

COUNSELING CENTER
2009-2010 ANNUAL REPORT
AND
DATA SUMMARY
JOHNS HOPKINS UNIVERSITY

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Counseling Center Annual Report 2009-10_ revised 07-21-10_mm_Annual Report

COUNSELING CENTER: 2009-10 ANNUAL REPORT AND DATA SUMMARY

- ★ The Counseling Center (CC) provided **18,961 hours of overall service** during the Academic Year (September 2009 -May 2010). **Direct clinical services** (individual, group, psychiatric services and case management of direct clinical services) accounted for 73% of all Counseling Center service time.
- ★ Individual Personal Counseling was provided to **1,081 students in 7,396 sessions for an average of 6.9 sessions per client**. The number of clients seen increased 11% from the previous year, the average number of sessions increased 10%, and the average number of sessions per client remained the same from the previous year.
- ★ **Group Counseling** was provided to 66 students in 8 groups totaling 108 sessions.
- ★ **Psychiatric services** were provided to 412 students (38% of all clients served) in 1,845 sessions (an increase of 17% from last year) for an average of 4.5 sessions. This is an increase of 12% in the number of students seen by psychiatrists from the previous year. Further, 336 different students received psychotropic medication (31% of clients served). This is an increase of 29% from the previous year.
- ★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (6.0% of time), **Outreach and Workshops** (1.0%), **Consultations** (3.6%), **Community Activity and Committees** (1.4%), **Professional Development** (2.9%), and **Professional Activity** including **Research and Teaching** (1.2%), and **Administrative Activity** (10.4%) during the 2008-09 Academic Year.
- ★ The CC also continues to use the **Behavioral Health Monitor (BHM20) to monitor client progress and therapy outcome**. In the past 2 years clients utilized net-books to complete their BHM20 questionnaires electronically. Counseling Center clients demonstrated significant improvement during treatment from intake to the last session (average score increased from 2.31 to 2.83) on a 5 point scale ranging from 0 (worst health) to 4 (best health). Of the **771 distressed clients who had more than one session, which allows for measurement of behavioral change, 501 (65%) showed improvement including 348 (45%) that indicated full recovery. Also 204 (26%) of the distressed clients had not changed, while 12% of all clients seen showed deterioration on the BHM.**
- ★ 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 also implemented an electronic version of the BHM20 that could be administered on a net-book device that allowed for easier use by clients, more efficient scoring of the measure, and more detailed clinical and administrative reports.
- ★ The CC averaged 221.1 **client sessions** per week (including psychiatrists) in the Fall 2009 semester (up about 5% from 2008) and 252.6 **client sessions** per week (including psychiatrists) in the Spring 2010 semester (up about 26% from 2009). The CC averaged 13.8 **clinical emergencies** per week in the Fall 2009 semester compared with 9.4 in the Fall 2008 semester.
- ★ In **Emergency Interventions**, the Center served 396 clients in **daytime emergencies** (compared to 351 the previous year- a 13% increase). This constitutes 37% of all clients seen at the CC. In addition, the CC responded to 73 clients in after hour emergencies (95 calls). The CC made 7 **violence assessments** monitored 49 students in its **suicide tracking system**, recommended 44 mental health (medical) leaves, and administered 24 readmission evaluations. 53 clients were referred off campus for more extensive treatment. The CC played a significant role in preventing 139 students from dropping out of school last year, while 85 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 18 emergency room visits resulting in 7 hospitalizations.
- ★ The most common **problems/symptoms** presented by clients during individual therapy include: “general anxieties and worries” (36%), “feelings of being overwhelmed” (34%), “time management and motivational issues” (30%), “academic concerns” (28%), “lack of self-confidence or self-esteem” (22%),

“overly high standards for self” (20%), “generally unhappy and dissatisfied” (20%), “depression” (18%), “lack of motivation, detachment, and hopelessness” (17%), “sleep problems” (16%), “and “loneliness, homesickness” (16%). These problems are not mutually exclusive.

- ★ The CC provided 40 **Outreach Activities, Workshops, and Consultation programs** last year serving 3,863 students, 183 faculty and staff, and 1,341 “others” for an overall total of 5,387 individuals.
- ★ The CC **Intake Service Evaluation** Questionnaire, an anonymous survey taken after the initial session, reveals that 54% of clients feel that the personal counseling intake experience is excellent while an additional 42% feel that the experience is good.
- ★ The CC provided 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. 59% of the Peabody students reported that they had “an excellent impression” of the CC while 39% indicated a “good impression.” For the Nursing School the figures show that 50% of clients have an “excellent impression” of the CC and 48% have a “good” impression.
- ★ The CC **Pre-Doctoral Training program** had 4 full time interns. The training program included 39 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 34 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 20 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 24 professional organizations.
- ★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 73 inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 21 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 a Positive Psychology Course taught in the Psychology department taught by Dr. Rachel Piferi. She came back at years’ end to report great success in student reaction to the positive psychology course.

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| SECTION I. Overview of CC Hours by Service Activity: Academic Year 2009-10 (August 23, 2009- May 24, 2010) | | |
|---|---|-----------------------------------|
| Function/Activity for 2009-10 Academic Year (AY) | Staff Hours AY 2009-2010 (Full Year) | % Staff Hours AY 2009-2010 |
| 1. Individual Therapy - Counselors | 6,373 (Note: 7,427 for full year) | 33.6% |
| 2. Psychiatrists' Visits/Medication Checks | 1,697 (Note: 2,123 for full year) | 8.6% |
| 3. Group Therapy | 678 (Note: 743 for full year) | 3.6% |
| 4. Clinical Management (Individuals, Psychiatrists & Group) – Counselors | 5,190 (6,930) | 27.3% |
| 5. Training & Supervision Activity | 1,138 (1,591) | 6.0% |
| 6. Outreach and Workshops Activity | 176 (206) | 1.0% |
| 7. Consultation Activity (including after hour on-call) | 686 (730) | 3.6% |
| 8. JHU Community Activity | 264 (361) | 1.4% |
| 9. Professional Development Activity | 547 (685) | 2.9% |
| 10. Professional Activity* | 235 (386) | 1.2% |
| 11. Administrative Activity** | 1,977 (2,613) | 10.4% |
| All Services: Total for Academic Year in hours | 18,961 (23,795) | 100.0% |

***Note:** Professional Activity refers to participation in activities that benefit the profession or the wider community such as research, teaching, professional boards, etc... (Director accounted for 60% of all professional activity during the academic year; 39% during the full year)

****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. (817 hours of the 1,977 administrative hours or 41% of all administrative hours were incurred by the CC director during the academic year; 1080 of 2,613 for full year or 41%)

SECTION II: Individual Psychotherapy Statistics: May 25, 2009-May 24, 2010

A) Direct Services Caseload Statistics

| 1. General Numbers | # |
|--|---------------------|
| No. of Clients seen in Personal Counseling (Full year) | 1,081 |
| No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists) | 7,396 |
| No. of Clients seen by Consulting Psychiatrists (Full Year) | 412 (38%) |
| No. of Therapy sessions by Consulting Psychiatrists (Full Year) | 1,845 |
| No. of Clients receiving psychotropic medication | 336 (31%) |
| No. of Peabody Conservatory Students served in individual therapy | 73 |
| No. of Therapy Sessions - Peabody | 473 |
| No. of Nursing School students served in individual therapy | 97 |
| No. of Therapy Sessions - Nursing | 632 |
| No. of Clients seen in emergency/crisis (Day) | 396 (37%) |
| No. of Emergency clients served after hours by CC staff | 73 |
| No. of Emergency phone calls received after hours by CC staff | 95 |
| No. of Clients that required counselor to come to campus for face-to-face evaluation | 8 |
| No. of Clients sent to hospital emergency room after hours | 13 |
| No. of Clients admitted to hospital after hours | 5 |
| No. of Hours spent in after-hours emergencies by CC staff | 67 hours 20 min |
| Avg. Number of minutes spent responding to each after hour emergency (min – max) | 55 min (5- 255 min) |
| No. of Weeks during year that required after hours emergency response | 41 of 52 |
| No. of Students sent to emergency room – after hours plus day | 18 |
| No. of Students who were CC clients- sent to emergency room – after hours plus day | 14 |
| No. of Clients hospitalized - after hours plus day | 7 |
| No. of Clients CC estimated to have helped stay in school | 139 (13%) |
| No. of Clients given CC Mental Health Withdrawal | 44 (4%) |
| No. of Clients given academic assistance (i.e., letter for course withdrawal or extension) | 85 (8%) |
| No. of Clients who received Readmission Evaluation | 24 (2%) |
| No. of Clients on Suicide Tracking | 49 (5%) |
| No. of Clients believe prevented from harming self/others | 86 (8%) |
| No. of Clients assessed for ADHD | 68 (6%) |
| No. of Clients treated or assessed for Substance Abuse | 108 (10%) |
| No. of Clients treated or assessed for Eating Disorders | 86 (8%) |
| No. of Clients given Violence Assessment | 7 (1%) |
| No. of clients who report that “someone in their family owns a gun” | 146 (14%) |
| No. of Clients who received counseling for sexual assault | 7 (1%) |
| No. of Clients successfully terminated | 481 (45%) |
| No. of Clients referred off campus | 53 (4.9%) |

| 2. Intakes (New & Returning Clients) Seen per Week during Academic Year | |
|--|------|
| Average # of Intakes /Week (Fall Semester) | 29.1 |
| Average # of Intakes /Week (Spring Semester) | 18.5 |
| Average # of Intakes /Week (Academic Year) | 23.6 |
| Maximum # of Intakes/Week (Academic Year) – Week of 9/14/09 | 43 |

| 3. Clients Seen per Week during Academic Year (AY) | |
|--|-------|
| Average # of clients seen/Week (Fall - Not including Psychiatrists) | 179.1 |
| Average # of clients seen/Week (Fall - Including Psychiatrists) | 221.1 |
| Average # of clients seen/Week (Spring - Not including Psychiatrists) | 204.8 |
| Average # of clients seen/Week (Spring- Including Psychiatrists) | 252.6 |
| Maximum # of clients seen/Week (AY- Not including Psychiatrists) - Week of 4/26/10 | 245 |
| Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 4/26/10 | 292 |

| | |
|---|------|
| <u>4. Psychiatrist Clients Seen per Week during Academic Year</u> | |
| Average # of Psychiatrist clients seen/Week (Fall Semester) | 42.0 |
| Average # of Psychiatrist clients seen/Week (Spring Semester) | 47.8 |
| Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 5/17/10 | 58.0 |

| | |
|---|------|
| <u>5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year</u> | |
| Average # of daytime emergencies seen/Week (Fall Semester) | 13.8 |
| Average # of daytime emergencies seen/Week (Spring) | 9.2 |
| Maximum # of daytime emergencies seen/Week (Academic Year) – Week of 10/19/09 | 25 |

| | |
|--|-------|
| <u>6. Total # of Individual Clients Seen for the Past 10 Academic Years</u> | |
| Total # Clients Seen for 2009-10 | 1,081 |
| 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 |

| | |
|---|-----|
| <u>7. Weekly Case Load Comparisons for the Past 10 Years during AY (not including Psychiatry Sessions)</u> | |
| Average Sessions/Week for 2009-10 | 193 |
| 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 |

| | |
|--|------|
| <u>8. Daytime Emergency Sessions per Week -Comparisons for the Past 10 AY</u> | |
| Average Sessions for 2009-10 | 11.4 |
| 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 |

| 9. # of Appointments per clients during past year | (A) Staff Only (n=1073) | (B) Psychiatrists Only (n=412) | (C) Staff plus Psychiatrists (n=1089*) |
|--|------------------------------------|---|---|
| 1 appointment | 238 (22%) | 100 (24%) | 224 (21%) |
| 2 appointments | 140 (13%) | 67 (16%) | 133 (12%) |
| 3 appointments | 105 (10%) | 44 (11%) | 99 (9%) |
| 4 appointments | 87 (8%) | 54 (13%) | 79 (7%) |
| 5 appointments | 72 (7%) | 32 (8%) | 56 (5%) |
| 6 appointments | 49 (5%) | 35 (9%) | 40 (4%) |
| 7 appointments | 47 (4%) | 22 (5%) | 48 (4%) |
| 8 appointments | 39 (4%) | 16 (4%) | 43 (4%) |
| 9 appointments | 27 (3%) | 9 (2%) | 31 (3%) |
| 10 appointments | 30 (3%) | 5 (1%) | 32 (3%) |
| 11 appointments | 32 (3%) | 8 (2%) | 30 (3%) |
| 12 appointments | 24 (2%) | 4 (1%) | 26 (2%) |
| 13 appointments | 25 (2%) | 3 (1%) | 24 (2%) |
| 14 appointments | 15 (1%) | 1 (<1%) | 16 (2%) |
| 15 appointments | 18 (2%) | 1 (<1%) | 15 (1%) |
| 16+appointments | 125 (12%) | 11 (3%) | 193 (18%) |

| 9. # of Appointments per clients during past year | (A) Staff Only (n=1073) | (B) Psychiatrists Only (n=412) | (C) Staff plus Psychiatrists (n=1089*) |
|--|------------------------------------|---|---|
| 1-5 appointments | 642 (60%) | 297 (72%) | 591 (54%) |
| 6-10 appointments | 192 (18%) | 87 (21%) | 194 (18%) |
| 11-15 appointments | 114 (11%) | 17 (4%) | 111 (10%) |
| 16- 20 appointments | 50 (5%) | 6 (2%) | 72 (7%) |
| 21+ appointments | 75 (7%) | 5 (1%) | 121 (11%) |

| | |
|--|-------------|
| Average # of visits/per client (staff only) | 6.94 visits |
| Average # of visits/per client (psychiatrists) | 4.48 visits |
| Average # of visits/per client (staff + psychiatrists) | 8.53 visits |

| 10. Health Insurance | |
|---|--------------|
| No. of clients who reported having University (Chickering/Aetna) Insurance Policy | 427 (40%) |
| No. of grad student clients who reported having University Health Insurance Policy | 257 of 314 |
| No. of undergrad student clients with a University Health Insurance Policy | 149 of 662 |
| No. of international Students who reported having University Health Insurance Policy | 83 of 105 |
| No. of clients referred out who reported having University Health Insurance | 29 |
| No. of total sessions clients with University Health Insurance seen before referred out | 282 sessions |

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,081)

| <u>1. Gender</u> | <u>Number</u> | <u>Percentage</u> |
|----------------------|---------------|-------------------|
| Male | 408 | 37.7% |
| Female | 671 | 62.1% |
| Transgender | 1 | 0.1% |
| Prefer Not to Answer | 1 | 0.1% |
| Total | 1081 | 100% |

| <u>2. School Affiliation</u> (Some students enrolled in more than 1 program) | <u>Number</u> | <u>Percentage</u> |
|--|---------------|-------------------|
| Arts and Sciences | 702 | 64.9% |
| Engineering | 196 | 18.1% |
| Nursing School | 97 | 9.0% |
| Peabody Institute | 73 | 6.8% |
| Post. Baccalaureate Prog. (Pre-Med) | 7 | 0.6% |
| Institute for Policy Studies | 3 | 0.3% |
| Other / No Response | 3 | 0.3% |

| <u>3. Age</u> | | |
|---------------|-------------|--|
| Age Range | 16-56 years | |
| Mode | 20.0 years | |
| Mean | 22.9 years | |
| Median | 21.0 years | |

| <u>4. Ethnic Status</u> | <u>Number</u> | <u>Percentage</u> |
|-------------------------|---------------|-------------------|
| African-American | 60 | 5.6% |
| Arab American | 4 | 0.4% |
| Asian | 155 | 14.3% |
| East Indian | 21 | 1.9% |
| Caucasian | 644 | 59.6% |
| Native-American | 5 | 0.5% |
| Latino/Hispanic | 48 | 4.4% |
| Multi-Racial | 45 | 4.2% |
| Prefer Not to Answer | 43 | 4.0% |
| Other / No Response | 55 | 5.1% |

| <u>5. Marital Status</u> | <u>Number</u> | <u>Percentage</u> |
|----------------------------------|---------------|-------------------|
| Single | 665 | 61.5% |
| Serious Dating/Committed Relat. | 285 | 26.4% |
| Civil Union/Domestic Partnership | 7 | 0.6% |
| Married | 60 | 5.6% |
| Separated | 6 | 0.6% |
| Divorced | 3 | 0.3% |
| Widowed | 2 | 0.2% |
| No Response | 53 | 4.9% |

| <u>6. Class Year</u> | <u>Number</u> | <u>Percentage</u> |
|-----------------------------|---------------|-------------------|
| Freshman | 141 | 13.0% |
| Sophomore | 158 | 14.6% |
| Junior | 178 | 16.5% |
| Senior | 185 | 17.1% |
| Graduate Student | 314 | 29.0% |
| Post-Baccalaureate Program- | 12 | 1.1% |
| Premed | 42 | 3.9% |
| Other / No Response/Missing | 51 | 4.8% |

| <u>7. Academic Standing</u> | <u>Number</u> | <u>Percentage</u> |
|------------------------------------|----------------------|--------------------------|
| Good Standing | 974 | 90.1% |
| Academically dismissed | 8 | 0.7% |
| Reinstated | 9 | 0.8% |
| On Probation | 45 | 4.2% |
| Other / No Response | 45 | 4.2% |

| <u>8. Other Items</u> | <u>Number</u> | <u>Percentage</u> |
|---|----------------------|--------------------------|
| International Students | 105 | 9.7% |
| Transfer Students | 36 | 3.3% |
| Physically Challenged Students | 13 | 1.2% |
| Students concerned about Attention Deficit Disorder (ADD) | 205 | 19.0% |

| <u>9. Academic Major</u> | <u>Number</u> | <u>Percentage</u> |
|--|----------------------|--------------------------|
| Undeclared/ Undecided | 31 | 2.9% |
| No Response | 33 | 3.1% |
| Arts and Science Totals | 726 | 67.2% |
| Anthropology | 13 | 1.2% |
| Behavioral Biology | 9 | 0.8% |
| Biology | 59 | 5.5% |
| Biophysics | 10 | 0.9% |
| Chemistry | 29 | 2.7% |
| Classics | 8 | 0.7% |
| Cognitive Science | 10 | 0.9% |
| Comparative American Cultures | 0 | 0% |
| Earth & Planetary Science | 11 | 1.0% |
| East Asian Studies | 6 | 0.6% |
| Economics | 26 | 2.4% |
| English | 21 | 1.9% |
| Environmental Earth Sciences | 4 | 0.4% |
| Film and Media Studies | 4 | 0.4% |
| French | 6 | 0.6% |
| German | 2 | 0.2% |
| History | 40 | 3.7% |
| History of Art | 12 | 1.1% |
| History of Science, Medicine, & Technology | 3 | 0.3% |
| International Studies | 54 | 5.0% |
| Italian Studies | 1 | 0.1% |
| Latin American Studies | 1 | 0.1% |
| Mathematics | 8 | 0.7% |
| Music | 46 | 4.3% |
| Near Eastern Studies | 5 | 0.5% |
| Neuroscience | 41 | 3.8% |
| Philosophy | 22 | 2.0% |
| Physics & Astronomy | 18 | 1.7% |
| Political Science | 36 | 3.3% |
| Pre-Med Cert (Post-Baccalaureate) | 12 | 1.1% |
| Psychological and Brain Sciences | 54 | 5.0% |
| Public Health | 64 | 5.9% |
| Public Policy | 15 | 1.4% |
| Romance Languages | 7 | 0.6% |
| Science, Medicine, & Technology | 0 | 0.0% |
| Sociology | 13 | 1.2% |
| Spanish | 2 | 0.2% |

| <u>9. Academic Major (cont.)</u> | <u>Number</u> | <u>Percentage</u> |
|---|----------------------|--------------------------|
| Writing Seminars | 43 | 4.0% |
| Other Arts & Sciences | 6 | 0.6% |
| Humanistic Studies | 1 | 0.1% |
| Natural Sciences | 3 | 0.3% |
| Social & Behavioral Sciences | 0 | 0.0% |
| Area Majors Other | 1 | 0.1% |

| <u>Engineering Totals</u> | <u>180</u> | <u>16.7%</u> |
|---------------------------------------|-------------------|---------------------|
| Biomedical Engineering | 39 | 3.6% |
| Chemical Engineering | 32 | 3.0% |
| Civil Engineering | 10 | 0.9% |
| Computer Engineering | 3 | 0.3% |
| Computer Science | 25 | 2.3% |
| Electrical Engineering | 13 | 1.2% |
| Engineering Mechanics | 2 | 0.2% |
| General Engineering | 0 | 0.0% |
| Geography & Environmental Engineering | 11 | 1.0% |
| Materials Science & Engineering | 9 | 0.8% |
| Mathematical Sciences | 11 | 1.0% |
| Mechanical Engineering | 16 | 1.5% |
| Other Engineering | 9 | 0.8% |

| <u>9a. Peabody- Affiliated School Total</u> | <u>28</u> | <u>2.6%</u> |
|--|------------------|--------------------|
| Performance Certificate | 0 | 0.0% |
| GPD | 3 | 0.3% |
| Peabody/Homewood Double Degree Program | 1 | 0.1% |
| Performance: Bachelors | 12 | 1.1% |
| Performance: Masters | 5 | 0.5% |
| DMA | 4 | 0.4% |
| AD | 0 | 0.0% |
| Music Education: Bachelors | 1 | 0.1% |
| Music Education: Masters | 0 | 0.0% |
| Recording Arts: Bachelors | 0 | 0.0% |
| Recording Arts: Masters | 0 | 0.0% |
| Conducting | 0 | 0.0% |
| Other Peabody | 2 | 0.2% |
| Not Reported/Missing | 0 | 0.0% |

| <u>9b. Nursing - Affiliated School Total</u> | <u>83</u> | <u>7.7%</u> |
|---|------------------|--------------------|
| Regular Program | 33 | 3.1% |
| Accelerated Program | 41 | 3.8% |
| Other Nursing Affiliated School | 9 | 0.8% |
| Other/Missing | 0 | 0.0% |

| <u>10. Medical Information/History</u> | | |
|---|-----|-------|
| Previously received counseling elsewhere | 395 | 36.5% |
| Currently taking medication | 484 | 44.8% |
| Experiencing medical problems | 188 | 17.4% |
| Medical problem in family | 409 | 37.8% |
| Emotional problem in family | 432 | 40.0% |
| Alcoholism/Substance Abuse in family | 321 | 29.7% |

| <u>11. Residence</u> | <u>Number</u> | <u>Percentage</u> |
|-------------------------------|----------------------|--------------------------|
| On-Campus Residence Hall/Apt. | 336 | 31.1% |
| Fraternity/Sorority House | 12 | 1.1% |
| On/off Campus Co-operative | 11 | 1.0% |
| Off-campus Apartment/House | 665 | 61.5% |
| Other Housing | 37 | 3.4% |
| No Response | 20 | 1.9% |

| <u>12. How first heard of Counseling Center</u> | <u>Number</u> | <u>Percentage</u> |
|--|----------------------|--------------------------|
| Brochure | 91 | 8.4% |
| Career Center | 11 | 1.0% |
| Faculty | 60 | 5.6% |
| Flyer | 25 | 2.3% |
| Friend | 234 | 21.6% |
| Relative | 31 | 2.9% |
| Residence Hall Staff | 44 | 4.1% |
| Contact w/ Center Staff | 38 | 3.5% |
| Newsletter | 1 | 0.1% |
| Saw Location | 31 | 2.9% |
| Student Health & Wellness | 111 | 10.3% |
| JHU Publication | 19 | 1.8% |
| Peabody Publication | 10 | 0.9% |
| Word of Mouth | 98 | 9.1% |
| Dean of Students | 37 | 3.4% |
| Security Office | 3 | 0.3% |
| Other | 180 | 16.7% |
| No Response | 57 | 5.3% |

| <u>13. Referral Source</u> | <u>Number</u> | <u>Percentage</u> |
|-----------------------------------|----------------------|--------------------------|
| Myself | 548 | 50.7% |
| Friend | 161 | 14.9% |
| Relative | 47 | 4.3% |
| Residential Life Staff | 46 | 4.3% |
| Faculty | 46 | 4.3% |
| Staff | 17 | 1.6% |
| Student Health & Wellness | 76 | 7.0% |
| Career Center | 2 | 0.2% |
| Academic Advising | 30 | 2.8% |
| Dean of Students | 33 | 3.1% |
| Security Office | 3 | 0.3% |
| Other | 40 | 3.7% |
| No Response | 32 | 3.0% |

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

| # | Presenting Concern | # | % |
|----|---|-----|--------|
| 1 | Anxiety, fears, worries (Item #18) | 387 | 35.80% |
| 2 | Feeling overwhelmed by a number of things; hard to sort things out (Item #19) | 367 | 34.00% |
| 3 | Time management, procrastination, getting motivated (Item #3) | 327 | 30.20% |
| 4 | Academic concerns; school work and grades (Item #1) | 302 | 27.90% |
| 5 | Depression (Item #26) | 192 | 17.70% |
| 6 | Self-confidence or self-esteem, feeling inferior (Item #16) | 239 | 22.10% |
| 7 | Generally unhappy and dissatisfied (Item #21) | 216 | 20.00% |
| 8 | Sleep problems (can't sleep, sleep too much, nightmares) (Item #36) | 176 | 16.30% |
| 9 | General lack of motivation, interest in life; detachment and hopelessness (Item #25) | 179 | 16.60% |
| 10 | Overly high academic standards for self (Item #5) | 220 | 20.40% |
| 11 | Loneliness, homesickness (Item # 9) | 170 | 15.70% |
| 12 | Relationship with romantic partner (Item #12) | 129 | 11.90% |
| 13 | Test anxiety (Item #2) | 165 | 15.20% |
| 14 | Concern regarding breakup, separation, divorce (Item #13) | 123 | 11.40% |
| 15 | Stage fright, performance anxiety, speaking anxiety (Item #4) | 115 | 10.70% |
| 16 | Decision about selecting a major and/or career (Item #8) | 133 | 12.30% |
| 17 | Pressures from family for success (Item #7) | 106 | 9.80% |
| 18 | Physical stress (Item #35) | 107 | 9.90% |
| 19 | Conflict/argument with parents or family member (Item #14) | 98 | 9.00% |
| 20 | Concern over appearances (Item #17) | 114 | 10.60% |
| 21 | Pressures from competition with others (Item #6) | 108 | 10.80% |
| 22 | Shy or ill at ease around others (Item #15) | 95 | 8.80% |
| 23 | Concern that thinking is very confused (Item #40) | 91 | 8.40% |
| 24 | Irritable, angry hostile feelings; difficulty expressing anger appropriately (Item #39) | 79 | 7.30% |
| 25 | Relationship with friends and/or making friends (Item #11) | 89 | 8.30% |
| 26 | Eating problem (overeating, not eating or excessive dieting) (Item #29) | 75 | 7.00% |
| 27 | Have been considering dropping out or leaving school (Item #44) | 64 | 6.00% |
| 28 | Problem adjusting to the University (Item #20) | 60 | 5.60% |
| 29 | Grief over death or loss (Item #27) | 62 | 5.70% |
| 30 | Concerns about health; physical illness (Item #34) | 61 | 5.60% |
| 31 | Physically or emotionally abused, as a child or adult (Item #33) | 43 | 3.90% |
| 32 | Sexual matters (Item #37) | 38 | 3.50% |
| 33 | Confusion over personal or religious beliefs and values (Item #22) | 46 | 4.30% |
| 34 | Relationship with roommate (Item #10) | 40 | 3.70% |
| 35 | Fear of loss of contact with reality (Item #42) | 31 | 2.90% |
| 36 | Sexually abused or assaulted, as a child or adult (Item #32) | 19 | 1.70% |
| 37 | Alcohol/drug problem in family (Item #31) | 29 | 2.70% |
| 38 | Fear that someone is out to get me (Item #41) | 24 | 2.20% |
| 39 | Violent thoughts, feeling or behaviors (Item #43) | 29 | 2.70% |
| 40 | Issues related to gay/lesbian identity (Item #24) | 27 | 2.50% |
| 41 | Alcohol and/or drug problem (Item #30) | 25 | 2.30% |
| 42 | Concerns related to being a member of a minority (Item #23) | 22 | 2.00% |
| 43 | Problem Pregnancy (Item #38) | 15 | 1.40% |
| 44 | Feel that someone is stalking or harassing me (by phone, letter or email) (Item #45) | 12 | 1.10% |

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) | 133 | 12.3% |
| <u>Academic Issues</u> | | |
| Time management, procrastination, motivation (Item #3) | 327 | 30.2% |
| Academic concerns; school work/grades (Item #1) | 302 | 27.9% |
| Overly high standards for self (Item #5) | 220 | 20.4% |
| Test anxiety (Item #2) | 165 | 15.2% |
| Stage fright, performance anxiety, speaking anxiety (Item #4) | 115 | 10.7% |
| Pressures from competition with others (Item #6) | 108 | 10.8% |
| Pressure from family for success (Item #7) | 106 | 9.8% |
| Have been considering dropping out or leaving school (Item #44) | 64 | 6.0% |
| <u>Relationship Issues</u> | | |
| Loneliness, homesickness (Item #9) | 170 | 15.7% |
| Relationship with romantic partner (Item #12) | 129 | 11.9% |
| Concern regarding breakup, separation, or divorce (Item #13) | 123 | 11.4% |
| Shy or ill at ease around others (Item #15) | 95 | 8.8% |
| Relationship with friends and/or making friends (Item #11) | 89 | 8.3% |
| Conflict/argument with parents or family member (Item #14) | 98 | 9.0% |
| Relationship with roommate (Item #10) | 40 | 3.7% |
| <u>Self-esteem Issues</u> | | |
| Self-confidence/Self-esteem; feeling inferior (Item #16) | 239 | 22.1% |
| Concern over appearances (Item #17) | 114 | 10.6% |
| Shy or ill at ease around others (Item #15) | 95 | 8.8% |
| <u>Anxiety Issues</u> | | |
| Anxieties, fears, worries (Item #18) | 387 | 35.8% |
| Feeling overwhelmed by a number of things; hard to sort things out (Item #19) | 367 | 34.0% |
| Problem adjusting to the University (Item #20) | 60 | 5.6% |
| <u>Existential Issues</u> | | |
| Generally unhappy and dissatisfied (Item #21) | 216 | 20.0% |
| Confusion over personal or religious beliefs and values (Item #22) | 46 | 4.3% |
| Concerns related to being a member of a minority (Item #23) | 22 | 2.0% |
| Issue related to gay/lesbian identity (Item #24) | 27 | 2.5% |
| <u>Depression</u> | | |
| Depression (Item #26) | 192 | 17.7% |
| General lack of motivation, interest in life; detachment and hopelessness (Item #25) | 179 | 16.6% |
| Grief over death or loss (Item #27) | 62 | 5.7% |
| <u>Eating Disorder</u> | | |
| Eating problem (overeating, not eating or excessive dieting) (Item #29) | 75 | 7.0% |
| Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29) | 151 | 14.0% |
| <u>Substance Abuse</u> | | |
| Alcohol and/or drug problem (Item #30) | 25 | 2.3% |
| Alcohol/drug problem in family (Item #31) | 29 | 2.7% |
| <u>Sexual Abuse or Harassment</u> | | |
| Physically or emotionally abused, as a child or adult (Item #33) | 43 | 3.9% |
| Sexually abused or assaulted, as a child or adult (Item #32) | 19 | 1.7% |
| <u>Stress and Psychosomatic Symptoms</u> | | |
| Sleep problems (can't sleep, sleep too much, nightmares) (Item #36) | 176 | 16.3% |
| Physical stress (Item #35) | 107 | 9.9% |
| Concerns about health; physical illness (Item #34) | 61 | 5.6% |
| <u>Sexual Dysfunction or Issues</u> | | |
| Sexual matters (Item #37) | 38 | 3.5% |
| Problem pregnancy (Item #38) | 15 | 1.4% |

| Unusual Thoughts or Behavior | | |
|--|----|------|
| Concern that thinking is very confused (Item #40) | 91 | 8.4% |
| Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39) | 79 | 7.3% |
| Fear of loss of contact with reality (Item #42) | 31 | 2.9% |
| Fear that someone is out to get me (Item #41) | 24 | 2.2% |
| Violent thoughts, feelings, or behaviors (Item #43) | 29 | 2.7% |

| 16. Behavioral Health Monitor by Item at Intake (N=1,081) | # Reporting Extremely or Very Serious Problem (+moderate Problem) | % |
|---|--|-----------------|
| 1) How distressed have you been? | 354 | 32.7% |
| 2) How satisfied have you been with your life? | 338 | 31.3% |
| 3) How energetic and motivated have you been feeling? | 395 | 36.5% |
| 4) How much have you been distressed by feeling fearful, scared? | 186 | 17.3% |
| 5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work? | 20 | 1.8% |
| 6) How much have you been distressed by wanting to harm someone? | 10 (28) | 1.0% (2.7%) |
| 7) How much have you been distressed by not liking yourself? | 215 | 19.9% |
| 8) How much have you been distressed by difficulty concentrating? | 405 | 37.5% |
| 9) How much have you been distressed by eating problems interfering with relationships with family and or friends? | 41 | 3.8% |
| 10) How much have you been distressed by thoughts of ending your life? (Almost Always, Often) (Including Sometimes and A Little Bit) | 23 (155) | 2.1% (14.3%) |
| 11) How much have you been distressed by feeling sad most of the time? | 233 | 21.6% |
| 12) How much have you been distressed by feeling hopeless about the future? | 213 | 19.7% |
| 13) How much have you been distressed by powerful, intense mood swings (highs and lows)? | 189 | 17.5% |
| 14) How much have you been distressed by alcohol/drug use interfering with your relationships with family and/or friends? | 16 | 1.5% |
| 15) How much have you been distressed by feeling nervous? | 302 | 28.0% |
| 16) How much have you been distressed by your heart pounding or racing? | 163 | 15.1% |
| 17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness). | 159 | 14.7% |
| 18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness). | 243 | 22.5% |
| 19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity). | 208 | 19.3% |
| 20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities). | 206 | 19.0% |
| 21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Low Risk) | 18 95 | 1.7% 8.8% |

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=556) (51% return rate)

| | | | | | |
|------------------------------|-------|-------------------------|-------|----------------------|-------|
| 1) Race: | | 2) Class Status: | | 3) Residence: | |
| African-American | 4.5% | Freshman | 13.5% | On-campus | 33.3% |
| Asian-American | 16.0% | Sophomore | 14.4% | Off-campus w family | 7.4% |
| Caucasian | 66.2% | Junior | 15.8% | Other off-campus | 59.0% |
| Latino | 4.7% | Senior | 18.5% | NR | 0.4% |
| Other | 7.4% | Graduate Student | 32.4% | | |
| NR | 1.3% | Alumni | 1.1% | | |
| | | Other/NR | 3.3% | | |
| 4) School Affiliation | | 5) Gender: | | | |
| Arts and Sciences - Hmwd | 64.4% | Male | 38.8% | | |
| Engineering - Hmwd | 18.7% | Female | 60.8% | | |
| Nursing School | 8.6% | Transgender | 0.2% | | |
| Peabody Institute | 7.0% | Prefer Not To | 0.2% | | |
| Other/NR | 1.3% | Answer | | | |

2) Respondents' Evaluation and Comments:

| | | | | |
|--|-------|------------|-------|--|
| 6) I was able to see a therapist for my first appointment within a reasonable amount of time: | | | | |
| Yes ----- | 95.5% | No ----- | 2.5% | Unsure----- 1.4% NR-----0.5% |
| 7) I found the receptionist to be courteous and helpful: | | | | |
| Yes ----- | 85.6% | No ----- | 5.8% | Unsure----- 7.9% NR ----- 0.7% |
| 8) I felt comfortable waiting in the reception area: | | | | |
| Yes ----- | 91.4% | No ----- | 2.5% | Unsure ----- 5.4% NR ----- 0.7% |
| 9) Do you feel the therapist was attentive and courteous? | | | | |
| Yes ----- | 99.1% | No ----- | 0.2% | Unsure ----- 0.2% NR ----- 0.5% |
| 10) Do you feel the therapist understood your problem(s)? | | | | |
| Yes ----- | 96.4% | No ----- | 0.2% | Unsure----- 2.9% NR ----- 0.5% |
| 11) Did the therapist give you information about the services of the Counseling Center? | | | | |
| Yes ----- | 96.0% | No ----- | 2.2% | Unsure ----- 1.1% NR ----- 0.7% |
| 12) Do you plan to continue with additional services at the Center? | | | | |
| Yes, I was satisfied with service ----- | | | | 78.8% |
| Yes, If I can get a convenient appointment ----- | | | | 5.9% |
| Yes, but I'm not sure this is the best place ----- | | | | 2.7% |
| Yes, if----- | | | | 3.1% |
| No, because problem was solved----- | | | | 4.0% |
| No, because I don't have a problem----- | | | | 1.8% |
| No, because I don't like the therapist----- | | | | 1.1% |
| No, not eligible----- | | | | 0.2% |
| No, not now ----- | | | | 1.6% |
| No, because ----- | | | | 0.5% |
| No Response (NR)----- | | | | 0.4% |
| 13) Overall Impression of Counseling Center? | | | | |
| Excellent ----- | 54.3% | Good ----- | 42.1% | Fair ----- 2.3% Poor ----- 0.2% NR----- 1.1% |

14) Comments. There were 99 comments from 89 clients on the Service Evaluation Forms. Seventy two comments (73%) were viewed as positive, 10 comments (10%) were assessed as somewhat negative, and 17 comments (17%) were considered neutral. A number of clients expressed concerns about the treatment they received from the receptionists.

| # | Comment # | COMMENTS | Pos. | Neu. | Neg. |
|----|-----------|--|------|------|------|
| 1 | 8 | He (46) is great, everyone is professional! | 1 | | |
| 2 | 15 | The counseling center provides a great service for students at the university. It gives people a change to explore themselves and get an accurate measurement of how to address problems. | 1 | | |
| 3 | 19 | I heartily enjoyed and benefitted from my three years at the counseling center. The best part was learning to defend myself from my mental prosecutor. To all gracias!! | 1 | | |
| 4 | 20 | I love this place! | 1 | | |
| 5 | 23 | Very nice counselor (70). Good at listening. | 1 | | |
| 6 | 25 | Thank you! | 1 | | |
| 7 | 35 | Thank you. | 1 | | |
| 8 | 37 | My counselor, (46) is absolutely excellent. The new receptionist, however, is often quite rude. She rolls her eyes at you, makes snappy comments, and occasionally has made mistakes with my appointments. | 1 | | 1 |
| 9 | 39 | Therapist (41) was patient. Did not seem perplexed with my problems. Sat quietly and listened to me. | 1 | | |
| 10 | 41 | I have found my experience with the counseling center to be extremely rewarding. (68) is a wonderful counselor and was able to help me significantly in overcome a substance abuse problem. I'm grateful that this excellent service is available for the Hopkins community. | 1 | | |
| 11 | 42 | (3) is awesome—he helped me through nursing program (accelerated) Don't know what I would do without his help. Thank you. Thank you so much! | 1 | | |
| 12 | 44 | (46) is awesome! Very helpful and attentive. I have made so much progress during the time I have been seeing him. | 1 | | |
| 13 | 45 | I am definitely making progress on the issues I want to address and plan to continue. | 1 | | |
| 14 | 47 | Months ago, when I felt that I urgently needed to see a counselor, the first available appointment wasn't until three weeks later. I was unimpressed by this and I wanted help much sooner. It seemed like the receptionist didn't have empathy for my urgency. | | | 1 |
| 15 | 48 | I like how the receptionist greets me by my name. | 1 | | |
| 16 | 53 | (41) is a committed, patient, compassionate therapist. He has been like a touchstone during my years at Hopkins and has changed my life for the better. I am incredibly grateful for the excelled work of the counseling center. | 1 | | |
| 17 | 56 | I think the Counseling Center helped me realize that I'm not alone in the problem I have, there are things I can and should do about it, and provided me with good insight and other resources I can go to. | 1 | | |
| 18 | 60 | She was very nice and helpful. | 1 | | |
| 19 | 61 | Therapist is great. Front office staff is a barrier. I was greeted with the question "Can I help you?" No smile, no hello. In this setting, I think a little warmth and openness is particularly important, something more than "Can I help you?" followed by "Take a clipboard and fill out the paperwork." | 1 | | 2 |

| | | | | | |
|----|-----|--|---|---|---|
| 20 | 62 | Why do you need my SSN? The receptionist was unable to answer this question but demanded it. I realize you keep it confidential or attempt to but in general it seems good to limit the number of people with your SSN. If someone breaks into your files for example, it's gone. Thanks. (My session was very helpful and gave me many insights.) | | | 1 |
| 21 | 65 | Thanks! | 1 | | |
| 22 | 78 | I thought the therapist was great. I was a little put off by how cold the receptionist was. I was also uncomfortable when other students walked through and turned to look at who was in the center. | 1 | | 2 |
| 23 | 81 | (41) is excellent! | 1 | | |
| 24 | 85 | Great-little awkward to wait in admissions office [Nursing School] but everything else is great. | 1 | | |
| 25 | 87 | I have been seeing (41) intermittently during my time at JHU—he is fantastic. I have found the Counseling Center to be very helpful. | 1 | | |
| 26 | 90 | I JUST HOPE TO GET AN objective view of my problems and where they stem from and am hoping the center here would help me do that. | | 1 | |
| 27 | 109 | Receptionist not friendly. | | | 1 |
| 28 | 115 | Thank you—the counseling center is an excellent resource for students. | 1 | | |
| 29 | 120 | (6) =awesome 😊 | 1 | | |
| 30 | 121 | (62) seemed very empathetic and concerned—particularly on my thoughts of taking my life or harming myself. | 1 | | |
| 31 | 128 | I would prefer to have the intern that was sitting in be beside/behind me. I like to talk directly to my Dr. and it was distracting (not the intern/Dr.'s fault) to have 2 people to look at. | | 1 | |
| 32 | 134 | 😊 | 1 | | |
| 33 | 160 | Thanks for working with the extremely tight nursing school accelerated schedule. | 1 | | |
| 34 | 173 | Have always been satisfied/happy with the CC 😊. Looking forward to more great times | 1 | | |
| 35 | 174 | Great, would recommend to others | 1 | | |
| 36 | 180 | I'd like to focus on measureable change...things I can do every day to lessen worry. Perhaps it's up to me to find these things, like exercises, create them for myself, etc. I'll see how it goes. | | 1 | |
| 37 | 215 | Just three words. | | 1 | |
| 38 | 218 | I really like 74. My initial impression is that she is extremely capable. I believe she will be able to help me. | 1 | | |
| 39 | 224 | The therapist I saw [76] was very courteous and understanding. She was easy to talk to. She was helpful and I am grateful for that. | 1 | | |
| 40 | 227 | Very understanding and helpful. | 1 | | |
| 41 | 232 | Thank you | 1 | | |
| 42 | 260 | Reception was hostile. Rest visit cursory(?) | | | 1 |
| 43 | 264 | (68) was very helpful and very nice | 1 | | |
| 44 | 266 | Thank you so much, (6) | 1 | | |
| 45 | 271 | I love being able to come here- it is super helpful and the support is wonderful. It definitely helps me with my problems 😊 | 1 | | |
| 46 | 273 | Very Helpful, understanding, thoughtful questions. I would like to come back, maybe in a few weeks | 1 | | |
| 47 | 280 | Liked a lot better than person I talked to last time, really understanding | 1 | | |

| | | | | | |
|----|-----|---|---|---|---|
| 48 | 283 | Had a good experience with therapist but it is difficult to get to campus with Nursing Schedule | 1 | | 1 |
| 49 | 288 | I'm not sure if anything can be done about this but I feel embarrassed about the possibility of meeting students I teach in the waiting room. | | 1 | |
| 50 | 289 | Liked options given to me and the ability to talk to (75) | 1 | | |
| 51 | 309 | The Therapist (6) is excellent. I plan to see her again. | 1 | | |
| 52 | 310 | Front receptionist did not respond to me when I walked in and said I had an appointment. | | | 1 |
| 53 | 315 | Counselor was very good | 1 | | |
| 54 | 350 | Receptionist could be kinder | | | 1 |
| 55 | 351 | Thanks. | 1 | | |
| 56 | 353 | Very nice time with therapist (35), very helpful. Receptionist was unfriendly. | 1 | | 1 |
| 57 | 359 | Very attentive and helpful. I felt comfortable talking with her (35) about sensitive topics. | 1 | | |
| 58 | 362 | Felt very comfortable explaining my concerns to the therapist (6), felt that she was attentive. | 1 | | |
| 59 | 380 | Therapist (76) was attentive, kind, and understanding. Hopefully in future sessions, therapist will impart more advice or treatment. Very professional. | 1 | | |
| 60 | 386 | Thank you! | 1 | | |
| 61 | 388 | (6) seems like an exceptional therapist and I look forward to meeting with her. I am very pleased with the convenience and quality of my experience with the counseling center. | 1 | | |
| 62 | 396 | She was very nice and asked good questions and was helpful. | 1 | | |
| 63 | 405 | Young woman who is the receptionist today needs a bit of coaching in how to greet and interact w people. If someone were emotionally distraught her lack of positive interacting could be upsetting. A smile would be nice and a change in tone of voice. | | | 1 |
| 64 | 410 | Very nice counselor. Wish him the best of luck on his first day! | 1 | | |
| 65 | 421 | Very interested in understanding my problems and what I wanted out of this experience | 1 | | |
| 66 | 431 | I'm just conflicted because I don't want to continue to nix my therapist at home but I don't find our phone sessions particularly helpful and really think it would be better to see someone face-to-face. | | 1 | |
| 67 | 436 | Thank you. | 1 | | |
| 68 | 449 | (68) was very kind and helpful | 1 | | |
| 69 | 451 | I wish the waiting room was more secluded/I didn't run the risk of people I know seeing me/seeing them. Like the therapist a lot. | 1 | 1 | |
| 70 | 458 | Thank you for offering this service to Peabody students! | 1 | | |
| 71 | 459 | This is not really my first visit as I've seen (35) a handful of times before. | | 1 | |
| 72 | 466 | I felt that the counselor was very attentive and I am hoping to get some feedback at the next session | 1 | | |
| 73 | 480 | The receptionists were unfriendly and seemed to resent my question | | | 1 |
| 74 | 482 | I like the pendulum in the waiting room—more toys! | 1 | | |
| 75 | 488 | Great job! I'm so glad I came! Thanks for being so helpful. | 1 | | |
| 76 | 495 | Thank you! | 1 | | |
| 77 | 500 | The session was very helpful and comfortable! | 1 | | |
| 78 | 501 | Thank you! | 1 | | |

| | | | | | |
|----|-----|--|---|---|---|
| 79 | 516 | I felt really comfortable talking about any issue I had. Thank you again, especially to (78). | 1 | | |
| 80 | 527 | Receptionists seem...angry | | | 1 |
| 81 | 531 | Thanks ☺ | 1 | | |
| 82 | 539 | I really found my therapist (3) to be very helpful and gave me productive suggestions for how to deal with my concerns. | 1 | | |
| 83 | 542 | I really like (75) from my first meeting. | 1 | | |
| 84 | 544 | Therapist seemed nice. | 1 | | |
| 85 | 546 | I think it's really too bad that the SON isn't continuing their contract. I found the services very helpful and it's had a positive impact on my personal life and having a calmer mind. | 1 | 1 | |
| 86 | 547 | (46) was courteous, professional, and kind. I appreciate the services provided by the CC and JHU, a great support! | 1 | | |
| 87 | 551 | I don't like my counselors to find out my medical history. | | 1 | |
| 88 | 553 | The therapist was really understanding. Thank you! | 1 | | |
| 89 | 556 | Receptionist was at first very cold. Got a little friendlier with time → she did not make it clear that she cared. | | | 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:

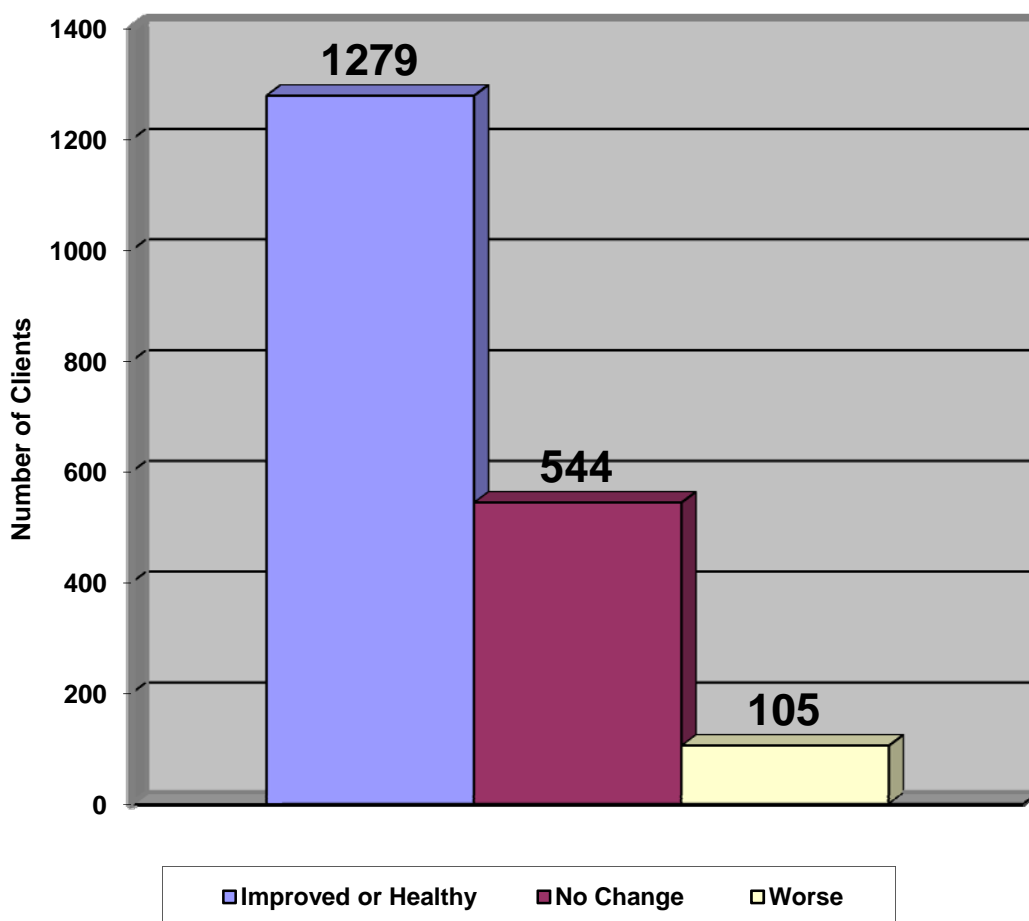
| BHM20 Score | Mental Health Category |
|--------------------|--|
| 2.93 - 3.30 | Indicates positive mental health for college students |
| 2.10 - 2.92 | Indicates mild illness or adaptive difficulty |
| 0.00 - 2.09 | Is symptomatic of serious illness |

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%) |

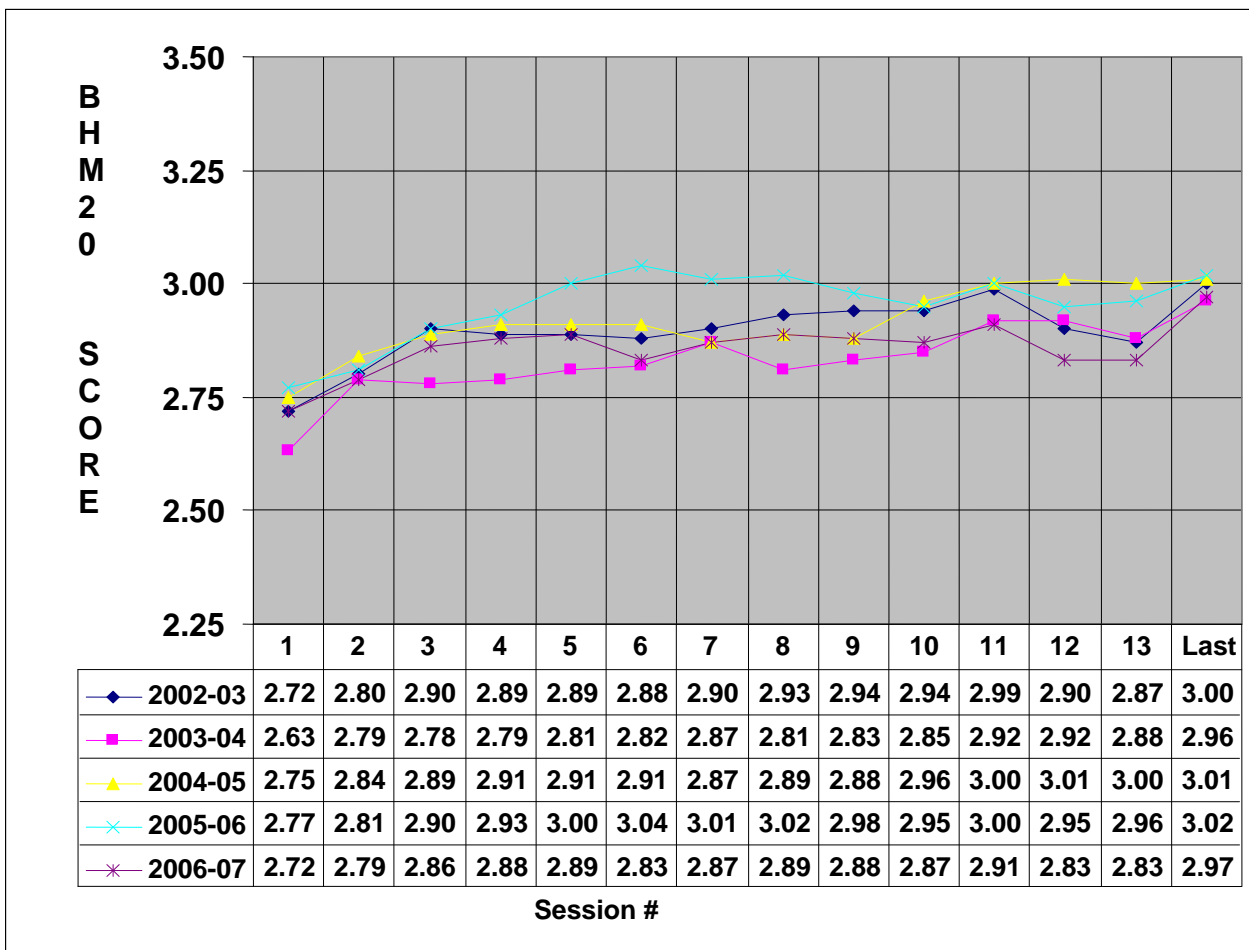
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student 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.**

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 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. In 2008-09 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 in 2008-09 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 |
|-----------|--|---------------|---------------|--|--------------------------------|---|
| Improved | 1) Severe to Moderate (1 to 2) | 10 | 2.6% | 304 (77.8%) | 51 (13.0%) | 36 (9.2%) |
| | 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% | | | |
| | TOTAL IMPROVED | 172 | 44.0% | | | |
| No Change | 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% | | | |
| | TOTAL NO CHANGE | 183 | 46.8% | | | |
| Worse | 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% | | | |
| | TOTAL WORSE | 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 |

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 Dean of Students Office and by faculty presented with more severe intake scores than other groupings.

Table 5: 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 st Worst Week of Fall Semester for Intakes (Week #22) | 2.58 | | Week of October 13, 2008 – 18 intakes |
| 2 nd Worst Week of Fall Semester for Intakes (Week #26) | 2.60 | | Week of November 10, 2008– 22 intakes |
| 1 st Worst Week of Spring Semester for Intakes (Week #44) | 2.40 | | Week of March 16, 2009– 7 intakes |
| 2 nd Worst Week of Spring Semester for Intakes (Week #47) | 2.55 | | Week of April 6, 2007 – 12 intakes |

4) **BHM20 Data Results: 2009-10**

Table 6: Client Change in Mental Health Status in New CC Clients seen more than 1 session: 2009-10 (n=691)

| | 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 |
|-----------|--|---------------|---------------|--|--------------------------------|---|
| Improved | 1) Severe to Moderate (1 to 2) | 9 | 1.30% | 544 78.7% | 107 15.5% | 40 5.8% |
| | 2) Severe to Mild (1 to 3) | 22 | 3.18% | | | |
| | 3) Severe to Healthy (1 to 4) | 48 | 6.95% | | | |
| | 4) Moderate to Mild (2 to 3) | 13 | 1.88% | | | |
| | 5) Moderate to Healthy (2 to 4) | 41 | 5.93% | | | |
| | 6) Mild to Healthy (3 to 4) | 101 | 14.62% | | | |
| | 7) Improved sign. In categ. (>.63) | 7 | 0.01% | | | |
| | TOTAL IMPROVED | 241 | 34.88% | | | |
| No Change | 8) Healthy to Healthy (4 to 4) | 313 | 45.53% | | 107 15.5% | 40 5.8% |
| | 9) Mild to Mild (3 to 3) | 63 | 9.12% | | | |
| | 10) Moderate to Moderate (2 to 2) | 17 | 2.46% | | | |
| | 11) Severe to Severe (1 to 1) | 27 | 3.91% | | | |
| | TOTAL NO CHANGE | 107 | 15.48% | | | |
| Worse | 12) Healthy to Mild (4 to 3) | 7 | 0.01% | | 107 15.5% | 40 5.8% |
| | 13) Healthy to Moderate (4 to 2) | 5 | 0.01% | | | |
| | 14) Healthy to Severe (4 to 1) | 0 | 0.00% | | | |
| | 15) Mild to Moderate (3 to 2) | 10 | 1.45% | | | |
| | 16) Mild to Severe (3 to 1) | 7 | 0.01% | | | |
| | 17) Moderate to Severe (2 to 1) | 2 | 0.01% | | | |
| | 18) Sign. Worse in category (>.63) | 9 | 1.30% | | | |
| | TOTAL WORSE | 40 | 5.79% | | | |

Table 7: BHM Scores Grouped by Number of Sessions in 2009-10

| Clients Seen by # of Sessions | Number of Clients | First Session BHM20 Score Average | Last Session BHM20 Score Average | Change/Improvement |
|-------------------------------|-------------------|-----------------------------------|----------------------------------|--------------------|
| 1 | 194 | 3.01 | | |
| 2 | 90 | 2.59 | 2.80 | 0.20 |
| 3 | 75 | 2.63 | 2.82 | 0.19 |
| 4 | 56 | 2.63 | 2.94 | 0.32 |
| 5 | 44 | 2.84 | 3.06 | 0.21 |
| 6 | 31 | 2.46 | 2.98 | 0.52 |
| 7 | 30 | 2.72 | 3.04 | 0.32 |
| 8 | 26 | 2.49 | 2.87 | 0.38 |
| 9 | 16 | 2.45 | 2.93 | 0.48 |
| 10 | 17 | 2.50 | 2.87 | 0.37 |
| 11 | 24 | 2.56 | 2.87 | 0.31 |
| 12 | 13 | 2.50 | 2.97 | 0.46 |
| 13 | 14 | 2.60 | 2.83 | 0.23 |
| All | 715 | 2.70 | 2.94 | 0.24 |

Table 8: Average Global BHM20 Scores across sessions for all new clients seen 2009-10

| Session # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Last |
|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| BHM Mean | 2.70 | 2.75 | 2.80 | 2.84 | 2.87 | 2.89 | 2.92 | 2.87 | 2.93 | 2.86 | 2.95 | 2.94 | 2.95 | 2.92 | 2.95 | 2.94 |
| # | 717 | 569 | 503 | 440 | 387 | 352 | 313 | 272 | 252 | 243 | 232 | 208 | 194 | 178 | 171 | 715 |
| SD | 0.75 | 0.68 | 0.64 | 0.65 | 0.59 | 0.59 | 0.53 | 0.75 | 0.62 | 0.67 | 0.56 | 0.59 | 0.53 | 0.63 | 0.54 | |

Tables 5 through 8 above indicate that Counseling Center clients have improved between the first and last session and generally across sessions.

5) BHM20 data 2008-10 Cumulative results

Since 2008 Counseling Center clients have been entering their BHM20 scores electronically on net books located in the waiting area of the Counseling Center. Clients fill out the measure prior to every session. Altogether 1,671 different clients have completed the BHM20 an average of 8.23 sessions over the course of the last 2 years. The average intake score was reported to be 2.31 (in moderately distressed range) and an average final score as of June 2, 2010 of 2.83 (mildly distressed range). It should be noted that the scores were taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that many clients will return for the summer session and those who returned home may return in the Fall 2010 semester.

Table 9 below shows the distribution of clients at the initial therapy session including both new and returning clients. Almost half of all clients are in the normal range while about ¼ are either in the moderately or severely distressed range.

Table 9: Distribution of Client BHM20 Scores at the Initial Session in 2008-10 by Mental Health Category.

| BHM20 Health Category | # Initial Session of Year (n=1,635) | % Initial Session of Year % (n=1,635) |
|--|-------------------------------------|---------------------------------------|
| Normal range (BHM= 2.94 - 4.00) | 740 | 45% |
| Mildly distressed range (BHM=2.38 – 2.93) | 472 | 29% |
| Moderately distressed range (BHM= 2.09 - 2.37) | 186 | 11% |
| Severely distressed range (BHM= <2.09) | 237 | 15% |

Of these 1,635 clients 895 were in the 3 distressed categories. Data is available on the 771 clients who had more than one session which allows us to BHM points in which to measure behavioral change. Of these 501 (65%) showed improvement including 348 (45%) that indicated full recovery. Also 204 (26%) of the distressed clients had not changed by June 2, 2010. Additionally, 12% of all clients deteriorated further as of June 2, 2010.

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 609 students have been monitored through our suicide tracking system.

1) Data for Clients Indicating Suicidality: 2009-10.

During the past year 155 clients (14%) of 1,081 clients presenting at the Counseling Center reported some suicidal content at intake. This included 82 females and 73 males. Also, 19 were international students. Of these 155 clients, 63 (5.8% of all student clients) reported moderate, serious, or severe suicidal thoughts (30 males, 33 females, 6 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 45 were enrolled in Arts and Science, 8 were enrolled in Engineering, 7 were enrolled at Peabody and 3 at the Nursing School. Four identified as African- American, 15 as Asian, 3 as East Indian, 2 as Latino, 28 as Caucasian and 4 as Biracial. Eleven reported they were freshmen, 10 were sophomores, 10 were juniors, 12 were seniors and 19 were graduate students.

Forty eight clients (including one that entered the system twice this past year) who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 4.4% of all student clients seen at the Counseling Center in 2009-10. These 48 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 10 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 22 of the 48 STS clients (43%) completely resolved their suicidality in an average of 13.2 sessions. Nine suicidal clients (18%) continue in treatment as the academic year ended, one suicidal clients was referred out, 11 clients withdrew from the University, 3 clients graduated before their suicidality was resolved completely, 1 client dropped out of treatment, and 2 stopped treatment at the Counseling Center because the semester ended. Again, as shown in the table, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 10: Summary of Change in Suicide Tracking Clients for 2009-10.

| Client Outcome at the End of AY2009-10 | # of Clients | Mean 1 st Session BHM20 Score | Mean AY Last Session BHM20 Score | Mean Change Score | Mean # of Session |
|---|------------------|--|----------------------------------|-------------------|-------------------|
| Clients who Successfully Achieved Resolution of Suicidality | 22 (45%) | 1.78 | 2.94 | +1.16 | 13.2 |
| Client who dropped out of therapy | 1 (2%) | 2.60 | 2.70 | +0.10 | 4.0 |
| Clients Referred Out | 1 (2%) | 2.35 | 1.60 | -0.75 | 6.0 |
| Clients Who Graduated without Resolution of suicidality | 3 (6%) | 1.92 | 2.33 | +.44 | 12.3 |
| Clients Who stopped because end of semester | 2 (2%) | 1.55 | 2.88 | +1.33 | 10.0 |
| Clients Who Withdrew/ Left School | 11 (22%) | 1.84 | 2.33 | +.50 | 6.4 |
| Clients Continuing in Treatment | 9 (18%) | 2.08 | 2,35 | +.13 | 20.3 |
| All Suicide Tracking Clients | 49 (100%) | 1.87 | 2.63 | +.74 | 12.27 |

Table 11 below compares STS clients who received medication with those that did not receive medication the past 2 year (2008-09 and 2009-10). The results indicate that both groups improve about the same. It is interesting to note that the clients not treated with medication had more severe initial intake scores than the clients who went on medication. However, it should also be noted that the clients on medication also received on average more therapy sessions.

Table 11: Summary of Change for Suicide Tracking Clients by Medication: Cumulative 2008-10

| | # of Clients | Mean 1 st Session BHM20 Score | Mean Last Session BHM20 Score | Mean Change Score | Mean # of Session |
|---------------------------|--------------|--|-------------------------------|-------------------|-------------------|
| Clients on Medication | 56 | 2.12 | 2.86 | + .74 | 12.5 |
| Clients not on Medication | 37 | 1.87 | 2.62 | + .75 | 8.2 |

Table 12 below shows that for clients who successfully resolved their suicidality there did not seem to be a difference whether they were treated with medication or not.

Table 12: Summary of Change in Resolved Clients Suicide Tracking Clients by Medication: Cumulative 2008-10.

| | # of Clients | Mean 1 st Session BHM20 Score | Mean Last Session BHM20 Score | Mean Change Score | Mean # of Session |
|------------------------------------|--------------|--|-------------------------------|-------------------|-------------------|
| Resolved Clients on Medication | 22 | 2.00 | 3.04 | +1.14 | 11.8 |
| Resolved Clients not on Medication | 12 | 1.95 | 2.96 | +1.08 | 12.0 |

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.

Additionally, 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. The Counseling Center successfully incorporated the use of net-books to allow for efficient electronic entry of client information including level and risk for suicide, easy tracking of client suicidality by the therapists, and comprehensive administrative summary reports on the Center’s work with suicidal clients.

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2009-10

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 8 different psychotherapy groups for a total of 108 group sessions. A total of 66 students participated in group therapy.

| # | Therapy Group | # of Clients | # of Sessions | Length of Sessions |
|---|-----------------------------------|--------------|---------------|--------------------|
| 1 | Body Image Group | 9 | 8 | 60 minutes |
| 2 | Dissertation Support Group #1 | 8 | 9 | 90 minutes |
| 3 | Dissertation Support Group #2 | 14 | 42 | 90 minutes |
| 4 | Graduate Student Process Group #1 | 8 | 22 | 90 minutes |
| 5 | Graduate Student Process Group #2 | 7 | 8 | 60 minutes |
| 6 | Mindful Eating Group | 7 | 9 | 60 minutes |
| 7 | Substance Abuse Recovery Group | 6 | 13 | 60 minutes |
| 8 | Undergraduate Therapy Group | 7 | 7 | 60 minutes |
| | TOTALS | 66 | 108 | |

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2009-10

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 2009-2010. The funding for one intern was provided by the Nursing School.

Below is a description of the 2009-2010 training program including: 1) a summary of the interns and supervisors for 2009-10, 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 2010-2011, 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:

- 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)
- Iris Song, M.A.** (Chicago School of Professional Psychology)

➤ Clinical Supervisors:

| Supervisor Name | Primary Supervisor for: | Group Therapy Supervisor | Supervision Group Supervisor | Daytime On-Call Supervisor |
|-------------------------|-----------------------------------|--------------------------|------------------------------|----------------------------|
| Larry David | Iris - Fall Jennifer – Spring | | | |
| Doug Fogel | Sarah – Fall Jessica – Spring | Iris – Fall & Spring | | |
| Garima Lamba | | | Fall | Fall |
| Jennifer Moran | Jennifer - Fall Sarah - Spring | Sarah – Fall | | |
| Beth Silver | | Jessica - Spring | | |
| Matt Torres | | Jennifer - Spring | Fall/Spring | |
| Shelley Von Hagen-Jamar | Jessica – Fall Iris - 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 2009-2010 interns performed 274 intake evaluations, including 36 emergency intakes, during the Fall and Spring semesters. During that period they saw 325 clients for 1,723 sessions, including 44 emergency sessions.
- All interns co-led at least one **group** for students with a professional staff member. Sarah Halpert co-led a Mindful Eating Group during the Fall semester, Jennifer Kane co-led a Graduate Student Therapy Group in the Spring, Jessica Parrillo co-led an Undergraduate Therapy Group during the Spring, and Iris Song co-led a Graduate Student Therapy Group in the Fall and Spring. Interns co-led a total of 42 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 80 emergency sessions (36 emergency intakes and 44 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 programming for Peabody resident assistants and PEEPS (Preventative Education & Empowerment for Peers). 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 Vernon Savage’s outreach report for more details.)
- One of our interns, Sarah Halpert, in consultation with the Student Disability Support Office and the Office of Institutional Equity, facilitated the creation of a campus-wide **Disability Awareness Group for students**. The mission of the group is twofold: (1) to provide JHU students with a supportive environment to discuss issues related to advocacy, accessibility and disability experiences and (2) to increase awareness and understanding of disability issues on campus. The group, which has 11 student members, has applied to become an official campus organization, and one member has volunteered to take the lead in organizing the first meeting of next semester. This group is expected to continue and to become an official campus organization open to current and future JHU students with disabilities or interest in disability issues.

- During the Fall semester, the Counseling Center collaborated with Rachel Piferi, PhD (Assistant Professor – Psychological and Brain Sciences), and two of our interns (Jennifer Kane and Jessica Parrillo) served as TAs/small group facilitators throughout the semester for her **Positive Psychology course**. Dr. Piferi had very positive things to say about their contributions to the course, which included leading small group discussions, facilitating mindfulness and CBT (cognitive behavioral therapy) exercises, and lecturing on material related to positive psychology.
- 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.
- **44 training seminars** (see below) were offered to interns in the fall and spring semesters and the summer session (for 2008-2009 interns). The majority of seminars were presented or co-presented by Counseling Center clinical staff or consultants: **Kristen Adashi, MD (2)**, **Barbara Baum (3)**, **Larry David (5)**, **Doug Fogel (6)**, **Garima Lamba (1)**; **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 2008-2009 interns during the 2009 summer session. Four seminars were presented by non-center staff: **Dr. Victoria Franz** (Sheppard Pratt Health System); **Dr. David Haltiwanger** (Chase-Brexton Health Services); **Dr. Deborah Haskins** (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 2009 by the 2008-2009 internship class.

D. Contact with Academic Training Programs

- **Contacts were made with the academic programs** with which the 2008-2009 and 2009-2010 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2010-2011 Interns

- **Reduced from 4 to 3 intern positions.** One of the four intern positions has been funded by contract with the Nursing School. Since the Counseling Center will not provide services to nursing students as of the 2010-2011 internship year, we offered only 3 positions for the coming year.
- **Received 151 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 21 candidates.** Twenty of the 21 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 21 interviewees, 8 self-identified as members of an ethnic or sexual minority group, and 3 were international students. Fourteen were from clinical psychology graduate programs and 7 were from counseling psychology programs. Nineteen of the 21 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 three offered positions with ranked choices for pre-doctoral psychology interns: **Nicole Bryan, M.I.L.R, M.B.A., M.S.Ed., M.A.** (University of Maryland); **Aarthi Khullar, M.A.** (Chicago School of Professional Psychology); and **Danielle Meltzer, M.A.** (Argosy University/Atlanta Campus).

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

- **As noted above, we will reduce from 4 to 3 intern positions for the 2010/2011 internship year.**
- **Discontinued placement of interns at the School of Nursing.** Since the Counseling Center will not provide services to nursing students as of the 2010-2011 internship year, we will no longer send one intern per semester to work one day per week at the School of Nursing.
- **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. The internship program continues to attract a national level of attention, consistent with the University’s status as a “national university.”
- **Application for renewal of American Psychological Association accreditation.** The Counseling Center prepared and submitted a self-study and application for renewal of accreditation. The application was approved and we are scheduled for an APA CoA (American Psychological Association Committee on Accreditation) site visit June 2nd and 3rd, 2010. The internship was initially accredited for a 7-year term beginning in 2003, and we will learn this coming Summer/Fall if we have been re-accredited and if so for how long.
- **Intern Alumni Survey.** As part of the re-accreditation self-study, we conducted a survey of all previous Counseling Center interns since our accreditation (2002/2003 to 2007/2008) and received distal feedback on their experience during the internship and beyond. Results of this survey were examined, analyzed and discussed with the Counseling Center staff.

G. Internship Training Seminar Schedule

TRAINING SEMINAR SCHEDULE – SUMMER, 2009

| | | | |
|---------|-------------|------------------------------------|--------------------|
| May 29 | | No Presentation (paperwork week) | |
| June 4* | 8:30-10:00 | Pharmacology | Kristen Adashi, MD |
| June 12 | 10:30-12:00 | Treatment of Anxiety Disorders II | Dr. Doug Fogel |
| June 19 | 10:30-12:00 | Sexual Abuse and Assault Survivors | Dr. Barbara Baum |
| June 26 | 10:30-12:00 | Intern Presentation | Marissa Brattole |
| July 3 | | HOLIDAY | |
| July 10 | 10:30-12:00 | Intern Presentation | Courtney Podesta |
| July 17 | 10:30-12:00 | Intern Presentation | Lan-Sze Pang |
| July 24 | 10:30-12:00 | Intern Presentation | Brad Bailey |

TRAINING SEMINAR SCHEDULE – FALL, 2009

| | | | |
|---------------|-------------|--|-----------------------------|
| August 17* | 1:30-3:30 | Policies and Procedures/Due Process I | Dr. Matt Torres |
| August 18* | 9:00-10:30 | Scheduler Training | Ms. Mary Haile |
| August 20* | 9:00-12:00 | Policies and Procedures/Due Process II | Dr. Matt Torres |
| August 20* | 3:00-4:30 | Goal Setting | Dr. Larry David |
| August 25* | 10:30-12:00 | Titanium Scheduling System | Ms. Mary Haile |
| August 25* | 3:00-4:30 | Intake Interviewing | Dr. Barbara Baum |
| August 26* | 9:00-11:00 | Motivational Interviewing | Dr. Larry David |
| August 27* | 2:00-3:30 | Scope of Service Issues | Dr. Larry David |
| August 28 | 10:30–12:00 | Behavioral Health Measure | Dr. Michael Mond |
| August 28* | 3:00–4:30 | Substance Abuse in College Students | Dr. Shelley Von Hagen-Jamar |
| September 4 | 10:30-12:00 | Maryland Ethics and Law | Dr. Shelley Von Hagen-Jamar |
| September 11 | 10:30-12:00 | Suicide Tracking | Dr. Larry David |
| September 18 | 10:30-12:00 | In-Session Crises | Dr. Matt Torres |
| September 24* | 8:30-10:00 | Pharmacology | Kristin Adashi, MD |
| October 2 | | No Seminar | |
| October 9 | 10:30-12:00 | Stabilizing Self-Destructive Patients | Dr. Victoria Franz |
| October 16 | 10:30-12:00 | Process-Oriented Group Psychotherapy | Dr. Matt Torres |
| October 23 | 10:30-12:00 | Personality Assessment Inventory | Dr. Larry David |
| October 30* | 9:00-12:00 | Diversity I: Working with Gay and Lesbian Students | Dr. David Haltiwanger |
| November 6 | 10:30-12:00 | Termination in Psychotherapy | Dr. Matt Torres |
| November 13 | 10:30-12:00 | Job Search | Dr. Jennifer Moran |
| November 20 | 10:30- 2:00 | Acceptance and Commitment Therapy I | Dr. Doug Fogel |
| December 4 | 10:30-12:00 | Acceptance and Commitment Therapy II | Dr. Doug Fogel |
| December 11 | 10:30-12:00 | Brief Therapy: Budman&Gurman Model | Dr. Larry David |

TRAINING SEMINAR SCHEDULE – SPRING, 2010

| | | | |
|--------------|-------------|--|---------------------|
| January 29 | | No Seminar Scheduled | |
| February 5 | 10:30-12:00 | Dialectical Behavior Therapy I | Dr. Von Hagen-Jamar |
| February 12 | 10:30-12:00 | Cancelled | |
| February 18* | 10:30-12:00 | Psychopharmacology II | Kristen Adashi, MD |
| February 26 | 10:30-12:00 | Assessment of Trauma Disorders | Dr. Von Hagen-Jamar |
| March 5 | 10:30-12:00 | Treatment of Trauma Disorders | Dr. Von Hagen-Jamar |
| March 12 | 10:30-12:00 | Diversity II: Gender Issues and the Therapeutic Alliance | Dr. Doug Fogel |
| March 19 | 10:30-12:00 | Dialectical Behavior Therapy II | Dr. Von Hagen-Jamar |
| March 26 | 10:30-12:00 | Assessment of Eating Disorders | Dr. Jennifer Moran |
| April 2* | 9:00-12:00 | Diversity III & IV: Religious Issues in Counseling | Dr. Deborah Haskins |
| April 9 | 10:30-12:00 | Treatment of Eating Disorders | Dr. Jennifer Moran |
| April 16 | 10:30-12:00 | Treatment of Anxiety Disorders I | Dr. Doug Fogel |
| April 23 | 10:30-12:00 | Treatment of Anxiety Disorders II | Dr. Doug Fogel |
| April 30 | 10:30-12:00 | Diversity V: African American Students | Dr. Vernon Savage |
| May 7 | 10:30-12:00 | Sexual Abuse and Assault Survivors | Dr. Barbara Baum |
| May 14 | | No Seminar Scheduled | |
| May 21 | 10:30-12:00 | Diversity VI: Asian-American Students | Dr. Garima Lamba |

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

SECTION VI: Summary of Outreach/Workshops and Consultation by CC Staff: 2009-10.

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 Program | Department Served | Date of Program | # Students Served | # Fac./Staff Served | # Others Served |
|----|---|--------------------------------|-----------------|-------------------|---------------------|-----------------|
| 1 | Introduction to CC | Post-Bac Program | 05/27/2009 | 30 | 0 | 0 |
| 2 | Student Orientation | SON | 05/27/2009 | 60 | 0 | 0 |
| 3 | Introduction to CC for Accelerated Nursing Students | Nursing School | 05/29/2009 | 120 | 0 | 0 |
| 4 | Distressed Students | Pre College | 06/24/2009 | 20 | 0 | 0 |
| 5 | MBTI | Peabody R.A.s | 08/21/2009 | 7 | 0 | 0 |
| 6 | Peabody RA Training | Peabody Conservatory | 08/21/2009 | 6 | 1 | 0 |
| 7 | Identifying Stressed and Distressed Students | Nursing School | 08/25/2009 | 0 | 50 | 0 |
| 8 | Introduction to CC | Residential Life | 08/25/2009 | 72 | 0 | 0 |
| 9 | Introduction to CC | Grad Writing Sem. | 08/25/2009 | 17 | 0 | 0 |
| 10 | SON Resource Fair | Nursing School | 08/26/2009 | 150 | 0 | 0 |
| 11 | Outreach Workshop/Program | JHU Graduate/Post Doc students | 08/27/2009 | 90 | 0 | 0 |
| 12 | SON Overview of CC | Nursing School | 08/28/2009 | 150 | 0 | 0 |
| 13 | Outreach Workshop/Program | Parents of JHU Students | 08/28/2009 | 0 | 0 | 25 |
| 14 | Welcome Reception-parents | Admission | 08/28/2009 | 0 | 0 | 50 |
| 15 | Parenting a Freshman-orientation | Student affairs | 08/28/2009 | 0 | 0 | 50 |
| 16 | Parent Assembly | Student affairs | 08/30/2009 | 0 | 0 | 1200 |
| 17 | Dean's Assembly for Freshman | Student affairs | 08/31/2009 | 800 | 0 | 0 |
| 18 | Outreach Workshop/Program | New International Students | 08/31/2009 | 120 | 3 | 0 |
| 19 | T.A. Orientation | Homewood | 09/01/2009 | 200 | 0 | 0 |
| 20 | PEEPS panel | Student Orientation | 09/15/2009 | 15 | 0 | 0 |
| 21 | Health Festival | Homewood Campus | 09/18/2009 | 250 | 0 | 0 |
| 22 | TA Positive Psychology Course | Psychology Dept | 09/21/2009 | 45 | 0 | 0 |
| 23 | TA Positive Psychology Course | Psychology Dept | 09/28/2009 | 45 | 0 | 0 |
| 24 | TA Positive Psychology Course | Psychology Dept | 10/05/2009 | 45 | 0 | 0 |
| 25 | TA Positive Psychology Course | Psychology Dept | 10/12/2009 | 45 | 0 | 0 |
| 26 | Dealing with the death of a friend | Alpha Phi Sorority | 10/18/2009 | 120 | 5 | 0 |
| 27 | TA Positive Psychology Course | Psychology Dept | 10/19/2009 | 45 | 0 | 0 |
| 28 | Outreach Workshop/Program | Peabody Conservatory | 10/27/2009 | 50 | 0 | 0 |
| 29 | Depression Screening with APTT | Students | 10/29/2009 | 224 | 0 | 0 |
| 30 | Students Interested in Clinical Psych | Academic Dept | 10/29/2009 | 10 | 0 | 0 |
| 31 | Outreach Workshop-Students | Students | 10/29/2009 | 15 | 0 | 0 |
| 32 | Family Weekend | Parent Orientation | 11/07/2009 | 0 | 0 | 16 |
| 33 | TA Positive Psychology Course | Psychology Dept | 11/09/2009 | 45 | 0 | 0 |
| 34 | Student Health and Wellness Eating Disorders In-service | Student Health and Wellness | 11/11/2009 | 0 | 15 | 0 |
| 35 | Grief Processing | Students | 11/17/2009 | 10 | 0 | 0 |
| 36 | How to Refer to the CC | SHW staff | 12/22/2009 | 0 | 10 | 0 |
| 37 | Distressed Students | Homewood Student Affairs | 01/12/2010 | 0 | 6 | 0 |
| 38 | Peabody RA's | Peabody RA's | 01/14/2010 | 7 | 1 | 0 |
| 39 | Meeting re: Disability Group | Students | 02/15/2010 | 1 | 0 | 0 |

| | | | | | | |
|---------------|--|---------------------|------------|--------------|------------|--------------|
| 40 | Eating Disorders Awareness Week Table | Homewood Campus | 02/22/2010 | 10 | 0 | 0 |
| 41 | PEEPS Eating Disorder | Peer Educators/CHEW | 02/23/2010 | 15 | 0 | 0 |
| 42 | MBTI | PEEPs | 03/02/2010 | 13 | 1 | 0 |
| 43 | Disability Awareness Group | Students | 03/02/2010 | 10 | 0 | 0 |
| 44 | Active Minds Eating Disorders Panel | Homewood Campus | 03/02/2010 | 19 | 1 | 0 |
| 45 | Disability Awareness Group | Students | 04/15/2010 | 7 | 0 | 0 |
| 46 | Presentation to the National Parents Committee | Paula Burger | 04/17/2010 | 0 | 40 | 0 |
| 47 | Alcohol Awareness/Screening Day | Students | 05/07/2010 | 500 | 0 | 0 |
| 48 | Introduction to the Counseling Center | Students | 05/07/2010 | 100 | 0 | 0 |
| 49 | SON Presentation to Faculty | Faculty | 08/25/2010 | 0 | 50 | 0 |
| 50 | Distressed Students | Grad Students | 08/27/2009 | 375 | 0 | 0 |
| TOTALS | | | | 3,863 | 183 | 1,341 |

| | |
|---|--------------|
| No. Workshop/Outreach and Community Consultation Programs | 50 |
| No. of Students served | 3,863 |
| No. of Faculty and Staff served | 183 |
| No. of "Other People" served | 1,341 |
| Total No. of People served in Outreach and Community Consultation Programs | 5,387 |

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2009-10

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), the University wide level, and external level representing the University. Overall, CC staff participated in: 1) 21 intra-departmental committees or projects, 2) 73 inter-departmental/divisional, university wide, and external involvements. They are listed below:

| # | 1) Departmental Level Community Activity/Project Involvement |
|----|---|
| 1 | American Psychological Association Accreditation Preparation |
| 2 | Baby Shower Committee for Garima Lamba |
| 3 | Counseling Center Executive Committee |
| 4 | Counseling Center HIPAA Committee |
| 5 | Counseling Center Holiday Party Committee |
| 6 | Counseling Center Informed Consent Committee |
| 7 | Counseling Center Peer Supervision |
| 8 | Counseling Center Student Advisory Board Committee |
| 9 | Intern Farewell Lunch Committee for Class of 2008-09 |
| 10 | Intern Recruitment and Selection Project |
| 11 | Intern Training Committee |
| 12 | Intern Welcome Party Committee for Class of 2009-10 |
| 13 | Positive Psychology Project |
| 14 | Retirement Planning Committee for Vernon |
| 15 | Search Committee for Consulting Psychiatrist |
| 16 | Search Committee for Coordinator of Services to African-American Students |
| 17 | Suicide Tracking and Research Committee |
| 18 | Supervisors' Training Subcommittee |
| 19 | Titanium/Paperless Attainment Project (Point & Click Review) |
| 20 | Wedding Shower Committee for Jennifer Moran |
| 21 | Work-study Student Training Project |

| # | 2) Interdepartmental/Divisional/University Wide/External Community Involvement |
|----|---|
| 1 | A Place to Talk |
| 2 | Active Minds |
| 3 | ADAAA Training |
| 4 | Alcohol Task Force |
| 5 | Annual BFSA Juneteenth Celebration |
| 6 | APTT Relaxation Fair |
| 7 | Attend Funeral for Rick Koch's Sister |
| 8 | Benefits Fair |
| 9 | BFSA's Men's Lunch/Forum |
| 10 | Black Faculty and Staff Association |
| 11 | Coffee hour with Pres. Daniels |
| 12 | Consultation with Disabilities Coordinators (P. Hayeslip and D. Sanders) re: group services |
| 13 | Counseling Center Director Meetings with Dean Boswell |
| 14 | Counseling Center Meeting with Crisis Intervention Leadership - Union-Memorial Hospital |
| 15 | Counseling Center Meeting with Cultural Student Affairs |
| 16 | Counseling Center Meeting with Graduate Board |
| 17 | Counseling Center Meeting with Residential Life staff |
| 18 | Dean of Student Life Direct Report Meetings |
| 19 | Degree Completion Committee |
| 20 | Eating Disorder Committee |
| 21 | Founder's Day |
| 22 | Holiday Party for staff of 3rd floor Garland Hall |
| 23 | Homewood Student Affairs Annual Breakfast |
| 24 | Homewood Student Affairs Annual Directors Retreat |
| 25 | Homewood Student Affairs Directors Meetings |
| 26 | Homewood Student Affairs Diversity Committee |
| 27 | Homewood Student Affairs Emergency Preparedness Committee |
| 28 | Insurance Committee |
| 29 | Interviews with Newsletter |
| 30 | Introduce Interns to Residential life Senior Staff Meeting |
| 31 | Introduce Interns to Academic Advising Staff |
| 32 | Introduce Interns to Center for Health Education and Wellness |
| 33 | Introduce Interns to Dean Boswell |
| 34 | Introduce Interns to Dr. Arrindell and staff |
| 35 | Introduce Interns to Engineering Advising |
| 36 | Introduce Interns to Multicultural Affairs |
| 37 | Introduce Interns to Pre-Professional Advising |
| 38 | Introduce Interns to Security Department |
| 39 | Introduce Interns to Student Health Center Staff |
| 40 | Introduce Interns to the Career Center Staff |
| 41 | Judge Auditions for Culture Show |
| 42 | Martin Luther King Jr. Memorial Service |
| 43 | Meeting Barbara Gwinn, CHEW advisor |
| 44 | Meeting to Plan BFSA's Men's Lunch |
| 45 | Meeting with Allison Boyle |
| 46 | Meeting with Barbara Gwinn to discuss Eating Disorders Awareness Week |
| 47 | Meeting with current/past presidents of BFSA |
| 48 | Meeting with Glen Ireland - Res Life Intern |
| 49 | Meeting with International Student Office |
| 50 | Meeting with Interns and Office of Institutional Equity |
| 51 | Meeting with Staff of FASAP |
| 52 | Meeting with Student Government |

| | |
|----|--|
| 53 | Meeting with VP Hayes Regarding BFSA |
| 54 | Meetings with Graduate Board |
| 55 | Meetings with Nursing School Dean |
| 56 | Meetings with Peabody Dean |
| 57 | Member of Council of Homewood Advisors |
| 58 | Member of Cultural Programming Advisory Board to Office of Multicultural Affairs (OMA) |
| 59 | Memorial service for student who died |
| 60 | Open House for Admitted Students |
| 61 | Open House for the Center for Health Education and Wellness |
| 62 | Positive Psychology Task Force |
| 63 | Programming Committee (B-More) |
| 64 | Retirement Party for Brenda Armour |
| 65 | Retirement Party for Mike Kendzejewski |
| 66 | Risk Assessment Committee |
| 67 | Sexual Assault and Response (SARU) |
| 68 | Sixth Annual Diversity Conference |
| 69 | Sleep, Eat, Exercise Campaign committee meetings |
| 70 | Student Advisory Board |
| 71 | Student Crisis Committee/Swine Flu (9 meetings) |
| 72 | Symposium: Reducing Drinking on College Campuses |
| 73 | United Way Committee |

SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2009-10

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 34 development/educational activities (see Section A below). Counseling Center staff were also actively engaged in 20 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 24 professional organizations (see Section C below).

| # | A) Professional Development - Conferences, Workshops, Seminars, Courses, Lectures attended and other activities to enhance skills or to train colleagues, and education. |
|----|--|
| 1 | Anxiety and Depression in Children and Adolescents |
| 2 | Art and Science of Creativity |
| 3 | BW Psychoanalytic Film/Discussion |
| 4 | Clinical Interventions During Disaster |
| 5 | Culture Matters: Impact of Therapist and Client Culture on Mental Health Treatment |
| 6 | Dialectic Behavioral Therapy |
| 7 | Disaster Mental Health |
| 8 | Ecological Intelligence |
| 9 | Ethics |
| 10 | Evolution of Psychotherapy |
| 11 | Family Therapy |
| 12 | Food, Body Image and Eating Disorders in the Jewish Community |
| 13 | Group Therapy |
| 14 | Helping Asperger's Clients Find Connection |
| 15 | Human Nature and the Possibilities of Change |
| 16 | Inside the Suicidal Mind |
| 17 | Mid-Atlantic Intern Conference |
| 18 | Mindful Eating |
| 19 | Mindfulness Based Cognitive Therapy |
| 20 | Mindfulness Meditation |
| 21 | Mindfulness, Willingness and Radical Acceptance in Psychotherapy |
| 22 | Outlook 2007 Seminar |
| 23 | Paradoxes of the Post-Boomer Family |
| 24 | Positive Psychology |
| 25 | Reflections on Life, Death, and Suicide |
| 26 | The Heart of Healing |
| 27 | The Neurobiology of We |
| 28 | Therapist's Attachment Patterns |
| 29 | Traumatic Stress and PTSD |
| 30 | Wellness Recovery Action Planning |
| 31 | Working with Grief |
| 32 | Workshop on Co-Occurring Disorders |
| 33 | Yalom Lecture |
| 34 | Yoga and Mindfulness |

| # | B) Professional Activities |
|----|---|
| 1 | Acceptance and Commitment Therapy Presentation to the Catholic University Counseling Center Interns |
| 2 | ACPA Commission for Counseling and Psychological Services - Directorate Member |
| 3 | ACT Training Seminar for CU Interns |
| 4 | Annual Conference for the VA Cooperative Studies Program |
| 5 | Behavioral Health Measure 20 ((BHM20) and Suicide Tracking System Research |
| 6 | Consulted with therapist at NIH wanting to start a Dissertation Support Group |
| 7 | Intern Dissertation Presentation |
| 8 | Intern Dissertation Research and Preparation |
| 9 | Intern Job and Post-doctoral Search Activity |
| 10 | Lead Therapist, Behavioral Family Therapy, NIMH-funded RIAN study at Center for Eating Disorders, Sheppard Pratt |
| 11 | Long Term Treatment and Research Review |
| 12 | Presented Sleep, Eat, Exercise Campaign at MACHA Conference with Barbara Gwinn |
| 13 | Private Psychotherapy Practice |
| 14 | Publication- "A New Understanding of Patients and Psychological Treatments: Repertoire Versus Performance Deficit" (S. Mark Kopta, Stephen M. Saunders, Michael Mond, & Larry David). |
| 15 | Publication- "Further Validation of the Phase Model" (S. Mark Kopta, Stephen M. Saunders, Michael Mond, Wolfgang Lutz, & Matthew Hanson) |
| 16 | Seminar Presentation to the National Academic Advisors Association regional meeting |
| 17 | Sheppard Pratt Employee Orientation |
| 18 | Vice President of International Association of Counseling Services (IACS) |
| 19 | Wrote a chapter for a book- family therapy for ethnic minorities. Chapter under review for publication |
| 20 | Wrote review for JHU Press Book |

| # | C) Professional Memberships |
|----|--|
| 1 | American College Counseling Association (ACCA) |
| 2 | American College Personnel Association (ACPA) |
| 3 | American Psychological Association - Division 17 (Counseling Psychology) |
| 4 | American Psychological Association - Division 29 (Psychotherapy) |
| 5 | American Psychological Association - Division 35 (Psychology of Women) |
| 6 | American Psychological Association (APA) |
| 7 | American Psychological Association (South Asian Americans) |
| 8 | Asian American Psychological Association |
| 9 | Association for Behavioral and Cognitive Therapies |
| 10 | Association for Counseling Center Coordinators of Clinical Services (ACCCCS) |
| 11 | Association of Counseling Center Training Agencies (ACCTA) |
| 12 | Baker- King Foundation Board Member |
| 13 | Baltimore General Dispensary Foundation - Board Member |
| 14 | Baltimore Mental Health Association -Board Member |
| 15 | Baltimore Psychological Association (BPA) |
| 16 | Board Member of CHAI (Counselors Helping South Asian Indians, Inc.) |
| 17 | Certified Family Behavioral Therapist by Training Institute for Child and Adolescent Eating Disorders |
| 18 | International Association of Counseling Centers (IACS) - Chair of Accreditation Committee and Vice President |
| 19 | International Positive Psychology Association |
| 20 | International Society for Traumatic Stress Studies |
| 21 | Maryland Psychological Association |
| 22 | National Association of Social Workers |
| 23 | National Register of Health Service Providers in Psychology |
| 24 | Society for Psychotherapy Research |

SECTION IX: Counseling Center Coordinator Reports: 2009-10

A) African American Student Programs 2009-10 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 met with members of the BSU executive board over lunch on three occasions. Dr Savage continues to be a member of the Black Faculty and Staff Association (BFSA) of JHU. He served as president of the association from June 2008 to January 2010. As president of the BFSA, Dr. Savage had multiple opportunities- e.g., the annual BFSA's Men's and Women's Luncheons which students attended- to impact the lives of JHU's African-American students.

B) Eating Disorder (ED) Program 2009-10 Coordinator Report (Dr. Jennifer Moran)

Client and Treatment Statistics

- 86 clients with Eating Disorder concerns were seen by the Counseling Center staff.
- 32 Eating Disorder clients were seen by the ED Coordinator for assessment, individual and/or group therapy.
- 33 clients were referred to SH&W for medical management of their Eating Disorder.
- 12 clients were referred to the Counseling Center by SH&W for their Eating Disorder.
- 4 clients were referred by the Athletic Training Department for Eating Disorder concerns.
- 5 clients were placed in a higher level of care for treatment of their Eating Disorder.

Programming and Community Activity

- The ED Coordinator developed and implemented the Mindful Eating Group in Fall '09 and the Body Image Group in Spring '10.
- 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-presented about the SEE Campaign with Barbara Gwinn at the MACHA Conference.
- The ED Coordinator co-developed and implemented the second 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 led an in-service for the staff at Student Health and Wellness to provide education about the treatment of Eating Disorders.
- The ED Coordinator co-sponsored the Mirror Project with the Preventative Education and Empowerment for Peers (PEEPS) for National Eating Disorders Awareness Week. The Hopkins community at large was asked to identify what they see when they look in the mirror; the responses were displayed in Levering to promote awareness of body image and Eating Disorder concerns. The ED Coordinator also offered information and screens at a table during the event.
- The ED Coordinator presented on Eating Disorders (diagnosis, etiology, how to help a friend) with Jennifer Kane, MA and Sarah Halpert, MA 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 planned and presented a two-part training on Eating Disorders Assessment and Treatment to the interns
- The ED Coordinator was recognized as a certified Behavioral Family Therapist by the Training Institute for Child and Adolescent Eating Disorders.

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
- To continue to develop outreach programs during National Eating Disorders Awareness Week

C) Group Therapy Coordinator 2009-10 Report (Dr. Barbara Baum)

See Section IV of this report.

D) International Students and Students of Asian Origin 2009-10 Coordinator Report (Dr. Garima Lamba)

- Dr. Lamba continued in her fourth 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.
- 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 third 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. This organization serves as a useful resource for limited mental health resources for Asian community seeking similar values, including cultural background, in their therapist. Although this is not directly related to the JHU community, the coordinator in the past has been able to find referral resources for South Asian students who are not eligible for services at the counseling center.

E) Nursing School Program 2008-09 Coordinator Report (Dr. Doug Fogel) (See separate 2009-10 Nursing School Annual Report for a more detailed report.)

F) Outreach/Workshop Program 2009-10 Coordinator Report (Dr. Vernon Savage)

See Section VI of this report for more details.

G) Peabody Conservatory of Music 2009-2010 Coordinator Report (Dr. Garima Lamba)

(See separate 2009-10 Peabody Conservatory Annual Report for a more detailed report.)

The coordinatorship of Peabody was shared between Dr. Lamba and Dr. Fogel for the 2009-2010 academic year. 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. 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, substance abuse, etc.

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

- At the beginning of the academic year, Dr. Lamba 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. Training was also provided on the concerns of international students and students of Asian origin. On a special request from the RAs, Dr. Baum helped RAs interpret their MBTI scores and understand what their individual strengths were and how they could impact/enhance their work as an RA.
- Dr. Lamba participated in the career fair and provided information to the Peabody students on performance anxiety and stage fright.
- The counseling center staff, Iris Song and Jessica Parrillo, provided RA training at the beginning of the Spring 2009 semester on specific requested issues (eating disorders, cutting behaviors, substance abuse, etc.).

H) Peer Counseling (APTT) and Sexual Assault Response Unit (SARU) 2009-10 Coordinator Report (Clare King)

A Place To Talk (APTT)

APTT had an impressive year, with a record number of active members (50), an enthusiastic Executive Board, and dedicated Co-Directors. They have worked hard to redecorate the AMR1 Room, and stocked it with lots of candy and healthy snacks to attract students. They have also improved the room in the MSE Library to make the space more visible. The Directors have been negotiating with Dean Tabb for a move to a more central location, perhaps Gilman in Fall 2010.

Beginning with a large group retreat in September, there were many social and group-bonding events that clearly resulted in greater group cohesiveness. Small group dinners and social events, like weekend parties and trips to Medieval Times, also enhanced the sense of connectedness among members. The "APTTer of the Week," "new this year, was also a good way to promote group spirit.

There were other great improvements, as well, including a weekly eNewsletter and a revised website, as well as many Face book groups to reach out to students on campus. Their PR efforts were particularly successful this year, including Freshmen Movie Night, Midnight Study Breaks, Library Pizza Nights, and a huge Relax Fair with an 'International' theme that brought over 18 student groups together.

Sexual Assault Response Unit (SARU)

During the past year, The Sexual Assault Response Unit continued to be an important source of support and education for the Hopkins community. There were 4 crisis calls, and a new outreach program that proved very successful. Focusing on Greek Life organizations, the students presented a workshop to promote awareness of acquaintance rape as an issue. This was delivered to 3 sororities and 2 fraternities, with 1 sorority and 1 fraternity already planned for the 2010 – 2011 year. Feedback from these workshops was positive, and an estimated 180 students attended overall. These workshops also had the support of Susan Boswell, the Dean of Student Life, and Rob Turning, the Greek Life Coordinator.

SARU also hosted a series of events for Sexual Assault Awareness Month in April, including Breezeway give-aways, a Self-Defense Workshop, and the Second Annual Hopkins SVU: Anatomy of Sexual Assault discussion panel.

SARU is working on the development of a task force to address current issues in the campus judicial system and policy regarding sexual assault, and hopefully bring some much-needed change to Hopkins.

I) Counseling Center Advisory Boards (CCAB) 2009-10 Coordinator Reports (Clare King)

The Counseling Center Advisory Board (CCAB) focused exclusively this year on efforts to promote Positive Psychology at Hopkins. Many exciting ideas came out of the group, including the design of a website that would enhance community and foster positive experiences on campus. The suggestion was for a website similar to www.givesmehope.com or www.43things.com. The students were also enthusiastic about creating “traditions” at Hopkins, which they saw as a way to promote wellbeing.

The CCAB was joined by students in Rachel Piferi’s Advanced Positive Psychology class, who were involved in 2 projects. One project involved, a survey of students’ happiness, and specifically how it relates to explanatory styles, and another, a t-shirt project, would offer free t-shirts to freshmen, listing many positive traditions. As this was Rachel Piferi’s last year at Hopkins, the students felt strongly that the Psychology Department should continue to offer a course in Positive Psychology. They wrote an on line petition and offered over 350 signatures to the Chair of the Department. In addition, the group has been working on identifying possible candidates for Rachel’s position.

A group of students has come out of CCAB to work this summer as a Positive Psychology Task Force. Their goal is to create a more caring, positive sense of community at Hopkins.

J) Professional Development 2009-10 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:

December 2, 2009 “Ethics,” (3 CEUs) - Jeffrey Barnett, PsyD (co-sponsored with FASAP)

February 3, 2010 “Clinical Interventions during Disaster,”- (3 CEUs) George Everly, Ph.D

K) Research Program 2009-10 Coordinator Report (Dr. Michael Mond)

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

L) Substance Abuse 2009-10 Coordinator Report (Dr. Shelley Von Hagen Jamar)

Client Treatment Statistics and Program Information

- There were 108 students seen in counseling for substance abuse issues during the school year 2009-2010. Of the students who addressed substance use in therapy, 18 self-reported substance abuse as a presenting problem, 42 were mandated referrals, and 2 were referrals from Student Health. For 46 other students, substance abuse emerged as a problem during the course of therapy although it was not the presenting problem.
- The substance abuse services coordinator trained the pre-doctoral interns and interested staff in the brief assessment and motivational enhancement intervention protocol for substance abuse problems.
- The Counseling Center provided the e-CHUG online assessment which may be accessed by any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide personalized written feedback to students.
- The coordinator stayed abreast of current research on substance abuse issues and provided information and consultation to the Deans and other staff when requested.
- The coordinator presented a workshop for parents during Freshman Orientation regarding parenting issues, including issues regarding alcohol and drug use.

- Alcohol Awareness Day was presented by the Counseling Center in conjunction with APTT and Education for Student Health and Wellness, reaching approximately 100 students. We conducted alcohol screenings with 57 students and gave motivational feedback to the 20 who scored positive for risk of abuse. The number of students screened was larger than that of our previous year, partly due to the decision to be part of the APTT Relax Fair. We arranged to sponsor a contest with Greek Life to award prizes for the houses with the greatest percentage of Greeks screened but we did not have the participation from Greek-affiliated students that we had hoped so we will extend the contest into next year.
- The Substance Abuse Recovery therapy group met for a total of 13 sessions during the fall and spring semesters. The group served 6 students over this time.

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 Greek Life, using the contest, to increase the number of Greek-affiliated students screened for alcohol abuse, either at next year's NASD or with e-CHUG at another time.

M) Training Program 2009-10 Report (Dr. Matt Torres) – See Section V of this report for details.