**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:

**DATA COLLECTION METHODS**
- Survey, other

**OUTCOME TYPE**
- Performance Outcome
- Student Learning Outcome

**ASSESSMENT APPROACH**
- Direct assessment
- 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 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.

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 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.

**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

Data was collected from June 1, 2017 – May 31, 2018. Included in this study were responses from 796 Students who completed 2341 CCAPS surveys during this period. Utilizing a one way between groups analysis of variance, over 75% of students utilizing services at CAPS demonstrated a decrease in one or more symptoms of distress. The reductions in scores were statistically significant at the p < .05 level for all subscales. 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 two time points, and some will have complete data for all time points, e.g., Intake (Baseline), Session 3 (First Administration), Session 6 (Second Administration), & Session 9 (Third Administration). The following is a summary of students who completed at least two assessments during treatment at CAPS:

- Students’ mean depression standard score demonstrated steady decreases over the course of treatment: Scores were 1.8567 (70th percentile) at intake; 1.6273 (62nd percentile) at the third session; 1.4239 (56th percentile) at the sixth session; and 1.4039 (56th percentile) at the ninth session.
- Students’ mean generalized anxiety standard score demonstrated steady decreases over the course of treatment: Scores were 2.0433 (63rd percentile) at intake; 1.8846 (59th percentile) at the third session; 1.705 (55th percentile) at the sixth session; and 1.7092 (54th percentile) at the ninth session.
- Students’ mean social anxiety standard score demonstrated decreases over the course of treatment: Scores were 2.0434 (65th percentile) at intake; 2.0304 (62nd percentile) at the third session; 1.9151 (60th percentile) at the sixth session; and 1.8888 (59th percentile) at the ninth session.
- Students’ mean academic distress scores demonstrated an up and down elevation over the course of treatment with a leveling off of symptom reduction over the course of treatment: Scores were 2.0653 (60th percentile) at intake; 2.1134 (63rd percentile) at the third session; 1.9156 (57th percentile) at the sixth session; and 1.9898 (58th percentile) at the ninth session.
- Students’ mean eating concerns standard score demonstrated a decrease in the beginning of treatment with a leveling off of symptom reduction over the course of treatment: Scores were 1.0269 (68th percentile) at intake; 0.9552 (67th percentile) at the third session; 0.8536 (65th percentile) at the sixth session; and 0.8469 (64th percentile) at the ninth session.
- Students’ mean hostility standard score demonstrated steady decreases over the course of treatment: Scores were 1.009 (69th percentile) at intake; 0.8451 (64th percentile) at the third session; 0.6716 (60th percentile) at the sixth session; and 0.6148 (59th percentile) at the ninth session.
- Students’ mean Alcohol standard score demonstrated decreases over the course of treatment: Scores were 0.488 (64th percentile) at intake; 0.4102 (63rd percentile) at the third session; 0.3065 (60th percentile) at the sixth session; and 0.2602 (58th percentile) at the ninth session.
- Students’ mean Distress standard score demonstrated decreases over the course of treatment with a leveling off of symptom reduction over the course of treatment: Scores were 1.753 (59th percentile) at intake; 1.5922 (53rd percentile) at the third session; 1.4568 (47th percentile) at the sixth session; and 1.4426 (46th percentile) at the ninth session.
DEMOGRAPHICS OF SURVEY PARTICIPANTS:
- Student’s age ranged from 18-61 years old
- 73.3% of students identified as female -- 26.7% of students identified as male
- 84 students were identified as international students

![Graph showing CCAPS Data 2016-2017 (Raw Data) with baseline, 3rd Session, 6th Session, and 9th Session data for Depression, Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Hostility, Alcohol, and Distress.]

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<th>6th session</th>
<th>9th session</th>
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<td>Hostility</td>
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<td>Alcohol</td>
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COMPARISONS TO PREVIOUS YEAR(S):
Compared to previous years, this past year, CAPS was able to see improvements in the social anxiety and eating concern areas. The data suggests that last years’ staff discussions and training on these topics were effective.

Over the course of the last few years, we have begun to notice some trends with our baseline data. For the last few years, depression, generalized anxiety, eating concerns and hostility scores have been increasing. On the opposite side, we have noticed that social anxiety and academic distress were rising over the years until this last year where the baselines scores decreased. Overall these comparisons to previous years are beginning to suggest that students presenting to CAPS are experiencing an increase in the severity of their psychological symptoms.

IMPROVEMENT ACTIONS:
Overall, all outcome expectations were met, and no large program-wide changes have been proposed at this time. Programming will continue with existing practices and re-assess the outcomes in one year.

Provided the unique presentation of the academic distress scores for this past year, we have decided to wait to see if this issue repeats for it to become a trend. This past year was exceptional in the number of social-political stressors that students faced, and these events could have significantly impacted students, concentration, motivation, and desire to engage in academics.