

Psychological Counseling Services
California State University, Sacramento
2008-09 Assessment Plan
September 2008

Mission Statement

Note: Departmental mission must be directly aligned with those of the University and the Division. This statement should include approximately 3-5 sentences that identify the name of the department, its primary functions, modes of delivery and target audience.

Mission: The mission of Psychological Counseling Services (PCS) is to facilitate Sacramento State students' learning by helping reduce psychological symptoms and developmental stressors, cope with difficult life events, and balance academic and social life. PCS accomplishes these functions by providing high-quality, time-effective, and culturally-sensitive counseling, consultation, outreach, testing, training and psychiatric services.

Rationale: Psychological counseling improves retention (Illovsy, 1997; Wilson, et al., 1997; Turner & Berry, 2000.) In addition, counseling leads to improved student satisfaction, adjustment, and well-being. Overall, counseling removes the impediments to student success.

Planning Goals

Note: Planning Goals are broad statements that describe the overarching, long-range intentions of an administrative unit. Goals are used primarily for general planning, as the starting point for the development and refinement of program objectives or student learning outcomes. (UCF Administrative Handbook, University of Central Florida).

Goal 1: Help remove students' psychological/emotional barriers that threaten academic excellence and personal well-being

Goal 2: Teach students how to manage overwhelming feelings, resolve conflicts and develop healthy relationships

Goal 3: Achieve the above by providing the highest quality, time-effective and culturally sensitive:

- Individual, couples and group psychotherapy
- Psychiatric services
- Testing
- Crisis intervention and emergency services
- Outreach
- Consultation
- Referral resources
- Training and Supervision
- Program evaluation

Program Objective or Student Learning Outcomes

Note: The Objectives or Outcomes can be one of two types: program objectives or student learning outcomes. The former are related to program improvement around issues like timeliness, efficiency and participant satisfaction. The latter addresses what a student learns or how a student changes by participating in the program or utilizing the service. Both program objectives and student learning outcomes are measurable statements that provide evidence as to how well you are reaching your goals.

Student Learning Outcome 1

To assess their knowledge of content presented, all students attending the PCS Test Anxiety Workshop, offered in Fall 2008 and again in Spring 2009, will be able to answer correctly at least five of the six correct answers to questions on the PCS Workshop Evaluation Form.

Rationale: The Test Anxiety Workshop assists Sacramento State students to overcome anxiety that interferes with their academic success. This serves the university baccalaureate learning goals of Analysis and Problem Solving as well as Communication.

Measures:

Collection Date: Immediately after each workshop (Fall 2008 and Spring 2009).
Method: Students attending the workshop will be provided the PCS Workshop Evaluation Form (Appendix A.)
Population: Sacramento State students attending the workshop.

Results

Note: Results include a brief narrative of findings, and/or essential tables or graphs. The results should indicate the extent to which the program objective or student learning outcome was met.

n/a

Conclusions

Note: The conclusion should summarize briefly the collection and analyses of data. It should also "close the loop" by identifying what decisions and/or program modifications were made on the basis of these analyses.

n/a

Student Learning Outcome 2

PCS clients will show clinical improvement from their first to last administration of the CCAPS (Counseling Center Assessment of Psychological Symptoms, Appendix B.) [Note: "Clinical Improvement" will be more specifically defined when PCS staff reviews the CCAPS during the 08-09 year.]

Rationale: The largest percentage of service provided at PCS is psychotherapy. Most commonly, researchers and evaluators assess therapy with outcome measures such as the CCAPS. Assessment with the CCAPS provides PCS with a method for

demonstrating effectiveness, as well as evaluating areas for improvement. In addition, because a large research consortium of counseling centers across the country is planning to implement the CCAPS within the year, PCS will also be able to compare aggregate information with results from other centers. A positive outcome also shows competence in several baccalaureate learning goals, such as Analysis and Problem Solving, Communication, and Values and Pluralism.

Measures:

Collection Date: Not determined at this time. There is no “flag” or “trigger” to identify specific collection times (e.g., every fourth session) currently built into our scheduling program, Titanium. We expect such a feature to be included in a future version. PCS staff will discuss in the 08-09 year whether we can begin repeated assessments prior to the new feature being added.

Method: The Center for the Study of College Student Mental Health, a national consortium of college counseling center leaders, recently undertook an intensive review of available assessment instruments. The organization selected the CCAPS, a psychotherapy outcome instrument developed at the University of Michigan. PCS plans to begin administering the CCAPS with psychotherapy clients every three or four sessions (exact frequency to be determined.)

Population: Sacramento State students who are PCS psychotherapy clients.

Results

Note: Results include a brief narrative of findings, and/or essential tables or graphs. The results should indicate the extent to which the program objective or student learning outcome was met.

n/a

Conclusions

Note: The conclusion should summarize briefly the collection and analyses of data. It should also “close the loop” by identifying what decisions and/or program modifications were made on the basis of these analyses.

n/a

Learning Outcome

PCS trains interns who are students from other universities completing the final year of their doctoral program. These interns provide clinical service at PCS. The students will demonstrate an overall two-point increase in therapeutic knowledge and behavioral skills as measured by the PCS Trainee Evaluation Form from their first semester baselines evaluation (in October) to their final evaluation (in August.) The evaluations are based mainly on written documentation, verbal presentation, and video observation.

Rationale: Providing training enhances the profession and contributes to learning. In addition, trainees provide valuable service to students at Sacramento State. Assessing trainees’ level of improvement throughout the year provides feedback on their learning the practice of psychotherapy. This assessment provides the center direction in terms of

improving the training program. In addition, the learning outcome fits many of the baccalaureate learning goals, such as Analysis and Problem Solving, Communication, Cultural Legacies, and Values and Pluralism.

Measures

Note: Measures describe the methodology and timeframe for data collection. Measures also should identify the population being surveyed and/or tested. Provide materials such as survey instruments, check lists, focus group protocols, etc. in an appendix.

Collection Date(s): October, 2008 and August, 2009.
Method: The PCS Trainee Evaluation Form (Appendix C) asks supervisors to indicate, on a likert scale, the competency of trainees in a variety of areas, as well as an overall rank.
Populations: Psychology interns at PCS.

Results

Note: Results include a brief narrative of findings, and/or essential tables or graphs. The results should indicate the extent to which the program objective or student learning outcome was met.

n/a

Conclusions

Note: The conclusion should summarize briefly the collection and analyses of data. It should also “close the loop” by identifying what decisions and/or program modifications were made on the basis of these analyses.

n/a

Program Objective 1

Over 70% of PCS clients in the 2008-2009 academic year will rate as “good” or “excellent” their perceived ability to obtain an appointment with their therapist in “an acceptable period of time after the initial appointment,” as measured by their response to a question on the PCS Outcome & Satisfaction survey (Appendix D).

Rationale: In 2006-2007, 58% of surveyed PCS clients rated this issue “good” or “excellent.” In 2007-2008, 68% rated this issue “good” or “excellent.” Prior to 07-08, PCS expected at least a 5% increase due to the implementation of several modifications in the client flow system in order to decrease wait times, as well as adding staff. With further refinements this year the expectation is to increase the percentage by greater than 2.5%. A reduced wait prevents students’ struggles from becoming worse and further impacting their academic success during the term. Note: In 2008-2009 we are revising the question to only include therapists, with a separate question elsewhere for psychiatric appointments. Because students wait longer for the later, the percentage who respond favorably should increase.

Measures:

Collection Date: Four administrations of two weeks each, scattered throughout the year.

Method: The PCS Outcome & Satisfaction Survey is a 40-question survey, administered on a PDA using Student Voice technology.
Population: Sacramento State students who are PCS psychotherapy clients and take the survey.

Results

Note: Results include a brief narrative of findings, and/or essential tables or graphs. The results should indicate the extent to which the program objective or student learning outcome was met.

n/a

Conclusions

Note: The conclusion should summarize briefly the collection and analyses of data. It should also “close the loop” by identifying what decisions and/or program modifications were made on the basis of these analyses.

n/a

Program Objective 2

Over 80% of PCS clients in the 2007-2008 academic year will rate as “good” or “excellent” the effectiveness of counseling services, as measured by a question on the PCS Outcome & Satisfaction Survey (Appendix C).

Rationale: In 2006-2007, 75% of surveyed PCS clients who responded to this question indicated the effectiveness was either “good” or “excellent.” In 07-08, 84% indicated “good or excellent.” As PCS maintains high quality services, the response should continue to be over 80%.

Measures:

Collection Date: Academic Year 2008-2009.
Method: The PCS Outcome & Satisfaction Survey is a 40-question survey, administered on a PDA using Student Voice technology.
Population: Sacramento State students who are PCS psychotherapy clients and take the survey.

Results

Note: Results include a brief narrative of findings, and/or essential tables or graphs. The results should indicate the extent to which the program objective or student learning outcome was met.

n/a

Conclusions

Note: The conclusion should summarize briefly the collection and analyses of data. It should also “close the loop” by identifying what decisions and/or program modifications were made on the basis of these analyses.

n/a

Program Objective 3

PCS will increase its understanding of client demographics and needs via the expanded PCS Intake Form with data analysis occurring by Summer 2009.

Rationale: Additional information in this area will allow for greater allocation of resources as well as programmatic decisions. In addition, the new form incorporates questions from the nationally-created Standardized Data Set (SDS). Also, PCS began administering the Counseling Center Assessment of Psychological Symptoms (CCAPS, Appendix B.) Both the SDS and CCAPS are being administered this year at counseling centers nationwide, allowing PCS for the first time to compare aggregate results with national norms.

Measures:

Collection Date: Academic Year 2008-2009.
Method: Administer expanded PCS Intake Paperwork (Appendix E) and CCAPS survey (Appendix B) to all PCS clients. Data will be entered into a spreadsheet for analysis.
Population: Sacramento State students who are PCS psychotherapy clients.

Results

Note: Results include a brief narrative of findings, and/or essential tables or graphs. The results should indicate the extent to which the program objective or student learning outcome was met.

n/a

Conclusions

Note: The conclusion should summarize briefly the collection and analyses of data. It should also "close the loop" by identifying what decisions and/or program modifications were made on the basis of these analyses.

n/a

Appendix A

TEST ANXIETY WORKSHOP EVALUATION

Presenter:

Date:

Please circle your response:

	strongly disagree	disagree	not sure	agree	strongly agree
a. Overall this program was beneficial for me.	1	2	3	4	5
b. The content was important to me.	1	2	3	4	5
c. The leader was well informed about this topic.	1	2	3	4	5
d. The program was presented in a well organized manner.	1	2	3	4	5

What did you find most helpful in this workshop?

What did you find least helpful in this workshop?

Which are recommended the night before an exam (Circle as many as applicable)

1. Get enough sleep
2. Review
3. Study new materials

Which are recommended on the day of exam (Circle as many as applicable)

1. Discuss things with others while waiting for the exam
2. Get there in plenty of time
3. Don't focus on others or panic when others hand in their exams

Which are recommended during the exam (Circle as many as applicable)

1. Take deep breaths before and during the exam
2. Don't worry about what you don't know
3. Immediately start with the first item without looking over the entire test.

Appendix B

The University of Michigan Counseling Center Assessment of Psychological Symptoms (CCAPS)

This questionnaire contains items that describe how some people feel and act. Please read each item carefully. Please indicate how well each item describes you during the past two weeks including today. Although some questions appear to address general life issues, please respond based on your current thoughts and feelings about these issues. Circle the number indicating how well each item describes you during the past two weeks, from **not at all (0) to extremely well (4)**.

Circle one response for each item and do not leave any blank. Please indicate honestly how well each item describes you during the past 2 weeks including today.

1. I get sad or angry when I think of my family 0 1 2 3 4
2. I have a lot of energy 0 1 2 3 4
3. I am shy around others 0 1 2 3 4
4. There are many things I am afraid of 0 1 2 3 4
5. My heart races for no good reason 0 1 2 3 4
6. I feel out of control when I eat 0 1 2 3 4
7. Spirituality and religion are integral parts of my identity 0 1 2 3 4
8. I enjoy my classes 0 1 2 3 4
9. I feel that my family loves me 0 1 2 3 4
10. I feel disconnected from myself 0 1 2 3 4
11. I don't enjoy being around people as much as I used to 0 1 2 3 4
12. I find my spirituality to be an important source of support 0 1 2 3 4
13. I feel isolated and alone 0 1 2 3 4
14. My family gets on my nerves 0 1 2 3 4
15. I lose touch with reality 0 1 2 3 4
16. I think about food more than I would like to 0 1 2 3 4
17. I am anxious that I might have a panic attack while in public 0 1 2 3 4
18. I feel confident that I can succeed academically 0 1 2 3 4
19. I become anxious when I have to speak in front of audiences 0 1 2 3 4
20. I often feel outside my body 0 1 2 3 4
21. I have sleep difficulties 0 1 2 3 4
22. My thoughts are racing 0 1 2 3 4
23. I am satisfied with my body shape 0 1 2 3 4
24. I feel worthless 0 1 2 3 4
25. My family is basically a happy one 0 1 2 3 4
26. I am dissatisfied with my weight 0 1 2 3 4
27. I feel helpless 0 1 2 3 4
28. I use drugs more than I should 0 1 2 3 4
29. I eat too much 0 1 2 3 4
30. I drink alcohol frequently 0 1 2 3 4
31. I have spells of terror or panic 0 1 2 3 4
32. I am enthusiastic about life 0 1 2 3 4
33. When I drink alcohol I can't remember what happened 0 1 2 3 4
34. I feel tense 0 1 2 3 4

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35. When I start eating I can't stop 0 1 2 3 4
36. I have difficulty controlling my temper 0 1 2 3 4
37. I am easily frightened or startled 0 1 2 3 4
38. I diet frequently 0 1 2 3 4
39. I make friends easily 0 1 2 3 4
40. I sometimes feel like breaking or smashing things 0 1 2 3 4
41. I have unwanted thoughts I can't control 0 1 2 3 4
42. My mind is not working the way that it used to 0 1 2 3 4
43. There is a history of abuse in my family 0 1 2 3 4
44. I experience nightmares or flashbacks 0 1 2 3 4
45. I feel sad all the time 0 1 2 3 4
46. I am concerned that other people do not like me 0 1 2 3 4
47. I wish my family got along better 0 1 2 3 4
48. I get angry easily 0 1 2 3 4
49. I feel uncomfortable around people I don't know 0 1 2 3 4
50. I feel irritable 0 1 2 3 4
51. I have thoughts of ending my life 0 1 2 3 4
52. I feel self conscious around others 0 1 2 3 4
53. I purge to control my weight 0 1 2 3 4
54. I drink more than I should 0 1 2 3 4

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Appendix C

TRAINEE EVALUATION

PSYCHOLOGICAL COUNSELING SERVICES CALIFORNIA STATE UNIVERSITY SACRAMENTO

Trainee: _____

Supervisor: _____

Semester/Year: _____

Date of Review: _____

<i>Trainee Level:</i>	1 st Practicum	2 nd /3 rd Practicum	Intern	PostDoc
Pass Criterion:	3	5	7	9

(criterion = average score to be compiled by TD)

Evaluation is most beneficial when it is a collaborative process to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for exchange. At the end of the semester, the trainee’s competencies in each of the areas designated below should be discussed and evaluated.

DIRECTIONS: *Below are several general areas of professional competencies, each with a set of specific skills or behaviors for evaluation.*

0	1	2	3	4	5	6	7	8	9	10
		Remediation		Beginning		Intermediate		Advanced		
	Professional									
		Needed		Trainee		Trainee		Trainee		Trainee

Using the above descriptors (along the continuum of professional development), provide a numeric rating for each skill or behavior listed which best reflects the **developmental level of the trainee’s performance** as observed in the most recent evaluation period. If you have not been able to observe or evaluate this skill, write “U” for “Unable to Evaluate.” For areas that are not required for this level of training, write “N/A.”

INTAKE	OBSERVED LEVEL
Gathers sufficient information/history and adequately clarifies the nature of the client’s presenting problem	
Can assess client strengths, problem areas, and environmental stressors	

Identifies and establishes realistic counseling goals; distinguishes between immediate and long term goals	
Can develop a working diagnosis	
Performs an adequate informal MSE, assesses for suicidal/homicidal	
Evaluates client motivation and determines appropriateness of/readiness	
Writes intake reports that reflect the content of the interview	
Comments:	

COUNSELING AND THERAPY SKILLS	OBSERVED LEVEL
Demonstrates an adequate awareness and responsiveness to cognitive material	
Demonstrates an adequate awareness and responsiveness to affective material	
Demonstrates an adequate awareness and responsiveness to behavioral material	
Demonstrates an effective level of empathic understanding with clients	
Recognizes and is responsive to client nonverbal behavior	
Uses silence effectively	
Conceptualizes client concerns in a way that usefully guides and is consistent with the therapy process, goals, and interventions	
Considers various treatment approaches and the implications of each	
Develops and follows a treatment plan	
Demonstrates awareness and application of intervention strategies that are empirically validated	
Demonstrates an ability to help clients to maintain a focus on therapeutic goals during counseling session.	
Provides appropriate summarization and reflection of client concerns and feelings	
Comments:	
INTERPERSONAL STYLE IN THE PROVISION OF COUNSELING	OBSERVED LEVEL
Communicates respect and positive regard toward clients.	
Demonstrates an adequate level of comfort in counseling sessions. Any discomfort that is displayed is not to the level of deterring client therapeutic progress.	

Develops and maintains an effective therapeutic relationship.	
Has awareness of personal style and use of self in counseling	
Demonstrates ability to gain the clients' trust and convey an atmosphere of safety.	
Demonstrates ability to use the clients' language. Uses technical language judiciously	
Demonstrates an ability to maintain a therapeutic relationship as evidenced by appropriate level of client retention in therapy.	
<i>Comments:</i>	
CRISIS MANAGEMENT	OBSERVED LEVEL
Appropriately seeks consultation in crisis situations	
Appropriately assesses the magnitude of client crisis	
Appropriately documents steps taken during crisis	
Provides appropriate follow-up after crisis contacts	
Demonstrates understanding of the differences between crisis intervention and individual therapy	
<i>Comments:</i>	
TESTING AND ASSESSMENT	OBSERVED LEVEL
Completes test administration and generates a written report in a timely manner	
Incorporates accurate conceptualizations of client dynamics (i.e., testing data is interpreted correctly)	
Integrates and summarizes testing data in a coherent manner throughout the report	
Demonstrates the ability to generate relevant and thoughtful treatment planning recommendations and/or accommodations	
Provides client with feedback in a timely and professional manner	
Demonstrates knowledge of instrument selection	
Administers and scores instruments competently	
Demonstrates awareness of and sensitivity to utilization of testing instruments with diverse populations; attends to diversity issues in interpretation of testing materials.	
<i>Comments:</i>	

SENSITIVITY TO DIVERSITY		OBSERVED LEVEL
Demonstrates sensitivity to possible contributions of the client's and the trainee's own culture, ethnicity, nationality, gender, sexual orientation, physical challenge, religion, age, size and other aspects of human diversity, to the therapeutic relationship		
Demonstrates theoretical knowledge and ability to employ effective techniques with special populations		
Demonstrates an awareness of own attitudes, biases, and limitations, and how these affect the counseling process		
<i>Comments:</i>		
USES OF SUPERVISION/TRAINING		OBSERVED LEVEL
Consistently and punctually attends and is prepared for supervision		
Actively solicits, is open and responsive to feedback and supervisory suggestions		
Utilizes supervision to develop self-awareness of strengths and limitations as a therapist		
Demonstrates willingness to make purposeful changes in self		
Is appropriately assertive in articulating own training needs		
Is aware of limitations and recognizes the need for supervision, referral, or consultation		
Demonstrates a willingness to discuss and analyze own behavior as a therapist (e.g., counter-transference issues, parallel process, feedback from videotapes)		
Able to discuss application of empirically validated treatment plans in clinical presentations		
Differentiates between supervision and personal therapy (e.g., maintains appropriate level of self-disclosure, makes appropriate requests of supervisor)		
Demonstrates willingness/ability to process interpersonal issues between self and supervisor when appropriate.		
Addresses multicultural and other issues relating to diversity in supervision		
Demonstrates a willingness to share his/her work with supervisors and other staff (through tapes, observation, case presentations, etc.)		
Takes increasing responsibility for the development of professional autonomy and personal therapeutic style rather than relying too heavily on supervisor for direction.		
<i>Comments:</i>		

OUTREACH AND CONSULTATION	OBSERVED LEVEL
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Takes initiative in volunteering and responsibility for the planning, development, and delivery of outreach programs.	
Demonstrates the ability to gear outreach programs toward participants' needs, developmental level, and time constraints.	
Effectively attends to administrative tasks related to outreach.	
Demonstrates knowledge of appropriate clinical and ethical concepts when offering consultation	
<i>Comments:</i>	
ETHICAL SENSITIVITY AND PROFESSIONALISM	OBSERVED LEVEL
Demonstrates a working knowledge of and adheres to professional legal and ethical guidelines and standards	
Conducts self in a manner consistent with the professional standards in this setting (e.g., boundaries, dual relationships)	
Demonstrates an appropriate professional demeanor in appearance and behavior	
Establishes productive working relationships with peers, supervisors and staff	
Completes commitments in a prompt and professional manner	
Shows an awareness of and ability to cope with personal issues which might interfere with professional duties, services and/or relationships	
Consistently informs clients of administrative and confidentiality issues (e.g., alternative choices, credentials or supervisory status, confidentiality limits, policies/procedures, session limits, fees, cancellations, dual relationships, etc.)	
Seeks consultation on ethical, legal, and medical matters concerning own clients	
Keeps client appointments punctually	
Completes and turns in paperwork in a timely manner	
Maintains recommended client caseload	
Maintains administrative paperwork as recommended (e.g., master schedule, vacation and leave forms, mailboxes, messages, in/out form, etc.)	
Regularly attends and is punctual for staff meetings	
Keeps client files and other sensitive materials stored/locked appropriately	
Keeps scheduled hours unless negotiated otherwise	
<i>Comments:</i>	
OTHER ACTIVITIES	Yes or No
<i>Comments:</i>	

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What are the strengths of this trainee?

What are the areas for development (please include both explanations and recommendations in your descriptions of what the trainee needs to work on)?

Supervisor's Signature

Date

Trainee's Signature

Date

Copies to: Training Director, Supervisor, Trainee, and Department Supervisor when appropriate. Supervisors, please attach a sheet of paper that documents your opinion/recommendations regarding this evaluation form and submit it to training director.

Appendix D

Psychological Counseling Services Outcome and Satisfaction Survey 2008-2009

Please help us improve our program by answering some questions about the services you are receiving here at Sacramento State's **Psychological Counseling Services (PCS)**. We are interested in your honest opinion, *whether positive or negative*. Thank you for taking the time to answer these questions. Your responses are anonymous.

Demographics: Age: _____ Ethnicity: _____ Gender: _____ Major: _____ Today's Provider: _____	Class Standing: <input type="checkbox"/> First-Year (Freshman) <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student <input type="checkbox"/> Other: _____	Type of services you received <u>this semester:</u> (check all that apply) <input type="checkbox"/> on-going individual counseling (approximate number of sessions____) <input type="checkbox"/> group therapy <input type="checkbox"/> psychiatric (medication management) services <input type="checkbox"/> testing/LD assessment <input type="checkbox"/> biofeedback
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Please Rate:	Excellent	Good	Fair	Poor	N/A
The courtesy and helpfulness of the front desk staff.					
Your comfort waiting in the reception area.					
The availability of same day drop-in appointments.					
The ability to get an appointment with your psychiatrist after the referral by your clinician in an acceptable amount of time.					
The ability to get an appointment with your therapist after the initial drop-in session in an acceptable amount of time.					
Comfort with staff handling of confidentiality.					
Satisfaction with the clinician you saw today.					
Satisfaction with the PCS brief therapy model.					
Effectiveness of your counseling/psychiatric/testing services.					
Clinician's sensitivity to cultural and individual differences.					
The overall service you are receiving.					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I would recommend PCS services to a friend.					
I would return to PCS if I needed help again.					
I regard PCS as a necessary part of the University.					

Continues on next page...

Please indicate how counseling has impacted, directly or indirectly, the following academic issues:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Increase Concentration					
Attend Classes Regularly					
Reduce Procrastination					
Manage Test Anxiety					
Improve My Study Skills					
Improve Time Management					
Find Useful Campus Resources					
Prior to counseling, I was thinking of leaving the University before completing my degree.					
If you agreed/strongly agreed to above, counseling helped me to stay at Sacramento State.					

Counseling has also helped me in the following ways (Please respond to each statement):

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Improve my relationships					
Feel less stressed/anxious					
Feel less sad/depressed					
Make important decisions					
Feel more connected at Sacramento State					
Make healthier lifestyle choices					
Cope better with the challenges of life					
Be more assertive					
Develop skills that will be useful in a variety of other settings					

What I have learned from coming to PCS has led to positive changes in my life?

Yes_____ No_____

Rev. 09/29/08

Appendix E

Psychological Counseling Services (PCS) Drop-In Counseling Intake Questionnaire

Date _____

Name _____ Social Security Number _____

Name you would like us to call you (if different from above) _____

Who referred you to us? _____ D.O.B. _____ Age ____ Marital Status _____

Phone (home) _____ (cell) _____ (work) _____

Where may we call and leave a message? home _____ cell _____ work _____

Address _____ City _____ Zip _____

NOTE: EMAIL IS NOT CONSIDERED A SECURE FORM OF COMMUNICATION

Email _____ May we contact you by email for scheduling? Y N

In case of emergency contact

Relationship _____ Phone _____

Racial/Ethnic Group:

___ African-American/Black/African ___ American Indian/Alaskan Native ___ Arab

American/Arab/Persian ___ Asian American/Asian ___ East Indian ___ Euro-

American/White/Caucasian ___ Native Hawaiian/Pacific Islander

___ Hispanic/Latino/Latina ___ Multi-racial ___ Prefer Not to Answer

___ Other (please specify): _____

If not U.S., what is your country of origin?

Do you have medical insurance? Y N Name of Insurance Company _____

Have you had previous counseling here at PCS? Y N When? _____

Somewhere else? Y N Where? _____ When? _____

-----***PLEASE COMPLETE INFORMATION ON REVERSE SIDE***-----

To be completed by Drop-In Therapist

DROP-IN PROVIDER _____ PRIORITY? 1 2 3 4 5

1:1/Cpls/Bio _____ Testing _____ Med Eval 1 2 3 4 5

Group _____

CLINICIAN PREFERENCES: Anyone _____ Other (specify): _____

PLEASE CHECK ALL THAT APPLY:

- Freshman/First-Year Full Time Student (7 units or more) Male
 Sophomore Part Time Student (6 units or less) Female
 Junior International Student Transgender
 Senior Veteran Other
 Graduate Student Disabled/Challenged Prefer Not to Answer

Major: _____ GPA: _____

Is English your first language? Y N If no, what is your native language? _____

What kind of housing do you currently have?

On-campus Fraternity/Sorority house W/in 5 miles of campus Over 5 miles

from campus

Do you work? Y N Type of work: _____ Hours worked per week: _____

Have you ever been enlisted in any branch of the US Military (active duty, veteran, guard, reserves)? Y* N

* Did your military experiences include highly traumatic/stressful experiences that continue to bother you? Y N

Do you have a diagnosed and documented disability?

Attention Deficit/Hyperactivity Disorders Deaf or Hard of Hearing Learning Disorders

Physical/health related Disorders Neurological Disorders Mobility Impairments

Psychological Disorder/Condition Visual Impairments Other

If you checked "Other" above, please describe: _____

Do you have any other significant medical conditions? Yes No

If yes, please describe: _____

What medications (if any) are you taking specifically for a mental health condition?

Are you currently taking any other medications? Yes No

Name of medication(s):

Major reasons for seeking help? _____

How long have these things bothered you? _____

Below is a list of concerns commonly experiences by college students. Using the following scale, please circle the number indicating the degree each item is **presently** a concern for you.

Not at All					A little bit	Moderately	Quite a bit	Very Much	
1	2	3	4	5					
1	2	3	4	5	1.	Dealing with stress or pressure			
1	2	3	4	5	2.	Absent from classes too often			
1	2	3	4	5	3.	Thinking of dropping out of school			
1	2	3	4	5	4.	Adjusting to the university, campus or living environment			
1	2	3	4	5	5.	Feeling depressed, sad, or down			
1	2	3	4	5	6.	Choosing a major or establishing a career direction			
1	2	3	4	5	7.	Death or illness of a significant person			
1	2	3	4	5	8.	Academic progress, courses, test or performance anxiety, time management			
1	2	3	4	5	9.	Difficulties related to sexual identity or sexual orientation			
1	2	3	4	5	10.	Relationships with family members (parents, siblings, children, relatives)			
1	2	3	4	5	11.	Feeling anxious, fearful, worried or panicky			
1	2	3	4	5	12.	Feeling unmotivated, procrastination, or difficulty concentrating			
1	2	3	4	5	13.	Feeling irritable, tense, angry, or hostile			
1	2	3	4	5	14.	Money, finances			
1	2	3	4	5	15.	Feeling lonely, isolated, or uncomfortable with others			
1	2	3	4	5	16.	Values, beliefs, religion, or spirituality			
1	2	3	4	5	17.	Sexual trauma (sexual abuse/assault, incest, rape)			
1	2	3	4	5	18.	Low self-esteem or self-confidence			
1	2	3	4	5	19.	Legal matters			
1	2	3	4	5	20.	Someone else's habits or behaviors			
1	2	3	4	5	21.	Unwanted/out-of-control behaviors, habits, or thoughts			
1	2	3	4	5	22.	Problems with assertiveness or shyness			
1	2	3	4	5	23.	Sleep problems			
1	2	3	4	5	24.	Pregnancy			
1	2	3	4	5	25.	Eating problems (bingeing, restricting, low appetite, vomiting, laxative use, etc.)			
1	2	3	4	5	26.	Relationships with romantic partner/spouse			
1	2	3	4	5	27.	Physical health problems (headache pain, fainting, injury, fatigue, etc.)			
1	2	3	4	5	28.	Sexual matters (sexually transmitted disease, sexual functioning, etc.)			
1	2	3	4	5	29.	Relationships with instructors or other university personnel			
1	2	3	4	5	30.	Discrimination			
1	2	3	4	5	31.	Feelings of guilt or self-criticism			
1	2	3	4	5	32.	Weight or body image problems			
1	2	3	4	5	33.	Difficulties trusting others			
1	2	3	4	5	34.	Addiction or Substance Use			
1	2	3	4	5	35.	Suicidal/Homicidal thoughts or intentions			
1	2	3	4	5	36.	Other: _____			

-----***PLEASE COMPLETE INFORMATION ON REVERSE SIDE***-----

