

# **IUPUI Counseling and Psychological Service (CAPS)**

## **Program Review: Self-Study**

**March 2021**

## A. Program Profile

### A-1. Brief Description of Department Mission, Including Goals, History and Context

#### Mission and Vision

IUPUI Counseling and Psychological Services provides mental health and wellness services, as well as prevention and advocacy support for students experiencing sexual misconduct, for all students on the IUPUI campus. IUPUI CAPS has a long-standing training program that currently includes practicum and internship opportunities. IUPUI CAPS is a part of the Division of Student Affairs, and information about the Divisional vision, mission, and goals can be found [here](#).

**Vision:** CAPS advances the mental health and personal growth of every student.

**Mission:** At CAPS, we are here to TALK:

- **T** Training and educating emerging clinicians.
- **A** Addressing each student's mental health needs through assessment, therapy, group, and crisis intervention services.
- **L**ending professional support to faculty and other IUPUI community members through provision of outreach and consultation.
- **K**eeping IUPUI students successful and engaged in school.

**Mission: Interpersonal Violence Prevention and Response Services** - promotes a safer living and learning environment for IUPUI students by coordinating efforts to prevent sexual and relationship violence, educating on effective intervention and trauma-informed responses, and providing advocacy services for survivors of interpersonal violence.

In addition to promoting the values of the Division of Student Affairs, CAPS strives to be:

**Client-centered** – We recognize our students as experts of their own lives and strive to meet their individual needs by providing supportive services in a respectful environment, and empowering them to achieve their goals.

**Inclusive** – We celebrate and honor the diversity of our students and promote the participation and representation of diverse populations by facilitating collaborative engagement and outreach throughout the campus community.

**Innovative** – We identify and adapt to changing needs of our students and the campus community and implement evidence-based practices to ensure highest quality care.

**Holistic** – We support the overall mental, emotional, and physical health of our students and promote development and balance of academic success, healthy social relationships, and self-care practices.

**Developmental** – We provide structured training experiences for emerging professional clinicians and foster learning, growth, and quality service delivery through teaching, leadership, and mentorship roles.

**Ethical** – We are responsible to our students and act according to the highest professional standards, ethical codes, and legal mandates in our clinical and professional activities.

#### A Brief History of IUPUI Counseling and Psychological Services

The original counseling office on the IUPUI campus, the Non-Academic Counseling Center, was formed in 1976 and located at the 38<sup>th</sup> Street Campus (formerly the Purdue Indianapolis Campus). This one-person office, a part of the Office of Student Services, was responsible for individual and career counseling, and later for coordinating accommodation services for students with disabilities. The office moved to the west-side campus in 1982 and a second staff member was added. As other offices were created to address career and accommodation services, the counseling center focused on mental health services and a third staff member was added. In 1990, the name was changed to IUPUI Counseling and Psychological Services and the office moved to the Union Building. Shortly after, a practicum training component was added to support the increasing demand for clinical mental health services. With campus administrative restructuring, the office became part of the portfolio for the Vice Chancellor of Undergraduate Education.

In 1999, additional administrative restructuring led to formation of the Division of Student Life and Diversity, which included CAPS, Adaptive Educational Services, Campus Community Life, the Dean of Students, Housing and Residence Life, and the developing Campus Center. Further campus reorganization in 2007 resulted in the formation of the Division of Diversity, Equity, and Inclusion at IUPUI and the division name was changed to the Division of Student Life. In 2016, to reflect the breadth of programs and services, the division was renamed to the Division of Student Affairs.

As the demand for psychological and mental health services continued to grow, funds were allocated to add a full-time Post-Doctoral Fellowship position in 2001 and a full-time Staff Counselor position in 2003. Funding was also made available for part-time psychiatric medication management. Further funding was made available to expand staff from the new formed General Service Fee established in 2006. As the national focus on college mental health increased following the 2007 tragedy at Virginia Tech, funds were regularly allocated to expand CAPS staff. By 2011, staff included 7 full-time clinical positions, 2 post-doctoral fellows, and 2 support staff, in addition to unpaid doctoral interns and masters and doctoral practicum trainees. At this time, CAPS relocated to the Walker Plaza building. While this building is located on the periphery of campus, it is easily accessible and the floor-plan was more suitable to clinic operations.

During the ensuing few years, CAPS launched two new non-clinical positions for the IUPUI campus, one dedicated to alcohol and substance use prevention, and the second to prevention and response efforts for students experiencing sexual misconduct. In 2014, these two roles plus

the health education specialist from Student Health became the foundation for the new Office of Health and Wellness Promotion within the Division of Student Affairs. Subsequently, the role of Assistant Director of Outreach and Partnerships was established at CAPS to support mental wellness and coordinate with HWP efforts. In the spring of 2017, the role associated with overseeing prevention and response efforts related to sexual misconduct transitioned back to CAPS.

Clinical training has remained a key component of IUPUI CAPS, and in 2018, CAPS was awarded accreditation (on contingency) by the American Psychological Association as a training site for doctoral interns. Full accreditation status was awarded in fall 2020.

IUPUI CAPS has continued to receive budgetary support to expand clinical staff. As of fall 2020, CAPS was funded to support 18 clinical staff (inclusive of administrative and specialized roles), 2 doctoral interns, the AD-IPV, and 3 support staff (inclusive of the Lead Administrative Assistant). A board certified psychiatrist provides services ~12 hours/week.

To accommodate the changing needs of CAPS, the administrative structure was adjusted to include the Director, 5 Assistant Directors, and a Lead Administrative Assistant (office manager). The responsibilities of the Assistant Directors included: Clinical Services, Interpersonal Violence Prevention and Response (IPV), Outreach and Community Services, Internship Training, and Practicum Training. Two specialized clinical positions were developed to meet service needs: Case Manager (2014) and Clinical Assessment Specialist (2019).

A more detailed history of IUPUI CAPS can be found in Appendix 1.

### Current Strategic Goals Initiatives

IUPUI CAPS staff engaged in development of a new strategic plan during the summer and fall of 2019. Strategic goals and objectives were developed for three functional areas: Clinical Services, Outreach and Community Services, and Training. This plan intersects with the strategic plan developed in 2018 for Interpersonal Violence Prevention and Response in collaboration with key campus partners (accompanying document). The detailed strategic plans can be found in Appendix 2, and highlights include:

- Expand outreach programs by increasing the number of programs offered, adapting programs to the remote environment, and creating asynchronous learning options.
- Increase student involvement in outreach programming by implementing event planning groups (IPV) and training peer mental health supports.
- Improved the online resources available, including opportunities for self-help and information about community resources.
- Expand and more fully integrate a stepped-care approach to clinical services, including expansion of group offerings, implementation of brief therapy models, and effective referral to community providers.
- More intentionally integrate principles of inclusivity and social justice to increase diversity of staff and reduce systemic barriers to student access to services.
- Ensure staffing levels and financial supports are in place to optimize service delivery.

- Formalize processes and expand support for Interpersonal Violence Prevention and Response efforts.
- Develop and implement ongoing training for clinical supervisors.
- Attain full APA accreditation of internship training program.
- Clearly define and expand disciplinary representation in practicum training program.

In late spring and early summer 2020, the administrative team at CAPS reviewed this strategic plan to determine if significant changes would be needed due to the impact of the COVID-19 pandemic. It was determined that all strategic goals and initiatives remained relevant. However, the timeline for some initiatives was necessarily altered. For example, making more self-care and self-help resources available in the virtual environment became a key priority as we responded to the impact of the pandemic.

## **A-2. Characteristics of Students Engaged in Programs and Services**

For the past 10 years, IUPUI enrollment has fluctuated between 27,000 and 29,000 undergraduate, graduate, and professional students. Typically, 67-69% of students enrolled are undergraduates (18,303 in fall 2020). Over the prior 10 years, the percentage of students identifying racially as “white” declined from 72% to 64%. As of fall 2020, 9.9% identified as African American/Black, 9.2% as Hispanic/Latinx, 6.5% as Asian, and 4.6% as of two or more races. International students comprise 5.4% of the student population. Approximately 8.5-9.0% of total students enrolled typically live in campus residential facilities.

Over the past 10 years, the age of the undergraduate population has shifted toward more traditionally aged students (18-24 years; 57% in 2010 to nearly 68% in 2020). The IUPUI undergraduate population includes a high percentage of students that are the first in their family to attend college (~25%). Additionally, campus data from 2018-19 determined that 25% of undergraduate students qualified for the federal Pell Grant and that 23% had more than \$10,000 in unmet financial need.

The IUPUI student population is somewhat unique and there have been significant shifts in demographics over the past 10 years. The characteristics of the student population significantly impacts and influences the services provided at IUPUI CAPS.

### *Clinical Services*

There has been a general increase in students seeking services over the past several years. From 2014-15 to 2018-19, there was a 44% increase in the number of students served (979 vs 1410) (Appendix 3). This trend remained evident in the first half of fiscal 2019-20, with an 8.3% increase in new student contacts and 7.3% increase in total students served compared to the prior year. This coincides with an increase in the percentage of campus enrollment served each year from 3.4% in 2014-15 to 5.1% in 2018-19. Despite the presence of a pandemic, IUPUI CAPS had contact with 1416 students in 2019-20, 5.2% of the student population. The impact of COVID-19 on CAPS services is detailed in the 2019-2020 Annual Report and January 2021 Mid-Year Report (accompanying documents).

In order to address the varied needs of IUPUI students, CAPS has not placed a specific limit on counseling services. Minimal fees are charged for clinical services, and fee reduction procedures are in place to support students with financial need. Maintaining a generalist approach to mental health care, students with concerns that are appropriately managed by weekly outpatient care have been considered within the scope of services. Beginning in ~2011, CAPS began a concerted effort to build a group counseling program to increase both the efficacy and efficiency of care. By 2015-16 more than 1000 client contacts were made through group modalities, serving nearly 180 students. Group options continued to expand, and the number of students engaged in these services in 2019-20 approached 280. Current group options are listed in Appendix 4. In 2018, IUPUI CAPS more formally adopted a stepped-care approach to clinical services to further optimize treatment options and outcomes (Appendix 5). This included referring students to group services at the start of treatment and transitioning clients from individual to group counseling when clinically indicated. As a result, there has been a decrease in students engaged in individual counseling (Appendix 3). Concurrently, as students with less severe concerns are more often referred to group counseling, the average number of individual counseling sessions per client has increased from 8.23 to 9.44, students completing individual counseling in five sessions or less decreased from 51% to 43%, and those engaging in more than ten sessions increased from 28% to 33%. These trends suggest individual counseling services are being provided to those with the most need, consistent with the stepped-care model.

Psychiatric medication management is provided 8-16 hours/week through a contract with Dr. DeLynn Williams. Psychiatric service delivery has remained relatively consistent over the past 3-4 years, serving approximately 150 students each year. Students may also be referred to their primary care physician or community-based psychiatry services when indicated based on accessibility, symptoms, and considerations of continuity of care.

Evaluation and testing services include assessments for ADHD, specific learning disorders, and Autism Spectrum concerns. In recent years, the number of students seen for these services has been limited by staff capacity. A variety of factors, including staff transitions, led to a decline in assessment services provided for a period of two years (2017-2019). We now have clarified that each psychologist is to complete 3-4 evaluations each semester, and psychology interns complete at least 5 evaluations with testing during the year. This should allow the capacity for >70 evaluations each year.

#### Clinical Services: Client Demographics

Detailed information about the identities of students engaged in services at IUPUI CAPS during the period January 1, 2018 through December 31, 2020 with comparisons to the campus population, can be found Appendix 6. Tables reflect the representational demographics of students seen as well as the distribution of appointments attended. This latter data reflects serves as an index of persistence in treatment at CAPS based on aspects of identity.

The racial and ethnic identities of students seeking clinical services at CAPS are generally reflective of the student population, with the notable exceptions of under-representation of

individuals identifying as Asian American or as International students. The percentage of students at CAPS identifying as Hispanic/Latina(o) has fluctuated over time, and this group is also under-represented in the three-year composite. As on many campuses, and within the community setting, male-identifying students are also under-represented at CAPS.

While we do not have comparison data for the campus, 3.3% of students seen at CAPS in 2019-20 identified as trans, non-binary, or of an unlisted gender identity and an additional 0.5% declined to answer the question. Additionally, >34% identified with a sexual orientation other than heterosexual. These numbers are similar to the three year compilation presented in Appendix 6. Note: We are making changes in language related to gender identity and sexual orientation in our initial paperwork to more inclusive terminology.

Over the past several years, we have seen a relatively stable distribution of students across academic levels, with approximately 20% representation for first year, sophomore, and junior undergraduates, 17% senior undergraduates, and approximately 20% graduate/professional students. It should be noted that graduation and professional students in the School of Medicine have access to services provided by the Department of [Mental Health Services](#).

In addition to the demographics represented above, we would like to highlight the economic diversity of students receiving mental health care through CAPS. For students seeking to establish services during the calendar years 2018-2020:

- 24% identified economic problems as a primary stressor/concern
- >12% identified housing concerns as problematic, and,
- 15% indicated they do not have health insurance.

Fee reductions are considered when a student demonstrates income less than 2x poverty level. For the years 2018-2020

- 138 of 781 students (17.7%) engaged in individual counseling beyond 6 sessions were granted fee reductions, and,
- 22.2% of total individual counseling sessions were billed at a reduced fee.

#### Clinical Services: Symptoms and Impairment

From a clinical perspective, important descriptors of students engaging with CAPS include aspects of current and past mental health concerns. The following information is based on the initial paperwork of 3128 students seeking to establish services between January 1, 2018 and December 31, 2020. The percentages are representative and have been relatively consistent over the past 5 years.

- ~42% have at least occasional thoughts of suicide
- 17% have previously attempted to end their life
- 38% have engaged in physical self-harm
- 12% have at least occasional thoughts of harming someone else
- 2.3% have physically harmed someone in the past year
- >37% have experienced some type of trauma

- 41% have been prescribed psychotropic medication
- 9.3% have been hospitalized for mental health concerns

Clinical concerns are also reflected by client responses to the Behavioral Health Measure. At the time of first presentation to CAPS, ~60% of students report moderate or severe impairment in Global Mental Health and 50% report moderate or severe impairment in Life Functioning. As in the general population, anxiety and depression are the most prevalent concerns. Moderate to severe symptoms were reported by 58% and 60% of students for anxiety and depression, respectively. Nearly 22% of students endorse moderate or severe suicidal risk. In contrast, relatively few students report significant struggles with alcohol (<10%) or eating disorder behaviors (<9%). Risk of enacting violence on others is a rare occurrence (3.7%). Clinician ratings indicate that most students are experiencing at least some academic impairment (>84%), over half (~52%) report moderate or severe symptoms, and >76% describe persistent and/or significant impairment in daily functioning (Appendix 7).

### Interpersonal Violence Prevention

The Interpersonal Violence Prevention and Response (IPV) area was developed to address concerns related to the federal and university definitions of sexual misconduct. This area is responsible for two primary functions: 1) education and awareness activities aimed to reduce the incidence of interpersonal violence and increase the campus capacity for providing supportive, trauma-informed responses, and, 2) individual advocacy and support for those that have been victimized, providing referrals to campus and community resources and initiating requests for campus supportive measures.

Prevention: The AD of IPV is the sole staff member on campus tasked with these responsibilities. Education and awareness activities are supported by CAPS staff (IPV Workgroup), members of the campus Sexual Assault Prevention Intervention and Response (SAPIR) task force, and close collaborations with the Offices of Student Conduct and Equal Opportunity. Practicum and internship opportunities have been developed to assist in prevention activities, drawing from students in Social Work and Higher Education programs.

Since the return of IPV to CAPS in 2017, a strategic plan was developed in collaboration with SAPIR and Indiana Coalition to End Sexual Assault (ICESA). An annual calendar of events grounded in national awareness months has been developed and student organizations are now significantly engaged in planning and implementation of these efforts. Twitter and Instagram postings are made at regular intervals to enhance awareness. Additionally, nearly 1,800 individuals were reached through specific presentations and workshops in 2019-20 (Appendix 8). Awareness events reached nearly 1,100 in 2018-19, but that number was significantly lower in 2019-20 due to COVID-19. The catalog of presentation options has been expanded and adapted for the online environment and a list of program descriptions can be found in Appendix 9. Currently, eLearning experiences are being developed in collaboration with IUPUI's eLearning Design and Services.



Advocacy: Advocacy services are provided by the AD of IPV, with assistance from the Director of CAPS when indicated. Advocacy services are provided to students and faculty/staff that have been identified as having experienced sexual misconduct. These individuals may contact the AD of IPV directly, or may be referred by campus partners (CAPS staff, IU Police Department, etc.). In addition, all students identified as having experienced sexual misconduct to the Title IX and Sexual Misconduct Policy officials on campus receive an email from the AD of IPV to make them aware of these services. The AD of IPV meets individually to ensure the person is aware of reporting options, identify potential need for campus supportive measures related to academics or safety, and to link with other campus and community resources (e.g., mental and physical health, court advocacy, legal representation). The trends in service delivery, as well as preliminary demographic information, can be found in Appendix 10.

### Mental Health Outreach

Promotion of mental and health and well-being is managed by the Assistant Director of Outreach and Community Services and supported by the Outreach Workgroup. Programming includes awareness activities as well as presentations on coping skills, suicide prevention, and recognizing and responding to mental health concerns. Due to the demand for clinical services, outreach efforts have prioritized opportunities to connect with students from underserved populations and to train student leaders, faculty, and staff in skills for supporting students with mental health concerns. A summary of this work, including a list of presentations, can be found in Appendices 11 and 12. The numbers in fall 2019 reflected an increased focus on campus partnerships and engagement. In 2020, several events were offered virtually due to the COVID-19 pandemic, however, attendance was much lower.

In response to COVID-19, outreach efforts focused on making more resources readily available to students through web-based platforms. Web pages ([Emotional Wellness and COVID-19](#) and [Virtual Care Package](#)) were added, compiling links to resources to facilitate self-care. Outreach presentations were recorded and added to a [Canvas site](#), along with a library of self-help resources. A [Canvas site](#) for faculty and staff was also expanded to include information on the impact of COVID on student mental health. We will be working to improve these sites over the next year.

In 2015, CAPS, in collaboration with Health and Wellness Promotion (HWP), developed a 4 session peer support training that was originally provided to student leaders in the Department of Athletics. Subsequently, this model was used in the Schools of Medicine and Dentistry. Over the past 3 years, this model has been expanded to include a continuum of training modules. The original 4-session model is designed for student cohorts with the intention of providing knowledge and skills that will assist the group in taking care of each other. The other end of the continuum is designed for students employed or appointed to a position at the university with the responsibility of providing support to students with sub-clinical needs. Intermediate modules are available for students in other roles likely to encounter peers with mental health and well-being needs. Expansion of this model is a key strategic priority.

### Campus Community Support

CAPS provides support to the campus community through consultation regarding concerns for mental health and wellbeing. Faculty and staff are the most frequent users of these services and concerns are most often about undergraduate students. CAPS staff provide support, assist the consultee in developing a plan to follow-up with the person they are concerned about, and provide information about various campus resources. Additional information can be found in Appendix 13.

JagsCARE, a critical incident response team for campus, is coordinated through CAPS. JagsCARE is available to provide immediate and short-term support to meet the emotional and psychological needs of those in the IUPUI community impacted by a traumatic event. The goal is to stabilize and reduce post-trauma symptoms by providing support, information, and resources. The team most often responds to unexpected death losses that impact the campus community. Team members engage in online training for Psychological First Aid® and then participate in ~6 hours of training by CAPS staff. Information about JagsCARE activities can be found in Appendix 13.

### **A-3. IUPUI CAPS Staff**

A directory listing of CAPS staff can be found on the [Student Affairs web-page](#).

Support Staff: The front office support staff are the first points of contact for students seeking to engage in services, as well as for faculty and staff calling with concerns for student wellbeing. Duties include customer service, scheduling, collecting payments, processing initial paperwork, and supporting the psychiatrist in communicating with pharmacies. The Lead Administrative Assistant assists in providing these services and supervises two other support staff.

Clinical Staff: Clinical staff are responsible for providing initial assessments, group and individual counseling, crisis intervention, and general case management duties. For staff psychologists, evaluation and testing for ADHD, learning disorders, and Autism Spectrum concerns are part of their clinical duties. Clinical staff also provide outreach programs related to mental health and interpersonal violence prevention, and contribute to the training program through didactic presentations, case consultation, and clinical supervision. Each clinical staff member is part of a CAPS Work Group: Interpersonal Violence Prevention, Mental Health Outreach, or Training.

Specialized Clinical Roles: The Case Manager has the primary responsibility of tracking and managing the flow of clients through the initial assessment and disposition process. This staff member reviews initial assessments, assigns clients to staff/trainees for individual counseling services, manages the wait list, and assists clients in securing services in the community. The Case Manager establishes and maintains connections with community providers and assists staff as needed when hospitalization or a higher level of care is indicated. The Case Manager also provides crisis intervention, completes initial consultation appointments, and participates in outreach services.

The Clinical Assessment Specialist is responsible for completing a large percentage of initial consultation appointments and facilitating disposition and referral to the appropriate level of care. This staff member also provides crisis intervention services as well as group and short-term individual counseling. The Clinical Assessment Specialist supports the Case Manager in assisting with off-campus referral and client assignment and participates in outreach services.

Administrative Team: Six of the eight members of the CAPS Administrative Team are also clinicians and are engaged in the full range of clinical duties, with lower contact hour expectations. Specific administrative duties include:

- Group Coordinator - development, implementation, and coordination of group counseling services.
- AD Clinical Services – development and implementation of policies and procedures related to mental health service delivery, monitoring status of clinical service availability, coordinating intersection of various parts of clinical service delivery, and supervision of Case Manager and Clinical Assessment Specialist.
- AD Outreach and Community Services – development of collaborative relationships with campus stakeholders, development and coordination of outreach programs, oversight of mental health social media and marketing, coordination of Mental Health Outreach Work Group, and co-coordination of JagsCARE critical incident response.
- AD Internship Training - oversight of all aspects of the doctoral internship program in psychology, including development and implementation of a training experience that meets the standards for APA accreditation. Responsibilities include selection, onboarding, supervisor assignment, supervisor support, and oversight of remediation. This staff member co-coordinates the Training Work Group.
- AD Practicum Training – oversight of all aspects of the practicum training program, including development and implementation of a progressive training experience for masters and doctoral level clinicians in training. Responsibilities include recruitment, selection, onboarding, supervisor assignment, supervisor support, and oversight of remediation. This staff member co-coordinates the Training Work Group.
- Director – oversight of all operations, including human and financial resources, and program/service development; supervision of staff.

The two non-clinical members of the Administrative Team include:

- AD of Interpersonal Violence Prevention and Response - an individual with expertise and training in sexual and relationship violence. This individual is responsible for development and coordination of prevention and awareness programs, co-coordination of the campus-wide SAPIR Task Force, oversight of IPV social media and marketing, and coordination of the Interpersonal Violence Prevention Work Group. Responsibilities also include development and maintenance of collaborative relationships with campus stakeholders to provide cohesive messaging around university policies and procedures, and with community partners to provide additional support options for students. This individual also serves as a confidential advocate for students that have experienced

sexual misconduct, which includes coordinating supportive measures provided by the University and referral to campus and community resources.

- Lead Administrative Assistant – oversight all front office operations, supervises support staff, and manages business operations. This staff member is responsible for purchasing of supplies, billing, payroll, hiring documentation, arranging travel, and supervising other front office staff.

Doctoral Interns in Psychology: IUPUI CAPS is accredited by the American Psychological Association to provide a doctoral internship in health service psychology and currently provides training for two interns. Doctoral interns are supervised by licensed psychologists on staff and are responsible for providing initial assessments, group and individual counseling, crisis intervention, and general case management duties. After a training series, interns also provide evaluation and testing for ADHD and learning disorders. Interns are involved in outreach programs related to mental health and interpersonal violence prevention. Training in clinical supervision and opportunities to provide individual supervision to practicum students are also available. More information about the intern training activities and responsibilities can be found on the [training website](#).

Practicum Student Counselors: IUPUI CAPS offers an advanced practicum or master's internship program for 4-6 graduate students each year. Students must be enrolled in an accredited doctoral or master's level academic program that leads to licensure as a mental health clinician. Students typically come from a variety of programs throughout central Indiana. These trainees are supervised by licensed clinical staff and are responsible for providing individual counseling services and co-facilitating groups with senior staff or interns. An overview of this experience can be found on the [training website](#).

#### **A-4. Description of Program Resources**

Physical Space: As noted in the brief history, IUPUI CAPS relocated to Walker Plaza in 2011. This building was owned by the Walker Foundation and all occupants were associated with IUPUI. The initial CAPS office and reception footprint of was ~4,900 ft<sup>2</sup>. A renovation in 2015 added 6 individual offices, 2 group rooms, a multipurpose room, and storage, bringing the total occupied area to ~6,255 ft<sup>2</sup>. A floorplan of this area can be found in Appendix 14. While this location was away from the central academic campus, there was ample parking and the building was on the campus bus line.

In 2019 information indicated that the Walker Foundation planned to sell Walker Plaza and the associated land for development. Several campus locations were discussed as options for the new CAPS location. However, the COVID-19 pandemic impacted the planned sale and development of the Walker Plaza location, as well as campus options for relocation. At the present time, it appears likely that CAPS will remain at the current location through 2021 and into 2022. Potential future locations for CAPS remain under discussion.

Support Services: Communication, marketing, and web-page support is provided by the Division of Student Affairs. Information related to CAPS [mental health services](#), and [interpersonal violence prevention and response resources](#) are integrated with the [Division of Student Affairs](#) site. Additional information related to interpersonal violence is also available on a separate site (<https://sapir.iupui.edu>). Technical support of the web pages, as well as support for marketing and communication efforts, is provided by the Director of External Affairs and Special Projects. Marketing materials are developed through the Multimedia Production Center in the Division of Student Affairs. Social media platforms for mental health and interpersonal violence prevention are managed by CAPS staff, with technical support from the division as needed.

The Division of Student Affairs has a Director of Assessment and Planning that is responsible for campus-level reporting, division strategic planning, and compilation of data reflecting the impact of programs and services on student success. This individual provides consultation to each unit within the division on strategic planning, development and implementation of assessment instruments, and data analysis.

Technology resources and support services are provided through a division contract with TechSelect, a department within University Information Technology Services (UITs). TechSelect manages security settings, technical support, and lifecycle replacement of computers and associated hardware. TechSelect also ensures that HIPAA-compliant security measures are in place for CAPS software and storage needs. Each department within the Division of Student Affairs pays a pro-rated portion of the contract based on number of full-time users. CAPS' current annual contribution is \$28,404. We have been informed that, due to restructuring of UITs, additional charges for secure server access will be assessed in the future.

Partnerships: Division, campus, and community partnerships and collaborations are essential to the CAPS mission and are described in Appendix 15. Division partners support prevention efforts through regular training of staff and student leaders in providing support for students that have experienced sexual misconduct or are expressing emotional distress. Additionally, collaborative referral processes enhance student access of campus resources. The campus-wide Sexual Assault Prevention, Intervention, and Support task force (SAPIR), co-created by CAPS and the Office for Women, continues to be instrumental in coordinating campus partners to support the AD of IPV in prevention efforts and in impacting campus policies and procedures. Several key community partners provide a wide range of support to students experiencing sexual misconduct. To accomplish strategic goals related to IPV and mental health outreach, CAPS will need to nurture existing relationships and build additional partnerships across the campus and in the community.

## **B. Program Quality and Viability**

### **B-1. Unit Program and Service Structure/Mapping**

IUPUI CAPS programs and services are conceptualized as four overlapping operational areas: clinical services, mental health outreach/community services (including consultation),

interpersonal violence prevention and response, and clinical training. Front office operations and support staff provide a foundation for all programs and services. This structure is congruent with the comprehensive counseling center model described by Brunner et al., 1917.

Effective coordination and integration of these areas requires clear communication. Members of the Administrative Team meet weekly to discuss current operations, strategic initiatives, and relevant information from the division, campus/university, and community that may impact CAPS and the students we serve. Clinical service operations are managed on an ongoing basis through weekly meetings of the AD of Clinical Services, Case Manager, Clinical Assessment Specialist, Lead Administrative Assistant, and Group Coordinator. To support strategic initiatives and functional areas outside of direct clinical services, clinical staff serve on one of three workgroups: Interpersonal Violence Prevention, Mental Health Outreach, or Training. These workgroups are chaired by the respective assistant directors and meet bi-weekly. The full staff meets bi-weekly to receive updates, share concerns, and provide feedback. Clinical supervisors and group leaders also meet bi-weekly.

CAPS applies a stepped-care framework to guide clinical service provision (Appendix 5). This framework is inclusive of outreach and self-help resources that operationally fall under mental health outreach/community services. Formal clinical services generally start with an Initial Consultation appointment, where presenting concerns, symptom severity, functional impairment, history, and social-cultural factors are assessed and used to inform referral to an appropriate level of clinical intervention. Clinical interventions may include group counseling, brief individual therapy, moderate- to longer-term individual counseling, and/or medication management. Clients may transition among various treatment “steps” as indicated by response to treatment. Assessment services for learning disorders, ADHD, and Autism Spectrum concerns are provided to students specifically requesting these services and those recommended for assessment by a clinician at CAPS. Medication management is provided by a board certified psychiatrist currently contracted for ~12 hours/week. Case Management services assist students in connecting with community-based providers when concerns are beyond the scope of services at CAPS, or when CAPS cannot provide needed services in a timely manner.

Individual counseling services may be brief or longer term, and there are no session limits. Given the non-traditional nature of the IUPUI student body and the various stressors and barriers to treatment, CAPS is committed to continuing the option for longer-term treatment when clinically indicated. Each student is eligible for up to six free individual counseling sessions in the course of their career at IUPUI. Subsequent sessions are billed at \$10, however, sliding scale fees based on income can be as low as \$2/session.

CAPS has consistently and intentionally expanded group counseling options over the past several years. Current groups (Appendix 4) include coping skills workshops, skills-based counseling groups, experiential groups, and process groups. Topic and population specific groups are offered as indicated. In concert with the stepped-care model, CAPS implements a “groups first” approach to treatment recommendations: if a CAPS group offering would meet

the client's treatment goals/needs, then the group modality is recommended. Group options may also be considered as an adjunct to individual treatment.

The area of mental health outreach and community services focuses on prevention, awareness, education, and stigma reduction. Priorities in this area include reaching students from marginalized and underserved populations, increasing faculty/staff/student leader skills in recognizing and responding to individuals with mental health concerns, and implementing peer support training to enhance community-level response. In addition to providing workshops and presentations, this area is also responsible for social media and web-based initiatives to increase awareness and provide readily accessible self-help resources. The Assistant Director also co-coordinates JagsCARE, a critical incident response team for the campus community.

The area of Interpersonal Violence Prevention and Response is responsible for campus-wide sexual misconduct prevention efforts and for providing advocacy services to students that have experienced sexual-misconduct. These efforts originated in CAPS, then were located within Health and Wellness Promotion for time, later to return to CAPS. Awareness and educational programming include social media, large scale events, programs and workshops. Many programs are presented in collaboration with the Offices of Student Conduct and of Equal Opportunity. A work group of CAPS clinical staff provide integral support to outreach and presentation efforts in this area. In addition to prevention programming, the Assistant Director serves as a confidential advocate, meeting individually with students, connecting them with appropriate resources (counseling, shelters, legal support, and medical care), discussing options for reporting, and initiating requests for university supportive measures.

IUPUI CAPS has been involved in clinical training almost since inception. The practicum training program hosts masters and doctoral level students from various clinical academic programs throughout Indiana. The psychology internship training program was established in 2005, was accredited on contingency by the American Psychological Association in 2018, and was awarded full accreditation in 2020. Currently, CAPS hosts 4-6 practicum students and 2 interns each year. The training programs integrate with all areas of service to provide holistic and progressive learning experiences for mental health professionals in training. More information about the training programs can be found at the [training website](#).

In addition to placements in clinical service delivery, IPV is hosting an undergraduate practicum student in Social Work this current year and has hosted summer interns in higher education in prior years. The training programs not only contribute to service delivery, but also promote the personal and professional development of our team.

## **B-2. Student Impact and Learning Outcomes**

The impact of a university counseling center is partially determined by the number of students that receive some type of service. This is true for awareness, education, and prevention efforts, as well as clinical and support services. IUPUI CAPS has seen a steady increase in the number of

students seeking clinical services over the past several years. In general, this has also been true for contacts via group counseling and outreach, although COVID-19 had a significant impact on these services. See section A-2 for more detailed information.

The central goal of clinical services is the reduction of distress. IUPUI CAPS implements the Behavioral Health Measure, and annual data demonstrate a significant decline in symptoms of depression and anxiety, as well as improvements in function, for those engaged in individual counseling services. When compiling the results for students seen at CAPS between January 1, 2018 and December 31, 2020, 50-70% improvement/recovery rates are seen across each area of clinical concern (Appendix 16).

A survey is administered during the fall and spring academic semesters to assess student satisfaction with services and the perceived impact of engaging with CAPS. Students consistently report making more decisions based on personal values and making healthier life choices as a result of engaging with CAPS. Most report a positive impact on academic performance and many indicated services have helped them remain enrolled. Additional information can be found in Appendix 17.

The impact of group counseling is assessed through specified pre/post self-report measures. Specifically, process and experiential groups are assessed using the Outcome Rating Scale and mindfulness groups using the Kentucky Inventory of Mindfulness Skills. Data has been systematically collected for process and mindfulness groups since fall 2018. All measures have reflected statistically significant improvements in functioning and coping skills over the course of the group. A general post-participation survey is administered to process group participants, and the vast majority (80-85%) report significant gains in understanding themselves and others, the ability to communicate with others, and their ability to manage their emotions and behaviors. The satisfaction rate for the group experience is >95%. Group participants also report improvements in self-management and academic performance in the CAPS survey. Detailed information about group counseling outcomes can be found in Appendix 18.

The outcomes described above have been mapped to specific domains of learning identified in the IUPUI Profiles of Learning for Undergraduate Success (PLUS) and this information can be found in Appendix 19. Additional areas of CAPS services are included, although assessments of learning are not fully implemented at this time.

### **B-3. Other Experiences/Activities that Support Student Success**

Clinical training has been a core component of IUPUI CAPS for more than 30 years. Practicum opportunities are sought after by graduate students from several training programs throughout Indiana and the recent APA accreditation of the doctoral internship program has brought national visibility. While clinical trainees are not typically IUPUI students, the programs contribute significantly to the development of mental health professionals.



Effective clinical training relies on a purposeful developmental sequence of knowledge and skill development. The practicum and internship training programs each provide early foundational experiences and an overall developmental framework. However, each trainee is provided with clinical challenges at a pace congruent with their individual learning and development. As trainees develop clinically, they work with clients having more significant clinical symptoms and concerns. In a given year, the intern cohort (2) provides >1,000 hours of clinical service and the practicum cohort (~5) provides an additional ~1100 hours. Relative contributions of trainees to CAPS clinical service delivery is described in Appendix 20.

Trainees receive feedback and regular evaluations based on the clinical competencies defined by the APA and their individual training programs. Since APA accreditation in 2018, 4 doctoral interns have demonstrated development and achievement of competencies across all domains and the current cohort is performing well. Similarly, practicum trainees have consistently demonstrated progress in all areas. A full listing of professional areas of competency, as defined by the American Psychological Association, can be found [here](#).

One of the most significant indicators of the value and efficacy of the clinical training programs is the impact these trainees have on clients. Based on responses to the CAPS survey, clients typically rate counselors in training similar to staff clinicians (Appendix 20).

#### **B-4. Measures of Student Academic Success**

As noted in prior sections, students seeking services at CAPS are often experiencing difficulty with daily functioning, including academic performance. Through the CAPS Survey, students report services have a positive impact on academic function (Appendix 17). Objective evaluation of graduation and persistence rates support these reports. When comparing 4-, 5-, and 6-year graduation rates of full-time Bachelor-Seeking beginning undergraduates, students engaged with CAPS services graduated at ~6% higher rates than their cohort. These differences were even more pronounced for Students of Color (+8.3% to +15.4%), First Generation students (+7.0% to +12.4%), and 21<sup>st</sup> Century Scholars (+8.5% to +16.0%). In many cases, these students approached the graduation rates of the overall student population. While we cannot assume a cause/effect relationship, we do believe it is notable given the concerns reported by students when establishing services at CAPS. Details of these analyses can be found in Appendix 21.

While of smaller magnitude, similar results are also seen at the graduate level (Appendix 22). Students in the Doctoral-Practice programs of Law, Dentistry, and Medicine that have connected with CAPS have slightly higher graduation rates than their peers. This is most notable for the McKinney School of Law, which established an account to pay for student services at CAPS in 2018.

## **B-5. Role of Grants and Sponsorships in Program Success**

In fall 2019, CAPS secured sponsorships for give-away items used to support a very successful inaugural Fresh Check Day outreach experience. Similar sponsorships will be pursued in the future, as in-person programming resumes.

CAPS has recently begun to explore grant options to support outreach efforts in interpersonal violence prevention and mental health.

## **B-6. Feedback from Program Stakeholders**

As noted previously, a survey is administered during the fall and spring academic semesters to assess client satisfaction with services and the perceived impact of engaging with CAPS. Survey ratings and open-ended comments are used to identify any areas of concern. Items related to student learning outcomes have been addressed in Section B-2. Additional information about client satisfaction is provided in Appendix 23. Consistently, 90% or more of respondents indicated feeling comfortable and being treated courteously by CAPS staff. More than 85% report finding the services useful and being pleased with the outcome. Similarly, ~90% report feeling understood by the psychiatrist and most were pleased with the medication prescribed.

While significant reductions in wait times have been realized since hiring the Clinical Assessment Specialist and shifting the initial clinical contact from a full intake to an Initial Consultation, nearly 20% express concerns about the time until the first clinical session. Additionally, ~30% express some dissatisfaction with the support provided when referral to community providers is indicated or necessitated by limited availability at CAPS.

With the onset of COVID-19, CAPS quickly, and admittedly reactively, transitioned to provision of tele-health services. We took time to ensure clinical staff received appropriate training and that all services platforms were secure, and some students expressed dissatisfaction with this transition period. In fall 2020, we added questions to the CAPS survey specifically related to our now established tele-health services. As seen in Appendix 24, most students found these services accessible and effective. It is notable that Students of Color reported more technology issues in connecting than white-identified students. We will continue to collect feedback from students as we move toward a hybrid model of in-person and tele-health services in the future.

As key contributors to the services provided by IUPUI CAPS, comments from doctoral interns and practicum trainees provide a valuable source of feedback. This information not only informs our training activities, but also provides insight into the CAPS culture, environment, and adaptability to current trends in the profession. Trainees provide specific feedback on the orientation process, as well as each didactic training presentation, often resulting in adaptations the following year. Trainees also complete exit interviews and surveys at the end of their experience. Sample feedback can be found in Appendix 25. Trainees often comment on the quality of clinical supervision and the openness and availability of staff as strengths of the program.

## **B-7. Forecast of Future Program Demand**

Prior to COVID-19, the demand for CAPS services was consistently increasing >10% each year, despite a concurrent slight downward trend in overall campus enrollment. While the pandemic has resulted in fewer students seeking services, it is anticipated that the gradual return to in-person classes and full capacity at the residence halls will result in a resumed upward trend in students seeking mental health services. The onset of the pandemic led to a concentrated effort to establish the infrastructure and protocols for tele-health services at CAPS, and these treatment options will be maintained. While students report satisfaction with the current tele-health framework (Appendix 24), it will be important to develop processes that allow for seamless integration of in-person and virtual services. The demand for IPV advocacy services has remained steady through the pandemic, and we anticipate a steady demand, or possible upward trend with readjustments in the federal Title IX guidance.

As CAPS continues to expand on the stepped-care approach to mental health services, more attention will be given to those students with sub-clinical concerns and the general mental well-being of students. The COVID-19 pandemic forced CAPS to move quickly in expanding on-line resources available for students. CAPS plans to continue to build and refine these resources.

[National data](#) has identified loneliness as an increasing concern among college students, and the COVID-19 pandemic has only increased social isolation. Therefore, it is likely that group counseling services and peer support opportunities will be essential considerations in the coming years.

## **B-8. Fiscal Health of the Program**

Indiana University uses a Responsibility Center (RC) fiscal model, and CAPS is part of the Division of Student Affairs RC. Budgetary allocations for IUPUI CAPS are made from the General Fund (campus based funding) and from the Student General Fee (fees assessed to students). The 2020-21 budget allocations for CAPS was \$2,124,200 and distributions are described in Appendices 26 and 27.

In total, 92.5% of funds are allocated to compensation, and this increases to >96% when including the contract for psychiatric services (Appendix 27). Of the remaining, 2.3% of the total budget is allocated to essential business operations, including fees for clinical software, technology support, credit card processing, copy machine, testing materials, and postal services. Finally, ~1% of the total budget is used for office supplies and programming materials. The budget for programming, including mental health and IPV prevention and awareness activities, is ~\$12,000.

Due to budgetary concerns, professional development funds were removed from individual unit accounts in the Student Affairs RC. The Division has approved financial support of professional development activities that provide CEU's required to maintain licenses for CAPS' clinical staff. Funds for these activities come from cash reserves at the unit or divisional level.

The campus has been supportive of CAPS by increasing funds designated to expand clinical staff (Appendix 27). However, there has been no concurrent increase in funds for overhead or student programming. In fact, decreases in state allocations and budget adjustments at the university and campus level have resulted in budget reductions for the Student Affairs RC. The only option CAPS had to contribute to these reductions was through eliminating funding for a vacant position (2019-20) and delaying posting of an additional clinical staff position (2020-21). Additionally, one support staff member left CAPS for a new opportunity in fall 2020, and a request to post this position was denied due to a university hiring freeze.

The impact of COVID-19 on enrollment projections, as well as the anticipated “enrollment cliff” based on a national decline in high school graduation rates, will likely produce further declines in budget allocations. CAPS will need to consider fee increases and/or staff reductions if substantial budget reductions come to fruition.

### **B-9. Adequacy of Facilities and Structural Support**

Facilities: The current location, Walker Plaza, is not owned by the University. In 2019, the owners announced a plan to sell the property for commercial development. The economic impact of COVID-19 and the concerns raised by the community led to discontinuation of that plan. However, all other university tenants have vacated Walker Plaza. Unfortunately, the impact of COVID-19 also interfered with plans for the university to identify a new location for CAPS. It is expected that CAPS will need to vacate Walker Plaza in mid-2022 if not sooner. It is essential to quickly identify a temporary and/or long-term location for CAPS that will support the future resumption of in-person individual and group clinical services. Factors to be considered must include: location and accessibility to core campus, privacy, and security.

Technology: Each office/work station at CAPS includes a desktop computer, dual display screens, webcam, headset, phone, portable scanner, and printer. A copy machine, bulk scanner, and color printers are available for shared use. Four laptops are available for shared staff use. CAPS’ staff have access to individual and shared server space, and clinical staff and trainees have access to HIPAA compatible server space to allow recording of clinical sessions and documentation in progress. Hardware, software, and security issues are managed through a division contract with TechSelect, a support unit within IU’s University Information Technology Services. Scheduling and electronic medical records are maintained with Titanium Schedule®, which is HIPAA compatible. Clinical assessments are performed regularly using the CelestHealth Solutions™ platform. When providing in-person services, students directly enter information into these systems via ~10 iPads located in the main office. Both Titanium and CelestHealth systems have been made accessible for remote services in response to COVID-19. Additional technology based resources include: ThrivingCampus, a community provider database; ULifeline, a portal of college mental health resources; the Integrated Visual and Auditory tests of attention used in the assessment of ADHD; and access to scoring programs for various psychological tests.

CAPS primary website is maintained by the Division of Student Affairs. CAPS is in the process of building resource depositories for students and faculty/staff using the Canvas platform, for which training is available through university services. CAPS recently entered discussions with eLearning and Design Services at IUPUI to develop a variety of online learning options related to interpersonal violence prevention and response efforts; consistent with the RC model, there will be fees associated with these services.

#### **B-10. Assessment of Human Resources**

As noted earlier and illustrated in Appendix 28, the campus has been supportive in expanding clinical staff positions at IUPUI CAPS. Currently, the number of full-time clinical and support staff positions are approaching that of other institutions with enrollments of 25,001 – 30,000 students (Appendix 28). The clinical capacity is slight lower than that of peers due to some of the unique additional responsibilities of staff. For example, clinical staff support mental health and interpersonal violence prevention outreach and awareness activities, which includes programming, presentations, and management of social media. Additionally, psychologists at CAPS provided evaluation and testing for learning disorder, ADHD, and Autism Spectrum concerns; clinical contact hour expectations are slightly lower for these staff due to the extensive time required to write the associated comprehensive psychoeducational reports. IUPUI psychiatry services are significantly lower than that of other institutions but seem to be meeting the current need.

As noted previously, CAPS lost funding for a previously unfilled clinical staff position due to declines on overall divisional RC funding in 2019-20. While additional campus funding was allocated for 2020-21, we have delayed filling that position to meet additional fiscal challenges. If permitted, we hope to post and fill that position in 2021-22. While we were not permitted to fill the support staff position vacated in fall 2020, we plan to submit this request again in 2021-22 as this position will be critical as we resume in-person services. Filling these positions would bring us closer to national averages for staffing.

Compensation is clearly a key element of staff recruitment and retention. For university counseling center staff, the market rates must consider not only other universities, but also community-based mental health organizations and private practice options. A salary equity review for clinical staff was performed in 2014 and a step increase in was awarded to bring salaries generally to within 90% of national counseling center averages, when considering position, degree, and years of experience. An updated comparison can be found in Appendix 29. Salaries have been maintained within 90% of the national average for several clinical positions, with a notable exception of early career psychologists. The salary for the AD-IPV is similar to that of the comparable position IU-B. The salaries for support staff are well below those at other universities, and are at the lower range for comparable positions across the campus. However, IU will be implementing a \$15 minimum wage policy for 2021-22 and these salaries will be increased.

One goal in the IUPUI CAPS strategic plan is increase staff diversity and enhance the capacity to provide culturally informed services. From a representational perspective, CAPS current staff of 20 includes 4 individuals that identify as Black, 2 that identify as Latina, 6 that were born outside of the United States and/or have dual citizenship, and 6 that identify as part of the LGBTQ+ community. Additionally, 4 identify by gender as male, 15 as female, and 1 as non-binary. (We recognize these categories do not reflect the full diversity of our staff.) CAPS includes questions related to operationalization of cross-cultural practices during the interview process and prioritizes experience in this area in the selection process. To further support staff in ongoing development, CAPS engaged in anti-racist training in fall 2020. As a next-step, a standing committee (“Culture Club”) was established to guide ongoing staff development opportunities to enhance the practices of equity and inclusion. In spring 2021, this includes a focus on anti-racism through Intentional Dialogue (90 minutes, monthly) and Culture Share (60 minutes, monthly) sessions. CAPS values the diverse backgrounds and perspectives of trainees, seeks to recruit diverse training cohorts, and provides training and support in development of culturally informed practice.

IUPUI CAPS experienced a significant turnover in staff in early 2018, due to a combination of internal dynamics and external opportunities. As new staff join CAPS, we are attuned to building a cohesive and diverse team. The retention and turnover of CAPS staff is reflected in a table in Appendix 30.

As noted previously, funding for professional development has been removed from unit budgets within Student Affairs. However, the division has approved financial expenditures for staff to obtain CEU’s required for licensure. Requests for additional professional development funding have also been approved (antiracism workshop, institutional memberships (AUCCCD, AUCCCO, ACCTA) and funded from unit cash reserves.

Internally, professional development opportunities are provided through project leadership within work groups, involvement in strategic planning, service on division committees, and clinical consultation sessions. Staff in leadership roles (Admin Team) meet regularly to discuss operational decisions as well as develop leadership skills. The recently established “Culture Club” is comprised of five non-administrative staff and provides an opportunity for leadership development and knowledge acquisition for those staff, as well as ongoing programming for the entire CAPS team.

## **C. Program Strategic Priorities**

### **C-1. Program Contributions to the IUPUI Strategic Plan**

Examples of specific contributions CAPS made to the IUPUI Strategic Plan in 2019-2020 can be found in Appendix 31. As demonstrated by the data presented in prior sections, IUPUI CAPS services have a significant impact on undergraduate and graduate/professional student learning and success. Interpersonal violence prevention and mental health outreach activities promote a more inclusive campus culture by increasing awareness, decreasing stigma, and preparing

community members to engage in a trauma-informed manner. Current and future programming on bystander intervention will amplify this work. Feedback from students participating in group services also reflect a positive impact on acceptance of differences in others. A significant portion of presentations in the areas of interpersonal violence prevention and mental health outreach are designed for faculty and staff, furthering professional development.

## **C-2. Program Contributions to the Division Strategic Plan**

CAPS contributes to the strategic goals of the Division of Student Affairs by directly providing for the mental health and well-being of students and enhancing the safety of the campus community through efforts to prevent interpersonal violence. Outreach presentations further enhance the ability of faculty, staff, and student leaders to respond effectively to individuals with mental health concerns and those that have experienced sexual misconduct. As evidenced by the various learning outcomes described in earlier sections, CAPS services contribute to academic and personal student success. CAPS is building and maintaining partnerships on and off campus to expand the resources available to students. The training programs, as well as financial support of staff professional development, reflect a commitment to professional excellence. Specific contributions to the Division of Student Affairs strategic goals in 2019-2020 are noted in Appendix 32.

## **C-3. Program Strengths and Challenges**

CAPS completed SWOT analyses for three general areas prior to strategic plan development in 2019. These have been reviewed and updated for the purpose of this self-study and are summarized below. Analyses can be found in Appendix 33.

With regard to clinical services, the implementation of Initial Consultations and hiring of the Clinical Assessment Specialist has allowed students to be seen more quickly by a staff clinician. CAPS has a breadth of treatment options, affordable to most students. Student feedback is generally positive and the structure allows for continuous improvement of processes and procedures. However, the requests for services typically outpace the capacity of staff, and this is often a source of student dissatisfaction. This is compounded by CAPS often being seen as the only office responsible for supporting student mental health; we are working to engage partners to provide support of students with sub-clinical needs. While the staffing levels at CAPS are approaching that national average for similar sized institutions, we must continue to build representational diversity and clinical cultural competencies in order to serve our community. It also remains a challenge to balance the responsibilities of clinical service, outreach and prevention, training, and service to the division.

Mental health and interpersonal violence awareness and prevention efforts have grown substantially in recent years and strong frameworks are in place. However, these efforts have not been fully supported due to the clinical demands of staff. While most presentation requests have been fulfilled, there are times this is not possible due to limited staff availability.

Generally, the AD's responsible for these areas have done the vast majority of presentations. Recent restructuring of staff workgroup responsibilities may assist with these concerns. We are also beginning to engage more intentionally with student organizations and campus partners to leverage resources for awareness and prevention efforts. An ongoing concern is the impact of budget reductions on outreach and marketing efforts.

The training programs provide structured and developmental learning opportunities for practicum students and doctoral interns. Administratively, having two assistant directors that work closely together allows for clear differentiation of practicum and internship needs, while also providing a unified approach to clinical training. With all staff expected to contribute to training in some manner, we recognize a need for more ongoing professional development in clinical supervision. Several new staff have been hired prior to full licensure, which has required some psychologists to supervise multiple doctoral trainees in a given semester, further impacting overall service delivery. While we believe the stepped-care model of service delivery is a valuable approach, we must also consider ways to ensure the developmental training needs, especially of early-level practicum trainees, are ethically managed.

#### **C-4. Program Future Directions**

Over the next few years, we believe it will be essential to broaden and expand implementation of a stepped-care approach to services. This includes enhancing prevention efforts through programming, self-help resources, and peer support training. The COVID-19 pandemic hastened the implementation of tele-health options and the expansion of on-line asynchronous resources for students. We will need to proactively plan for integration of these services into our ongoing operational model. We expect student requests for CAPS' services will quickly return to pre-pandemic levels and must plan for continued growth at rates of 5%-10% per year.

Current projects in the planning stages include collaborations with eLearning Design and Services to develop on-line modules based on sound educational principles to deliver prevention and self-help resources. One project that is moving forward involves development of a 4-part curriculum focused on interpersonal violence prevention. A second project pending funding involves transforming current online self-help resources for mental well-being into a unified platform of resources and learning materials. We believe the 24/7/365 availability of these resources will reduce barriers to seeking information and support. Such resources may also be used by faculty to integrate information into their classes. And, finally, such resources can expand outreach beyond the capacity of current human resources.

The future of IUPUI CAPS must also involve increased engagement with campus and community partners. Currently, CAPS is often asked to address any perceived behavioral or mental health need, and at times criticized when we are unable to do so. We are hopeful that expansion of the peer support training project, as well as providing additional resources to faculty and staff, will enhance the general culture of support on campus. We are also committed to fostering more relationships with programs and services that focus on underserved or marginalized communities.



### **C-5. Specific Questions for Review Team**

1. How can IUPUI CAPS creatively address the increasing demand for clinical services? In what ways might we adapt our stepped-care model to be more efficient and effective? What group programming offerings might we need to add? How can we most effectively enhance prevention efforts and provide resources to students with “sub-clinical” needs? In what areas are we not using our staff and other resources optimally?
2. What barriers exist for students in accessing mental health services at CAPS? Are there barriers that disproportionately impact students that identify with marginalized populations? Do our fee adjustment procedures create any unintentional biases or barriers?
3. As we look toward more students returning to campus in the future, what are key issues to keep in mind when providing both in-person and remote tele-health services?
4. How can we more effectively engage IUPUI students in-person and virtually, with awareness and prevention programming, including interpersonal violence prevention and mental health? What campus partners are we missing?
5. In what ways can we enhance our ability to provide for the diverse needs of our students? Including professional development, staff and trainee recruitment, and connections with campus stakeholders.
6. CAPS will be relocating in the next 12-24 months. In addition to privacy/security considerations and space for group counseling, what additional factors should be considered with regard to facilities?

# **APPENDICIES**

**IUPUI Counseling and Psychological Service (CAPS)**

**Self-Study**

**March 2021**

## **Appendix 1: IUPUI CAPS: History**

The original counseling office on the IUPUI campus, the Non-Academic Counseling Center, was formed in 1976 and located at the 38<sup>th</sup> Street Campus (formerly the Purdue Indianapolis Campus). This office was administered under the IUPUI Office of Student Services and had one full-time employee. The Non-Academic Counseling Center was responsible for individual and career counseling, and later coordinated the services and accommodations for students with disabilities.

The Non-Academic Counseling Center moved to the Westside campus in 1982 and was located in a neighborhood house on Blackford Street; a second staff member was added at that time. Soon a new Office of Career Services was formed as part of IUPUI Student Services and took on the responsibility for a full range of student career needs, including career counseling. Concurrently, the counseling office name was changed to the IUPUI Counseling Center and a third full-time staff member was added in order to meet the increasing demand for services.

In 1990, the Counseling Center name was changed to IUPUI Counseling and Psychological Services to reflect the increasing use of services by students with more serious mental health concerns and to distinguish the services from the academic advising process. At this same time, the facility was moved to the Union Building, formerly a campus hotel facility. The house on Blackford Street was razed one week later to increase parking on campus.

In 1992, the Office of Student Services was re-organized under the Vice-Chancellor of Undergraduate Education and thus CAPS was administratively in the Vice Chancellor's portfolio. The demand for services continued to increase, and a practicum-training component was added to CAPS to allow graduate students from many central Indiana universities to perform supervised practicum work at the facility. The CAPS Associate Director responsibilities were expanded to include those of a Director of Training. The number of full-time clinical staff remained three.

In 1999, the administrative structure of student services was changed to reflect a more student-oriented co-curricular philosophy. A new Vice-Chancellor was hired to lead the Division of Student Life and Diversity, which included CAPS, Adaptive Educational Services, Campus Community Life, the Dean of Students, Housing and Residence Life, and the developing Campus Center. Further campus reorganization in 2007 resulted in the formation of the Division of Diversity, Equity, and Inclusion at IUPUI and the division name was changed to the Division of Student Life. In 2016, to reflect the breadth of programs and services, the division was renamed to the Division of Student Affairs.

As the demand for psychological and mental health services continued to grow, funds were allocated to add a full-time Post-Doctoral Fellowship position in 2001 and a full-time Staff Counselor position in 2003. Funding was also made available for part-time psychiatric medication management. In 2004, a pre-doctoral internship program was developed, and CAPS was granted membership into the Association of Psychology Postdoctoral and Internship Centers (APPIC) in 2005 to allow participation in a nation-wide match for clinical placement of advanced graduate students in psychology; these positions were unpaid training placements. With a change in leadership in 2006, the position of Associate Director was partitioned into two associate director positions: Associate Director of Clinical Training and Associate Director of Clinical Services.

In 2006-07, CAPS began receiving budgetary support from the newly formed General Services Fee process, which allowed for continued funding of the Staff Counselor and Post-Doctoral Fellowship

positions. As the national focus on college mental health increased, most notably following the 2007 tragedy at Virginia Tech, additional funding was allocated to expand CAPS staff. Between 2007 and 2011, General Services Fee funding supported an increase in staff to 7 full-time positions and 2 post-doctoral fellows (one-year appointments). Staff transitions led to elimination of the Associate Director of Clinical Services role, and the Clinical Training Director assumed additional administrative responsibilities. Additional funds for contracted psychiatric medication management were also received.

In the summer of 2011, CAPS relocated to the Walker Plaza building on Indiana Avenue, as the Union Building was scheduled for demolition to make way for the new Wishard/Eskenazi Health Complex. This move allowed for the design of a more efficient and professional reception and office environment. During the ensuing few years, CAPS launched two new non-clinical positions for the IUPUI campus, one dedicated to alcohol and substance use prevention, and the second to prevention and response efforts for students experiencing sexual misconduct. In 2014, these two roles plus the health education specialist from Student Health became the foundation for the new Office of Health and Wellness Promotion within the Division of Student Affairs. The role of Assistant Director of Outreach and Partnerships was established at CAPS to support mental wellness and coordinate with HWP efforts.

Clinical training has remained a key component of IUPUI CAPS, and in 2017, CAPS was awarded accreditation (on contingency) by the American Psychological Association as a training site for doctoral interns. Full accreditation status was awarded in fall 2020.

IUPUI CAPS has continued to receive budgetary support to expand clinical staff. In the spring of 2017, the role associated with overseeing prevention and response efforts related to sexual misconduct transitioned back to CAPS. To accommodate the changing needs of CAPS, the administrative structure was adjusted to include the Director, 5 Assistant Directors, and an Office Coordinator. The responsibilities of the Assistant Directors included: Clinical Services, Interpersonal Violence Prevention and Response (IPV), Outreach and Community Services, Internship Training, and Practicum Training. Two specialized clinical positions were developed to meet service needs: Case Manager (2014) and Clinical Assessment Specialist (2018).

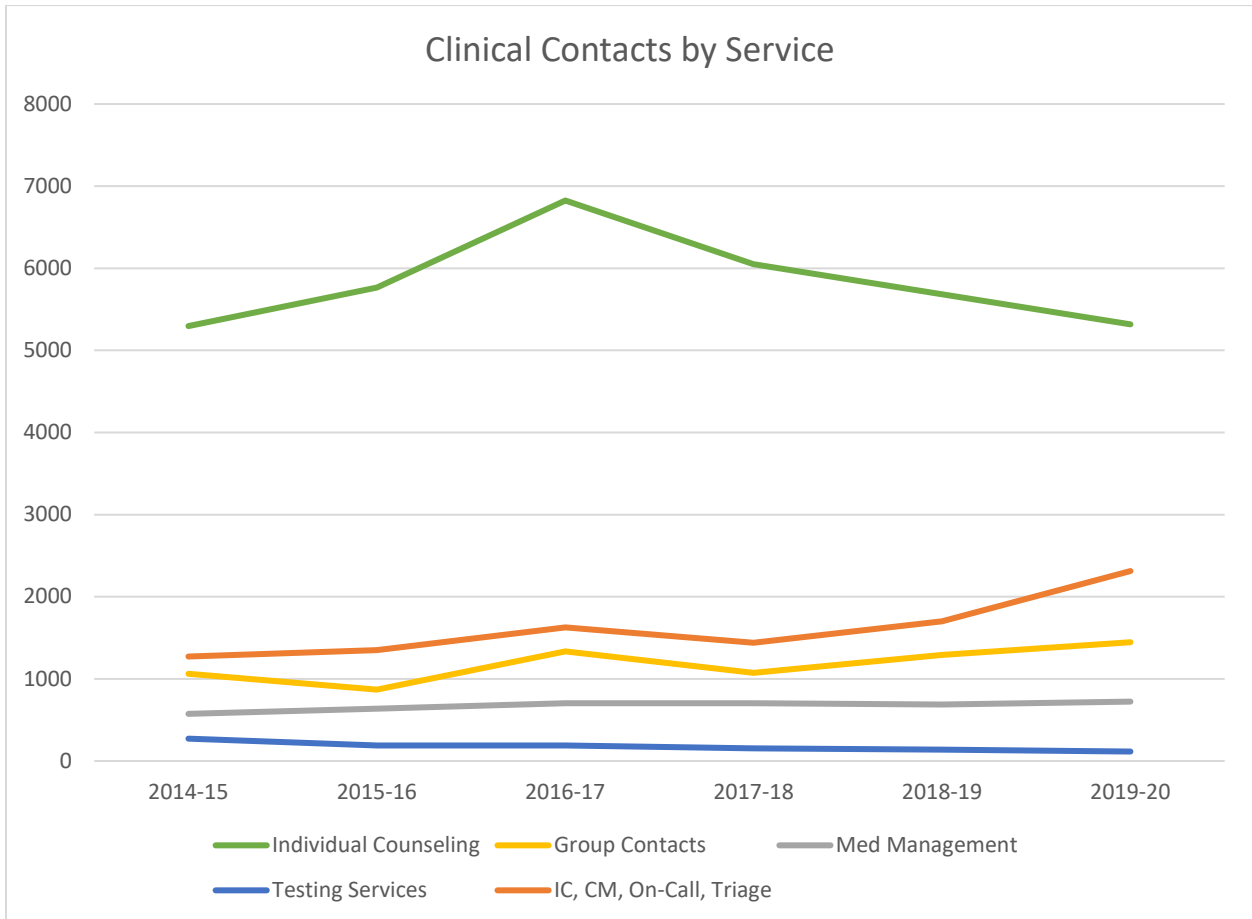
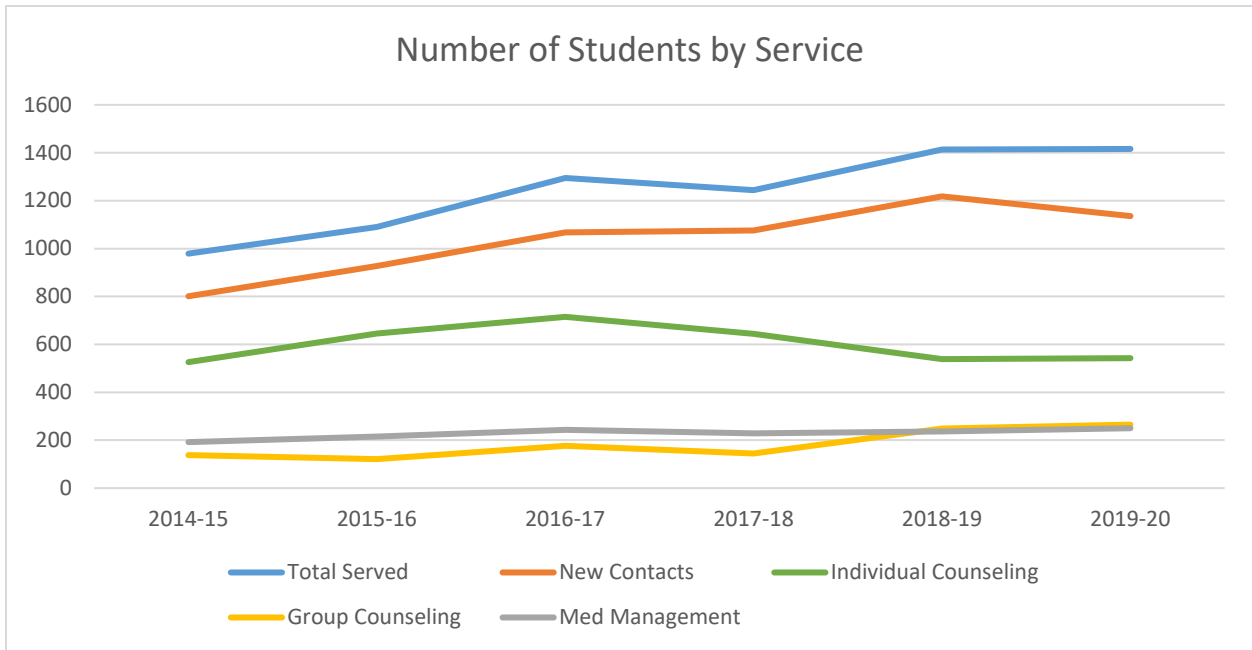
As of fall 2020, CAPS was funded to support 18 clinical staff (inclusive of administrative and specialized roles), 2 doctoral interns, the AD-IPV, and 3 support staff (inclusive of the Office Coordinator). A board-certified psychiatrist provides services ~12 hours/week. Each clinical staff member also supports one of three workgroups: Interpersonal Violence Prevention, Mental Health Outreach, and Training.

## **Appendix 2: IUPUI CAPS Strategic Plan 2020-2023**

<b><u>Outreach</u></b>	<b>Timeline</b>
<b>Increase outreach programming</b>	
- Improve communication with other units and faculty/staff	2020-21
- Offer anxiety/stress reduction programming during critical times in semester and at central campus locations	2021-22
- Provide 3 session presentations/programming	2022-23
- Create (self-operating) mindfulness room at 1-3 locations across	2022-23
- Increase consistency of programming in housing and residence life, based on need	2021-22
- Adapt Coping 101 modules to outreach format.	Fall 2020
- Developing comprehensive descriptions of clinical services for use in presentations and marketing materials	2020-21
- Revise IPV presentations to expand topics, increase engagement, and offer remote options	2020-21
- Receive certification in Green Dot Bystander Intervention and develop curriculum (IPV)	2020-21
<b>Enhance support of student led initiatives</b>	
- Provide collective peer support training programs for each semester	2020-21
- Improve coordination and collaboration with student organizations	2020-21
<b>Improve online presence</b>	
- Offer and record outreach presentations via webinars	2020-21
- Create videos of ~10-15-minute lengths	2020-21
- Update CAPS' and SAPIR's website in order to improve navigation	2020-21
- Create an IPV bibliography focusing on the following populations: LGBTQ, Black and Latinx women, and male survivors	2021-22
- Expand self-help resources on webpages	Fall 2020
<b>Improve social media presence</b>	
- Expand social media platforms beyond Twitter	2020-21
- Improve marketing for outreach programming	2020-21
<b>Enhance internal support of outreach programming</b>	
- Outline processes and procedures for outreach in the clinical manual for onboarding new staff	2020-21
- Create a facilitator guide for outreach programming (e.g., presentations, workshops, tabling)	2020-21
- Expand support of IPV prevention programming to include a staff solely responsible for it	2021-22
- Evaluate outreach presentations and events	Fall 2020
<b><u>Clinical Services</u></b>	
<b>Enhance integration of a "stepped care" approach to client care</b>	
- Define and apply clear and consistent guidelines for referring out for individual counseling services	2020-21
- Expand "stepped" clinical options in order to meet service demands as efficiently and effectively as possible	2020-21
- Establish on-going training and support for staff in effective provision of "stepped care".	Fall 2020

<b><i>Clinical Services (cont.)</i></b>	<b>Timeline</b>
<b>Further relationships with prospective partners and referral sources on campus and in the community</b>	
- Increase referral network of off-campus providers, developing strong working relationships with community	2021-22
- Ensure information about community resources and referral processes is easily accessible to staff and trainees	2020-21
<b>Contribute to a culture of inclusivity, collaboration, and representation, especially in relation to traditionally underserved and marginalized members of IUPUI's campus community</b>	
- Strive to increase staff diversity in order to be more reflective of the campus community	2021-22
- Provide on-going trainings, consultation, and dialogue re: cross-cultural practice and social justice	2020-21
- Prioritize systemic barriers to service access as part of "stepped care" processes and procedures	2020-21
	2020-21
<b>Develop administrative and structural supports aimed at ensuring staff's ability to provide a high level of client care</b>	
- Reach and maintain full clinical staff capacity	2022-23
- Restructure front-desk positions in order to ensure fair compensation for administrative staff	2021-22
- Explore strategies for streamlining documentary and other administrative processes	Fall 2020
- Implement ethical and fair consequences for lack of engagement/follow through in accessing clinical services.	2021-22
<b>Review and refine IPV advocacy processes</b>	
- Adapt advocacy services to new regulations	Fall 2020
- Review/revise outreach to students experiencing sexual misconduct to increase response rates	2020-21
<b><i>Training</i></b>	
<b>Increase training opportunities for supervisors</b>	
- Expand professional development resources and training for clinical supervision	2020-21
- Develop standardized on-boarding for clinical supervision	2020-21
<b>Grow and standardize systems for the training program</b>	
- Be awarded, and maintain, full APA accreditation	Fall 2020
- Work toward intern cohort of 3	2022-23
- Redefine identity of practicum program (e.g., evaluate advanced practicum site status)	2020-21
- Diversify practicum recruitment across disciplines (e.g., social work)	2022-23
- Refine interview and selection processes for practicum students and interns	2020-21
<b>Strengthen the training program and support trainee transition</b>	
- Re-design evaluation/training didactics/process	2021-22
- Increase breadth of didactic training experiences	2022-23
- Standardize pre-orientation meetings with practicum students to assess experience and needs	Fall 2020
- Refine practicum on-boarding to more fully address developmental needs.	2021-22
- Increase trainee participation in group in fall semester	2020-21

**Appendix 3: Clinical Services: Students and Sessions**



## **Appendix 4: Group Counseling Options**

### **1. Mindfulness Based Stress Management – 2/semester**

Participants will commit to a 6-week group that involves learning about mindfulness and practicing meditation techniques that assist in bringing attention to the present moment. This experience will provide a foundation of research-based practices for holding experience in awareness and responding skillfully now rather than waiting for a future that has yet to happen. The purpose of these practices is not to learn to relax (although they are sometimes relaxing) but to relate mindfully to whatever you experience, however joyful or painful.

### **2. Coping 101 – 2 options/week**

A 5-week group with rotating modules focusing on dealing with stress, self-care/compassion, establishing boundaries, regulating emotions, and managing thoughts.

### **3. Cultivating Mindful Self-Compassion – 2/semester**

This is an 8-week program designed to support students in increasing their capacity for self-compassionate responding in order to improve emotional well-being, build resilience, and cultivate more adaptive approaches to life challenges. Group activities to support the development of mindful self-compassion will include short teachings, experiential exercises, compassion-based meditations, group discussion, and home practice.

### **4. Creative Connections – 1/semester**

This is a 7-week art therapy group that will focus on learning coping strategies and building connections with other group members through the use of different artistic techniques.

### **5. Mindfulness Meditation – Fridays 11-11:45am**

Drop-in workshop via Zoom. Continue your intentional practice by engaging in mindfulness meditation with a group of students. No registration needed. Zoom link available by calling CAPS front desk or via CAPS Twitter account. Must be an IUPUI student to attend.

### **6. Understanding Self and Others (USO) – 3-5/semester**

A group for those interested in better understanding relationships and receiving peer support. People participate in this group for a number of reasons including having difficulties in relationships, finding their relationships are not satisfying, being curious about how others perceive them, seeking support when experimenting with new relational behaviors, and desiring to hear about the experiences of others while gaining support. Additional time offerings may be offered later in the semester.

### **7. I'm Still Here – 1/semester**

A group therapy experience open to people of color looking for a space to discuss and explore challenges navigating college experience in a predominantly white institution. Participants will have the opportunity to dialogue, seek support, and cope with race – related stressors. Interaction between members will be an important part of the group experience because it will enable members to try new ways of relating as well as learning about the way they interact with one another in the here-and-now.



**8. Finding Balance – 1/semester**

An ongoing group building skills in: emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness. This interactive group provides the opportunity to be introduced to specific skills, discuss how they relate to the lives of participants and start applying them in group. Suggestions will also be provided regarding how group members can practice on their own. Participation in individual counseling, either at CAPS or in the community, is required.

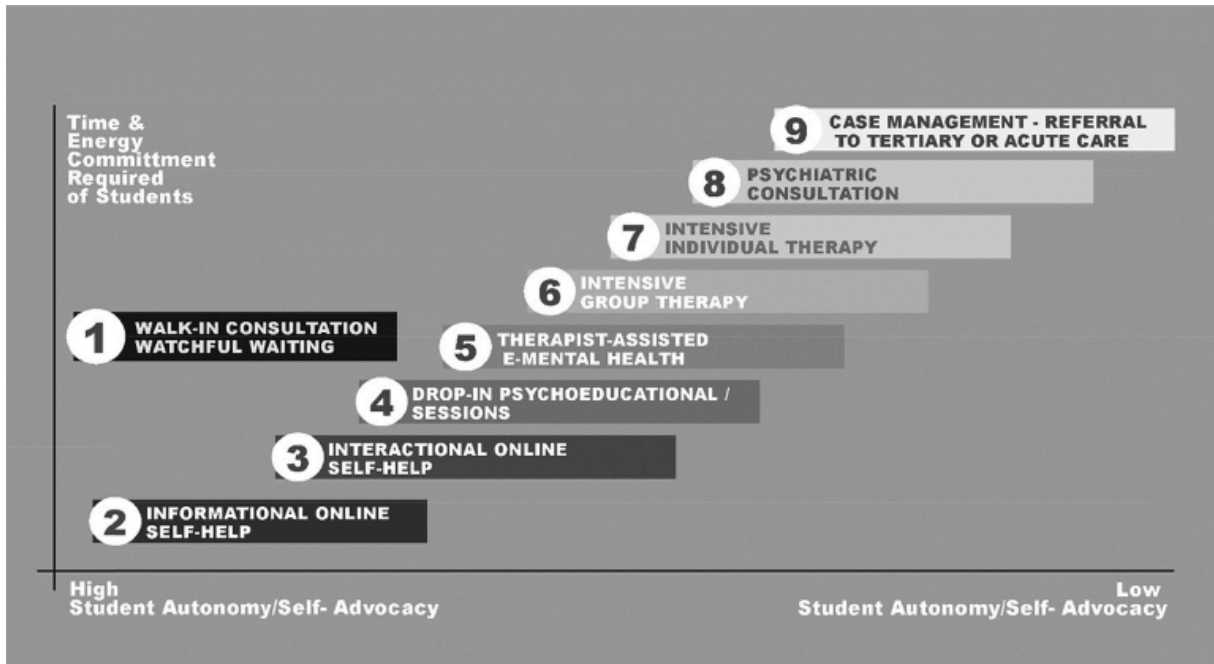
**9. Connecting: Relationship Workshop – 2/semester**

This two-and-a-half-hour workshop will provide information, opportunity for discussion, and an experiential activity designed to help couples explore, reconnect, and strengthen their relationship. One member of couple must be an IUPUI student. Register online at [caps.iupui.edu](http://caps.iupui.edu)

**Appendix 5: IUPUI CAPS: Stepped-Care Model**

Stepped-Care 2.0 – Cornish et al., 2017.

A published stepped-care model for college mental health that includes various service options for students that are willing and able to engage in self-help strategies to address their needs.



CAPS Stepped Care Model – 2018-2021

CAPS current approach to stepped-care services. This model focuses on services provided within the clinical framework. Future adaptations will incorporate self-help options.

Sx/Fn Risk	Moderate/Severe High/Chronic	Inpatient, Intensive outpatient Long term individual weekly
Sx/Fn Risk	Moderate/Severe Moderate/High	Intermediate to long term individual Weekly to bi-weekly
Sx/Fn Risk	Moderate Moderate	Intermediate term individual Possible Group as adjunct
Sx/Fn Risk	Mild/Moderate Minimal/Mild	USO, MBSM, Coping101 Possible short term individual
Sx/Fn Risk	Minimal/Mild None	Coping 101, MBSM, USO (Rarely short term individual)

**Appendix 6: Clinical Services: Client Demographics - 1/1/2018 – 12/31/2020**

Annual demographic information can be found in CAPS Annual Reports. Data from Fall 2019 semester are used for Campus comparisons.

<b>Race/Ethnicity</b>	<b># Appts</b>	<b>% Appts</b>	<b># Students</b>	<b>% Students</b>	<b>% IUPUI</b>
American Indian/Alaska Native	104	0.4	8	0.3	0.1
Asian American	1062	4.1	143	4.7	6.2
Black/African American	3065	11.9	317	10.3	9.6
Hispanic/Latina(o)	2207	8.6	231	7.5	8.3
Native Hawaiian/Other Pacific Islander	1	0.0	1	0.0	<0.1
White/Caucasian	18900	73.3	2005	65.4	64.2
Multiracial	1428	5.5	152	5.0	4.4
International Student	1145	4.4	164	5.4	6.6
Other	390	1.5	43	1.4	0.6

<b>Gender</b>	<b># Appts</b>	<b>% Appts</b>	<b># Students</b>	<b>% Students</b>	<b>% IUPUI</b>
Male	7235	28.1	957	31.2	42.7
Female	19557	75.8	1997	65.2	57.3
M-to-F	120	0.5	8	0.3	--
F-to-M	128	0.5	17	0.6	--
Non-Binary	900	3.5	58	1.9	--
Not listed	66	0.3	9	0.3	--
Prefer not to answer	247	1.0	17	0.6	--

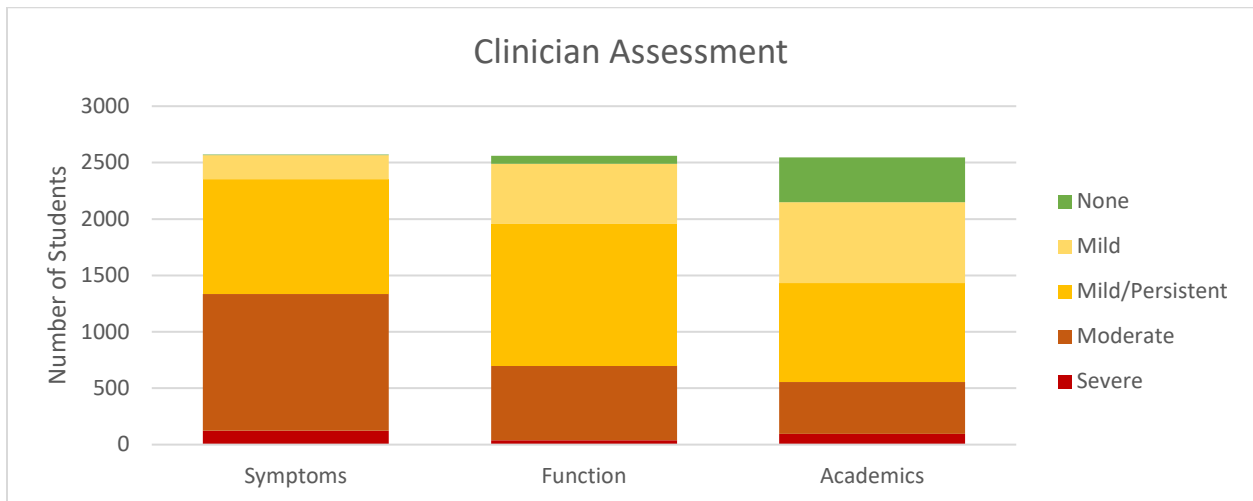
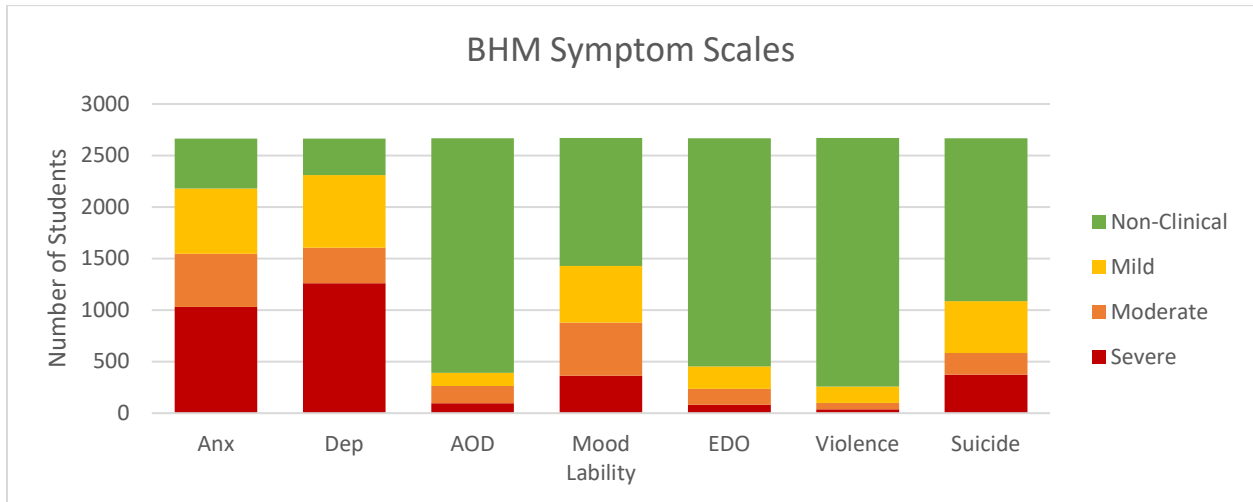
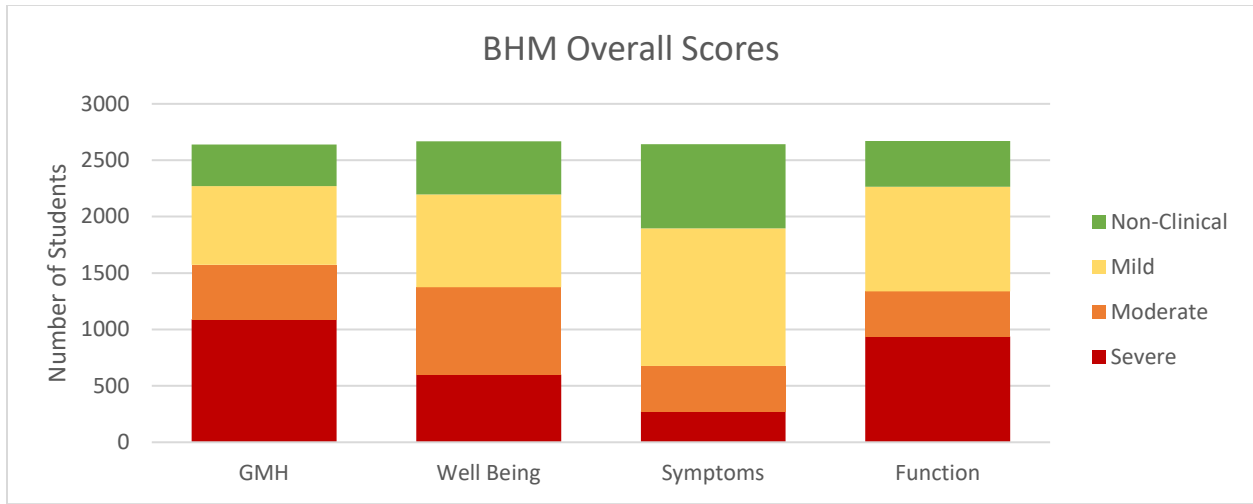
<b>Sexual Orientation</b>	<b># Appts</b>	<b>% Appts</b>	<b># Students</b>	<b>% Students</b>
No/unknown response	224	0.9	18	0.6
Bisexual	4697	18.2	414	13.5
Gay	645	2.5	82	2.7
Heterosexual/Straight	16770	65.0	2064	67.4
Lesbian	1500	5.8	73	2.4
Questioning	921	3.6	73	2.4
Not listed	1767	6.9	152	5.0
Prefer not to answer	1471	5.7	157	5.1
Did not answer	258	1.0	30	1.0

Note: We are making changes in language related to gender identity and sexual orientation in our initial paperwork to more inclusive terminology.

<b>Academic Status</b>	<b># Appts</b>	<b>% Appts</b>	<b># Students</b>	<b>% Students</b>	<b>% IUPUI</b>
First Year	4976	19.3	620	20.2	17.0
Sophomore	5303	20.6	599	19.5	14.0
Junior	5447	21.1	588	19.2	15.0
Senior	5004	19.4	536	17.5	21.5
Masters	3689	14.3	338	11.0	15.5
Doctoral	1520	5.9	130	4.2	3.2
Dental Student	292	1.1	43	1.4	10.6
Law Student	1249	4.8	92	3.0	
Medical Student	229	0.9	41	1.3	
Non-Degree	303	1.2	25	0.8	3.3
Non-Student	65	0.3	7	0.2	--
Other	221	0.9	42	1.4	--

**Appendix 7: Clinical Services: Clinical Presentation Data - 1/1/2018 – 12/31/2020**

Information for the most recent year can be found in CAPS Annual Reports.



## Appendix 8: Interpersonal Violence Prevention: Outreach and Prevention

### Presentations, Workshops, Panels

	2017-18		2018-19		2019-20	
	Events	Attendance	Events	Attendance	Events	Attendance
Students	29	1,765	25	1,062	27	1,249
Faculty/Staff	8	178	9	192	6	144
Open					17	397
<b>Total</b>	<b>37</b>	<b>1,943</b>	<b>34</b>	<b>1,254</b>	<b>50</b>	<b>1,790</b>
Traditionally Underserved	7	449	6	290	7	528
Student Leaders/Mentors	7	290	8	217	12	403

July 1 to Dec 31	2019		2020	
	Events	Attendance	Events	Attendance
Students	18*	691*	15	443
Faculty/Staff	4	134	3	58
Open	11	288		
<b>Total</b>	<b>33</b>	<b>1,113</b>	<b>18</b>	<b>501</b>
Traditionally Underserved	2	20	2	27
Student Leaders/Mentors	5	212	4	96

\*This number includes 6 workshops that were attended by 138 students

### Awareness Events, Tabling

	2017-18		2018-19		2019-20	
	Events	Attendance	Events	Attendance	Events	Attendance
October- Domestic Violence Awareness Month (DVAM)	2	14	13	129	17	261
January – National Stalking Awareness Month	3	21	3	72	3	54
February- Teen Dating Awareness Month	-	-	1	41	2	57
April – Sexual Assault Awareness Month	9	268	12	776	2 (virtual)	2
Open Tabling			2	78	-	-
<b>Total</b>	<b>14</b>	<b>303</b>	<b>31</b>	<b>1096</b>	<b>22</b>	<b>374</b>

## **Appendix 9: IPV Educational Programming**

### **1. Bystander Intervention: Preventing Sexual Violence and Interpersonal Violence (90 min)**

The Bystander Intervention program is primarily designed to increase students' ability to identify and take action in situations where intervention may prevent harm to others and result in meaningful change. The presentation will explore personal and systemic barriers toward intervention and will provide students with examples and strategies for safe interventions.

### **2. Consent 101 (60-75 min)**

This presentation will allow participants to explore their understanding of consent to physical contact/intimacy, and practice skills around communicating consent and non-consent. Participants will also briefly explore elements of identities and intersectionality and the impact on consent conversations.

### **3. Stalking: Know It. Name It. Stop It. (75- 90 min)**

This brief workshop will, with the aid of media clips, help students to recognize stalking and its impacts, develop plans for safety, and provide support if someone they know is experiencing stalking.

### **4. IPV Safety Planning 101 (60-75 min)**

This presentation is designed to: 1) introduce participants to the purpose of a safety plan for someone in an unsafe situation, 2) build participants' competence and comfort sharing concerns and supporting friends in unhealthy/abusive relationships, and 3) explore how participants may set and maintain interpersonal boundaries in order to care for themselves and others.

### **5. Boundaries and Healthy Relationships (75 min)**

This presentation is meant to educate participants about healthy relationships, explore examples of how personal boundaries and consent contribute to the "health" of a relationship, and provide opportunities for participants to learn boundary-setting skills and practice assertive communication techniques in service of those boundaries.

### **6. Online Dating Safety (60-75 min)**

This interactive presentation is designed to help students 1) Increase self-awareness around online dating, 2) gain skills to communicate expectations and establish personal boundaries, 3) identify red flags and 4) develop a safety plan for online dating interactions.

### **7. Creating a Trauma Informed Environment (75 min)**

This presentation will help participants become more aware of trauma and its impact, learn core principles of trauma informed practices, decrease the likelihood of re-traumatization, and increase awareness of the impact of indirect exposure to trauma. This training is ideal for student leaders, faculty and staff.

### **8. Unbelievable (75 min)**

Using clips from the Netflix miniseries, Unbelievable, participants will discuss and consider how survivors of sexual assault may feel and react in the aftermath of an assault and explore the different ways that engagement with law enforcement may impact survivors. Participants will also explore the different ways they can offer support where someone discloses experiencing sexual misconduct.

**9. Responding to a report of Sexual Misconduct (60-75 min)**

Presented by CAPS, Office of Student Conduct and Office of Equal Opportunity. This presentation is ideal for student leaders, student mentors, faculty and staff.

Participants will gain clarity about the roles of confidential employees versus responsible employees and their differing reporting obligations under UA-03 Discrimination, Harassment and Sexual Misconduct Policy. Participants will also learn and practice skills in responding when someone discloses experiencing sexual misconduct, offering support and connecting them to campus and community resources.

**10. Other: IPV Advocacy and Support Programming**

If you want to: learn more about advocacy services and resources available for students who have experienced sexual misconduct, community and campus resources, and reporting options; have a Q & A session about matters related to sexual misconduct; or have an educational program about related topics, we can work with you to meet your groups educational goals. Submit this request and we will follow-up to plan your specific program.



**Appendix 10: Interpersonal Violence Prevention: Advocacy Services**

IPV Advocacy services are provided to individuals that have been the target of sexual misconduct.

IPV Advocacy Service

	2017-18	2018-19	2019-20
<b>Advocacy</b>			
Individuals	29	54	44
Sessions	71	115	98
Contact Hours	47.75	~116.65	~99.17
Supportive Measures *		~14	15

July 1- December 31	2019	2020
Individuals	27	31
Sessions	48	72
Contact Hours	50.33	59.28
Supportive Measures *	13	6
<b>Advocacy Outreach**</b>		
Total	48	53
No response		14
Responded to outreach		20
Did not respond to outreach		9
Scheduled appointment – no show		10

\*Supportive Measures for student survivors include academic, housing, and financial considerations.

\*\*Advocacy Outreach are attempts to connect with students that have been identified by Title IX officials as having been reported to have experience sexual misconduct. Response to outreach data is not available for Fall 2019.

IPV Advocacy: Student Demographics

We have only recently been systematically collecting demographic information for IPV advocacy services. Student identities, indicated as percent served over the past year, are noted below:

Female	88.9%		Straight	70.4%
Male	11.1%		LGBTQ+	18.5%
			No Response	11.1%
Asian American	11.1%			
Black/African American	7.4%		First Year	18.5%
Hispanic/Latina(o)	14.8%		Sophomore	25.9%
International	3.7%		Junior	22.2%
Two or More Races	3.7%		Senior	22.2%
White	40.7%		Grad/Prof	7.4%
No Response/Other	18.5%		Other	3.7%

**Appendix 11: Mental Health Outreach and Community Services**

Presentations, Workshops, Panels (Includes QPR)

	2017-18		2018-19		2019-20	
	Events	Attendance	Events	Attendance	Events	Attendance
Students	50	2541	61	1351	55	1214
Faculty/Staff	22	595	14	153	37	879
Open	--	--	--	--	15	90
<b>Total</b>	<b>72</b>	<b>3136</b>	<b>75</b>	<b>1504</b>	<b>118</b>	<b>2350</b>
Traditionally Underserved	14	648	13	293	9	90
Student Leaders/Mentors	10	610	19	715	13	511

July 1 to Dec 31	2019		2020	
	Events	Attendance	Events	Attendance
Students	31	921	50	570
Faculty/Staff	18	414	7	150
Open	n/a	n/a	26	113
<b>Total</b>	<b>58</b>	<b>1505</b>	<b>78</b>	<b>833</b>
Traditionally Underserved	4	64	4	49
Student Leaders/Mentors	11	489	20	162

QPR Suicide Prevention Training

	2017-18		2018-19		2019-20	
	Events	Attendance	Events	Attendance	Events	Attendance
Students	4	110	4	217	2	12
Faculty/Staff	5	81	2	24	n/a	n/a
<b>Total</b>	<b>9</b>	<b>191</b>	<b>6</b>	<b>241</b>	<b>2</b>	<b>12</b>

July 1 to Dec 31	2019		2020	
	Events	Attendance	Events	Attendance
Students	2	57	2	12
Faculty/Staff	3	54	--	--
<b>Total</b>	<b>5</b>	<b>111</b>	<b>2</b>	<b>12</b>

Awareness Events, Tabling

July 1 – June 30	2017-18		2018-19		2019-20	
	Events	Attendance	Events	Attendance	Events	Attendance
	4	63	3	28	1	112

July 1 to Dec 31	2019		2020	
	Events	Attendance	Events	Attendance
	1	112	n/a	n/a

## **Appendix 12: Mental Health Outreach Presentations**

### **1. Mindfulness (60–90 minutes)**

Mindfulness practice is a proven method to manage stress, improve concentration, and practice compassion. In this presentation, you'll develop a basic understanding of mindfulness. Brief experiential practices will help you to deepen that understanding and put you on the path to improved self-care.

### **2. QPR® Suicide Prevention Gatekeeper Training (60–90 minutes)**

QPR—Question, Persuade, and Refer—is three simple steps anyone can learn to help save a life from suicide. When you train in QPR, you'll learn how to recognize the warning signs of suicide so you can ask the question, persuade someone to live, and refer them to get professional help.

### **3. Recognizing and Responding to Mental Health Concerns (60–90 minutes)**

Understanding mental health and its importance is increasing, but we still have far to go. As we work to reduce the stigma around mental health concerns, we offer this presentation to help you identify their common symptoms. You'll also learn how to respond knowledgeably to individuals in a supportive way and to refer them to appropriate resources for additional help.

### **4. Working with Individuals in Distress (90–120 minutes)**

Distress can take many forms, so you'll learn how to identify common signs of individuals in need of help. We'll also teach you strategies for offering support and de-escalation techniques. And because you can't be expected to solve every problem, you'll learn how to connect the person with appropriate resources.

### **5. The S Word (90-120 minutes)**

The S Word sheds light on suicide, the 10th leading cause of death in the United States and second leading cause of death for individuals ages 15-24. The film documents the stories of suicide survivors and highlights their unguarded courage, insight, and humor. The provided screening is followed by a discussion facilitated by CAPS staff. Consultation with the Assistant Director of Outreach and Community Services Yves Ambroise is required prior to scheduling a screening. Given the content, this presentation is only available to pre-existing groups (e.g., departmental units, student peer mentors/advisors/leaders, student organizations or clubs) that meet regularly to allow for debriefing or follow-ups.

### **6. Other Topics**

CAPS staff often works with requestors to develop presentations or workshops to address the specific needs of the group. Examples include: CAPS services, active listening and helping skills, conflict management, managing test anxiety, stress management/life balance (also offered by HWP), coping with racial trauma, art therapy workshop, etc.

**Appendix 13: Mental Health: Community Support**

CAPS provides support to the campus community through consultation regarding concerns for mental health and wellbeing. CAPS staff also coordinate JagsCARE, a team of individuals from across campus trained to support others impacted by a critical event.

Consultation services

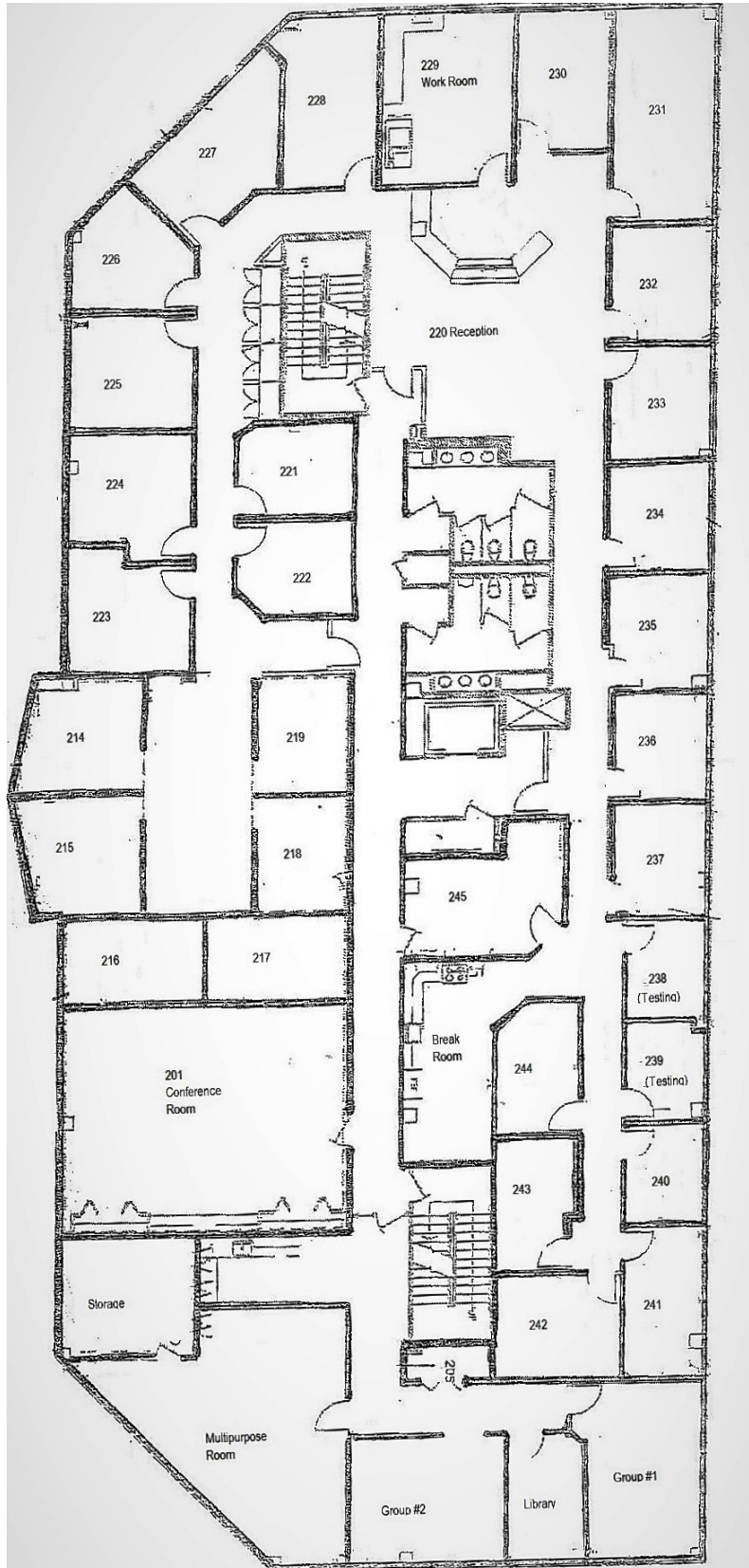
	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
Number	132	99	79
Hours	~22	~22	~13
Consultee			
-Faculty/Staff	56%	47%	45%
-Student	21%	14%	27%
-Other	23%	38%	28%
Self-Harm	23%	36%	27%
Academic Concerns	15%	15%	19%
How to refer to CAPS	36%	24%	34%
Recommend BCT	21%	20%	23%

<b>July 1 to Dec 31</b>	<b>2019</b>	<b>2020</b>
Number	36	42
Hours	~8	>9
Consultee		
-Faculty/Staff	39%	45%
-Student	22%	7%
-Other	39%	48%
Self-Harm	39%	17%
Academic Concerns	22%	24%
How to refer to CAPS	44%	29%
Recommend BCT	31%	29%

JagsCARE

	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>Fall 2020</b>
Incidents	8	5	4	2
Consultation	8	4	1	2
Group Sessions	7	5	4	6
Individual Session	9	4	2	

**Appendix 14: IUPUI CAPS: Current Floor Plan**



## **Appendix 15: IUPUI CAPS: Partnerships**

### **Division of Student Affairs collaborative partnerships:**

- Health and Wellness Promotion (HWP)
  - Collaborate and co-present in peer support training modules.
  - Provide training for peer educators, especially in suicide prevention and addressing sexual misconduct.
  - Exchange data related to student health and wellness needs.
  - Cross-promote health and wellness events.
  - Collaborate on common content for shared programming efforts.
- Housing and Residence Life (HRL)
  - Assist in orientation/training of Residence Coordinators and Residence Assistants in recognizing and responding to student mental health concerns and reports of experiencing sexual misconduct.
  - Provide ongoing consultation regarding addressing student mental health concerns and those reporting experiences of sexual misconduct.
  - Collaborate on providing housing-related supportive measures (housing and parking contracts) after student experiences of sexual misconduct.
- Office of Student Conduct (OSC)
  - Collaborate on common content for programming related to sexual misconduct.
  - Coordinate outreach to students that are reported to have experienced sexual misconduct.
  - Regularly review processes and procedures to enhance a student-centered response to sexual misconduct.
- Office of Student Advocacy and Support (OSAS)
  - Coordinate advocacy efforts for students with food or home insecurities.
  - Regularly share information regarding campus and community resources.

### **IUPUI Campus collaborative partnerships:**

- Academic and Career Services
  - Piloting of 1-on-1 peer support training.
  - Provide training of peer advisors regarding overview of CAPS and referral for services.
- Behavioral Consultation Team (BCT)
  - CAPS members include Director, AD Clinical Services and Case Manager.
  - Director and Case Manager serve on the core team of the BCT, and the Case Manager assists with processing and action items for the BCT.
  - BCT recommendations often include referral of students of concern to CAPS, which are facilitated by CAPS staff that are members of the BCT.

- IU Police Department
  - Regular meetings to address Clery reporting requirements and ensure coordinated response.
  - Consultation related to messaging to support awareness and prevention of interpersonal violence.
  - Staff representation on newly formed Chief's Advisory Council.
- LGBTQ+ Center
  - Consult with the director as needed regarding needs of students who utilize the Center.
  - Provide training to their student workers on supporting students with mental health needs.
  - Providing supervision of MSW practicum student with placement in Center.
- Office of Equal Opportunity (OEO)
  - Collaborate on common content for programming related to sexual misconduct.
  - Coordinate outreach to students and staff that are reported to have experienced sexual misconduct.
- Sexual Assault Prevention, Intervention, and Support task force (SAPIR)
  - Co-chaired by the AD Interpersonal Violence Prevention and Response and the Director for Office for Women, comprised of ~30 campus and community members meeting monthly.
  - Share information regarding best practices and current trends related to sexual and relationship violence.
  - Contribute to planning and support programming efforts in IPV prevention.
- Student organizations
  - Provide consultation and programming to Active Minds executive board members.
  - Engage various student organizations in program planning related to interpersonal violence: Undergraduate Student Government, Fraternity and Sorority Life (Panhellenic, Sigma Psi Zeta, Sigma Lambda Upsilon/Señoritas Latinas Unidas Sorority, Inc.), LGBTQIA Student Alliance, Residential Hall Association.

Community partnerships:

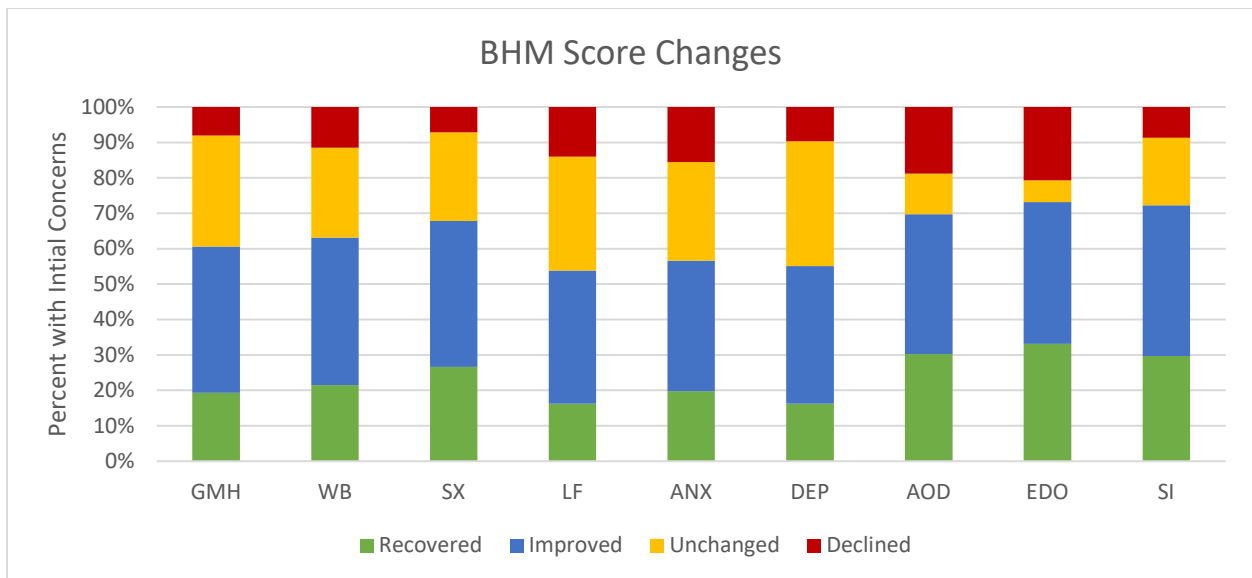
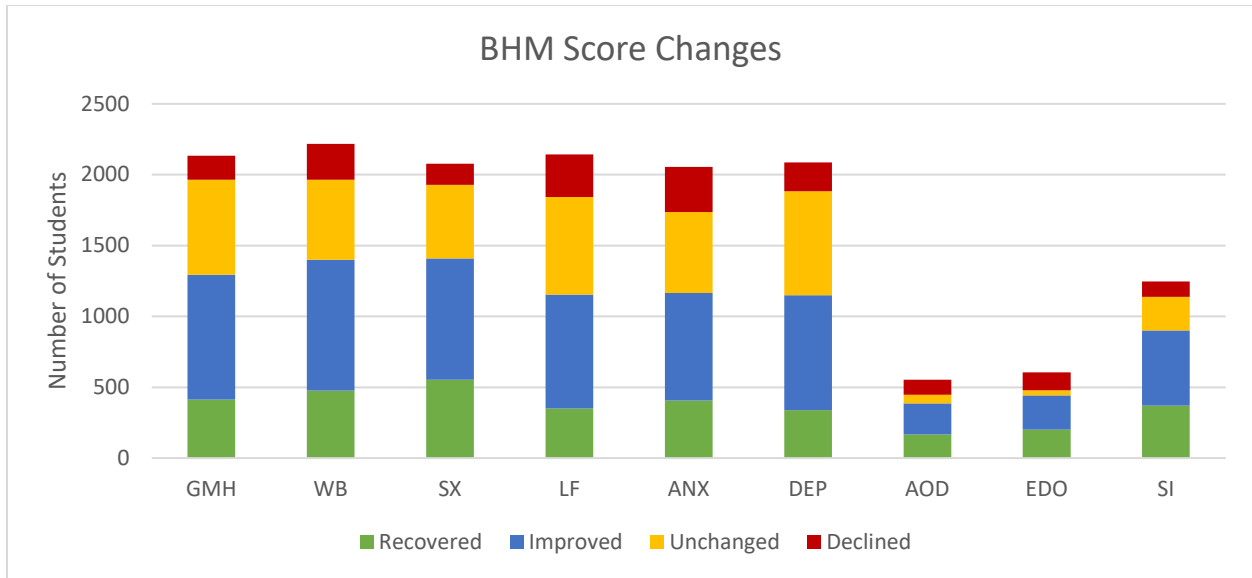
- Families First (a Division of the Children's Bureau)
  - Collaborate on programming for student population around sexual and interpersonal violence.
  - Collaboration with Asst. Program Director to create referral process for students in need of court advocacy, support groups, and other resources such as financial assistance.
  - Created and co-sponsor support group for female-identified survivors at IUPUI, offered at CAPS spaces and virtually.
  - Engagement in the SAPIR taskforce.

- Centers of Hope, IU health Methodist and Eskenazi Hospital
  - Collaborative referral process for students who have experienced sexual misconduct.
  - Engagement in SAPIR taskforce.
- Julian Center
  - Collaborating to create referral process for students in need of emergency housing or legal assistance.
  - Engagement in SAPIR taskforce.
- Center for Victim and Human Rights
  - Developed direct referral system to provide students that have experienced sexual misconduct access to free legal advice and representation in civil procedures and university processes.
- Indiana Coalition to End Sexual Assault and Human Trafficking (ICESAHT)
  - Collaborative student programming, with emphasis on annual student athletes training.
  - Facilitate collaboration for ICESAHT to provide training for male student athletes.
- Academic Clinical Training Programs
  - Partnerships have been developed with academic Training Directors in the following programs:
    - IUPUI: Master’s Program in Social Work and Master’s Program in Art Therapy
    - Indiana University-Bloomington: Counseling Psychology Doctoral Program
    - Ball State University: Master’s Program in Clinical Mental Health Counseling and Counseling Psychology Doctoral Program
    - University of Indianapolis: Master’s Program in Clinical Mental Health Counseling and Counseling Psychology Doctoral Program
    - Purdue University: Counseling Psychology Doctoral Program
    - Marian University: Master’s Program in Clinical Mental Health Counseling



**Appendix 16: Student Impact: Clinical Improvement 2018-2020**

Information for the most recent year can be found in CAPS Annual Reports.



GMH	Global Mental Health	ANX	Anxiety
WB	Well Being	DEP	Depression
SX	Symptoms	AOD	Alcohol/Drugs
LF	Life Functioning	EDO	Eating Disorder
		SI	Suicide

**Appendix 17: Student Impact: Client Survey Results**

Student responses to an anonymous survey administered each fall and spring semester indicated CAPS services impact learning and academic performance.

	<b>Fall Only*</b>			
	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
...more decisions based on my own values	76%	74%	76%	75%
...healthier life choices	72%	70%	78%	75%
...experienced improvement	74%	70%	77%	75%
...to remain enrolled	53%	50%	56%	55%
...academic performance	59%	61%	63%	68%

\*2019-20 Fall only – spring survey changed to ask information specific to COVID-19

Learning and academic impacts tend to be greater for those sustaining treatment at CAPS for three or more sessions.

<b>Fall 2020</b>	<b>All</b>	<b>3+ sessions</b>
Number of Responses	114	92
I have been able to make more decisions based on my own values	75%	84%
I have made healthier life choices	75%	86%
I have experienced improvement...	75%	87%
Receiving services at CAPS contributed to my ability to remain enrolled...	55%	59%
Receiving services at CAPS contributed to my academic performance...	68%	76%

**Appendix 18: Student Impact: Group Counseling Outcomes 2018-2020**

Students completing pre and post group assessments report significant improvement in functioning and skills. The vast majority of students participating in process groups report positive experiences. For all groups, students responding to the CAPS survey report positive learning and academic impact.

Process Groups

<b>(N=103)</b>	<b>Pre</b>	<b>Post</b>
Individually	46.44	64.80
Interpersonally	52.12	63.82
Socially	48.47	62.63
Overall	49.12	65.49

Statistically significant improvements in all domains (p<0.05)

<b>% Agree or Strongly Agree (N=96)</b>	
I made progress toward my personal goals in group counseling	91.7%
I can work more effectively on my personal problems.	83.3%
I can better understand my problems/issues.	86.5%
I can better communicate my thoughts and feelings.	87.5%
I am more sensitive to, and accepting of, differences in others	84.4%
Group counseling helped me stay in school.	44.6%
I feel that I can better handle my feelings and behavior.	82.3%
I have healthier relationships with others.	78.1%
I am satisfied with my overall group counseling experience	96.9%

Mindfulness Groups

<b>Mindfulness (N=39)</b>	<b>Pre</b>	<b>Post</b>
Observing	35.79	44.79
Describing	24.13	26.42
Acting	19.71	25.53
Accepting	22.89	29.32

Statistically significant improvements (p<0.05) in all domains except Describing

CAPS Survey: Group Participants

	<b>2017-18 (n=63)</b>	<b>2018-19 (n=67)</b>	<b>Fall Only*</b>	
			<b>2019-20 (n=44)</b>	<b>2020-21 (n=18)</b>
...more decisions based on my own values	77.8	74.7	72.7	55.6
...healthier life choices	79.4	61.2	74.4	66.7
...experienced improvement	79.0	64.2	77.3	77.8
...to remain enrolled	52.8	50.8	52.3	50.0
...academic performance	65.1	60.6	65.9	55.6

### Appendix 19: CAPS Learning Outcomes Mapped to IUPUI Profiles of Learning for Undergraduate Success

	Student Learning Outcomes	1. Communicator				2. Problem Solver				3. Innovator				4. Community Contributor			
		Evaluates Information	Listens Actively	Builds Relationships	Conveys Ideas Effectively	Thinks Critically	Collaborates	Analyzes, Synthesizes, Evaluates	Perseveres	Investigates	Creates/ Designs	Confronts Challenges	Makes Decisions	Builds Community	Respectfully Engages Own and Other Cultures	Behaves Ethically	Anticipates Consequences
All Clinical Services	Students who use clinical services will be able to make healthier life choices.					X		X	X						X	X	
	Students who use clinical services will be able to make more decisions based on personal values and priorities.					X		X	X						X	X	
	Students who use clinical services will report improved academic performance.								X								
	Students who use clinical services will report improved ability to remain enrolled.								X								
USO and Process Groups	Students who are involved with the USO and process groups will report increased ability to manage life stressors.					X			X								
	Students who are involved with the USO and process groups will report improved overall functioning.														X	X	
	Students who are involved with the USO and process groups will be able to better identify their own problems and issues.					X		X								X	
	Students who are involved with the USO and process groups will report increased value of the differences in others.		X	X									X	X			
	Students who are involved with the USO and process groups will report improved relationships and better interpersonal and social functioning.		X	X									X				
Mindfulness Groups	Students who are involved with the Mindfulness Groups will report increased ability to apply mindfulness skills.							X	X								
	Students who are involved with the Mindfulness Groups will report decreased levels of stress and anxiety.								X								
Individual Counseling	Students who use individual counseling sessions will report increased ability to manage life stressors.								X							X	
	Students who use individual counseling sessions will be able to report improvement in life functioning.			X									X			X	

	Student Learning Outcomes	1. Communicator				2. Problem Solver				3. Innovator			4. Community Contributor				
		Evaluates Information	Listens Actively	Builds Relationships	Conveys Ideas Effectively	Thinks Critically	Collaborates	Analyzes, Synthesizes, Evaluates	Perseveres	Investigates	Creates/ Designs	Confronts Challenges	Makes Decisions	Builds Community	Respectfully Engages Own and Other Cultures	Behaves Ethically	Anticipates Consequences
Testing Services	Students engage in testing services will receive appropriate academic accommodations.																X
	Students engage in testing services will persist and graduate.								X								
Outreach - QPR	Students that attend QPR training will report increased ability to recognize warning signs of suicide.	x	x					x									
	Students that attend QPR training will report increased confidence in asking someone about suicidal ideation.	x	x					x				x			x		x
Outreach - RA Training	RAs who attend CAPS's outreach efforts will be able to discuss issues of mental health, consent, healthy relationships, sexual assault and interpersonal violence prevention and response.	x	x					x									
	RAs who attend the CAPS's outreach efforts will be able to described how to refer a student to CAPS.	x	x			x						x		x			
Outreach - Recognizing/Responsible	Students who attend CAPS's outreach efforts will be able to describe one or more mental health issues.	x															
	Students who attend CAPS's outreach efforts will be able to describe how to refer a student to CAPS.	x	x			x											
IPV Advocacy	Students who use IPV advocacy services will report receiving appropriate academic accommodations.								X								
	Students who use IPV advocacy services will have the support to remain enrolled.								X								
IPV Prevention - Presentations	After an IPV prevention presentation, students will be able to identify one or more resources on campus or in the community that supports victims of sexual misconduct.												x	x		x	x
IPV Prevention - Presentations	After an IPV prevention presentation, students will be able to identify at least 3 strategies to safely intervene in situations that are potentially harmful, and know at least 2 options for reporting is abuse/assaults are suspected.	x	x					x	x				x	x		x	x

	Student Learning Outcomes	1. Communicator				2. Problem Solver				3. Innovator			4. Community Contributor				
		Evaluates Information	Listens Actively	Builds Relationships	Conveys Ideas Effectively	Thinks Critically	Collaborates	Analyzes, Synthesizes, Evaluates	Perseveres	Investigates	Creates/ Designs	Confronts Challenges	Makes Decisions	Builds Community	Respectfully Engages Own and Other Cultures	Behaves Ethically	Anticipates Consequences
IPV Prevention Presentations	After an IPV prevention presentation, students will be able to identify and have strategies for recognising where consent is freely given and situations where there is no consent.	X	x	X		x	x	x				x	x			x	x
IPV Student Involvement	After involvement in planning and implementing sexual assault prevention and interpersonal violence prevention events on campus, student volunteers will be able to identify resources on campus available for survivors of sexual violence/ipv.											x	x				
IPV Student Involvement	After involvement in planning and implementing sexual assault prevention and interpersonal violence prevention events on campus, student volunteers will demonstrate critical skills in planning educational/awareness raising events; effective communication in group setting; skills and ability to work with others; and increase personal investment and confidence in being a peer support on issues related to sexual and interpersonal violence.		x	x	x	x	x				x		x	x	x	x	
Practicum Program	Practicum students will be able to assess their strengths and areas of growths.			X		X		X						X		X	
	Practicum students will be able to demonstrate caring for others.			X	X	X		X						X	X	X	
	Practicum students will be able to integrate various theoretical orientation and intervention approaches.			X		X		X						X		X	
Internship Program	Internship students will be able to assess their strengths and areas of growths.			X		X		X						X		X	
	Internship students will be able to demonstrate caring for others.			X	X	X		X						X	X	X	
	Internship students will be able to integrate various theoretical orientation and intervention approaches.			X		X		X						X		X	

## Appendix 20: IUPUI CAPS: Clinical Training Programs

### Trainee Clinical Contributions

Interns and practicum students contribute significantly to CAPS clinical service provision. In addition, trainees assist with outreach presentations and events.

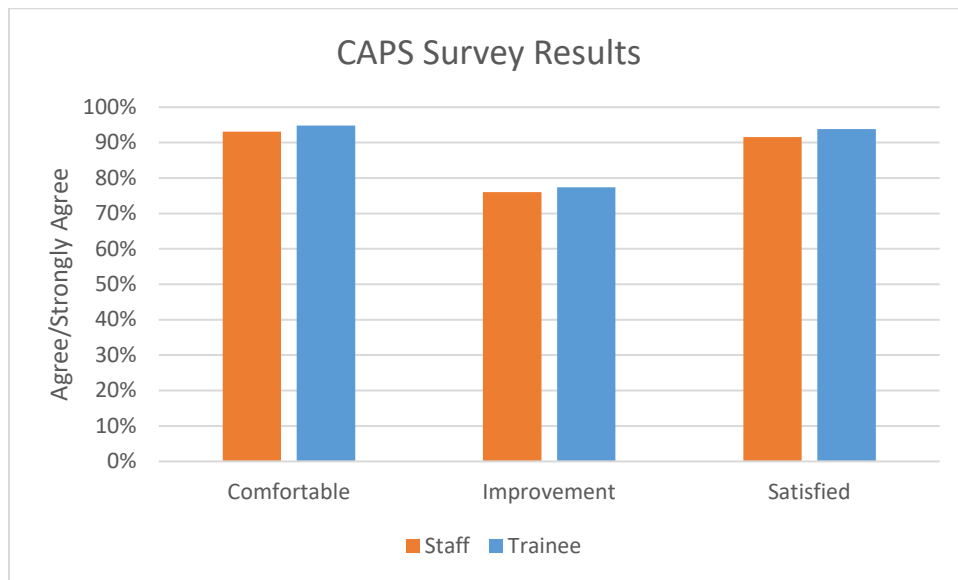
	2017-18	2018-19	2019-20*	2020-21**
Practicum	18.9%	17.3%	9.1%	10.2%
Intern	11.3%	--	8.0%	14.7%
Staff	69.8%	79.7%	83.4%	75.0%

\*One intern was on parental leave during part of the year. Practicum cohort was 4.

\*\*Through 12/31/20. Intern from 2019-20 continued into fiscal year to complete hours.

### Trainee Client Survey Responses: 2017 - 2020

Based on the anonymous CAPS survey, student's ratings of counselors in training are equivalent to those of staff.



Questions referenced above:

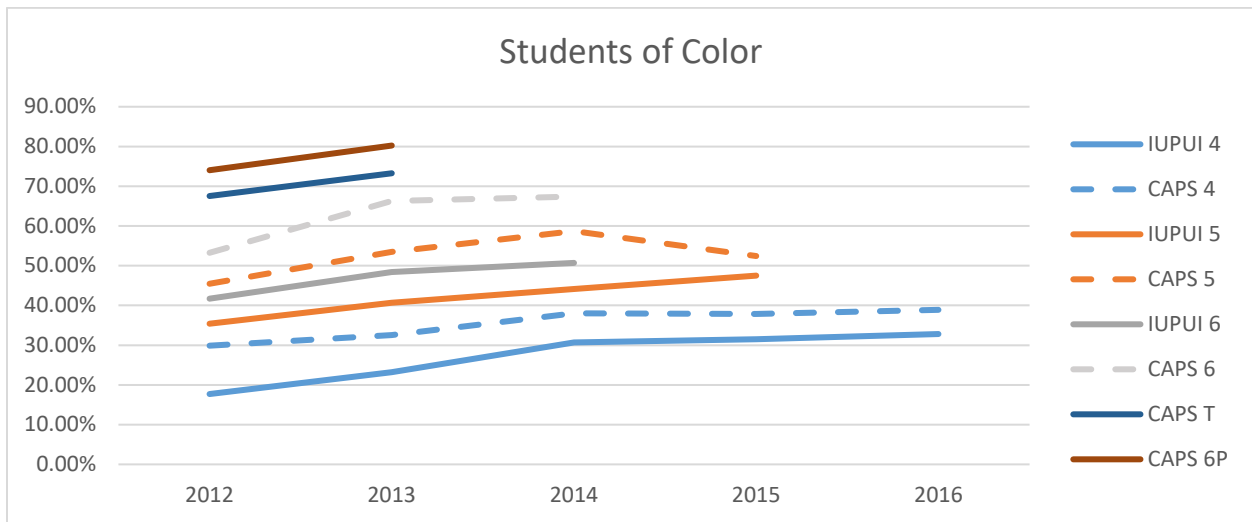
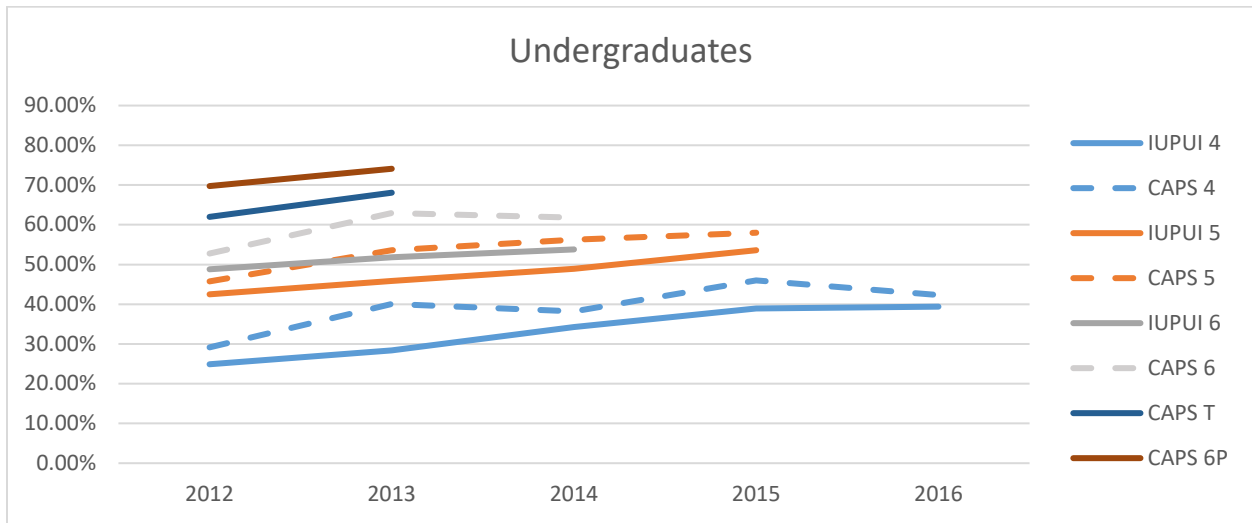
- Comfortable: The counselor helped me to be comfortable enough to express what I was thinking and/or feeling most of the time.
- Improvement: I experienced improvement in the condition or difficulties for which I sought services.
- Satisfied: Overall, I am satisfied with the services I received.

**Appendix 21: Student Impact: Undergraduate Retention and Graduation – Clinical Services**

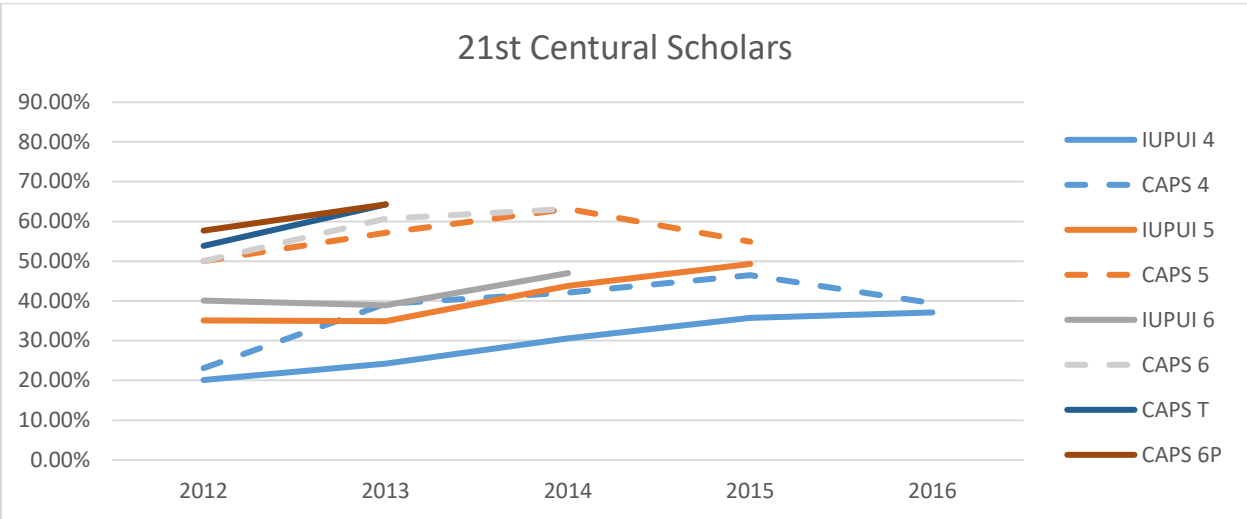
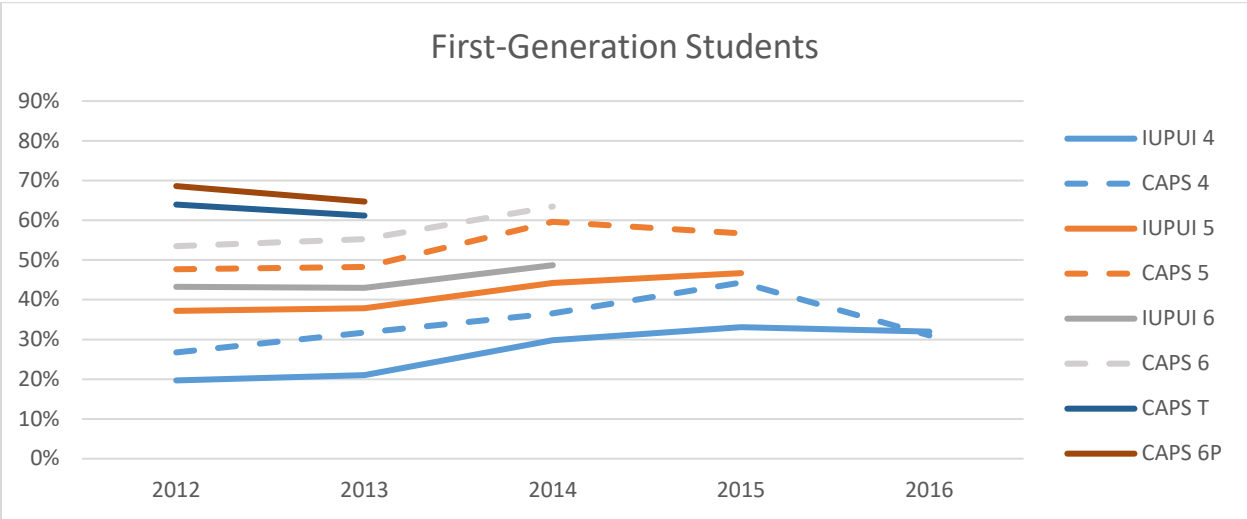
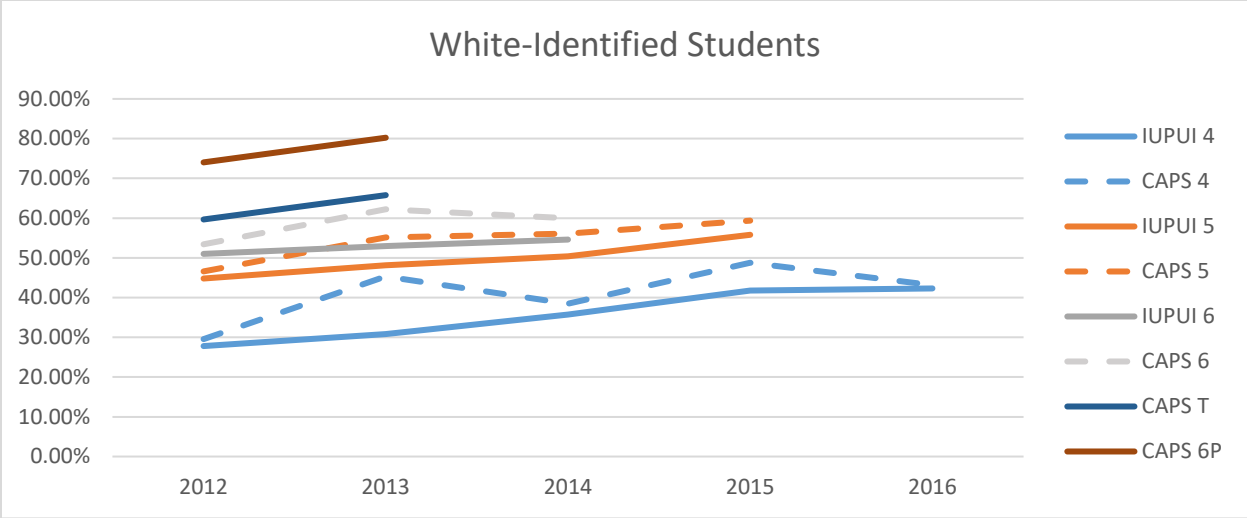
When comparing full-time Bachelor-seeking undergraduate students, those using CAPS’ services consistently demonstrate higher graduation rates than their cohort. The difference is most notable for Students of Color, First-Generation College Students, and those with financial need (21<sup>st</sup> Century Scholars).

Legend in following graphs:

- IUPUI 4, CAPS 4: four-year graduation rates for cohort and those using CAPS, respectively.
- IUPUI 5, CAPS 5: five-year graduation rates for cohort and those using CAPS, respectively.
- IUPUI 6, CAPS 6: six-year graduation rates for cohort and those using CAPS, respectively.
- CAPS T: total graduation rates (beyond 6 years) for students using CAPS services.
- CAPS 6P: students using CAPS services that persisted beyond 6 years.







2012-present: Average difference in graduation rates between students using CAPS services and their respective cohort. Overall, graduation rates of >5.5% higher for students engaged with CAPS. Differences are most pronounced for 5- and 6-year rates for Students of Color, First Generation college students, and 21<sup>st</sup> Century Scholars.

	4 year	5 year	6 year
Undergraduates	+6.0%	+5.7%	+7.7%
Students of Color	+8.3%	+10.6%	+15.4%
White-Identified	+5.4%	+4.5%	+5.7%
First Generation	+7.0%	+11.6%	+12.4%
21st Century Scholars	+8.5%	+15.5%	+16.0%

**Appendix 22: Student Impact: Professional Student Graduation – Clinical Services**

Graduation rates of Doctoral-Practice students, 2012 to present. In most cases, students engaged with CAPS services have higher graduation rates than their cohort.

		<b>3 year</b>	<b>4 year</b>	<b>5 year</b>	<b>6 year</b>
Law	IUPUI	64.9	83.0	87.3	84.6
	CAPS	75.0	93.7	95.3	96.9
Dent	IUPUI	--	92.5	95.7	96.7
	CAPS	--	91.2	100	100
Med	IUPUI	--	79.8	88.8	91.3
	CAPS	--	69.6	89.1	97.8

**Appendix 23: Feedback: Client Survey**

<b>Moderately Agree/Strongly Agree</b>	<b>2017-18</b>	<b>2018-19</b>	<b>Fall 2019*</b>	<b>Fall 2020</b>
Number of Responses	262	299	164	114
1. I was treated courteously by the secretary/receptionist.	92.75%	93.31%	89.03%	90.26%
2. I felt there were too many forms to fill out before my first appointment.	18.77%	20.74%	21.61%	11.41%
3. The length of time I had to wait for the first appointment was too long.	25.57%	21.07%	18.91%	20.18%
4. The length of time I had to wait between appointments was too long.	11.45%	9.70%	9.88%	4.38%
5. I was treated courteously by the counselor I saw.	95.39%	94.63%	96.91%	98.24%
6. I felt the counselor was appropriately concerned about my problem.	90.43%	90.31%	95.03%	96.49%
7. The counselor helped me to be comfortable enough to express what I was thinking and/or feeling most of the time.	90.00%	89.90%	93.25%	93.86%
8. The counselor seemed well trained and skilled in helping me with my concerns.	88.42%	91.59%	93.25%	96.49%
9. I felt the fees for service were affordable.	87.74%	85.81%	77.92%	85.96%
10. I felt the visit(s) were useful.	88.13%	84.85%	90.18%	88.59%
14. People at IUPUI, but outside of CAPS, have been supportive in my attempts to deal with my stresses.	63.85%	60.74%	63.80%	67.54%
15. CAPS has supported me by providing appropriate referrals and documentation of services.	45.97%	48.65%	54.88%	53.51%
18. If the need to speak to someone arises again, I would return to CAPS.	89.62%	84.85%	90.80%	90.35%
19. I would recommend CAPS to others.	90.42%	86.53%	90.12%	92.03%
20. Overall, I am satisfied with the services I received.	86.98%	87.25%	90.24%	93.86%

\*2019-20 Fall only – spring survey changed to ask information specific to COVID-19

Medication Management

<b>Moderately Agree/Strongly Agree</b>	<b>2017-18</b>	<b>2018-19</b>	<b>Fall 2019*</b>	<b>Fall 2020</b>
Number of Responses	56	62	24	18
1. I felt understood by the doctor.	75%	92%	92%	89%
2. My questions about medication were answered.	76%	90%	88%	78%
3. I was pleased with the medication(s) prescribed.	70%	76%	71%	89%

Referral Services

<b>Moderately Agree/Strongly Agree</b>	<b>2017-18</b>	<b>2018-19</b>	<b>Fall 2019*</b>	<b>Fall 2020</b>
Number of Responses	--	44	41	13
1. CAPS staff provided appropriate support in helping me connect with an outside provider.	--	66%	68%	62%

**Appendix 24: Feedback: Telehealth Services**

Questions about telehealth services were added to the fall 2020 CAPS Survey. Students report finding these services accessible and effective. (N=142, 30% response rate)

Survey Item	% Agree or Strongly Agree		
	Total	Students of Color	White Identified
<b><i>Accessibility</i></b>			
I have experienced minimal technology concerns or complications.	90%	84.6%	91.3%
I have been able to find a private location for sessions.	93%	92.0%	93.7%
<b><i>Ease of establishing services</i></b>			
The information I received about initiating services was clear and easy to follow.	91%	96.1%	88.9%
The paperwork I was asked to fill out was user-friendly to complete.	93%	95.9%	91.3%
<b><i>Efficacy</i></b>			
Remote services have been helpful in addressing my concerns.	89%	88.4%	89.9%
I believe remote services have been as effective as in-person services would have been.	65%	65.4%	64.6%
Neutral	16.2	19.2%	15.2%
Disagree	19.0	15.4%	20.3%

## **Appendix 25: Feedback from Clinical Trainees**

### Sample Doctoral Intern Exit Interview Responses (2019-20):

Overall, how would you describe your internship experience at CAPS?

- I feel like I got a wide variety of experiences, in terms of the different roles in a counseling center and in terms of clients.
- I enjoyed the center and all the staff here and getting to know everyone.

What did you like best about your experience?

- I liked doing the USO groups, and I liked the way everybody in the office was so friendly and willing to answer questions all the time.
- I liked getting to be part of a staff this size, to draw from everyone's experiences.

What did you like least about your experience?

- I guess the main thing was the pressure to fit everything in. Another hard thing about internship, for me, was sometimes feeling that it was a tricky balance to be part of the staff, but yet we aren't.
- It was challenging to balance all of the things we had on our plates at any one time, but that's just kind of part of being on internship.

Feedback regarding supervision experiences:

- Supervision was very thorough. My supervisors were always available and provided a lot of good guidance and help. I really valued that part of the internship.
- Supervision was really awesome. All of my supervision was super, super helpful. I enjoyed getting to work with three individual supervisors and learn from all of their perspectives.

Feedback on the environment and training regarding diversity and respect for individual and cultural differences:

- That's a very strong part of CAPS. It was incorporated very well into the internship program.
- I liked the multicultural consultation every month.

Feedback regarding front office:

- They're great. They do a lot. They're very helpful all the time.
- They're the best – super helpful. I like that they're in our staff meetings. They provide helpful perspectives when talking about implementing changes.

How prepared do you feel to enter the workforce?

- I for sure feel more confident than I did at this time last year. I still have a lot to learn, but I don't think that will ever stop, probably.
- For a UCC job, I feel super prepared.

Additional comments, suggestions, or feedback:

- The best part of the year has been working with all the staff. They're just awesome and wonderful to work with. Cool, down-to-earth people, grounding, reassuring, supportive. It was a very good internship experience in general.

### Sample Practicum Exit Interview Responses (2018-2019 and 2019-2020 cohorts):

Overall, how would you describe your practicum experience at CAPS?

- One of the most positive experiences I've had professionally.
- Absolutely incredible place to complete a practicum/internship placement!
- It was a really fruitful experience, I learned and grew a lot, especially in terms of my confidence. I also knew I could go to any office and find support or someone to answer my questions.

What did you like best about your experience?

- Staff member support was a highlight, I had two really great supervisors!
- Ability to act in independent ways with respect to some tasks (e.g., scheduling clients, sharing client assignment preferences and group preferences)

What did you like least about your experience?

- I would have liked to build my caseload more quickly during the first semester.
- I felt anxious about meetings that included the entire staff (e.g., mega-staffing, group leaders lunch), but found them to be so helpful because in my job I now have to present cases to a group that big every week.

Feedback regarding supervision experiences:

- Appreciated the balance of honesty and direct feedback and caring/compassion, this helped to trust both positive and more challenging feedback.
- Supervision experiences were great, healing, and helped me understand more about what I need from a supervisor.
- My supervisors were really thorough, and it felt helpful to know that they had my back and would catch anything that I needed to fix.

Feedback on the environment and training regarding diversity and respect for individual differences:

- IUPUI CAPS takes training and multicultural concerns seriously and [from] a non-shaming or judgmental perspective.
- I thought this was great, you all obviously pay attention to issues of individual and cultural differences. Felt it was not just rhetoric but was applied throughout training experiences."
- Heated conversations in the beginning of the year were awkward and hard, but I felt very supported by my supervisor in navigating the dynamics.

Feedback regarding front office:

- They were always super nice and helpful to me.
- I could really rely on them...they are on top of their game!

How prepared do you feel to enter the workforce or transition to your next practicum?

- I feel pretty prepared, especially with anxiety, depression, and trauma. Other than that, I do feel nervous about more significant mental health concerns.
- I generally feel prepared, but also feel a half step behind due to practicum ending early [due to COVID-19 pandemic].
- My job has similar paperwork and case consultation expectations and I very well prepared for these tasks.



**Appendix 26: Financial Support: 2020-21 Budget Allocations**

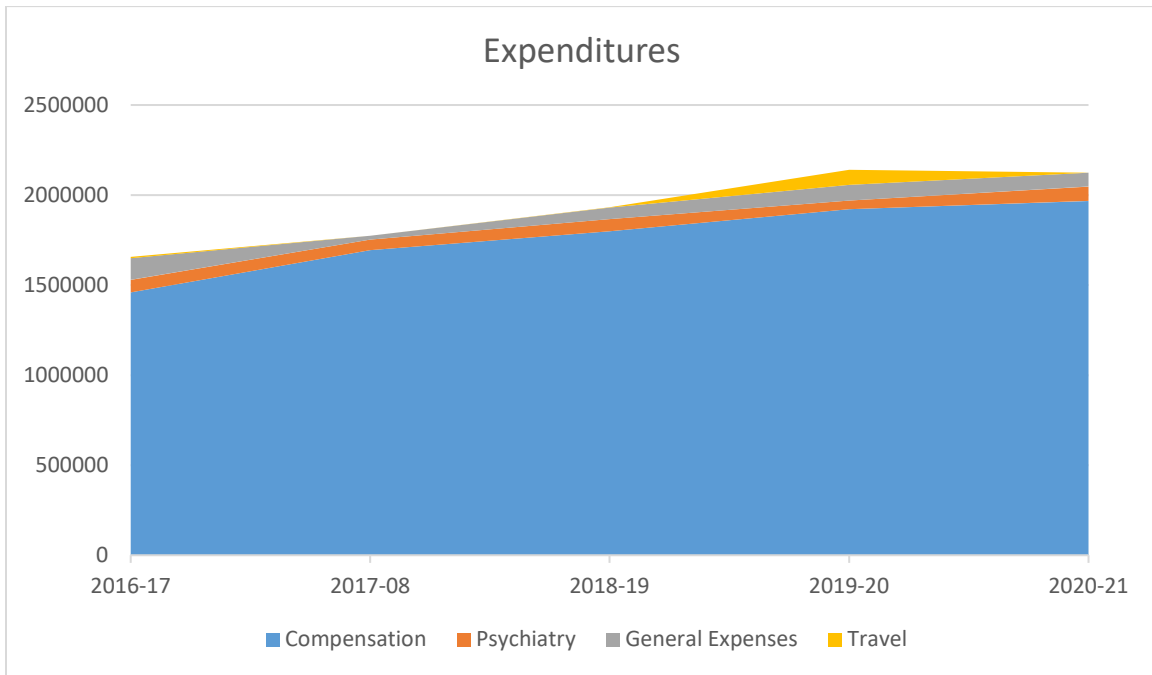
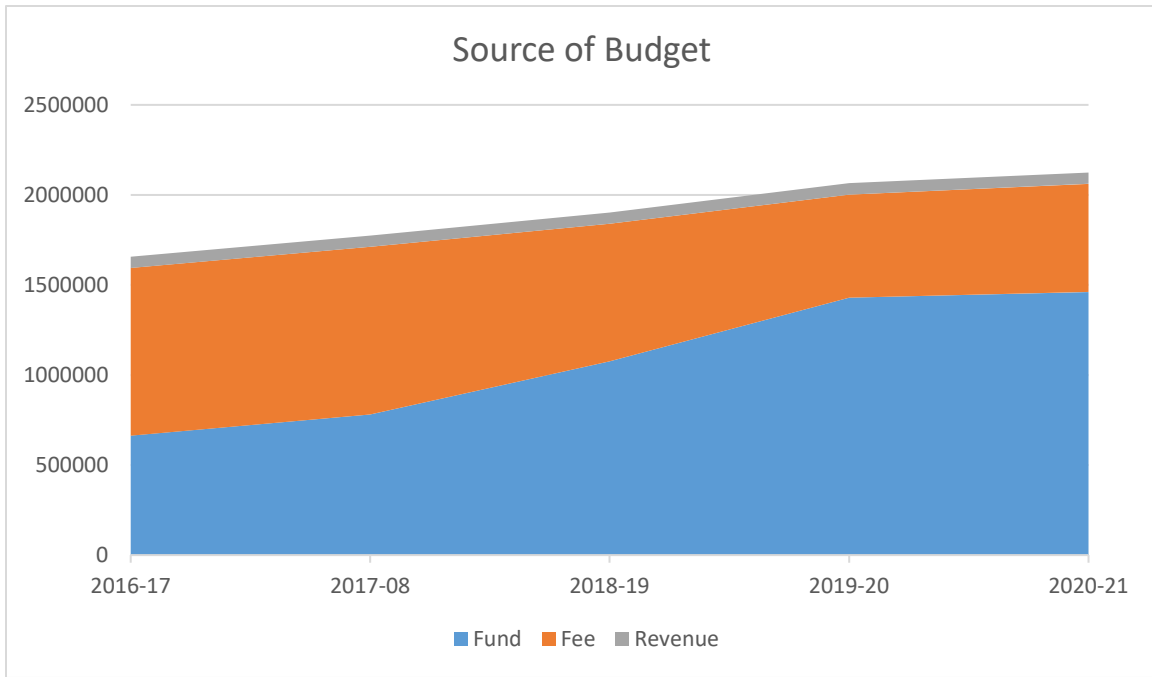
2020-21 Budget	General Fund	General Fee	Total
Revenue	\$ (63,000.00)		\$ (63,000.00)
Salaries	\$ 1,039,098.00	\$ 374,248.00	\$ 1,413,346.00
Benefits	\$ 407,167.00	\$ 146,369.00	\$ 553,536.00
Total Compensation	\$ 1,446,265.00	\$ 520,617.00	\$ 1,966,882.00
Psychiatry Contract		\$ 80,000.00	\$ 80,000.00
Technology Contract	\$ 28,404.00		\$ 28,404.00
General Expenditures	\$ 48,914.00		\$ 48,914.00
			\$ -
Totals	\$ 1,523,583.00	\$ 600,617.00	\$ 2,124,200.00

**Center Budget: 2019 AUCCCD Survey Annual Survey**

Mean	25,001 - 30,000	30,001 - 35,000	IUPUI CAPS 2020
Salary and Benefits	\$ 1,477,673	\$ 1,857,664	\$ 2,046,882*
Operating Expenses	\$ 94,320	\$ 109,903	\$ 77,318
Professional Development	\$ 20,397	\$ 32,068	\$ 0

\*Includes psychiatry contract and AD of IPV Service

**Appendix 27: Financial Support: Budget Allocations – Past Five Years**



**Appendix 28: Human Resources: Staffing Levels**

**CAPS Paid Staff Positions**

	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>	<u>2018-19</u>	<u>2019-20</u>	<u>2020-21</u>
Clinical - Filled	12.6	12.6	11.6	9	15	17
Clinical - Vacant	0	1	3	7	2	1
Postdoctoral Fellow	2	2	2	0	0	0
Doctoral Intern	2	2	2	2	2	2
<b>TOTAL CLINICAL</b>	<b>16.6</b>	<b>17.6</b>	<b>18.6</b>	<b>18</b>	<b>19</b>	<b>20</b>
IPV	1	1	1	1	1	1
Support – Filled	2.5	2.5	3	3	3	2
Support – Vacant						1
<b>TOTAL FUNDED</b>	<b>20.1</b>	<b>21.1</b>	<b>22.6</b>	<b>22</b>	<b>23</b>	<b>24</b>

In 2018-19, budgetary adjustments and staff reorganization was performed in response to fiscal changes, accreditation of the doctoral internship program, and staff transitions:

- Salaries previously allocated to post-doctoral fellows were reallocated to ad a new staff position and potentially fund a third intern.
- Training responsibilities were formally separated to provide dedicated oversight of both the internship program and practicum training.
- The AD of Clinical Services position was reactivated and filled.

**Staffing Benchmarks**

The Association for University and College Counseling Center Directors (AUCCCD) conducts an annual survey, which includes staffing levels for centers based on institutional enrollment. The data below represent the 2019 survey.

	25,001-30,000	IUPUI	30,001-35,000
Clinical Capacity <sup>1,2</sup>	388	362	447
Clinical Staff <sup>2</sup>	18.8	17	20.9
Clinical Trainees <sup>3</sup>	4.5	4.5	5.7
Support Staff <sup>4</sup>	3.33	2	3.80
Psychiatry Providers	1.0	0.25	2.8

<sup>1</sup> Clinical Capacity is number of hours/week of clinical time available, based on job description and duties of clinical staff and trainees.

<sup>2</sup> Includes Case Manager with specified clinical duties. One additional position is funded but currently vacant.

<sup>3</sup>Full-time equivalent calculated as 1 for interns and 0.5 for practicum students.

<sup>4</sup>On additional support staff position is funded, but unfilled due to hiring freeze.

**Appendix 29: Human Resources: Salary Comparisons**

		AUCCCD Median <sup>1</sup>	CAPS Average
Director	11-15 years	\$ 106,097	\$ 100,062
Assistant Director	1-5 years	\$ 77,900	\$ 71,025
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Psychologist	1-5 years	\$ 69,892	\$ 60,931
	6-10 years	\$ 74,592	\$ 69,112
	Indiana	\$ 64,897	
Counselor (Masters)	1-5 years	\$ 55,641	\$ 53,588
	6-10 years	\$ 57,000	\$ 56,700
	Indiana	\$ 52,500	
Case Manager	1-5 years	\$ 55,857	
	6-10 years	\$ 68,647	\$ 60,343
Office Manager	11-15 years	\$ 43,079	\$ 46,654
	Over 15 years	\$ 50,885	
Support Staff	1-5 years	\$ 37,248	\$ 28,402 <sup>2</sup>
	6-10 years	\$ 41,100	
		IU-B	
AD-IPV		\$50,000	\$53,820

<sup>1</sup>Association for University and College Counseling Center Directors, College and University Counseling Center Salary Tables, Reporting Period: Fiscal Year 2019-2020

<sup>2</sup> IU will implement a \$15 minimum wage policy for 2021-22, and anticipated salary average for two positions at IUPUI CAPS will be ~\$32,340

**Appendix 30: Human Resources: Staff Turnover**

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Lash (2000)	X	X	X	X	X	X	X	X	X	X
CL (2009)	X	X	X	X						
LN (2009)	X	X								
MS (2009)	X	X	X							
MH	X	X	X	X	X	X	X			
RS	X	X	X	X	X	X				
JK	X	X	X	X	X	X	X			
KC		X	X	X	X	X	X			
Doeden			X	X	X	X	X	X	X	X
EW			X	X	X	X				
JS				X	X	X	X			
AT				X						
Baughman				X	X	X	X	X	X	X
MB				X	X	X				
Ambroise					X	X	X	X	X	X
Batek					X	X	X	X	X	X
TY						X	X	X		
Villalta-Rabb							X	X	X	X
Standberg							X	X	X	X
Dang							X	X	X	X
CC								X		
EF								X		
DeMarsilis								X	X	X
Adsit								X	X	X
Keller								X	X	X
Guillory								X	X	X
Eppich								X	X	X
Hernandez Barón									X	X
Snyder									X	X
Clark									X	X
Duvalle (2004)	X	X	X	X	X	X	X	X	X	X
Ehret			X	X	X	X	X	X	X	X
MB							X	X	X	

**Appendix 31: IUPUI Strategic Plan Contributions**

Campus Strategic Goals	IUPUI CAPS Contributions 2019-2020
Promote Undergraduate Student Learning and Success	<ul style="list-style-type: none"> <li>Based on the Fall 2019 Satisfaction Survey, students engaged in 3 or more sessions at CAPS report a positive impact on academic performance (75%) and on their ability to remain enrolled at IUPUI (65%). The spring survey was altered due to COVID-19.</li> <li>64% of participants in group counseling reported services helped them remain enrolled.</li> <li>Facilitated 15 supportive measures requests supporting individuals experiencing sexual misconduct.</li> </ul>
Increase Capacity for Graduate Education	<ul style="list-style-type: none"> <li>274 Graduate and professional students engaged in CAPS services, ~21% of students served. Graduate students were seen for 2258 sessions, accounting for ~26% of services.</li> <li>Of the 43 graduate and professional student survey responses in fall 2019, 65% reported CAPS services helped them remain enrolled at IUPUI and 63% indicated services helped improve academic performance. Of the 34 responding to the spring survey, 88% indicated their counselor had been supportive during the transition to telehealth and 76% indicated the services were helpful.</li> </ul>
Deepen our Commitment to Community Engagement	<ul style="list-style-type: none"> <li>CAPS has maintained active partnerships with DVN and ICESA focused on enhancing sexual assault education.</li> <li>Hosted a Sexual assault survivors' group at CAPS facilitated by Families First, with 3 student participants in the fall and 5 in the spring.</li> </ul>
Strengthen Internationalization Efforts	<ul style="list-style-type: none"> <li>Collaborated with OIA staff to provide personal safety presentation during orientation for international students, in August presented to approximately 288 students. The safety presentation also touched on sexual assault and relationship violence prevention.</li> </ul>
Promote an Inclusive Campus Climate	<ul style="list-style-type: none"> <li>Promoted awareness and prevention/response skills related to interpersonal violence by providing 30 presentations and workshops (1,179 attendees) and 24 additional events, reaching a total of 1,790 participants.</li> <li>~89% of students engaged in USO groups reported being better able to communicate their thoughts/feelings and being more sensitive to and accepting of differences in others.</li> <li>Provide training in trauma-informed responses to sexual and relationship violence for housing and resident life senior staff and OSC Hearing Board Panel.</li> </ul>
Develop Faculty and Staff	<ul style="list-style-type: none"> <li>Faculty and staff are primary referral sources for students accessing CAPS, and presentations focusing on skills for interacting with students and make appropriate referrals included:               <ul style="list-style-type: none"> <li>18 outreach presentations/trainings on various mental health topics reaching 414 faculty/staff, and,</li> <li>11 presentations to &gt;489 student leaders/mentors.</li> </ul> </li> <li>Worked with the administration in Liberal Arts to provide presentation to ~80 faculty and staff on recognizing and engaging with students in emotional distress.</li> <li>Outreach efforts in spring 2020 were interrupted due to COVID-19.</li> <li>Lash served on the planning committee for the Plater Institute (Feb 2020), which focused on Student Mental Health. Lash was part of panel presentation outlining to role of the BCT and Ambrose and Lash presented a breakout session on recognizing and responding to mental health concerns.</li> <li>Established Canvas site that will contain information for faculty and staff on supporting student mental health.</li> <li>JagsCARE</li> </ul>

	<ul style="list-style-type: none"><li>- Provided training for 6 new staff members of the team.</li><li>- Provided consultation and support for though 4 critical incidents, as well as 4 small-group sessions and 2 one-on-one interventions.</li><li>• IPV, in collaboration with Offices of Student Conduct and Equal Opportunity, provided 6 trainings on trauma-informed responding and referral to 144 faculty and staff.</li></ul>
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**Appendix 32: Division of Student Affairs Strategic Plan Contributions**

DoSA Goals	IUPUI CAPS Contributions 2019-2020
Foster a community of health, safety, and belonging.	<ul style="list-style-type: none"> <li>• Provided mental health care for nearly 1300 students.</li> <li>• 279 unique students engaged in group counseling.</li> <li>• Reached 921 students through mental health outreach presentations and 126 through Fresh Check Day; 64 attended presentations designed for traditionally underserved students. Spring efforts were interrupted due to COVID-19.</li> <li>• Provided education and training on addressing student mental health concerns to 414 faculty/staff. Spring efforts were interrupted due to COVID-19.</li> <li>• Supported and advocated for 46 student survivors of interpersonal violence.</li> <li>• Provided awareness, prevention, and response training related to sexual and relationship violence for 1381 members of the campus community.</li> <li>• ~89% of students engaged in USO groups reported being better able to communicate their thoughts/feelings; being more sensitive to and accepting of differences in others; and having healthier relationships with others.</li> </ul>
Establish a culture of effective communication.	<ul style="list-style-type: none"> <li>• Expanded CAPS Twitter following to 593 (+39%)</li> <li>• Created IPV Instagram account that has 100 followers.</li> <li>• Current followers on IPV Twitter, 244.</li> <li>• Continued use of Hootsuite and Canva to plan social media posts</li> </ul>
Provide experiences, services, and resources that enhance student learning and success.	<ul style="list-style-type: none"> <li>• Based on the Fall 2019 Satisfaction Survey, students engaged in 3 or more sessions at CAPS report a positive impact on academic performance (75%) and on their ability to remain enrolled at IUPUI (65%). The spring survey was altered due to COVID-19.</li> <li>• Facilitated 15 supportive measures requests to support individuals that were the target of sexual misconduct.</li> </ul>
Develop and strengthen relationships to support the needs of our students and campus community.	<ul style="list-style-type: none"> <li>• Students experiencing sexual misconduct were able to access resources offered by community partners: <ul style="list-style-type: none"> <li>– Families First- Court advocacy</li> <li>– Eskenazi Hospital, Center of Hope- medical assistance and referral</li> <li>– IU Health Methodist, Center of Hope-medical assistance and referral</li> </ul> </li> <li>• Hosted a Sexual assault survivors’ group at CAPS facilitated by Families First, with 3 student participants in the fall and 5 in the spring.</li> <li>• The IUPUI Thriving Campus web-portal currently lists 104 local community-based mental health providers and an additional 50 providers licensed to provide telehealth services in Indiana.</li> </ul>
Demonstrate professional excellence through a commitment to develop a student-centered, diverse, and highly effective staff.	<ul style="list-style-type: none"> <li>• Four new staff were hired in the first half of the fiscal year, with one starting in January 2020.</li> <li>• Clinical training was provided for 2 doctoral interns, 2 master’s interns and 2 doctoral practicum students.</li> <li>• CAPS staff engaged in &gt;800 hours of professional development activities during fiscal 2019-20. A significant portion was dedicated to the ethical and professional provision of tele-health services due to COVID-19.</li> </ul>



**Appendix 33: CAPS SWOT Analyses**

Clinical Services

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>• Accessible (cost, parking)</li> <li>• Positive reputation</li> <li>• Committed staff – skilled, varied</li> <li>• Training program support clinical services</li> <li>• Wide range of available services</li> <li>• Able to provide flexible services</li> <li>• Initial Consultation with staff clinician available quickly</li> <li>• ALWAYS revising processes to better meet student needs</li> <li>• Outcome data/student feedback is positive</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently unable to meet service demands</li> <li>• Salaries are relatively low</li> <li>• Recruitment of strong candidates is challenging</li> <li>• Staff often over-worked</li> <li>• Service model is complex and difficult to described to campus community</li> <li>• University and campus messaging around wellness initiatives do not always reflect clinical practices at CAPS</li> <li>• Representational diversity of staff not fully congruent with campus community</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships with: community organizations; other divisions and/or units on campus</li> <li>• Increase campus partner support of some services (e.g., JagsCARE, sub-clinical need)</li> <li>• Increase use of Brief Therapy approach</li> </ul>	<ul style="list-style-type: none"> <li>• Social media misinformation about availability of CAPS services</li> <li>• Campus expectations (i.e., CAPS asked to address non-mental health concerns)</li> <li>• Competing demands for time and responsibilities (Clinician and Student Affairs professionals)</li> <li>• Continuing increases in demand for clinical services</li> </ul>

Outreach

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>• Able to meet the majority of presentation requests</li> <li>• Ability to decline requests when staff have limited availability</li> <li>• Standard presentations have been developed</li> <li>• Planning process is standardized and efficient</li> <li>• Professionalism of staff and presentations</li> <li>• IPV community partnerships (Families First, Butler)</li> <li>• IPV engagement of student organizations</li> <li>• Fresh Check Day fall 2019 was great success</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical demands at CAPS seem to take precedence over outreach</li> <li>• Marketing</li> <li>• Not meeting all requests</li> <li>• Assessment of outreach presentations and events</li> <li>• Consistency with social media</li> <li>• Limited engagement with community organizations</li> <li>• Poor attendance with open events/presentations</li> <li>• Vast majority of presentations done by AD of Outreach/Community Services and AD of IPV</li> <li>• Limited collaboration and leveraging of other wellness resources</li> </ul>	<ul style="list-style-type: none"> <li>• Increase engagement with student organizations</li> <li>• Involve students in program development and presentations</li> <li>• Expand peer support options</li> <li>• Increase interactive programming (e.g., Film screening and discussions)</li> <li>• Increase participation in campus-wide events</li> <li>• Increase collaborations within division (HRL, HWP)</li> <li>• Enhance social media, including social norming campaigns</li> <li>• Expand Fresh Check Day</li> <li>• Improve website and expand self-help options</li> <li>• Art therapy studio opportunities</li> <li>• Mindfulness room on campus</li> <li>• Evaluations of outreach presentations and events</li> <li>• Development of IPV work group as separate from Outreach work group</li> </ul>	<ul style="list-style-type: none"> <li>• Balancing clinical demands and outreach requests</li> <li>• Budget (limited marketing materials, programs)</li> <li>• Branding requirements/marketing</li> </ul>

Training

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>• Strong staff/agency commitment to supervision and training, including Training Work Group</li> <li>• Attention to development of training cohorts</li> <li>• Trainees are exposed to working on an interdisciplinary team</li> <li>• Relatively diverse client base for trainees</li> <li>• Use of a developmental lens allows flexibility in training experience</li> <li>• Case consultation, didactic trainings, and supervisor rotation allows trainee interaction with multiple staff</li> <li>• Opportunities for group and outreach experiences</li> <li>• Training on stepped-care model and clinical documentation</li> <li>• Intern training includes: on-call services, psychoeducational assessment, and supervision of practicum students.</li> <li>• Interns are involved in the interview process for new staff members and the next intern cohort</li> <li>• Office space and technology support</li> </ul>	<ul style="list-style-type: none"> <li>• Limited HSPP supervisors</li> <li>• Limited training for staff related to supervision skill development</li> <li>• Volume of paperwork, including intern testing reports, can make it challenging to meet direct service hour requirements</li> <li>• Interns are only able to supervise for one semester</li> <li>• Limited diversity of staff</li> <li>• Website is challenging to navigate for individuals who are looking for staff information when thinking of applying to the programs</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative split between practicum and internship allows the TD in each area to have a greater ability more fully attend to training in each area</li> <li>• Fall 2020 internship full APA accreditation</li> <li>• Multiple staff are moving toward licensure as HSPPs</li> <li>• CAPS is currently working to bring in more staff to meet the needs of the center</li> <li>• Adaptation to changing campus needs and training needs</li> </ul>	<ul style="list-style-type: none"> <li>• Stepped-care model limits availability of clients most appropriate for beginning practicum trainees</li> <li>• General counseling center trends, including increased demand for service and increased severity of client presenting concerns</li> <li>• The shift in the internship imbalance could lead to a potential shrinking of the intern applicant pool</li> </ul>

