COUNSELING CENTER

2010-2011 ANNUAL REPORT

AND

DATA SUMMARY

JOHNS HOPKINS UNIVERSITY

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June 2011

COUNSELING CENTER: 2010-11 ANNUAL REPORT AND DATA SUMMARY

★ The Counseling Center (CC) completed its **self-study for reaccreditation** and anticipates a site visit in 2011-12. The Counseling Center is also in the process of completing construction and planning for a **new and enhanced facility** which will be ready for service in July 2011.

★ The Counseling Center (CC) provided **17,952 hours of overall service** during the Academic Year (September 2010 - May 2011). **Direct clinical services** (individual, group, psychiatric services and case management of direct clinical services) accounted for 72% of all Counseling Center service time.

★ Individual Personal Counseling was provided to **1,051 students in 7,420 sessions for an average of 7.2 sessions per client.**

★ **Group Counseling** was provided to 48 students in 5 groups totaling 151 sessions.

★ **Psychiatric services** were provided to 416 students (40% of all clients served) in 1,669 sessions for an average of 4.0 sessions. Further, 342 students received psychotropic medication (33% of clients served).

★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (6.8% of time), **Outreach and Workshops** (1.2%), **Consultations** (4.8%), **Community Activity and Committees** (2.1%), **Professional Development** (2.2%), **Administrative Activity** (9.1%), and **Professional Activity** including Research and Teaching (1.5%). The CC Director also serves as the President of the Counseling Center Accrediting Association- the International Association of Counseling Services (IACS).

★ The CC also continues to use the **Behavioral Health Monitor (BHM20) to monitor client progress** and therapy outcome. For the past 3 years clients utilized net-books in the CC waiting room to complete their BHM20 questionnaires electronically. Counseling Center clients demonstrated significant improvement during treatment from intake to the last session (average score increased from 2.29 to 2.81) on a 5 point scale ranging from 0 (worst health) to 4 (best health) during the period from 2008-11 year. Of the 1,109 distressed clients who had more than one session, which allows for measurement of behavioral change, 734 (66%) showed improvement including 512 (46%) that indicated full recovery. Also, 267 (24%) of the distressed clients had not changed, while 10% 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 has developed and beta tested 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 reporting. The BHM20 research will continue to focus on improving subscale measures and establishing criteria for recommending psychotropic medication.

★ The CC averaged 209.1 **client sessions** per week (including psychiatrists) in the Fall 2010 semester and 238.2 client sessions per week (including psychiatrists) in the Spring 2011 semester. The CC averaged 12.3 **clinical emergencies** per week in the Fall 2010 semester and 14.1 per week in the Spring 2011 semester.

★ In **Emergency Interventions**, the Center served 353 clients in **daytime emergencies** (about 34% of clients served) and 74 clients in after hour emergencies (110 calls). The CC made 7 **violence assessments** monitored 60 students in its **suicide tracking system**, recommended 58 mental health (medical) leaves, and administered 31 readmission evaluations. 51 clients were referred off campus for more extensive treatment. The CC played a significant role in preventing 159 students from dropping out of school last year, while 88 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 26 emergency room visits resulting in 8 hospitalizations.

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- ★ The **most common problems/symptoms** presented by clients during individual therapy include: "feelings of being overwhelmed"(34%), "time management and motivational issues"(34%), "general anxieties and worries"(33%), "academic concerns"(30%), "lack of self-confidence or self-esteem"(21%), "overly high standards for self"(21%), "generally unhappy and dissatisfied"(20%), "depression"(19%), "lack of motivation, detachment, and hopelessness"(17%), and "sleep problems"(17%)." These problems are not mutually exclusive.

- ★ The CC provided 50 **Outreach Activities, Workshops, and Consultation programs** last year serving 2,190 students, 194 faculty and staff, and 1,546 "others" for an overall total of 3,930 individuals.

- ★ The CC **Intake Service Evaluation** Questionnaire, an anonymous survey taken after the initial clinical session, reveals that 59% of clients feel that the personal counseling intake experience is excellent while an additional 38% feel that the experience is good.

- ★ The CC also provided services to the **Peabody Conservatory of Music**. Peabody students completed an anonymous survey, after the initial session, on the quality of the services they received. 60% of the Peabody students reported that they had "an excellent impression" of the CC while 36% indicated a "good impression." The Counseling Center discontinued services to the Nursing School this past year.

- ★ The CC **Pre-Doctoral Psychology Training program** had 3 full time interns. The training program included 44 didactic programs and supervision in both individual and group formats. This past year the CC training program was reaccredited by the American Psychological Association

- ★ 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 (APTT), Research, Peabody Conservatory of Music, Student Advisory Board, Pre-doctoral Psychology Internship Training, Gay/Lesbian/Bisexual/Transgender students, and Eating Disorders.

- ★ CC staff are active in **professional development and professional activity.** Clinical staff participated in 50 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 18 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 32 professional organizations.

- ★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 83 inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 30 Counseling Center department wide activities or committees.

- ★ The **Counseling Center Student Advisory Board** (CCAB) played an active role in sending letters to all Homewood/Peabody faculty and staff on "How to recognize and respond to distressed students." Similarly, the CCAB sent an email letters to all Homewood and Peabody students on "How to recognize and assist distressed students." CCAB also focused on supporting Dr. Jennifer Neeman of the Psychology Department in revamping the Positive Psychology Course to allow for smaller working groups to enhance the experience in the Fall 2011 semester.

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SECTION I. Overview of CC Hours by Service Activity: Academic Year 2010-11 (August 22, 2010- May 23, 2011)		
Function/Activity for 20010-11 Academic Year (AY)	**Staff Hours AY 2010-2011 (Full Year)**	**% Staff Hours AY 2010-2011**
1. Individual Therapy - Counselors	**6,115 (7,365 hours for full year)**	**34.1%**
2. Psychiatrists' Visits/Medication Checks	**1,554 (1,986 hours for full year)**	**8.7%**
3. Group Therapy	**743 (985 hours for full year)**	**4.1%**
4. Clinical Management (Individuals, Psychiatrists & Group) – Counselors	**4,578 (6,553 hours for full year)**	**25.5%**
5. Training & Supervision Activity	**1,224 (1,525 hours for full year)**	**6.8%**
6. Outreach and Workshops Activity	**209 (238 hours for full year)**	**1.2%**
7. Consultation Activity (including after hour on-call)	**855 (964 hours for full year)**	**4.8%**
8. JHU Community Activity	**385 (482 hours for full year)**	**2.1%**
9. Professional Development Activity	**390 (524 hours for full year**	**2.2%**
10. Professional Activity*	**261 (459 hours for full year)**	**1.5%**
11. Administrative Activity**	**1,638 (2,253 hours for full year)**	**9.1%**
All Services: Total for Academic Year in hours	**17,952 (23,334 hours for full year)**	**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 86% (225 of 261 hours) of all professional activity during the academic year; 80% (365 of 459 hours) 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. (831 hours of the 1,638 administrative hours or 51% of all administrative hours were incurred by the CC director during the academic year; 1,083 of 2,253 administrative hours for full year or 48 %.)

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SECTION II: Individual Psychotherapy Statistics: May 25, 2010 - May 23, 2011

A) Direct Services Caseload Statistics

1. General Numbers	#
No. of Clients seen in Personal Counseling (Full year)	1,051
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	7,420
No. of Clients seen by Consulting Psychiatrists (Full Year)	416 (40%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1,669
No. of Clients receiving psychotropic medication	342 (33%)
No. of Peabody Conservatory Students served	77 (7%)
No. of Peabody Conservatory Students all sessions	688
No. of Peabody Conservatory Students served by Consulting Psychiatrists	35 (45%)
No. of Peabody Conservatory Students Consulting Psychiatrist sessions	153
No. of Clients seen in emergency/crisis (Day)	353 (34%)
No. of Emergency clients served after hours by CC staff	74
No. of Emergency phone calls received after hours by CC staff	110
No. of Clients that required counselor to come to campus for face-to-face evaluation	5
No. of Hours spent in after-hours emergencies by CC staff	74 hours 52 min
Avg. Number of minutes spent responding to each after hour emergency (min – max)	61 min (7- 480 min)
No. of Weeks during year that required after hours emergency response	37 of 52
No. of Students sent to emergency room and/or hospitalized– after hours plus day	26
No. of Students sent to emergency room and/or hospitalized– after hours	19
No. of Students hospitalized - after hours plus day	8
No. of Students hospitalized - after hours	5
No. of Clients CC estimated to have helped stay in school	157 (15%)
No. of Clients given CC Mental Health Withdrawal	58 (6%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	88 (8%)
No. of Clients who received Readmission Evaluation	31 (3%)
No. of Clients on Suicide Tracking	60 (6%)
No. of Clients believe prevented from harming self/others	89 (8%)
No. of Clients assessed for ADHD	66 (6%)
No. of Clients treated or assessed for Substance Abuse	108 (10%)
No. of Clients treated or assessed for Eating Disorders	44 (4%)
No. of Clients given Violence Assessment	7 (1%)
No. of clients who report that “someone in their family owns a gun”	155 (15%)
No. of Clients who received counseling for Sexual Assault	8 (1%)
No. of Clients successfully terminated	423 (40%)
No. of Clients referred off campus	51 (5%)

2. Intakes (New & Returning Clients) Seen per Week during Academic Year	
Average # of Intakes /Week (Fall Semester)	24.9
Average # of Intakes /Week (Spring Semester)	19.9
Average # of Intakes /Week (Academic Year)	22.3
Maximum # of Intakes/Week (Academic Year) – Week of 8/30/10	35

3. Clients Seen per Week during Academic Year (AY)	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	171.2
Average # of clients seen/Week (Fall - Including Psychiatrists)	209.2
Average # of clients seen/Week (Spring - Not including Psychiatrists)	197.0
Average # of clients seen/Week (Spring- Including Psychiatrists)	238.2
Maximum # of clients seen/Week (AY- Not including Psychiatrists) - Week of 4/25/11	239
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 4/25/11	285

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4. Psychiatrist Clients Seen per Week during Academic Year	
Average # of Psychiatrist clients seen/Week (Fall Semester)	38.0
Average # of Psychiatrist clients seen/Week (Spring Semester)	41.2
Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 5/02/11	49.0

5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year	
Average # of daytime emergencies seen/Week (Fall Semester)	12.3
Average # of daytime emergencies seen/Week (Spring)	14.1
Maximum # of daytime emergencies seen/Week (Academic Year) – Week of 4/18/11	26.0

6. Total # of Individual Clients Seen since 2000	
Total # Clients Seen for 2010-11 (Does not include Nursing School Students)	1,051
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

7. AY Weekly Case Load Comparisons since 2000 (not including Psychiatry Sessions)	
Average Sessions/Week for 2010-11	185
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

8. AY Daytime Emergency Sessions per Week -Comparisons since 2000	
Average Sessions for 2010-11	13.3
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) Clinical Staff Only (n=1,037)	(B) Psychiatrists Only (n=416)	(C) All Staff incl Psychiatrists (n=1,051)
1 appointment	195 (19%)	95 (23%)	184 (18%)
2 appointments	135 (13%)	77 (19%)	118 (11%)
3 appointments	113 (11%)	55 (13%)	95 (9%)
4 appointments	87 (8%)	47 (11%)	76 (7%)
5 appointments	77 (7%)	38 (9%)	75 (7%)
6 appointments	49 (5%)	33 (8%)	53 (5%)
7 appointments	44 (4%)	15 (4%)	37 (4%)
8 appointments	42 (4%)	16 (4%)	46 (4%)
9 appointments	31 (3%)	13 (3%)	42 (4%)
10 appointments	35 (3%)	9 (2%)	31 (3%)
11 appointments	22 (2%)	4 (1%)	21 (2%)
12 appointments	22 (2%)	5 (1%)	27 (3%)
13 appointments	23 (2%)	2 (1%)	18 (2%)
14 appointments	23 (2%)	3 (1%)	18 (2%)
15 appointments	6 (1%)	3 (1%)	24 (2%)
16+appointments	133 (13%)	1 (<1%)	186 (18%)

9. # of Appointments per clients during past year	(A) Clinical Staff Only (n=1,037)	(B) Psychiatrists Only (n=416)	(C) Staff plus Psychiatrists (n=1,051)
1-5 appointments	607 (59%)	312 (75%)	548 (52%)
6-10 appointments	201 (19%)	86 (21%)	209 (20%)
11-15 appointments	96 (9%)	17 (4%)	108 (10%)
16- 20 appointments	61 (6%)	0 (0%)	72 (7%)
21+ appointments	72 (7%)	1 (<1%)	114 (11%)
Average # of visits/per client (staff only)			7.2 visits
Average # of visits/per client (psychiatrists)			4.0 visits
Average # of visits/per client (staff + psychiatrists)			8.7 visits

10. Health Insurance	
No. of clients who reported having University (Chickering/Aetna) Insurance Policy	435 (41%)
No. of graduate student clients who reported having University Health Insurance Policy	297 of 331 (90%)
No. of undergrad student clients with a University Health Insurance Policy	133 of 682 (20%)
No. of international Students who reported having University Health Insurance Policy	127 of 137 (93%)
No. of clients referred out who reported having University Health Insurance	26 (6%)
No. of total sessions clients with University Health Insurance seen before referred out	421 sessions

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B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,051)		
1. Gender	**Number**	**Percentage**
Male	439	41.8%
Female	608	57.8%
Transgender	1	0.1%
Prefer Not to Answer	1	0.1%
Total	1049	99.8%

2. School Affiliation	**Number**	**Percentage**
Arts and Sciences	719	68.4%
Engineering	228	21.7%
Nursing School	22	2.1%
Peabody Conservatory of Music	77	7.3%
Post. Baccalaureate Prog. (Pre-Med)	4	0.4%
Institute for Policy Studies	1	0.1%

3. Age		
Age Range	17-50 years	
Mode	19 & 21 years	
Mean	22.5 years	
Median	21.0 years	

4. Ethnic Status	**Number**	**Percentage**
African-American	46	4.4%
Arab American	6	0.6%
Asian	183	17.4%
East Indian	26	2.5%
Caucasian	593	56.4%
Native-American	3	0.3%
Latino / Hispanic	59	5.6%
Multi-Racial	38	3.6%
Prefer Not to Answer	37	3.5%
Other / No Response	40	3.8%

5. Marital Status	**Number**	**Percentage**
Single	674	64.1%
Serious Dating / Committed Relat.	286	27.2%
Civil Union / Domestic Partnership	3	0.3%
Married	50	4.8%
Separated	2	0.2%
Divorced	3	0.3%
No Response	10	1.0%

6. Class Year	**Number**	**Percentage**
Freshman	143	13.6%
Sophomore	171	16.3%
Junior	162	15.4%
Senior	206	19.6%
Graduate Student	331	31.5%
Post-Bac Program-Premed	4	.4%
Other / No Response / Missing	19	1.8%

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7. Academic Standing	**Number**	**Percentage**
Good Standing	943	89.7%
Academically dismissed	10	1.0%
Reinstated	7	0.7%
On Probation	56	5.3%
Other / No Response	35	3.3%
8. Other Items	**Number**	**Percentage**
International Students	137	13.0%
Transfer Students	25	2.4%
Physically Challenged Students	16	1.5%
Students concerned about Attention Deficit Disorder (ADD)	207	19.7%
9. Academic Major	**Number**	**Percentage**
Undeclared/ Undecided	**30**	**2.9%**
No Response	**18**	**1.7%**
Arts and Science Totals (Some students report more than one major)	**750**	**71.4%**
Anthropology	15	1.4%
Behavioral Biology	13	1.2%
Biology	64	6.1%
Biophysics	11	1.0%
Chemistry	29	2.8%
Classics	7	0.7%
Cognitive Science	11	1.0%
Comparative American Cultures	0	0%
Earth & Planetary Science	12	1.1%
East Asian Studies	8	0.8%
Economics	37	3.5%
English	22	2.1%
Environmental Earth Sciences	3	0.3%
Film and Media Studies	5	0.5%
French	5	0.5%
German	4	0.4%
History	43	4.1%
History of Art	8	.8%
History of Science, Medicine, & Technology	10	1.0%
International Studies	46	4.4%
Italian Studies	2	0.2%
Latin American Studies	1	0.1%
Mathematics	12	1.1%
Music	56	5.3%
Near Eastern Studies	5	0.5%
Neuroscience	47	4.5%
Philosophy	20	1.9%
Physics & Astronomy	25	2.4%
Political Science	36	3.4%
Pre-Med Cert (Post-Baccalaureate)	5	.5%
Psychological and Brain Sciences	51	4.9%
Public Health	49	4.7%
Public Policy	9	.9%
Romance Languages	2	0.2%
Science, Medicine, & Technology	2	0.2%
Sociology	14	1.3%
Spanish	3	0.3%
Writing Seminars	53	5.0%
Other Arts & Sciences	5	.5%

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Engineering Totals	**214**	**20.4%**
Biomedical Engineering	47	4.5%
Chemical Engineering	38	3.6%
Civil Engineering	9	0.9%
Computer Engineering	5	0.5%
Computer Science	29	2.8%
Electrical Engineering	10	1.0%
Engineering Mechanics	2	0.2%
General Engineering	1	0.1%
Geography & Environmental Engineering	21	2.0%
Materials Science & Engineering	9	0.9%
Mathematical Sciences	7	0.7%
Mechanical Engineering	27	2.6%
Other Engineering	9	0.9%

10. Medical Information/History	**Number**	**Percentage**
Previously received counseling elsewhere	382	36.3%
Currently taking medication	490	46.6%
Experiencing medical problems	197	18.7%
Medical problem in family	398	37.9%
Emotional problem in family	420	40.0%
Alcoholism / Substance Abuse in family	283	26.9%

11. Residence	**Number**	**Percentage**
On-Campus Residence Hall / Apt.	339	32.3%
Fraternity / Sorority House	11	1.0%
On / off Campus Co-operative	13	1.2%
Off-campus Apartment / House	638	60.7%
Other Housing	38	3.6%
No Response	12	1.1%

12. How first heard of Counseling Center	**Number**	**Percentage**
Brochure	88	8.4%
Career Center	10	1.0%
Faculty	51	4.9%
Flyer	28	2.7%
Friend	203	19.3%
Relative	43	4.1%
Residence Hall Staff	44	4.2%
Contact w/ Center Staff	39	3.7%
Newsletter	3	0.3%
Saw Location	27	2.6%
Student Health & Wellness	97	8.3%
JHU Publication	30	2.9%
Peabody Publication	15	1.4%
Word of Mouth	116	11.0%
Dean of Students	44	4.2%
Security Office	1	0.1%
Other	191	18.2%
No Response	31	2.9%

13. Referral Source	**Number**	**Percentage**
Myself	520	49.5%
Friend	157	14.9%
Relative	48	4.6%
Residential Life Staff	44	4.2%
Faculty	49	4.7%
Staff	20	1.9%
Student Health & Wellness	71	6.8%
Career Center	1	0.1%
Academic Advising	23	2.2%
Dean of Students	50	4.8%
Other	50	4.8%
No Response	18	1.7%

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	Time management, procrastination, getting motivated (Item #3)	360	34.3%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	354	33.7%
3	Anxiety, fears, worries (Item #18)	349	33.2%
4	Academic concerns; school work and grades (Item #1)	312	29.7%
5	Overly high academic standards for self (Item #5)	218	20.8%
6	Self-confidence or self-esteem, feeling inferior (Item #16)	216	20.6%
7	Generally unhappy and dissatisfied (Item #21)	208	19.8%
8	Depression (Item #26)	200	19.0%
9	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	180	17.1%
10	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	174	16.5%
11	Thoughts of ending your life (BHM item #10) (Including Sometimes and A Little Bit)	170	16.1%
12	Test anxiety (Item #2)	154	14.6%
13	Loneliness, homesickness (Item # 9)	148	14.1%
14	Stage fright, performance anxiety, speaking anxiety (Item #4)	139	13.2%
15	Decision about selecting a major and / or career (Item #8)	125	11.9%
16	Concern regarding breakup, separation, divorce (Item #13)	112	10.7%
17	Relationship with romantic partner (Item #12)	108	10.3%
18	Concern over appearances (Item #17)	106	10.1%
19	Pressures from family for success (Item #7)	101	9.7%
20	Pressures from competition with others (Item #6)	99	9.5%
21	Physical stress (Item #35)	98	9.3%
22	Shy or ill at ease around others (Item #15)	84	8.0%
23	Concern that thinking is very confused (Item #40)	80	7.6%
24	Conflict / argument with parents or family member (Item #14)	78	7.4%
25	Relationship with friends and / or making friends (Item #11)	76	7.3%
26	Have been considering dropping out or leaving school (Item #44)	69	6.6%
27	Irritable, angry hostile feelings; difficulty expressing anger appropriately (Item #39)	63	6.0%
28	Problem adjusting to the University (Item #20)	61	5.8%
30	Concerns about health; physical illness (Item #34)	57	5.4%
31	Eating problem (overeating, not eating or excessive dieting) (Item #29)	51	4.8%
32	Grief over death or loss (Item #27)	48	4.5%
33	Relationship with roommate (Item #10)	38	3.7%
34	Fear of loss of contact with reality (Item #42)	34	3.3%

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35	Physically or emotionally abused, as a child or adult (Item #33)	33	3.2%
36	Confusion over personal or religious beliefs and values (Item #22)	27	2.5%
37	Alcohol/drug problem in family (Item #31)	25	2.4%
38	Sexual matters (Item #37)	23	2.2%
39	Thoughts of ending your life (BHM item #10)	21	2.0%
40	Sexually abused or assaulted, as a child or adult (Item #32)	18	1.7%
41	Violent thoughts, feeling or behaviors (Item #43)	17	1.7%
42	Issues related to gay / lesbian identity (Item #24)	15	1.5%
43	Alcohol and/or drug problem (Item #30)	15	1.4%
38	Fear that someone is out to get me (Item #41)	8	0.8%
44	Concerns related to being a member of a minority (Item #23)	8	0.8%
45	Feel that someone is stalking or harassing me (by phone, letter or email) (Item #45)	6	0.6%
46	Problem Pregnancy (Item #38)	4	0.4%

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.

	Number	%
Career Issues		
Decision about selecting a major / career (Item #8)	125	11.9%
Academic Issues		
Time management, procrastination, motivation (Item #3)	360	34.3%
Academic concerns; school work / grades (Item #1)	312	29.7%
Overly high standards for self (Item #5)	218	20.8%
Test anxiety (Item #2)	154	14.6%
Stage fright, performance anxiety, speaking anxiety (Item #4)	139	13.2%
Pressures from competition with others (Item #6)	99	9.5%
Pressure from family for success (Item #7)	101	9.7%
Have been considering dropping out or leaving school (Item #44)	69	6.6%
Relationship Issues		
Loneliness, homesickness (Item #9)	148	14.1%
Relationship with romantic partner (Item #12)	108	10.3%
Concern regarding breakup, separation, or divorce (Item #13)	112	10.7%
Shy or ill at ease around others (Item #15)	84	8.0%
Relationship with friends and/or making friends (Item #11)	76	7.3%
Conflict / argument with parents or family member (Item #14)	78	7.4%
Relationship with roommate (Item #10)	38	3.7%
Self-esteem Issues		
Self-confidence / Self-esteem; feeling inferior (Item#16)	216	20.6%
Concern over appearances (Item #17)	106	10.1%
Shy or ill at ease around others (Item #15)	84	8.0%
Anxiety Issues		
Anxieties, fears, worries (Item #18)	349	33.2%
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	354	33.7%
Problem adjusting to the University (Item #20)	61	5.8%
Existential Issues		
Generally unhappy and dissatisfied (Item #21)	208	19.8%
Confusion over personal or religious beliefs and values (Item #22)	27	2.5%
Concerns related to being a member of a minority (Item #23)	8	0.8%
Issue related to gay / lesbian identity (Item #24)	15	1.5%
Depression		
Depression (Item #26)	200	19.0%
General lack of motivation, interest in life; detachment and hopelessness #25)	180	17.1%
Grief over death or loss (Item #27)	48	4.5%
Eating Disorder		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	51	4.8%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	143	13.6%
Substance Abuse		
Alcohol and/or drug problem (Item #30)	15	1.4%
Alcohol / drug problem in family (Item #31)	25	2.4%
Sexual Abuse or Harassment		
Physically or emotionally abused, as a child or adult (Item #33)	33	3.2%
Sexually abused or assaulted, as a child or adult (Item #32)	18	1.7%
Stress and Psychosomatic Symptoms		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	174	16.5%
Physical stress (Item #35)	98	9.3%
Concerns about health; physical illness (Item #34)	57	5.4%
Sexual Dysfunction or Issues		
Sexual matters (Item #37)	23	2.2%
Problem pregnancy (Item #38)	4	0.4%

Unusual Thoughts or Behavior		
Concern that thinking is very confused (Item #40)	80	7.6%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	63	6.0%
Fear of loss of contact with reality (Item #42)	34	3.3%
Fear that someone is out to get me (Item #41)	8	0.8%
Violent thoughts, feelings, or behaviors (Item #43)	17	1.7%

16. Behavioral Health Monitor by Item at Intake (N=1,051)	**# Reporting Extremely or Very Serious Problem (+moderate Problem)**	**%**
1) How distressed have you been?	370	35.2%
2) How satisfied have you been with your life?	354	33.6%
3) How energetic and motivated have you been feeling?	419	39.9%
4) How much have you been distressed by feeling fearful, scared?	198	18.8%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	16	1.6%
6) How much have you been distressed by wanting to harm someone? (Including Sometimes and A Little Bit)	5 (16)	0.5% (1.5%)
7) How much have you been distressed by not liking yourself?	233	22.2%
8) How much have you been distressed by difficulty concentrating?	422	40.2%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	43	4.1%
10) How much have you been distressed by thoughts of ending your life? Almost Always, Often (Including Sometimes and A Little Bit)	21 (170)	2.0% (16.1%)
11) How much have you been distressed by feeling sad most of the time?	253	24.1%
12) How much have you been distressed by feeling hopeless about the future?	216	20.6%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	203	19.3%
14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends?	11	1.1%
15) How much have you been distressed by feeling nervous?	298	28.3%
16) How much have you been distressed by your heart pounding or racing?	151	14.4%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	154	14.6%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	286	27.2%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	225	21.4%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	237	22.5%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk)	26 (91)	2.5% (8.7%)

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=696) (66% return rate)

1) Race:	
African-American	4.5%
Asian-American	16.6%
Caucasian	64.3%
Latino	5.4%
Other	8.2%
NR	1.4%

2) Class Status:	
Freshman	14.1%
Sophomore	16.4%
Junior	13.7%
Senior	21.5%
Graduate Student	32.1%
Alumni	.6%
Other/NR	1.36%

3) Residence:	
On-campus	33.7%
Off-campus w family	5.2%
Other off-campus	61.1%
NR	0.3%

4) School Affiliation	
Arts and Sciences	69.6%
Engineering	21.0%
Nursing School	2.2%
Peabody Conservatory	7.2%
Other/NR	.9%

5) Gender:	
Male	40.3%
Female	59.7%
Transgender	0.0%
Prefer Not To Answer	0.0%

2) Respondents' Evaluation and Comments:

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

Yes ---------- 96.3% No ---------- 1.9% Unsure---------- 1.8%

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

Yes ---------- 95.9% No ---------- 1.8% Unsure---------- 2.3%

8) I felt comfortable waiting in the reception area:

Yes ---------- 92.3% No ---------- 3.7% Unsure ---------- 4.0%

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

Yes ---------- 99.6% No ---------- 0.3% Unsure ---------- 0.1%

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

Yes ---------- 96.4% No ---------- 0.1% Unsure---------- 3.5%

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

Yes ---------- 95.1% No ---------- 2.6% Unsure ---------- 2.3%

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

Yes, I was satisfied with service	83.5%
Yes, If I can get a convenient appointment	3.9%
Yes, but I'm not sure this is the best place	2.0%
Yes, if	3.8%
No, because problem was solved	1.7%
No, because I don't have a problem	1.0%
No, because I don't like the therapist	0.1%
No, not eligible	1.2%
No, not now	0.6%
No, because	1.9%
No Response (NR)	0.7%

13) Overall Impression of Counseling Center?

Excellent ---------58.7% Good ---------- 38.4% Fair ------ 2.2% Poor -------- 0.7%

14) Comments. There were 131 comments from 124 clients on the Service Evaluation Forms. Ninety-six comments (73%) were viewed as positive, 25 comments (19%) were assessed as somewhat negative, and 10 comments (8%) were considered neutral. A number of clients expressed concerns about the privacy of the waiting room area and the difficulty in scheduling new appointments.

Comment #	Evaluation #	COMMENTS	Pos.	Neu.	Neg.
1	2	This has definitely helped me sort through my emotions and begin to work through my problems.	1		
2	8	Great experience!	1		
3	18	She's a very nice person (6)	1		
4	34	I love (68). She has been a really big help to me!	1		
5	41	I've been here before, but (76) was excellent and I felt more comfortable than before.	1		
6	43	I'll be back next week!	1		
7	44	Excellent. Very sympathetic and kind.	1		
8	52	I don't think talk therapy suits me too well, but I liked the half hour sessions I had with (78). I just want to be able to touch base and work out a few issues every so often.	1	1	
9	54	Communication with therapist and doctor must improve. Doctor may over medicate if not in loop with therapist and it can lead to serious issues. I was denied medication for a few weeks due to communication issues.			1
10	64	I plan on switching to another service because counseling is no longer needed		1	
11	65	Glad I came in	1		
12	73	I was very hesitant because my last visit (a few years ago) was so-so. This one was great—I'm looking forward to returning!	1		
13	75	(2) is a great counselor.	1		
14	76	(35) is great!	1		
15	78	I wish the waiting room was more private.			1
16	96	I was very happy	1		
17	97	Thanks	1		
18	99	I'm excited that (35) is going to help me deal with stress management.	1		
19	107	Water is needed in the room			1
20	112	It was my first time speaking to a professional, it feels nice and helpful. Thank you	1		
21	118	Both the receptionists were very kind and understanding. I thought the hour-long session was going to be uncomfortable but made it a positive experience.	1		
22	122	Therapist was very thorough	1		
23	134	My first therapy session ever and I felt right at home. (81) knew exactly what I was talking about and offered helpful solutions. I walked out of the office feeling much better.	1		
24	136	(68) was so nice – I'm so pleased that she is my therapist; she understood my thoughts/problems and provided excellent suggestions to deal with my stress.	1		
25	144	It was nice to share my feelings and problems with the counselor. Counselor was very supportive.	1		
26	145	Counselor was very courteous, professional, understanding, and non-judgmental	1		
27	146	I had a very good first experience, though I felt slightly uncomfortable for being late to the appointment.	1		
28	147	(62) was very helpful. Amazing	1		
29	154	Very helpful, nice, understanding, here to serve you	1		
30	167	Love (81)!	1		

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31	170	I was really happy I was able to speak with someone today and will be returning next week.	1		
32	176	My therapist was helpful and informative – she offered information on some of the counseling center's support groups, which was helpful.	1		
33	180	I think in the future the counseling center will be more useful to me		1	
34	200	It took a while to schedule the first appointment with one of the counselors.			1
35	201	The laptops to initially sign in need bigger keyboards.			1
36	214	Already fixed an appointment for follow up.		1	
37	221	I wish I could've gotten an appointment sooner. Unfortunately, the appointment date was 2 weeks after my phone call.			1
38	223	I still feel awkward being here but people were nice ☺	1	1	
39	240	Very helpful/friendly	1		
40	242	It was helpful, the therapist was very nice and understanding. I'm not too familiar with the benefits of counseling in general, but I feel like my therapist provided a good counseling experience, so I'm optimistic.	1		
41	252	I don't like how the counseling center is open for all to see who comes to the 3rd floor (career center) – but I know that can't really be changed			1
42	262	Therapist was very good, kind, thoughtful, and attentive. I am very satisfied.	1		
43	263	Keep it up. Love the residents	1		
44	283	As a member of APTT, I am well acquainted with the Counseling Center, and was I was very satisfied with my experience.	1		
45	284	(82) was the best of the three counselors I've seen here—the others seemed impersonal—as if they were simply repeating what they had read in books. I'd say "impersonal" seems to apply to my experiences here.	1		1
46	290	My therapist was ten times more helpful than I could have reasonably expected.	1		
47	291	I probably should have come earlier. I'm glad you guys are here ☺	1		
48	300	More response from therapist would be nice but it's ok because this is the first time and there's a lot to say.		1	
49	310	I am very thankful that this service is available. I feel confident that coming here is going to help me, and I thank everyone involved that cares.	1		
50	313	Really enjoyed talking with a laid back counselor!	1		
51	314	Satisfied with session.	1		
52	329	However she told me she would need to report someone for abuse after only 1 conversation and no physical evidence, it was rather off putting. I plan to return if I can go to couples counseling.			1
53	330	Thank you!	1		
54	346	This isn't my first time using the center, but every time I feel comfortable and pleased. Thank you counseling center staff.	1		
55	374	I like the use of technology.	1		
56	379	He was extremely kind and understanding. I was able to comfortably to talk to him, which isn't usual.	1		
57	389	I'm happy I finally came.	1		
58	395	I found (81) to be very attentive and understanding and I feel like she is a wonderful mentor for me.	1		
59	397	Got into argument over something she doesn't know			1

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		about but insisted she was right.			
60	400	I am very pleased with the counseling center, especially with my therapist. I am very grateful to have had the opportunity to meet with her.	1		
61	403	(41) is amazing	1		
62	406	Sometimes I felt sessions were a little too short.		1	
63	407	I am extremely satisfied, not just regular satisfied.	1		
64	408	Receptionists are the "gatekeepers" in a way- it is not a comforting environment with [Receptionist 1] as the receptionist- also, when she answers the phone she has similar attitude. This is not safe for patients / clientele that are hesitant to reach out for counseling, as they may be so offended or upset by her rudeness that they do not seek help.			1
65	413	Everyone is always really wonderful here—I leave sessions feeling very hopeful. Thank you!	1		
66	428	77 was really great about meeting with me even though we only had a short time to do so!	1		
67	440	I find it very disappointing that postdocs will no longer be eligible. Having been to FASAP (early in the school year, before PD's were temporarily permitted here) it really did not serve me. Essentially all they did for me was to look up the information in AETNA's Docfind website. The person I spoke to did not know the people I was referred to and had no information other than geography. And of course my time was wasted, both spending my appointment to explain my difficulties and waiting to have an appointment there. Please reconsider postdoc eligibility. (Note: this does not apply to me personally because my own appointment is ending).		1	
68	441	It would be great if this could be expanded more to the school of nursing- more days, times at the school. For example, during last summer session we literally could not go even if we wanted to (at school) b/c of the limited availability. There are lots of emotional problems going on at the nursing school, esp. during that first summer of accelerated students. Thank you.		1	
69	450	You provide a wonderful and needed service. I don't know what I would have done without (76) and the Counseling Center. Thank you	1		
70	451	Different, more private seating? I was very nervous the first time because when you came in, everyone waiting can see you. Also weird seeing people you know.			1
71	453	(41) is very helpful / knowledgeable. I think our sessions are useful.	1		
72	454	The most valuable lessons I learned at Hopkins were here	1		
73	455	(35) was excellent. I can't wait until I can resume with her in August.	1		
74	463	Thank you.	1		
75	469	Thank you for all your support.	1		
76	472	I have been really satisfied with my experience in every way, Thanks.	1		
77	474	I absolutely loved working with (76)! However the actual waiting room experience was subpar. I highly applaude (76)'s professionalism and unique abilities / talent. I would avoid this office – the Homewood one as opposed to the nursing location – as one staff member here makes me uncomfortable with her attitude.	1		1
78	475	Had very good experience except I feel receptionist could	1		1

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		be a bit friendlier / more patient.			
79	478	Everyone is very courteous here. I have had great success releasing records from (2) but it would be nice if the process could be streamlined.	1		1
80	482	The therapist I saw was extremely helpful and was even willing to stay late in order to cover all of the issues.	1		
81	486	Not truly sure if I need to return, scheduled an appointment just in case.		1	
82	488	Thank you for making the appointment available on short notice.	1		
83	490	Felt awkward during session			1
84	491	You don't have a lot of open appointments. When I initially called, you couldn't give me an appointment for 2 weeks, and I needed to speak to someone before then. That is part of the reason I am considering continuing with the private counselor I have met with.			1
85	492	Nope! Great! ☺	1		
86	502	Thanks.	1		
87	503	I am giving it a try since today seemed to go well	1		
88	504	Thank you!	1		
89	515	I am visually impaired and had difficulty reading the small font size on the computer questionnaire. The text size should be adjustable, or there should be a larger print version available.			1
90	516	Very helpful…Thank you so much for everything.	1		
91	521	(61) has provided excellent therapeutic care. He has helped significantly in my struggles with depression and I am extremely grateful that he is on staff at the counseling center.	1		
92	526	Excellent services, flexible scheduling, and good facilities. I have been coming to work with a counselor most weeks since the late summer. I have found it to be extremely helpful and I really appreciate that I can get a prescription for medications here.	1		
93	533	I am very happy with my current counselor. She is engaging, easy to talk to and makes me feel comfortable.	1		
94	543	I wish appointments were available sooner/ more often.			1
95	546	I felt at ease and understood.	1		
96	548	This place helped improve my Hopkins experience so much!	1		
97	570	The psychologist was attentive and easy to talk to for my first visit here. He was very helpful.	1		
98	571	Much more relaxing than I was expecting.	1		
99	574	Very pleased with (41)	1		
100	576	I don't like the computer intake because someone can read over my shoulder.			1
101	590	I've been coming here for over a year, so…you're doing a good job.	1		
102	601	Good.	1		
103	612	(6) is very caring and listens well. She's genuinely concerned with my issues.	1		
104	624	(79) really helped me.	1		
105	625	As much as I'd like to continue my treatment here, I have to take this job that requires me to work M-F 8AM- 4PM. I'm afraid that the hours of operation of the Counseling Center will prohibit me from doing so.			1
106	632	Although I wasn't coming in with a pressing issue, I still felt so much calmer and better when I left ☺	1		
107	634	I'm usually nervous about coming in and talking about	1		

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		myself to people but this was nice.			
108	635	I look forward to coming here more frequently and am more optimistic about working out my problems here.	1		
109	638	Grief counseling was offered, but was subsequently rarely available and difficult to schedule. Not very helpful.			1
110	639	She was wonderful and very understanding and attentive.	1		
111	640	Simply talking to the therapist in a quiet environment is such a relief to me. Her suggestions are worth trying.	1		
112	641	The session was very helpful and improved my confidence. The staff was extremely friendly.	1		
113	649	This is the best thing Hopkins has to offer. THANK YOU.	1		
114	652	I've been very happy with my therapist, (61) and think he has had a very positive effect on my outlook	1		
115	658	The services and people at the counseling center are wonderful. I like the specific service of the on-call therapist. Emotional emergencies are just as important as physical ones!	1		
116	663	No waiting room -there were people like undergrads I'd TA'ed for and grad students I did not want to see. Were extremely uncomfortable and played out in upsetting ways outside of counseling center			1
117	664	This is a continued relationship with (41) and it's very good!	1		
118	668	Reception could be better in various ways. I've watched on numerous occasions elder staff be rude to the receptionists which might be creating a hostile work environment, unhappy employees, and unfortunate service. The professional staff has been highly competent though. Also this is a kind of bad way to collect evaluation forms, not as confidential as it should be, mine's going to be the only one sitting in that box, etc.	1		1
119	672	Thank you ☺	1		
120	677	Very good. Psychiatrist misdiagnosed me. It was {okay?}	1		
121	679	She is fantastic	1		
122	683	I have been coming to the counseling center for several years and have been extremely satisfied with and thankful for the services and staff	1		
123	693	(77) is really, really great. She has been extremely helpful and an amazing therapist for me. So yah, she's done an amazing job!	1		
124	696	The computer keyboard is too small			1

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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:

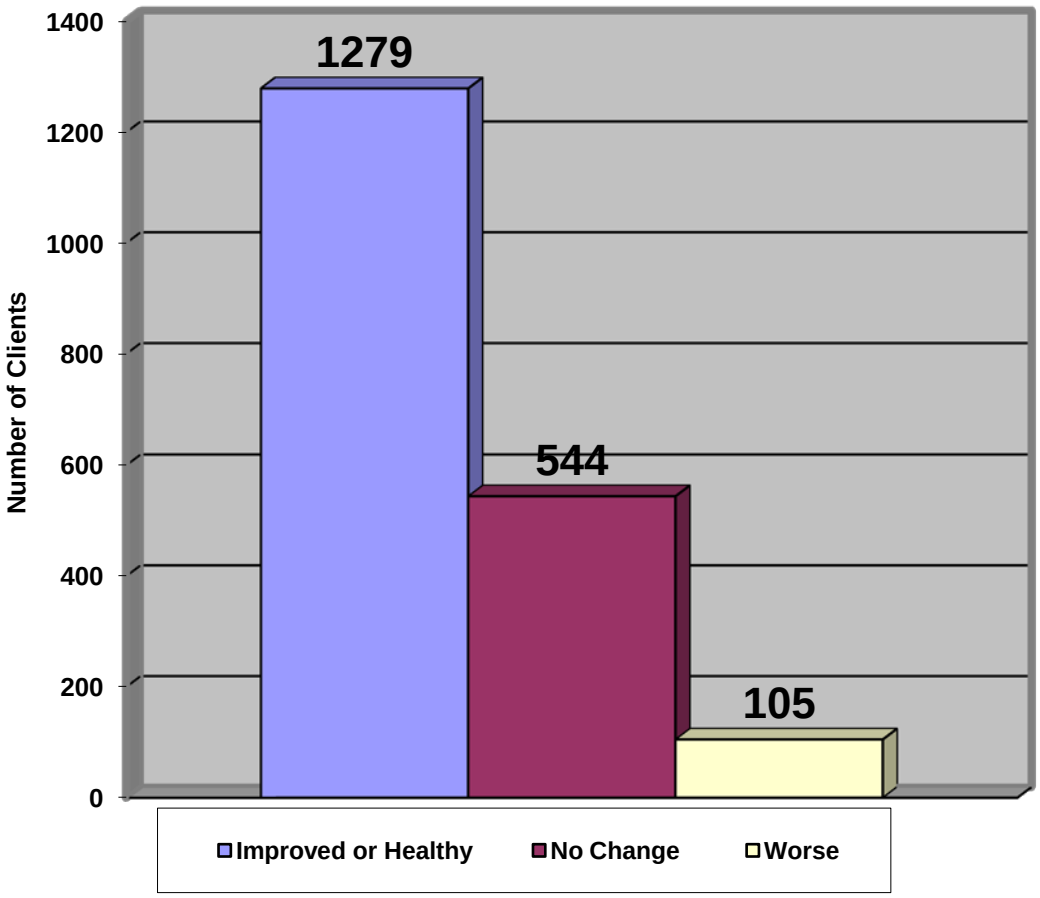
BHM20 Score	Mental Health Category
2.93 – 4.00	**Indicates positive mental health for college students**
2.10 - 2.92	**Indicates mild illness or adaptive difficulty**
0.00 - 2.09	**Is symptomatic of serious illness**

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%)**

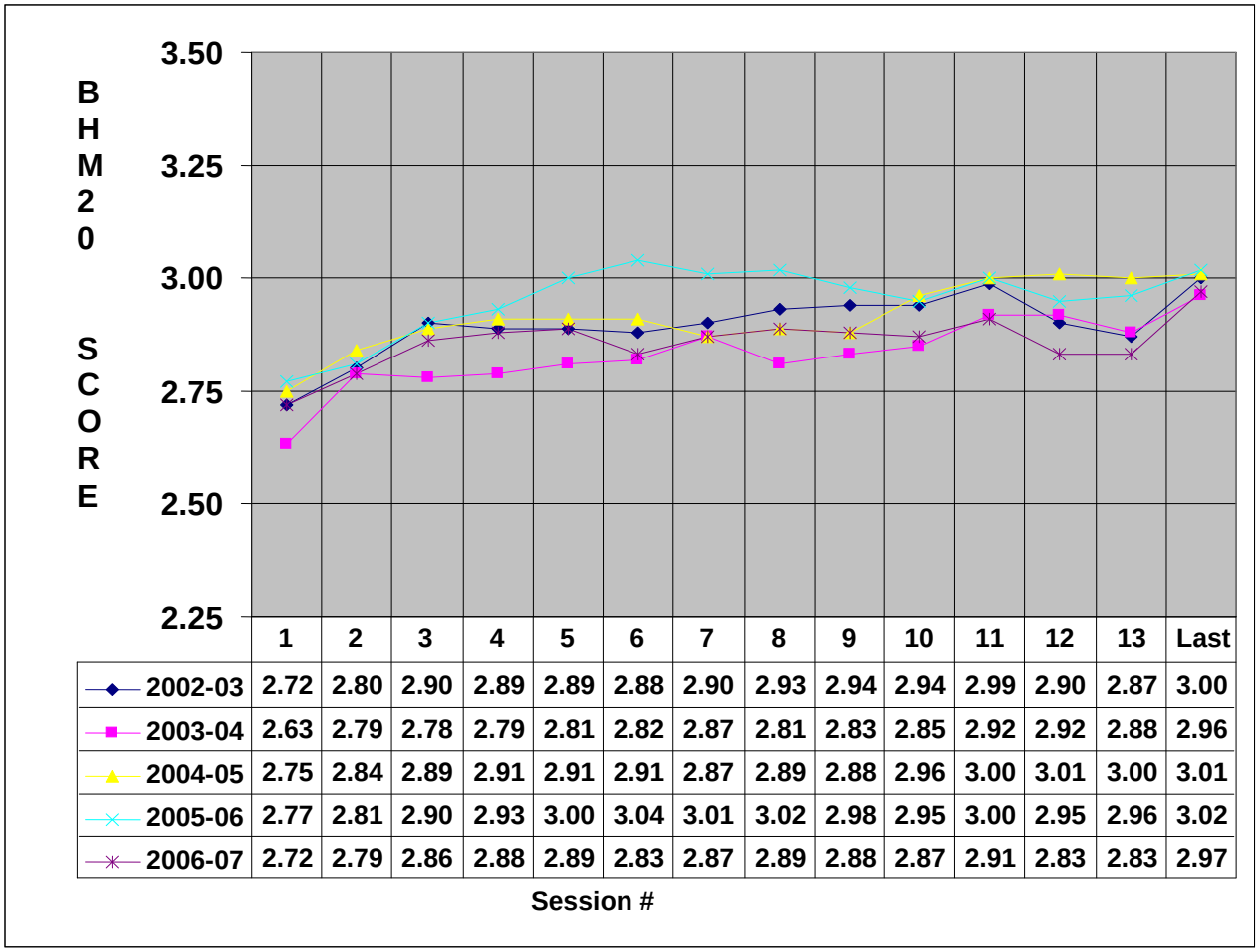
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student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



	1	2	3	4	5	6	7	8	9	10	11	12	13	Last
2002-03	2.72	2.80	2.90	2.89	2.89	2.88	2.90	2.93	2.94	2.94	2.99	2.90	2.87	3.00
2003-04	2.63	2.79	2.78	2.79	2.81	2.82	2.87	2.81	2.83	2.85	2.92	2.92	2.88	2.96
2004-05	2.75	2.84	2.89	2.91	2.91	2.91	2.87	2.89	2.88	2.96	3.00	3.01	3.00	3.01
2005-06	2.77	2.81	2.90	2.93	3.00	3.04	3.01	3.02	2.98	2.95	3.00	2.95	2.96	3.02
2006-07	2.72	2.79	2.86	2.88	2.89	2.83	2.87	2.89	2.88	2.87	2.91	2.83	2.83	2.97

3) <u>BHM20 Research Findings: 2007-08 and 2008-09.</u>

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%)		
	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 significantly 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%		51 (13.0%)	
	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%			36 (9.2%)
	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) Significantly 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	
Freshmen	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		
1st Worst Week of Fall Semester for Intakes (Week #22)	2.58		Week of October 13, 2008 – 18 intakes
2nd Worst Week of Fall Semester for Intakes (Week #26)	2.60		Week of November 10, 2008– 22 intakes
1st Worst Week of Spring Semester for Intakes (Week #44)	2.40		Week of March 16, 2009– 7 intakes
2nd Worst Week of Spring Semester for Intakes (Week #47)	2.55		Week of April 6, 2007 – 12 intakes

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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%		
	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 signif. In categ. (>.63)	7	0.01%			
	TOTAL IMPROVED	241	34.88%			
No Change	8) Healthy to Healthy (4 to 4)	313	45.53%			
	9) Mild to Mild (3 to 3)	63	9.12%		107 15.5%	
	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%			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) Signif. 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 Results: 2010-11

During 2010-11 the Counseling Center served 1,051 clients in individual therapy. Of these, 594 were new clients. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self assessment prior to every therapy session thereafter**.** These self assessments are completed electronically on net books located in the waiting area of the Counseling Center. The results of the self assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto to the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.45 therapy sessions with an average intake score of 2.25 (in the moderately distressed range) and an average final score as of May 23, 2011 of 2.78 (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 while some clients will return for the summer session many who left for the summer will likely return in the Fall 2011 semester to continue their therapy.

Table 9 below shows the mental health category distribution of new clients at the initial and at their last therapy session of the 2010-11 year. The table shows that at intake about 1/3 of the 590 new students were in the healthy/normal range, slightly less than 1/3 of the students were mildly distressed, and about 1/3 were in the moderately or severely distressed range. Table 9 also shows that of these students 457 students completed at least two sessions before the end of the 2010-11 year. As can be seen there was considerable improvement of clients in their mental health status between the first and last session of the year with a 23% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

Table 9: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2010-11 by Mental Health Category.

BHM20 Health Category	# of Students at Initial Session of 2010-11 Year (n=590)	%	# of Students at Last Session of 2010-11 Year (n=457)	%	% change
Normal range (BHM= 2.94 - 4.00)	209	35%	266	58%	+23%
Mildly distressed range (BHM=2.38 – 2.93)	166	28%	109	24%	-4%
Moderately distressed range (BHM= 2.09 - 2.37)	90	15%	41	9%	-6%
Severely distressed range (BHM= <2.09)	125	21%	41	9%	-12%
TOTALS	**590**	**100%**	**457**	**100%**	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review whether they recovered, improved, stay unchanged or deteriorated. In 2010-11 there were 324 such clients. Table 10 below shows on the BHM20 Global Health Measure that 221 (68%) clients showed improvement including 143 (44%) clients that indicated full recovery. Table 10 also shows (as of May 23, 2011) that 74 (23%) of the distressed clients had not changed significantly as of end of the academic year while 41 clients (7%) showed deterioration.

Table 10: Client Change in Mental Health Status in New CC Clients Seen More than 1 Session: 2010-11

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	324	2.25	2.78	221 (68%)	143 (44%)	74 (23%)	41 (7%)
Anxiety	281	1.69	2.47	195 (69%)	132 (47%)	64 (23%)	54 (9%)
Depression	328	1.89	2.60	210 (64%)	132 (40%)	96 (29%)	38 (6%)
Suicidality	92	2.26	3.49	72 (78%)	60 (65%)	18 (20%)	17 (3%)
Alcohol	48	3.06	3.65	55 (77%)	46 (65%)	9 (13%)	28 (5%)

Table 10 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, ranges from 64% for depression to 78% for suicidality. Total recovery for suicidal clients is 65%. Table 11 below provides the actual cutoff scores for each of the subscales. Future work will assess change on the other subscales offered by the BHM20.

Table 11: Cutoff Criteria for the BHM20 Subscales.

BHM-20 & BHM 43 CRITERIA FOR CELESTHEALTH SYSTEM	**MILD DISTRESS**	**MODERATE DISTRESS**	**SEVERE DISTRESS**
GLOBAL MENTAL HEALTH	2.93	2.37	2.08
WELL-BEING	2.16	1.39	0.97
ALL INDIVIDUAL WELL-BEING ITEMS	2.00	1.00	0.00
SYMPTOMS	2.91	2.01	1.56
ALL INDIVIDUAL SYMPTOM ITEMS	2.00	1.00	0.00
Alcohol/Drug	3.50	3.00	2.00
Anxiety	2.56	1.79	1.35
Bipolar Disorder	2.00	1.00	0.00
Depression	2.84	2.1	1.70
Eating Disorder	2.00	1.00	0.00
Harm to Others	N/A	3.00	2.00
Hostility	3.22	2.82	2.48
Obsessive Compulsive	3.22	2.29	1.71
Panic Disorder	2.85	2.03	1.55
Psychoticism	3.77	3.32	3.03
Sleep Disorder	2.98	1.97	1.34
Somatization	3.13	2.62	2.23
Suicide Monitoring Scale	SMS	SMS	SMS
LIFE FUNCTIONING	2.64	1.96	1.61
ALL INDIVIDUAL LIFE FUNCTIONING ITEMS	2.00	1.00	0.00

6) BHM20 data 2008-11 Cumulative results

Since 2008, 2,245 different Counseling Center clients have completed the BHM20 electronically on 5 net books located in the waiting area of the Counseling Center. These clients have averaged 9.35 sessions over the past 3 years. The average score at intake was reported to be 2.29 (in the moderately distressed range) on the Global Mental Health (BHM20) score with an average last session score of 2.81 (mildly distressed range) as of May 23, 2011. It should be noted that the last score represents only a snap shot of client mental health and does not necessarily reflect the completion of therapy. A snapshot measure is typically taken at the end of the each academic year as many clients are leaving for the summer break or are graduating. It is anticipated that some clients will continue therapy during the summer while many more will return to complete their therapy in the Fall 2011 semester.

Table 12 below shows the distribution of mental health categories for all clients at intake between 2008 through May 2011. The table shows that 42% the clients reported that they were in the normal range while close to 1/3 indicated that were mildly distressed and a final 1/3 were in the moderately or severely distressed range. Table 12 also shows that of these students 1,779 students completed at least one additional session before the end of the 2010-11 year. As can be seen there was considerable movement of clients in their mental health status between the first and last session of the year with an 18% increase of clients in the normal range and a similar decrease in the percentage of clients remaining in the distressed ranges.

Table 12: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2010-11 by Mental Health Category.

BHM20 Health Category	# of Students at Initial Session	%	# of Students at Last Session of 2010-11 Year	%	% Change
Normal range (BHM= 2.94 - 4.00)	928	42%	1,066	60%	+18%
Mildly distressed range (BHM=2.38 – 2.93)	638	29%	423	24%	-4%
Moderately distressed range (BHM= 2.09 - 2.37)	278	13%	153	9%	-4%
Severely distressed range (BHM= <2.09)	361	16%	137	8%	-8%
TOTALS	2,205	100%	1,779	100%	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review as to whether they recovered, improved, stay unchanged or deteriorated. In 2008-11 there were 1,109 such clients. Table 13 below shows that on the BHM20 Global Health Measure 734 (66%) clients showed improvement including 512 (46%) clients that indicated full recovery. Table 13 also shows that 267 (24%) of the distressed clients had not changed significantly as of the end of the academic year (May 23, 2011) while 226 clients (10%) showed deterioration (as of May 23, 2011).

Table 13: Client Change in Mental Health Status in CC Clients seen more than 1 session: 2008-11

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	1109	2.29	2.81	734 (66%)	512 (46%)	267 (24%)	226 (10%)
Anxiety	978	1.72	2.48	660 (67%)	469 (48%)	216 (22%)	273 (12%)
Depression	1177	1.98	2.66	748 (64%)	510 (43%)	323 (27%)	235 (10%)
Suicidality	323	2.39	3.58	263 (81%)	228 (71%)	49 (15%)	66 (3%)
Alcohol	267	2.89	3.62	204 (76%)	172 (64%)	42 (16%)	117 (5%)

Table 13 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, ranges from 64% for depression to 81% for suicidality. Total recovery for suicidal clients is 71%. (See Table 11 above for cutoff scores for each subscale.) Future work will assess cumulative changes on the other subscales offered by the BHM20.

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 669 students have been monitored through our suicide tracking system.

1) Data for Clients Indicating Suicidality: 2010-11.

During the past year 170 clients (16%) of 1,051 clients presenting at the Counseling Center reported some suicidal content at intake. This included 93 females and 77 males. Also, 30 were international students. Of these 170 clients, 77 (7.3% of all student clients) reported moderate, serious, or severe suicidal thoughts (35 males, 42 females, 20 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 47 were enrolled in Arts and Science, 20 were enrolled in Engineering, and 9 were enrolled at Peabody. One identified as African- American, 30 as Asian, 1 as East Indian, 2 as Latino, 34 as Caucasian and 5 as Biracial. Nineteen reported they were freshmen, 12 were sophomores, 16 were juniors, 10 were seniors and 18 were graduate students.

Sixty clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 5.8% of all student clients seen at the Counseling Center in 2010-11. This is a 25% increase from 48 Suicide Tracking System Clients tracked in 2009-10. These 60 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 14 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 16 of the 60 STS clients (27%) completely resolved their suicidality in an average of 11.1 sessions. Fifteen suicidal clients (25%) continue in treatment as the academic year ended, 4 suicidal clients was referred out, 11 clients withdrew from the University, 3 clients graduated before their suicidality was resolved completely, 10 clients dropped out of treatment, and 1 stopped treatment at the Counseling Center because of hospitalization. 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 14: Summary of Change in Suicide Tracking Clients for 2010-11.

Client Outcome at the End of AY2010-11	# of Clients	Mean 1st Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients who Successfully Achieved Resolution of Suicidality	16 (27%)	1.61	2.86	+1.22	11.1
Clients who dropped out of therapy	10 (17%)	1.93	2.50	+0.57	12.9
Clients referred out	4 (1%)	1.68	2.88	+1.08	15.3
Clients who graduated without resolution of suicidality	3 (1%)	2.70	2.92	+.22	56.3
Clients continuing in treatment	15 (25%)	1.77	2.77	+.59	11.1
Clients who withdrew/left School	11 (18%)	1.88	2.48	+.60	10.6
Clients hospitalized	1 (<1%)	1.60	1.15	-.45	30.0
All Suicide Tracking Clients	**60 (100%)**	**1.86**	**2.56**	**+.75**	**14.2**

Table 15 below compares STS clients who received medication with those that did not receive medication in 2010-11. The results indicate that both groups improved. 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 15: Summary of Change for Suicide Tracking Clients by Medication: 2010-11

	# of Clients	Mean 1st Session BHM20 Score	Mean Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients on Medication	33	1.93	2.49	+ .62	16.6
Clients not on Medication	27	1.66	2.55	+ .89	11.2

Table 16 below shows that for the 16 clients who successfully resolved their suicidality the improvement in both groups was about the same whether they were treated with medication or not.

Table 16: Summary of Change in Resolved Clients Suicide Tracking Clients by Medication: 2010-11.

	# of Clients	Mean 1st Session BHM20 Score	Mean Last Session BHM20 Score	Mean Change Score	Mean # of Session
Resolved Clients on Medication	8	1.81	3.09	+1.20	12.1
Resolved Clients not on Medication	8	1.41	2.63	+1.25	10.0

2) <u>Continuing Suicide Tracking Efforts.</u>

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 clinical support with suicidal clients, and continue to guide our 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. Most recently efforts are underway to determine if the BHM20 can be used to determine whether a suicidal client should be prescribed medication. Finally, the Counseling Center continues to successfully utilize 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: 2010-11

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 5 psychotherapy groups for a total of 151 group sessions / 201.5 hours of group therapy. A total of 48 students participated in group therapy.

#	Therapy Group	# of Sessions	# of Clients Seen	Length of Each Session	Total Hours of Group
1	Dissertation Support	45	17	90 minutes	67.5
2	Graduate Student Therapy I	41	8	90 minutes	61.5
3	Graduate Student Therapy II	36	10	60 minutes	36.0
4	Substance Abuse & Recovery	14	6	60 minutes	14.0
5	Undergraduate Therapy	15	7	90 minutes	22.5
	TOTALS	**151**	**48**		**201.5**

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2010-11

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 three full time interns at the Counseling Center who received training and provided professional services during 2010-2011. This represents a decrease of one intern from the past several years because the Counseling Center contract with the Nursing School ended in 2010 and funding for one of our four interns had been provided by the Nursing School.

Below is a description of the 2010-2011 training program including: (1) a summary of the interns and supervisors for 2010-11, (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 2011-2012, 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.

- Three Pre-Doctoral Psychology Interns:

  Nicole A. Bryan, M.S. Ed, MA (University of Maryland)
  Aarti Khullar, M.A. (Chicago School of Professional Psychology)
  Danielle Meltzer, M.A. (Argosy University, Atlanta)

- Clinical Supervisors:

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Larry David	Nicole – Spring			
Doug Fogel	Danielle - Fall Aarti – Spring	Nicole – Fall & Spring		Danielle – Fall Aarti –Spring
Sheila Graham			Fall & Spring	
Garima Lamba	Aarti – Fall Danielle - Spring			Aarti - Fall Danielle - Spring
Jennifer Moran				Nicole – Fall (half-semester)
Matt Torres		Aarti – Fall & Spring	Fall & Spring	
Michael Varhol				Nicole – Fall (half-semester) & Spring
Shelley Von Hagen-Jamar	Nicole – Fall	Danielle - Spring		

- Additional Supervision:
  Clare King, LCSW - Intern support group facilitator, fall and spring semesters
  Barbara Baum, Ph.D. - Outreach supervision, fall and spring semesters

B. The Training Program

- Interns provided **intake and individual counseling services** to Homewood and Peabody students under staff supervision. The 2010-2011 interns performed 230 intake evaluations, including 42 emergency intakes, during the Fall and Spring semesters. During that period they saw 276 clients for 1517 sessions, including 73 emergency sessions.

- All interns co-led at least one **group** for students with a professional staff member. Nicole Bryan co-led a Graduate Student Therapy Group in the Fall and Spring, Aarti Khullar co-led a Graduate Student Therapy Group in the Fall and Spring, and Danielle Meltzer co-led a Substance Abuse Recovery Group during the Spring. Interns co-led a total of 53 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 73 emergency sessions (42 emergency intakes and 31 emergency sessions). They also were on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.

- Interns were offered the opportunity to provide after-hours on-call services (in collaboration with a senior staff member) and 2 of our interns provided a total of 3 weeks of after-hours on-call coverage.

- 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 and participated in JHU's Love Your Body Day. In addition, each intern is in the process of designing and implementing at least one outreach program during the year.

- Interns received two and one-half hours of scheduled **individual supervision** per week during the internship year, one and one-half hours per week of **supervision group** during the internship year, one hour of **support group**, and additional individual supervision as needed. Weekly **supervision for group services** was provided by the staff member with whom groups were co-led. (See section on clinical supervisors above.)

- Interns participated in weekly center **staff business meetings** and **case management meetings**.

- **36 training seminars** (see below) were offered to interns in the fall and spring semesters and the summer session (for 2009-2010 interns). The majority of seminars were presented or co-presented by Counseling Center clinical staff or consultants. Two seminars were presented by Counseling Center Office Manager **Mary Haile**. Four training seminars were presented by the 2009-2010 interns during the 2010 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) and **Dr. Jennifer Moran** (Sheppard Pratt Health System).

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 2010 by the 2009-2010 internship class.

D. Contact with Academic Training Programs

- **Contacts were made with the academic programs** with which the 2009-2010 and 2010-2011 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2011-2012 Interns

- **Received 125 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 23 candidates**. 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 23 interviewees, 7 self-identified as members of an ethnic or sexual minority group, and 2 were international students. Nine were from clinical psychology graduate programs, 13 were from counseling psychology programs and one was from a combined Counseling Psychology and School Psychology program. Nineteen of the 23 interviewees were from outside of the immediate Baltimore-Washington, D.C. area.

- **Participated in the match program** of the Association of Psychology Post-doctoral and Internship Centers (APPIC).

- **Successfully matched** for all three offered positions with ranked choices for pre-doctoral psychology interns: **Heidi DeLoveh, M. Phil.** (George Mason University); **Liesel Fischer, M.A.** (Argosy University, Chicago); and **Jodi Pendroy, M.A.** (University of St. Thomas at Minnesota).

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

- **Number of Interns.** As noted above, we reduced from 4 to 3 intern positions for the 2010/2011 internship year and we will again have 3 interns for the 2011/2012 internship year.

- **Continued diversity of applicant pool.** The applicants to the internship program continued to be very diverse in terms of minority membership and geographical representation of applicants, and number of applicants from clinical and counseling psychology programs. This translated into substantial minority, geographical, and programmatic diversity in the interview pool. The internship program continues to attract a national level of attention, consistent with the University's status as a "national university."

- **Renewal of American Psychological Association accreditation.** The Counseling Center successfully completed 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 were awarded re-accreditation for the maximum allowable period of 7 years (2011-2018).

- **Intern Alumni Survey.** In 2010 we surveyed all previous Counseling Center interns since our accreditation (2002/2003 to 2007/2008) to gather information about their ongoing impressions of this internship, how well it prepared them for their professional futures and the details of their current professional activities. This year we instituted an annual survey of interns who are 1 and 3 years out of the program. This will create a steady flow of annual feedback from previous interns.

- **After-Hours on-call.** This year, in addition to providing interns with the opportunity to provide after-hours on-call coverage (in collaboration with a senior staff member) during the summer, as has been done in previous years, we provided our 2010-2011 interns with the opportunity to provide after-hours on-call services during the Spring semester as well. Our intent is to make this an expectation of our interns, rather than just an opportunity, beginning with the 2012-2013 internship year (therefore allowing us to advertise this as an expectation when they are applying during the Fall of 2011).

G. Internship Training Seminar Schedule

TRAINING SEMINAR SCHEDULE – SUMMER, 2010

June 4	10:00-11:30	Diversity VIII: Considering the Clients' and Therapists' Multiple Identities I	Dr. Heather Lyons
June 11	8:30-11:30	Diversity VII & VIII: Considering the Clients' And Therapists' Multiple Identities I & II	Dr. Heather Lyons
June 18	10:30-12:00	Diversity IX: International Students	Dr. Garima Lamba
June 25	10:30-12:00	Intern Presentation - Psychology of Disability	Sarah Halpert
July 2	10:30-12:00	Intern Presentation – Gender Role, Ethnic Identity And Self-Objectification Theory	Jessica Parrillo
July 16	10:30-12:00	Intern Presentation – Domestic Violence	Jennifer Kane
July 23	10:30-12:00	Intern Presentation – Ego Autonomy and Resilience	Iris Song

TRAINING SEMINAR SCHEDULE – FALL, 2010

August 16	1:30-3:30	Policies and Procedures/Due Process I	Dr. Matt Torres
August 17	9:00-11:00	Scheduler Training	Ms. Mary Haile
August 19	9:00-12:00	Policies and Procedures/Due Process II	Dr. Matt Torres
August 19	3:00-4:30	Goal Setting	Dr. Larry David
August 24	10:30-12:00	Titanium Scheduling System	Ms. Mary Haile
August 24	3:00-4:30	Intake Interviewing	Dr. Barbara Baum
August 25	9:00-11:00	Motivational Interviewing	Dr. Larry David
August 26	2:00-3:30	Suicide Tracking	Dr. Larry David
August 27	10:30–12:00	Stabilizing Self-Destructive Patients	Dr. Victoria Franz
August 27	3:00–4:30	Substance Abuse in College Students	Dr. Shelley Von Hagen-Jamar
September 3	10:30-12:00	Behavioral Health Measure	Dr. Michael Mond
September 10	10:30-12:00	Maryland Ethics and Law	Dr. Shelley Von Hagen-Jamar
September 17	10:30-12:00	In-Session Crises	Dr. Matt Torres
September 24	10:30-12:00	Process-Oriented Group Psychotherapy	Dr. Matt Torres
October 1	10:30-12:00	Multicultural Counseling Competence	Dr. Sheila Graham
October 8	10:30-12:00	Job Search	Dr. Jennifer Moran
October 15	10:30-12:00	Pharmacology	Kristin Adashi, MD
October 22	10:30-12:00	Personality Assessment Inventory	Dr. Larry David
October 29	9:00-12:00	Diversity I: Working with Gay and Lesbian Students	Dr. David Haltiwanger
November 5	10:30-12:00	Termination in Psychotherapy	Dr. Matt Torres
November 12	10:30-12:00	Private Practice Panel	
November 19	10:30- 2:00	Acceptance and Commitment Therapy I	Dr. Doug Fogel
December 3	10:30-12:00	Acceptance and Commitment Therapy II	Dr. Doug Fogel
December 10	10:30-12:00	Brief Therapy: Budman & Gurman Model	Dr. Larry David

TRAINING SEMINAR SCHEDULE – SPRING, 2010

January 4	9:00-10:30	Acceptance and Commitment Therapy I	Dr. Doug Fogel
January 4	3:30-5:00	Acceptance and Commitment Therapy II	Dr. Doug Fogel
January28	10:30-12:00	Sexual Abuse and Assault Survivors	Dr. Barbara Baum
February 4	10:30-12:00	Dialectical Behavior Therapy I	Dr. Von Hagen-Jamar
February 11	10:30-12:00	Diversity II: Gender Issues and the Therapeutic Alliance	Dr. Doug Fogel
February 18	10:30-12:00	Dialectical Behavior Therapy II	Dr. Von Hagen-Jamar
February 25	10:30-12:00	Diversity VI: Asian-American Students	Dr. Garima Lamba
April 1	10:30-12:00	Assessment of Trauma Disorders	Dr.Von Hagen-Jamar
April 4	10:30-12:00	Relational Cultural Therapy	Dr. Sheila Graham
April 8	10:30-12:00	Treatment of Trauma Disorders	Dr.Von Hagen-Jamar
April 15	10:30-12:00	Psychopharmacology II	Kristen Adashi, MD
April 22	10:30-12:00	Diversity V: African American Students	Dr.Sheila Graham
April 29	9:00-12:00	Diversity III & IV: Religious Issues in Counseling	Dr. Deborah Haskins
May 6	9:00-12:00	Assessment & Treatment of Eating D/O's	Dr. Jennifer Moran

SECTION VI: Summary of Outreach/Workshops and Consultation by CC Staff: 2010-11

The Associate Director of the Counseling Center, Dr. Barbara Baum, 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	Intro to CC Service for Post Bac Pre-meds	Post -Bac	06/02/2010	30	0	0
2	R.A. Training for Pre-College	Residential Life	06/29/2010	25	3	0
3	Domestic-Violence Information for Security I	Security	07/13/2010	0	35	0
4	Domestic-Violence Information for Security I	Security	07/20/2010	0	35	0
5	Peabody RA Orientation	Peabody	08/20/2010	7	1	0
6	Intro to CC Services and Staff for R.A.s	Residential Life	08/23/2010	71	5	0
7	Parents' Reception I	Freshman Orientation Weekend	08/25/2010	0	0	21
8	Parents' Reception II	Freshman Orientation Weekend	08/25/2010	0	0	31
9	Parents' Reception III	Freshman Orientation Weekend	08/25/2010	0	0	15
10	Parents' Reception IV	Freshman Orientation Weekend	08/25/2010	0	0	19
11	Parenting a Freshman I	Freshman Orientation Weekend	08/25/2010	0	0	60
12	Parents' Assembly	Freshman Orientation Weekend	08/26/2011	0	0	1200
13	Parents' Reception V	Freshman Orientation Weekend	08/26/2010	15	0	15
14	Parents' Reception VI	Freshman Orientation Weekend	08/26/2010	0	0	20
15	Parenting a Freshman II	Freshman Orientation Weekend	08/26/2010	0	0	60
16	Parents' Reception VII	Freshman Orientation Weekend	08/26/2010	0	0	11
17	Parents' Reception VIII	Freshman Orientation Weekend	08/26/2010	0	0	12
18	Panel Speaker at Parents' Reception of Students of Color	Homewood Student Affairs	08/26/2010	5	0	50
19	Intro CC Services-Grad Students	Graduate Student Orientation	08/26/2010	358	0	0
20	T.A. Orientation: Relating To Your Students	Residential Life	08/27/2010	350	0	0
21	Intro CC Services-Writ Seminars	Writing Sems Grad Stu	08/27/2010	28	0	0
22	S.E.E.D Training	Office of Multicultural Affairs	08/27/2010	15	0	0
23	Introduction to CC Services and Staff for PEEPS	Center for Health Education & Wellness	09/14/2010	15	0	0
24	Hopkins Holi-Healthfest	Homewood Student Affairs	09/17/2010	125	25	0
25	Black Student Union Meeting	Other	09/19/2010	70	0	0
26	MAPP Meeting	Office of Multicultural Affairs	09/23/2010	75	0	0
27	Latino Heritage Month Opening	Office of Multicultural	10/01/2010	200	0	0

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	Ceremonies	Affairs				
28	Speak to DSAGA members	Student Organization	10/04/2010	50	0	0
29	Peabody Health Fair	Peabody Conservatory	10/05/2010	53	0	0
30	Cultural Block Party	Office of Multicultural Affairs	10/08/2010	150	0	0
31	Latino Walking Tour for Professionals	Office of Multicultural Affairs	10/11/2010	0	30	0
32	Alcohol Screening	Homewood Student Affairs	10/12/2010	150	0	0
33	Body Image Workshop	Pan-Hellenic	10/18/2010	33	0	0
34	Love Your Body Health Day I	Homewood Student Affairs	10/22/2010	12	0	0
35	Love Your Body Health Day II	Homewood Student Affairs	10/22/2010	25	8	0
36	Love Your Body Health Day III	Homewood Student Affairs	10/22/2010	33	0	0
37	Depression Awareness	JHU Community	10/28/2010	110	8	5
38	Mental Health Awareness Day/Depression Screening I	Homewood Student Affairs	10/28/2010	15	0	0
39	Mental Health Awareness Day/Depression Screening II	Homewood Student Affairs	10/28/2010	15	0	0
40	Family Weekend	Family Weekend	10/29/2011	0	0	8
41	Family Weekend	Leadership Programs	10/29/2010	4	0	10
42	Setting Limits, Recognizing Limitations	Tutoring/Study Consultants	11/10/2010	5	1	0
43	Peabody - Grief/Death of Student I	Peabody Conservatory	11/15/2010	10	2	0
44	Peabody - Grief/Death of Student II	Peabody Conservatory	11/15/2010	6	2	0
45	Deltas Panel Discussion	Pan-Hellenic	01/03/2011	50	0	0
46	Peabody RA Training	Peabody Conservatory	01/14/2011	6	1	0
47	Sexual Assault Panel	SARU	04/21/2011	17	3	4
48	Spring Open House	Admissions	04/28/2011	9	0	5
49	Campus/Neighborhood Security Presentation	JHU University	04/29/2011	0	30	0
50	Finishing the Ph.D.	Homewood Professional Day	05/09/2011	48	5	0

No. Workshop/Outreach and Community Consultation Programs	**50**
No. of Students served	**2,190**
No. of Faculty and Staff served	**194**
No. of "Other People" served	**1,546**
Total No. of People served in Outreach and Community Consultation Programs	**3,930**

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2010-11

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) 30 intra-departmental committees or projects, 2) 83 inter-departmental/divisional, university-wide, and external involvements. They are listed below:

#	1) Departmental Level Community Activity/Project Involvement
1	American Psychological Association (APA) Internship Accreditation site visit Committee
2	Counseling Center Budget Committee
3	Counseling Center Copier Committee
4	Counseling Center Computer Committee
5	Counseling Center Executive Committee
6	Counseling Center HIPAA Committee
7	Counseling Center Holiday Party Planning Committee
8	Counseling Center Informed Consent Committee
9	Counseling Center Medical Leave of Absence Committee
10	Counseling Center Peer Supervision
11	Counseling Center Performance Evaluation Committee
12	Counseling Center Student Advisory Board Committee
13	Eating Disorder Staff Search Committee
14	Emergency Room and Hospitalization Committee
15	Farewell Lunch for 2009-10 Interns
16	Farewell Lunch for Dr. Beth Silver
17	Farewell Lunch for Dr. Elisabeth Boersma
18	Farewell Lunch for Dr. Kristen Adashi
19	Intern Recruitment and Selection Committee
20	Intern Training Committee
21	International Association of Counseling Services (IACS) Reaccreditation Committee
22	JHU Psychiatric Fellow Selection Committee
23	New Facility / Space Committee
24	Positive Psychology Project
25	Retirement Luncheon for Dr. Vernon Savage
26	Retirement Party for Dr. Levin
27	Suicide Tracking and Research Committee
28	Supervisors' Training Subcommittee
28	Welcome Breakfast for Dr. Sheila Graham
29	Welcome to 2010-11 Interns
30	Work-study Student Training Project

#	2) Interdepartmental/Divisional/University Wide/External Community Involvement
1	Admissions Spring Open House
2	Africana Studies Critical Thought Collectives (Dr. Monika Gosin)
3	Africana Studies Open House
4	Athletics Drug Testing Policy
5	Attended 2010 JHU Commencement
6	Beloved College Community Fellowship
7	Benefits Fair
8	Black Faculty & Staff (BFSA) Meeting with JHU President (Daniels)
9	Black Faculty & Staff (BFSA) Women's Luncheon
10	Black Faculty & Staff (BFSA)'s Juneteenth Celebration
11	Black Faculty & Staff Association (BFSA) Meetings
12	Campus Conversations on Diversity and Inclusion
13	Center for Africana Studies Reception
14	Charles Street Reconstruction Project Presentation
15	Consultation with Disabilities Coordinator re individual and group services (Peggy Hayeslip)
16	Counseling Center meeting Graduate Board (Bruce Barnett)
17	Counseling Center meeting with Campus Ministries
18	Counseling Center meeting with Graduate Board administers (Dan Horn and Anna Qualls)
19	Counseling Center meeting with Interfaith Center
20	Counseling Center meetings with Student Health and Wellness Center
21	Counseling Center Staff attendance at reception for Irene Ferguson, OMA
22	Counseling Center Student Advisory Board
23	Cultural Block Party
24	Cultural Programming Advisory Board member to Office of Multicultural Affairs (OMA)
25	Degree Completion Committee
26	Dr. Paula Burger's Retirement Party
27	Dr. John Bader's Farewell Party
28	Dr. Richard Sander's Retirement Party
29	Film "The Human Web" presented by JHU Dunbar Baldwin Hughes theater company
30	Healthy Hopkins - Barbara Gwinn
31	Homewood Student Affairs Annual Breakfast
32	Interns meeting with Academic Advising
33	Interns meeting with Campus Security staff
34	Interns meeting with Career Center
35	Interns meeting with Dean of Students (Susan Boswell)
36	Interns meeting with Engineering Advising
37	Interns meeting with Health Education and Wellness
38	Interns meeting with International Affairs
39	Interns meeting with Office of Multicultural Affairs (OMA)
40	Interns meeting with Peabody Dean (Katsura Kurita)
41	Interns meeting with Pre-professional Advising
42	Interns meeting with Residential Life Senior Staff
43	Interns meeting with Student Health and Wellness
44	Interviewer for CHEW position
45	Introduction of new staff to Office of Dean of Students
46	JHU Insurance Committee
47	Joint Counseling Center - Student Health Center New Facility Tour
48	Joint Student Health/Counseling Center Kitchen Committee
49	Judge Auditions for Culture Show
50	Latino Walking Tour with Office of Multicultural Affairs
51	Legal Issues meetings with University Attorney

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52	Lunch with Claude Poux of the Center for Africana Studies
53	Martin Luther King Jr. Memorial Service
54	Meeting with Academic Advising (Brent Mosser)
55	Meeting regarding Eating Disorders and Athletes (Alain Joffe, Brad Mountcastle, Sameer Dixit, MD)
56	Meeting with Athletics Department
57	Meeting with Center of Africana Studies Office
58	Meeting with Dean of Admissions (John Latting and Zach Harris)
59	Meeting with Debbie Savage regarding BFSA History
60	Meeting with Disabilities Services (Peggy Hayeslip)
61	Meeting with Lecturer from Political Science Department (Dr. Floyd Hayes)
62	Meeting with Rabbi Pine of Hillel
63	Meeting with the Center for Africana Studies (Asantewa Boakyewa)
64	Meeting with the lawyers
65	Meetings with Director of Office of Multicultural Affairs (Irene Ferguson)
66	Meetings with Adrienne Breckenridge
67	Meetings with Director of Student Health (Dr. Alain Joffe)
68	Meetings with DSAGA
69	Meetings with DSAGA Board Members
70	Meetings with JHU Psychiatry Fellowship Program (Deirdre Foster & Emily Frosch)
71	Meetings with Office of Institutional Equity (Allison Boyle)
72	Meetings with Office of Institutional Equity (Caroline Laguerre-Brown)
73	Meetings with Official Multicultural Affairs
74	Meetings with Rev. Albert Mosley (Interfaith Center)
75	OMA Jeff Johnson Talk for Black History Month
76	Positive Psychology Task Force Meetings
77	Risk Assessment Team Meetings
78	Sexual Assault Work Group
79	Space Design Committee
80	Student Emergency Preparedness Committee
81	Titanium Scheduling System Meeting
82	University Wide Retirement Party for Dr. Vernon Savage
83	Webinar Regarding Student at Risk

SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2010-11

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 50 development / educational activities (see Section A below). Counseling Center staff were also actively engaged in 18 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 32 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	Acceptance and Commitment Therapy in Clinical Practice
2	Advanced Maudsley Training
3	American Association of Suicidology Annual Conference
4	American College Personnel Association (ACPA) Convention
5	Annual Mid-Atlantic Intern Conference
6	Anxiety Disorders
7	Association for Counseling Center Coordinators of Clinical Services (ACCCCS) Conference
8	Association of Counseling Center Training Agencies (ACCTA) National Conference
9	Bereavement
10	Best Evidenced Based Techniques for Anxiety Disorders -Part I
11	Best Evidenced Based Techniques for Anxiety Disorders -Part II
12	Best Evidenced Based Techniques for Anxiety Disorders -Part III
13	Bipolar Disorder
14	Buddha's Brain Workshop
15	Campus Conversations on Diversity and Inclusion
16	Critical Issues in Counseling Centers
17	Depression and African Americans
18	Depression and African Americans: Myths, Stigma and Best Practices for Counseling Clients
19	Designing Bridges to the Future: Creatively Imagining the Role of Technology in Counseling Centers
20	Eating Disorders
21	Eating Disorders: State of the Art Treatment
22	Ego Autonomy and Resilience
23	Ethics/Risk Management
24	Exploring Counseling Center Issues of Universities with 5,001-9,000 Students
25	International Association of Counseling Services (IACS): Issues of Accreditation
26	Intellectual Invigoration in a Think Tank Venue
27	International OCD Foundation Annual Conference
28	Maryland Coalition Against Sexual Assault (MCASA) Conference on Campus Sexual Assault
29	Mindfulness
30	Motivational Interviewing
31	National Latino Psychological Association (NLPA) Conference Presentation
32	Paradoxical Agenda Setting Workshop
33	Personality Differences and Their Implications for Treatment
34	Prolonged Exposure Therapy
35	Psychology of Disability
36	Recent Developments in Narrative Training
37	Relational Cultural Therapy (RCT)
38	Resolving Trauma Without Drama
39	Self-Objectification
40	Society for Psychotherapy Conference
41	Solution Focused Therapy

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42	Stabilizing Self-Destructive Patients
43	Stages of Change Workshop
44	The Call to Leadership- Contemplation, Courage and Colleagueship
45	The Future is Here for College Counseling Centers
46	Toward Multicultural Counseling Competence: Self-Awareness in Therapeutic Work
47	Trauma and Addiction
48	Trauma and Dissociation
49	Trichotillimania
50	Understanding and Helping Grieving People

#	B) Professional Activities
1	"Black and Blue": Mental Health in the African American Community (Panel Speaker)
2	"Careers in Psychology" Lecture
3	Behavioral Health Measure 20 (BHM20) and Suicide Tracking Research
4	Certified Family Behavioral Therapist by Training Institute for Child and Adolescent Eating Disorders
5	College Symposium on Black Males
6	Diversity Conference Presentation
7	Intern Case Presentation to Staff
8	Intern Doctoral Dissertation Activity
9	Intern Job and Post-doctoral position search activity
10	Intern Topic Seminar to Staff (research, preparation and presentation)
11	Internship Directors Panel- Maryland Psychological Association for Graduate Students (MPAGS) Annual Convention
12	Job Search Panel for Towson CC Interns
13	Lead Clinician Family Based Therapy for study of Anorexia Nervosa--NIMH Funded Study
14	Participant in Washington Area Counseling Center Directors Association
15	President of the International Association of Counseling Services (IACS)
16	Private Psychotherapy Practice
17	Psychologist Licensure Application
18	Vice-President and Chair of IACS Accreditation Committee for Counseling Services

#	C) Professional Memberships
1	American Association of Suicidology (AAS)
2	American College Counseling Association (ACCA)
3	American College Personnel Association (ACPA)
4	American Counselors Association (ACA)
5	American Psychological Association (APA)
6	American Psychological Association – Graduate Affiliate
7	American Psychological Association - Division 17 (Counseling Psychology)
8	American Psychological Association - Division 29 (Psychotherapy)
9	American Psychological Association - Division 35 (Psychology of Women)
10	Asian American Psychological Association
11	Association for Counseling Center Coordinators of Clinical Services (ACCCCS)
12	Association of Counseling Center Training Agencies (ACCTA)
13	Baker- King Foundation Board Member
13	Baltimore General Dispensary Foundation - Board Member
15	Baltimore Mental Health Association -Board Member
16	Baltimore Psychological Association (BPA)
17	Board Member of CHAI (Counselors Helping South Asian Indians, Inc.)
18	Certified Family Behavioral Therapist by Training Institute for Child and Adolescent Eating Disorders
19	International Association of Counseling Centers (IACS) – President, also Accreditation Chair
20	International OCD Foundation
21	International Positive Psychology Association
22	Maryland Coalition Against Sexual Assault (MCASA)
23	Maryland Psychological Association (MPA)
24	Mental Health Association (MHA)
25	National Alliance for Mental Health
26	National Association of Social Workers
27	National Career Development Association
28	National Latino/a Psychological Association (NLPA)
29	National Register of Health Service Providers in Psychology
30	Psychotherapy Networker
31	Society for Psychotherapy Research
32	Society of Consulting Psychology

SECTION IX: Counseling Center Coordinator Reports: 2010-11

A) African American Student Programs 2010-11 Coordinator Report (Dr. Sheila Graham)

Following Dr. Savage's retirement from this role, Dr. Graham embarked on the task of building connections and developing relationships with students, faculty and staff in the Black community at JHU. In addition to coordinating services for African American Students, Dr. Graham has also considered the needs of the Latino/a community and Black community at large. With this goal in mind, Dr. Graham has met with individuals and attended events sponsored by the Office of Multicultural Affairs, Admissions Office, Interfaith Center, Black Student Union, Black Graduate Student Association, Office of Academic Advising, Office of Institutional Equity, International Students Office, Center for Africana Studies, Beloved College Community Fellowship, Black Faculty and Staff Association (BFSA), Diversity Leadership Council Conference, and JHU Dunbar Baldwin Hughes Theater Company.

Dr. Graham has also contributed to the training of doctoral-level interns by providing three training seminars (i.e., Multicultural Counseling Competence & Awareness, Relational Cultural Theory, and Counseling African American Students). In addition to the above mentioned, Dr. Graham has reached out to communities outside of Hopkins by presenting at two national level conferences (i.e., National Latino/a Psychological Association, and American College Personnel Association), speaking at a panel at Towson University for an event focused around depression and suicide within the Black community, and conducting a training focused on multicultural awareness for the Baltimore Psychological Association.

B) Eating Disorder (ED) Program 2010-11 Coordinator Report (Dr. Jennifer Moran)

- 44 clients with Eating Disorder concerns were seen by the Counseling Center staff
- 15 Eating Disorder clients were seen by the ED Coordinator for assessment and individual therapy
- 15 clients were referred to SH&W for medical management of their Eating Disorder
- 5 clients were referred to the Counseling Center by SH&W for their Eating Disorder
- 2 clients were placed in a higher level of care for treatment of their Eating Disorder

Programming and Community Activity

- The ED Coordinator offered the Mindful Eating Group during the Fall '10 Semester
- The ED Coordinator co-developed and implemented the third annual Hopkins Holi-Healthfest with members of the Sleep, Eat, and Exercise campaign. The health fair introduced students to a variety of holistic health services available on campus and in the community.
- The ED Coordinator presented a Body Image Workshop to members of the JHU Sororities and the Women's Public Health Initiative
- The ED Coordinator represented the Counseling Center at the Love Your Body Day tabling event
- The ED Coordinator worked with Barbara Gwinn of Center for Health Education and Wellness to organize a student-run production of "The Good Body" for National Eating Disorder Awareness Week in April 2011
- 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.

C) Group Therapy Coordinator 2010-11 Report (Dr. Doug Fogel)

See Section IV of this report.

D) International Students and Students of Asian Origin 2010-11 Coordinator Report (Dr. Garima Lamba)

- Dr. Lamba continued in her fifth year as the coordinator and liaison for international students and students of Asian origin.
- In that role, Dr. Lamba continued as the coordinator and liaison to the Peabody Conservatory and coordinating the half day clinic on Tuesdays.
- Consultation and support was offered throughout the year for international students and students of Asian origin. 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.
- In addition to providing on-going consultations for cc staff on a case-by-case basis, continued consultative relationships with the staff members at the International Students and Scholar Services and the staff at the Peabody Conservatory of Music.
- The coordinator continued her involvement with Counselors Helping South Asian Indians, Inc. (C.H.A.I). It is a not for profit organization that addresses the mental health needs of the South Asian community in the Baltimore/DC/Virginia area. Although this is not directly related to the JHU community, the coordinator was able to find referral resources for a couple of students who were looking for a South Asian therapist in the community when their relationship at the counseling center ended (upon graduation). C.H.A.I. serves as a valuable resource for limited mental health resources for South Asian community seeking similar values, including cultural background, in their therapist.
- The coordinator continued her professional membership with the Asian American Psychological Association and the Division of South Asian Americans.

E) LGBT 2010-11 Coordinator Report (Dr. Michael Varhol)

- The Counseling Center continued to be an important and heavily-used resource for gay, lesbian, bisexual, transgender and questioning undergraduate and graduate students. Common concerns of LGBT students included problems with self-esteem; feelings of alienation and isolation; anxiety about coming out to friends and family; difficulty reconciling sexual orientation with religious beliefs; substance abuse and other self-destructive behaviors; frustrations about the climate of acceptance on campus; and discrimination and harassment outside of Hopkins. A large number of students came to the Counseling Center on their own for support; many others were either referred or walked over by concerned peers; and several were referred by Hopkins faculty and staff. Overall 8 students reported that their issues related to gay/lesbian identity were severe, 7 as serious, 30 as moderate, and 35 as mild.

- In the wake of suicides by gay, lesbian and transgender students at other universities, I was invited by the DSAGA Board of Directors to attend their 10/4/10 general meeting, to help members process the recent events and give information about Counseling Center services at Hopkins. More than 50 DSAGA members were present. We discussed the climate of acceptance of LGBT students at Hopkins; obstacles that can keep LGBT students from reaching out for support; thoughts, feelings and common misconceptions about counseling; and how we might make the campus safer and more comfortable for all students, regardless of sexual orientation, gender identity or lifestyle. After the meeting, several DSAGA members approached me to ask about scheduling intake appointments at the Counseling Center.

- Over the course of the year, I met several times with members of the DSAGA Board of Directors to work on improving the LGBT student experience at Hopkins. We laid groundwork in developing future outreach programming and in possibly bringing back Safe Zone training for Hopkins students, faculty and staff.

- I have also become identified as a campus resource to provide support to gay, lesbian, bisexual and transgender students who are struggling. During the year, I received specific referrals of LGBT students from DSAGA members and leaders, as well as office of the Dean of Students.

- David Haltiwanger, PhD, Director of Clinical Programs and Public Policy at Chase Brexton Health Services, visited the Counseling Center and trained the pre-doctoral interns in the assessment and treatment of LGBT student mental health concerns.

Future Plans

- Continue to develop the Counseling Center's partnership with DSAGA, and build new relationships with other LGBT campus groups.

- Offer a weekly support group for LGBT undergraduate and graduate students.

- Continue to provide consultation and outreach programming aimed at supporting LGBT students on campus.

F) Outreach/Workshop Program 2010-11 Coordinator Report (Dr. Barbara Baum)
See Section VI of this report for more details.

G) Peabody Conservatory of Music 2010-2011 Coordinator Report (Dr. Garima Lamba)
(See separate 2010-11 Peabody Conservatory Annual Report for a more detailed report.)

Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood campus as well as the on-site services offered at Peabody one-half day per week. Individual counseling continued to be the most utilized service, while a small number of students were also seen individually for career counseling. 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 have difficulty either with personal or academic concerns, threats of harm to self or others, course withdrawals, etc…

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

- At the beginning of the academic year, the coordinator and the three pre-doctoral psychology interns participated in training the Peabody RAs' on recognizing and dealing with distress in their residents along with dealing with other mental health issues in the residence hall.

- The coordinator and the pre-doctoral psychology interns participated in Peabody Health Fair and provided information to the students on a variety of mental health concerns along with how to access services at the counseling center.

- At the beginning of spring semester, the coordinator and the interns again participated in another training on how to deal with grief/loss and prescription drug abuse amongst the residents.

H) Peer Counseling (APTT) and Sexual Assault Response Unit (SARU) 2010-11 Coordinator Report (Clare King)

This was a year of intentional downsizing and increased group cohesiveness. Rather than a group of 50-60 students, there were 35 this year. In part, this is due to a smaller training group, which has proven astonishingly effective over the last 3 semesters. APTT has become increasingly selective and we have found the training group is a perfect size at 10 students.

It was also a year of collaboration. Reaching out to CHEW and Residential Life, APTT planned several joint PR campaigns, ending the year with an expansive Relax Fair, Recess on the Beach, to celebrate the end of classes. The group has never been more enthusiastic and committed to serving the JHU community.

SARU has had an active and productive year. After 8 months of research, including comparing JHU Sexual Assault Policy to other COFHE schools, our SARU Work Group presented a draft of a revised sexual assault policy to Dean Boswell. She was most responsive, and suggested we prepare a final draft to be presented to University Counsel.

I) Counseling Center Advisory Boards (CCAB) 2010-11 Coordinator Reports (Clare King)

This has been an exciting year for the Counseling Center Advisory Board. With the exception of sending our annual "Letter to Students," to inform the JHU community about signs and symptoms of depression, our efforts have focused exclusively on improving the Positive Psychology Course. This Fall, a new professor, Dr. Jen Neeman, spoke to the group, and shared her ideas about the course. She seemed open to hearing concerns CCAB students had about the increasing size of the course. And, importantly, she listened to the suggestions students had about a revised format that would include small experiential groups. While Dr. Neeman wasn't able to incorporate these ideas into her first class, she chose not to offer the course 2nd semester, so she could plan for the best course format for Fall 2011.

After some collaboration with the Psychology Department, as well as members of CCAB, Dr. Neeman is planning to offer a model much like APTT small group training. She will present a lecture each week, and then small groups of students would meet with TA's/Facilitators. It is Dr. Neeman's hope that she could get credit for the student TAs, and we have had many students express interest in these positions for next year. This is an unprecedented collaboration with the Psychology Department, and both students and staff are excited about plans for next year.

J) Professional Development 2010-11 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 in cooperation with FASAP:

September 29, 2010 Solution-Focused Brief Practice (6 CEUs) Joel Simon, LCSW

November 8, 2010 Motivational Interviewing (6 CEUs) Barry Gregory, Ed. D, LHMC

K) Research Program 2010-11 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 2010-11 Coordinator Report (Dr. Shelley Von Hagen Jamar)

- There were 108 students seen in counseling for substance abuse issues during the school year 2010-2011. Of the students who addressed substance use in therapy, 43 were mandated referrals, 1 was a referral from Student Health, and 23 self-reported substance abuse as a presenting problem. For 41 other students, substance abuse emerged as a problem during the course of therapy although it was not the presenting problem.

- The substance abuse services coordinator trained the pre-doctoral interns and interested staff in the brief assessment and motivational enhancement intervention protocol for substance abuse problems.

- The Counseling Center provided the e-CHUG online assessment which may be accessed by any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide personalized written feedback to students.

- The coordinator stayed abreast of current research on substance abuse issues and provided information and consultation to the Deans and other staff when requested.

- The coordinator presented a workshop for parents during Freshman Orientation regarding parenting issues, including issues regarding alcohol and drug use.

- Alcohol Awareness Day was presented by the Counseling Center in conjunction with APTT and Center for Health Education and Wellness (CHEW), reaching approximately 150 students. We conducted alcohol screenings with 129 students and gave motivational feedback to the 54 who scored positive for risk of abuse. The number of students screened was much larger than that of our previous year (57), probably due to the free T-shirts given to all who did screenings (contributed by CHEW) as well as to the decision to conduct the screening in October on the freshman quad rather than in April, when students are busier.

- The Substance Abuse Recovery therapy group met for a total of 14 sessions during the fall and spring semesters. The group served 9 students over this time. An intern served as co-leader during the spring semester and received supervision for her group work.

- Objectives for next year include the following:
    - 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.
    - Conduct alcohol screenings as part of Alcohol Awareness Day.

M) Training Program 2010-11 Report (Dr. Matt Torres) – See Section V of this report for details.

N) Special Projects: African-American Connections 2010-11 Coordinator Report (Dr. Vernon Savage)

In my first year as Associate Director Emeritus for special projects, the 2010-2011 academic year was in part spent working to continue existing relationships with community members/organizations - e.g. the Black Student Union (BSU), the staff of the Office of Multicultural Affairs (OMA), and the Black Faculty and Staff Association (BFSA). At the same time I made efforts to establish relationships/connections with individuals new to the University community e.g. a consultation / mentoring relationship with new Counseling Center staff psychologist Dr. Sheila Graham and a cooperative-effort relationship with the Director of OMA - Dr. Irene Ferguson.

During the course of the year I attended a BSU general-body meeting and a men's luncheon forum sponsored by the BFSA. I also helped plan a Dean of Students webinar designed to educate parents about student stress. And at multiple points during the school year I met with staff and students to explore ways to improve graduation rates of black and Latino students.

O) Graduate Student 2010-11 Coordinator Report (Dr. Barbara Baum)

- Individual therapy was provided for 331 graduate students during the year, for a total of 3,981 sessions.
- Psychiatric services were provided for 175 graduate students, for a total of 819 sessions.
- Two "graduate students only" therapy groups were given at the Counseling Center, one with 8 students for 41 sessions run by Dr. Doug Fogel and Ms. Nicole Bryan, and a second with 10 students for 36 sessions, run by Dr. Matt Torres and Ms. Aarti Khullar.
- The Dissertation Support Group was run by Dr. Barbara Baum for 45 sessions. There were a total of 17 Ph.D. students who participated in the group, with new students entering as others graduated; a maximum of 9 students in the group at any one time.
- Graduate students participated in the Counseling Center's Student Advisory Board throughout the year to offer feedback and recommendations on services and programming.
- Liaison was maintained during the year between the Graduate Student Coordinator and members of the Graduate Board, to discuss issues such as services for graduate students and procedures for taking and returning from medical leaves of absence.
- The entire Counseling Center staff met three times during the year with various members of the Graduate Board, to share ideas about how best to work together to serve the graduate students of Hopkins, and reviewing such issues as identifying and dealing with distressed students, referral to the Counseling Center, and medical leaves of absence.
- The procedures involved in graduate students taking and returning from Medical Leave of Absence were reviewed by the Counseling Center and Graduate Board, and made clearer and more consistent across different parts of the University. The relevant MLOA forms to be completed by the Counseling Center were significantly revised and enhanced in an effort to streamline and improve the process.
- During the Fall Graduate Student Orientation the Graduate Student Coordinator gave presentations describing Counseling Center services to 358 new graduate students in several breakout sessions.
- The Graduate Student Coordinator gave a presentation describing Counseling Center services to 28 new graduate students in the Writing Seminars Program.
- The Graduate Student Coordinator gave a presentation focused on completing the dissertation as part of a workshop entitled "Finishing the Ph.D," attended by 48 students.