



Counseling and Psychological Services (CAPS)

CAPS offers a wide range of mental health services to full-time, degree-seeking students at UR, including short-term psychotherapy, psychiatric services, groups, crisis intervention, workshops, assessment, consultation, and referral.

CAPS Contact Information

Address: 138 Sarah Brunet Hall Phone: (804) 289-8119
 Email: CAPS@richmond.edu Fax: (804) 287-1227
 Website: <http://wellness.richmond.edu/offices/caps>

CAPS Staff (804-289-8119)

Peter LeViness, Ph.D. (Director)	Licensed Psychologist
Sherry Ceperich, Ph.D.	Licensed Psychologist
Mary Churchill, Ph.D.	Licensed Psychologist
Martin Davenport, M.Ed., Ed.S.	Licensed Professional Counselor (part-time)
Kris Day, Ph.D.	Licensed Professional Counselor
Hilary Delman, M.S.	Licensed Professional Counselor (part-time)
Carly DiMeglio, PMHNP	Licensed Psychiatric Mental Health Nurse Practitioner (part-time)
Rachel Koch, Psy. D.	Licensed Psychologist
Katie Mahan, M.A., M.Ed.	Professional Counselor (part-time)
Steve Noles, Psy.D.	Licensed Psychologist
Charlynn Small, Ph.D.	Licensed Psychologist
Elliott Spanier, M.D.	Licensed Psychiatrist (part-time)
Meriwether Gilmore	Office Manager
Krysha Snyder	Office Coordinator (part-time)

(*UR Psychology faculty members who also see a few clients at CAPS, when they are able to)

Lisa Jobe-Shields, Ph.D.	Licensed Psychologist
Laura Knouse, Ph.D.*	Licensed Psychologist

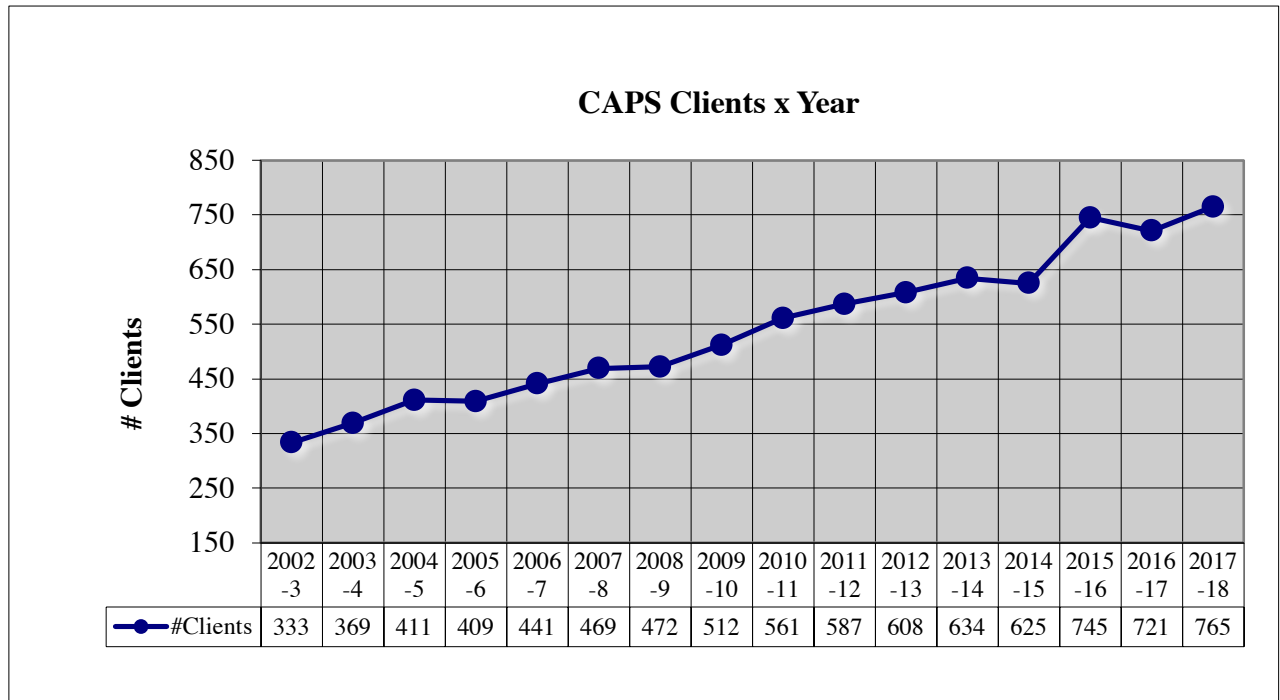
From time to time, CAPS also has graduate-students-in-training who are working toward licensure under supervision of CAPS staff. For 2017-18, CAPS will have one doctoral-level graduate trainee providing part-time services at CAPS:

Chantelle Bernard, M.A.	Graduate student trainee in professional counseling (part-time)
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Over the past 15 years, the number of UR students seeking mental health services at CAPS has more than doubled. CAPS had to start a wait list during 13 of the past 14 semesters. The growing demand for counseling services is happening nationwide (e.g., over 90% of college counseling centers report increases). The major factor driving up demand is reduced stigma about mental health services, along with increased willingness to seek out mental health services when needed. Although this development ought to be celebrated, it is creating major resource challenges on most U.S. campuses. UR is handling this situation better than most. CAPS now has essentially 9 professional counseling staff serving about 3800 full-time degree-seeking students. Currently this is one of the best counselor-to-student ratios in the entire state of Virginia.

CAPS Wait List Data: Past 5 Years

	2013-14	2014-15	2015-16	2016-17	2017-18
Total # students who had services at CAPS that year	634	625	745	721	765
# students who spent any time on CAPS wait list	158	130	363	87	122
% of CAPS clients who spent any time on the wait list	27.0%	24.5%	52.2%	14.1%	15.9%
Average wait time for students on the wait list	9.3 days	11.2 days	12.0 days	15.7 days	14.7 days
% of CAPS wait list clients who had to wait > 7 days	49.7%	66.2%	71.3%	86.1%	69.7%
# who never responded or refused all offered appts	13	24	23	18	11



Common reasons students come to CAPS are listed below. CAPS staff maintain a list of off-campus resources to refer students to (at their own expense) when specialized or longer-term services are needed. A significant trend over the past 15 years or so is that anxiety and stress have overtaken depression and relationship concerns as the top reasons students seek out campus mental health services across the U.S.

Top Reasons Students Sought CAPS Services in 2017-18	WOMEN (n = 486)	MEN (n = 218)
Anxiety (any)	330	129
Stress	264	88
Relationship Issue (any)	220	99
Depression (any)	213	89
Family issues	202	69
Self-esteem / self-confidence issues	158	59
Sleep disturbance	96	47
Adjusting to college	92	39
Lonely / isolated	77	46
Career / vocational concerns	78	44
Study habits / time management concerns	58	32
Transition after graduating concerns	65	24
Financial concerns	49	19
Perfectionism	54	13
Substance abuse (any)	29	33
Medical/physical problems	41	18
Grief	41	16
Existential concerns (e.g., meaning, purpose)	36	21
Developmental issues	40	14
Eating disorder issues (any)	39	12
Suicidal Ideation	31	12
Sexual abuse (since enrolling at UR)	27	3
Consultation (i.e., worried about a significant other)	25	3
Traumatic event (other than physical or sexual abuse)	20	8
Sexual abuse (before enrolling at UR)	24	0
Self-injury (non-suicidal)	17	4

(NOTE: Most students coming to CAPS have four or more concerns; only the top 26 concerns are reported here)

NUMBER OF KEPT CAPS APPOINTMENTS (not including cancels, no-shows)

	2013-14	2014-15	2015-16	2016-17	2017-18
Total of ALL kept CAPS appointments	3821	3774	4921	5300	5696
Percent change from previous year	+13.8%	-1.2%	+30.4%	+7.7%	+7.5%
Total kept COUNSELING appts	3025	2974	3960	4341	4620
Percent change from previous year	+11.0%	-1.7%	+33.2%	+9.6%	+6.4%
Total kept GROUP appts	NA	NA	NA	NA	166
Percent change from previous year	NA	NA	NA	NA	NA
Total kept PSYCHIATRIC appts	624	583	712	799	789
Percent change from previous year	+25.6%	-6.6%	+22.1%	+12.2%	-1.3%
Total kept DISABILITY appts	172	217	249	160	121
Percent change from previous year	+28.4%	+26.2%	+14.7%	-35.7%	-24.4%

The 5,696 total kept CAPS appointments was 7.5% more than last year, and set a new record high.

STUDENT CHARACTERISTICS OF CAPS CLIENTS

	2013-14	2014-15	2015-16	2016-17	2017-18
International Student	30	44	63	58	66
Merit Scholarship	101	112	136	131	223
Need-Based Scholarship	162	156	166	171	314
RA or Head Resident	23	21	19	15	NA
ROTC cadet	2	0	2	1	10
Transfer student	36	32	41	49	55
Varsity Athlete	48	48	59	70	61
Visiting Student	6	5	9	4	11
In a Roadmap Program	13	13	12	11	NA
In a Living-Learning Community	49	43	44	47	94
Fraternity or sorority member	155	133	173	197	98
At least 1 parent has earned a bachelor's degree	426	409	501	509	584
Neither parent has earned a bachelor's degree	78	69	80	94	113

(*NOTE: All of the above figures are UNDER-estimates, since dozens of students didn't answer one or more questions.)

CAPS (COUNSELING) CLIENTS BY CLASS RANK (NOT including disability services)

CLASS RANK	2014-15		2015-16		2016-17		2017-18	
	Number	Pct of Total	Number	Pct of Total	Number	Pct of Total	Number	Pct of Total
First-Years	114	21.8%	134	22.0%	139	21.7%	150	21.2%
Sophomores	141	27.0%	161	26.5%	150	23.4%	168	23.7%
Juniors	96	18.4%	130	21.4%	128	20.0%	152	21.5%
Seniors	113	21.6%	121	19.9%	145	23.9%	165	23.3%
Law Students	54	10.3%	55	9.0%	64	10.0%	65	9.2%
Other*	4	0.8%	7	1.2%	6	0.9%	8	1.1%
TOTAL	522	100%	608	100%	640	100%	708	100%

(*NOTE: "Other" clients include faculty/staff members, alums, and/or SPCS students seen for one-session consultation and referral.)

CAPS (COUNSELING) CLIENTS BY GENDER (NOT including disability services)

YEAR	Total # Men	% of CAPS Clients	Total # Women	% of CAPS Clients	Total # Transgender/Other	% of CAPS Clients	TOTAL
2013-14	172	31.6%	370	68.0%	2	0.4%	544
2014-15	182	34.9%	337	64.6%	3	0.6%	522
2015-16	185	30.4%	413	67.9%	10	1.6%	608
2016-17	185	28.9%	446	69.7%	9	1.4%	640
2017-18	218	30.8%	486	68.6%	4	0.6%	708

CAPS CLIENTS BY RACE/ETHNICITY (NOT including disability services)

YEAR	African-American	Asian-American	White	Latino-American	Native American Indian	Multi-Racial	Other Race
2013-14	6.8%	7.8%	76.7%	7.6%	1.3%	---	2.1%
2014-15	9.2%	7.4%	72.3%	7.3%	1.5%	5.7%	2.9%
2015-16	7.8%	12.9%	67.7%	7.3%	1.6%	7.0%	2.5%
2016-17	6.4%	8.9%	74.0%	8.1%	1.6%	4.5%	5.8%
2017-18	8.1%	13.2%	65.3%	6.2%	0	6.1%	1.1%

(NOTE: The percentages may add up to more than 100% because some clients indicated more than one race/ethnicity.)

This year, 34.7% of CAPS clients were students of color (see table above). This is higher than the percentage of students of color in the UR student population.

PRIOR COUNSELING BEFORE CURRENT ACADEMIC YEAR

Prior Counseling	2017-18 Count	2017-18 Percent
Never	264	40.9%
Prior to college	133	20.6%
After starting college	134	20.7%
Both prior to, and after starting college	115	17.8%
TOTAL	666	100%

This year, 59.1% of CAPS clients had had counseling services before the current academic year. 38.4% had had counseling services before enrolling in college.

PRIOR PSYCHIATRIC MEDICATION BEFORE CURRENT ACADEMIC YEAR

Prior Psychiatric Medication	2017-18 Count	2017-18 Percent
Never	419	66.5%
Prior to college	32	5.1%
After starting college	91	14.4%
Both prior to, and after starting college	88	14.0%
TOTAL	666	100%

This year, 33.5% of CAPS clients had taken prescribed psychiatric medication before the current academic year. 19.1% had taken prescribed psychiatric medication before enrolling in college.

	2013-14 (n = 611)	2014-15 (n = 621)	2015-16 (n = 705)	2016-17 (n = 672)	2017-18 (n = 708)
Client had significant prior mental health treatment (e.g., psychological hospitalization; long-term treatment for a serious disorder, etc)	106	110	92	102	124
Client was already taking psychiatric medications before coming to CAPS this year	157	165	192	175	166
Client was referred to the Student Health Center	38	47	36	18	11
Client required collaboration of care with a primary care provider	NA	NA	NA	NA	7
Client took a FULL medical withdrawal (from all classes)	19	29	24	19	21
Client took a PARTIAL medical withdrawal (from one or more classes, but not all)	15	11	9	13	14
Client was transported to a hospital for mental health reasons	9	4	11	10	8
Client was admitted to a hospital for mental health reasons	8	5	8	12	8

Based on a new question added in 2017-18, only 7 CAPS clients were dealing with issues that required coordination of care between CAPS and a primary care provider (e.g., the Student Health Center). Appropriate signed authorizations to share relevant information were obtained in each case.

Hours and Fees

CAPS is open for appointments from 8:30 am to 5:00 pm Monday through Friday during the Fall and Spring academic terms, and most of May-term. CAPS counseling services are closed from mid-June to mid-August. There are no charges for CAPS services. However, any off-campus services are at the student's expense.

How Students Make an Appointment at CAPS

Students should visit the CAPS front desk in person during normal office hours in order to make their first appointment. When students come to CAPS, the office manager will instruct them on how to fill out on-line registration materials in the CAPS front desk area (which typically takes about 15 minutes). Unless the situation is an emergency, an appointment will be made for a later date. Requests for a specific staff member will be respected as time and scheduling considerations permit. Students can be seen more quickly if they are willing (1) to meet with the first available CAPS counselor, and (2) are willing to miss any activity on their schedule except for a scheduled class.

Emergencies

If you are with a student in crisis, please call CAPS (x8119) and inform the front desk staff about the emergency before sending (or walking) the student over, if at all possible. CAPS staff reserve time for high-level crises (such as threat of harm to self or others, relationship violence, hearing voices) each day from 3-5pm. Students experiencing lower-levels of crises/distress will be scheduled with the first available counseling appointment that matches their schedule.

The after-hours and weekend crisis response system is activated by contacting the UR Police emergency dispatcher at 804-289-8911 (or 911 from on-campus phones). UR Police and the Area Coordinator on call are the first-responders. If the situation involves a mental health-related emergency, these first responders may contact the on-call CAPS professional and/or arrange for transportation to a local hospital (most often St. Mary's Hospital).

Consultation

Anyone may contact CAPS regarding student mental health concerns. CAPS staff can brainstorm with you about possible courses of action. However, CAPS cannot share information CAPS may have about a student without the student's written authorization.

Confidentiality

Aside from several rare legal exceptions, CAPS is legally and ethically obligated to maintain confidentiality, including whether or not a student kept an appointment at CAPS. (See the "Informed Consent" and "CAPS Privacy Practice Notice" documents on the CAPS website). If the student gives CAPS authorization to release information, we are happy to do so. If it is important to know if the student followed through on your recommendation to visit CAPS, please let CAPS front desk staff know before the student comes in. This will enable the student's counselor to ask permission from the student (most students are willing to give CAPS this permission).

If You Are Concerned About a Student

Anyone who is concerned about a particular student is encouraged to relay those concerns using the secure online form: <http://incidentreport.richmond.edu>

The form is routed to the appropriate offices to review and decide upon a course of action. In addition to conveying your concerns via the incident report form, it may also be appropriate to encourage the student to use CAPS and/or one of the other services available at UR.

Part-Time Psychiatric Services at CAPS

CAPS has several part-time psychiatric providers who provide about 25 hours per week of psychiatric services free of charge for UR students. Only students who are engaged in "talk therapy" with a CAPS counselor are eligible to meet with one of the psychiatric providers. Students need to meet with a CAPS counselor first, and the counselor and student will mutually decide if a referral to a CAPS psychiatric provider is warranted. Students who only want medication, and are not willing to engage in concurrent talk therapy will be referred off-campus for medication (at their own expense).

Disability Services

There is a formal process at UR for registering a disability, and requesting and receiving appropriate accommodations due to a disability. The first step is for the student to fill out an "Application for Accommodation." UR staff collect required medical / psychological documentation, and determine what (if any) reasonable accommodations each student should receive at UR. Each student is given a "Disability Accommodation Notice" (or DAN for short) that states that the student has a registered disability (but does not reveal what the particular disability is), and lists the academic accommodations that have been authorized for the student at UR. **Instructors should ask for a copy of the DAN before granting disability accommodations.** NO disability-based accommodations should be offered to a student unless that accommodation is listed on the DAN.

Mental Health Information of Entire Full-Time UR Student Population

Results from the Healthy Minds Survey (Spring, 2016)

Survey Response Rate: 29% (1059 respondents)

MENTAL HEALTH MEASURES	Percent of UR Students	Estimated # of UR Students Impacted*
Above average score on Flourishing (positive mental health)	46%	1656
If I needed professional help for mental health, I would know where to go on my campus (agree or strongly agree)	88%	3168
Lifetime diagnosis of a mental health disorder (any)	29%	1044
Took any psychiatric medication (past year)	19%	684
Received mental health therapy/counseling (past year)	25%	900
Thought I needed mental health help, past year	36%	1296
Met screening criteria for a probable mood disorder (e.g. depression, bipolar disorder)	20%	720
Met screening criteria for a probable anxiety disorder	18%	648
Met screening criteria for probable eating disorder	9%	324
How many days have you felt that emotional or mental difficulties have hurt your academic performance? (3 or more days in past 4 wks)	24%	864

Self-Harm and Suicide Risk	Percent of UR Students	Estimated # of UR Students Impacted*
Any non-suicidal self-injury, past year	20%	720
Seriously thought about attempting suicide, past year	8%	288
Made a plan for attempting suicide, past year	3%	108
Attempted suicide, past year	0%	0

Attitudes and Beliefs	Percent of UR Students	Estimated # of UR Students Impacted*
Most people would think less of someone who has received mental health treatment (agree)	63%	2268
I would think less of someone who has received mental health treatment (agree)	14%	504
I believe that medication is helpful or very helpful for depression	62%	2232
I believe that therapy is helpful or very helpful for depression	81%	2916

Whom Would You Talk to About Mental Health Problems Affecting Your Academic Performance?	Percent of UR Students	Estimated # of UR Students Impacted*
Professor from one of my classes	32%	1152
Academic advisor	26%	936
Dean of students	19%	684
Student services staff	11%	396
Another faculty member	9%	324
No one	22%	792

* Estimated number of students impacted, based on total UR student population of 3600 full-time, degree-seeking students

Important Referral-to-CAPS Tips

When seeking help for a student in distress, we encourage faculty, staff and concerned others to consider encouraging the student to seek out the least intensive intervention that may address their concerns (rather than sending every distressed student to CAPS as a first step). For example:

A student in distress due to time management and/or study strategy difficulties should be encouraged to make an appointment with the Academic Skills Center staff (e.g., rmancast@richmond.edu) as a good first step.

A student stressed out due to not sleeping/exercising/eating well should be encouraged to make an appointment with a Wellness Coach as a good first step (by contacting Sarah Sheppard at ssheppa2@richmond.edu or ext. 8581).

A student who seems to have a relatively mild form of anxiety, depression, substance misuse, or relationship concerns can be encouraged to utilize the Therapist Assisted Online (TAO) self-help resource as a good first step. This online resource is available 24/7 at: <https://wellness.richmond.edu/caps/self-help.html>

If the student's distress seems more severe, or if the student has tried these resources and they have not been sufficient, then the student should encouraged to make an appointment at CAPS.

Whenever you encourage a student to visit CAPS, please avoid giving the student only one CAPS staff member's name. CAPS is able to see students much more quickly if they are willing to meet with the first available counselor who has an opening that matches their schedule. With seven full-time CAPS staff, and four or more independent contractors, students are eliminating more than 90% of the available options if they are only willing to meet with one particular staff member. That being said, CAPS understands that students who have worked with a particular counselor in a previous year usually prefer to continue with that person.

If you think there is a particular CAPS staff member who would be an ideal match for the student for some reason, it's preferable if you communicate that information to the CAPS office manager, Meriwether Gilmore (rather than to the student) and explain why.

Almost without exception, every student seeking services at CAPS is in some degree of distress, and would very much like to be seen as soon as possible. Unfortunately, when CAPS has a waiting list, students may not be able to be seen as quickly as they or CAPS staff would like. Decisions need to be made about which students are "most urgent" and which students "can wait longer." Although necessary in order to manage the counseling demand, we recognize that this is not an ideal situation. Please encourage students to be fully forthcoming in describing their symptoms on the CAPS registration forms. Important decisions (e.g., urgency, whether or not student is in crisis) are made based on what the student reports on the forms. Any information the student does not tell CAPS cannot be factored into these decisions.

Even when there is a wait list, CAPS reserves time every day to be able to meet with students in serious crisis (e.g., threat of harm to self or others).

Encourage students to be as flexible as possible (i.e., be willing to MISS ANYTHING except for scheduled classes) in order to be seen by a CAPS professional (just like they would for any other type of health professional appointment). When students only give CAPS limited hours of availability (e.g., "I can only come in between 11 and 1 on Tuesdays and Thursdays") they likely will have to wait significantly longer for an appointment.

Please share any relevant background information about the student that you may be aware of with the CAPS office manager (Meriwether Gilmore) who will pass the information along to the counselor that ends up working with the student. Relevant information includes why you are concerned about them, what you have observed about their behavior, and any other information they may have shared with you that might be important for the counselor to know about.

The vast majority of students continue to work with the first counselor they see. However, a handful of students request to switch from one counselor to another. That is perfectly fine! If a student happens to tell you that they went to CAPS and didn't connect well with the first person they saw, please encourage them to contact the CAPS office manager to reschedule with a different counselor.

CAPS staff firmly believe that medication should not be the ONLY form of treatment for any psychological disorder. "Talk therapy" is the most important intervention, and for a portion of CAPS clients, medication may be a useful adjunct. Students who ONLY want medication, and are not willing to engage in "talk therapy" are NOT eligible to meet with a psychiatric provider at CAPS, and will be referred off-campus.

How To Refer Students to CAPS

The simplest way is to tell the student about CAPS and recommend they visit 138 Sarah Brunet Hall to schedule an appointment.

When you encourage a student to visit CAPS, the background information you have about a student-of-concern may be crucial in helping CAPS intervene in an optimal way. (e.g., What behaviors have you observed that have caused you to be concerned? How is the student doing academically? Interpersonally? Has there been a recent change in behavior and/or appearance? etc). You can convey these in either of two methods: (1) call the CAPS front desk (804-289-8119) and give a detailed message to the CAPS front desk staff (who are part of the “circle of confidentiality” within CAPS, and will relay the information to appropriate staff); or (2) fill out the on-line “Conveying a Concern” form at:

<http://studentdevelopment.richmond.edu/student-concerns/index.html>

If your concerns about the student are moderate to serious in nature, the latter method is highly recommended, because it also keeps the appropriate dean’s office staff in the loop, who are able to follow-up with the student if and when needed.

Suggestions for What to Say

“It may help to talk with a professional counselor at CAPS about the things that are bothering you. Did you know that counseling is confidential?”

“It’s healthy to recognize and get help for a problem. Going to CAPS doesn’t mean you’re ‘crazy’ or weak. It’s part of effective, mature problem-solving.”

“More than a third of students use CAPS at some point while they’re here. And it doesn’t cost you anything. Why don’t we give CAPS a call from my office, and you can talk to them about how to make an appointment.”

“I’m worried about you because you seem so distressed. How about if we call CAPS right now, and then walk over there together, okay?”

Possible Problems in Making Referrals

- (1) The student may feel rejected or abandoned by you. The way you make the referral - e.g., in a caring, compassionate way - can help defuse this possibility.
- (2) The student may have stated that she or he only wants to talk to you and no one else. Emphasize why CAPS staff may be better trained to handle possible mental health concerns, and why it would be in her/his best interests to get help from the most qualified source. It is often helpful to talk about the importance of expanding their “support network.” In addition to you, it is also helpful for them to have others “in their corner,” including CAPS staff, dean’s office staff, and any others with whom they have a significant connection.
- (3) The student may be afraid or reluctant to go to CAPS. Remind the student that over a third of UR students use CAPS services sometime before they graduate. Offer to help the student make the initial contact. If you are willing and able to do so, offer to walk with her/him to CAPS to get started.
- (4) The student may agree with the idea of going to CAPS, but then fail to follow through. Offering to call CAPS while the student is still in your office may help. It is important to follow-up and ask the student how it went - without prying for details. If you are very worried about the student, and are uncertain whether they will follow through on visiting CAPS, consider asking them to give CAPS permission to notify you when they have made and kept an appointment at CAPS (also be sure to notify CAPS, in advance, that you would like us to ask the student’s permission to inform you when they do come in).
- (5) You may not know enough about various referral resources to be able to give the student a recommendation. This is a good reason to become familiar with available student support services before a need arises.
- (6) You may limit your recommendations to referrals that you would use, rather than inform the student about all of her/his options. Even if you have never used or benefitted from counseling yourself, try to be open to the possibility that counseling may be helpful to this student.
- (7) You may not believe that anyone else can help the student but you. This is often a warning sign of an unhealthy dynamic that may be developing. In this case, it may be especially important to get other people and offices involved (including the dean’s office for that student).