ASSESSABLE OUTCOME
Students will be able to successfully overcome mental health-related barriers to completing their educational goals in a timely manner.

OUTCOME SUPPORTS
☒ University: Goal 2
☒ Division: Goal 2
☐ Department: _____________
☐ Other: __________________

ASSESSMENT APPROACH
☒ Direct assessment
☐ Indirect assessment
☒ Both direct and indirect assessment

METHODS AND MEASURES
Measures:
*Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62, Locke et al., 2011)*
The CCAPS-62 was developed as a standardized instrument for use with college counseling center clients. It provides a multidimensional assessment of psychological symptoms that were identified as important by counseling center staff and experienced psychotherapy researchers. It was created for identifying common challenges to healthy college student development and assessing clinical constructs and their influence on one another, including academic distress. The measure assesses the following domains: depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, hostility, and substance abuse.

*Counseling Center Assessment of Psychological Symptoms-34 (CCAPS-34, Locke et al., 2012)*
A short version of the CCAPS-62 was created out of three studies and in response to the need for a briefer instrument for repeated measures. The final short version, CCAPS-34, demonstrates good discrimination power and contains seven subscales where the family distress subscale was eliminated.

*Standardized Data Set (SDS)*
The SDS is a structured questionnaire completed by CAPS students at their initial appointment. The information captured includes, mental health history, self-reported academic information, and asks the student to self-report the extent to which their presenting problems impact their academic performance.

Methods:
In CAPS, assessment of clinically meaningful change is necessary for treatment planning, monitoring progress, and evaluating treatment response. All students who utilize CAPS will complete a CCAPS-62 during their first appointment. CAPS will use the CCAPS-34 on a repeated measures basis to allow for patterns of distress in different areas to emerge over time. Completing the CCAPS-34 on a regular basis over the course of treatment can help both

DATA COLLECTION TIMEFRAME
July 1, 2014 – June 30, 2015

OUTCOME TYPE
☒ Performance Outcome
☐ Student Learning Outcome

DATA COLLECTION METHODS
• Survey
therapists and students recognize and appreciate progress they have made – or become aware of and address lack of progress or worsening of symptoms.

CAPS will collect the clinical assessment data for the purpose of analyzing clinical change over time and common patterns of change. In addition to assessing psychological symptoms, CAPS will utilize the Student Success Dashboard and students’ self-report information about change in academic performance throughout the course of treatment.

**CRITERIA OF SUCCESS**

75% of the students will demonstrate a decrease in symptoms of substance abuse, depression, anxiety, high risk behaviors and academic distress.

**DATA COLLECTION AND ANALYSIS**

CCAPS data was collected for the fall semester only due to a glitch with our administration process after an update was installed in the iPads used to administer the survey. Utilizing a single-subject repeated measures design, at least 75% of students utilizing services at CAPS demonstrated a decrease in one or more symptoms of distress. With the exception of the eating concerns subscale, reductions in subscale scores were statistically significant at the p < .05 level. Two key limitations to the single-subject research design are carryover effects (treatment effects will carry over across phases) and cyclic variations (any systematic fluctuation confounding the data). The analysis consists of a sample of students who utilized services at CSUF - CAPS and completed the College Counseling Assessment of Psychological Symptoms (CCAPS) at intake and throughout treatment. The sample of students will have data for at least one time point, and some will have complete data for all time points (e.g., Intake, Session 3, Session 6, Session 9, Termination Session, etc.).

Following is a summary of students who completed at least two assessments during the course of treatment at CAPS:

- Students’ mean depression standard score and percentile score were 1.54 (55th percentile) at intake and 1.25 (45th percentile) at the third counseling session. Those assessed at the sixth counseling session indicated further score decreases, 1.12 (41st percentile).
- Students’ mean generalized anxiety standard score and percentile score were 1.68 (50th percentile) at intake and 1.54 (45th percentile) at the third counseling session. Those assessed at the sixth counseling session indicated further score decreases, 1.54 (45th percentile).
- Students’ mean social anxiety standard score and percentile score were 1.86 (59th percentile) at intake and 1.72 (56th percentile) at the third counseling session. Those assessed at the sixth counseling session indicated further score decreases, 1.57 (49th percentile).
- Students’ mean academic distress standard score and percentile score were 1.92 (57th percentile) at intake and 1.66 (45th percentile) at the third counseling session. Those assessed at the sixth counseling session did not show further improvement until their ninth or final counseling session 1.41 (40th percentile).
Counseling and Psychological Services

- Students’ mean eating concerns standard score and percentile score were .96 (65th percentile) at intake and .92 (63rd percentile) at their third counseling session.
- Students’ mean hostility standard score and percentile score were .95 (64th percentile) at intake and .75 (52nd percentile) at their third counseling session.
- Students’ mean alcohol use standard score and percentile score were .55 (64th percentile) at intake and .45 (61st percentile) at their third counseling session.

**CCAPS Summary**

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<th>Psychological Symptoms</th>
<th>Intake</th>
<th>Third Session</th>
<th>Sixth Session</th>
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<td>Alcohol</td>
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**IMPROVEMENT ACTIONS**

Systems are in place to ensure that we get a more complete data set for the next assessment. Earlier in the year we experienced a glitch with technology, but this was addressed and taken care of by IT.

We will look at ways of addressing Eating Concerns in a more effective manner. One action toward this was to hire a counselor with expertise in working with Eating Disorders. We will also increase training in this area so that all of the CAPS Counselors can be more effective when working with students exhibiting eating concerns.

All outcome expectations were met and no program changes have been proposed at this time. Program will continue existing practices and re-assess outcome in one year with an emphasis in the area of eating related symptoms.