal feelings or behaviors
_____Other (specify)

Please describe any existing medical problems or current physical symptoms:

_____

_____

Please list any medications (include oral contraceptives):

_____

_____

If you have been in counseling in the past, please indicate with whom, where, and how long:

_____

_____

Given our brief counseling model, what is (are) the specific goals(s) you have with respect to your participation in counseling? (List two)

_____

_____

DATA SHEET CODE
CONFIDENTIAL (for clinical staff only)

I. Primary Problem: Use the Student Concern Checklist (attached) and enter a numerical code.

II. Problem Prevalence: (check any that apply)

Target Symptoms

A. Depression (of at least moderate intensity)
B. Anxiety/panic
C. Suicidal ideation (any)
D. Homicidal ideation/threat of violence
E. Psychotic symptoms
F. Substance abuse (past year)
G. Eating disorder (past year)

History

H. AMAC
I. ACOA

Issues

J. Adjustment to USF
K. Sexual abuse (during past year)
L. Family conflicts

Critical incidents

M. CPS contacts
N. Psychiatric hospitalization/referrals to Westside Crisis
O. On psychotropic medication

Other

P. GLBT identified
Q. Discrimination/harassment/incidents of intolerance
R. Learning disability/ ADD
S. Athletic Related (client is an athlete)
T. Religious/spiritual concerns
U. First Generation College Student

III. Academic Issues

A1: **Academic Probation:** Has the student been on academic probation during the current academic year? Y or N

A2: **Academic Problem** (circle one): Indicate whether or not the academic problems were:
Primary: the primary focus of counseling
Secondary: worked on at least one session, though not the primary focus
None: no academic problem reported

A3: **Academic Crisis:** Check if the student was seen for an "academic crisis" such as: thinking about dropping out of school, being threatened with being dismissed, academic dishonesty, etc. This does not include usual and expected stress over final exams.

Individual / Couple Termination Form

Checklist code: _____

Client:_____ Today's Date: _____

Counselor: _____ Supervisor Signature_____

Date Began: _____ Date Terminated: _____

Sessions Completed _____ Cancellations _____ No Shows _____

Problem is:

- ☐ Greatly improved
- ☐ Improved
- ☐ About the same
- ☐ Somewhat worse
- ☐ Much worse

Student:

- ☐ Left school
- ☐ Stayed in school
- ☐ Graduated

Conditions at Termination:

- ☐ Self termination (not discussed)
- ☐ Single information interview only
- ☐ Mutually agreed by client & counselor
- ☐ Primarily client's decision (discussed)
- ☐ Primarily counselor's decision (discussed)
- ☐ Session limit reached

Issues Addressed in Therapy:

Summary of Progress:

Further Recommendations:

Referrals:

Supervision
Case Record Review Checklist

Therapist_____ Client _____

☐ Data Sheet _____ (date completed)
☐ Intake Summary completed & signed
☐ Informed Consent Form signed and dated
☐ Closing Summary completed & signed

COUNSELING GOALS:
- ☐ Specified in notes
- ☐ Treatment plan outlined
- ☐ Addressed in closing summary

Contacts with students are: ☐ Documented ☐ Dated ☐ Signed

CHECK IF RELEVANT:
- ☐ Referred for medication evaluation
- ☐ Physical symptoms affecting psychological condition:
  - ☐ Release obtained if consulted with MD
- ☐ Harassment (including sexual)
  - ☐ Offered referral to Harassment Advisor
- ☐ Rape/Sexual Assault:
  - ☐ If reported to: ☐ Public Safety ☐ Judicial Affairs
  - ☐ Counselor offered referral
  - ☐ Medical attention recommended
- ☐ Substance Abuse
  - ☐ Alcohol Abuse
  - ☐ Other Drug Abuse
  - ☐ Reported as problem by student
  - ☐ Assessed by therapist

REFERRALS OFFERED:
- ☐ Campus Resources
- ☐ Off-campus

DANGER TO OTHERS:
- ☐ Student expressed specific intent to harm: ☐ person ☐ property
- ☐ Identified action student intended to take
- ☐ Assessed and noted student's ability to carry out intended action
- ☐ Steps taken to protect victim

HOSPITALIZATION:
- ☐ Voluntary
- ☐ Involuntary

CHILD ABUSE:
- ☐ Information offered about CPS reporting

Not Reported:
- ☐ Student age 18+ at intake
- ☐ Abuse was previously reported to CPS

Reported:
- ☐ Abuse is continuing with minor student
- ☐ Other minors currently at risk
- ☐ CPS report filed
- ☐ Copy of CPS report in file

SUICIDALITY:
- ☐ Assessed and form completed
- ☐ Follow-up tx plan
  - ☐ Referrals for tx
  - ☐ Contract for no harm
  - ☐ Follow-up appointment

ADMINISTRATIVE:

Removed from folder:

☐ Envelopes ☐ Process Notes ☐ Supervision Notes ☐ Telephone Messages

Where appropriate:
- ☐ Permission to tape signed and dated
- ☐ Release of Information signed and dated

Reviewer: _____ Date: _____
(Signature)

Multicultural Seminar ~ Fall 2006

(Wednesdays, 11 a.m. – 12 noon)

Date	**Seminar Topic**	**Facilitator**
Aug. 30	Introduction to Multicultural Seminar	Kim Caluza
Sept. 6	The Story of Your Name & Building Connections	Kim Caluza
Sept.13	Building Connections	Janet Elliott & Randall Cockshott
Sept. 20	Building Connections	Sarah Brown David & Carolyn Swearingen
Sept. 27	Building Connections	Jessica Ballou & Jamie Haseley
Oct. 4 11:30-1:00	Personal & Group Learning Goals (11:00-11:30) **Transgender 101: Moving from Tolerance to Understanding** **UC 400**	**Jonathan Poullard,** **Dean of Students,** **UC Berkeley**
Oct. 11	Clinical Issues with Transgender Clients: Case Presentation	Al Meza
Oct. 18	**Clinical Issues with Transgender Clients: Resource Presentation from the SAGE (Standing Against Global Exploitation) Project**	**Kelly Tyne & Al Meza**
Oct. 25	Heterosexism & Homophobia: APA Standards of Practice with LGBTQI Clients	Molly Zook
Nov. 1	Multicultural Competence & APA Standards of Practice	Kim Caluza
Nov. 8	Multicultural Competence: Therapist Self-Assessment & Development	Kim Caluza
Nov. 15	Social Class in America	Barbara Thomas
Nov. 22	People Like Us: Social Class in America (video)	Al Meza
Nov. 29	People Like Us: Social Class in America (video & discussion)	Barbara Thomas
Dec. 6	People Like Us: Social Class in America (video & discussion)	Barbara Thomas
Dec. 13	Social Class Issues in Psychotherapy – Group Supervision	Barbara Thomas
Dec. 20	Multicultural Group Supervision	Kim Caluza
Dec. 27	**Holiday**	**Winter Break**

Multicultural Seminar ~ Spring 2007

Wednesdays 11 a.m. – 12 noon

Date	Seminar Topic	Facilitator
Jan. 3	Monoracial Ethnic/Cultural/Racial Identity Development Models	Kim Caluza
Jan. 10	The Multiracial Experience & Themes in Psychotherapy	Kim Caluza
Jan. 17	Multiracial Ethnic/Cultural/Racial Identity Development Models	Kim Caluza
Jan. 24	Undoing Internalized Oppression in Psychotherapy - Part I	Al Meza
Jan. 31	Undoing Internalized Oppression in Psychotherapy - Part II	Al Meza
Feb.7 11:30-1:00	**University Life Presentation: Affirmative Action & the Myth of a Colorblind Society**	**David Oppenheimer, Professor of Law & Associate Dean, Golden Gate School of Law**
Feb. 14	Color of Fear	Kim Caluza
Feb. 21	Color of Fear	Kim Caluza
Feb. 28	Encountering Racism in Psychotherapy	Kim Caluza
Mar. 7 11:30-1:00	**University Life Presentation: The California Promise and Latino Access to Higher Education**	**Valerie Cuevas, Deputy Director of the National Association of Latino Elected & Appointed Officials (NALEO)**
Mar. 14	Male Issues in Psychotherapy – Part I	Michael Turnacliff
Mar. 21	Male Issues in Psychotherapy – Part II	Michael Turnacliff
Mar.28	**Feminist Psychotherapy**	**Nancy Hoopes Ph.D.**
Apr. 4	Sizeism	Kim Caluza
Apr. 11	Do I Look Fat? Gay Men, Body Image & Eating Disorders - Part I	Al Meza
Apr. 18	Do I Look Fat? Gay Men, Body Image & Eating Disorders - Part II	Al Meza
Apr. 25	Ageism	Kim Caluza
May 2	Individualism & Collectivism	Al Meza
May 9	Psychotherapy & Traditional Healing Systems	Al Meza
May 16	Psychotherapy & Buddhism	Kim Caluza
May 23	Seminar Evaluations	Kim Caluza
May 30	Potluck	All Participants

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

Counseling Center Rights and Responsibilities

Please read the front and back of this page carefully, and initial, sign and date where requested to do so.

• **The initial session or two** . . . gives you a chance to share concerns you are experiencing and gives the counselor an opportunity to assess your situation.

• **The length that counseling takes** . . . depends on the nature of your concerns. The Counseling Center follows a brief counseling model in order to allow the maximum number of students to utilize our services. Many students require only a few sessions, while some will benefit from being seen for the upper limit of sessions (12 per academic year, with additional sessions for students enrolled during Summer). **Please initial** _____

• **The options for counseling** . . . discussed in the initial session(s) will depend on your situation and needs. In some instances, the counselor may recommend you see another counselor here. If your concerns require longer-term or specialized counseling, the counselor may recommend a referral off-campus. Referrals might include group therapy, self-help programs, etc. If you disagree with this recommendation, you may request that the decision be reviewed by the Peer Review Committee of the Counseling Center. Since services for faculty and staff are limited to assessment and referral (maximum of 3 sessions), the procedure is not applicable for faculty and staff.

• **Therapy isn't for everyone** . . . Therapy can be a painful process as you look at difficult life issues. Sometimes this work may result in changes not originally intended and may create disruptions. For a few people therapy can prove not helpful. You may find brief therapy does not adequately address your concerns. You have a right to discuss these issues with your counselor and may decide to forego therapy at this time. However, not seeking treatment can lead to greater problems. Lastly, please consider that certain employers require security clearances and will ask you to divulge therapy you have had. If you feel this could apply to your future (e.g. FBI, Peace Corp) discuss our policy with your counselor.

• **You will be expected to** . . . be open and honest and committed to working on your concerns, and give advance notice if you must cancel an appointment. Since someone else may need the time, cancellations should be made at least 24 hours in advance by calling (415) 422-6352. Our voicemail will take messages after hours. If you do not cancel within this period, the session you miss will be counted toward the number allowed per academic year. If you miss two scheduled sessions in a row without contacting the Center, someone else may be assigned your appointment time.
Please initial _____

(Turn Over)

• **Everything that is said within the counseling session is confidential,** and no information can be released to anyone without your written consent. California law, however, specifies that there are conditions under which confidentiality is suspended, including:

1. If you present a serious threat of harming yourself, or a believable threat to harm another person we may contact family, university administrators or others as needed to prevent harm.

2. If you are a minor (under age 18), except under certain circumstances, parents will be notified you have sought counseling services.

3. If a court of law issues a legitimate subpoena regarding your records.

4. If you disclose circumstances involving abuse of children, as well as elder and dependent adult abuse.

Please initial _____

• Counselors at the Center consist of a staff of licensed psychologists, predoctoral interns and post-doctoral fellows. Psychology trainees and staff members receive and provide consultation and supervision. To aid in this process, your counselor may record your sessions with your permission. Confidentially will be strictly maintained. All tape recorded material is systematically erased for your protection.

Please initial _____

• Due to increased liability issues, psychiatric appointments cannot be extended to anyone not concurrently seen in therapy at the USF Counseling Center.

• We do keep records on those who make use of our services. They are open only to authorized Counseling Center staff and are not shared with other offices or departments of the University, nor do they become a part of any central record. Thus, there will be no record of your coming to the Counseling Center apart from confidential files kept at the Center. These records consist of your intake form and documentation of your visits with brief notes on those sessions. Records are kept in a locked storage area for 7 years, after which your file is shredded. A summary sheet is retained an additional four years and then it too is shredded.

DATE: _____ **SIGNATURE:** _____

***Counseling Psychology Graduate Students please note**: Counseling Psychology graduate students may be seen at the center but not solely for the purpose of accruing hours toward licensure nor will they be guaranteed an opportunity to see a licensed professional. To report hours to the BBS you must see a licensed therapist. Due to ethical considerations, students who are seen by a licensed professional at the center will not be considered for doctoral level training positions with us in the future unless the treating clinician is no longer employed by the center.

If you have any questions regarding these policies, please discuss them with a counselor or the Director of the Center.

Attachment 39A

WHEN YOUR THERAPIST RECOMMENDS A MEETING WITH THE PSYCHIATRIST

WHAT IS A PSYCHIATRIST?

A psychiatrist is a physician fully trained in general medicine who has special training in psychopharmacology. Psychiatrists are the only mental health professionals licensed to prescribe medication.

WHY WAS I ASKED TO SEE A PSYCHIATRIST?

Your USF therapist has recommended an evaluation. One of several circumstances may warrant the suggestion that you visit a psychiatrist:

- Medical factors may be suspected of contributing to your problem.
- If your symptoms are severe enough to interfere with your daily functioning at school or work, medication may facilitate a return to normal daily life.
- You may have the presence of specific symptoms, which are known to respond particularly well to medication.
- Your USF therapist may want a second opinion on your problem.

WHAT HAPPENS WHEN I SEE THE PSYCHIATRIST?

The psychiatrist will meet with you initially to discuss your medical and mental health problems, your family history, and your general development. The doctor may request further medical evaluation or past treatment records with your consent. At the end of the evaluation, you will discuss the nature of the problem and possible treatment options. Seeing the psychiatrist does not mean that you will be prescribed medication. You are free to accept or decline medication recommendations. If medication is prescribed, you will have brief follow-up visits with the psychiatrist. Medication evaluation and management require ongoing assessment, and it is important that you ask questions and provide feedback to the psychiatrist about your experience with any medication, which may be prescribed. Be open and honest with the psychiatrist about your concerns. Once you are no longer in therapy at the center, an outside psychiatry referral, if required, will also be made. Due to liability, psychiatric appointments cannot be extended to anyone not concurrently in therapy at the Counseling Center.

WHAT ARE THE LIMITATIONS?

Only ongoing clients are referred to our consulting psychiatrist for evaluation. The psychiatric services at USF are **NOT** a 24-hour service. If you have a psychiatric emergency you will need to go to a private hospital (if you have insurance) or San Francisco General (if you do not have insurance).

Your visit(s) with the psychiatrist do not count against your 12-session limit at the Counseling Center. There is no cost to the student for regularly scheduled visits with the psychiatrist. If you are unable to keep an appointment, please call the office (422-6352) at least 24-hours in advance or as soon as you are able. Only the Counseling Center can schedule visits with the consulting psychiatrist. You are fully responsible for any sessions or consultations not arranged by the staff of the USF Counseling Center. This may include additional therapy that you wish to have with the psychiatrist or any consultation (including emergency calls) where you seek her opinion.

In some cases, you may be referred to an outside psychiatrist for treatment if our consulting psychiatrist feels your needs exceed our limits of service. If an outside referral is made, you will be financially responsible for those visits.

Signature_____ Date_____

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

ATTACHMENT 5

Consent For Release of Confidential Information

Client's Name (PRINT): _____

Date of Birth: _____

I give permission for the University of San Francisco Counseling Center to release psychological/counseling information regarding the above client to the following parties:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

The specific type of information needed is : _____

_____

For the purpose of (list specific purpose for release): _____

_____

_____

Signature: _____ Date: _____

Relationship to Client: _____

USF
UNIVERSITY of SAN FRANCISCO

ATTACHMENT 6

Counseling Center

Student Affairs
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

Client Name_____

Date of Birth_____

To:_____

_____

_____

_____

You recently requested information regarding the individual named above.

_____ The requested information is enclosed. Please do not release this material to any other party without express written consent.

_____ I am unable to send you the requested information for the following reasons.

_____ We have no record of having provided services to this person.

_____ The person was seen here but all records have been destroyed.

_____ The release which you sent does not fit our guidelines. Enclosed please find a release form to be signed by the client. (In case of a minor client, two release forms are enclosed; both the client and the parent/legal guardian must complete them.)

_____ Other reason: _____

_____

_____

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center

Student Affairs
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

ATTACHMENT 7

Consent For Release of Confidential Information:

Prior Psychological/Psychiatric Services

Client Name: _____

Date of Birth: _____

I authorize _____

_____

_____

_____ to release

confidential professional information, including personal counseling, psychological, psychiatric, and medical records and opinions regarding their contact with the above named client, to _____ at the University of San Francisco Counseling Center.

Signature: _____

Relationship to Client: _____

Date: _____

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center

Student Affairs
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

CONSULTATION REQUEST
INFORMATION AND CONSENT FORM

Welcome to the USF Counseling Center. We have been asked by a member of the USF faculty or staff to meet with you for a consultation. This information describes our role and the limits of confidentiality. Please read both sides carefully.

In addition to your regular counseling services, we are sometimes asked by a member of the faculty or staff of the University for a consultation regarding a special situation. This usually means meeting with the person (s) involved and providing some feedback (verbal or written) to the faculty or staff making the request for consultation. You will be asked to sign a Release of Information form so that we may provide feedback to the person requesting the consultation.

This differs from our regular counseling service in some important ways. First, unlike regular counseling where the first meeting is usually the beginning of a longer therapeutic relationship, a consultation is usually limited to one or two meetings. Second, since our purpose is to provide consultation to a third party, we cannot assure you complete confidentiality. We are ethically bound to maintain confidentiality except under the conditions listed on the back of this form and under the circumstances you specifically waived on a written release. However, we cannot guarantee that the person with whom you have allowed us to share information with will also hold it in confidence.

If you are a faculty or staff member, and the consultation was made by your supervisor, a summary of the consultation may become part of your record. If you are a student, a summary of the consultation may become part of your record. If your record later becomes part of a disciplinary process or hearing, we may be asked to testify regarding the information for which you previously authorized a release.

The reverse side of this form contains further information regarding the legal limits of confidentiality. Please read it carefully and sign and date it where requested. If you have any questions about what you have read here, please discuss your concerns with your counselor.

(Turn Over and Sign)

Confidentiality

Since confidentiality is often a concern, we wish to be clear about our policies in this area. In general, everything that is said within counseling sessions is confidential, and no information can be released to anyone without your written consent. Since this is a consultation request made by a third party, you will be asked to sign a Release of Information so that we may exchange information from this meeting that the third party specified in the release. In addition, under California law, there are specific conditions under which confidentiality is suspended, including:

1. If you are a serious threat to harming yourself, or a believable threat to harm another person.

2. If you are a minor (under age 18), except under certain circumstances, parents will be notified that you have sought counseling services.

3. If a court of law issues a legitimate subpoena regarding your records.

4. Circumstances involving physical or sexual abuse of children, as well as elder and dependent abuse.

DATE:_____ SIGNATURE:_____

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

Minor Client's Name: _____

Date of Birth: _____

Dear Parent/Guardian:

This correspondence is to inform you that _____ is seeking counseling at the University of San Francisco Counseling Center. California law requires, with certain exceptions, that any unemancipated minor receive counseling only with the consent of a parent or legal guardian.

As the parent or legal guardian you would be involved in any decisions regarding release of information to a third party, and you have legal rights in relation to confidential information shared by the minor with a counselor.

We would contact you if there were a need for a release of information to a third party. We have found that minors want to feel that their confidentiality will be protected by the counselor. It would be their decision to have information shared with anyone else, including parents and legal guardians.

If you feel comfortable with the guidelines which have been outlined above, please sign the enclosed forms and return them in the enclosed envelope. Space has been provided for two signatures for situations where there are two parents/legal guardians; we prefer both to sign.

If you have any questions which you would like to discuss before signing the consent and/or waiver, please feel free to contact me. Thank you.

Sincerely,

Barbara Thomas, Ph.D.
Director

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

Consent for Counseling

Minor Client's Name: _____

Date of Birth: _____

I agree that the above named minor can receive counseling at the University of San Francisco Counseling Center.

Signature: _____

Relation to Client: _____

Date: _____

Signature: _____

Relation to Client: _____

Date: _____

USF
UNIVERSITY of SAN FRANCISCO

Counseling Center
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-6352
FAX 415 422-2260

Waiver

I hereby acknowledge that I have read this document and that I fully understand its contents. While I understand that the USF Counseling Center shall not release any confidential information to third parties without the express written release from both the parent / legal guardian and the minor client, I also understand and agree to abide by the Center's policy regarding the release of information to the parent / legal guardian. Therefore, I hereby waive any legal privilege to obtain information without the prior express written approval from the minor client. I understand that this waiver is legally binding and I acknowledge that I have signed it freely and voluntarily.

Signature: _____

Relation to client: _____

Date: _____

Signature: _____

Relation to client: _____

Date: _____

INSERVICE PRESENTATION EVALUATION FORM
USF COUNSELING CENTER

Presenter: Date:

Topic:

Instructions: Please use this form to give your feedback on how you experienced the presentation. The presenter will be given summary feedback from these forms, but not the forms themselves in order to provide anonymity of response.

Return to Pat by _____ **THANK YOU**

As a result of this inservice, I am familiar with …	**Yes**	**No**	**Comments**
the definition and premises of TLDP			
TLDP inclusion/exculsion criteria			
the blueprint for TLDP case formulation			

Was the presentation:	**Yes**	**No**	**Comments**
relevant to brief therapy training?			
relevant to multicultural awareness?			
Style was engaging?			

Please initial _____

INSERVICE PRESENTATION EVALUATION FORM
USF COUNSELING CENTER

What did you find most helpful?

What did you find least helpful today?

Please make any suggestions for improvement

Please initial _____

UNIVERSITY OF SAN FRANCISCO
COUNSELING CENTER
SUPERVISOR EVALUATION

In order to evaluate and improve the training program at USF, we would like your feedback about your supervisory experiences. Your responses are intended to improve the quality of supervision and will be taken seriously.

Supervisees should use the following scale for evaluation of the items:

4 = Performs this activity with above average ability, initiative and adaptability.

3 = Performs this activity well, at an acceptable and satisfactory level.

2 = Can perform this activity but would like an adjustment (please make a note in comments).

1 = Performance is at an unsatisfactory level (please comment).

NA = Not applicable at this time of evaluation.

A. Professional/Ethical

1.	Supervisor is prompt, dependable, and prepared for supervisory sessions.	NA 1 2 3 4
2.	Supervisor is available for additional consultation as needed.	NA 1 2 3 4
3.	Supervisor offers structure and direction as needed.	NA 1 2 3 4
4.	Supervisor serves as a professional role model.	NA 1 2 3 4
5.	Supervisor maintains a high priority on uninterrupted supervisory sessions.	NA 1 2 3 4
6.	Supervisor listens to audiotapes in a timely manner and provides constructive feedback.	NA 1 2 3 4
7.	Supervisor establishes and maintains appropriate professional boundaries within the supervisory relationship.	NA 1 2 3 4
8.	Supervisor demonstrates sensitivity to ethnic/cultural differences in clients and in the supervisee.	NA 1 2 3 4

COMMENTS:

B. Relationship/Communication

1.	Supervisor establishes a learning environment that is supportive and challenging.	NA 1 2 3 4
2.	Supervisor works to establish a climate of trust.	NA 1 2 3 4
3.	Supervisor acknowledges and respects individual differences between supervisor and supervisee.	NA 1 2 3 4
4.	Supervisor willingly examines supervisee/supervisor relationship as it pertains to client issues.	NA 1 2 3 4
5.	Supervisor identifies and addresses conflicts arising in supervision appropriately and constructively.	NA 1 2 3 4
6.	Supervisor gives appropriate feedback about professional strengths as well as areas for growth.	NA 1 2 3 4
7.	Supervisor identifies personal issues of supervisee that may be interfering with therapy, and aids in dealing with these issues within appropriate professional boundaries.	NA 1 2 3 4
8.	Supervisor encourages independent thinking and supports experimentation with various approaches/interventions.	NA 1 2 3 4
9.	Supervisor acts as an advocate for the supervisee where appropriate.	NA 1 2 3 4

COMMENTS:

C. Training/Teaching

1.	Supervisor is collaborative in establishing clear training goals and in adjusting them as needed.	NA 1 2 3 4
2.	Supervisor is appropriately self-disclosing and acknowledging of own strengths and limitations.	NA 1 2 3 4
3.	Supervisor conveys theoretical orientation/conceptual frameworks clearly.	NA 1 2 3 4
4.	Supervisor uses appropriate didactic material and can suggest additional reading.	NA 1 2 3 4
5.	Supervisor effectively teaches theories/techniques of therapy while simultaneously respecting supervisee's theoretical orientation and style.	NA 1 2 3 4
6.	Supervisor uses audiotapes and other modalities of supervision in a constructive and flexible manner.	NA 1 2 3 4
7.	Supervisor effectively monitors workload and is flexible in helping supervisee achieve a variety of professional experiences.	NA 1 2 3 4

COMMENTS:

D. Therapeutic Skills

1.	Supervisor works collaboratively to develop a case formulation of clients.	NA 1 2 3 4
2.	Supervisor raises legal/ethical issues as they pertain to clients.	NA 1 2 3 4
3.	Supervisor helps define and clarify treatment goals for brief therapy.	NA 1 2 3 4
4.	Supervisor is knowledgeable about campus/community resources and assists with referrals as needed.	NA 1 2 3 4
5.	Supervisor effectively assists supervisee in understanding and dealing with therapist/client relationship dynamics.	NA 1 2 3 4

COMMENTS:

E. Overall Feedback

What have you found most helpful/useful about supervision?

How can your supervision be improved?

TRAINEE SIGNATURE_____

SUPERVISOR SIGNATURE_____

DATE_____

UNIVERSITY OF SAN FRANCISCO
COUNSELING CENTER
TRAINEE EVALUATION

Supervisors should use the following scale for evaluation of the items:

4 = Trainee's professional competence is above normal expectations given his/her training and professional experience to date.

3 = Trainee's professional competence is in keeping with normal expectations given his/her training.

2 = Trainee's professional competence is below normal expectations. Continued close supervision and consultation is indicated.

1 = Trainee's professional performance is far below normal expectations. Specific remediation and careful monitoring are required.

NA = Not applicable at this time of evaluation.

A. Work Habits

1.	Trainee responsibly attends, prepares for, and is punctual for appointments, seminars, and other work-related obligations.	NA 1 2 3 4
2.	Trainee prepares written and oral reports accurately and comprehensively.	NA 1 2 3 4
3.	Trainee completes paperwork in a timely and responsible manner.	NA 1 2 3 4
4.	Trainee assumes initiative for participating in and developing new projects.	NA 1 2 3 4
5.	Trainee budgets time realistically and balances work with self-care.	NA 1 2 3 4

STRENGTHS:

AREAS FOR GROWTH:

B. Interaction with Agency/Staff

1.	Trainee communicates effectively and consults appropriately with co-workers.	NA 1 2 3 4
2.	Trainee adheres to the center's policies and procedures.	NA 1 2 3 4
3.	Trainee demonstrates interest and involvement with the goals and functions of the center.	NA 1 2 3 4
4.	Trainee participates actively in staff meetings, training seminars, and conferences.	NA 1 2 3 4

STRENGTHS:

AREAS FOR GROWTH:

C. Professional Skills

General/Individual

1.	Trainee is able to effectively utilize models of brief psychotherapy.	NA 1 2 3 4
2.	Trainee is able to establish a satisfactory therapeutic relationship with clients.	NA 1 2 3 4
3.	Trainee is able to conceptualize client problem areas within one or more specific theoretical frameworks.	NA 1 2 3 4
4.	Trainee selects appropriate intervention techniques based on initial and ongoing assessments.	NA 1 2 3 4
5.	Trainee demonstrates sensitivity to ethnic/cultural differences and can intervene with clients in a culturally competent manner.	NA 1 2 3 4
6.	Trainee demonstrates awareness of personal issues that may influence the therapeutic process.	NA 1 2 3 4

Intake Interviewing

7.	Trainee is capable of identifying problem areas quickly and accurately, and can establish a working treatment plan early on in therapy.	NA 1 2 3 4
8.	Trainee is able to gather client information in a comprehensive and thorough manner.	NA 1 2 3 4
9.	Trainee effectively incorporates outcome assessment measures into the intake process and utilizes outcome data appropriately.	NA 1 2 3 4

Group Therapy

9. Trainee is able to work collaboratively with co-facilitators. NA 1 2 3 4
10. Trainee intervenes effectively in a group modality. NA 1 2 3 4

Crisis Intervention

11. Trainee can accurately assess crisis situations including suicidality, violence potential, and grave disability. NA 1 2 3 4
12. Trainee demonstrates clinically supported judgment and prompt action when intervening in crisis situations. NA 1 2 3 4

Outreach/Consultation

13. Trainee demonstrates the ability to effectively design and deliver workshops to the campus community. NA 1 2 3 4
14. Trainee is able to establish an effective consultative relationship with members of the campus community. NA 1 2 3 4

STRENGTHS:

AREAS FOR GROWTH:

D. Use of Supervision

1. Trainee is responsible in showing and sharing work in supervision. NA 1 2 3 4
2. Trainee recognizes and openly discusses problem areas with supervisor. NA 1 2 3 4
3. Trainee is responsive to feedback and incorporates this feedback into professional practice. NA 1 2 3 4
4. Trainee can act independently in supervision within appropriate limits. NA 1 2 3 4

STRENGTHS:

AREAS FOR GROWTH:

E. **Professional Issues**

1. Trainee recognizes and deals responsibly with personal issues that may affect professional services. NA 1 2 3 4
2. Trainee understands and maintains professional ethical behavior in accordance with the Ethical Standards of the American Psychological Association. NA 1 2 3 4
3. Trainee understands and maintains California Laws which pertain to the practice of psychology. NA 1 2 3 4
4. Trainee is aware of own professional limitations and the need for consultation. NA 1 2 3 4

STRENGTHS:

AREAS FOR GROWTH:

F. Additional Comments or Feedback

TRAINEE SIGNATURE_____

SUPERVISOR SIGNATURE_____

DATE_____

UNIVERSITY OF SAN FRANCISCO
DIVISION OF UNIVERSITY LIFE
EXEMPT STAFF SELF APPRAISAL

Name: _____ Date: _____

Department: _____

Written Self Appraisal (Based upon appropriate job related criteria)

1. What were your major accomplishments during the past year; do they demonstrate achievement in meeting agreed upon goals and objectives that are consistent with departmental/divisional strategic priorities?
    a. Identify efforts you took in building partnerships with others that demonstrated a collaborative approach.
    b. To what degree did you conduct evaluations of programs and services to measure the impact on student learning and engagement in order to promote their physical, emotional, spiritual, intellectual or psychological development?

2. List your job-related strengths; how do these help you perform your essential duties and responsibilities?

3. Please describe how the Catholic and Jesuit values of the institution (as articulated in the University's Vision, Mission and Values Statement and University Life Commitments Statement) have influenced your work.

4. Identify any difficulties or problems you encountered in the workplace and actions you took to overcome them.

5. Identify any job-related weaknesses where you believe additional development is needed. What resources can be provided which would assist you in these areas?

6. Please list any professional development opportunities you took advantage of this past year and any preliminary plans for next year?

7. List any additional comments, observations or suggestions which would help your supervisor and the University evaluate your job performance.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

UNIVERSITY OF SAN FRANCISCO
DIVISION OF UNIVERSITY LIFE
EXEMPT STAFF PERFORMANCE APPRAISAL

Name: _____ Date: _____

Department: _____

Narrative Appraisal (Based upon appropriate job related criteria)

1. How did the employee perform their essential duties & responsibilities?

2. Comment on the individual's performance in achieving agreed upon goals, both individual and departmental. How did the employee promote USF's Mission, Vision and Values?

3. To what degree did the employee regularly conduct program evaluations, set specific learning outcomes associated with the activity or service and measure the impact on student learning and engagement when appropriate?

4. Comment on the individual's performance in handling unexpected crisis or change on the job and how well the individual responded to unanticipated assignments.

5. Assess the individual's strengths as an administrator/professional as well as their overall performance. Comment on areas requiring improvement or development.

6. List your goals and objectives for this staff member for 2008-09.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Vice President: _____ Date: _____