

JOHNS HOPKINS UNIVERSITY

COUNSELING CENTER

2007-2008 ANNUAL REPORT

&

DATA SUMMARY

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COUNSELING CENTER: 2007-08 ANNUAL REPORT AND DATA SUMMARY

- ★ The Counseling Center (CC) provided **18,930 hours of service** during the Academic Year (September 2007 -May 2008). **Direct clinical services** (individual, group, and psychiatric services) accounted for 61% of all Counseling Center service time.
- ★ **Individual Personal Counseling** was provided to 995 student clients in 5,791 sessions for an average of 5.8 sessions per student client.
- ★ **Group Counseling** was provided to 68 students in 8 groups.
- ★ **Psychiatric services** were provided to 341 students (34% of all clients served) in 1,358 sessions for an average of 3.9 sessions. 276 different students received psychotropic medication (28% of clients served).
- ★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (11.4% of time), **Outreach and Workshops** (1.8%), **Consultations** (3.6%), **Community Activity and Committees** (2.7%), **Professional Development** (3.4%), **Professional Activity** including Research and Teaching (2.5%), and **Administrative Activity** (10.4%) during the 2007-08 Academic Year.
- ★ The CC also continued to use the **Behavioral Health Monitor (BHM20) to monitor client progress** and therapy outcome. New CC clients demonstrated significant improvement during treatment from intake to the last session (average score increased from 2.81 to 3.06) on a 5 point scale ranging from 0 (worst health) to 4 (best health) with a score of 2.93 or better considered positive mental health for college students. Also, 71.8% of all new clients reported significant improvement, 19.6% reported no change, and 8.7% reported some deterioration as measured by the BHM20.
- ★ The CC continues to engage in **research** to improve monitoring of potentially suicidal clients. This past year the CC participated in 2 Suicide Tracking System (STS) projects with Dr. David Jobs, a suicidologist at Catholic University. In addition, working with Dr. Mark Kopta, the CC incorporated its STS questions into the Behavioral Health Monitor (BHM20) scale to create a Suicide Monitoring subscale. The CC is also working to pilot an electronic version of the BHM20 that could be administered on a PDA device that would allow for easier use by clients, more efficient scoring of the measure, and more detailed clinical and administrative reports.
- ★ The CC averaged 162.6 **client sessions** per week (including psychiatrists) in the Fall 2007 semester and 175.9 client sessions per week (including psychiatrists) in the Spring 2008 semester. The CC averaged 8.7 **clinical emergencies** per week in the Fall 2007 semester and 10.8 per week in the Spring 2008.
- ★ In **Emergency Interventions**, the Center served 285 clients in **daytime emergencies** (about 29% of clients served) and 50 clients in after hour emergencies (80 calls). The CC made 13 **violence assessments**, monitored 43 students in its **suicide tracking system**, recommended 35 mental health (medical) leaves, and administered 31 readmission evaluations. 65 clients were referred off campus for more extensive treatment. The CC played a significant role in preventing 167 students from dropping out of school last year, while 50 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 25 emergency room visits resulting in 16 hospitalizations.
- ★ The most common **problems/symptoms** presented by clients during individual therapy include: “feelings of being overwhelmed” (32%), “general anxieties and worries” (31%), “academic concerns” (28%), “time management and motivational issues” (27%), “depression” (20%), “generally unhappy and dissatisfied” (20%), “lack of self-confidence or self-esteem” (20%), “overly high standards for self” (17%), “sleep problems” (17%), “lack of motivation, detachment, and hopelessness” (16%), and “loneliness, homesickness” (15%). These problems are not mutually exclusive.

- ★ The CC provided 45 **Outreach Activities, Workshops, and Consultation programs** last year serving 2,357 students, 244 faculty and staff, and 1,375 “others” for an overall total of 3,976 individuals.
- ★ The CC **Intake Service Evaluation** Questionnaire, an anonymous survey taken after the initial session, reveals that 58% of clients feel that the personal counseling intake experience is excellent while an additional 37% feel that the experience is good.
- ★ The CC continues to provide services to the **Nursing School** and the **Peabody Conservatory of Music**. Students from both schools completed an anonymous survey, after the initial session, on the quality of the services they received. 69% of the Peabody students reported that they had “an excellent impression” of the CC while 31% indicated a “good impression.” For the Nursing School the figures show that 49% of clients have an “excellent impression” of the CC and 51% have a “good” impression.
- ★ The CC **Pre-Doctoral Training program** has 4 full time interns. The training program included 48 didactic programs and supervision in both individual and group formats.
- ★ The CC employs **staff coordinators** to develop and improve programming for Asian-American students/International students, Minority students, Outreach/Workshop and Consultative Services, Group Counseling, Professional Development, Substance Abuse Counseling, Peer Counseling, Research, Nursing School, Peabody Conservatory of Music, Pre-doctoral Internship Training, and Eating Disorders.
- ★ CC staff are active in **professional development and professional activity**. Clinical staff participated in 77 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 17 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 30 professional organizations.
- ★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 70 inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 18 Counseling Center department wide activities or committees.
- ★ The CC continued the work of the **Counseling Center Student Advisory Board (CCAB)**. The CCAB played an active role in sending emails to all Homewood students on “How to Recognize and Respond to Distressed Students.” The CCAB also helped create a **Counseling Center Faculty Advisory Board** which will obtain a faculty perspective on how to develop programming to improve student life.

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**SECTION I. Overview of CC Hours by Service Activity: Academic Year 2007-08
(August 27, 2007- May 18, 2008)**

Function/Activity for 2007-08 Academic Year (AY)	Staff Hours AY 2007-2008	% Staff Hours AY 2007-2008
1. Individual Therapy - Counselors	5,390 (Note: 5,819 for full year)	28.5%
2. Psychiatrists' Visits/Medication Checks	695 (Note: 809 for full year)	3.7%
3. Group Therapy	638	3.4%
4. Clinical Management (Individual & Group) – Counselors	5,059	26.7%
5. Clinical Management – Psychiatrists	349	1.8%
6. Training & Supervision Activity	2,164	11.4%
7. Outreach and Workshops Activity	348	1.8%
8. Consultation Activity (including after hour on-call)	686	3.6%
9. JHU Community Activity	515	2.7%
10. Professional Development Activity	650	3.4%
11. Professional Activity*	475	2.5%
12. Administrative Activity**	1,961	10.4%
All Services Total for Academic Year	18,930	100%

***Note:** Professional Activity refers to participation in activities that benefit the profession or the wider community such as research, teaching, professional boards, etc...

****Note:** Administration includes staff meetings, public relations, budget activity, data management, coordinating activity with Nursing School and Peabody, coordinator responsibilities of professional staff, coordinating and directing internship program, coordinating and training of Peer Counseling program (APTT), marketing, evaluation, planning, and all personnel activity.

SECTION II: Individual Psychotherapy Statistics: May 21, 2007-May 18, 2008

A) Direct Services Caseload Statistics

1. General Numbers	#
No. of Clients seen in Personal Counseling (Full year)	995
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	5,791
No. of Clients seen by Consulting Psychiatrists (Full Year)	341 (34%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1,358
No. of Clients receiving psychotropic medication	276 (28%)
No. of Peabody Conservatory Students served	51
No. of Therapy Sessions - Peabody (Not including Consulting Psychiatrists)	410
No. of Peabody Conservatory students served by Consulting Psychiatrists	36 of 51 (71%)
No. of Peabody Conservatory Student sessions provided by Consulting Psychiatrists	60
No. of Nursing School students served	89
No. of Therapy Sessions - Nursing (Not including Consulting Psychiatrists)	595
No. of Nursing School Students served by Consulting Psychiatrists	31 of 89 (35%)
No. of Nursing School Students sessions provided by Consulting Psychiatrists	128
No. of Clients seen in emergency/crisis	285 (29%)
No. of Emergency clients served after hours by CC staff	50
No. of Emergency phone calls received after hours by CC staff	80
No. of Clients sent to hospital emergency room after hours	11
No. of Clients admitted to hospital after hours	7
No. of Hours spent in after-hours emergencies by CC staff	42 hours 20 min
Avg. Number of minutes spent responding to each after hour emergency (min – max)	32 min (5- 210 min)
No. of Weeks during year that required after hours emergency response	40 of 52
No. of Clients sent to emergency room – after hours plus day	25
No. of Clients hospitalized - after hours plus day	16
No. of Clients CC estimated to have helped stay in school	167 (17%)
No. of Clients given CC Mental Health Withdrawal	35 (4%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	50 (5%)
No. of Clients who received Readmission Evaluation	31 (3%)
No. of Clients on Suicide Tracking	43 (4%)
No. of Clients believe prevented from harming self/others	84 (8%)
No. of Clients assessed for ADHD	45 (5%)
No. of Clients treated or assessed for Substance Abuse	110 (10%)
No. of Clients treated or assessed for Eating Disorders	52 (5%)
No. of Clients given Violence Assessment	13 (1%)
No. of clients who report that “someone in their family owns a gun”	149 (15%)
No. of Clients who received counseling for sexual assault	12 (1%)
No. of Clients successfully terminated	359 (36%)
No. of Clients referred off campus	65 (6.5%)
2. Intakes (New & Returning Clients) Seen per Week during Academic Year	
Average # of Intakes /Week (Fall Semester)	25.1
Average # of Intakes /Week (Spring Semester)	17.5
Maximum # of Intakes/Week (Academic Year)	39
3. Clients Seen per Week during Academic Year	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	131.5
Average # of clients seen/Week (Fall - Including Psychiatrists)	162.6
Average # of clients seen/Week (Spring - Not including Psychiatrists)	141.7
Average # of clients seen/Week (Spring- Including Psychiatrists)	175.9
Maximum # of clients seen/Week (Academic Year- Not including Psychiatrists)	182
Maximum # of clients seen/Week (Academic Year- Including Psychiatrists)	218
4. Psychiatrist Clients Seen per Week during Academic Year	
Average # of Psychiatrist clients seen/Week (Fall)	31.1
Average # of Psychiatrist clients seen/Week (Spring)	34.2
Maximum # of Psychiatrist clients seen/Week (Academic Year)	45
5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year	
Average # of daytime emergencies seen/Week (Fall)	8.7
Average # of daytime emergencies seen/Week (Spring)	10.8
Maximum # of daytime emergencies seen/Week (Academic Year)	18

6. Total # of Individual Clients Seen for the Past 8 Academic Years	
Total # Clients Seen for 2007-08	995
Total # Clients Seen for 2006-07	957
Total # Clients Seen for 2005-06	1,035
Total # Clients Seen for 2004-05	1,083
Total # Clients Seen for 2003-04	916
Total # Clients Seen for 2002-03	886
Total # Clients Seen for 2001-02	802
Total # Clients Seen for 2000-01	726

7. Weekly Case Load Comparisons for the Past 8 Years during AY (not including Psychiatry Sessions)

Average Sessions/Week for 2007-08	140
Average Sessions/Week for 2006-07	143
Average Sessions/Week for 2005-06	144
Average Sessions/Week for 2004-05	163
Average Sessions/Week for 2003-04	160
Average Sessions/Week for 2002-03	145
Average Sessions/Week for 2001-02	144
Average Sessions/Week for 2000-01	114

8. Daytime Emergency Sessions per Week Comparisons for the Past 8 AY

Average Sessions for 2007-08	9.8
Average Sessions for 2006-07	10.1
Average Sessions for 2005-06	9.5
Average Sessions for 2004-05	13.3
Average Sessions for 2003-04	9.8
Average Sessions for 2002-03	7.1
Average Sessions for 2001-02	5.8
Average Sessions for 2000-01	5.4

9. # of Appointments per clients during past year	Staff Only (n=994)	Psychiatrists Only (n=341)	Staff plus Psychiatrists (n=995)
1 appointment	252 (25%)	88 (26%)	221 (22%)
2 appointments	162 (16%)	60 (18%)	151 (15%)
3 appointments	113 (11%)	53 (16%)	97 (10%)
4 appointments	76 (8%)	39 (11%)	85 (9%)
5 appointments	59 (6%)	25 (7%)	52 (5%)
6 appointments	42 (4%)	24 (7%)	42 (4%)
7 appointments	37 (4%)	14 (4%)	30 (3%)
8 appointments	31 (3%)	10 (3%)	38 (4%)
9 appointments	33 (3%)	6 (2%)	31 (3%)
10 appointments	24 (2%)	4 (1%)	27 (3%)
11+ appointments	165 (17%)	18 (5%)	221 (22%)
1-5 appointments	662 (67%)	265 (78%)	606 (61%)
6-10 appointments	167 (17%)	58 (17%)	168 (17%)
11-15 appointments	84 (9%)	10 (3%)	93 (9%)
16- 20 appointments	39 (4%)	6 (2%)	58 (6%)
21+ appointments	42 (4%)	2 (<1%)	70 (7%)
Average # of visits/per client (staff only)			5.82 visits
Average # of visits/per client (psychiatrists)			3.98 visits
Average # of visits/per client (staff + psychiatrists)			7.18 visits

10. Health Insurance

No. of clients who reported having University (Chickering/Aetna) Insurance Policy	366 (37%)
No. of grad student clients who reported having University Health Insurance Policy	228
No. of undergrad student clients with a University Health Insurance Policy	63
No. of International Students who reported having University Health Insurance Policy	87
No. of clients referred out who reported having University Health Insurance	41
No. of total sessions clients with University Health Insurance seen before referred out	413 sessions

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=995)

1. Gender	Number	Percentage
Male	376	38%
Female	619	62%
Total	995	100%

2. School Affiliation (Some students enrolled in more than 1 program)	Number	Percentage
Arts and Sciences	665	67%
Engineering	183	18%
Nursing School	88	9%
Peabody Institute	51	5%
Institute for Policy Studies	5	< 1%
Advanced Academic Programs-A&S	2	< 1%
Other/No Response	3	< 1%

3. Age	
Age Range	16-60 years
Mode	19.0 years
Mean	22.8 years
Median	21.0 years

4. Ethnic Status	Number	Percentage
African-American	51	5%
Asian	190	20%
Biracial	26	3%
Caucasian	592	62%
Native-American	3	< 1%
Latino/Hispanic	71	7%
Other / No Response	27	3%

5. Marital Status	Number	Percentage
Single	834	84%
Married/Committed Relationship	116	12%
Separated	5	< 1%
Divorced	9	1%
Other	17	2%
No Response	14	1%

6. Class Year	Number	Percentage
Freshman	127	14%
Sophomore	168	18%
Junior	148	16%
Senior	179	20%
Graduate Student	274	30%
Post-Baccalaureate Program	8	< 1%
Post-Doctoral Student/Fellow	4	< 1%
Other / No Response/Missing	12	1%

7. Academic Standing	Number	Percentage
Good Standing	870	87%
Academically dismissed	4	< 1%
Reinstated	10	1%
On Probation	54	5%
Other / No Response	57	6%

8. Other Items	Number	Percentage
International Students	111	11%
Transfer Students	38	4%
Physically Challenged Students	15	2%
Students concerned about Attention Deficit Disorder (ADD)	185	20%

9. Academic Major	Number	Percentage
Undeclared/ Undecided	63	6.3%
No Response	56	5.6%

Arts and Science Totals	577	64.2%
Anthropology	18	2.0%
Behavioral Biology	8	0.9%
Biology	63	7.0%
Biophysics	12	1.3%
Chemistry	18	2.0%
Classics	9	1.0%
Cognitive Science	15	1.6%
Comparative American Cultures	0	0%
Earth & Planetary Science	4	0.4%
East Asian Studies	0	0%
Economics	24	2.7%
English	11	1.2%
Environmental Earth Sciences	2	0.2%
Film and Media Studies	4	0.4%
French	14	1.6%
German	5	0.5%
History	31	3.4%
History of Art	16	1.8%
History of Science, Medicine, & Technology	3	0.3%
International Studies	42	4.7%
Italian Studies	0	0%
Latin American Studies	1	0.1%
Mathematics	10	1.1%
Music	9	1.0%
Near Eastern Studies	4	0.4%
Neuroscience	37	4.1%
Philosophy	16	1.8%
Physics & Astronomy	23	2.5%
Political Science	35	3.9%
Pre-Med Cert (Post-Baccalaureate)	6	0.6%
Psychological and Brain Sciences	41	4.6%
Public Health	44	4.9%
Public Policy	12	1.3%
Romance Languages	5	0.5%
Science, Medicine, & Technology	0	0%
Sociology	6	0.6%
Spanish	4	0.4%
Writing Seminars	28	3.1%
Other Arts & Sciences	3	0.3%
Humanistic Studies	0	0%
Natural Sciences	1	0.1%
Social & Behavioral Sciences	1	0.1%
Area Majors Other	1	0.1%
Engineering Totals	159	17.7%
Biomedical Engineering	34	3.8 %
Chemical Engineering	24	2.7 %
Civil Engineering	5	0.6%
Computer Engineering	5	0.6%
Computer Science	18	2.0%
Electrical Engineering	11	1.2%
Engineering Mechanics	0	0%
General Engineering	0	0%
Geography & Environmental Engineering	13	1.4%
Materials Science & Engineering	15	1.7%
Mathematical Sciences	13	1.4 %
Mechanical Engineering	17	1.9%
Other Engineering	4	0.4%

9a. Peabody- Affiliated School Total

	Number	Percentage
Performance Certificate	44	4.9%
GPD	8	0.9%
Peabody/Homewood Double Degree Program	1	0.1%
Performance: Bachelors	0	0%
Performance: Masters	22	2.4%
DMA	9	1.0%
AD	1	0.1%
Music Education: Bachelors	0	0%
Music Education: Masters	1	0.1%
Recording Arts: Bachelors	1	0.1%
Recording Arts: Masters	0	0%
Conducting	1	0.1%
Other Peabody	0	0%
Not Reported/Missing	3	0.3%

9b. Nursing - Affiliated School Total

	88	8.8%
Regular Program	44	4.4%
Accelerated Program	26	2.6%
Other Nursing Affiliated School	13	1.3%
Other/Missing	5	<.5%

10. Medical

Previously received counseling elsewhere	392	42%
Currently taking medication	198	20%
Experiencing medical problems	148	16%
Medical problem in family	349	38%
Emotional problem in family	373	40%
Alcoholism/Substance abuse in family	249	27%
Adopted	4	< 1%

11. Residence

	Number	Percentage
Residence Halls (On-Campus Total)	288	29%
AMR I	26	3%
AMR II	27	3%
Building A	10	1%
Building B	10	1%
McCoy Hall	65	7%
Wolman Hall	55	6%
Bradford Apartments	27	3%
Homewood Apartments	37	4%
Rogers House	0	0%
Peabody Residence Hall	12	1%
Campus Housing Other	19	2%
Off-campus Other	600	60%
No Response	22	2%

12. How first heard of Counseling Center	Number	Percentage
Brochure	61	6%
Career Center	10	1%
Faculty	60	6%
Flyer	24	2%
Friend	198	20%
Relative	25	3%
Residence Hall Staff	21	2%
Contact w/ Center Staff	23	2%
Newsletter	7	1%
Saw Location	41	4%
Student Health & Wellness	90	9%
JHU Publication	27	3%
Peabody Publication	10	1%
Word of Mouth	97	10%
Dean of Students	22	2%
Security Office	0	0%
Other	143	14%
No Response	119	12%

13. Referral Source	Number	Percentage
Myself	502	50%
Friend	122	12%
Relative	40	4%
Residential Life Staff	34	3%
Faculty	38	4%
Staff	7	< 1%
Student Health & Wellness	64	6%
Career Center	3	< 1%
Academic Advising	23	2%
Dean of Students	34	3%
Security Office	0	0%
Other	41	4%
No Response	87	9%

14. Presenting Concerns by frequency in Rank Order. (Described by students as "serious" or "severe" problems). Students seeking assistance at the Counseling Center experienced the problems reported below. These complaints are not mutually exclusive.

#	Presenting Concern	#	%
1	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	317	31.9%
2	Anxiety, fears, worries (Item #18)	306	30.8%
3	Academic concerns; school work and grades (Item #1)	276	27.7%
4	Time management, procrastination, getting motivated (Item #3)	265	26.6%
5	Depression (Item #26)	199	20.0%
6	Generally unhappy and dissatisfied (Item #21)	196	19.7%
7	Self-confidence or self-esteem, feeling inferior (Item #16)	194	19.5%
8	Overly high academic standards for self (Item #5)	172	17.3%
9	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	167	16.8%
10	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	154	15.5%
11	Loneliness, homesickness (Item # 9)	149	15.0%
12	Relationship with romantic partner (Item #12)	117	11.8%
13	Test anxiety (Item #2)	116	12.1%
14	Concern regarding breakup, separation, divorce (Item #13)	116	11.7%
15	Concern over appearances (Item #17)	111	11.1%
16	Stage fright, performance anxiety, speaking anxiety (Item #4)	111	11.2%
17	Physical stress (Item #35)	106	10.7%
18	Decision about selecting a major and/or career (Item #8)	103	10.4%
19	Pressures from competition with others (Item #6)	94	9.4%
20	Pressures from family for success (Item #7)	88	8.8%
21	Shy or ill at ease around others (Item #15)	81	8.1%
22	Relationship with friends and/or making friends (Item #11)	76	7.6%
23	Have been considering dropping out or leaving school (Item #44)	75	7.5%
24	Conflict/argument with parents or family member (Item #14)	72	7.2%
25	Concern that thinking is very confused (Item #40)	69	6.9%
26	Problem adjusting to the University (Item #20)	62	6.2%
27	Irritable, angry hostile feelings; difficulty expressing anger appropriately (Item #39)	53	5.3%
28	Eating problem (overeating, not eating or excessive dieting) (Item #29)	53	5.3%
29	Concerns about health; physical illness (Item #34)	47	4.7%
30	Sexual matters (Item #37)	37	3.7%
31	Grief over death or loss (Item #27)	32	3.2%
32	Relationship with roommate (Item #10)	30	3.0%
33	Physically or emotionally abused, as a child or adult (Item #33)	30	3.0%
34	Fear of loss of contact with reality (Item #42)	27	2.7%
35	Confusion over personal or religious beliefs and values (Item #22)	26	2.6%
36	Alcohol and/or drug problem (Item #30)	24	2.4%
37	Concerns related to being a member of a minority (Item #23)	18	1.8%
38	Sexually abused or assaulted, as a child or adult (Item #32)	18	1.8%
39	Alcohol/drug problem in family (Item #31)	18	1.8%
40	Fear that someone is out to get me (Item #41)	16	1.6%
41	Issues related to gay/lesbian identity (Item #24)	14	1.4%
42	Violent thoughts, feeling or behaviors (Item #43)	11	1.1%
43	Problem Pregnancy (Item #38)	8	0.8%
44	Feel that someone is stalking or harassing me (by phone, letter or email) (Item #45)	5	0.5%

15. Presenting Concerns by Problem Area Described by students as "serious" or "severe" problems. Students seeking assistance at the Counseling Center experienced the problems reported below. These complaints are listed by problem area and are not mutually exclusive.

	<u>Number</u>	<u>%</u>
Career Issues		
Decision about selecting a major/career (Item #8)	103	10.4%
Academic Issues		
Time management, procrastination, motivation (Item #3)	265	26.6%
Academic concerns; school work/grades (Item #1)	276	27.7%
Overly high standards for self (Item #5)	172	17.3%
Test anxiety (Item #2)	116	11.7%
Stage fright, performance anxiety, speaking anxiety (Item #4)	111	11.2%
Pressures from competition with others (Item #6)	94	9.4%
Pressure from family for success (Item #7)	88	8.8%
Have been considering dropping out or leaving school (Item #44)	75	7.5%
Relationship Issues		
Loneliness, homesickness (Item #9)	149	15.0%
Relationship with romantic partner (Item #12)	117	11.8%
Concern regarding breakup, separation, or divorce (Item #13)	116	11.7%
Shy or ill at ease around others (Item #15)	81	7.1%
Relationship with friends and/or making friends (Item #11)	76	7.6%
Conflict/argument with parents or family member (Item #14)	72	7.2%
Relationship with roommate (Item #10)	30	3.0%
Self-esteem Issues		
Self-confidence/Self-esteem; feeling inferior (Item #16)	194	19.5%
Concern over appearances (Item #17)	111	11.2%
Shy or ill at ease around others (Item #15)	81	8.1%
Anxiety Issues		
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	317	31.9%
Anxieties, fears, worries (Item #18)	306	30.8%
Problem adjusting to the University (Item #20)	62	6.2%
Existential Issues		
Generally unhappy and dissatisfied (Item #21)	196	19.7%
Confusion over personal or religious beliefs and values (Item #22)	26	2.6%
Concerns related to being a member of a minority (Item #23)	18	1.8%
Issue related to gay/lesbian identity (Item #24)	14	1.4%
Depression		
Depression (Item #26)	199	20.0%
General lack of motivation, interest in life; detachment and hopelessness (Item #25)	154	15.5%
Grief over death or loss (Item #27)	32	3.2%
Eating Disorder		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	53	5.3%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	137	13.8%
Substance Abuse		
Alcohol and/or drug problem (Item #30)	24	2.4%
Alcohol/drug problem in family (Item #31)	18	1.8%
Sexual Abuse or Harassment		
Physically or emotionally abused, as a child or adult (Item #33)	30	3.0%
Sexually abused or assaulted, as a child or adult (Item #32)	18	1.8%
Stress and Psychosomatic Symptoms		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	167	16.8%
Physical stress (Item #35)	106	10.7%
Concerns about health; physical illness (Item #34)	47	4.7%
Sexual Dysfunction or Issues		
Sexual matters (Item #37)	37	3.7%
Problem pregnancy (Item #38)	8	0.8%

Unusual Thoughts or Behavior

Concern that thinking is very confused (Item #40)	69	6.9%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	53	5.3%
Fear of loss of contact with reality (Item #42)	27	2.7%
Fear that someone is out to get me (Item #41)	16	1.6%
Violent thoughts, feelings, or behaviors (Item #43)	11	1.1%

16. Behavioral Health Monitor by Item at Intake (N=995)	# Reporting Extremely or Very Serious Problem (+moderate Problem)	%
1) How distressed have you been?	307	30.9%
2) How satisfied have you been with your life?	248	25.0%
3) How energetic and motivated have you been feeling?	355	35.7%
4) How much have you been distressed by feeling fearful, scared?	148	14.9%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	16	1.6%
6) How much have you been distressed by wanting to harm someone?	8 (20)	0.8% (2.0%)
7) How much have you been distressed by not liking yourself?	208	20.1%
8) How much have you been distressed by difficulty concentrating?	328	34.3%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	31	3.1%
10) How much have you been distressed by thoughts of ending your life?	30 (65)	3.0% (6.5%)
11) How much have you been distressed by feeling sad most of the time?	230	23.1%
12) How much have you been distressed by feeling hopeless about the future?	187	19.6%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	165	17.3%
14) How much have you been distressed by alcohol/drug use interfering with your relationships with family and/or friends?	7	1.7%
15) How much have you been distressed by feeling nervous?	263	26.4%
16) How much have you been distressed by your heart pounding or racing?	97	9.7%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	193	19.4%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	173	18.1%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	135	14.1%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	196	19.7%

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=525) (53% return rate)

1) Race:		2) Class Status:		3) Residence:	
African-American	6.5%	Freshman	12.0%	On-campus	34.9%
Asian-American		Sophomore	15.6%	Off-campus w family	6.5%
Caucasian	15.2%	Junior	16.6%	Other off-campus	58.3%
Latino	61.9%	Senior	21.0%	NR	0.4%
Other	7.0%	Graduate Student	31.2%		
NR	8.0%	Alumni	0.4%		
	1.3%	Other/NR	3.3%		
4) School Affiliation		5) Gender:			
Arts & Sciences - Homewood	63.4%	Male	35.2%		
Engineering - Homewood	18.3%	Female	64.8%		
Nursing School	10.1%				
Peabody Institute	6.1%				
Other/NR	2.1%				

2) Respondents' Evaluation and Comments:

6) I was able to see a therapist for my first appointment within a reasonable amount of time:

Yes ----- 96.2% No ----- 1.7% Unsure----- 1.0% NR-----1.1%

7) I found the receptionist to be courteous and helpful:

Yes ----- 99.2% No ----- 0.4% Unsure----- 0.0% NR ----- 0.4%

8) I felt comfortable waiting in the reception area:

Yes ----- 95.2% No ----- 1.9% Unsure ----- 2.5% NR ----- 0.4%

9) Do you feel the therapist was attentive and courteous?

Yes ----- 97.5% No ----- 0.2% Unsure ----- 0.4% NR ----- 1.9%

10) Do you feel the therapist understood your problem(s)?

Yes ----- 93.1% No ----- 0.4% Unsure----- 4.2% NR ----- 2.3%

11) Did the therapist give you information about the services of the Counseling Center?

Yes ----- 90.5% No ----- 3.8% Unsure ----- 2.5% NR ----- 3.2%

12) Do you plan to continue with additional services at the Center?

Yes, I was satisfied with service -----	78.7%
Yes, If I can get a convenient appointment -----	4.2%
Yes, but I'm not sure this is the best place -----	2.7%
Yes, if-----	4.8%
No, because problem was solved-----	3.0%
No, because I don't have a problem-----	1.3%
No, because I don't like the therapist-----	0.2%
No, not eligible-----	0.8%
No, not now -----	1.0%
No, because -----	1.3%
No Response (NR)-----	1.9%

13) Overall Impression of Counseling Center?

Excellent -----57.9% Good ----- 37.3% Fair ----- 2.7% Poor ----- 0.2% NR----- 1.9%

14) Comments. There were 83 comments from 81 clients on the Service Evaluation Forms. Sixty seven comments (80% were viewed as positive, 4 comments (5%) were assessed as somewhat negative and 12 comments (15%) were considered neutral.

#	COMMENTS	+	Neu	-
1	[Therapist 41] is helpful, patient, understanding, and insightful.	1		
2	[Therapist 55] awesome! We'll miss [Therapist 55].	1		
3	I always feel better after leaving here. Thanks for listening- you make my life better.	1		
4	Really helps, even just someone to talk to.	1		
5	[Therapist 55] was an excellent counselor who showed great concern for my problems whenever I came in. I always feel better after seeing [Therapist 55] and saw myself improve emotionally as the months went on as I gained skills from [Therapist 55] to solve my problems on my own. It has been a great blessing to have [Therapist 55] as my counselor.	1		
6	A little bit more time would make it perfect. Thanks!		1	
7	Great overall experience!	1		
8	[Therapist 35] was great; I am in an excellent state of mind after all the work we did.	1		
9	I was very impressed & continue to be so with [Therapist 46] as a counselor. Everything runs smoothly and is discrete. Much better than health and wellness center!!! Also, [Therapist 49] was great, but [Therapist 49]'s no longer here.	2		
10	[Therapist 41] was great!	1		
11	I have been attending the counseling center for about 1 year now and have been seeing [Therapist 57] since [Therapist 57] first got here. I have found [Therapist 57] to be an excellent support for me. [Therapist 57] is attentive, caring, compassionate, supportive, friendly and encouraging. [Therapist 57] has been an unbelievable help in allowing me to work through my problems and understand these problems and how to deal with them in the future. I am convinced [Therapist 57] will be a terrific counselor.	1		
12	[Therapist 41] is fabulous. [Therapist 41] is really great at being patient. I feel very comfortable with [Therapist 41] and like [Therapist 41]'s approach in therapy.	1		
13	I feel that I have made moderate internal progress with the help of the counseling center. Thank you.	1		
14	I am very grateful of the unconditional support I received all these times thanks!	1		
15	Very helpful. [Therapist 3]	1		
16	[Therapist 60] was very helpful and easy to talk with.	1		
17	[Therapist 54] was excellent, very approachable, easy to talk to and helpful. [Therapist 54] helped me immensely.	1		
18	I appreciate the center working with me while I transitioned to another health care provider. Also, appreciate seeing me on short notice.	1		
19	[Therapist 41] is awesome.	1		
20	Great!	1		
21	I absolutely adore [Therapist 59].	1		
22	Excellent session. Very welcoming and comfortable environment. [Therapist 46] was understanding, professional and treated me with dignity	1		
23	Thanks!	1		
24	Thank you.	1		
25	No thanks.		1	
26	I was really struggling and the counseling center helped me immediately. You were all so kind and comforting and truly helped me get through the day.	1		

#	COMMENTS	+	Neu	-
27	[Therapist 68] seemed a little shy.		1	
28	I was here for a pre-meeting for a group counseling session, so I can't really evaluate too much until I have more of a discussion.		1	
29	Thanks!		1	
30	I think more information in the e-mail setting up the appointment would have helped make the first session more productive. I could have come prepared with my schedule and known how much time I would need. However, [Therapist 62] was very polite and pleasant.		1	
31	I have always heard good things about the counseling center and was really thrilled that my expectations were met. It was a great first experience especially considering the circumstances that brought me in.		1	
32	Counselor was great. [Therapist 64] made me feel very comfortable.		1	
33	[Therapist 6] was very attentive and understanding.		1	
35	I'm very hopeful now. Thanks!		1	
36	[Therapist 63] was <u>extremely</u> helpful. [Therapist 63]'s approach seems to be very fitting for my needs.		1	
37	Secretary is wonderfully upbeat and kind.		1	
38	[Therapist 6] was very understanding and helpful.		1	
39	[Therapist 41] is very awesome.		1	
40	[Therapist 66] was very attentive and understanding. [Therapist 66] helped me with concerns and showed [Therapist 66]'s own concerns.		1	
41	Really helpful!		1	
42	Very helpful...feeling a little better already, thanks.		1	
43	I wanted to discuss some things I was not able to get to.			1
44	It was relaxing for me to get some things off my chest. I enjoyed my experience.		1	
45	[Therapist 6] really made me feel comfortable.		1	
46	[Therapist 62] is EXCELLENT - for the first time in a long time I felt comfortable and easily able to talk about issues and problems.		1	
47	[Therapist 3] is the best I've seen so far- all the others were absolutely no help at all. They meant well but in my experience have done more harm than good and have driven me to the point of shying away from therapy in general, causing me to attempt to end my life four separate times.		1	1
48	Thanks!		1	
49	[Therapist 66] was great. I can really tell that this experience will be beneficial for me!		1	
50	Unsurpassed kindness. Thank you.		1	
51	Thank you!		1	
52	Thank you for accommodating me on such a short notice!		1	
53	It is a great place!		1	
54	First visit, so it's going to take some time to get a better understanding of the center.		1	
55	I have been referred to [Therapist 64] but do not know whether [Therapist 64] will be a good fit yet.		1	

56	Thanks!	1		
#	COMMENTS	+	Neu	-
57	I would have wanted to meet earlier, but had sudden conflicts that pushed it back.		1	
58	[Therapist 65] made me surprisingly comfortable, which I was a little nervous about.	1		
59	[Therapist 2] is attentive, easy to talk to and understanding. If for any reason I did return, it'd probably be able to have a conversation with [Therapist 2] about anything regardless if I had a problem. I felt comfortable with [Therapist 2] and felt as if I could tell [Therapist 2] anything.	1		
60	Very helpful and nice –everyone.	1		
61	Wasn't sure if I wanted to come but was glad I did and will come back once or twice more.	1		
62	Very helpful in a short amount of time.	1		
63	I find myself resistant to being diagnosed with depression - but open to any helpful treatment.		1	
64	Impressive range of services.	1		
65	Thanks very much.	1		
66	You waste a lot of paper.			1
67	[Therapist 68] was great thanks!	1		
68	It really helped to come in and talk to someone.	1		
69	Thank you!	1		
70	Keep up the good work, you guys are great.	1		
71	First appointment helped me a lot.	1		
72	Thanks!	1		
73	More suggestions.		1	
74	The receptionist gave me the impression that emergency services are for those in danger and I feel that I should be able to talk to someone immediately even if I'm not.		1	
75	[Therapist 35] was very helpful and somehow made me feel comfortable talking about things I'm normally uncomfortable discussing. It felt protective.	1		
76	[Therapist 6] helped me tremendously today; I look forward to my return.	1		
77	Took too long to get an appointment.			1
78	It is helpful to talk to someone.	1		
79	Thanks!	1		
80	Really appreciate all of the info about the center-very attentive, very understanding.	1		
81	I'm not entirely satisfied with the provided questionnaire and the ranking system, as it is very difficult to quantify psychological and existential things of that sort.			1

SECTION III: Research Projects

A) The Behavioral Health Monitor (BHM20).

1) Background.

The Counseling Center sought to measure the effectiveness of individual therapy. A Treatment Outcome Committee determined that the Behavioral Health Monitor-20 (BHM20) derived from the POAMS Assessment System, developed by researchers Dr. Mark Kopta and Dr. Jenny Lowry, had demonstrated good potential for the measurement of treatment outcome. A review of the literature revealed it had demonstrated good reliability and validity in a variety of patient and non-patient populations including college students. Also, the researchers hypothesized that therapy occurred in three phases. Phase one involved the “Remoralization” of the client and typically occurred very quickly as attention was given to the client and the client developed a hopeful outlook. Phase two involved “Remediation” or the alleviation of the presenting symptoms and typically occurred within the time span of short-term psychotherapy. Phase three involved “Rehabilitation” and generally required a longer-term commitment since it attempted to change long-standing patterns of maladaptive behavior. These appeared to be consistent with our observations of client change in our student population as well. In addition, the BHM20 offered clinical subscales for measures such as well-being, symptoms, and life-functioning which purported to measure each of these three phases of therapy. Additional subscales for depression and anxiety were also available.

Since we were seeking a short questionnaire that could be given to clients before every session, the researchers recommended that an abbreviated version of the POAMS, specifically a 14 item version of the Behavioral Health Monitor be used. During our initial year of data collection, 2000-01, we used this measure to assess client progress. In 2001-02 we used an improved version (BHM20), which contained 20 questions to assess client progress. Questions were added that improved the ability to measure the overall well being scale, substance abuse, and risk of harm. In 2002-03 working with the developers we revised the BHM20 once again by eliminating one of the substance abuse items and replacing it with an “eating disorder” item which was not represented on the earlier versions of the measure. This version (BHM20) was used again in 2003-04. All versions of the BHM utilize a Likert Scale ranging from 0 (least healthy) to 4 (most healthy).

Our goal in using the BHM20 was to: a) improve the BHM measure to better capture all areas of functioning in the Counseling Center client population, b) establish norms for a CC client population at Johns Hopkins University, c) utilize the BHM20 to measure treatment outcome, particularly with student clients in the Suicide Tracking System, d) evaluate improvement to determine if it conformed with the 3 phases described above, and e) help develop an electronic version that could be administered on a PDA device that would allow for easier use by clients, more efficient scoring of the measure, and more detailed clinical and administrative reports. An arrangement was reached with Drs. Kopta and Lowry that allowed the JHU CC to collect the data for these purposes and, with their ongoing consultation, make appropriate changes and improvements to the measure.

2) BHM20 Research Findings: 2002-07

Our initial research confirmed the work of Kopta and Lowry that BHM20 could be used effectively in a college student population and the BHM20 scores could be interpreted as follows:

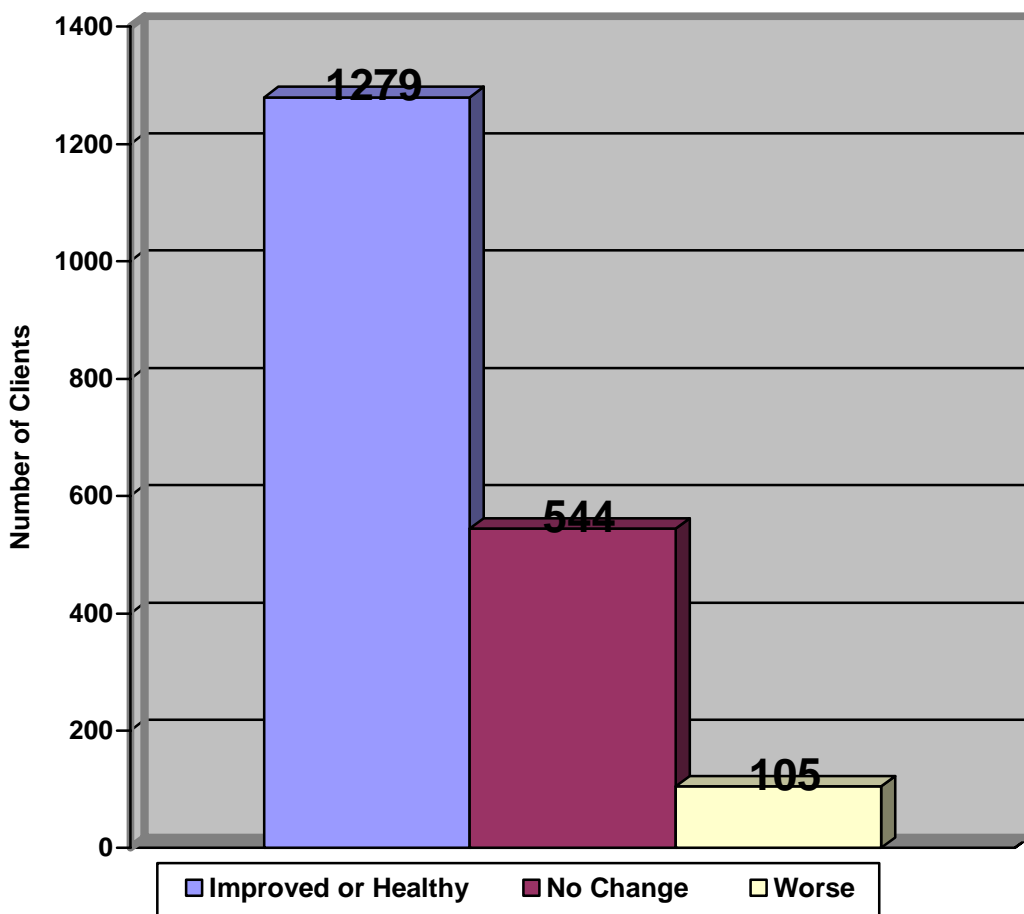
BHM20 Score	Mental Health Category
2.93 - 3.30	Indicates positive mental health for college students
2.10 - 2.92	Indicates mild illness or adaptive difficulty
0.00 - 2.09	Is symptomatic of serious illness

Over a 5 year period, from 2002- 2007, all clients were given the BHM20 prior to every session. A comparison of the mean BHM20 scores of all new clients at intake and at their last session is shown below in Table 1. This table shows that approximately 1/3 of the clients who arrive at the Counseling Center for assistance are basically in good mental health, about ½ are experiencing mild or adaptive difficulties and about 1/5 are experiencing serious mental health problems. After counseling there is an increase to 59% in those reporting positive mental health and a decrease to 7% in those reporting serious mental health illness (See Table 1 below).

Table 1. Mental Health Status: 2002-2007	Intake Session: No. of Clients 2002-07 (N =1,928)	Last Session: No. of Clients 2002-07 (N =1,928)
Positive Mental Health (BHM > 2.92)	670 (34%)	1137 (59%)
Mild Illness or Adaptive Difficulties (BHM = 2.10 - 2.92)	883 (46%)	654 (34%)
Serious Mental Health Illness (BHM < 2.10)	375 (19%)	137 (7%)

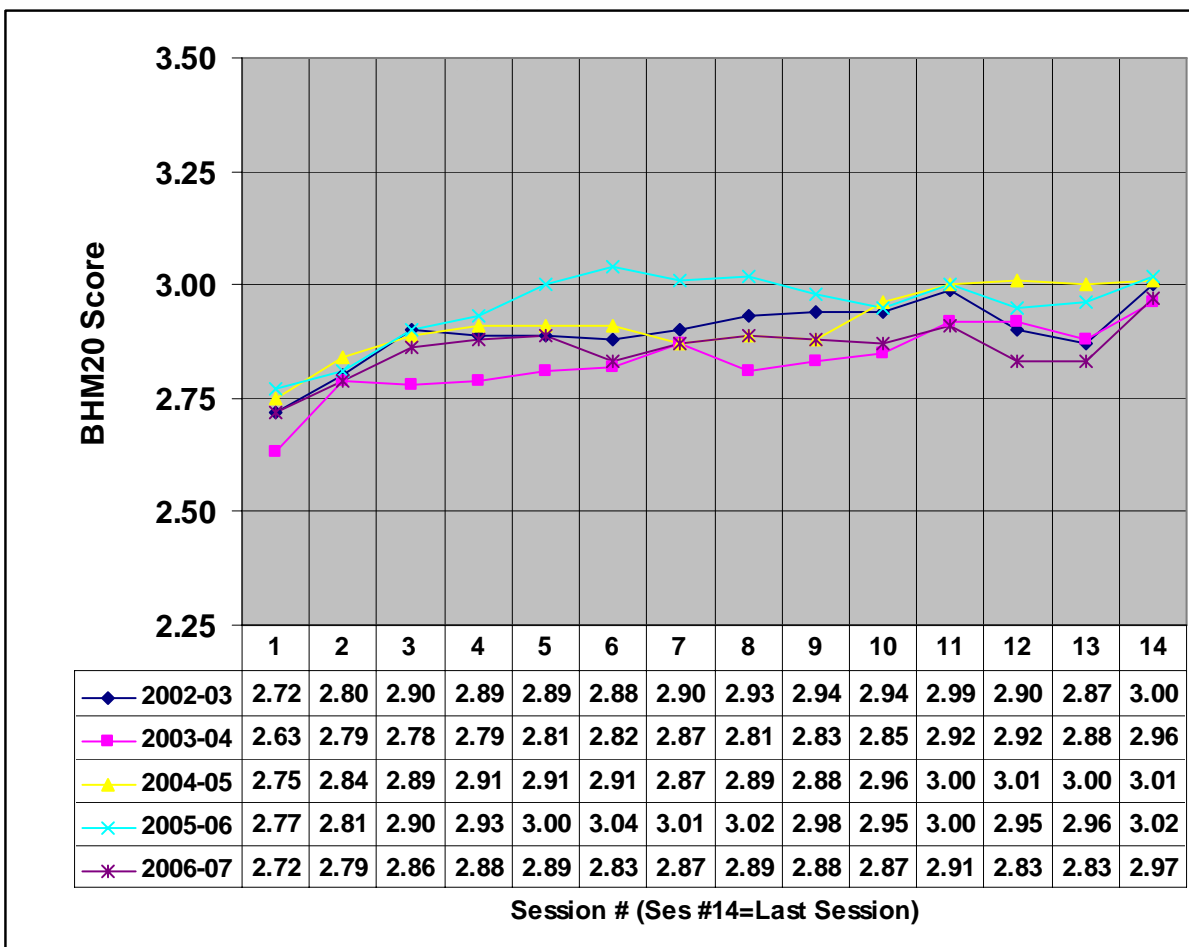
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over the past 5 years. While Table 1 above shows initial and final mental health status it does not include significant change for student clients within a status category. For example, students at intake who reported being “healthy” may have improved to an even “healthier” level (i.e., BHM20 score increased by a score of .63 which is equal to one standard deviation). Likewise, student clients who were in the “serious illness” category may have gotten significantly worse even if they did not change their mental health status. Figure 1 therefore indicates the student clients who demonstrated significant improvement or deterioration even if they did not change mental health categories. It can be observed that for the past 5 years 66% of all student clients had improved significantly/or were in the “healthy” category. Approximately 28% of student clients showed no significant change and 5% of clients indicated significant deterioration.

Figure 1. Mental health change for new clients seen between 2002-2007



The change in the mean BHM20 scores for Johns Hopkins University Counseling Center clients across sessions for these same groups of new clients over 5 years (2002-03, 2003-04, 2004-05, 2005-06, and 2006-07) is shown in Figure 2 below. It can be seen that significant improvement across sessions has occurred for all 5 client groups from the initial intake through the last session of therapy. In all 5 years the average score for the clients in the intake session was in the “mild illness or adaptive difficulty” range. Average BHM20 scores for the last session for all 5 years, regardless of the number of sessions, is in the “healthy” range. It has been hypothesized that the average BHM score improves only modestly across sessions because the most improved clients leave therapy as their illness abates leaving the less improved clients to continue in therapy. A more in depth analysis of the data is anticipated in separate reports or articles. (Note: The analysis below includes only “new” clients that were seen in Center that year. Clients returning from previous years are excluded from the data analysis as their session numbers are not continued between years.)

Figure 2. Average BHM20 scores for new CC clients over a 5 year period across 13 sessions and the last session (shown as Session #14 in figure below).



2) BHM20 Research Findings: 2007-08.

During the past year, 2007-08, the Counseling Center again gave the BHM20 to all clients prior to every session. The mean BHM20 score of 566 new clients at intake was 2.81 with a standard deviation of .64. The last session BHM20 mean score for 553 of these clients (regardless of the number of sessions seen) is 3.06 with a standard deviation of .57. The mean BHM20 across sessions through session 12 is shown below in Table 2. The mean BHM20 score is higher than the scores observed in previous years as is the last session mean score. However, the pattern of improvement is similar with clients showing cross over into the healthy range on average by session 7.

Table 2. Average BHM20 scores and standard deviation for new clients during 2007-08 from intake through session 12 and for the last session.

Session # (2007-08)	Int	Ses 1	Ses 2	Ses 3	Ses 4	Ses 5	Ses 6	Ses 7	Ses 8	Ses 9	Ses 10	Ses 11	Ses 12	Last Session
N (2007-08) (New clients Only)	566	408	305	235	189	151	132	118	102	83	65	53	47	553
Mean Score (07-08)	2.81	2.87	2.90	2.87	2.97	2.90	2.90	2.98	2.99	3.02	3.01	3.09	3.02	3.06
Standard Deviation (07-08)	.64	.56	.60	.61	.55	.59	.62	.58	.56	.59	.53	.52	.58	.57

This past year, working with Dr. Kopta, the mental health categories and cutoff scores were reviewed. It was determined that the BHM20 measure would be more helpful to clinicians if the clinical change categories were more sensitive. As a result an additional mental health category was added and the cutoff scores were adjusted slightly. The revised categories are shown below:

BHM20-C Score	Mental Health Category
2.93 - 4.00	4) Positive mental health for college students
2.38 - 2.92	3) Mild distress
2.08 - 2.37	2) Moderate distress
0.00 - 2.07	1) Severe distress or Serious Mental Health Problem

Utilizing these updated mental health categories it was found that 71.8% of all new clients either improved or retained a healthy mental health status between their first and last session of the year. Likewise, 19.6% showed no improvement and 8.7% showed some deterioration. These changes scores are consistent with the patterns shown in the previous 5 years where the ratios were 66%, 28%, and 5% respectively. These changes are shown in Table 3 below:

Table 3. Client Change in Mental Health Status in New CC Clients: 2007-08 (n=542)

	Change in mental health category between Intake Session and Last Session	# New Clients	% New Clients	Healthy or Improved Significantly	No Change & in Unhealthy Range	In Unhealthy Range or got Significantly Worse
Improved	1) Severe to Moderate (1 to 2)	16	3.0%	389 (71.8%)		
	2) Severe to Mild (1 to 3)	21	3.9%			
	3) Severe to Healthy (1 to 4)	22	4.1%			
	4) Moderate to Mild (2 to 3)	18	3.3%			
	5) Moderate to Healthy (2 to 4)	9	1.7%			
	6) Mild to Healthy (3 to 4)	63	11.6%			
	7) Improved sign. in categ. (>.63)	8	1.5%			
	TOTAL IMPROVED	157	29.0%			
No Change	8) Healthy to Healthy (4 to 4)	232	42.8%		106 (19.6%)	
	9) Mild to Mild (3 to 3)	70	12.9%			
	10) Moderate to Moderate (2 to 2)	14	2.6%			
	11) Severe to Severe (1 to 1)	22	4.1%			
	TOTAL NO CHANGE	338	62.4%			
Worse	12) Healthy to Mild (4 to 3)	30	5.5%			47 (8.7%)
	13) Healthy to Moderate (4 to 2)	0	.0%			
	14) Healthy to Severe (4 to 1)	3	.6%			
	15) Mild to Moderate (3 to 2)	6	1.1%			
	16) Mild to Severe (3 to 1)	4	.7%			
	17) Moderate to Severe (2 to 1)	2	.4%			
	18) Sign. worse in category (>.63)	2	.4%			
	TOTAL WORSE	47	8.7%			

The data on the Subscales (Well-Being Scale (WB), Symptom Distress (SD), Life Functioning (LF), Depression (Dep), Anxiety (Anx), Alcohol/Substance Abuse (Alc), Risk of Violence (Vio)) and other BHM20 items were not scored and it is anticipated will be charted in future reports.

Finally, Table 4 below shows a comparison of BHM20 average scores prior to intake and at the last for selected populations. Improvements were noted for all client categories. Students who presented on emergency, as expected, had a more serious average score at intake. It should be noted that all groups showed improvement between their intake and last session. African-American and Asian students presented with more severe intake scores than other groupings.

Table 4. Comparison of pre-intake BHM20 scores for 553 clients with last session BHM20 scores of clients during 2007-2008. Positive mental health for college students is 2.93 and above.

Category	2007-08 Pre-intake BHM20 Mean Score	2007-08 Last Session BHM20 Mean Score	Comment
Males	2.93	3.12	
Females	2.80	3.01	
Males + Females	2.85	3.06	
Freshman	2.86	3.04	
Sophomores	2.91	3.07	
Juniors	2.79	3.04	
Seniors	2.84	2.95	
Graduate Students	2.83	3.12	
International Students	2.76	2.93	n=65
Arts & Sciences	2.81	3.01	
Engineering	2.87	3.07	
Nursing	2.96	3.08	
Peabody	2.74	2.88	
African-American	2.63	2.90	
Asian	2.64	2.85	
Latino	2.81	3.16	
Caucasian	2.93	3.12	
Biracial	3.11	3.21	Small n=17
Native-American	3.05	2.95	Small n=1
New Intake –Regular	2.87	3.10	
New Intake – Emergency	2.75	2.87	
Returning Intake- Regular	2.83	3.00	
Returning Intake- Emergency	2.52	2.66	
Referred by Self	2.83	3.07	
Referred by Friend	2.81	2.93	
Referred by Relative	2.77	2.81	n=28
Referred by Residential Life Staff	3.22	3.40	n=30
Referred by Faculty	2.78	2.95	n=22
Referred by Staff	3.20	3.03	Small n=3
Referred by Student Health	2.95	3.12	
Referred by Career Center	2.03	2.90	Small n=3
Referred by Academic Advising	2.71	3.08	Small n=19
Referred by Dean of Students	2.97	3.23	Small n=20
Staff Member with Worst Intake clients (>25 clients)	2.64		
Staff Member with best Intake clients (>25 clients)	3.08		
1 st Worst Week of Year for Intakes (Week #49)	2.45		Week of May 12, 2008 – 9 intakes
2 nd Worst Week of Year for Intakes (Week #51)	2.46		Week of December 10, 2007 – 8 intakes
3 rd Worst Week of Year for Intakes (Week #52)	2.47		Week of April 21, 2008– 14 intakes
Worst Fall Semester Week for Intakes (Week #30)	2.50		Week of December 10, 2007 – 8 intakes

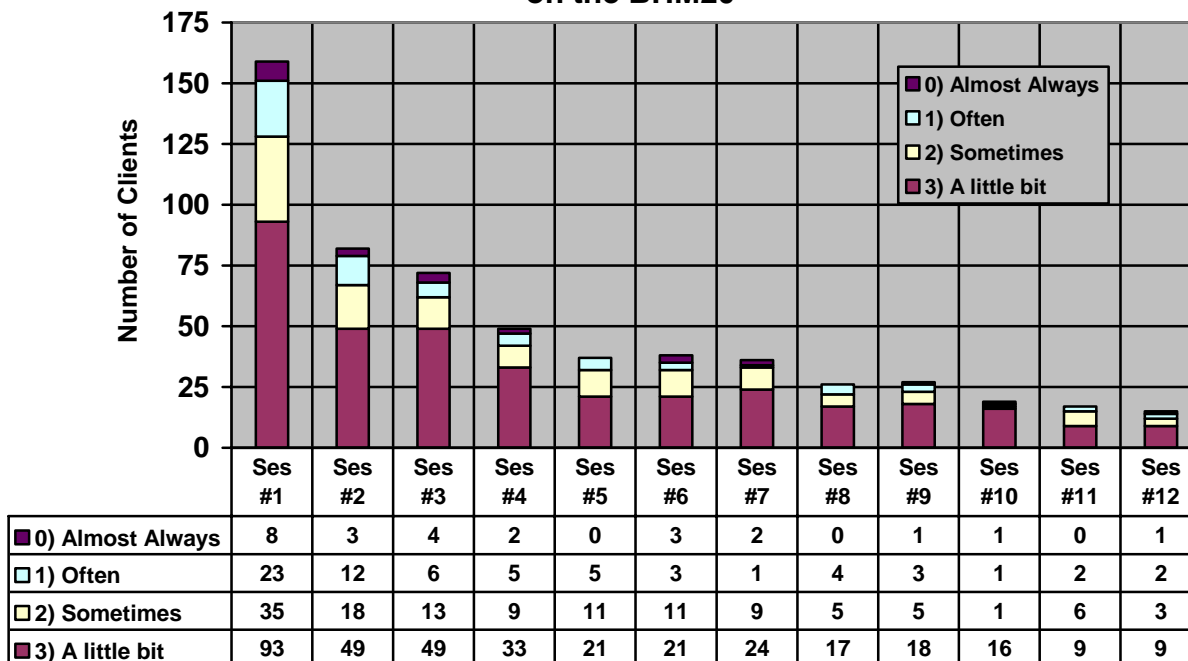
B) Suicide Tracking.

In the Fall of 1996 the Counseling Center began a Suicide Tracking System (STS) for students considered to be at risk for suicide. The program was developed, in part, as a research project working with Dr. David Jobes, a suicidologist at Catholic University. It was designed: 1) to assure close monitoring of suicidal clients by Counseling Center staff (Managerial) and 2) to collect data that would allow for an analysis of treatment outcomes for potentially suicidal clients (Research). Since the project began 526 students have been monitored through our suicide tracking system.

1) Managerial Data of Suicide Tracking System: 2007-08.

During the past year 159 clients (16%) of 995 clients presenting at the Counseling Center reported some suicidal content at intake. This included 100 females and 59 males. Also, 17 were international students. Of the 159 clients, 64 (6.4% of all student clients) reported moderate, serious, or severe suicidal thoughts (29 males, 35 females, 10 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 43 were enrolled in Arts and Science, 10 were enrolled in Engineering, 7 were enrolled at Peabody and 3 at the Nursing School. Three identified as African- American, 22 as Asian, 3 as Latino, 1 as Native-American, 31 as Caucasian and 4 as biracial. Eleven reported they were freshmen, 12 were sophomores, 11 were juniors, 12 were seniors and 14 were graduate students. Figure 3 below shows the number of clients who reported “thoughts of ending your life,” across 12 sessions of psychotherapy during the 2007-08 year. As can be seen the number of clients who report suicidal thoughts decreases rapidly across sessions. This reduction, in general, reflects the effects of treatment as clients who improve decrease their suicidality and often end their treatment.

Figure 3. Number of Clients indicating some "suicidal thoughts" on the BHM20



When clients were questioned during the subsequent clinical interview it was found that 43 clients (4.3% of all student clients) met the criteria to be placed in Counseling Center's Suicide Tracking System (STS). These 43 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) score. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Of these 43 STS clients 4 currently remain in ongoing treatment at the Center. The remaining 39 clients averaged 10.9 sessions in the suicide tracking system at the end of the Spring 2008 semester. These clients reported a first session STS BHM20 average score of 1.99 and a last session STS BHM20 average score of 2.76 demonstrating substantial reduction in suicidality. Nineteen of these STS clients (49%) achieved successful resolution of their suicidality (reported no suicidal feelings, thoughts or behaviors for 3 consecutive sessions). They improved from a first session STS BHM20 average score of 2.03 to a last session STS BHM20 average score of 3.06. By the end of the Spring 2008 semester it was also found that 6 STS clients dropped out of therapy (15%), 2 were referred off campus for treatment (5%), 4 were withdrawn from school (10%), and 8 stopped treatment because the semester came to an end or they graduated (21%). The 6 STS clients that dropped out of therapy had also shown improvement between their first session (average BHM20 score =1.95) and their last attended session (average BHM20=2.65).

2) New Suicide Tracking Research Efforts.

We continue in our collaboration with Dr. David Jobes and his team in collecting and sharing data. Dr. Jobes et al continue to analyze the data, recommend improvements to our suicide tracking system, provide support with suicide clients, and direct some of the research efforts. Two studies based on work with our clients were done this past year by graduate students working under David Jobes are summarized below:

Study #1: Timothy Fratto studied clients' treatment change in a new way using hierarchical linear modeling. This approach prevented the loss of variability typically present in treatment-related change. Results indicated that treatment yields significant improvement in suicidal clients. Further, it was found that "suicide resolvers" had significantly less first-session overall distress, suicidal ideation, and suicide risk and reduced their distress and suicidal ideation faster than other categorical outcome groups. In addition, it was found that better treatment outcomes were associated with higher levels of pain, hopelessness, and self-hate while poorer treatment outcomes were associated with higher levels of agitation, stress, and over all risk.

Study #2: Mira Brancu, found that clients whose responses reflect a greater focus on relationships are more likely to resolve their suicide risk faster. Also, this study found that clients whose reasons for dying are focused on others and who indicate that a change in their relationship is the one thing that could help them no longer feel suicidal are likely to have a better treatment outcome than those who are more self-focused.

Finally, the Counseling Center has been working closely with Dr. Kopta and Dr. Jobes to incorporate the Suicide Tracking Questions into a Suicide Monitoring Scale to be added to the Behavioral Health Monitor (BHM20) Scale – a measure that monitors mental health across treatment sessions – by use of a PDA device. If successful, this would allow therapists to obtain suicide tracking information more easily and efficiently.

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff

The Counseling Center offers a variety of groups each year. This past year the Counseling Center conducted 8 different groups. A total of 68 individuals were seen in these groups for 141 total sessions.

	Therapy Groups	# of Clients Seen	# of Sessions	Length of each session
1	Dissertation Support Group	13	45	90 min
2	Graduate Women's Group I	6	10	90 min
3	Graduate Women's Group II	6	6	90 min
4	Mindful Eating Group	9	13	75 min
5	Substance Abuse Recovery Group	5	27	60 min
6	Undergraduate Therapy Group I	10	17	60 min
7	Undergraduate Therapy Group II	13	17	90 min
8	Undergraduate Therapy Group III	6	6	90 min
	TOTALS	68	141	

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2007-08.

With the start of the 2007-2008 internship year, Dr. Matthew Torres replaced Dr. Larry David as the Director of the Training program. He arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminar series, manages case conferences for interns, leads the Training Committee, provides supervision of supervisors and directs the development of the program. The program is accredited by the American Psychological Association. There were four full time interns at the Counseling Center who received training and provided professional services during 2007-2008. The funding for one intern is provided by the Nursing School to accommodate an increase in demand for services at that program.

Below is a description of the 2007-2008 training program including: A) a summary of the interns and supervisors for 2007-08, B) an overview of the services and activities of the training program, C) a description of the training assessment process, D) a statement of contact with interns' academic programs, E) a summary of the Intern recruitment and selection process for 2008-2009, F) a description of the ongoing development and changes to the Pre-Doctoral Psychology Internship Program, and G) the schedule for the training seminars.

A) Trainees and Supervisors

- ★ **Director of Training** – Matthew Torres, Ph.D.
- ★ **Four Pre-Doctoral Psychology Interns:**
Rachel Buggie Harris, M.A. (Georgia School of Professional Psychology, Argosy University)
Hillary Howarth, M.A. (The Wright Institute)
Maria Marshall, M.A. (Fielding Graduate University)
George Nichols, M.A. (University of Wisconsin-Madison))

★ **Clinical Supervisors:**

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Barbara Baum		George – Spring		George - Spring
Larry David	Hillary - Fall Buggie – Spring	George – Spring		
Doug Fogel	Maria – Fall Hillary – Spring	Hillary – Fall Maria - Spring		
Garima Lamba	George - Fall	Maria – Fall		
Jennifer Moran	Maria – Spring	Hillary - Spring	Fall	
Vernon Savage	George – Spring			
Matt Torres		Buggie – Fall/Spring	Fall/Spring	
Shelley Von Hagen-Jamar	Buggie – Fall	Hillary – Fall/Spring		Buggie - Spring

★ **Additional Supervision:**

Barbara Baum, Ph.D. - Nursing School on-site supervisor, fall and semesters
 Clare King, LCSW - Intern support group facilitator, fall and spring semesters
 Vernon Savage, Ph.D. - Outreach supervision, fall and spring semesters

B) The Training Program

- ★ Interns provided **intake and individual counseling services** to Homewood, Peabody, and Nursing students under staff supervision. 2007-2008 interns performed 251 intake evaluations, including 29 emergency intakes, during the fall and spring semesters. During that period they saw 284 clients for 1,344 sessions, including 75 emergency sessions.
- ★ All interns co-led at least one **group** for students with a professional staff member. Buggie Harris co-led an Undergraduate Therapy Group in the fall and spring semesters. Hillary Howarth co-led the Substance Abuse and Recovery Group in the fall and spring semesters and an undergraduate group in the spring. Maria Marshall co-led the Graduate Women’s Group in the Fall and an Undergraduate Therapy Group in the Spring. George Nichols co-led an Undergraduate Therapy Group and the Dissertation Support Group in the Spring. Interns co-led a total of 97 group sessions.
- ★ Interns provided **walk-in crisis services** to students with their supervisors in the fall semester and provided these services on their own under supervision in the spring. As noted above, they conducted 75 emergency sessions. They also were also on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.
- ★ Interns were involved in a variety of Center **outreach activities**, including outreach to incoming students, training of resident assistants, and training MAP workers from the Office of Multicultural Student Affairs; interns participated in University screening programs for depression, eating disorders, and alcohol use, as well as the University’s Wellness Festival. In addition, each intern designed and implemented at least one outreach program during the year. (See Outreach Report in Section VI for more details.)

- ★ Interns received two and one-half hours of scheduled **individual supervision** per week during the internship year, one and one-half hours per week of **supervision group** during the internship year, one hour of **support group**, and additional individual supervision as needed. Weekly **supervision for group services** was provided by the staff member with whom groups were co-led. (See section on clinical supervisors above.)
- ★ Interns participated in weekly center **staff business meetings** and **case management meetings**. There was some voluntary attendance at staff peer supervision meetings as well.
- ★ **43 training seminars** (see attachments) were offered to interns in the fall and spring semesters and the summer session (for 2006-2007 interns). The majority of seminars were presented or co-presented by Counseling Center clinical staff or consultants: **Barbara Baum** (2), **Larry David** (6), **Doug Fogel** (5), **Art Hildreth** (1), **Garima Lamba** (2); **Michael Mond** (1), **Jennifer Moran** (2), **Vernon Savage** (1), **Matt Torres** (5), and **Shelley Von Hagen-Jamar** (4). 1 seminar was presented by **Mary Haile**. 4 training seminars were presented by the 2006-2007 interns (**Mahlet Endale**, **Greg Jones**, **Tyger Latham**, and **Neha Navsaria**) during the 2007 summer session. 7 seminars were presented by non-center staff: **Ms. Lucy Bassin** (Baltimore City Child Protective Services); **Dr. Bethany Brand** (Sheppard Pratt Health System); **Dr. David Haltiwanger** (Chase-Brexton Health Services); **Dr. Deborah Haskins** (Loyola College in Maryland); **Dr. Jonathan Kandell** (University of Maryland – College Park Counseling Center); **Dr. Heather Lyons** (Loyola College in Maryland); **Dr. Brad Piergrossi** (private practitioner).

C) Training Program Assessment

- ★ **Mid-term assessments** of intern performance were held in November and May with input from all staff involved in intern training. **Formal written assessments** are made at the end of each supervision term (January and August) by individual and group supervisors. Both mid-term and end-of-term assessments are reviewed with interns.
- ★ The method for providing **feedback to primary supervisors** was continued whereby written feedback for individual supervisors will be given to the Director of Training to be reviewed with primary supervisors at a date following the year in which the feedback is provided.
- ★ **An assessment of the training program** was completed in writing by interns in August 2007 by the 2006-2007 internship class.

D) Contact with Academic Training Programs

- ★ **Contacts were made with the academic programs** with which the 2006-2007 and 2007-2008 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E) Recruitment and Selection of 2008-2009 Interns

- ★ **Received 135 completed applications.** The same number as the previous year. Consistent with the previous year, there was significant representation of ethnic minorities and those with a minority sexual orientation in the applicant pool, considerable geographic representation, and strong representation from both clinical and counseling psychology academic programs, as well as from both Ph.D. and Psy.D. programs.
- ★ **Interviewed 24 candidates.** All 24 candidates were interviewed in person. The group of interviewees was very diverse in the same ways as the entire applicant pool, i.e., representation of ethnic minorities, geographic locations of academic programs, and applicants from both

counseling and clinical psychology academic programs. Of the 24 interviewees, 7 self-identified as members of an ethnic or sexual minority group, and 4 were international students. Fourteen were from clinical psychology graduate programs, 9 were from counseling psychology programs, and 1 was from a combined counseling/school psychology program. Twenty-one of the interviewees were from outside of the immediate Baltimore-Washington, D.C. area.

- ★ Participated in the match program of the Association of Post-doctoral and Internship Centers (APPIC).
- ★ **Successfully matched** for all four positions with ranked choices for pre-doctoral psychology interns:
Brad Bailey, M.A. (Illinois School of Professional Psychology at Argosy University – Chicago Campus);
Marissa Brattole, Ed.S, M.S. (Florida State University);
Lan-Sze Pang, M.A. (Southern Illinois University); and
Courtney Podesta, M.S. (Virginia Consortium Program in Clinical Psychology).

F) Development of and Changes to the Pre-Doctoral Psychology Internship Program

- ★ **Transition to New Training Director.** Dr. Matthew Torres became the training director with the start of the 2007/08 internship year. Dr. Larry David stepped down from the training director position and became the Associate Director for Clinical Services.
- ★ **Continued number of interns at 4.** Stable funding from the School of Nursing contract allowed for a continuation of fourth internship position begun with the 2005-2006 internship year.
- ★ **Continued placement of interns at the School of Nursing.** Two interns spent one day per week at the School of Nursing with Dr. Barbara Baum. One was placed from September, 2007 through January, 2008 and the second from February, 2008 through the end of the internship year.
- ★ **Continued diversity of applicant pool.** The applicants to the internship program continued to be very diverse in terms of minority membership and geographical representation of applicants, and number of applicants from clinical and counseling psychology programs. As with last year, this translated into substantial minority, geographical, and programmatic diversity in the interview pool. Once again, the incoming intern group is geographically diverse, with no students from the immediate geographical area. All 4 of the 2008-2009 interns come from academic programs that heretofore have not been represented. The internship program continues to attract a national level of attention, consistent with the University's status as a "national university."
- ★ **Plan to strengthen assessment component of internship.** The decision was made to bring in a speaker to provide training on the use of the Personality Assessment Inventory, with the next step being to increase the center's use of this instrument and the interns' supervised use of the instrument. Unfortunately, the speaker had to cancel and arrangements could not be made to bring in another speaker. The new plan is for Dr. Larry David to provide an overview of the instrument for the 2007-2008 interns in a Summer 2008 Training Seminar. The next step will be to again arrange for an outside expert to provide training to the entire professional staff, including the 2008-2009 interns.

G) Internship Training Seminar Schedule

TRAINING SEMINAR SCHEDULE - SUMMER 2007

June 8	10:30-12:00	Intern Presentation	Greg Jones
June 15	10:30-12:00	Intern Presentation	Tyger Latham
June 22	10:30-12:00	Intern Presentation	Mahlet Endale
June 29	10:30-12:00	Intern Presentation	Neha Navsaria
July 13*	9:00-12:00	Mindfulness-Informed Psychotherapy	Dr. Brad_Piergrossi
July 27	10:30-12:00	Childhood Sexual Abuse Survivors	Dr. Barbara Baum

TRAINING SEMINAR SCHEDULE – FALL, 2007

August 13*	1:30-3:30	Policies and Procedures/Due Process I	Dr. Matt Torres
August 14*	9:00-10:30	Scheduler Training	Ms. Mary Haile
August 14*	2:00-5:00	Policies and Procedures/Due Process II	Dr. Larry David
August 17	10:30-12:00	Substance Abuse in College Students	Dr. Von Hagen-Jamar
August 17*	1:30-3:00	Documentation	Dr. Matt Torres
August 20*	3:00-4:30	Intake Interviewing	Dr. Barbara Baum
August 21*	10:30-12:00	Titanium Scheduling System	Ms. Mary Haile
August 23*	9:00-10:30	Scope of Service Issues	Dr. Larry David
August 24*	1:00–5:00	Goal Setting/Motivational Interviewing	Dr. Larry David
August 31	10:30–12:00	Behavioral Health Measure	Dr. Michael Mond
September 7	10:30-12:00	Maryland Ethics and Law	Dr. Von Hagen-Jamar
September 14	10:30-12:00	Suicide Tracking	Dr. Larry_David
September 21	10:30-12:00	In-Session Crises	Dr. Matt Torres
September 28	10:30-12:00	Stabilizing Self-Destructive Patients	Dr. Bethany Brand
October 5	10:30-12:00	Cancelled	
October 12	10:30-12:00	Process-Oriented Group Psychotherapy	Dr. Matt Torres
October 19	10:30-12:00	Termination in Psychotherapy	Dr. Matt Torres
October 26	10:30-12:00	Brief Therapy: Budman & Gurman Model	Dr. Larry David
November 2	10:30-12:00	Reporting Childhood Abuse	Ms. Lucy Bassin
November 9	10:30-12:00	Job Search Issues	Dr. Larry David
November 16	10:30-12:00	Online Addiction	Dr. Jonathan Kandell
November 30*	10:30- 2:00	Cancelled	
December 7	10:30-12:00	Acceptance and Commitment Therapy I	Dr. Doug Fogel
December 14	10:30-12:00	Acceptance and Commitment Therapy II	Dr. Doug Fogel

TRAINING SEMINAR SCHEDULE – SPRING, 2008

January 24*	2:30-4:00	Pharmacology	Dr. Art Hildreth
February 1*	9:00-12:00	Diversity I: Working with Gay and Lesbian Clients	Dr. David Haltiwanger
February 8	10:30-12:00	Diversity II: African American Students	Dr. Vernon Savage
February 15	10:30-12:00	Diversity III: Gender Issues and the Therapeutic Alliance	Dr. Doug Fogel
February 22	10:30-12:00	Diversity IV: Considering the Clients' and Therapists' Multiple Identities I	Dr. Heather Lyons
February 29	10:30-12:00	Diversity V: Considering the Clients' and Therapists' Multiple Identities II	Dr. Heather Lyons
March 7	10:30-12:00	Assessment of Eating Disorders	Dr. Jennifer Moran
March 14	10:30-12:00	Treatment of Eating Disorders	Dr. Jennifer Moran
March 21	10:30-12:00	Cancelled	
March 28	10:30-12:00	Dialectical Behavior Therapy I	Dr. Von Hagen-Jamar
April 4	10:30-12:00	Treatment of Anxiety Disorders I	Dr. Doug Fogel
April 11*	9:00-12:00	Diversity VI: Religious Issues in Counseling	Dr. Deborah Haskins
April 18	10:30-12:00	Dialectical Behavior Therapy II	Dr. Von Hagen-Jamar
April 25	10:30-12:00	Diversity VII: Asian-American Students	Dr. Garima Lamba
May 2	10:30-12:00	Treatment of Anxiety Disorders II	Dr. Doug Fogel
May 9	10:30-12:00	Diversity VIII: International Students	Dr. Garima Lamba

*All training seminars are scheduled on Fridays from 10:30 to 12:00 except as noted by an asterisk.

SECTION VI: Summary of Outreach/Workshops and Consultation by CC Staff: 2007-08

The Associate Director of the Counseling Center, Dr. Vernon T. Savage, coordinates the Outreach and Consultation program. The workshops are designed to help students succeed in their work and/or to facilitate personal growth while at Johns Hopkins University. Consultation Programs are also offered to faculty and staff to assist them in understanding and dealing with student life problems. The workshop and consultations programs offered this past year are listed below:

#	Name of Outreach Program	Department Served	Date of Program	Type of Client Served		
				# Students Served	# Fac./Staff Served	# Others Served
1	Peabody RA Training	Peabody Conservatory	8/21/2007	20	5	0
2	RA Training Meet and Greet	Homewood Student Affairs/Residential Life	8/24/2007	60	5	0
3	Scavenger Hunt for Student Advisors	Orientation	8/29/2007	30	0	0
4	School of Nursing (SON) Orientation	Nursing School	8/29/2007	50	5	0
5	Minority Assistance Peer Program (MAPP) Training	Office of Multicultural Student Affairs	8/30/2007	60	5	0
6	Graduate Student Orientation	Homewood Student Affairs	8/31/2007	300	0	0
7	International Student Orientation	International Student Services	8/31/2007	250	0	0
8	Parents' Orientation Program	Homewood Orientation	8/31/2007	0	0	9
9	Parents' Reception I	Homewood Admissions	8/31/2007	0	0	5
10	Peabody Services Information Fair	Peabody Conservatory	8/31/2007	100	0	0
11	Parents' Reception Program II	Homewood Orientation	9/1/2007	0	0	5
12	Parents' Reception Program III	Homewood Orientation	9/1/2007	0	0	50
13	Parents' Orientation - Panel	Homewood Orientation	9/2/2007	0	0	1200
14	Parents' Orientation- "Parenting a Freshman"	Homewood Student Affairs	9/2/2007	0	0	100
15	Freshman Book Discussion	Freshman Orientation	9/4/2007	20	0	0
16	Preventive Education & Empowerment for Peers (PEEPS) Training	Student Health Center	9/5/2007	13	2	0
17	T. A. Orientation	Homewood Graduate School / Orientation	9/5/2007	100	0	0
18	SARU Awareness Presentation	Student Body	9/27/2007	50	0	0
19	Depression Screening	Student Body	10/20/2007	20	0	0

#	Name of Outreach Program	Department Served	Date of Program	Type of Client Served		
				# Students Served	# Fac./Staff Served	# Others Served
20	Test-Taking Skills and Test Anxiety Management	School of Nursing	10/22/2007	10	0	0
21	Depression Awareness/Screening Day	Student Body	10/25/2007	239	25	0
22	Dealing with Distressed Students	School of Nursing -Faculty and Staff	10/30/2007	0	22	0
23	Peabody Health Fair	Peabody Conservatory	10/30/2007	75	0	0
24	Self Injury Presentation for PEEPS	Student Health & Wellness (PEEPS)	11/27/2007	15	1	0
25	Insomnia Presentation for RA's	Homewood Residential Life	11/28/2007	60	5	0
26	South Asian Student Concerns and Attitudes Towards Services	Student Health & Wellness	12/12/2007	0	24	0
27	Working with Distressed Students	Homewood Campus Security	1/15/2008	0	60	0
28	Eating Disorder presentation for RA's	Homewood Residential Life	1/24/2008	56	5	0
29	MAP Workshop on Multicultural Identity	Office of Multicultural Student Affairs	2/2/2008	29	0	0
30	Eating Disorder Awareness Week Presentation I	Homewood Student Affairs	2/26/2008	40	10	0
31	Eating Disorders Presentation for PEEPS	Student Health & Wellness	2/26/2008	13	1	0
32	Eating Disorder Awareness Week Presentation II	Homewood Student Affairs	2/28/2008	15	15	0
33	Eating Disorder Awareness Week Presentation III	Homewood Student Affairs	2/28/2008	30	2	0
34	Behavioral Health Monitor (BHM) Presentation	Homewood Student Affairs Directors	3/5/2008	0	30	0
35	Public Health Awareness Day	Student Body	3/27/2008	5	0	0
36	Information Table	Accepted students and parents	4/9/2008	4	0	6
37	Introduction to Counseling Center	Computer Science	4/15/2008	0	12	0
38	Alcohol Awareness Day I	Campus Community	4/17/2008	100	0	0
39	Alcohol Awareness Day II	Campus Community	4/17/2008	50	10	0
40	Take Back the Night	Campus Community	4/17/2008	75	0	0
41	Study Abroad Pre Departure Orientation I	Study Abroad Program	4/19/2008	48	0	0
42	Study Abroad Pre Departure Orientation II	Study Abroad Program	4/21/2008	20	0	0

#	Name of Outreach Program	Department Served	Date of Program	Type of Client Served		
				# Students Served	# Fac./Staff Served	# Others Served
43	Admitted Students Table	Homewood Admissions Office	4/24/2008	200	0	0
44	Wellness Festival I	Homewood Student Affairs	5/2/2008	100	0	0
45	Wellness Festival II	Homewood Student Affairs	5/2/2008	100	0	0
TOTALS				2,357	244	1,375

No. Workshop/Outreach and Community Consultation Programs	45
No. of Students served	2,357
No. of Faculty and Staff served	244
No. of "Other People" served	1,375
Total No. of People served in Outreach and Community Consultation Programs	3,976

Effectiveness of Outreach Programs. The CC staff conducted forty five (45) programs during the 2007-2008 Academic Year. The program requests came from twenty four (24) different offices or groups. We were able to have thirteen (13) of the programs evaluated by participants. The evaluations indicated that the programs were very well received. The following are the average responses to the quantitative questions on the Outreach/Workshop Evaluation Form. The data is calculated on a total N of 314 participants.

Not =	1	1) The concepts, information and resources presented were <u>3.93</u> useful.
Slightly =	2	2) The presenter's communication style was <u>4.09</u> effective.
Moderately =	3	3) The workshop/presentation format was <u>4.05</u> appropriate.
Very =	4	4) Your overall reaction to the program was <u>3.97</u> favorable.
Extremely =	5	

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2007-08

Counseling Center staff are committed to participating in activities that serve and enrich the Johns Hopkins University community. This includes not only activities at the “departmental level” (Counseling Center) but also at the “Inter-departmental/divisional” level (HSA) and the University wide level as well. Overall, CC staff participated in: 1) 18 departmental committees or projects, 2) 40 inter-departmental/divisional meetings, committees or activities, and 3) 30 University wide committees or activities. They are listed below:

1) Departmental Level Community (Committee) Activity

- 1 Counseling Center Executive Committee
- 2 Counseling Center Faculty Advisory Committee
- 3 Counseling Center HIPAA Committee
- 4 Counseling Center Holiday Party Committee
- 5 Counseling Center Student Advisory Board Committee
- 6 Homewood Information Technology Committee (HITS)
- 7 Informed Consent Committee
- 8 Intern Farewell Luncheon for class of 2006-07
- 9 Intern Selection Committee
- 10 Intern Training Committee
- 11 Peer Supervision
- 12 Scope of Service (long term/short term review)Committee
- 13 Suicide Tracking and Research Committee
- 14 Supervisors' Training Subcommittee
- 15 Titanium Project Committee
- 16 Union Memorial Psychiatric Search Team
- 17 Welcome Party for New Interns
- 18 Work-study Student Training Committee

2) Inter Departmental Divisional (HSA) Level Community Activity

- 1 Admissions – Accepted Student Program
- 2 Book Club - Just for the Health of It!
- 3 Chocolate Festival
- 4 Counsel of Homewood Advisors
- 5 Eating Disorder Committee
- 6 Homewood Programming Committee
- 7 Homewood Risk Assessment Team
- 8 Homewood Student Affairs Alcohol Task Force
- 9 Homewood Student Affairs Breakfast
- 10 Homewood Student Affairs Crisis Management Committee
- 11 Homewood Student Affairs Dessert Social
- 12 Homewood Student Affairs Directors Retreat
- 13 Homewood Student Affairs Mid Year Lunch
- 14 Homewood Student Affairs Pandemic Flu Committee
- 15 Intern Introduction to Interfaith Center
- 16 Intern Introduction to Hillel
- 17 Intern Introduction to Homewood Security
- 18 Intern Introduction to Multicultural Student Affairs
- 19 Intern Introduction to Office of Multicultural Affairs
- 20 Intern Introduction to Residential Life

2) Inter Departmental Divisional (HSA) Level Community Activity (continued)

- 21 Intern Introduction to Student Affairs Office
- 22 Interview Candidates for Chaplain
- 23 Interview Candidates for International Student & Scholars Office
- 24 Making contacts with Eating Disorder relevant staff (Dietitian/Athletics/Res Life)
- 25 Meet with Athletic Trainers
- 26 Meeting with Academic Advising
- 27 Meeting with Alain Joffe, MD and Keri Culton, RD to coordinate Eating Disorders Treatment
- 28 Meeting with Barbara Gwinn re: EDAW and Wellness Festival planning
- 29 Meeting with Barbara Gwinn re: Outreach Planning for Eating Disorders
- 30 Meeting with Career Center
- 31 Meeting with Center for Health Education and Wellness
- 32 Meeting with Freshman Class Officers
- 33 Meeting with Graduate Board
- 34 Meetings with South Asian Students President and Group
- 35 Pre Professional Advising- Medical School Committee
- 36 Pre-Professional Advising Open House
- 37 Sleep, Eat, and Exercise Campaign
- 38 School of Nursing Student Affairs Holiday Party
- 39 Support Staff Customer Service Preview
- 40 Visit To Homewood Security Communications Center

3) University Wide Level Community Activity

- 1 Active Minds Program
- 2 Attended School of Nursing Graduation
- 3 Black Faculty Staff Association (BFSA) – served as President Elect.
- 4 Crisis Drill Planning Committee
- 5 Cultural Programming Advisory Council
- 6 Depression Screening Day
- 7 Disability Committee
- 8 Diversity Committee Meeting
- 9 Eating Disorder Screening Day
- 10 Education and Communications Committee- Pandemic Flu
- 11 FASAP Disaster Planning Committee
- 12 Forum on Civility and Diversity Focus Group
- 13 Founders' Day
- 14 Funerals for Staff and Relatives of Staff
- 15 Gazette Interviews
- 16 Holocaust Day Reading
- 17 Human Resources Recognitions Ceremony
- 18 Insurance Committee
- 19 Meet with Office of Institutional Equity
Meeting and Lunch with Public Health Dept for potential research on reaching out to Asian student community
- 20
- 21 Pandemic Flu Education and Training Committee
- 22 Retirement Party for Emily Frank
- 23 Retirement party for Sydney Green
- 24 Retirement Party of Hedy Schaedel
- 25 Risk Assessment Team Meetings
- 26 SARU Program; Take Back The Night

3) University Wide Level Community Activity (continued)

- 27 Spirit of Community Project with Volunteer Services

- 28 Substance Abuse Screening Day
- 29 United Way Committee
- 30 University Health Professions Committee

SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff.

Counseling Center staff participated in professional development activities including conferences, workshops, seminars and courses to enhance their professional skills. Clinical staff attended or participated in 77 development/educational activities (see Section A below). Counseling Center staff were also actively engaged in 17 professional activities and involvements that contribute to the betterment of the profession such as research, teaching, etc... (See Section B below). Finally, Counseling Center staff have memberships in 30 professional organizations (see Section C below).

A) Professional Development /Education- Conferences, Workshops, Seminars, Courses, Lectures attended and other activities to enhance skills or to train colleagues, including research, and education.

- 1 A Framework for Student Mental Health and Violence Prevention
- 2 A Plea for a Measure of Safety
- 3 ABCT (Association for Behavioral and Cognitive Therapy) Convention
- 4 American University Counseling Center Directors Conference
- 5 Acceptance and Commitment Therapy
- 6 Acculturation and Resilience within the Asian Indian Diaspora
- 7 ACPA National Conference
- 8 Active Minds Conference
- 9 Advanced Dialectical Behavior Therapy
- 10 American Group Psychotherapy Association Annual Conference in Washington, DC
- 11 American Association of University Counseling Center Directors Conference
- 12 American Psychological Association Convention
- 13 Asperger's Disorder and Autism: Advances in Understanding
- 14 Attachment in Psychotherapy
- 15 Attention Deficit Hyperactivity Disorders in Young Adults
- 16 Baltimore Washington Area Directors Meetings
- 17 Bipolar Disorder: Under diagnosis, Over diagnosis, Misdiagnosis, or Red Herring
- 18 Bringing Trauma First Aid to People Around the World
- 19 Challenging Cases
- 20 Child Protective Services
- 21 Cognitive-Behavioral Therapy
- 22 Conceptualization and Treatment of Complex PTSD
- 23 Considering the Clients' and Therapists' Multiple Identities
- 24 Counseling Center Director Decision Making Process
- 25 Cultural Competence: Current Multicultural Issues in Research and Therapy
- 26 Death at an Early Age: Strategies to Reduce Premature Death of Public Mental Health Consumers
- 27 Depression Webinar
- 28 Dialectical Behavior Therapy
- 29 Diversity
- 30 Eating Disorders

A) Professional Development /Education- Conferences, Workshops, Seminars, Courses, Lectures attended and other activities to enhance skills or to train colleagues, including research, and education. (continued)

- 31 Emotional Restructuring
Ethical Considerations Associated with Working with Clients with Histories of
- 32 Childhood Trauma
- 33 Ethics and Risk Management
- 34 Evaluation of the Violent Patient: Case Studies
- 35 Exploring the Healing Science Within the DSM IV - TR
- 36 Friendgrief (Mourning the Death of a Friend)
- 37 Interacting with the Media
- 38 Internet Addiction
- 39 Keynote address: Crossing the Divide of Otherness
- 40 Keynote-Embracing Life in the Face of Death
- 41 Legal & Ethical Issues
- 42 Legal Issues in Behavioral Health
- 43 Legal Update- A Review of the Latest Cases Concerning Diversity
- 44 Lunch Video-New Map of Love
- 45 MANAVI Conference
- 46 Maryland Ethics and Law
- 47 MCCI Webinar
- 48 Mental Health in the City
- 49 Mid-Atlantic Internship Conference
- 50 Mindfulness Informed Psychotherapy
- 51 Mindfulness: the practice of Compassionate Presence
- 52 Motivational Interviewing
- 53 Peer Supervision
- 54 Peer Supervision for Counseling Center Staff
- 55 Practical Psychopharmacology
- 56 Prolonged Exposure Therapy
- 57 Psychotherapy Changing Lives: Patients Share Their Stories
- 58 Psychotherapy Outcome: Assessing: How Much is Enough?
- 59 Resolving Shame
- 60 Responding to the Concerned
- 61 Stopping the Pain: Suicide and Self-Mutilation
- 62 Suicidal College Students
- 63 Suicide and Self-Mutilation
- 64 Suicide Tracking with David Jobes
- 65 The Art and Science of the Therapeutic Breakthrough
- 66 The Emerging Relevance of Clinical Pharmacogenetics
- 67 The Healing Self
- 68 The Other Side of Psychopharmacology
- 69 The Pharmacology of Smoking Cessation: Risks, Benefits and Strategies for Success
- 70 The Possible Human
- 71 The Roots of Compassion
- 72 Toxic Anger
- 73 Tragedy at Virginia Tech
- 74 Trauma, PTSD & Traumatic Grief
- 75 University of Delaware Intern Conference
- 76 Working with Asian- American Students
- 77 Working with Gay and Lesbian clients

B) Professional Activities - Professional Activity refers to participation in activities that benefit the profession or the wider community such as research, teaching, professional

boards, research, teaching etc...

- 1 Behavioral Health Monitor Research and Development and Consultation
- 2 Dissertation Committee Service at Catholic University - Measuring Change in Suicide Tracking Clients
- 3 Lead Therapist, Behavioral Family Therapy Model in NIMH funded research study of family therapy and Anorexia Nervosa
- 4 Met with psychologist from Macedonia re Counseling Center functioning
- 5 Participating in monthly board meetings (C.H.A.I. & SAMHA) and fund raisers
- 6 Presentation on JHU Services re: Risk to Self and Others at COFHE Conference
- 7 Presentation on Suicide Tracking at ACCCCS Conference
- 8 Presentation on Suicide Tracking to Employee Assistance Service at NSA
- 9 Research on Long Term Treatment Review Project
- 10 Research- Predicting Change in Suicide Severity based on the Linguistic Content of College Student Outpatient Responses to the Suicide Status Form
- 11 Reviewed Counseling Center applications for IACS accreditation from across country
- 12 Revision of IACS Standards for Counseling Centers
- 13 Teaching - Behavior Modification and Abnormal Psychology for Psych. Dept.
- 14 Teaching-training seminar on Maryland Ethics and Law
- 15 Work on development of use of PDA for Suicide Tracking and the BHM20
- 16 Work on development of BHM20 PDA protocol
- 17 Work on development of Suicide Monitoring Scale for BHM20

C) Professional Memberships

- 1 Academy for Eating Disorders
- 2 American Association of University Counseling Center Directors (AAUCCD)
- 3 American College Counseling Association- Commission for Counseling and Psychological Services
- 4 American College Personnel Association (ACPA)
- 5 American Counseling Association (ACA)
- 6 American Group Psychotherapy Association (AGPA)
- 7 American Psychological Association (APA)
- 8 American Psychological Association (APA) (including Divisions 17, 44, 52, and student affiliate)
- 9 Association of Counseling Center Training Agencies (ACCTA)
- 10 Baker- King Foundation Board
- 11 Baltimore Community Foundation Board
- 12 Baltimore Psychological Association (BPA)
- 13 Board Member of Counselors Helping (South) Asian Indians, Inc. (C.H.A.I.)
- 14 Board of Accreditation Review Committee -International Associations of Counseling Services (IACS)
- 15 Board of Directors - Behavioral Health Monitor Board Member
- 16 Board of Examiners of Psychologists, State of Maryland
- 17 Board of Professional Counselors and Therapists - Clinical Alcohol and Drug Counselor
- 18 California Psychological Association, graduate student affiliate
- 19 Directorate Member - CCAPS (Counseling Center and Psychological Services) Commission of ACPA
- 20 International Association of Counseling Services (IACS) Accreditation Board

C) Professional Memberships (continued)

- 21 Maryland Mental Health Association Board
- 22 Maryland Psychologist Association (MPA)
- 23 Member of SAPNA (South Asian Mental Health Association)

- 24 National Association of Social Workers (NASW)
- 25 National Board for Certified Clinical Hypnotherapists
- 26 National Latino Psychological Association (NLPA)
- 27 National Register of Health Service Providers in Psychology (NRHSP)
- 28 North Carolina Licensed Professional Counselor (NCLPC)
- 29 Society for Psychotherapy Research
- 30 Society for Vocational Psychology (SVP)

SECTION IX: Counseling Center Coordinator Reports.

A) African American Student Programs 2007-08 Coordinator Report (Dr. Vernon T. Savage)

Dr. Savage continued his association with the Johns Hopkins University's Black Student Union (BSU) in an informal advisory capacity. In this role he hosted a retreat at his home during the Fall '07 term for the executive board of the BSU. Dr. Savage continues to be active in the Black Faculty and Staff Association (BFSA) of JHU. He served as president-elect of the BFSA during the 2007-2008 academic year and will assume the office of president of the association in June 2008 for the 2008-2009 academic year. As president of the BFSA, Dr. Savage will have additional opportunities to impact the lives of African-American students.

B) Eating Disorder (ED) Program 2007-08 Coordinator Report (Dr. Jennifer Moran)

Client and Treatment Statistics

- 52 clients with Eating Disorders concerns were seen by the Counseling Center staff
- 22 Eating Disorder clients were seen by the ED Coordinator for assessment, individual therapy and/or group therapy
- 24 clients were referred to SH&W for medical management of their eating disorder
- 6 clients were referred to the Counseling Center by SH&W for their eating disorder
- 3 clients were referred by the Athletic Training Department
- 4 clients were placed in a higher level of care for treatment of their eating disorder
- 2 clients were referred off campus for a higher level of care for their eating disorder, but did not follow treatment recommendations. They continued to be seen at the Counseling Center.

Programming and Community Activity

- The ED Coordinator maintained a log of eating disorder clients to track frequency of symptoms, as well as to coordinate medical and nutritional care between the Counseling Center and SH&W.
- The ED Coordinator developed and implemented the Mindful Eating Group during the Spring '08 Semester. A Body Image Group was also offered during the Spring '08 Semester.
- The ED Coordinator served on the committee for the SEE Campaign (Sleep, Eat, Exercise Campaign). Participants included: Alain Joffe, MD (SH&W), Anne Irwin (Athletics), Barbara Gwinn (Health Education), Brad Mountcastle (Athletic Training), Jennifer Al-Naber (Residence Life), Mark Beisser (Art Director, School of Public Health), and Chris Stevens and Anne Palmer (Center for a Livable Future). The campaign will launch on a wider scale in Fall '08 and is designed to educate students on maintaining balance with proper eating, sleeping and fitness behaviors.

- The ED Coordinator planned and implemented an outreach event with Preventative Education and Empowerment for Peers (PEEPS) for National Eating Disorders Awareness Week. The event provided information to students about eating disorders and body image, featuring an activity that helped students think about their own body image in a positive way.
- The ED Coordinator presented about eating disorders (diagnosis, etiology and how to help a friend) with Hillary Howarth, Intern, to the residential advisors during a training meeting.
- The ED Coordinator presented information about eating disorders (diagnosis, etiology and interventions) to the PEEPS with Maria Marshall, Intern, during a training meeting.
- The ED Coordinator met with the Athletic Trainers to enhance a working relationship and to discuss coordination of care between the Training Department and the Counseling Center.
- The ED Coordinator co-founded the “Just for the Health of it!” book club with Barbara Gwinn, CHEW advisor. The book club is open to staff, faculty and students at JHU and seeks to provide a forum to discuss health issues, while facilitating working relationships on campus.
- The ED Coordinator worked with PEEPS and A Place To Talk (APTT) to add a “Wellness” component to the Relax Fair held in May ’08.
- The ED Coordinator planned and presented a two-part training on Eating Disorders Assessment and Treatment to the interns.
- The ED Coordinator is a member of the Academy for Eating Disorders.

Future Development

- To work with PEEPS to develop and implement a Wellness Festival in Fall 2008
- To continue working with SH&W to coordinate treatment and referral of eating disorder clients at JHU
- To continue to develop and offer Eating Disorder groups to the JHU student community
- To continue to serve as a committee member on the SEE campaign.

C) Group Therapy Coordinator 2007-08 Report (Dr. Barbara Baum)

See Section IV of this report.

D) International Students and Students of Asian Origin 2007-08 Coordinator Report (Dr. Garima Lamba)

Programming and Community Activity

- At the beginning of the Fall 2007 semester, the coordinator introduced the Counseling Center and the available services to the new international students.
- In early Fall, 2007 semester, the coordinator and four pre-doctoral interns introduced the counseling center services to the peer mentors in the Mentoring Assistance Peer (MAP) program. MAP is a major program of the Office of Multicultural Student Affairs that is designed to assist freshman minority students adjust and transition to JHU. Roughly 40 students mentor 200 freshman, a large number of whom are international students or students of Asian origin.
- The coordinator served on the selection committee with Dr. Nick Arrindell to help select two new international student advisors.
- The coordinator provided training seminars to the pre-doctoral interns on issues regarding international students and students of Asian origin.
- The coordinator was invited by Student Health and Wellness to provide a seminar on South Asian student concerns and effective ways of reaching out to them.
- The International Student Support Group was offered both semesters for international students experiencing acculturation/adjustment difficulties.
- International and Students of Asian Origin ‘welcome hours’ were offered once again in Fall 2007. The ‘welcome hours’ was a “drop-in” service offered to this student group every Thursday from 2 to 4 pm.
- The coordinator is currently serving on HSA Diversity Committee.
- The coordinator, along with Dr. Savage, provided Pre-departure Student Orientation through the Office of Study Abroad for students going abroad and potentially experiencing culture shock and assimilation difficulties.
- In addition to providing on-going consultations for CC staff on a case-by-case basis, continued consultative relationships with the following university staff members:
 - Nicholas Arrindell, Director, International Student and Scholar Services
 - Rose Varner-Gaskins, Assistant Director, Office of Multicultural Student Affairs
- The coordinator is a Board Member of Counselors Helping South Asian Indians, Inc. C.H.A.I. is a non-profit organization that addresses the mental health needs of the South Asian community in the Baltimore/DC/Virginia area. Although this is not directly related to the JHU community, this resource could help serve the mental health needs of JHU students, of South Asian origin, who, when referred out to the community, need South Asian mental health resources.

E) Nursing School Program 2007-08 Coordinator Report (Dr. Barbara Baum) (See separate 2007-08 Nursing School Annual Report for a more detailed report.)

- Individual counseling was provided for nursing students on site at the School of Nursing (SON) one day a week by the Counseling Center coordinator to the SON, Barbara Baum,

Ph.D., and by three psychology doctoral interns, Gregory Jones, M.S. (during Summer 2007), George Nichols, M.A. (Fall 2007) and Rachel Buggie Harris, M.A. (Spring 2008). Nursing students were seen at the Homewood campus by all Counseling Center therapists throughout the whole year.

- Emergency consultation with a Counseling Center psychologist was available for nursing students 24 hours a day, 365 days a year. Consultation was provided throughout the year to faculty and staff who had concerns regarding individual nursing students. Same-day emergency intake appointments for nursing students were provided when requested by SON faculty, staff, or students.
- Counseling Center staff attended, participated in, or offered services for a variety of SON programs. Dr. Baum attended the School of Nursing graduation ceremonies for the 2007 Traditional and Accelerated classes. Dr. Baum and the 2007-2008 Counseling Centers interns - Rachel Harris, M.A., Hillary Howarth, M.A., Maria Marshall, M.A. and George Nichols, M.A. - participated in the New Student Orientation Program on 8/29/07. Dr. Baum presented a workshop on “Test-Taking Skills and Test Anxiety Management” at the SON on 10/22/07 for 10 students. Dr. Baum and Dr. Vernon Savage presented a workshop on “Dealing with Distressed Students” at the SON on 10/30/07, which was attended by 22 faculty and staff members

F) Outreach/Workshop Program 2007-08 Coordinator Report (Dr. Vernon Savage)
See Section VI of this report for more details.

G) Peabody Conservatory of Music 2007-2008 Coordinator Report (Dr. Doug Fogel)
(See separate 2007-08 Peabody Conservatory Annual Report for a more detailed report.)

- Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood campus as well as the ½ half day per week on-site services offered. The predominant service provided to the Peabody students was in the form of individual personal counseling.
- Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. This consultation included issues regarding conflicts in the residence hall, students who appeared to be having difficulty with either personal or academic issues, leaves of absence, readmissions, and hospitalization.
- In addition to consultation and on-site counseling services, the coordinator also provided a number of workshops and outreach programming.
- At the beginning of the academic year, the coordinator and one pre-doctoral psychology intern provided training to Peabody RAs on recognizing and dealing with mental health issues in the residence hall.
- The coordinator participated in the new student orientation. This entailed providing general information on services provided by the CC.
- The coordinator participated in the health fair. This entailed providing information on a wide variety of mental health issues.

H) Peer Counseling (APTT) and Sexual Assault Response Unit (SARU) 2007-08

Coordinator Report (Clare King)

A Place To Talk (APTT)

- 2007-2008 was a banner year for APTT. A strong Director and an active Executive Board mobilized an energetic base of volunteer peer counselors.
- Although plans to move to a new room were postponed because of construction delays, the group continued enthusiastically in the AMR1 location.
- As an experiment, the Selection Committee chose 5 first-semester freshmen for the Fall training class, and they proved to be exceptionally dedicated and skilled students. We plan to offer selections again in the Fall
- The end of year Relax Fair was a P.R. success, with record attendance (400+) and fun shared by all.

Sexual Assault Response Unit (SARU)

- SARU had 3 leaders this year, all members of APTT trained in responding to issues of sexual assault. While only a select few can carry the SARU beeper, the leaders chose to expand the group to include students interested in P.R. and outreach activities. For these students, they offered training in the RAINN (Rape, Abuse, Incest National Network) on-line hotline. After completing the training, they are carefully supervised by staff of RAINN while they respond to questions in real time on line.
- The group has been active in the JHU community with a movie night, Sexual Awareness week, and Take Back the Night Rally, organized with Turnaround Sexual Assault Center in Baltimore. The group hopes to include freshmen during Orientation in programs to raise awareness about acquaintance rape.

I) Counseling Center Advisory Boards 2007-08 Coordinator Reports (Clare King)

The Counseling Center Student Advisory Board (CCAB)

The CCAB expressed interest in seeing a Positive Psychology course at Hopkins. After reading *Happier* by Tal Ben-Shahar, Ph.D. and learning of such a course at Harvard, the group felt Hopkins students could benefit greatly from a similar offering here. To that end, they supported the idea of a Faculty Advisory Board and offered many names of professors who they felt would promote the well-being of students.

The Counseling Center Faculty Advisory Board (FAB)

In April, the first meeting of the Faculty Advisory Board (FAB) convened. The discussion centered on concerns about stigma students feel about seeking counseling, social challenges and isolationism on campus, and importantly, ways we could work together to support students in the competitive and stressful academic environment of Hopkins. We anticipate this will be an ongoing group to advise the Counseling Center about ways to enhance student growth and personal development.

J) Professional Development 2007-08 Coordinator Report (Dr. Matt Torres). (See Section VIII for more details)

The Counseling Center offered State Board approved CE credits to professional staff members for preparing and presenting, as well as simply attending, intern training seminars (see the Training Seminar Schedules in the Training portion of this Annual Report). The Counseling Center offered State Board approved CE credits to professional staff members for attending Counseling Center sponsored CE presentations. This year the following professional development programs were offered:

- 1) April 9, 2008 Update on Clinical Suicidology (1.5 CEUs) David Jobes, Ph.D.
- 2) January 22, 2008 Attention Deficit Hyperactivity Disorder in Young Adults (1 CEU)
David Goodman, M.D. (Co-sponsored with Student Health and Wellness)
- 3) January 12, 2008 Evaluation of the Violent Patient: Case Studies (2 CEUs) John Lion, M.D.

K) Research Program 2007-08 Coordinator Report (Dr. Michael Mond)

See Section III of this report for details on the 2 research projects in which the Counseling Center is actively engaged

L) Substance Abuse 2007-08 Coordinator Report (Dr. Shelley Von Hagen Jamar)

Client Treatment Statistics and Program Information

- There were 110 students seen in counseling for substance abuse issues during the school year 2007-2008. Of the students who addressed substance use in therapy, 30 had reported substance use as a presenting problem, 40 were mandated referrals, and two were referrals from Student Health. For 38 other students, substance abuse emerged as a problem during the course of therapy although it was not the presenting problem.
- The substance abuse services coordinator trained the pre-doctoral interns and interested staff in the brief assessment and motivational enhancement intervention protocol for substance abuse problems.
- The Counseling Center provided the e-CHUG online assessment which may be accessed by any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide personalized written feedback to students.
- The coordinator stayed abreast of current research on substance abuse issues and provided information and consultation to the Deans and other staff when requested.
- The coordinator presented a workshop for parents during Freshman Orientation regarding parenting issues, including issues regarding alcohol and drug use.
- Alcohol Awareness Day was presented by the Counseling Center in conjunction with APTT and Education for Student Health and Wellness, reaching approximately 100 students. We conducted alcohol screenings with 47 students and gave motivational feedback to the 25 who scored positive for risk of abuse.
- The Substance Abuse Recovery therapy group met for a total of 27 sessions during the Fall 2007 and Spring 2008 semesters. The group served nine students over this time.
- The coordinator attended the Substance Abuse Task Force meeting.

Future Objectives

- Continue to develop and train staff and interns in a standard, empirically derived protocol for use with mandated referrals.
- Continue to lead an ongoing recovery group throughout the year.
- Work with Substance Abuse Task Force members to set and implement goals for substance abuse prevention and intervention.

M) Training Program 2007-08 Report (Dr. Matt Torres) – See Section V of this report for details.