

**COUNSELING CENTER**  
**2008-2009 ANNUAL REPORT**

**&**

**DATA SUMMARY**

**JOHNS HOPKINS UNIVERSITY**

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## COUNSELING CENTER: 2008-09 ANNUAL REPORT AND DATA SUMMARY

- ★ The Counseling Center (CC) provided **20,724 hours of service** during the Academic Year (September 2008 -May 2009). **Direct clinical services** (individual, group, and psychiatric services) accounted for 63% of all Counseling Center service time.
- ★ **Individual Personal Counseling** was provided to 972 student clients in 6,701 sessions for an average of 6.9 sessions per student client. Even though the number of clients was down slightly (from 995 the previous year) the number of sessions was up about 16% and the average number of sessions increased from 5.8 sessions for each client.
- ★ **Group Counseling** was provided to 56 students in 9 groups totaling 130 sessions.
- ★ **Psychiatric services** were provided to 383 students (39% of all clients served) in 1,576 sessions for an average of 4.1 sessions. This is an increase of 12% in the number of students seen by psychiatrists from the previous year. 261 different students received psychotropic medication (27% of clients served).
- ★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (10.3% of time), **Outreach and Workshops** (1.1%), **Consultations** (3.3%), **Community Activity and Committees** (3.2%), **Professional Development** (2.9%), and **Professional Activity** including **Research and Teaching** (1.1%), and **Administrative Activity** (15.0%) during the 2008-09 Academic Year.
- ★ The CC also continues 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 2.80 to 3.10) 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, 77.8% of all new clients reported significant improvement, 13.0% reported no change, and 9.2% 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 continued to work with Dr. David Jobes, a suicidologist at Catholic University. In addition, working with Dr. Mark Kopta, the CC is developing and beta testing a Suicide Monitoring subscale for use in the Behavioral Health Monitor (BHM20). The CC is also working to pilot an electronic version of the BHM20 that could be administered on a netbook 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 210.4 **client sessions** per week (including psychiatrists) in the Fall 2008 semester (up about 30% from 2007) and 200.5 **client sessions** per week (including psychiatrists) in the Spring 2009 semester (up about 14% from 2007). The CC averaged 9.4 **clinical emergencies** per week in 2008-09 compared with 9.8 in 2007-08.
- ★ In **Emergency Interventions**, the Center served 351 clients in **daytime emergencies** (compared to 285 the previous year- a 23% increase). This constitutes 36% of all clients seen at the CC. In addition, the CC responded to 57 clients in after hour emergencies (71 calls). The CC made 10 **violence assessments**, monitored 44 students in its **suicide tracking system**, recommended 22 mental health (medical) leaves, and administered 17 readmission evaluations. 42 clients were referred off campus for more extensive treatment. The CC played a significant role in preventing 115 students from dropping out of school last year, while 64 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 25 emergency room visits resulting in 12 hospitalizations.
- ★ The most common **problems/symptoms** presented by clients during individual therapy include: “general anxieties and worries” (34%), “feelings of being overwhelmed” (32%), “time management and motivational issues” (29%), “academic concerns” (26%), “depression” (20%), “lack of self-confidence or self-esteem” (20%), “generally unhappy and dissatisfied” (19%), “sleep problems” (18%), “lack of motivation, detachment, and hopelessness” (17%), “overly high standards for self” (16%), and “loneliness, homesickness” (15%). These problems are not mutually exclusive.

- ★ The CC provided 40 **Outreach Activities, Workshops, and Consultation programs** last year serving 1,950 students, 119 faculty and staff, and 1,455 “others” for an overall total of 3,524 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 40% 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. 52% of the Peabody students reported that they had “an excellent impression” of the CC while 45% indicated a “good impression.” For the Nursing School the figures show that 60% of clients have an “excellent impression” of the CC and 40% have a “good” impression.
- ★ The CC **Pre-Doctoral Training program** has 4 full time interns. The training program included 44 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. The CC is also in the early stages of developing the role of a Case Manager position.
- ★ CC staff are active in **professional development and professional activity**. Clinical staff participated in 52 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 16 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 19 professional organizations.
- ★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 72 inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 19 Counseling Center department wide activities or committees.
- ★ The **Counseling Center Student Advisory Board (CCAB)** played an active role in sending emails to all Homewood students on “How to Recognize and Respond to Distressed Students.” In addition, CCAB focused this year on supporting the idea of a Positive Psychology Course. They recommended, in particular, Dr. Rachel Piferi as a professor who would likely be interested in teaching such a course. Before initiating a course this Spring, she asked to use the CCAB as a focus group and was open to the ideas and initiatives the students suggested. She came back at years’ end to report great success in student reaction to the positive psychology course.

# TABLE OF CONTENTS

Topic		Page #
SECTION I.	Overview of CC Hours by Service Activity: Academic Year 2008-09	4
SECTION II.	Individual Psychotherapy Services: May 21, 2008 - May 22, 2009	
	A) Individual Psychotherapy Caseload Statistics	
	1. General Numbers	5
	2. Intakes Seen per Week (New and Returning Clients)	5
	3. Number of Clients Seen per Week	5
	4. Psychiatrist Clients Seen per Week	6
	5. Emergency Daytime Walk-in Clients Seen per Week	6
	6. Total Number of Individual Clients Seen for Past 7 Years	6
	7. Weekly Case Load Comparison for the Past 7 Years	6
	8. Emergency Sessions Per Week Comparison for the Past 7 Years	6
	9. Frequency of Client Visits During Past Year	7
	10. Insurance	7
	B) Individual Psychotherapy: Demographics of Counseling Center Clients	
	1. Gender	8
	2. School Affiliation	8
	3. Age	8
	4. Ethnic Status	8
	5. Marital Status	8
	6. Class Year	8
	7. Academic Standing	9
	8. Other Items	9
	9. Academic Major	9-10
	10. Medical	10
	11. Residence	11
	12. How First Heard of Counseling Center	11
	13. Referral Source	11
	14. Presenting Concerns by Frequency (Rank Order)	12
	15. Presenting Concerns by Problem Area	13-14
	16. Behavioral Health Monitor (BHM20) Items at Intake	14
	C) Individual Psychotherapy: Intake Service Evaluation Survey	15-17
SECTION III.	Research Projects	
	A) The Behavioral Health Monitor (BHM) Research Project	18-22
	B) Suicide Tracking	23-24
SECTION IV.	Summary of Group Psychotherapy Provided by Counseling Center Staff	25
SECTION V.	Summary of Counseling Center Pre-Doctoral Internship Training Program	
	A) Trainees and Supervisors	25-26
	B) The Training Program	26
	C) Training Program Assessments	27
	D) Contact with Academic Training Programs	27
	E) Recruitment and Selection of 2008-09 Interns	27
	F) Development of the Pre-Doctoral Psychology Internship Program	27-28
	G) Training Seminar Schedule	28-29
SECTION VI.	Summary of Workshops, Outreach, and Consultation Activity by CC Staff	30-31
SECTION VII.	Summary of JHU Community Activity by Counseling Center Staff	32-33
SECTION VIII.	Summary of Professional Development, Professional Activity and Professional Memberships by CC Staff	34-35
SECTION IX.	Coordinator Reports	36-39

<b>SECTION I. Overview of CC Hours by Service Activity: Academic Year 2008-09 (August 25, 2008- May 25, 2009)</b>		
<b>Function/Activity for 2008-09 Academic Year (AY)</b>	<b>Staff Hours AY 2008-2009</b>	<b>% Staff Hours AY 2008-2009</b>
<b>1. Individual Therapy - Counselors</b>	<b>5,793</b> (Note: 6,701 for full year)	<b>28.0%</b>
<b>2. Psychiatrists' Visits/Medication Checks</b>	<b>766</b> (Note: 873 for full year)	<b>3.7%</b>
<b>3. Group Therapy</b>	<b>828</b>	<b>4.0%</b>
<b>4. Clinical Management (Individual &amp; Group) – Counselors</b>	<b>5,365</b>	<b>25.9%</b>
<b>5. Clinical Management – Psychiatrists</b>	<b>325</b>	<b>1.6%</b>
<b>6. Training &amp; Supervision Activity</b>	<b>2,135</b>	<b>10.3%</b>
<b>7. Outreach and Workshops Activity</b>	<b>232</b>	<b>1.1%</b>
<b>8. Consultation Activity (including after hour on-call)</b>	<b>693</b>	<b>3.3%</b>
<b>9. JHU Community Activity</b>	<b>665</b>	<b>3.2%</b>
<b>10. Professional Development Activity</b>	<b>591</b>	<b>2.9%</b>
<b>11. Professional Activity*</b>	<b>226</b>	<b>1.1%</b>
<b>12. Administrative Activity**</b>	<b>3,105</b>	<b>15.0%</b>
<b>All Services Total for Academic Year</b>	<b>20,724</b>	<b>100%</b>

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

**\*\*Note:** Administrative Activity 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. (898 hours of the 3,105 administrative hours or 29% of all administrative hours were incurred by the CC director.)

**SECTION II: Individual Psychotherapy Statistics: May 19, 2008-May 22, 2009**

**A) Direct Services Caseload Statistics**

<b>1. General Numbers</b>	<b>#</b>
No. of Clients seen in Personal Counseling (Full year)	972
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	6,701
No. of Clients seen by Consulting Psychiatrists (Full Year)	383 (39%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1,576
No. of Clients receiving psychotropic medication	261 (27%)
No. of Peabody Conservatory Students served in individual therapy	69
No. of Therapy Sessions - Peabody	612
No. of Peabody Conservatory students served by Consulting Psychiatrists	23 of 69 (33%)
No. of Peabody Conservatory Student sessions provided by Consulting Psychiatrists	104
No. of Nursing School students served in individual therapy	67
No. of Therapy Sessions - Nursing	696
No. of Nursing School Students served by Consulting Psychiatrists	35 of 67 (52%)
No. of Nursing School Students sessions provided by Consulting Psychiatrists	119
No. of Clients seen in emergency/crisis	351 (36%)
No. of Emergency clients served after hours by CC staff	57
No. of Emergency phone calls received after hours by CC staff	71
No. of Clients sent to hospital emergency room after hours	12
No. of Clients admitted to hospital after hours	6
No. of Hours spent in after-hours emergencies by CC staff	38 hours 30 min
Avg. Number of minutes spent responding to each after hour emergency (min – max)	40 min (5- 510 min)
No. of Weeks during year that required after hours emergency response	34 of 52
No. of Clients sent to emergency room – after hours plus day	25
No. of Clients hospitalized - after hours plus day	12
No. of Clients CC estimated to have helped stay in school	115 (12%)
No. of Clients given CC Mental Health Withdrawal	22 (2%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	64 (7%)
No. of Clients who received Readmission Evaluation	17 (2%)
No. of Clients on Suicide Tracking	44 (4%)
No. of Clients believe prevented from harming self/others	95 (10%)
No. of Clients assessed for ADHD	58 (6%)
No. of Clients treated or assessed for Substance Abuse	110 (11%)
No. of Clients treated or assessed for Eating Disorders	80 (8%)
No. of Clients given Violence Assessment	10 (1%)
No. of clients who report that “someone in their family owns a gun”	28 (3%)
No. of Clients who received counseling for sexual assault	11 (1%)
No. of Clients successfully terminated	360 (37%)
No. of Clients referred off campus	42 (4.3%)

<b>2. Intakes (New &amp; Returning Clients) Seen per Week during Academic Year</b>	
Average # of Intakes /Week (Fall Semester)	29.2
Average # of Intakes /Week (Spring Semester)	14.5
Average # of Intakes /Week (Academic Year)	20.0
Maximum # of Intakes/Week (Academic Year) – Week of 9/1/08	46

<b>3. Clients Seen per Week during Academic Year (AY)</b>	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	172.3
Average # of clients seen/Week (Fall - Including Psychiatrists)	210.4
Average # of clients seen/Week (Spring - Not including Psychiatrists)	161.4
Average # of clients seen/Week (Spring- Including Psychiatrists)	200.5
Maximum # of clients seen/Week (AY- Not including Psychiatrists) - Week of 11/10/08	223
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 11/10/08	267

<b><u>4. Psychiatrist Clients Seen per Week during Academic Year</u></b>	
Average # of Psychiatrist clients seen/Week (Fall Semester)	38.1
Average # of Psychiatrist clients seen/Week (Spring Semester)	39.1
Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 12/8/08	52
<b><u>5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year</u></b>	
Average # of daytime emergencies seen/Week (Fall Semester)	11.5
Average # of daytime emergencies seen/Week (Spring)	8.2
Maximum # of daytime emergencies seen/Week (Academic Year) – Week of 10/27/08	25
<b><u>6. Total # of Individual Clients Seen for the Past 9 Academic Years</u></b>	
Total # Clients Seen for 2008-09	972
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
<b><u>7. Weekly Case Load Comparisons for the Past 9 Years during AY (not including Psychiatry Sessions)</u></b>	
Average Sessions/Week for 2008-09	162
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
<b><u>8. Daytime Emergency Sessions per Week Comparisons for the Past 9 AY</u></b>	
Average Sessions for 2008-09	9.4
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

<b><u>9. # of Appointments per clients during past year</u></b>	<b><u>(A )Staff Only (n=970)</u></b>	<b><u>(B) Psychiatrists Only (n=383)</u></b>	<b><u>(C) Staff plus Psychiatrists (n=972)</u></b>
1 appointment	211 (22%)	92 (24%)	194 (20%)
2 appointments	135 (14%)	61 (16%)	117 (12%)
3 appointments	86 (9%)	57 (15%)	66 (7%)
4 appointments	58 (6%)	50 (13%)	59 (6%)
5 appointments	73 (8%)	37 (10%)	64 (7%)
6 appointments	50 (5%)	18 (5%)	49 (5%)
7 appointments	41 (4%)	18 (5%)	53 (6%)
8 appointments	36 (4%)	8 (2%)	30 (3%)
9 appointments	36 (4%)	12 (3%)	34 (4%)
10 appointments	36 (4%)	9 (2%)	30 (3%)
11 appointments	21 (2%)	4 (1%)	25 (3%)
12 appointments	18 (2%)	3 (1%)	27 (3%)
13 appointments	19 (2%)	1 (<1%)	27 (3%)
14 appointments	16 (2%)	2 (<1%)	19 (2%)
15 appointments	11 (1%)	1 (<1%)	16 (2%)
16+appointments	123 (13%)	10 (3%)	162 (17%)

<b><u>9. # of Appointments per clients during past year</u></b>	<b><u>(A )Staff Only (n=970)</u></b>	<b><u>(B) Psychiatrists Only (n=383)</u></b>	<b><u>(C) Staff plus Psychiatrists (n=972)</u></b>
1-5 appointments	563 (58%)	297 (78%)	500 (51%)
6-10 appointments	199 (21%)	65 (17%)	196 (20%)
11-15 appointments	85 (9%)	11 (3%)	114 (11%)
16- 20 appointments	57 (6%)	10 (3%)	55 (6%)
21+ appointments	66 (7%)	0 (0%)	107 (11%)

Average # of visits/per client (staff only)	6.90 visits
Average # of visits/per client (psychiatrists)	4.12 visits
Average # of visits/per client (staff + psychiatrists)	8.45 visits

<b><u>10. Health Insurance</u></b>	
No. of clients who reported having University (Chickering/Aetna) Insurance Policy	315 (34%)
No. of grad student clients who reported having University Health Insurance Policy	224
No. of undergrad student clients with a University Health Insurance Policy	89
No. of International Students who reported having University Health Insurance Policy	72
No. of clients referred out who reported having University Health Insurance	26
No. of total sessions clients with University Health Insurance seen before referred out	376 sessions



## B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=972)

<b><u>1. Gender</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Male	350	36.1%
Female	620	63.9%
No Response	2	<1%
Total	972	100.0%

<b><u>2. School Affiliation</u></b> (Some students enrolled in more than 1 program)	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Arts and Sciences	632	65.0%
Engineering	194	20.0%
Nursing School	67	6.9%
Peabody Institute	69	7.1%
Institute for Policy Studies	3	0.3%
Advanced Academic Programs-A&S	2	0.2%
School of Education	2	0.2%
Other / No Response	3	0.3%

<b><u>3. Age</u></b>		
Age Range	17-59 years	
Mode	19.0 years	
Mean	22.6 years	
Median	21.0 years	

<b><u>4. Ethnic Status</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
African-American	64	6.6%
Asian	155	16.0%
Biracial	29	3.0%
Caucasian	617	63.6%
Native-American	5	0.5%
Latino/Hispanic	62	6.4%
Other / No Response	38	3.9%

<b><u>5. Marital Status</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Single	805	83.0%
Married/Committed Relationship	132	13.6%
Separated	5	0.5%
Divorced	2	0.2%
Other	17	1.8%
No Response	9	0.9%

<b><u>6. Class Year</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Freshman	126	13.0%
Sophomore	151	15.6%
Junior	166	17.1%
Senior	186	19.2%
Graduate Student	269	27.7%
Post-Baccalaureate Program	4	0.4%
Post-Doctoral Student/Fellow	2	0.2%
Other / No Response/Missing	66	6.8%

<b><u>7. Academic Standing</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Good Standing	860	88.7%
Academically dismissed	4	0.4%
Reinstated	10	1.0%
On Probation	54	5.6%
Other / No Response	42	4.3%

<b><u>8. Other Items</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
International Students	96	9.9%
Transfer Students	38	3.9%
Physically Challenged Students	13	1.3%
Students concerned about Attention Deficit Disorder (ADD)	172	17.7%

<b><u>9. Academic Major</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
<b>Undeclared/ Undecided</b>	<b>43</b>	<b>4.4%</b>
<b>No Response</b>	<b>38</b>	<b>3.9%</b>
<b>Arts and Science Totals</b>	<b>587</b>	<b>60.5%</b>
Anthropology	21	2.2%
Behavioral Biology	7	0.7%
Biology	61	6.3%
Biophysics	8	0.8%
Chemistry	20	2.1%
Classics	10	1.0%
Cognitive Science	11	1.1%
Comparative American Cultures	0	0%
Earth & Planetary Science	7	0.7%
East Asian Studies	7	0.7%
Economics	24	2.5%
English	16	1.7%
Environmental Earth Sciences	3	0.3%
Film and Media Studies	3	0.3%
French	7	0.7%
German	5	0.5%
History	27	2.8%
History of Art	13	1.3%
History of Science, Medicine, & Technology	5	0.5%
International Studies	47	4.9%
Italian Studies	3	0.3%
Latin American Studies	1	0.1%
Mathematics	10	1.0%
Music	10	1.0%
Near Eastern Studies	5	0.5%
Neuroscience	28	2.9%
Philosophy	9	0.9%
Physics & Astronomy	16	1.7%
Political Science	28	2.9%
Pre-Med Cert (Post-Baccalaureate)	4	0.4%
Psychological and Brain Sciences	46	4.7%
Public Health	59	6.1%
Public Policy	12	1.2%
Romance Languages	1	0.1%
Science, Medicine, & Technology	0	0.0%
Sociology	8	0.8%
Spanish	3	0.3%

<b><u>9. Academic Major (cont.)</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Writing Seminars	34	3.5%
Other Arts & Sciences	3	0.3%
Humanistic Studies	0	0.0%
Natural Sciences	4	0.4%
Social & Behavioral Sciences	1	0.1%
Area Majors Other	0	0.0%

<b><u>Engineering Totals</u></b>	<b><u>187</u></b>	<b><u>19.3%</u></b>
Biomedical Engineering	32	3.3 %
Chemical Engineering	33	3.4 %
Civil Engineering	13	1.3%
Computer Engineering	7	0.7%
Computer Science	18	1.9%
Electrical Engineering	12	1.2%
Engineering Mechanics	2	2.0%
General Engineering	3	0.3%
Geography & Environmental Engineering	15	1.5%
Materials Science & Engineering	13	1.3%
Mathematical Sciences	9	0.9 %
Mechanical Engineering	23	1.9%
Other Engineering	7	0.7%

<b><u>9a. Peabody- Affiliated School Total</u></b>	<b><u>54</u></b>	<b><u>5.6%</u></b>
Performance Certificate	0	0.0%
GPD	3	0.3%
Peabody/Homewood Double Degree Program	0	0.0%
Performance: Bachelors	30	3.1%
Performance: Masters	12	1.2%
DMA	4	0.4%
AD	0	0.0%
Music Education: Bachelors	0	0.0%
Music Education: Masters	0	0.0%
Recording Arts: Bachelors	0	0.0%
Recording Arts: Masters	0	0.0%
Conducting	0	0.0%
Other Peabody	5	0.5%
Not Reported/Missing	0	0.0%

<b><u>9b. Nursing - Affiliated School Total</u></b>	<b><u>61</u></b>	<b><u>6.3%</u></b>
Regular Program	26	2.7%
Accelerated Program	25	2.6%
Other Nursing Affiliated School	10	1.0%
Other/Missing	6	0.1%

<b><u>10. Medical Information/History</u></b>		
Previously received counseling elsewhere	387	39.9%
Currently taking medication	443	45.7%
Experiencing medical problems	153	15.8%
Medical problem in family	121	12.5%
Emotional problem in family	168	17.3%
Alcoholism/Substance abuse in family	68	7.0%

<b><u>11. Residence</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
<b>Residence Halls (On-Campus Total)</b>	<b>326</b>	<b>33.6%</b>
AMR I	16	1.6%
AMR II	32	3.3%
Building A	8	0.8%
Building B	16	1.7%
Charles Commons	81	8.4%
McCoy Hall	55	5.7%
Wolman Hall	45	4.6%
Bradford Apartments	19	2.0%
Homewood Apartments	40	4.1%
Rogers House	0	0%
Peabody Residence Hall	14	1.4%
<b>Campus Housing Other</b>	<b>19</b>	<b>2.0%</b>
<b>Off-campus Other</b>	<b>610</b>	<b>62.9%</b>
<b>No Response</b>	<b>15</b>	<b>1.5%</b>

<b><u>12. How first heard of Counseling Center</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Brochure	107	11.0%
Career Center	7	0.7%
Faculty	43	4.4%
Flyer	12	1.2%
Friend	189	19.5%
Relative	36	3.7%
Residence Hall Staff	35	3.6%
Contact w/ Center Staff	25	2.6%
Newsletter	2	0.2%
Saw Location	39	4.0%
Student Health & Wellness	102	10.5%
JHU Publication	19	2.0%
Peabody Publication	9	0.9%
Word of Mouth	90	9.3%
Dean of Students	27	2.8%
Security Office	0	0.0%
Other	124	12.8%
No Response	104	10.7%

<b><u>13. Referral Source</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Myself	508	52.4%
Friend	128	13.2%
Relative	34	3.5%
Residential Life Staff	36	3.7%
Faculty	32	3.3%
Staff	14	1.4%
Student Health & Wellness	67	6.9%
Career Center	2	0.2%
Academic Advising	14	1.4%
Dean of Students	35	3.6%
Security Office	1	0.1%
Other	32	3.3%
No Response	67	6.9%

**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.

#	<u>Presenting Concern</u>	#	%
1	Anxiety, fears, worries (Item #18)	333	34.30%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	308	31.80%
3	Time management, procrastination, getting motivated (Item #3)	283	29.20%
4	Academic concerns; school work and grades (Item #1)	250	25.80%
5	Depression (Item #26)	196	20.20%
6	Self-confidence or self-esteem, feeling inferior (Item #16)	194	20.00%
7	Generally unhappy and dissatisfied (Item #21)	186	19.20%
8	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	175	18.00%
9	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	162	16.70%
10	Overly high academic standards for self (Item #5)	157	16.20%
11	Loneliness, homesickness (Item # 9)	146	15.10%
12	Relationship with romantic partner (Item #12)	133	13.70%
13	Test anxiety (Item #2)	126	13.00%
14	Concern regarding breakup, separation, divorce (Item #13)	125	12.90%
15	Stage fright, performance anxiety, speaking anxiety (Item #4)	102	10.50%
16	Decision about selecting a major and/or career (Item #8)	100	10.30%
17	Pressures from family for success (Item #7)	97	10.00%
18	Physical stress (Item #35)	96	9.90%
19	Conflict/argument with parents or family member (Item #14)	91	9.40%
20	Concern over appearances (Item #17)	90	9.30%
21	Pressures from competition with others (Item #6)	78	8.00%
22	Shy or ill at ease around others (Item #15)	78	8.00%
23	Concern that thinking is very confused (Item #40)	75	7.70%
24	Irritable, angry hostile feelings; difficulty expressing anger appropriately (Item #39)	74	7.60%
25	Relationship with friends and/or making friends (Item #11)	73	7.50%
26	Eating problem (overeating, not eating or excessive dieting) (Item #29)	62	6.40%
27	Have been considering dropping out or leaving school (Item #44)	61	6.30%
28	Problem adjusting to the University (Item #20)	48	4.90%
29	Grief over death or loss (Item #27)	46	4.70%
30	Concerns about health; physical illness (Item #34)	43	4.40%
31	Physically or emotionally abused, as a child or adult (Item #33)	35	3.60%
32	Sexual matters (Item #37)	29	3.00%
33	Confusion over personal or religious beliefs and values (Item #22)	26	2.70%
34	Relationship with roommate (Item #10)	25	2.60%
35	Fear of loss of contact with reality (Item #42)	25	2.60%
36	Sexually abused or assaulted, as a child or adult (Item #32)	17	1.80%
37	Alcohol/drug problem in family (Item #31)	17	1.80%
38	Fear that someone is out to get me (Item #41)	15	1.50%
39	Violent thoughts, feeling or behaviors (Item #43)	15	1.50%
40	Issues related to gay/lesbian identity (Item #24)	14	1.40%
41	Alcohol and/or drug problem (Item #30)	13	1.30%
42	Concerns related to being a member of a minority (Item #23)	11	1.10%
43	Problem Pregnancy (Item #38)	9	0.90%
44	Feel that someone is stalking or harassing me (by phone, letter or email) (Item #45)	7	0.70%

**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>Career Issues</u>	<u>Number</u>	<u>%</u>
Decision about selecting a major/career (Item #8)	100	10.3%
<u>Academic Issues</u>		
Time management, procrastination, motivation (Item #3)	283	29.2%
Academic concerns; school work/grades (Item #1)	250	25.8%
Overly high standards for self (Item #5)	157	16.2%
Test anxiety (Item #2)	126	13.0%
Stage fright, performance anxiety, speaking anxiety (Item #4)	102	10.5%
Pressures from competition with others (Item #6)	78	8.0%
Pressure from family for success (Item #7)	97	10.0%
Have been considering dropping out or leaving school (Item #44)	61	6.3%
<u>Relationship Issues</u>		
Loneliness, homesickness (Item #9)	146	15.1%
Relationship with romantic partner (Item #12)	133	13.7%
Concern regarding breakup, separation, or divorce (Item #13)	125	12.9%
Shy or ill at ease around others (Item #15)	78	8.0%
Relationship with friends and/or making friends (Item #11)	73	7.5%
Conflict/argument with parents or family member (Item #14)	91	9.4%
Relationship with roommate (Item #10)	25	2.6%
<u>Self-esteem Issues</u>		
Self-confidence/Self-esteem; feeling inferior (Item #16)	194	20.0%
Concern over appearances (Item #17)	90	9.3%
Shy or ill at ease around others (Item #15)	78	8.0%
<u>Anxiety Issues</u>		
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	308	31.8%
Anxieties, fears, worries (Item #18)	333	34.3%
Problem adjusting to the University (Item #20)	48	4.9%
<u>Existential Issues</u>		
Generally unhappy and dissatisfied (Item #21)	186	19.2%
Confusion over personal or religious beliefs and values (Item #22)	26	2.7%
Concerns related to being a member of a minority (Item #23)	11	1.1%
Issue related to gay/lesbian identity (Item #24)	14	1.4%
<u>Depression</u>		
Depression (Item #26)	196	20.2%
General lack of motivation, interest in life; detachment and hopelessness (Item #25)	162	16.7%
Grief over death or loss (Item #27)	46	4.7%
<u>Eating Disorder</u>		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	62	6.4%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	157	16.2%
<u>Substance Abuse</u>		
Alcohol and/or drug problem (Item #30)	13	1.3%
Alcohol/drug problem in family (Item #31)	17	1.8%
<u>Sexual Abuse or Harassment</u>		
Physically or emotionally abused, as a child or adult (Item #33)	35	3.6%
Sexually abused or assaulted, as a child or adult (Item #32)	17	1.8%
<u>Stress and Psychosomatic Symptoms</u>		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	175	18.0%
Physical stress (Item #35)	96	9.9%
Concerns about health; physical illness (Item #34)	43	4.4%
<u>Sexual Dysfunction or Issues</u>		
Sexual matters (Item #37)	29	3.0%
Problem pregnancy (Item #38)	9	0.9%

<b>Unusual Thoughts or Behavior</b>		
Concern that thinking is very confused (Item #40)	75	7.7%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	74	7.6%
Fear of loss of contact with reality (Item #42)	25	2.6%
Fear that someone is out to get me (Item #41)	15	1.5%
Violent thoughts, feelings, or behaviors (Item #43)	15	1.5%

<b>16. Behavioral Health Monitor by Item at Intake (N=970)</b>	<b># Reporting Extremely or Very Serious Problem (+moderate Problem)</b>	<b>%</b>
1) How distressed have you been?	289	29.8%
2) How satisfied have you been with your life?	239	24.6%
3) How energetic and motivated have you been feeling?	329	33.9%
4) How much have you been distressed by feeling fearful, scared?	151	15.6%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	9	0.9%
6) How much have you been distressed by wanting to harm someone?	7 (26)	0.7% (22.7%)
7) How much have you been distressed by not liking yourself?	204	21.0%
8) How much have you been distressed by difficulty concentrating?	353	36.4%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	34	3.5%
10) How much have you been distressed by thoughts of ending your life?	19 (54)	2.0% (5.6%)
11) How much have you been distressed by feeling sad most of the time?	196	20.2%
12) How much have you been distressed by feeling hopeless about the future?	172	17.7%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	141	14.5%
14) How much have you been distressed by alcohol/drug use interfering with your relationships with family and/or friends?	12	1.2%
15) How much have you been distressed by feeling nervous?	243	25.0%
16) How much have you been distressed by your heart pounding or racing?	119	12.3%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	195	20.1%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	178	18.3%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	126	13.0%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	204	21.0%

**C) Individual Psychotherapy: Intake Service Evaluation Survey.**

**1) Respondents' Characteristics: (N=478) (48% return rate)**

<b>1) Race:</b>		<b>2) Class Status:</b>		<b>3) Residence:</b>	
African-American	6.5%	Freshman	11.3%	On-campus	34.7%
Asian-American	12.6%	Sophomore	16.5%	Off-campus w family	7.3%
Caucasian	67.2%	Junior	18.6%	Other off-campus	57.7%
Latino	5.0%	Senior	20.5%	NR	0.2%
Other	7.7%	Graduate Student	30.5%		
NR	1.0%	Alumni	0.6%		
		Other/NR	1.9%		
<b>4) School Affiliation</b>		<b>5) Gender:</b>			
Arts and Sciences - Hmwd	62.8%	Male	36.2%		
Engineering - Hmwd	23.6%	Female	63.8%		
Nursing School	5.9%				
Peabody Institute	6.9%				
Other/NR	0.8%				

**2) Respondents' Evaluation and Comments:**

<b>6) I was able to see a therapist for my first appointment within a reasonable amount of time:</b>					
Yes -----	95.8%	No -----	1.7%	Unsure-----	1.7%
		NR-----			0.8%
<b>7) I found the receptionist to be courteous and helpful:</b>					
Yes -----	96.9%	No -----	1.1%	Unsure-----	1.5%
		NR -----			0.6%
<b>8) I felt comfortable waiting in the reception area:</b>					
Yes -----	92.1%	No -----	4.0%	Unsure -----	3.1%
		NR -----			0.2%
<b>9) Do you feel the therapist was attentive and courteous?</b>					
Yes -----	96.2%	No -----	0.0%	Unsure -----	0.6%
		NR -----			3.1%
<b>10) Do you feel the therapist understood your problem(s)?</b>					
Yes -----	90.8%	No -----	0.2%	Unsure-----	5.6%
		NR -----			3.3%
<b>11) Did the therapist give you information about the services of the Counseling Center?</b>					
Yes -----	88.3%	No -----	2.3%	Unsure -----	5.2%
		NR -----			4.2%
<b>12) Do you plan to continue with additional services at the Center?</b>					
Yes, I was satisfied with service -----					79.1%
Yes, If I can get a convenient appointment -----					4.2%
Yes, but I'm not sure this is the best place -----					4.0%
Yes, if-----					3.3%
No, because problem was solved-----					1.9%
No, because I don't have a problem-----					0.8%
No, because I don't like the therapist-----					0.0%
No, not eligible-----					1.0%
No, not now -----					1.0%
No, because -----					2.5%
No Response (NR)-----					2.1%
<b>13) Overall Impression of Counseling Center?</b>					
Excellent -----	57.5%	Good -----	39.5%	Fair -----	3.0%
		Poor -----		NR-----	2.1%



**14) Comments.** There were 85 comments from 78 clients on the Service Evaluation Forms. Seventy four comments (87%) were viewed as positive, 6 comments (7%) were assessed as somewhat negative, and 5 comments (6%) were considered neutral.

#	COMMENTS	Pos.	Neu.	Neg.
1	Therapist #3 is awesome! I love the secretaries! Therapist #59 is very patient. Overall, I have had a very positive and helpful experience.	4		
2	I feel very confident with Therapist #3.	1		
3	I have been seeing Therapist #41 for about six months now, and he has been extremely helpful. I have made substantial growth, and have learned a great deal about managing my emotional health. The counseling center has been a tremendous resource for me. The stuff is absolutely excellent. I Could not be more satisfied.	4		
4	Best thing I've ever done for myself. Therapist #41 is amazing and has given me the skills to change my life for the better.	2		
5	Thanks so much ☺	1		
6	Thank you.	1		
7	Everyone I've had occasion to talk to has been extremely helpful and courteous, especially the receptionists and Therapist #63.	1		
8	Therapist #61 rocks.	1		
9	I'm not sure where I'd be if I had never come to the counseling center.	1		
10	The secretary is always so friendly and helpful.	1		
11	It would be nice if the reception area was more private...I feel awkward knowing that people who know me will see me and know I "have a problem"...			1
12	Therapist #62 was very attentive to my concerns and has been very helpful in allowing me to think about and work through my issues.	1		
13	Therapist #41 has been incredibly patient and helpful beyond words.	1		
14	Very helpful in my growth.	1		
15	Therapist #6 is great, and has been very helpful!	1		
16	Thank you so much for your support the last 2 years.	1		
17	Thank you!	1		
18	I have always felt incredibly comfortable coming to the center even when I've been upset. And everyone I've encountered on the staff has been absolutely wonderful.	1		
19	I was unsure about the CC at first, but ended up feeling comfortable and helped.	1		
20	Thanks!!!	1		
21	Thank you!	1		
22	Therapist #41 is great!	1		
23	Therapist #63 is great!	1		
24	I am so pleased that these services are available and that someone saw that I might benefit from them!	1		
25	I've been very, very impressed w/ both the center & my therapist!	1		
26	I love this place. Great people, kind and understanding.	1		
27	Very understanding about school schedules/problems	1		
28	Thanks everyone!	1		
29	Therapist #46 is excellent	1		
30	Therapist #2 was prompt and courteous. A pleasure to deal with.	1		
31	Therapist #46 is/was excellent. He showed a remarkable understanding of my personality and knew very quickly how to best conduct therapy with me. Chapeau!	1		
32	I've been in treatment here for a number of years and have always been satisfied with the services	1		
33	Therapist #70 is great. Thank you.	1		
34	I felt listened to.	1		
35	Gave me great advice on referrals	1		
36	:)	1		
37	Big problems I have, but also a very good start		1	
38	Everyone was really friendly and made for a comfortable atmosphere. Therapist #3 was extremely kind, understanding, and easy to talk to.	1		

#	COMMENTS (cont.)	Pos.	Neu.	Neg.
39	I would've enjoyed marking the above scale with a five or a six even in light of the fact that "excellent" is a 4.	1		
40	Very insightful feedback, friendly demeanor made me feel at ease and respected	1		
41	Therapist #68 was good; very understanding	1		
42	Therapist #3 is brilliant! : )	1		
43	Great environment!	1		
44	Room was pretty dark...I may prefer little brighter room.			1
45	Thanks for cookies	1		
46	Very helpful	1		
47	Happy, just wish I didn't have to talk so much		1	
48	Very helpful	1		
49	I felt a little hopeful after my meeting	1		
50	I love you guys	1		
51	Thanks.	1		
52	Very pleased. Therapist #6 was very helpful and understanding and made me feel extremely comfortable.	1		
53	I want to become as attentive a listener as my counselor	1		
54	It took me over a week and a half to get an appointment; that's unreasonable. I wanted to see someone more immediately, and am tired of seeing <u>stupid</u> interns.			1
55	Good.	1		
56	From the perception I got, the counseling center seems to be a great place.	1		
57	The only problem was the waiting time for my appointment, but I think it was a miscommunication.		1	
58	I love Therapist #35	1		
59	Therapist #68 was extremely helpful. We made a ton of progress. Thank you so much for having these services available!! ☺	1		
60	The counselor seemed like the very stereotypical version of a therapist...notes, nodding, telling me he understood...not like an actual talk between two people. It seemed sort of unrealistic, but he is very nice.		1	
61	The first session was very useful for telling Therapist #6 about myself, and my past. I felt like she was carefully paying attention to every detail I provided and expressed an intent to review other therapists' notes as well. I definitely plan to return to meet with her again, and will also look into group suggestions which she suggested.	1		
62	My therapist was very nice and understanding.	1		
63	I am extremely satisfied. Therapist #3 understood what was going on very quickly.	1		
64	Therapist #73 offered suggestions and validations that were exactly what I was looking for. She seemed to understand what my problem was and was able to relate to my problem without assuming she knew exactly what I was going through.	1		
65	Will I have to fill out paperwork EVERY TIME I come?			1
66	Pleasant, not awkward, I like Therapist #47.	1		
67	The reception/waiting area provides no privacy. Why is this located next to the career center?			1
68	It would be nice if there was as option in the waiting room to write your name on a slip of paper instead of announcing it. With the advent of social networking websites- all people need is your name and they know everything about you—PLUS the fact that you're in therapy.			1
69	Very attentive and compassionate. Gave me some good goals to focus on this week.	1		
70	Thank you.	1		
71	Great first visit ☺ Therapist #35 was wonderful. Hopefully I will be back!	1		
72	Therapist #61 is great!	1		
73	It was good for a first meeting. I'd be interested to see how/if things get better depending on my own setting.		1	
74	Very Helpful!	1		
75	Therapist #68 was really nice and easy to talk to. She was able to organize my issues into goals for myself.	1		
76	Everyone was so friendly. I felt very well taken care of.	1		
77	Thank you.	1		
78	Very calm, relaxing environment	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 and continues to be used in subsequent years. 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 Netbook 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:

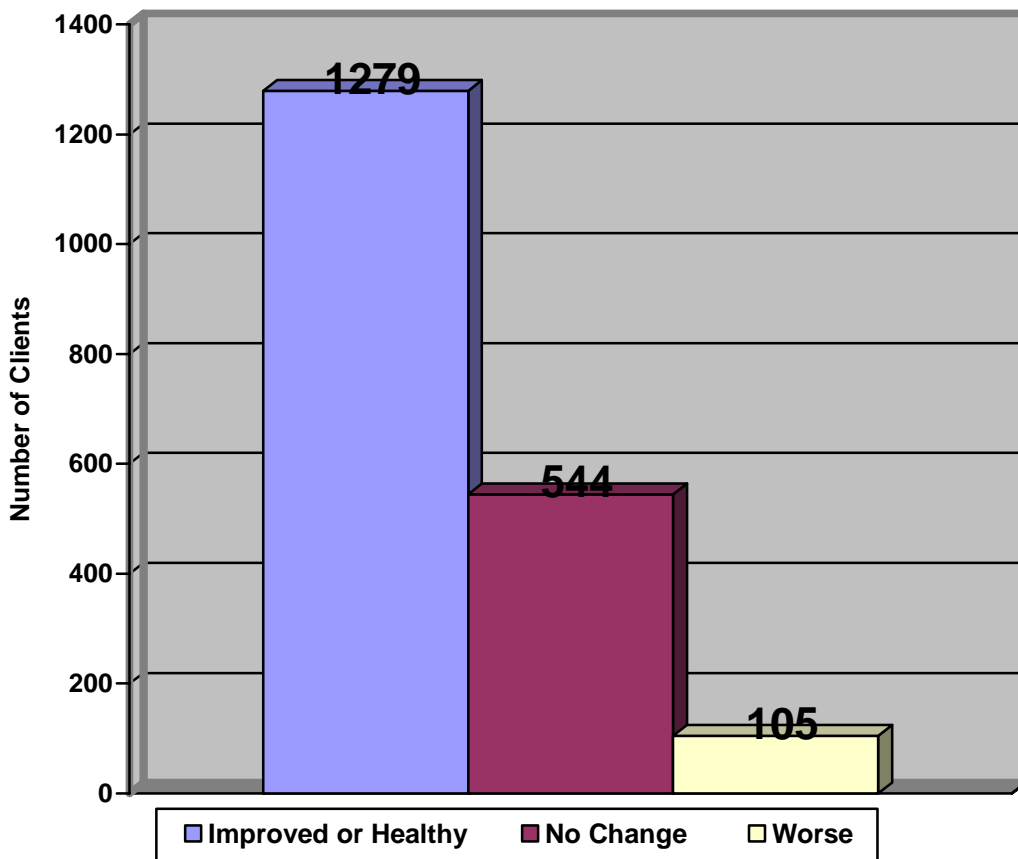
BHM20 Score	Mental Health Category
2.93 - 3.30	Indicates positive mental health for college students
2.10 - 2.92	Indicates mild illness or adaptive difficulty
0.00 - 2.09	Is symptomatic of serious illness

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%)

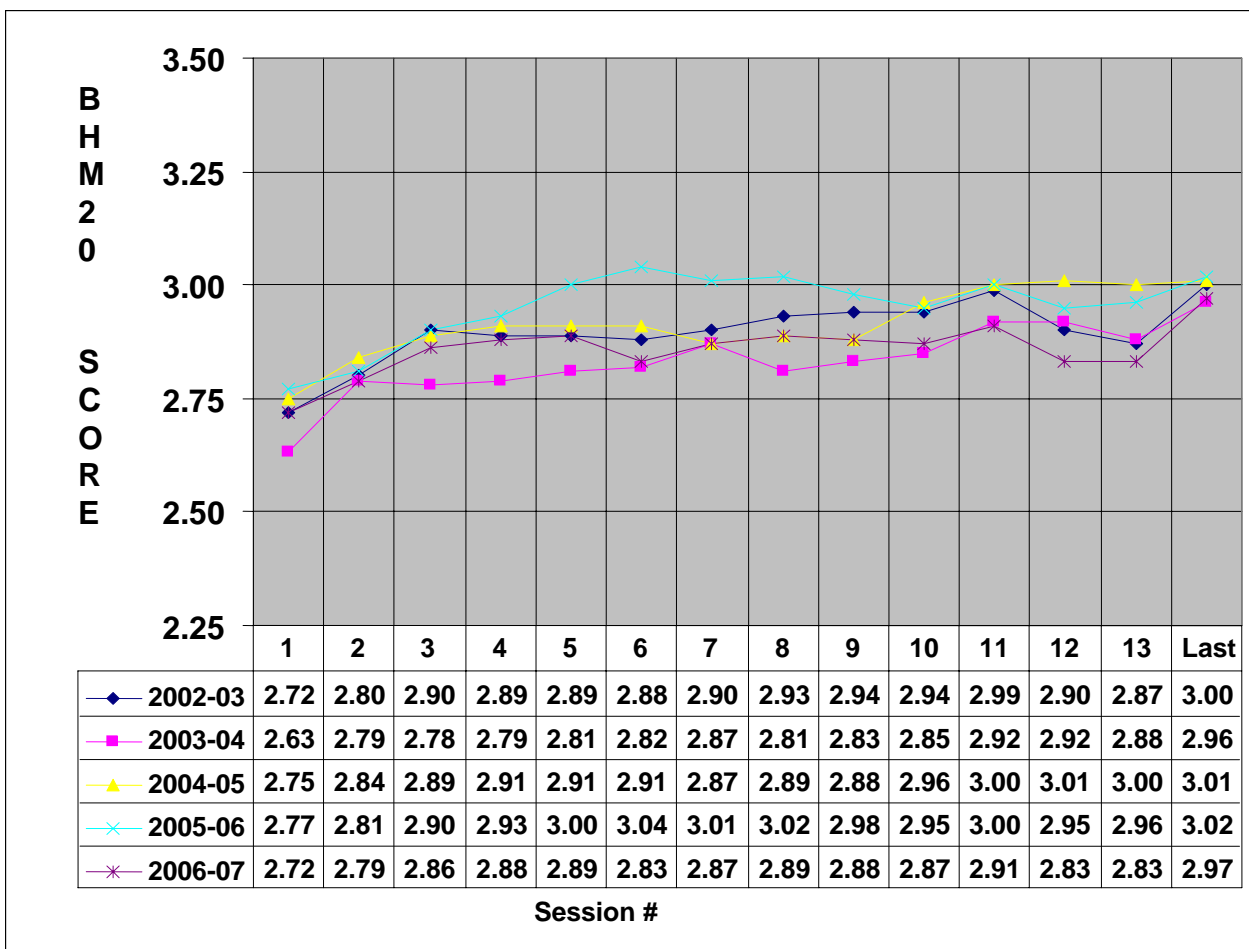
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student 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 this 5 year period 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, are in the “healthy” range. It has been hypothesized that the average BHM20 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.



3) **BHM20 Research Findings: 2008-09.**

In 2007-08, working with Dr. Kopta, the mental health categories and cutoff scores were reviewed and revised. 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 Score	Mental Health Category
2.93 - 4.00	Positive mental health for college students (normal)
2.38 - 2.92	Mild distress
2.08 - 2.37	Moderate distress
0.00 - 2.07	Severe distress or Serious Mental Health Problem

During the past year, 2008-09, the Counseling Center gave the BHM20 to 969 new and returning clients prior to every session. Table 2 below shows the percentage of clients that fall within each of these revised mental health categories. This past year 48% of all clients (new and returning clients) seen were in the normal range at the initial therapy session. This figure is higher than the 34% reported for clients seen between 2002 and 2007 because those years included only new clients who are more distressed on average than returning clients.

Table 2. Distribution of Client BHM20 Scores at the Initial Session of the Year by Mental Health Category.

BHM20 Health Category	Initial Session of Year (n=911)
Normal range (BHM= 2.94 - 4.00)	48%
Mildly distressed range (BHM=2.38 – 2.93)	30%
Moderately distressed range (BHM= 2.09 - 2.37)	11%
Severely distressed range (BHM= <2.09)	12%

It was found that of the 394 new and returning clients that indicated a distressed BHM20 score at the initial session (and also had at least 2 sessions with valid BHM20 scores at the initial and most recent session), 47.2% showed recovery, 66.2% showed improvement (includes recovered clients), 25.3% showed no change, and 8.7% showed deterioration. This is comparable to the 66% improvement, 28% no change, and 5% deterioration rates reported for new clients seen between 2002 and 2007.

Table 3 below provides a breakdown of how “new clients” in 2008-09 change between mental health categories. Overall, this table shows that 77.8% of new clients were in the normal mental health range at their last session, 13.0% did not change, and 9.2% deteriorated. This compares to 71.2%, 19.6%, and 8.7% respectively in 2007-08.

**Table 3. Client Change in Mental Health Status in New CC Clients seen more than 1 session: 2008-09 (n=391)**

	Change in mental health category between Intake Session and Last Session	# New Clients	% New Clients	Healthy (Normal) or Improved Significantly	No Change & in Unhealthy Range	In Unhealthy Range or got Significantly Worse
<b>Improved</b>	1) Severe to Moderate (1 to 2)	10	2.6%	<b>304 (77.8%)</b>	<b>51 (13.0%)</b>	<b>36 (9.2%)</b>
	2) Severe to Mild (1 to 3)	12	3.1%			
	3) Severe to Healthy (1 to 4)	24	6.1%			
	4) Moderate to Mild (2 to 3)	26	6.6%			
	5) Moderate to Healthy (2 to 4)	22	5.6%			
	6) Mild to Healthy (3 to 4)	78	20.0%			
	7) Improved sign. in categ. (>.63)	0	0.0%			
	<b>TOTAL IMPROVED</b>	172	44.0%			
<b>No Change</b>	8) Healthy to Healthy (4 to 4)	132	33.8%			
	9) Mild to Mild (3 to 3)	38	9.7%			
	10) Moderate to Moderate (2 to 2)	4	1.0%			
	11) Severe to Severe (1 to 1)	9	2.3%			
	<b>TOTAL NO CHANGE</b>	183	46.8%			
<b>Worse</b>	12) Healthy to Mild (4 to 3)	17	4.3%			
	13) Healthy to Moderate (4 to 2)	4	1.0%			
	14) Healthy to Severe (4 to 1)	2	.5%			
	15) Mild to Moderate (3 to 2)	8	2.0%			
	16) Mild to Severe (3 to 1)	2	.5%			
	17) Moderate to Severe (2 to 1)	2	.5%			
	18) Sign. worse in category (>.63)	1	.3%			
	<b>TOTAL WORSE</b>	36	9.2%			

Table 4 below shows the mean BHM20 scores across sessions through session 12 and for the last session for “all clients” (new and returning), “new clients” and “returning clients.” The mean BHM20 scores at the initial session for all, new, and returning clients were respectively 2.83, 2.80, and 2.86. The mean BHM20 score at the last session of the year for all clients, new clients, and returning clients were respectively were 3.06, 3.10, and 3.01. For all client groups the initial session on average was in the “mild illness or adaptive difficulty” range. Average BHM20 scores for all client groups in the last session of the year, regardless of the number of sessions, were in the normal or healthy range. As noted with previous years data it has been hypothesized that the average BHM20 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.

**Table 4. Average BHM20 scores and standard deviation for clients seen during 2008-09 from initial session of year through session 12 and for the last session of the year.**

Session # (2008-09)	Int 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- All Clients	913	737	601	508	448	390	339	304	260	225	191	162	932
N- New Clients Only	507	400	310	250	219	190	170	143	116	97	81	62	516
N- Returning Clients Only	391	326	285	251	222	194	163	157	141	127	109	99	397
Mean Score –All Clients	2.83	2.88	2.93	2.97	3.01	3.03	3.01	3.02	3.00	3.05	3.01	3.00	3.06
Mean Score - New Only	2.80	2.86	2.95	3.01	3.04	3.09	3.06	3.03	3.04	3.10	2.98	2.99	3.10
Mean Score-Ret Clients Only	2.86	2.91	2.91	2.92	2.97	2.96	2.98	3.00	2.97	3.01	3.03	3.02	3.01
SD- All Clients	.60	.56	.53	.56	.53	.55	.57	.58	.59	.60	.61	.58	.58
SD-New Clients Only	.59	.55	.51	.54	.54	.55	.57	.56	.59	.58	.66	.59	.56
SD-Ret Clients Only	.60	.58	.56	.58	.52	.56	.58	.61	.60	.62	.57	.58	.60

Finally, Table 5 below shows a comparison of BHM20 average scores at the initial session of the year and at the last session of the year for selected populations. Improvements were noted for virtually all categories of clients. Students who presented on emergency, as expected, had a more serious average score at intake. Clients referred by the Referred by the Dean of Students Office and by faculty presented with more severe intake scores than other groupings.

**Table 4. Comparison of initial BHM20 scores last session BHM20 scores of clients during 2008-2009. Positive mental health for college students is 2.93 and above.**

Group	2008-09 Initial BHM20 Mean Score	2008-09 Last Session BHM20 Mean Score	Comment
Males	2.82	3.11	
Females	2.83	3.03	
Males + Females	2.83	3.06	
Freshman	2.81	3.14	
Sophomores	2.80	3.02	
Juniors	2.84	3.02	
Seniors	2.88	3.08	
Graduate Students	2.81	3.06	
International Students	2.78	3.03	n=91
Arts & Sciences	2.83	3.04	
Engineering	2.91	3.13	
Nursing	2.82	3.10	
Peabody Conservatory of Music	2.70	3.11	
African-American	2.84	3.01	n=59
Asian	2.76	2.92	n=150
Latino	2.70	3.02	n=60
Caucasian	2.87	3.11	
Biracial	2.76	3.09	n=28
Native-American	2.80	3.21	small n=5
New Intake – Scheduled Appointment	2.84	3.12	n=434
New Intake – Emergency Appointment	2.51	2.89	n=82
Returning Intake- Scheduled Appointment	2.92	3.05	n=353
Returning Intake- Emergency Appointment	2.39	2.75	n=42
Referred by Self	2.83	3.07	n=493
Referred by Friend	2.70	3.04	n=121
Referred by Relative	2.92	3.14	n=32
Referred by Residential Life Staff	3.35	3.52	n=35
Referred by Faculty	2.62	2.80	n=29
Referred by Staff	2.74	2.74	small n=14
Referred by Student Health	2.82	3.03	n=64
Referred by Career Center	2.55	2.55	Small n=2
Referred by Academic Advising	2.66	2.73	Small n=14
Referred by Dean of Students Office	2.62	2.99	n=33
Staff Member with Worst Intake clients (>25 clients)	2.71		
Staff Member with best Intake clients (>25 clients)	2.97		
1 <sup>st</sup> Worst Week of Fall Semester for Intakes (Week #22)	2.58		Week of October 13, 2008 – 18 intakes
2 <sup>nd</sup> Worst Week of Fall Semester for Intakes (Week #26)	2.60		Week of November 10, 2008– 22 intakes
1 <sup>st</sup> Worst Week of Spring Semester for Intakes (Week #44)	2.40		Week of March 16, 2009– 7 intakes
2 <sup>nd</sup> Worst Week of Spring Semester for Intakes (Week #47)	2.55		Week of April 6, 2007 – 12 intakes

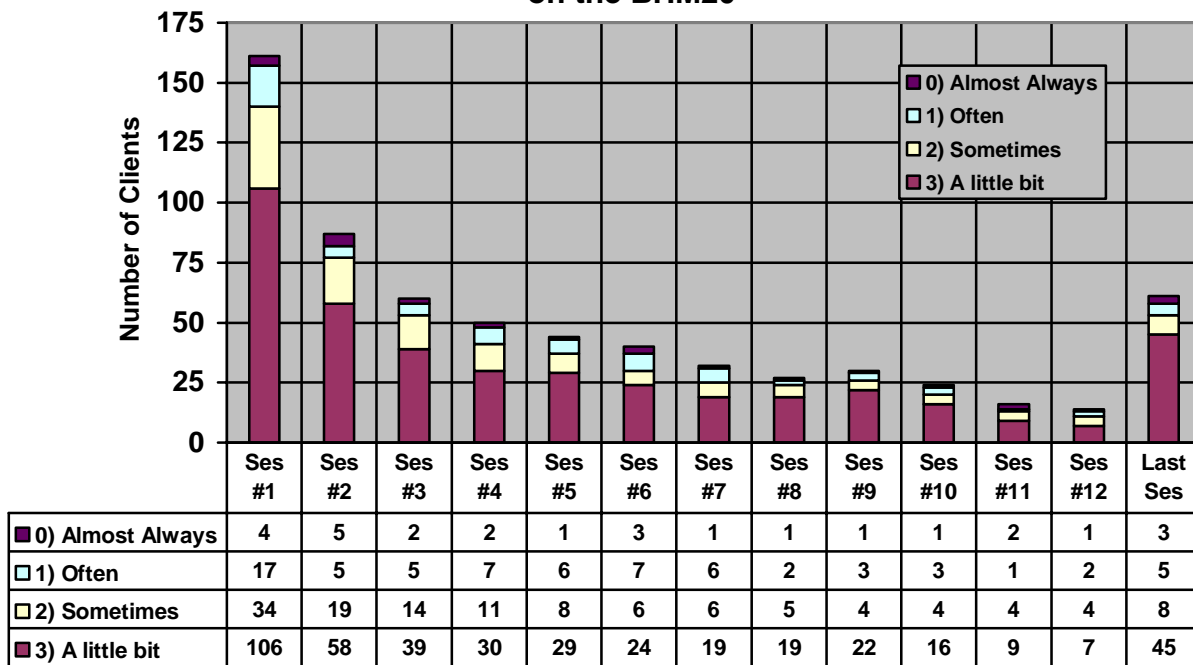
**B) Suicide Tracking.**

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 560 students have been monitored through our suicide tracking system.

**1) Managerial Data of Suicide Tracking System: 2008-09.**

During the past year 161 clients (16%) of 970 clients presenting at the Counseling Center reported some suicidal content at intake. This included 94 females and 67 males. Also, 15 were international students. Of these 161 clients, 54 (5.6% of all student clients) reported moderate, serious, or severe suicidal thoughts (25 males, 29 females, 6 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 31 were enrolled in Arts and Science, 14 were enrolled in Engineering, 6 were enrolled at Peabody and 2 at the Nursing School. Eight identified as African- American, 11 as Asian, 2 as Latino, 29 as Caucasian and 1 as biracial. Eleven reported they were freshmen, 9 were sophomores, 8 were juniors, 12 were seniors and 10 were graduate students. Figure 3 below shows the number of clients who reported “thoughts of ending your life,” on the BHM20 across 12 sessions of psychotherapy during the 2008-09 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 of clients who reduce their “suicidality” and end their treatment as well as drop outs, withdrawals, terminations, and referrals. The last session indicates suicidality at the last session whether it was just a few sessions or whether it extended beyond 12 sessions.

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



When clients were questioned during the subsequent clinical interview or met the criteria for entry into the STS by endorsing an additional item that indicating a level or risk for acting on their suicidality it was found that 43 clients (4.4% of all student clients) met the criteria to be placed in Counseling Center’s Suicide Tracking System (STS). One client entered the STS twice. 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.) Table 5 below summarizes changes by outcome category for the clients in the CC STS. As can be seen in the table 13 of the clients (29%) completed resolved their suicidality in an average of 8.5 sessions. 18 suicidal clients(41%) continue in treatment as the academic year ends even though substantial improvement is demonstrated. Two suicidal clients were referred out, 3 clients choose to discontinue their treatment, 5 clients dropped out, and 3 clients withdrew from the University. Again, as shown in the table, all these client STS categories showed improvement except those that withdrew from the University.



**Table 5. Summary of Change in Suicide Tracking Clients for 2008-09.**

Client Outcome Category at the End of AY2008-09	# of Clients	Mean 1 <sup>st</sup> Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients who Successfully Achieved Resolution of Suicidality	13 (29%)	2.04	3.06	+1.02	8.5
Clients Referred Out	2 (5%)	2.33	3.05	+.71	11.5
Clients Who Terminated Treatment	3 (7%)	2.40	2.85	+.45	8.3
Clients Who Dropped Out	5 (11%)	2.72	3.03	+.31	4.8
Clients Who Withdrew & Left School	3 (7%)	2.67	2.47	-.20	8.7
Clients Continuing in Treatment	18 (41%)	2.03	2.78	+.75	11.4
<b>All Suicide Tracking Clients</b>	<b>44 (100%)</b>	<b>2.19</b>	<b>2.93</b>	<b>+.62</b>	<b>9.34</b>

Table 6 below compares STS clients who received medication regardless of therapy outcome with those that did not receive medication. Change for both groups was about the same although only the medication group obtained an average score in the healthy range by the end of the 2008-09 academic year. The medication group also averaged more sessions and it is possible greater length of treatment rather than medication was responsible for the increased change.

**Table 6. Summary of Change for Suicide Tracking Clients by Medication.**

	# of Clients	Mean 1 <sup>st</sup> Session BHM20 Score	Mean Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients on Medication	29	2.21	2.96	+.74	10.6
Clients not on Medication	15	2.15	2.85	+.70	6.8

Table 7 below shows that the clients on medication who resolved their suicidality were more serious at intake than the clients not put on medication. Both groups improved significantly although the medication group took longer to do so.

**Table 7. Summary of Change in Resolved Clients Suicide Tracking Clients by Medication.**

	# of Clients	Mean 1 <sup>st</sup> Session BHM20 Score	Mean Last Session BHM20 Score	Mean Change Score	Mean # of Session
Resolved Clients on Medication	9	2.02	3.13	+1.11	9.7
Resolved Clients not on Medication	4	2.34	3.08	+.94	5.8

## **2) Continuing Suicide Tracking 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.

Finally, the Counseling Center has been working closely with Dr. Mark Kopta 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 netbook. 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: 2008-09

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 9 different psychotherapy groups for a total of 130 group sessions. A total of 56 students participated in group therapy.

	Therapy Group	# of Clients Seen	# of Sessions	Length of each session
1	Body Image	6	9	60 minutes
2	Dissertation Support	10	42	90 minutes
3	LGBT Therapy	4	11	90 minutes
4	Mindful Eating	5	9	60 minutes
5	Substance Abuse & Recovery	8	25	60 minutes
6	Undergraduate Therapy I	3	4	60 minutes
7	Undergraduate Therapy II	8	11	90 minutes
8	Undergraduate Therapy III	5	9	60 minutes
9	Undergraduate Therapy IV	7	10	90 minutes
	<b>TOTALS</b>	<b>56</b>	<b>130</b>	

## SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2008-09.

Dr. Matthew Torres is the Director of the Counseling Center's American Psychological Association accredited Training program. He arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, manages case conferences for interns, leads the Training Committee, provides supervision of supervisors and directs the development of the program. There were four full time interns at the Counseling Center who received training and provided professional services during 2008-2009. The funding for one intern is provided by the Nursing School.

Below is a description of the 2008-2009 training program including: 1) a summary of the interns and supervisors for 2008-09, 2) an overview of the services and activities of the training program, 3) a description of the training assessment process, 4) a statement of contact with interns' academic programs, 5) a summary of the Intern recruitment and selection process for 2009-2010, and 6) a description of the ongoing development and changes to the Pre-Doctoral Psychology Internship Program. Finally the schedule for the training seminars is also shown.

### A. Trainees and Supervisors

- **Director of Training** – Matthew Torres, Ph.D.
- **Four Pre-Doctoral Psychology Interns:**  
Brad Bailey, M.A. (Illinois School of Professional Psychology at Argosy U. – Chicago Campus)  
Marissa Brattole, Ed.S, M.S. (Florida State University)  
Lan-Sze Pang, M.A. (Southern Illinois University)  
Courtney Podesta, M.S. (Virginia Consortium Program in Clinical Psychology)

**Clinical Supervisors:**

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Barbara Baum		Lan-Sze – Fall & Spring		
Larry David	Brad - Fall Lan-Sze – Spring	Brad – Spring		
Doug Fogel	Marissa – Fall Courtney – Spring	Courtney – Fall & Spring		
Garima Lamba	Lan-Sze – Fall Brad - Spring			
Jennifer Moran	Courtney - Fall Marissa - Spring	Marissa – Fall & Spring		
Matt Torres			Fall/Spring	
Shelley Von Hagen-Jamar			Fall/Spring	Brad – Fall Lan-Sze - Spring

**Additional Supervision:**

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. The 2008-2009 interns performed 259 intake evaluations, including 36 emergency intakes, during the Fall and Spring semesters. During that period they saw 298 clients for 1,485 sessions, including 40 emergency sessions.
- All interns co-led at least one **group** for students with a professional staff member. Lan-Sze Pang co-led a Dissertation Support Group in the Fall and Spring semesters. Courtney Podesta co-led an Undergraduate Support Group in the Fall and Spring semesters. Brad Bailey co-led a Lesbian, Gay, Bisexual, and Transgender Group in the Spring. Marissa Brattole co-led a Mindful Eating Group in the Fall and a Body Image Group in the Spring. Interns co-led a total of 79 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 76 emergency sessions (36 emergency intakes and 40 emergency sessions). They also were 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 international students and training of resident assistants. Interns participated in University screening programs for depression and alcohol use. In addition, each intern designed and implemented at least one outreach program during the year. (See 2008-09 Outreach Report 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 weekly 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 below) were offered to interns in the fall and spring semesters and the summer session (for 2007-2008 interns). The majority of seminars were presented or co-presented by Counseling Center clinical staff or consultants: **Kristen Adashi, MD (1), Barbara Baum (2), Larry David (5), Doug Fogel (4), Garima Lamba (2); Michael Mond (1), Jennifer Moran (3), Vernon Savage (1), Matt Torres (5), and Shelley Von Hagen-Jamar (6)**. Two seminars were presented by Counseling Center Office Manager **Mary Haile**. Four training seminars were presented by the 2007-2008 interns during the 2008 summer session. Four seminars were presented by non-center staff: **Dr. Diane Adelstein** (Sheppard Pratt Health System); **Dr. David Haltiwanger** (Chase-Brexton Health Services); **Dr. Deborah Haskins** (Loyola College in Maryland); **Dr. Heather Lyons** (Loyola College in Maryland).

#### **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 2008 by the 2007-2008 internship class.

#### **D. Contact with Academic Training Programs**

- **Contacts were made with the academic programs** with which the 2007-2008 and 2008-2009 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

#### **E. Recruitment and Selection of 2009-2010 Interns**

- **Received 142 completed applications.** 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 27 candidates.** Twenty-six of the 27 candidates were interviewed in person and one candidate was interviewed over the phone. 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 27 interviewees, 11 self-identified as members of an ethnic or sexual minority group, and 5 were international students. Fifteen were from clinical psychology graduate programs and 12 were from counseling psychology programs. Twenty-four of the 27 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: **Sarah Halpert, M.A.** (The Catholic University of America); **Jennifer Kane, M.A.** (George Mason University); **Jessica Parrillo, M.Ed., M.A.** (University of Georgia); and **Iris Song, M.A.** (Chicago School of Professional Psychology).

#### **F. Development of and Changes to the Pre-Doctoral Psychology Internship Program**

- **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. Doug Fogel. One was placed from September, 2008 through January, 2009 and the second from February, 2009 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. This translated into substantial minority, geographical, and programmatic diversity in the interview pool. Once again, the incoming intern group is geographically diverse, and 3 of the 4 2009-2010 interns come from academic programs that heretofore have not been represented (with the exception being the University of Georgia). 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.** In accordance with the Counseling Center's plan to strengthen the assessment component of the internship, we brought in an expert on the Personality Assessment Inventory (John Kurtz, PhD) for a full day workshop for the staff and interns in the Fall. The next step is to develop Counseling Center guidelines for test administration and interpretation of the PAI and a committee has been created to spearhead this task.
- **Application for renewal of American Psychological Association accreditation.** The Counseling Center will submit a self-study and application for renewal of accreditation by January 1, 2009. If all goes well, we will then have a site visit in the Spring of 2010. The internship was initially accredited for a 7-year term beginning in 2003.
- **Intern Alumni Survey.** As part of the re-accreditation self-study, we will conduct a survey of all previous Counseling Center interns since our accreditation (2002/2003 to 2007/2008) to solicit distal feedback on their experience during the internship and beyond.

#### G. Internship Training Seminar Schedule

<b>TRAINING SEMINAR SCHEDULE – SUMMER, 2008</b>		
May 30	10:30-12:00	Assessment of Trauma Disorders
June 6	10:30-12:00	Treatment of Trauma Disorders
June 13	10:30-12:00	Intern Presentation - Buggie Harris
June 20	10:30-12:00	Intern Presentation - Hillary Howarth
June 27	10:30-12:00	Sexual Abuse and Assault Survivors
July 4		HOLIDAY
July 11	10:30-12:00	Intern Presentation - Maria Marshall
July 18	10:30-12:00	Intern Presentation - George Nichols
July 25	10:30-12:00	Intro to the PAI
<b>TRAINING SEMINAR SCHEDULE – FALL, 2008</b>		
M August 18*	1:30-3:30	Policies and Procedures/Due Process I
T August 19*	9:00-10:30	Scheduler Training
Th August 21*	9:00-12:00	Policies and Procedures/Due Process II
Th August 21*	3:00-4:30	Goal Setting
T August 26*	10:30-12:00	Titanium Scheduling System
T August 26*	3:00-4:30	Intake Interviewing
W August 27*	9:00-11:00	Motivational Interviewing
H August 28*	2:00-3:30	Scope of Service Issues
F August 29	10:30-12:00	Behavioral Health Measure
F August 29*	3:00-4:30	Substance Abuse in College Students
September 5	10:30-12:00	Maryland Ethics and Law
September 12	10:30-12:00	Suicide Tracking
September 26	10:30-12:00	In-Session Crises
October 3	9:00-12:00	Working with Gay and Lesbian Students
October 10	10:30-12:00	Process-Oriented Group Psychotherapy
October 17	10:30-12:00	Stabilizing Self-Destructive Patients
October 24	10:30-12:00	Brief Therapy: Budman & Gurman Model

November 7	10:30-12:00	Termination in Psychotherapy
November 14	10:30-12:00	Job Search
December 5	10:30-12:00	Acceptance and Commitment Therapy I
December 12	10:30-12:00	Acceptance and Commitment Therapy II

**TRAINING SEMINAR SCHEDULE – SPRING, 2009**

January 22*	2:30-4:00	Pharmacology
January 30	10:30-12:00	Dialectical Behavior Therapy I
February 6	10:30-12:00	Dialectical Behavior Therapy II
February 13	10:30-12:00	Diversity I: Gender Issues and the Therapeutic Alliance
February 20	10:30-12:00	Assessment of Trauma Disorders
February 27	10:30-12:00	Treatment of Trauma Disorders
March 6	10:30-12:00	Assessment of Eating Disorders
March 13	10:30-12:00	Treatment of Eating Disorders
March 19*	9:00-10:30	Diversity II: Considering the Clients' and Therapists' Multiple Identities I
March 26*	9:00-10:30	Diversity III: Considering the Clients' and Therapists' Multiple Identities II
April 3*	9:00 -12:00	Diversity IV & V: Religious Issues in Counseling
April 10	10:30-12:00	Treatment of Anxiety Disorders I
April 24	10:30-12:00	Diversity VI: Asian-American Students
May 1	10:30-12:00	Diversity VII: African American Students
May 8	10:30-12:00	Diversity VIII: International Students

\*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: 2008-09.**

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 or Group Served	Date of Program	Type of Client Served		
				# Students Served	# Fac./Staff Served	# Others Served
1	SON Resource Fair	School of Nursing	5/28/2008	2		
2	Pre- College RA training	Pre-college	6/24/2008	17	0	0
3	Pre-College: Parent Orientation	Pre-college	6/28/2008	0	0	70
4	Student Scavenger Hunt	Academic Advising	8/1/2008	15	0	0
5	Peabody RA Training	Peabody	8/19/2008	6	1	
6	RA Training	Residential Life	8/26/2008	60		
7	SA Orientation	Student Orientation	8/27/2008	15		
8	Resource Fair	School of Nursing	8/27/2008	100	0	0
9	Welcome Reception for Parents	Admissions	8/29/2008	0	0	5
10	Peabody Student Orientation	Peabody	8/29/2008	50	10	
11	School of Nursing Student Orientation	School of Nursing	8/29/2008	140	0	0
12	Graduate Student Info Table	Graduate Board	8/29/2008	46		
13	International Student Orientation	New International Undergrad and Grads	8/29/2008	250	10	
14	Graduate Student Orientation	Graduate Board	8/29/2008	400		
15	Parenting a Freshman	Freshman Orientation Weekend	8/31/2008			30
16	Transfer/Commuter Lunch	Orientation	8/31/2008	50		
17	Parents Assembly	Homewood Student Affairs (HSA)	8/31/2008			1200
18	Writing Seminar Student Orientation	Writing Seminars	9/2/2008	17		
19	Teaching Assistant Orientation	Graduate Services	9/3/2008	200	0	0
20	Minority Grad Student Welcoming Gathering	Grad Student Org	9/5/2008	0		
21	DSAGA Out Reach	Students	9/8/2008	25		
22	DSAGA Out Reach Presentation	Students	9/15/2008	21		
23	Student Success Theory Seminar	Multicultural Student Affairs	9/18/2008	25	0	0
24	Hopkins Holi-Health Festival	All Hopkins Student s	9/19/2008	125	25	
25	Career Fair at Peabody	Peabody	10/10/2008	55	10	

#	Name of Outreach Program	Department or Group Served	Date of Program	Type of Client Served		
				# Students Served	# Fac./Staff Served	# Others Served
26	PEEPs- Distressed Students Presentation	Res Life (PEEPs)	10/21/2008	10		
27	Depression Screening Day	Students	10/30/2008	30		
28	Parents Reception	HSA	10/31/2008			10
29	Crossing the Cultural Borders: Chinese Students @ Hopkins	International Student s	11/7/2008	16		
30	Introduction to CC Services	Career Center	11/13/2008	0	9	0
31	Peabody RA Training	Peabody	1/9/2009	6	1	
32	PEEPS Eating Disorder Presentation	Students	2/17/2009	10	1	
33	National Eating Disorders Awareness Week Mirror Project	Other	2/22/2009	30	10	140
34	Active Minds Eating Disorder Panel	Students	3/3/2009	40		
35	Managing Stress in a Recession	BFSA of JHU	3/17/2009	0	35	0
36	MBTI Program	PEEPs	3/24/2009	12	2	
37	National Alcohol Screening Day	HSA	4/9/2009	60		
38	SEE-lympics (Sleep, Eat & Exercise)	HSA	4/13/2009	50		
39	Managing Multiple Roles	School of Nursing	4/20/2009	2		
40	SARU (Sexual Assault Response Unit) Panel	Students/community	4/20/2009	65	5	
<b>TOTALS</b>				<b>1950</b>	<b>119</b>	<b>1455</b>

<b>No. Workshop/Outreach and Community Consultation Programs</b>	<b>40</b>
<b>No. of Students served</b>	<b>1,950</b>
<b>No. of Faculty and Staff served</b>	<b>119</b>
<b>No. of "Other People" served</b>	<b>1,455</b>
<b>Total No. of People served in Outreach and Community Consultation Programs</b>	<b>3,524</b>



## SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2008-09

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) 19 intra-departmental committees or projects, 2) 46 inter-departmental/divisional meetings, committees or activities, and 3) 26 University wide committees or activities as reported by staff. They are listed below:

#	1) Departmental Level Community (Committee) Activity
1	American Psychological Association Accreditation Preparation
2	Counseling Center Executive Committee
3	Counseling Center Faculty Advisory Committee
4	Counseling Center HIPAA Committee
5	Counseling Center Holiday Party Committee
6	Counseling Center Student Advisory Board Committee
7	Informed Consent Committee
8	Intern Farewell Luncheon for Class of 2007-08
9	Intern Welcome Breakfast for Class of 2008-09
10	Intern Selection Committee
11	Intern Training Committee
12	Peer Supervision
13	Scope of Service (long term/short term review) Committee
14	Suicide Tracking and Research Committee
15	Supervisors' Training Subcommittee
16	Technology- Paperless Attainment Project
17	Titanium /SDS Project
18	Union Memorial Psychiatric Search Team
19	Work-study Student Training Committee

#	2) Inter Departmental Divisional (HSA) Level Community Activity
1	Admissions – Accepted Student Program
2	Alcohol Prevention Meeting With Provost, Deans, & Public Health Faculty
3	Alcohol Task Force
4	All Homewood Student Affairs Directors Meetings
5	Attended Cultural Affairs Open House
6	Attended Campus Ministry Open House
7	Dean of Student Life Direct Report Meetings
8	Book Club - Just for the Health of It! – Book Club
9	Counsel of Homewood Advisors
10	Attended HSA Leadership Meetings
11	Eating Disorder Committee
12	Homewood Risk Assessment Team
13	Homewood Student Affairs Alcohol Task Force
14	Homewood Student Affairs Breakfast
15	Homewood Student Affairs Crisis Management Committee
16	Homewood Student Affairs Directors Retreat
17	Homewood Student Affairs Emergency Preparedness Committee
18	Intern Introduction to Athletic Training Department
19	Intern Introduction to Interfaith Center
20	Intern Introduction to Hillel
21	Intern Introduction to Homewood Security
22	Intern Introduction to International Scholars Office

#	<b>2) Inter Departmental Divisional (HSA) Level Community Activity (Cont.)</b>
23	Intern Introduction to Cultural Student Affairs
24	Intern Introduction to Residential Life
25	Intern Introduction to Student Affairs Office
26	Intern Introduction to Student Health & Wellness Office
27	Intern Introduction to Pre-Professional Advising Office
28	Interview Candidates for Chaplain
29	Interview Candidates for Director of Residential Life – Peabody Conservatory
30	Making contacts with Eating Disorder relevant staff (Dietitian/Athletics/Res Life)
31	Meet with Athletic Trainers
32	Meeting with Academic Advising
33	Meeting with Barbara Gwinn re: EDAW and Wellness Festival planning
34	Meeting with Barbara Gwinn re: Outreach Planning for Eating Disorders
35	Meeting with Disability Office
36	Meeting with Financial Aid Director
37	Meeting with Center for Health Education and Wellness
38	Meeting with Freshman Class Officers
39	Meeting with Graduate Board
40	Meeting with Peabody Dean of Student Affairs
41	Meeting with Post Baccalaureate Office
42	Participated in Life Symposium Meetings
43	Participated in Development of Positive Psychology Program/Course on Campus
44	Participated in Minority Student Welcome
45	Researched Measure of Multicultural Competence
46	Sleep, Eat, and Exercise (SEE) Campaign with Student Wellness Center

#	<b>3) University Wide Level Community Activity</b>
1	Active Minds Program
2	Attended School of Nursing Graduations
3	Black Faculty Staff Association (BFSA) – served as President
4	Black Faculty & Staff Retreat
5	Black Faculty & Staff Mens' Luncheon
6	Crisis Drill Planning Committee with FASAP
7	Cultural Programming Advisory Board
8	Cultural Competence Committee Meetings
9	Depression Screening Day
10	Disability Coordinators Meetings
11	Diversity Committee Meetings
12	Eating Disorder Screening Day
13	Forum on Civility
14	Founders' Day
15	Gazette Interviews
16	Judge Auditions for Culture Show
17	Homewood Crisis Student Emergency Preparedness Committee
18	Insurance Committee
19	Meeting with Office of Institutional Equity
20	Meeting and Lunch with Public Health Dept for potential research on reaching out to Asian student community
21	Meetings with Security
22	Meeting of BFSA Executive Board with President Daniels
23	Retirement Parties of Faculty and Staff
24	Risk Assessment Team Meetings
25	Substance Abuse Screening Day
26	United Way Committee

## SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2008-09

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 52 development/educational activities (see Section A below). Counseling Center staff were also actively engaged in 16 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 16 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	ACCCS Conference
2	Acceptance and Commitment Therapy (ACT) Training
3	ACCTA Conference
4	ACPA National Convention
5	America the Beautiful - Body Image and the Media
6	Asian American Health Conference
7	Bipolar Disorder-A New Slant-workshop through Cross Country Education
8	Cognitive Behavioral Treatment with Persons of Faith
9	Cognitive Behavioral Treatment (CBT)
10	Coherent, Competent Treatment of Eating Disorders - I
11	Coherent, Competent Treatment of Eating Disorders - II
12	Comprehensive Dialectic Behavior Treatment (DBT) Training
13	Compulsive Hoarding
14	Conference: How Therapists Fail
15	CSCMH Conference
16	Dealing with Difficult Clients
17	Disaster Training for Response with Explosives
18	Disruptive Behaviors in College Students Webinar
19	Eating Disorders: State of the Art Treatment
20	Emergency Petitions: Rich Koch from Union Memorial
21	Ethics and Decision-Making in Clinical Practice
22	Ethics, Eating Disorders, and Obesity
23	Evolving as a Clinical supervisor
24	Executive Functioning
25	Finding a True Sexual Identity
26	Geriatric Psychopharmacology
27	Get Out of Your Mind and Into Your Life
28	Healing the Hungry Heart: Moving Beyond Disordered Eating
29	Integrating Spirituality and Therapy
30	Lying In Weight Seminar
31	Microsoft Office Training Workshop
32	Mid-Atlantic Internship Conference
33	NASPR Conference
34	Nondisclosure in Therapy
35	OCD: Effective Assessment and Strategies
36	PAI Training Workshop
37	Peer Supervision
38	Prevent Ethical Complaints and Lawsuits: Essentials for Helping Professions
39	Psychiatric Emergencies Workshop
40	Reconsidering Trauma

#	<b>A) Professional Development /Education- Conferences, Workshops, Seminars, Courses, Lectures attended and other activities to enhance skills or to train colleagues, including research, and education (Cont.)</b>
41	Relational Theory and the Practice of Psychotherapy
42	Sleep Disorders, Anxiety, and Depression
43	Stanford Eating Disorder RIAN Training
44	Suicide Tracking with David Jobes
45	The Brain Through the Lifespan
46	The Experience of Connection
47	The Intersection of Neurology and Psychology: Reading and Dyslexia
48	The Tragedy at Virginia Tech: Analysis, Ethics, and Lessons Learned
49	Towards A Mindful Technology of Change
50	Trauma, PTSD, and Grief
51	Use of Film and Movies in Therapy
52	Why Him? Why Her?,

#	<b>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...</b>
1	Behavioral Health Measure 20 (BHM20) and Suicide Tracking System Research
2	CHEW interview w/ Barbara Gwinn
3	Co-chair International Association for Counseling Services (IACS)
4	Co-developed Acceptance and Commitment Therapy In-service with Dr. Doug Fogel for Counseling Center staff
5	Directorate Member – CCAPS (Counseling Center and Psychological Services) Commission of ACPA
6	Dissertation research/writing
7	Guest Lecture for “Careers in Psychology” class
8	Lead Therapist, Behavioral Family Therapy; NIMH supported Research Interventions for Anorexia Nervosa study
9	Long Term Treatment research and review
10	Member, NASW ( National Association of Social Workers)
11	Presentation to Community Group on Psychological Perspectives on Change
12	Presentation to National Academic Advisors Association
13	Presented “The Maudsley Method” to Eating Disorder Network of Central Maryland
14	Private psychotherapy practice
15	Reviewed IACS Standards for Counseling Centers
16	Teaching Group Counseling and Group Experience through Department of Education

#	<b>C) Professional Memberships</b>
1	Academy for Eating Disorders
2	American Association of University Counseling Center Directors (AUCCCD)
3	American College Personnel Association (ACPA)
4	American Counseling Association (ACA)
5	American Psychological Association (APA)
6	APA Division 29 – Psychotherapy
7	Asian American Psychological Association
8	Association for Counseling Center Coordinators of Clinical Services
9	Association of Counseling Center Training Agencies (ACCTA)
10	Baker-King Foundation Board
11	Baltimore Psychological Association (BPA)
12	Board of Accreditation Review Committee- International Association of Counseling Centers (IACS)
13	Maryland Psychological Association (MPA)
14	National Latino Psychological Association (NLPA)
15	National Register of Health Service Providers in Psychology
16	Professional Member of the Division of South Asian Americans (Under AAPA)
17	Society for Psychotherapy Research
18	Society for Vocational Psychology (SVP)
19	Vice-Chair International Association of Counseling Services Board of Accreditation (IACS)

## **SECTION IX: Counseling Center Coordinator Reports: 2008-09**

### **A) African American Student Programs 2008-09 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 had periodic meetings with the BSU president and/or BSU members over the course of the academic year. These meetings involved discussions of BSU goals and initiatives, problem solving efforts and the development of programs in concert with the Black Faculty and Staff Association (BFSA). Dr. Savage served as president of the BFSA during the 2008 - 2009 academic year. During the academic year, the BFSA sponsored several programs-e.g., Annual Women's Luncheon and Annual Men's Luncheon- that provided African American students' opportunities to meet and interact with African American senior staff and faculty in informal and relaxed settings.

### **B) Eating Disorder (ED) Program 2008-09 Coordinator Report (Dr. Jennifer Moran)**

#### **Client and Treatment Statistics**

- 80 clients with Eating Disorder concerns were seen by the Counseling Center staff (an increase from 50 clients in 2007-08).
- 34 Eating Disorder clients were seen by the ED Coordinator for assessment, individual and/or group therapy (an increase from 22 clients in 2007-08).
- 52 clients were referred to SH&W for medical management of their Eating Disorder (an increase from 24 clients in 2007-08).
- 7 clients were referred to the Counseling Center by SH&W for their Eating Disorder (6 in 2007-08).
- 7 clients were referred by the Athletic Training Department for Eating Disorder concerns (3 in 2007-08).
- 3 clients were placed in a higher level of care for treatment of their Eating Disorder (4 in 2007-08).
- 6 clients required at least one consultation with an outside Eating Disorders treatment facility.

#### **Programming and Community Activity**

- The ED Coordinator developed and implemented the Mindful Eating Group in Fall 2008 and the Body Image Group in Spring 2009.
- The ED Coordinator served on the committee for the SEE Campaign with Anne Palmer (Center for a Livable Future), Ralph Loglisci (Center for a Livable Future), Anne Irwin (Athletics) and Barbara Gwinn (Health Education). The Campaign sponsored several promotions throughout the year to educate the campus on the importance of maintaining the proper balance of sleep, eating and exercise behaviors.
- The ED Coordinator co-developed and implemented the first annual Hopkins Holi-Healthfest with members of the SEE campaign. The health fair introduced students to a variety of holistic health services available on campus and in the community.
- The ED Coordinator co-sponsored the Mirror Project with the Preventative Education and Empowerment for Peers (PEEPS) for National Eating Disorders Awareness Week. The project was displayed at the community lecture "Healing the Hungry Heart", by Lisa Ferentz, MA that the ED Coordinator co-sponsored with the Eating Disorders Network of Central Maryland.
- The ED Coordinator presented on Eating Disorders (diagnosis, etiology, how to help a friend) with Marissa Brattole, MS to the PEEPS during a training meeting
- The ED Coordinator served as a speaker on a panel hosted by Active Minds to promote awareness of Eating Disorders to the campus community
- The ED Coordinator co-sponsored the Just for the Health of It! Book club with Barbara Gwinn, CHEW Advisor. The book club is open to staff, faculty and students and seeks to provide a forum to discuss health issues, while facilitating working relationships on campus.
- The ED Coordinator planned and presented a two-part training on Eating Disorders Assessment and Treatment to the interns
- The ED Coordinator presented a workshop on using Behavioral Family Therapy in treating Adolescents with Anorexia Nervosa to the Eating Disorders Network of Central Maryland.
- The ED Coordinator attended training at Stanford University for Behavioral Family Therapy in treating Anorexia Nervosa, as well as the "State of the Art Treatments for Eating Disorders" workshop hosted by Center for Eating Disorders at Sheppard Pratt.

### **Future Development**

- 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 2008-09 Report (Dr. Barbara Baum)**

See Section IV of this report.

### **D) International Students and Students of Asian Origin 2008-09 Coordinator Report (Dr. Garima Lamba)**

- Dr. Lamba continued in her third year as the coordinator and liaison for international students and the students of Asian origin.
- At the beginning of the Fall semester, the coordinator introduced the Counseling Center and the available services to the new international students.
- Consultation and support was offered throughout the year for international students. A number of individuals contacted the coordinator via telephone or email.
- The coordinator provided training seminars to the pre-doctoral interns on counseling and working with international students and students of Asian origin.
- 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 this year. The “welcome hours” is a drop-in service offered to this student group weekly for one hour.
- The coordinator is currently serving on the HSA Diversity Committee.
- In addition to providing on-going consultations for CC staff on a case-by-case basis, continued consultative relationships with the International Student and Scholar Services.
- The coordinator continued in her second year as the board member of Counselors Helping South Asian Indians, Inc. C.H.A.I. is a no-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, the coordinator was able to find a referral resource, a South Asian Indian therapist, for a JHU student who was not eligible for our services. This organization serves as a useful resource for limited mental health resources for Asian community seeking similar values, including cultural background, in their therapist.

### **E) Nursing School Program 2008-09 Coordinator Report (Dr. Doug Fogel) (See separate 2008-09 Nursing School Annual Report for a more detailed report.)**

- Individual counseling was provided for nursing students on site at the School of Nursing one day a week by the Counseling Center coordinator to the SON, Doug Fogel, and by two psychology doctoral interns, Marissa Brattole, M.A. (during the fall term) and Courtney Podesta, M.A. (during the spring and summer). 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 with 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. Fogel participated in the New Student Orientation Programs on 8/27/08 and 8/29/08, the latter with interns Courtney Podesta, Marissa Brattole, Lan-Sze Pang, and Brad Bailey. Ms. Navsaria and Courtney Podesta presented a workshop on “Managing Multiple Roles” at the SON on 4/20/09.

### **F) Outreach/Workshop Program 2008-09 Coordinator Report (Dr. Vernon Savage)**

See Section VI of this report for more details.



## **G) Peabody Conservatory of Music 2008-2009 Coordinator Report (Dr. Garima Lamba)**

(See separate 2008-09 Peabody Conservatory Annual Report for a more detailed report.)

This year, Garima Lamba, Ph.D., was hired as the coordinator and liaison to the Peabody Conservatory. Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood Campus as well as the on-site services offered at Peabody one-half day per week. Individual counseling continued to be the most widely utilized service, while a small number of students were seen individually for career counseling. These students had access to computerized assessment inventories at the Homewood campus. After hours on-call services continued to be utilized for emergency situations on weekends and evenings. A number of therapy, skill development and support groups were offered on the Homewood campus.

Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. This consultation included issues regarding students who appeared to be having difficulty either with personal or academic issues, threats of harm to self, course withdrawals, etc.

In addition to the consultation and on-site counseling services, the coordinator also provided the following services:

- At the beginning of the academic year, the coordinator served on the interviewing committee for hiring the new residence life coordinator.
- At the beginning of the academic year, the coordinator participated in training the Peabody RA's on recognizing and dealing with distress in their students along with dealing with other mental health issues in the residence hall.
- The coordinator participated in the new student orientation.
- The coordinator participated in the career fair and provided information to the Peabody students on performance anxiety and stage fright.
- The coordinator participated in RA training at the beginning of the Spring 2009 semester on specific requested issues (eating disorders and cutting behaviors).

## **H) Peer Counseling (APTT) and Sexual Assault Response Unit (SARU) 2008-09 Coordinator Report (Clare King)**

### **A Place To Talk (APTT)**

- In this, the 25th year APTT, there was an unprecedented level of enthusiasm and participation. We expanded the training class from 15 to 20 students, and included first semester freshmen. We were pleased with their performance in the course and found them to be very committed to the group as peer counselors.
- Under the leadership of two Co-Directors this year, there was a focus on outreach programs as well as service to the JHU community. There were several popular and well attended PR events, beginning with Orientation Movie Night for the entire freshman class and ending with a very successful Relax Fair, with over 500 student in attendance.
- The other highlight of the year was a new space on D Level in the MSE Library. The students hope next year will bring a designated room in the library and they are working with President Daniels to achieve this end.

### **Sexual Assault Response Unit (SARU)**

- This year marked a remarkable surge in SARU activity. There were 5 calls to the SARU beeper, and reports of one repeat sex offender on campus. In response to the crisis, SARU designed a website to update important information about sexual assault and resources on and off campus. Not surprisingly, there seemed to be renewed interest in the group, with a record 12 students from APTT signing up for SARU training.
- The big PR event this year was a Panel called Hopkins SVU: Anatomy of a Sexual Assault. Panelists included Alain Joffe, Dorothy Sheppard, myself, and a student survivor of sexual assault from JHU, a Baltimore City Police Detective and the Nurse Practitioner in charge of the SAFE (Sexual Assault Forensic Nursing Examiners) at Mercy Hospital. Co-sponsored by the Counseling Center, APTT and CHEW, the panel was well-received, with over 65 people in attendance.

## **I) Counseling Center Advisory Boards (CCAB) 2008-09 Coordinator Reports (Clare King)**

The Counseling Center Advisory Board focused this year on supporting the idea of a Positive Psychology Course. They recommended, in particular, Rachel Piferi as a professor who would likely be interested in teaching, and she was, indeed. Before initiating a course this Spring, she asked to use the CCAB as a focus group and was open to the ideas and initiatives the students suggested. She came back at year's end to report great success, and hopes to move forward with a Positive Psychology Center.

**J) Professional Development 2008-09 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:

October 16, 2008	Personality Assessment Inventory (6.5 CEUs) John Kurtz, PhD
October 29, 2008	Emergency Petitions (1 CEU) Rich Koch, LCSW-C (Union Memorial Hospital)
November 19, 2008	Sexual Assault Forensic Examination (S.A.F.E.) Program. (1 CEU) Debbie Holbrook, RN (Mercy Hospital)
March 4, 2009	Guidelines for Developing Accommodations for Students with Psychological Conditions (1 CEU) Richard Sanders and Peggy Hayeslip

**K) Research Program 2008-09 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 2008-09 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 2008-2009. Of the students who addressed substance use in therapy, 30 self-reported substance abuse as a presenting problem, 38 were mandated referrals, and one was a referral from Student Health. For 41 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 60 students. We conducted alcohol screenings with 35 students and gave motivational feedback to the 16 who scored positive for risk of abuse.
- The Substance Abuse Recovery therapy group met for a total of 25 sessions during the fall and spring semesters. The group served ten students over this time.
- The coordinator attended the monthly Substance Abuse Task Force meetings and a special meeting chaired by the Provost to explore collaboration between the Homewood campus and the School of Public Health regarding alcohol abuse prevention efforts.

**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 continue to implement goals for substance abuse prevention and intervention.
- Increase the number of students screened on Alcohol Awareness Day.

**M) Training Program 2008-09 Report (Dr. Matt Torres) – See Section V of this report for details.**