COUNSELING CENTER

2013-2014 ANNUAL REPORT

AND

DATA SUMMARY

JOHNS HOPKINS UNIVERSITY

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Counseling Center Annual Data Report 2013-14_ revised 06-27-14_mm_Annual Report

COUNSELING CENTER: 2013-14 ANNUAL REPORT AND DATA SUMMARY

★ The Counseling Center (CC) provided **19,453 hours of overall service** during the Academic Year (September 2013 - May 2014) and 24,491 hours for the full year. Direct clinical services (individual, group, psychiatric services and case management of direct clinical services) accounted for 70% of all Counseling Center service time.

★ **Individual Personal Counseling** was provided to **1,244 students** (in 7,590 sessions) for an average of 6.1 sessions per client. This is an **increase of 30 student clients** from the previous year.

★ **Group Counseling** was provided to **94 students** (compared to 69 students the previous year) **in 12 groups** (8 groups) totaling **157 sessions** (238 sessions).

★ **Psychiatric services** were provided to **409 students** in 1,509 sessions (932 hours) for an average of 3.9 sessions. This represents 33% of all clients served in individual therapy. Also, **351 students received psychotropic medication.** Twenty eight percent (28%) of all clients served in individual therapy received psychotropic medication.

★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (6.6% of time), **Outreach and Workshops** (1.4%), **Consultations** (2.5%), **Community Activity and Committees** (1.7%), **Professional Development** (3.1%), **Administrative Activity** (12.8%), and **Professional Activity** including Research and Teaching (2.2%).

★ This year, in collaboration with the Dean of Students office, the CC developed a new 24/7 confidential **Sexual Assault Response SafeLine** for Homewood and Peabody students. The CC received specialized training and worked closely with local and community resources to create a responsive service. The CC received a total of 12 calls including 8 after hours in 2013-14.

★ The Counseling Center continues to use the **Behavioral Health Monitor (BHM20) to measure client progress and therapy outcome**. For the past 5 years clients utilized laptops in the CC waiting room to complete their BHM20 questionnaires electronically. **Counseling Center clients demonstrated significant improvement during treatment** from intake to their last session (average score increased from 2.28 to 2.82 on a 5 point scale ranging from 0 (worst health) to 4 (best health) since the inception of the electronic system began. Of the 2,197 distressed clients who had more than one session, (which allows for measurement of behavioral change), 1,480 (67%) showed improvement including 1,019 (47%) that indicated full recovery. Also, 516 (24%) of the distressed clients had not changed significantly (although some of these have not completed their therapy), while 427 clients (10%) showed deterioration on the BHM20.

★ The CC continues to engage in **research** to improve monitoring of potentially suicidal clients and to work with Dr. David Jobes, a suicidologist at Catholic University. In addition, working with Dr. Mark Kopta, the CC has developed 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 laptop 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 and following progress in those clients receiving psychotropic medication.

★ The CC averaged **213.2 client sessions/visits per week** (including psychiatrist sessions/visits) in the Fall 2013 semester. This compares to 222.7 client sessions in the Fall of 2012. In the Spring 2013 semester the CC **averaged 270.9 client sessions per week** (including psychiatrists). This compares to 249.9.4 in the Spring 2013 semester.

★ In the Fall 2012 semester the CC responded to an average of **8.8 clinical urgent care/emergencies per week** compared to 10.5 the previous year. In the Spring 2013 semester the CC responded to 10.1 clinical urgent care/**emergencies** per week compared to 9.7 clinical urgent care/emergencies per week the previous Spring. The maximum number of **clinical urgent care/emergencies seen per week was 16 during 3 separate weeks of the academic year.**

★ The Counseling Center served 305 clients presenting in urgent need (about 25% of clients served). This is a decrease from the previous year when 393 clients (32%) presented in urgent need. This reduction can be attributed to an increase in the number of weekly slots available for intake. The Counseling Center responded to 107 after hour emergency calls serving 86 individuals. This compares to 114 calls serving 80 individuals the previous year. The CC made **25 violence assessments** (compared to 24 the previous year) and monitored **82 students in its suicide tracking system** (compared to 85 students the previous year), recommended 52 mental health leaves (compared to 45 the previous year), and administered 38 readmission evaluations (compared to 38 the previous year). 177 clients were referred off campus for more extensive treatment compared to 110 the previous year. The increase in these referral numbers may be attributed to the addition of a case manager position designed to assist clinical staff with the referral process. The CC played a significant role in preventing 198 students from dropping out of school this past year, while 56 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 23 emergency room visits resulting in 11 hospitalizations. This compares to 24 emergency room visits and 15 hospitalizations the previous year.

★ The **most common problems/symptoms** presented by clients during individual therapy include: "general anxieties and worries" (37%), "feelings of being overwhelmed" (37%), "time management and motivational issues" (35%), "academic concerns" (30%), "overly high standards for self" (26%), "lack of self-confidence or self-esteem" (24%), "generally unhappy and dissatisfied" (21%), "depression" (19%), lack of motivation, detachment, and hopelessness" (17%), "sleep problems" (17%) test anxiety" (17%), and "thoughts of ending your life" (17%). These problems are not mutually exclusive.

★ The CC provided 44 **Outreach Activities, Workshops, and Consultation programs** last year serving 1,293 students, 315 faculty and staff, and 1,432 "others" such as parents for an overall total of 3,040 individuals.

★ The CC **Intake Service Evaluation Questionnaire**, an anonymous survey taken after the initial clinical session, and completed by 64% of CC clients reveals that **62% of clients feel that the personal counseling intake experience is excellent** while an additional 36% feel that the experience is good.

★ The CC also provided services to the **Peabody Conservatory of Music**. Sixty percent (60%) of Peabody students completed an anonymous survey, after the initial session, on the quality of the services they received. **71% of the Peabody students reported that they had "an excellent experience"** while 28% indicated a "good experience."

★ The **CC Pre-Doctoral Psychology Training program had 4 full time interns**. The training program included didactic programs and supervision in both individual and group formats. This CC training program is accredited by the American Psychological Association

★ **All CC clinical staff have staff coordinator responsibilities.** Coordinator responsibilities were for Asian-American students/International student programming, Minority students programming, Graduate students programming, 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, Eating Disorders, and for Gay/Lesbian/Bisexual/Transgender students programming.

★ 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 20 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 26 professional organizations.

★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 75 Inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 29 Counseling Center department wide activities or committees. The Counseling Center also supported the Student Health Service in their effort to screen students entering their clinic for depression.

★ The **Counseling Center** played an active role in sending email letters to all Homewood/Peabody faculty and staff on "How to recognize and respond to distressed students." This year the letters were coordinated with FASAP to reach those serving all those working with students in the wider JHU community. Similarly, the Counseling Center Advisory Board (CCAB) co-authored an email letter to all Homewood and Peabody students on "How to recognize and assist distressed students."

★ The CCAB continues to be a resource to help develop initiatives to foster a healthier and more caring community. A primary concern of the CCAB was the experience of student isolation and loneliness on campus. The board met throughout the spring to brainstorm how the CCAB might make a positive impact on this problem. The Board had some ideas that it hopes it will be able to implement in the Fall 2014 semester.

TABLE OF CONTENTS

	Topic	Page #
SECTION I.	Overview of CC Hours by Service Activity: Academic Year 2013-14	5
SECTION II.	Individual Psychotherapy Services - Full Year: May 20, 2013 - May 18, 2014	
	A) Individual Psychotherapy Caseload Statistics	
	1. General Numbers	6
	2. Intakes Seen per Week (New and Returning Clients)	6
	3. Number of Clients Seen per Week	7
	4. Psychiatrist Clients Seen per Week	7
	5. Emergency Daytime Walk-in Clients Seen per Week	7
	6. Total Number of Individual Clients Seen for Past 10 Years	7
	7. Weekly Case Load Comparison for the Past 10 Years	7
	8. Emergency Sessions Per Week Comparison for the Past 10 Years	8
	9. & 9a Frequency of Client Visits (Appointments) during Past Year	8
	10. Insurance	8
	B) Individual Psychotherapy: Demographics of Counseling Center Clients	
	1. Gender	9
	2. School Affiliation	9
	3. Age	9
	4. Ethnic Status	9
	5. Marital Status	9
	6. Class Year	9
	7. Academic Standing	10
	8. Other Items	10
	9. Academic Major	10-11
	10. Medical Information/History	11
	11. Residence	11
	12. How First Heard of Counseling Center	11
	13. Referral Source	12
	14. Presenting Concerns by Frequency (Rank Order)	12-13
	15. Presenting Concerns by Problem Area	14-15
	16. Behavioral Health Monitor (BHM20) Items at Intake	15
	C) Individual Psychotherapy: Intake Service Evaluation Survey	16-20
SECTION III.	Research Projects	
	A) The Behavioral Health Monitor (BHM) Research Project	21-33
	B) Suicide Tracking	33-36
SECTION IV.	Summary of Group Psychotherapy Provided by Counseling Center Staff	37
SECTION V.	Summary of Counseling Center Pre-Doctoral Internship Training Program	
	A) Trainees and Supervisors	38
	B) The Training Program	39
	C) Training Program Assessments	39
	D) Contact with Academic Training Programs	39
	E) Recruitment and Selection of 2014-15 Interns	40
SECTION VI.	Summary of Workshops, Outreach, and Consultation Activity by CC Staff	41-42
SECTION VII.	Summary of JHU Community Activity by Counseling Center Staff	43-45
SECTION VIII.	Summary of Professional Development, Professional Activity and Professional Memberships by CC Staff	46-48
SECTION IX.	Coordinator Reports	49-53

SECTION I. Overview of CC Hours by Service Activity: Academic Year 2013-14 (August 19, 2013- May 18, 2014) and Full Year (May 20, 2013- May 18, 2014)		
Function/Activity for 2013-14 Academic Year (AY)	**Staff Hours AY 2013-2014 (Full Year)**	**% Staff Hours AY 2013-2014**
1. Individual Therapy - Counselors (includes after hour on-call hours/SafeLine)	6,543 (7,590 hours for full year)	33.6%
2. Psychiatrists' Visits/Medication Checks	781 (1,590 appts/932 hours for full year)	4.0%
3. Group Therapy	859 (997 hours for full year)	4.4%
4. Clinical Management (Individuals, Psychiatrists & Groups)	5,405 (7,170 hours for full year)	27.8%
5. Training & Supervision Activity	1,289 (1,656 hours for full year)	6.6%
6. Outreach and Workshops Activity	266 (338 hours for full year)	1.4%
7. Consultation Activity (Including after hour on-call Consult)	476 (523 hours for full year)	2.5%
8. JHU Community Activity	321 (457 hours for full year)	1.7%
9. Professional Development Activity	601 (828 hours for full year)	3.1%
10. Professional Activity*	432 (614 hours for full year)	2.2%
11. Administrative Activity**	2,481 (3,386 hours for full year)	12.8%
All Services: Total for Academic Year in hours	19,453 (24,491 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…

****Note:** Administrative Activity includes staff meetings, public relations, budget activity, data management, coordinating activity with 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. (1,145 hours of the 19,453 administrative hours or 46% of all administrative hours were incurred by the CC director during the academic year; 1,511 of 3,386 administrative hours for full year or 45 %.)

SECTION II: Individual Psychotherapy Statistics: May 20, 2013 - May 18, 2014	
A) Direct Services Caseload Statistics	
1. General Numbers	**#**
No. of Clients seen in Personal Counseling (Full year)	1,244
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	7,590
No. of Clients seen by Consulting Psychiatrists (Full Year)	409 (33%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	932
No. of Clients receiving psychotropic medication	351 (28%)
No. of Peabody Conservatory Students served	102 (7%)
No. of Peabody Conservatory Students therapy sessions	561
No. of Peabody Conservatory Students served by Consulting Psychiatrists	27 (26%)
No. of Peabody Conservatory Students Consulting Psychiatrist sessions	83
No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year)	305 (25%)
No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester)	140
No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester)	165
No. of Emergency clients served after-hours by CC staff	86
No. of Emergency phone calls received after-hours by CC staff	107
No. of SafeLine calls received after hours by CC staff	8
No. of SafeLine calls received Daytime plus After-hours	12
No. of Clients that required counselor to come to campus for face-to-face evaluation	4
No. of Hours spent in after-hours emergencies by CC staff	80 hours 35 min
Avg. Number of minutes spent responding to each after hour emergency call (min – max)	45 min (5- 780 min)
No. of Weeks during year that required after hours emergency response	35 of 52
No. of Students sent to emergency room– after hours plus day	23
No. of Students sent to emergency room– after hours	12
No. of Students sent to emergency room– day	11
No. of Students hospitalized - after hours plus day	11
No. of Students hospitalized - after hours	4
No. of Students hospitalized - day	7
No. of Clients CC estimated to have helped stay in school	198 (16%)
No. of Students given CC Mental Health Withdrawal	52 (4%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	56 (5%)
No. of Students who received Readmission Evaluation	38 (3%)
No. of Clients in CC Suicide Tracking System	82 (7%)
No. of Clients believe prevented from harming self/others	174 (14%)
No. of Clients assessed for ADHD	67 (5%)
No. of Clients treated or assessed for Substance Abuse	199 (16%)
No. of Clients treated or assessed for Eating Disorders	85 (7%)
No. of Clients given Violence Assessment	25 (2%)
No. of clients who report that "someone in their family owns a gun"	192 (15%)
No. of Clients who received counseling who indicated Sexual Assault	24 (2%)
No. of Clients who received counseling who indicated Sexual Assault occurred on campus	4 (<1%)
No. of Clients estimated to have successfully terminated at end of AY	388 (31%)
No. of Clients referred off campus	177 (15%)
No. of referrals assisted by Case Manager	166 (13%)

2. Intakes (New & Returning Clients) Seen per Week during Academic Year	
Average # of Intakes /Week (Fall Semester)	31.0
Average # of Intakes /Week (Spring Semester)	24.4
Average # of Intakes /Week (Academic Year)	28.2
Maximum # of Intakes/Week (Academic Year) – Week of 9/9/13	47

3. Clients Seen per Week during Academic Year (AY)	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	177.4
Average # of clients seen/Week (Fall - Including Psychiatrists)	213.2
Average # of clients seen/Week (Spring - Not including Psychiatrists)	226.7
Average # of clients seen/Week (Spring- Including Psychiatrists)	270.9
Maximum # of clients seen/Week (AY- Not include Psychiatrists) – Week of 4/7/14	253
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 4/7/14	273

4. Psychiatrist Clients Seen per Week during Academic Year	
Average # of Psychiatrist clients seen/Week (Fall Semester)	36.2
Average # of Psychiatrist clients seen/Week (Spring Semester)	44.2
Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 3/24/14	55.0

5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year	
Average # of daytime emergencies seen/Week (Fall Semester)	8.8
Average # of daytime emergencies seen/Week (Spring)	10.1
Maximum # of daytime emerg seen/Week (AY) – Weeks of 10/7/13, 3/24/14, 3/31/14	16.0

6. Total # of Individual Clients Seen since 2000	
Total # Clients Seen for 2013-14	1,244
Total # Clients Seen for 2012-13	1,214
Total # Clients Seen for 2011-12	1,181
Total # Clients Seen for 2010-11 (Note: Stopped serving 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 2013-14	206
Average Sessions/Week for 2012-13	201
Average Sessions/Week for 2011-12	209
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 Average Emergency Sessions per Week -Comparisons since 2000	
Average Sessions for 2013-14	9.5
Average Sessions for 2012-13	10.9
Average Sessions for 2011-12	17.0
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 client during past year	**(A) Clinical Staff Only (n=1,234)**	**(B) Psychiatrists Only (n=409)**	**(C) All Staff incl Psychiatrists +Triage (n=1,244)**
1 appointment	264 (21%)	92 (23%)	243 (20%)
2 appointments	186 (15%)	85 (21%)	179 (14%)
3 appointments	128 (10%)	45 (11%)	104 (8%)
4 appointments	93 (8%)	52 (13%)	81 (7%)
5 appointments	79 (6%)	35 (9%)	80 (6%)
6 appointments	69 (6%)	35 (9%)	72 (6%)
7 appointments	62 (5%)	19 (5%)	65 (5%)
8 appointments	48 (4%)	12 (3%)	42 (3%)
9 appointments	50 (4%)	12 (3%)	58 (5%)
10 appointments	42 (3%)	6 (2%)	31 (3%)
11 appointments	25 (2%)	5 (1%)	25 (2%)
12 appointments	24 (2%)	5 (1%)	23 (2%)
13 appointments	26 (2%)	3 (<1%)	36 (3%)
14 appointments	21 (2%)	0 (0%)	25 (2%)
15 appointments	14 (1%)	1 (<1%)	19 (2%)
16+appointments	103 (8%)	2 (<1%)	161 (13%)

9a. # of Appointments per client during past year	**(A) Clinical Staff Only (n=1,234)**	**(B) Psychiatrists Only (n=409)**	**(C) All Staff incl Psychiatrists +Triage (n=1,244)**
1-5 appointments	750 (61%)	309 (76%)	687 (55%)
6-10 appointments	271 (22%)	84 (21%)	268 (22%)
11-15 appointments	110 (9%)	14 (3%)	128 (10%)
16- 20 appointments	48 (4%)	2 (<1%)	68 (6%)
21+ appointments	55 (5%)	0 (0%)	93 (8%)
Average # of visits/per client (staff only)			6.2 visits
Average # of visits/per client (psychiatrists)			3.9 visits
Average # of visits/per client (triage + staff + psychiatrists)			7.4 visits

10. Health Insurance	
No. of clients who reported having University (Aetna Student Health) Insurance Policy	513 (41.6%)
No. of graduate student clients who reported having University Health Insurance Policy	330 of 389 (84.8%)
No. of undergrad student clients with a University Health Insurance Policy	166 of 818 (20.3%)
No. of international Students who reported having University Health Insurance Policy	167 of 182 (91.8%)
No. of clients referred to off-campus providers	177 of 1,244 (14%)
No. of clients referred to off-campus providers with University Health Insurance	97 of 513 (19%)
No. of total sessions clients with University Health Insurance seen before referred out	1,825 sessions

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,244)

1. Gender	Number	Percentage
Male	526	42.3%
Female	711	57.2%
Transgender	1	0.1%
Prefer Not to Answer	4	0.3%
Other	2	0.2%

2. School Affiliation	Number	Percentage
Arts and Sciences	845	67.9%
Engineering	287	23.1%
Peabody Conservatory of Music	102	8.2%
Post- Baccalaureate Prog. (Pre-Med)	8	0.6%
Other	2	0.2%

3. Age		
Age Range	17-38 years	
Mode	21 years	
Mean	22.31 years	
Median	21.0 years	

4. Ethnic Status	Number	Percentage
African-American/Black	63	5.1%
American Indian/Alaskan Native	2	0.2%
Asian-American/Asian	239	19.2%
Hispanic/Latino	102	8.2%
Native-Hawaiian/Pacific Islander	2	0.2%
Multi-Racial	58	4.7%
White/Caucasian	703	56.5%
Prefer Not to Answer	35	2.8%
Other / No Response	31	2.5%

5. Marital Status	Number	Percentage
Single	773	62.1%
Serious Dating / Committed Relat.	393	31.6%
Civil Union / Domestic Partnership	1	0.1%
Married	55	4.4%
Divorced	4	0.3%
Separated	2	0.2%

6. Class Year	Number	Percentage
Freshman	155	12.5%
Sophomore	210	16.9%
Junior	204	16.4%
Senior	249	20.0%
Graduate Student	389	31.3%
Post-Bac Program-Premed	15	1.2%
Post-Doctoral Student/Fellow	2	0.2%
Other / No Response / Missing	20	1.6%

7. Academic Standing	**Number**	**Percentage**
Good Standing	1,143	91.9%
Academically dismissed	9	0.7%
Reinstated	7	0.6%
On Probation	61	4.9%

8. Other Items	**Number**	**Percentage**
International Students	185	14.9%
Transfer Students	33	2.7%
Physically Challenged Students	13	1.0%
Students concerned about Attention Deficit Disorder (ADD)	244	19.6%

9. Academic Major	**Number**	**Percentage**
Undeclared/ Undecided	**32**	**2.6%**
Arts and Science Totals (Some students report more than one major)	**963**	**77.4%**
Anthropology	14	1.1%
Behavioral Biology	16	1.3%
Biology	89	7.2%
Biophysics	15	1.2%
Chemistry	24	1.9%
Classics	10	0.8%
Cognitive Science	29	2.3%
Comparative American Cultures	0	0%
Earth & Planetary Science	8	0.6%
East Asian Studies	2	0.2%
Economics	39	3.1%
English	22	1.8%
Environmental Earth Sciences	9	0.7%
Film and Media Studies	5	0.4%
French	4	0.3%
German	6	0.5%
History	32	2.6%
History of Art	9	0.7%
History of Science, Medicine, & Technology	6	0.5%
Humanistic Studies	3	0.2%
Natural Sciences	6	0.5%
International Studies	56	4.5%
Italian Studies	4	0.3%
Latin American Studies	2	0.2%
Mathematics	21	1.7%
Music	101	8.1%
Near Eastern Studies	7	0.6%
Neuroscience	72	5.8%
Philosophy	20	1.6%
Physics & Astronomy	28	2.3%
Political Science	40	3.2%
Pre-Med Cert (Post-Baccalaureate)	15	1.2%
Psychological and Brain Sciences	55	4.4%
Public Health	78	6.3%
Public Policy	1	0.1%
Romance Languages	1	0.1%
Science, Medicine, & Technology	0	0%
Sociology	14	1.1%
Spanish	4	0.3%
Writing Seminars	55	4.4%
Other Arts & Sciences	5	0.4%
Other Area Majors	4	0.3%

Return to Table of Contents

Engineering Totals	273	21.9%
Biomedical Engineering	57	4.6%
Chemical Engineering	43	3.5%
Civil Engineering	10	0.8%
Computer Engineering	10	0.8%
Computer Science	40	3.2%
Electrical Engineering	8	0.6%
Engineering Mechanics	4	0.3%
General Engineering	0	0%
Geography & Environmental Engineering	21	1.7%
Materials Science & Engineering	13	1.0%
Mathematical Sciences	14	1.1%
Mechanical Engineering	43	3.5%
Other Engineering	10	0.8%

10. Medical Information/History	Number	Percentage
Previously received counseling elsewhere	441	35.5%
Currently taking medication	574	46.1%
Experiencing medical problems	219	17.6%
Medical problem in family	470	37.8%
Emotional problem in family	503	40.4%
Alcoholism / Substance Abuse in family	374	30.1%

11. Residence	Number	Percentage
On-Campus Residence Hall / Apt.	417	33.5%
Fraternity / Sorority House	19	1.5%
On / off Campus Co-operative	15	1.2%
Off-campus Apartment / House	746	60.0%
Other Housing	41	3.3%

12. How first heard of Counseling Center	Number	Percentage
Brochure	99	8.0%
Career Center	12	1.0%
Faculty	54	4.3%
Flyer	32	2.6%
Friend	269	21.6%
Relative	36	2.9%
Residence Hall Staff	60	4.8%
Contact w/ Center Staff	54	4.3%
Newsletter	7	0.6%
Saw Location	8	0.6%
Student Health & Wellness	99	8.0%
JHU Publication	35	2.8%
Peabody Publication	14	1.1%
Word of Mouth	149	12.0%
Dean of Students	53	4.3%
Security Office	1	0.1%
Other	222	17.8%

Return to Table of Contents

13. Referral Source	Number	Percentage
Myself	661	53.1%
Friend	194	15.6%
Relative	52	4.2%
Residential Life Staff	34	2.7%
Faculty	44	3.5%
Staff	13	1.0%
Student Health & Wellness	82	6.6%
Career Center	0	0%
Academic Advising	30	2.4%
Dean of Students	69	5.5%
Security Office	2	0.2%
Other	48	3.9%

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

#	Presenting Concern	#	%
1	Anxieties, fears, worries (Item #18)	461	37.1%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	455	36.6%
3	Time management, procrastination, motivation (Item #3)	440	35.4%
4	Academic concerns; school work / grades (Item #1)	369	29.7%
5	Overly high standards for self (Item #5)	318	25.6%
6	Self-confidence / Self-esteem; feeling inferior (Item#16)	292	23.5%
7	Generally unhappy and dissatisfied (Item #21)	260	20.9%
8	Depression (Item #26)	238	19.1%
9	General lack of motivation, interest in life; detachment and hopelessness (Item	217	17.4%
10	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	215	17.3%
11	Test anxiety (Item #2)	208	16.7%
12	Thoughts of ending your life (BHM item #10) (including Sometimes and A Little Bit)	206	16.6%
13	Loneliness, homesickness (Item #9)	197	15.8%
14	Decision about selecting a major / career (Item #8)	184	14.8%
15	Stage fright, performance anxiety, speaking anxiety (Item #4)	161	12.9%
16	Pressures from competition with others (Item #6)	158	12.7%
17	Pressure from family for success (Item #7)	153	12.3%
18	Concern regarding breakup, separation, or divorce (Item #13)	143	11.5%
19	Concern over appearances (Item #17)	126	10.1%
20	Physical stress (Item #35)	119	9.6%
21	Shy or ill at ease around others (Item #15)	117	9.4%
22	Relationship with romantic partner (Item #12)	110	8.9%
23	Relationship with friends and/or making friends (Item #11)	109	8.8%
24	Conflict / argument with parents or family member (Item #14)	104	8.4%
25	Concern that thinking is very confused (Item #40)	91	7.3%
26	Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item	80	6.4%
27	Have been considering dropping out or leaving school (Item #44)	74	5.9%
28	Problem adjusting to the University (Item #20)	64	5.1%
29	Eating problem (overeating, not eating or excessive dieting) (Item #29)	59	4.7%
30	Grief over death or loss (Item #27)	57	4.6%
31	Concerns about health; physical illness (Item #34)	53	4.3%
32	Physically or emotionally abused, as a child or adult (Item #33)	37	3.0%

Return to Table of Contents

33	Fear of loss of contact with reality (Item #42)	37	3.0%
34	Sexual matters (Item #37)	36	2.9%
35	Distress related to relationship with advisor/mentor(s)	35	2.8%
36	Confusion over personal or religious beliefs and values (Item #22)	30	2.4%
37	Alcohol / drug problem in family (Item #31)	30	2.4%
38	Alcohol and/or drug problem (Item #30)	26	2.1%
39	Relationship with roommate (Item #10)	24	1.9%
40	Issue related to gay / lesbian identity (Item #24)	23	1.8%
41	Violent thoughts, feelings, or behaviors (Item #43)	20	1.6%
42	Sexually abused or assaulted, as a child or adult (Item #32)	19	1.5%
43	Concerns related to being a member of a minority (Item #23)	15	1.2%
44	Fear that someone is out to get me (Item #41)	14	1.1%
45	Feel that someone is stalking/harassing me (item #45)	7	0.6%
46	Problem pregnancy (Item #38)	5	0.4%

Return to Table of Contents

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.

Career Issues	Number	%
Decision about selecting a major / career (Item #8)	184	14.8%
Distress related to relationship with advisor/mentor(s) (Item #46)	35	2.8%
Academic Issues		
Time management, procrastination, motivation (Item #3)	440	35.4%
Academic concerns; school work / grades (Item #1)	369	29.7%
Overly high standards for self (Item #5)	318	25.6%
Test anxiety (Item #2)	208	16.7%
Stage fright, performance anxiety, speaking anxiety (Item #4)	161	12.9%
Pressures from competition with others (Item #6)	158	12.7%
Pressure from family for success (Item #7)	153	12.3%
Have been considering dropping out or leaving school (Item #44)	74	5.9%
Relationship Issues		
Loneliness, homesickness (Item #9)	197	15.8%
Concern regarding breakup, separation, or divorce (Item #13)	143	11.5%
Shy or ill at ease around others (Item #15)	117	9.4%
Relationship with romantic partner (Item #12)	110	8.8%
Relationship with friends and/or making friends (Item #11)	109	8.8%
Conflict / argument with parents or family member (Item #14)	104	8.4%
Relationship with roommate (Item #10)	24	1.9%
Self-esteem Issues		
Self-confidence / Self-esteem; feeling inferior (Item#16)	292	23.5%
Concern over appearances (Item #17)	126	10.1%
Shy or ill at ease around others (Item #15)	117	9.4%
Anxiety Issues		
Anxieties, fears, worries (Item #18)	461	37.1%
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	455	36.6%
Problem adjusting to the University (Item #20)	64	5.1%
Existential Issues		
Generally unhappy and dissatisfied (Item #21)	260	20.9%
Confusion over personal or religious beliefs and values (Item #22)	30	2.4%
Issue related to gay / lesbian identity (Item #24)	23	1.8%
Concerns related to being a member of a minority (Item #23)	15	1.2%
Depression		
Depression (Item #26)	238	19.1%
General lack of motivation, interest in life; detachment and hopelessness #25)	217	17.4%
Grief over death or loss (Item #27)	57	4.6%
Eating Disorder		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	59	4.7%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	163	13.1%
Substance Abuse		
Alcohol / drug problem in family (Item #31)	30	2.4%
Alcohol and/or drug problem (Item #30)	26	2.1%
Sexual Abuse or Harassment		
Physically or emotionally abused, as a child or adult (Item #33)	37	3.0%
Sexually abused or assaulted, as a child or adult (Item #32)	19	1.5%
Stress and Psychosomatic Symptoms		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	215	17.3%
Physical stress (Item #35)	119	9.6%
Concerns about health; physical illness (Item #34)	53	4.3%
Sexual Dysfunction or Issues		
Sexual matters (Item #37)	36	2.9%
Problem pregnancy (Item #38)	5	0.4%

Return to Table of Contents

Unusual Thoughts or Behavior		
Concern that thinking is very confused (Item #40)	91	7.3%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	80	6.4%
Fear of loss of contact with reality (Item #42)	37	3.0%
Violent thoughts, feelings, or behaviors (Item #43)	20	1.6%
Fear that someone is out to get me (Item #41)	14	1.1%
Feel that someone is stalking/harassing me (item #45)	7	0.6%

16. Behavioral Health Monitor by Item at Intake (N=1,244)	# Reporting Extremely or Very Serious Problem (+moderate Problem)	%
1) How distressed have you been?	480	38.6%
2) How satisfied have you been with your life?	454	36.5%
3) How energetic and motivated have you been feeling?	524	42.1%
4) How much have you been distressed by feeling fearful, scared?	264	21.2%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	31	2.5%
6) How much have you been distressed by wanting to harm someone? (Including 'Sometimes' and 'A Little Bit')	5 (74)	0.4% (5.9%)
7) How much have you been distressed by not liking yourself?	310	24.9%
8) How much have you been distressed by difficulty concentrating?	493	39.6%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	38	3.1%
10) How much have you been distressed by thoughts of ending your life? Almost Always, Often, Sometimes (and 'A Little Bit')	78 (206)	6.3 % (16.6%)
11) How much have you been distressed by feeling sad most of the time?	307	24.7%
12) How much have you been distressed by feeling hopeless about the future?	314	25.2%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	266	21.4%
14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends?	20	1.6%
15) How much have you been distressed by feeling nervous?	399	32.1%
16) How much have you been distressed by your heart pounding or racing?	178	14.3%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	203	16.3%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	321	25.8%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	278	22.3%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	301	24.2%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk)	39 (145)	3.1% (11.7%)

Return to Table of Contents

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=798) (64% return rate)

1) Race:	
African-American	5.2%
Asian-American	19.5%
Caucasian	57.6%
Latino	8.4%
Other	9.3%

2) Class Status:	
Freshman	12.4%
Sophomore	18.2%
Junior	16.7%
Senior	18.8%
Graduate Student	31.4%
Alumnus	0.8%
Other	1.8%

3) Residence:	
On-campus	35.9%
Off-campus w family	4.6%
Other off-campus	59.5%

4) School Affiliation	
Arts and Sciences	68.1%
Engineering	23.8%
Peabody Conservatory	7.7%
Other	0.5%

5) Gender:	
Male	43.6%
Female	56.4%

6) Status:	
Student	99.4%
Staff Member	0.3%
Faculty Member	0%
Other	0.4%

2) Respondents' Evaluation and Comments:

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

Yes ----------------- 97.9% No --------------------- 1.1% Unsure----------- 1.1%

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

Yes ----------------- 97.5% No --------------------- 0.4% Unsure----------- 2.1%

9) I felt comfortable waiting in the reception area:

Yes ----------------- 94.8% No --------------------- 2.4% Unsure ---------- 2.9%

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

Yes ----------------- 99.5% No --------------------- 0.1% Unsure ---------- 0.4%

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

Yes ----------------- 93.7% No --------------------- 0.3% Unsure----------- 6.1%

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

Yes ----------------- 94.1% No --------------------- 3.0% Unsure ------------ 2.9%

13) Do you plan to continue with additional services at the Center?	
Yes, I was satisfied with service	84.0%
Yes, If I can get a convenient appointment	5.4%
Yes, but I'm not sure this is the best place	2.9%
Yes, if	2.5%
No, because problem was solved	2.4%
No, because I don't have a problem	0.5%
No, because I don't like the therapist	0.0%
No, the hours are not convenient	0.0%
No, not eligible	0.3%
No, they cannot help me	0.4%
No, not now	0.8%
No, because	0.9%
No Response (NR)	0.2%

14) Overall Impression of Counseling Center?

Excellent ---------62.0% Good ---------- 35.9% Fair ------ 2.0% Poor -------- 0%

15) Comments. There were 103 comments on the Counseling Center's Service Evaluation Forms. 79 comments (77%) were viewed as positive, 13 comments (13%) were assessed as somewhat negative, and 11 comments (11%) were considered neutral. A repeated recommendation was to change the music in the waiting area to be calmer and more soothing without commercials. A new music system will be put into place to address this.

Comment #	Evaluation #	COMMENTS	Pos.	Neu.	Neg.
1	2	Consistently felt respected and calmed here. Definitely a good environment.	1		
2	10	This place is great. The only problem is that the music in the waiting room is about the least appropriate music possible for the environment, moodwise. Something calmer and more soothing would be much better		1	
3	13	Therapist 96 was wonderful.	1		
4	26	I deeply appreciate the extra semester of therapy. It provided me with much needed stability throughout the year and helped me to excel in both my academia and principle discipline. Thank you ☺	1		
5	36	Thanks!	1		
6	37	Good, maybe psychiatrist could be better informed.		1	
7	40	Thanks!	1		
8	67	Therapist was excellent & overall experience was good. Other receptionist not so nice.	1		
9	72	I love the counseling center and Therapist 88. It has helped me a lot in the past three years and I always feel great after my sessions!	1		
10	74	Thanks!	1		
11	77	I've complained about this before but the radio in the waiting area really shouldn't be on a station with commercials. Advertisements manipulate people's insecurities and that's counterproductive for a counseling center. Is there any way to play just music? It is the 21st century, after all, though I don't know much about music stations/options.			1
12	80	The waiting area ought to have soothing and welcoming music. The commercial-laden music—often hip hop—is distracting and is ill-suited for reflection necessary for counseling sessions.			1
13	84	Thank you!	1		
14	89	She's really great!	1		
15	91	Email or text reminders for appointments like the Health and Wellness Center might be nice, but they're not completely necessary		1	
16	106	Excellent!	1		
17	115	Therapist 78 is amazing!	1		
18	120	Fantastic staff. Very helpful over the last year for me!	1		
19	133	Therapist 96 is great!	1		
20	134	If water can be provided, it will be perfect		1	
21	141	Therapist 99 is fantastic	1		
22	144	Therapist 1 is the nicest person! Everyone here truly cares about me. Thank you.	1		
23	150	Very satisfied and impressed with Therapist 61 and the center as a whole. Therapist 61 is a phenomenal listener, inclusive, and has a great memory!	1		
24	161	Great!	1		
25	162	I love Therapist 97!	1		
26	178	Thank you for your services!	1		

27	184	Please tell Therapist 61 congratulations and with she well with recovery!		1	
28	185	Thank you so much! I’m very happy with your service!	1		
29	186	Very understanding and more concerned about me than my ccd therapist	1		
30	187	Nicer receptionists			1
31	188	Unsure if this is something I am looking to pursue, but I enjoyed the first experience.	1		
32	189	Therapist 88 is great!	1		
33	190	Have more therapists with more variety of cultural backgrounds i.e. someone who understands Chinese cultural perspectives and clashes with the western way of thinking.			1
34	191	Great service!	1		
35	198	My second year here and I absolutely love it. One of the best decisions I made.	1		
36	215	My therapist, Therapist 88, made me feel comfortable immediately. This was my first session and I’ve come away feeling like she understood my problems and helped me talk through them. I am very optimistic about the future of my treatment.	1		
37	243	CC is one of the best services on campus. Thanks for everything.	1		
38	245	I am very pleased with the serviced provided. Keep up the good work.	1		
39	280	I am going to miss Therapist 97. She has really helped me overcome my depression and learn to see all of the positive aspects to my life. I also appreciate her advice on relationship with my parents and girls.	1		
40	301	First appointment, hard to answer checklist above too well (questions 12-14)		1	
41	302	This place is and has always been great!	1		
42	311	Excellent overall, very professional in all aspects of counseling center and services	1		
43	324	The woman I saw was very helpful and friendly, very easy to talk to.	1		
44	325	I might be a little biased against the Counseling Center because I’m just not good with this sort of thing. Sorry.			1
45	332	I look forward to the progress that I’m going to make.	1		
46	333	Therapist 100 is great. I’ll be emailing/ setting up appointments as needed.	1		
47	340	I feel very well taken care of at the Counseling Center.	1		
48	342	I think as I come back more I will work through my hardships but my 1st appointment went well =)	1		
49	361	2nd year here only had good experiences	1		
50	378	Hope it helps		1	
51	387	Very professionally run	1		
52	415	Biggest problem was scheduling the first time			1
53	419	I expected to have first meeting within a week. Surprisingly, it took over 2 weeks. In waiting room was somewhat worried I would see someone I knew. Would’ve felt embarrassed.			1
54	426	I am just uncomfortable speaking about myself but Therapist 108 is great.	1		
55	429	Please post sign indicating where the center is on the website—it’s hard to find			1

Return to Table of Contents

56	446	More helpful than I was expecting! Thank you very much.	1		
57	447	I felt safe, and my therapist provided some sort of validation of my anxiety, which in itself was vastly helpful. I did not feel that I was being judged for anything I said.	1		
58	454	I have to go to off-site to see a psychiatrist because my predoc intern left last year and you guys wouldn't let me see a staff psychiatrist without currently seeing a counselor even though I had seen Therapist 60. This has been incredibly inconvenient and expensive especially since no changes have been made to my meds since I saw Therapist 60 in 2012. I now pay $150 a session with my psychiatrist whereas I went here for free.			1
59	461	I'm encouraged by my first session and look forward to more of them	1		
60	472	I really enjoyed my meeting w/ Therapist 109.	1		
61	475	I feel comfortable here	1		
62	481	Thank you so much, the therapist was wonderful.	1		
63	494	I felt this was a safe and welcoming environment to talk about my problems.	1		
64	495	Very helpful and understanding, inviting to return with no pressure	1		
65	496	This was my first time; didn't know what to expect, somewhat anxious. Therapist generally put me at ease, good introduction of current issues and things to talk about. Not sure if much progress made towards addressing my problems and solutions, but a good start. Made next apt. to continue and see what we can do.	1		
66	506	Thank you	1		
67	517	Thank you guys for being so accommodating with my walk in	1		
68	523	Thank you	1		
69	529	The waiting area can be a bit scary.			1
70	531	It was great. I was a bit afraid coming in but found it more than helpful.	1		
71	534	I felt very relaxed and was able to say everything I thought.	1		
72	539	Very welcoming environment!	1		
73	545	Random, but it smelled very good (scented candles or something?)—made me feel at ease =)	1		
74	549	Thank you!	1		
75	560	I am hoping to remedy my situation in a reasonable amount of time, and I am concerned with how long the process could take.		1	
76	575	Great service. The questionnaire at the beginning is great for getting thoughts organized.	1		
77	576	I'm excited to work with Therapist 101 to accomplish my emotional goals this semester. I feel that he was attentive and understood my needs and desires for therapy.	1		
78	580	It seems like a place that has a lot to offer students toward working toward personal well being	1		
79	605	First time questionnaires are rather long-could they be done at home?			1

80	616	Therapist 2 is very knowledgeable.	1		
81	620	This was my first time, and I am optimistic about future visits.	1		
82	626	She listened and helped me to understand my issues.	1		
83	627	Not, now, very nice experience, feel hopeful, that this will help me	1		
84	629	Therapist 2 was fantastic	1		
85	641	It will take more time to work through the background of everything. It's hard to get to the current stuff without having the background.		1	
86	650	She tried to help me feel better and listened very well, but I felt like she just didn't have enough experience with my issue (substance abuse) to be of significant help.			1
87	659	Created a plan, focused on my needs, made me feel important	1		
88	669	It was a good initial meeting	1		
89	692	Thank you so much	1		
90	694	Different location—closer to campus, more welcoming receptionist			1
91	695	Therapist 88 was excellent. Kind, attentive, and supportive.	1		
92	703	Would be nice to have a more private waiting area.		1	
93	731	Much less stressful than I expected	1		
94	735	Therapist 88 continues to be great. Friendly and caring but also doesn't let me ignore/gloss over/wallow in my problems or difficulties.	1		
95	741	Very friendly and courteous. Excited to talk more in future sessions to discuss concerns.	1		
96	754	A great environment	1		
97	758	Therapist may not fully understand my problem(s) due to time constraints and my verbosity. She did give me information regarding the therapy session and relevant information to the structure of this and following appointments. There was not time to go into other services		1	
98	769	This was a very helpful meeting and I look forward to coming back for my next session to help fix what is going on in my life further.	1		
99	778	I really, really liked Therapist 109. ☺ She was a good person to talk to about my problems.	1		
100	780	I am so grateful to have been encouraged to come to the center and am glad that I actually came.	1		
101	783	Good advice	1		
102	784	Due to the late state in the semester, I will not be able to make appointments until the fall but I plan on returning to the center.	1		
103	785	It was useful so far. Hope it works!	1		

SECTION III: Research Projects

A) The Behavioral Health Monitor (BHM20).

1) Background.

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

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

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

2) BHM20 Research Findings: 2002-07.

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

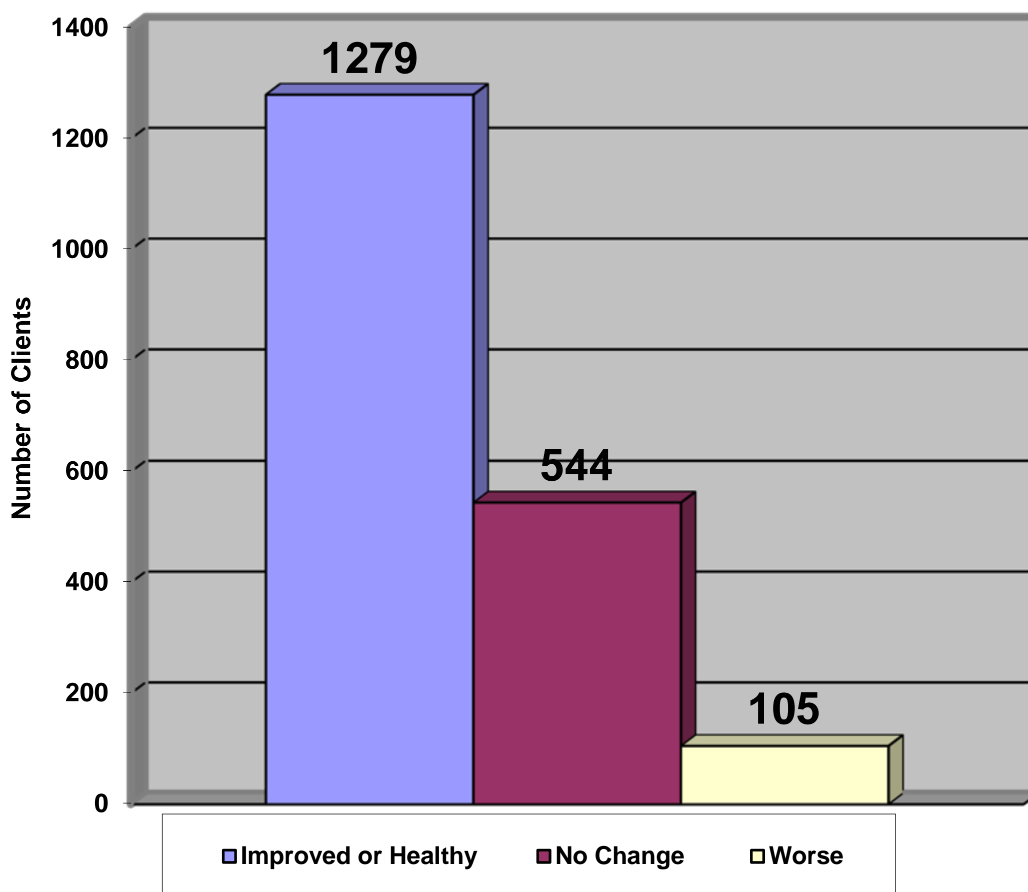
BHM20 Score	Mental Health Category
2.93 – 4.00	Indicates positive mental health for college students
2.10 - 2.92	Indicates mild illness or adaptive difficulty
0.00 - 2.09	Is symptomatic of serious illness

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 of Clients at the Intake Session and the Last Therapy Session: 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%)

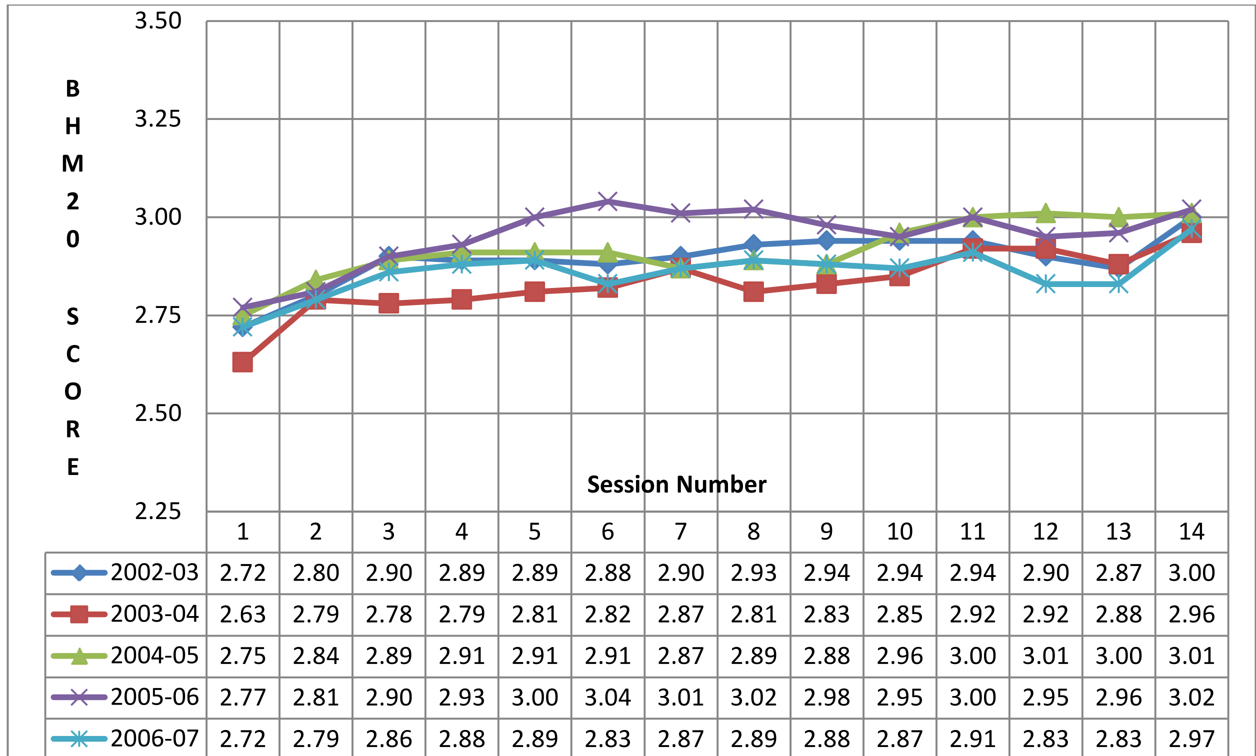
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student 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. (The last session is indicated in "session 14.") 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 last session (14).



	1	2	3	4	5	6	7	8	9	10	11	12	13	14
2002-03	2.72	2.80	2.90	2.89	2.89	2.88	2.90	2.93	2.94	2.94	2.94	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), <u>47.2% showed recovery, 66.2% showed improvement (includes recovered clients), 25.3% showed no change, and 8.7% showed deterioration.</u> 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%			
	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%	304 (77.8%)		
	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%			
	10) Moderate to Moderate (2 to 2)	4	1.0%		51 (13.0%)	
	11) Severe to Severe (1 to 1)	9	2.3%			
	TOTAL NO CHANGE	183	46.8%			
Worse	12) Healthy to Mild (4 to 3)	17	4.3%			
	13) Healthy to Moderate (4 to 2)	4	1.0%			
	14) Healthy to Severe (4 to 1)	2	.5%			
	15) Mild to Moderate (3 to 2)	8	2.0%			36 (9.2%)
	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

Return to Table of Contents

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 netbooks 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%)

*Clients included in these calculations are those who entered psychotherapy in the distressed (i.e., Mild, Moderate, Severe) range except for Deteriorated clients where all clients are included. Improved clients include those clients who also Recovered.

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 Results: 2011-12

During 2011-12 the Counseling Center served 1,181 clients in individual therapy. Of these, 636 were new clients with an average of 5.4 sessions. 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 netbooks 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 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 5.35 therapy sessions with an average intake score of 2.25 (in the moderately distressed range) and an average final score as of May 20, 2012 of 2.73 (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 2012 semester to continue their therapy.

Table 12 below shows the mental health category distribution of new clients at the initial and at their last therapy session of the 2011-12 year. The table shows that at intake 37% of the 636 new students were in the healthy/normal range, 30% of the students were mildly distressed, and 32% were in the moderately or severely distressed range. Table 12 also shows that of these students 481 students completed at least two sessions before the end of the 2011-12 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 17% increase of clients in the normal range and a corresponding 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 2011-12 by Mental Health Category.

BHM20 Health Category	# of Students at Initial Session of 2011-12 Year (n=636)	%	# of Students at Last Session of 2011-12 Year (n=481)	%	% change
Normal range (BHM= 2.94 - 4.00)	238	37%	261	54%	+17%
Mildly distressed range (BHM=2.38 – 2.93)	192	30%	134	28%	-2%
Moderately distressed range (BHM= 2.09 - 2.37)	76	12%	38	8%	-4%
Severely distressed range (BHM= <2.09)	130	21%	48	10%	-11%
TOTALS	**636**	**100%**	**481**	**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 2011-12 there were 326 such clients. Table 13 below shows on the BHM20 Global Health Measure that 202 (62%) clients showed improvement including 128 (39%) clients that indicated full recovery. Table 13 also shows (as of May 20, 2012) that 101 (31%) of the distressed clients had not changed significantly as of end of the academic year while 47 clients (7%) showed deterioration.

Table 13: Client Change in Mental Health Status in New CC Clients Seen More than 1 Session: 2011-12 *

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	326	2.25	2.73	202 (62%)	128 (39%)	101 (31%)	47 (7%)
Anxiety	260	1.60	2.33	166 (64%)	102 (39%)	66 (25%)	73 (11%)
Depression	330	1.86	2.56	209 (63%)	120 (36%)	99(30%)	50 (8%)
Suicidality	108	2.33	3.56	87 (81%)	75 (69%)	18 (17%)	18 (3%)
Alcohol	85	2.84	3.32	53 (62%)	38 (45%)	20(24%)	31 (5%)

*Clients included in these calculations are those who entered psychotherapy in the distressed (i.e., Mild, Moderate, Severe) range except for Deteriorated clients where all clients are included. Improved clients include those clients who also Recovered.

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, is substantial including improvement rates of 63% for depression and 81% for suicidality. It should be noted that total recovery for suicidal clients is 69%. (Table 11 above provides the actual cutoff scores for each of the subscales).

7) BHM20 Data Results: 2012-13

During 2012-13 the Counseling Center served 1,214 clients in individual therapy. Of these, 627 were new clients with an average of 5.2 sessions. 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 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 5.2 therapy sessions with an average intake score of 2.27 (in the moderately distressed range) and an average final score as of May 19, 2013 of 2.76 (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 2013 semester to continue their therapy.

Table 14 below shows the mental health category distribution of new clients at the initial intake session and at their last therapy session of the 2012-13 year. The table shows that at intake 34% of the 627 new students were in the healthy/normal range, 32% of the students were mildly distressed, and 34% were in the moderately or severely distressed range. Table 14 also shows that of these students 481 students completed at least two sessions before the end of the 2012-13 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 24% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

Table 14: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2012-13 by Mental Health Category.

BHM20 Health Category	# of Students at Initial Session of 2012-13 Year (n=627)	%	# of Students at Last Session of 2012-13 Year (n=499)	%	% change
Normal range (BHM= 2.94 - 4.00)	213	34%	290	58%	+24%
Mildly distressed range (BHM=2.38 – 2.93)	202	32%	130	26%	-6%
Moderately distressed range (BHM= 2.09 - 2.37)	96	15%	39	8%	-7%
Severely distressed range (BHM= <2.09)	116	19%	40	8%	-11%
TOTALS	**627**	**100%**	**499**	**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 2012-13 there were 341 such clients. Table 15 below shows on the BHM20 Global Health Measure that 230 (67%) clients showed improvement including 149 (44%) clients that indicated full recovery. Table 15 also shows (as of May 19, 2013) that 87 (25%) of the distressed clients had not changed significantly as of end of the academic year while 42 clients (7%) showed deterioration.

Table 15: Client Change in Mental Health Status in New CC Clients Seen More than 1 Session: 2012-13*

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	341	2.27	2.76	230 (67%)	149 (44%)	87 (25%)	42 (7%)
Anxiety	279	1.68	2.40	184 (66%)	125 (45%)	64 (23%)	74 (12%)
Depression	352	1.92	2.58	228 (65%)	135 (38%)	100 (28%)	45 (7%)
Suicidality	100	2.42	3.50	79 (79%)	67 (67%)	16 (16%)	24 (3%)
Alcohol	93	2.88	3.46	66 (71%)	56 (60%)	17 (18%)	28 (4%)

Clients included in these calculations are those who entered psychotherapy in the distressed (i.e., Mild, Moderate, Severe) range except for Deteriorated clients where all clients are included. Improved clients include those clients who also Recovered.

Table 15 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, is substantial including improvement rates of 65% for depression and 71% for suicidality. It should be noted that total recovery for suicidal clients is 60%. (Table 11 above provides the actual cutoff scores for each of the subscales).

8) **BHM20 data 2008-13 Cumulative Results (May 21, 2008 – May 19, 2013)**

Beginning in 2008, 3,468 different Counseling Center clients have completed the BHM20 electronically on 6 netbooks located in the waiting area of the Counseling Center. These clients have averaged 10.5 sessions over the past 5 years. The average score at intake was reported to be 2.28 (in the moderately distressed range) on the Global Mental Health (BHM20) score with an average last session score of 2.82 (mildly distressed range) as of May 20, 2012. 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 2013 semester.

Table 16 below shows the distribution of mental health categories for all clients at intake between 2008 through May 2013. The table shows that 39% of CC clients reported that they were in the normal range while 30% indicated that were mildly distressed range and 16% were in the moderately or severely distressed range at intake. Table 16 also shows that of these students 2,321 students completed at least one additional session before the end of the 2012-13 year. As can be seen there was considerable change of clients' mental health status between their first and last session- with a 20% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

Table 16: Distribution and Change of Client BHM20 Scores at their Initial and Last Session by Mental Health Category: 2008-13.

BHM20 Health Category	# of Students at Initial Session	%	# of Students at Last Session	%	% Change
Normal range (BHM= 2.94 - 4.00)	1,351	39%	1,678	59%	+20%
Mildly distressed range (BHM=2.38 – 2.93)	1,022	30%	713	25%	-5%
Moderately distressed range (BHM= 2.09 - 2.37)	446	13%	220	8%	-5%
Severely distressed range (BHM= <2.09)	606	18%	232	8%	-10%
TOTALS	3,425	100%	2,843	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 in order to review whether they recovered, improved, stay unchanged or deteriorated. Between 2008 and 2013 there were 1,826 such clients. Table 17 below shows that on the BHM20 Global Health Measure 1,227 (67%) clients showed improvement including 850 (47%) clients that indicated full recovery. Table 17 also shows that 432 (24%) of the distressed clients had not changed significantly by the end of the current academic year (May 19, 2013) while 359 clients (10%) showed deterioration (as of May 19, 2013).

Table 17: Client Change in Mental Health Status in CC Clients seen more than 1 session: 2008-13*

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	1,826	2.28	2.82	1228 (67%)	853 (47%)	432 (24%)	359 (10%)
Anxiety	1,553	1.69	2.47	1051 (68%)	741 (48%)	347 (22%)	442 (13%)
Depression	1,908	1.95	2.66	1247 (65%)	817 (43%)	503 (26%)	366 (11%)
Suicidality	549	2.39	3.61	461 (84%)	406 (74%)	65 (12%)	127 (4%)
Alcohol	471	2.89	3.57	347 (74%)	291 (62%)	78 (17%)	196 (6%)

*Clients included in these calculations are those who entered psychotherapy in the distressed (i.e., Mild, Moderate, Severe) range except for Deteriorated clients where all clients are included. Improved clients include those clients who also Recovered.

Table 17 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 65% for depression to 84% for suicidality. Total recovery for suicidal clients is 73%. (See Table 11 above for cutoff scores for each subscale.) Future work will assess cumulative changes on the other subscales offered by the BHM20.

7) BHM20 Data Results: 2013-14

During 2013-14 the Counseling Center served 1,244 clients in individual therapy. Of these, 649 were new clients with an average of 5.3 sessions. 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 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 5.3 therapy sessions with an average intake score of 2.28 (in the moderately distressed range) and an average final score as of May 18, 2014 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 2014 semester to continue their therapy.

Table 18 below shows the mental health category distribution of new clients at the initial intake session and at their last therapy session of the 2013-14 year. The table shows that at intake 36% of the 647 new students were in the healthy/normal range, 30% of the students were mildly distressed, and 34% were in the moderately or severely distressed range. Table 18 also shows that of these students, 498 students completed at least two sessions before the end of the 2013-14 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 22% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

Table 18: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2013-14 by Mental Health Category.

BHM20 Health Category	# of Students at Initial Session of 2013-14 Year (n=647)	%	# of Students at Last Session of 2012-13 Year (n=498)	%	% change
Normal range (BHM= 2.94 - 4.00)	232	36%	290	58%	+22%
Mildly distressed range (BHM=2.38 – 2.93)	197	30%	121	24%	-6%
Moderately distressed range (BHM= 2.09 - 2.37)	97	15%	44	9%	-6%
Severely distressed range (BHM= <2.09)	121	19%	43	9%	-10%
TOTALS	**627**	**100%**	**498**	**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 2013-14 there were 337 such clients. Table 19 below shows on the BHM20 Global Health Measure that 229 (68%) clients showed improvement including 150 (45%) clients that indicated full recovery. Table 19 also shows (as of May 18, 2014) that 79 (23%) of the distressed clients had not changed significantly as of end of the academic year while 50 clients (8%) showed deterioration.

Table 19: Client Change in Mental Health Status in New CC Clients Seen More than 1 Session: 2013-14*

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	337	2.28	2.78	229 (68%)	150 (45%)	79 (23%)	50 (8%)
Anxiety	301	1.70	2.36	186 (62%)	128 (43%)	78 (26%)	60 (9%)
Depression	353	1.95	2.60	219 (62%)	133 (38%)	107 (30%)	52 (8%)
Suicidality	99	2.31	3.56	81 (82%)	72 (73%)	13 (13%)	20 (3%)
Alcohol	91	2.92	3.63	69 (76%)	56 (62%)	16 (18%)	24 (4%)

*Clients included in these calculations are those who entered psychotherapy in the distressed (i.e., Mild, Moderate, Severe) range except for Deteriorated clients where all clients are included. Improved clients include those clients who also Recovered.

Table 19 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, is substantial including improvement rates of 62% for depression and 82% for suicidality. It should be noted that total recovery for suicidal clients is 73%. (Table 11 above provides the actual cutoff scores for each of the subscales).

Since inception of the electronic Behavioral Health Monitoring (BHM20) CelestHealth system the CC has served 2,197 student clients. Table 20 below summarizes client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, ranges from 65% for depression to 85% for suicidality. Total recovery for suicidal clients is 75%. (See Table 11 above for cutoff scores for each subscale.)

Return to Table of Contents

Table 20: Client Change in Mental Health Status since inception for New CC Clients Seen More than 1 Session

BHM Measure	n	Intake Score	Last Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	1,019	2.28	2.82	1,480 (67%)	1,019 (46%)	516 (23%)	427 (10%)
Anxiety	1,884	1.69	2.45	1,258 (67%)	886 (47%)	431 (23%)	507 (12%)
Depression	2,294	1.95	2.66	1,498 (65%)	969 (42%)	611 (27%)	443 (11%)
Suicidality	655	2.38	3.63	556 (85%)	489 (75%)	73 (11%)	154 (4%)
Alcohol	569	2.90	3.58	419 (74%)	345 (61%)	95 (17%)	236 (6%)

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 (Clinical and Managerial) and 2) to collect data that would allow for an analysis of treatment outcomes for potentially suicidal clients (Research). Since the project began 841 students have been monitored through our suicide tracking system (STS).

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

During 2010-2011, 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 18 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 21 below, 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 21: 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 22 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 22: 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 23 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 23: 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) Data for Clients Indicating Suicidality: 2011-12.

During the past year 211 clients (18%) of 1,181 clients presenting at the Counseling Center reported some suicidal content at intake. This included 122 females and 89 males. Also, 40 were international students. Of these 211 clients, 89 (7.5% of all student clients) reported moderate, serious, or severe suicidal thoughts (40 males, 49 females, 14 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 64 were enrolled in Arts and Science, 19 were enrolled in Engineering, and 6 were enrolled at Peabody. Two identified as African- American, 1 as American Indian, 25 as Asian-American/Asian, 1 as East Indian, 5 as Hispanic/Latino, 40 as European American/White/Caucasian, 7 as Multiracial, 1 Other, and 6 Preferred Not to Answer. Thirteen reported they were freshmen, 23 were sophomores, 19 were juniors, 17 were seniors and 17 were graduate students.

Eighty seven clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 7.4% of all student clients seen at the Counseling Center in 2011-12. This is a 45% increase from 60 Suicide Tracking System Clients tracked in 2010-11. These 87 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 24 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 26 of the 87 STS clients (30%) completely resolved their suicidality in an average of 12.0 sessions. Twenty four suicidal clients (28%) continue in treatment as the academic year ended, 7 suicidal clients was referred out, 15 clients withdrew from the University, 7 clients graduated before their suicidality was resolved, 7 clients dropped out of treatment, and 3 clients have incomplete data at the time of this report. 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 except those clients whose therapy was interrupted by graduation from the University.

Table 24: Summary of Change in Suicide Tracking Clients for 2011-12.

Client Outcome at the End of AY2011-12	# 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	26 (30%)	2.31	3.08	+1.49	12.0
Clients who dropped out of therapy	7 (8%)	1.73	2.17	+0.44	8.6
Clients referred out	5 (6%)	1.78	1.99	+0.21	6.8
Clients who graduated without resolution of suicidality	7 (8%)	2.60	2.21	-0.39	26.6
Clients continuing in treatment	24 (28%)	1.92	2.41	+0.49	12.5
Clients who withdrew/left School	15 (17%)	1.85	2.00	+0.15	11.5
Clients with Incomplete information	3 (3%)	1.67	2.97	+0.30	7.0
All Suicide Tracking Clients	**87 (100%)**	**2.01**	**2.58**	**+0.57**	**12.6**

3) <u>Data for Clients Indicating Suicidality: 2012-13</u>.

During 2012-13 208 clients (17.1%) of 1,214 clients presenting at the Counseling Center reported some suicidal content at intake. This included 115 females and 92 males. Also, 40 were international students. Of these 208 clients, 76 (6.2% of all student clients) reported moderate, serious, or severe suicidal thoughts (31 males, 44 females, 17 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 51 were enrolled in Arts and Science, 18 were enrolled in Engineering, and 7 were enrolled at Peabody. Four identified as African- American, 1 as American Indian, 24 as Asian-American/Asian, 4 as East Indian, 6 as Hispanic/Latino, 29 as European American/White/Caucasian, 2 as Multiracial, 1 Other, and 3 Preferred Not to Answer. Ten reported they were freshmen, 19 were sophomores, 18 were juniors, 11 were seniors and 16 were graduate students.

Eighty five clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 51 were enrolled in Arts & Science, 25 in Engineering, and 9 at the Peabody Conservatory. This accounted for 7% of all student clients seen at the Counseling Center in 2012-13. This compares to 87 clients that were placed in the Suicide Tracking System Clients tracked in 2011-12. These 85 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 25 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 28 of the 85 STS clients (33%) completely resolved their suicidality in an average of 9.3 sessions. Twenty four suicidal clients (28%) continue in treatment as the academic year ended, 6 suicidal clients was referred out, 9 clients withdrew from the University, 6 clients graduated before their suicidality was resolved, 9 clients dropped out of treatment, and 5 clients have incomplete data at the time of this report. Again, as shown in the Table 24 below, 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 25: Summary of Change in Suicide Tracking Clients for 2012-13.

Client Outcome at the End of AY2012-13	# 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	28 (33%)	2.11	3.10	+0 .99	9.3
Clients who dropped out of therapy	7 (8%)	1.91	2.05	+0.14	2.5
Clients referred out	6 (7%)	2.14	2.42	+0.28	10.2
Clients who graduated without resolution of suicidality	6 (7%)	1.63	2.27	+0.64	15.8
Clients continuing in treatment	24 (28%)	1.56	1.94	+0.38	12.7
Clients who withdrew/left School	9 (11%)	1.92	2.24	+0.32	10.7
Clients with Incomplete information	5 (6 %)	1.90	3.09	+1.19	12.5
All Suicide Tracking Clients	**85 (100%)**	**1.94**	**2.60**	**+0.56**	**10.8**

3) <u>Data for Clients Indicating Suicidality: 2013-14</u>.

During the past year 206 clients (16.6%) of 1,244 clients presenting at the Counseling Center reported some suicidal content at intake. This included 118 females and 88 males. Also, 40 were international students.

Of these 206 clients, 78 (6.3% of all student clients) reported moderate, serious, or severe suicidal thoughts (27 males, 51 females, 12 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 49 were enrolled in Arts and Science, 22 were enrolled in Engineering, and 7 were enrolled at Peabody. Two identified as African- American, 21 as Asian-American/Asian, 10 as Hispanic/Latino, 34 as European American/White/Caucasian, 7 as Multiracial, 2 Other, and 2 Preferred Not to Answer. Eighteen reported they were freshmen, 16 were sophomores, 14 were juniors, 16 were seniors and 13 were graduate students. Eighteen suicidal clients reported they were heterosexual, 3 reported being gay, 4 reported being bisexual, 2 were "questioning," and 2 preferred not to answer with regard to their sexual orientation.

Eighty two clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 48 were enrolled in Arts & Science, 25 in Engineering, and 8 at the Peabody Conservatory. This accounted for 6.6% of all student clients seen at the Counseling Center in 2013-14. This compares to 85 clients that were placed in the Suicide Tracking System Clients tracked in 2012-13. These 82 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 26 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 24 of the 82 STS clients (29%) resolved their suicidality in an average of 9.8 sessions. Thirty one suicidal clients (38%) continue in treatment as the academic year ended, 2 suicidal clients was referred out, 4 clients withdrew from the University, 9 clients graduated before their suicidality was resolved, and 11 clients dropped out of treatment. Again, as shown in the Table 25 below, 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 26: Summary of Change in Suicide Tracking Clients for 2013-14.

Client Outcome at the End of AY2013-14	# of Clients	Mean 1st Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session on STS
Clients who Successfully Achieved Resolution of Suicidality	24 (29%)	1.80	2.91	+1 .11	9.8
Clients who dropped out of therapy	11 (13%)	1.84	2.54	+0.70	5.3
Clients referred out	2 (2%)	2.15	2.58	+0.43	17.5
Clients who graduated without resolution of suicidality	12 (15%)	1.68	2.47	+0.79	10.8
Clients continuing in treatment	31 (38%)	1.83	2.32	+0.49	16.1
Clients who withdrew/left School	5 (6%)	1.89	2.16	+0.27	5.4
Clients met resolution criteria -other	1 (1 %)	1.55	3.17	+1.62	61.0
All Suicide Tracking Clients	**82 (100%)**	**1.84**	**2.57**	**+0.73**	**12.4**

3) Continuing Suicide Tracking Efforts.

We continue in our collaboration with Dr. David Jobes and his team in collecting and sharing data. Dr. Jobes et al. continue to analyze the data, recommend improvements to our suicide tracking system, provide clinical support with suicidal clients, and continue to guide our research efforts. This year Dr. Jobes shared with us his latest findings in his work with suicidality. We agreed to provide him with additional data from our Suicide Tracking System in the coming year.

Additionally, the Counseling Center working closely with Dr. Mark Kopta has incorporated the Suicide Tracking Questions into a Suicide Monitoring Scale which was added to the Behavioral Health Monitor (BHM20) Scale – a measure that monitors mental health across treatment sessions. Efforts are underway to determine if the BHM20 can be used to determine whether a suicidal client should be prescribed medication and the Counseling Center may serve as beta test site for this next year.. Finally, the Counseling Center continues to successfully utilize netbooks 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. Finally, it should be noted that recently the US Department of Defense has indicated an interest in the use of the BHM for use as a screening device to monitor behavioral mental health and especially suicidality.

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2013-14

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 12 psychotherapy groups for a total of 157 group sessions/205.5 hours of group therapy. A total of 94 students participated in group therapy.

#	Therapy Group	# of Sessions	# of Clients Seen	Length of Each Session	Total Hours of Group
1	Anxiety and Stress Management Group I	5	4	60 minutes	5.0
2	Anxiety and Stress Management Group II	5	6	60 minutes	5.0
3	Disability Support Group	8	4	60 minutes	8.0
4	Dissertation Group	46	15	90 minutes	69.0
5	Eating Disorders Treatment Group	6	4	60 minutes	6.0
6	Graduate Student Therapy Group I	30	6	90 minutes	10.5
7	Graduate Student Therapy Group II	11	6	90 minutes	49.5
8	Harm Reduction Substance Abuse Group	10	5	60 minutes	10.0
9	Introduction to Mindfulness and Meditation	12	30	60 minutes	12.0
10	LGBTQ Support Group I	13	6	90 minutes	19.5
11	The Politics of Women's Bodies	5	3	60 minutes	5.0
12	Undergraduate Student Therapy Group	6	5	60 minutes	6.0
	Totals	157	94		205.5

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2013-14

Dr. Matthew Torres is the Director of the Counseling Center's American Psychological Association accredited Training program. He arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, manages case conferences for interns, leads the Training Committee, provides supervision of supervisors and directs the development of the program. There were four full time interns at the Counseling Center who received training and provided professional services during 2013-2014.

Below is a description of the 2013-2014 training program including: (A) a summary of the interns and supervisors for 2013-2014, (B) an overview of the services and activities of the training program, (C) a description of the training assessment process, (D) a statement of contact with interns' academic programs, and (E) a summary of the Intern recruitment and selection process for 2014-2015.

A. Trainees and Supervisors

- Director of Training – Matthew Torres, Ph.D.

- Four Pre-Doctoral Psychology Interns:

Cristina Antonucci, M.A. (Illinois School of Professional Psychology, Argosy-Chicago)
Michelle L. Bettin, MSW, LICSW (Minnesota School of Professional Psychology, Argosy-Twin Cities)
Mary-Catherine McClain, Ed.S., M.S. (Florida State University)
Rebecca Schwartz, M.A. (University of Denver)

- Clinical Supervisors:

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Larry David	Michelle – Fall Rebecca - Spring			Rebecca - Spring
Fred Gager	Rebecca – Fall Cristina – Spring	Mary-Catherine - Fall		Rebecca - Fall
Garima Lamba	Cristina – Fall Michelle - Spring			Michelle - Spring
Leslie Leathers				
Emily Massey	Mary-Catherine - Fall			Rebecca - Spring
Justin Massey	Mary-Catherine - Spring	Mary-Catherine - Spring		Mary-Catherine - Spring
Rosemary Nicolosi		Rebecca - Spring		Michelle – Fall Cristina - Spring
Jodi Pendroy		Rebecca – Fall and Spring Michelle - Spring		
Eric Rose		Cristina – Fall & Spring	Fall & Spring	Cristina - Fall
Matt Torres		Michelle – Fall & Spring	Fall & Spring	Mary-Catherine - Fall

- Additional Supervision:
Amani Surges, LCSW-C - Intern support group facilitator, fall and spring semesters
Garima Lamba, 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 2013-2014 interns performed 273 intake evaluations, including 13 emergency intakes, during the Fall and Spring semesters. During that period they saw 332 clients for 1,465 sessions, including 55 emergency sessions.

- All interns co-led at least one **group** for students with a professional staff member. Cristina Antonucci co-led a Mindfulness Group in the Fall and a Graduate Student Therapy Group in the Spring; Michelle Bettin co-led a Graduate Student Therapy Group in the Fall and Spring and a Mindfulness Group in the Spring; Mary-Catherine McClain co-led a Substance Abuse Group in the Fall and an Eating Disorders Group in the Spring; and Rebecca Schwartz co-led a Students with Disabilities Group in the Fall and an Undergraduate Group and an Anxiety/Stress Management Group in the Spring. Interns co-led a total of 81 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 68 emergency sessions (13 emergency intakes and 55 emergency sessions). They also were on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.

- Each Intern provided 2 weeks of **after-hours on-call emergency coverage** (including the JHU sexual assault SafeLine) with senior staff back-up.

- Interns were involved in a variety of Center **outreach activities** (see Outreach Coordinator's Report for further detail).

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

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

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 2013 by the 2012-2013 internship class and this feedback was discussed with the Counseling Center's training staff.

- **Intern Alumni Survey.** A follow-up survey was sent to interns who are 1 and 3 years out of the program and the information from this survey will be shared with the Counseling Center's training staff and included in the process of evaluating the internship and decision-making about any potential improvements that can be made.

D. Contact with Academic Training Programs

- **Contacts were made with the academic programs** with which the 2012-2013 and 2013-2014 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2014-2015 Interns

- **Received 115 completed applications.** We received 43 fewer applications this year than last. The most likely explanations for this decrease are (a) we increased the minimum number of pre-internship intervention hours required of our applicants and (b) we instituted a requirement that all of our applicants come from APA approved doctoral programs. 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. The internship program continues to attract a national level of attention, consistent with the University's status as a "national university."

- **Interviewed 26 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 26 interviewees, 12 self-identified as members of an ethnic or sexual minority group, and 3 were international students. Thirteen were from clinical psychology graduate program and 13 were from counseling psychology programs. The majority of the 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 four offered positions with ranked choices for pre-doctoral psychology interns. The following interns will be joining us in August 2014: **Ekaterina Amarando, M.S.** (West Virginia University); **Emily Dreiling, MA, LPC** (University of Northern Colorado); **Jessica Oddo, M.A., M.S.** (La Salle University); **Reisha Moxley, M.Ed.** (University of Georgia)

Return to Table of Contents

SECTION VI: Summary of Outreach/Workshops and Consultation by CC Staff: 2013-14

The Associate Director of the Counseling Center, Dr. Garima Lamba, 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 ("Outreach Code" in Titanium)	Department Served	Date of Program	# Students Served	# Fac./Staff Served	# Others Served
1	Post-Bac Pre-Med Orientation	Post-Bac Pre-Med	5/29/2013	30	0	0
2	Counseling Center Services for Students	Admissions Counselors	7/16/2013	16	0	0
3	Peabody Resident Assistant (RA) Orientation	Peabody Conservatory	8/23/2013	9	0	0
4	Resident Advisor (RA) Training	Residential Life	8/23/2013	70	0	0
5	Successfully Transitioning to the US Culture	Office of International Scholar and Student Services	8/26/2013	130	0	0
6	Graduate Student Orientation Table	Orientation	8/27/2013	50	0	0
7	Student Orientation	Grad Student Orientation	8/27/2013	200	0	0
8	Mentoring Assistance Peer Program (MAPP) Training	Office of Multicultural Affairs	8/27/2013	29	0	0
9	Parents' Assembly	Hillel	8/28/2013	0	0	15
10	Parents' Reception I	Orientation	8/28/2013	47	50	60
11	International Parents Parent Orientation	Office of International Students	8/29/2013	0	0	18
12	Parents' Assembly	Orientation	8/29/2013	0	0	1000
13	Parents' Reception II	Orientation	8/29/2013	85	100	39
14	Preventative Education and Empowerment for Peers (PEEPS) Training	Homewood Student Affairs	8/29/2013	10	2	0
15	Peer-Led Team Learning (Pilot) Leaders and Learning Den Tutors Training I	Academic Advising	9/26/2013	50	0	0
16	Peer-Led Team Learning (Pilot) Leaders and Learning Den Tutors Training III	Academic Advising	9/26/2013	50	2	0
17	College Student Mental Health Panel	Student Affairs	10/2/2013	0	100	0
18	Peer-Led Team Learning (Pilot) Leaders and Learning Den Tutors Training II	Academic Advising	10/3/2013	50	0	0
19	Peer-Led Team Learning (Pilot) Leaders and Learning Den Tutors Training IV	Academic Advising	10/3/2013	50	2	0
20	Stress Management International Graduate Students	International Student Organization	10/5/2013	5	2	0
21	Depression Screening I	Student Affairs	10/10/2013	2	0	0
22	Depression Screening II	A Place TO Talk (APTT)	10/10/2013	2	0	0

Return to Table of Contents

23	Peabody Health and Wellness Fair	Peabody Conservatory	10/10/2013	17	0	0
24	Non-violent Conflict Resolution	Fraternity and Sorority	10/12/2013	60	0	0
25	Distress Tolerance	Residence Life	10/16/2013	45	4	0
26	Undergraduate International Student Series: Friendships and Relationships in the US	Office of International Students	10/17/2013	2	0	0
27	Recognizing Athletes in distress	Athletics and Recreation	10/29/2013	0	4	0
28	Homewood Student Affairs (HSA) Departmental Drop In	Dean of Student Affairs	11/1/2013	30	20	0
29	Surviving Graduate school and Stress Management	Bridge program	12/5/2013	5	0	0
30	Enhancing Communication and Networking Skills	Office of International Student and Scholar Services (OISSS)	1/16/2014	50	0	0
31	Residence Life Resident Advisor (RA) Training on Crisis Management	Residential Life	1/24/2014	73	0	0
32	The Body Project I	A Place TO Talk (APTT)	2/7/2014	2	0	0
33	The Body Project II	A Place TO Talk (APTT)	2/8/2014	2	0	0
34	Relaxation & Mindfulness	Student Health & Wellness	2/12/2014	0	25	0
35	Managing Stress	Academic Department	2/17/2014	2	0	0
36	Wellness Day	Women's History Month	3/4/2014	17	0	0
37	Finding Work and Life Balance	International Bridge Program	3/13/2014	2	4	0
38	Hopkins Organization for Pre-Health Education (HOPE)	Student group during health disparities week	3/13/2014	15	0	0
39	Orientation Executive Staff Meeting	Greek Life	3/13/2014	8	0	0
40	Sexual Assault Awareness	Fraternity/Sorority	4/3/2014	9	0	0
41	Spring Open House and Overnight Program (SOHOP)	Student Affairs	4/9/2014	57	0	0
42	Spring Open House and Overnight Program (SOHOP)	Student Affairs	4/9/2014	0	0	300
43	Body Project Training	Center for Health Education and Wellness (CHEW)	4/13/2014	8	0	0
44	Going Home	Office of International Student and Scholar Services (OISSS)	5/13/2014	4	0	0

No. Workshop/Outreach and Community Consultation Programs	**44**
No. of Students served	**1,293**
No. of Faculty and Staff served	**315**
No. of "Other People" served	**1,432**
Total No. of People served in Outreach and Community Consultation Programs	**3,040**

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2013-14

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) **29 intra-departmental committees, projects, or events** and 2) **75 inter-departmental/divisional, university-wide, and external involvements.** They are listed below:

#	1) Departmental Level Community Activity/Project Involvement
1	2012-13 Intern Farewell Lunch
2	2013-14 Intern Welcome Breakfast
3	Counseling Center ADHD Service Task Force
4	Counseling Center Student Advisory Board (CCAB)
5	Counseling Center Budget Review Team
6	Counseling Center Executive Team
7	Counseling Center Group Committee
8	Counseling Center HIPAA Committee
9	Counseling Center Holiday Party Committee
10	Counseling Center Intern Training Committee
11	Counseling Center JHU Psychiatric Fellows Selection Committee
12	Counseling Center Kitchen Committee
13	Counseling Center Medical Leave of Absence Task Force
14	Counseling Center Performance Evaluation Committee
15	Counseling Center Planning Retreat
16	Counseling Center Senior Staff Psychologist position Search Committee
17	Counseling Center Staff Psychologist Eating Disorders Search Committee
18	Counseling Center Sexual Assault SafeLine Project
19	Counseling Center Staff Psychologist Sexual Assault Coordinator Search Committee
20	Counseling Center Website Committee
21	Dr. Barbara Baum's Retirement Party
22	Gift Wrapping Adopt a Family Project
23	Intern and Recruitment Selection Committee
24	PHQ9 Screening Project
25	Referral Database Management Committee
26	Suicide Tracking Research Project
27	Supervisors' Training Subcommittee
28	Welcome Emily Massey - Pot Luck
29	Work Study Student Training Project

#	2) Interdepartmental/Divisional/University Wide/External Community Involvement
1	Annual Homewood Student Affairs Breakfast
2	Black Faculty and Staff Association (BFSA) Meeting
3	Black History Month Black Student Union BSU - Our Side of the Story
4	Bridge Program
5	Business Continuity Planning Project
6	Campus Orientation Partners Meeting and Greet
7	Coaching Review Meetings
8	College Student Mental Health Breakfast
9	Commencement Ceremony Participation
10	Committee to Develop Student Death Protocol
11	Consultation - Pre-Professional Advising
12	Consultation to SARU (Sexual Assault Resource Unit)
13	Counseling Center meetings with Allison Boyle
14	Dean's Luncheon with the Graduate Representative Organization (GRO)
15	Degree Completion Committee
16	Distressed Student Letter Collaboration
17	Diversity Leadership Conference
18	Feedback to Office of Pre-Professional Advising re Mock Medical School Interview
19	Homewood Student Affairs Professional Development Committee Planning Meeting
20	Ice Cream Social - Meeting Woolway and Sanchez
21	Insurance Committee
22	Interview Meredith Price (Office of International Students; Assistant Director Position)
23	JHU Camp Kesem - consults/meetings
24	Juneteenth Celebration - Black Faculty and Staff Association (BFSA)
25	Lavendar Graduation - Guest Speaker
26	LGBTQ Advisory Board
27	LGBTQ Office Opening Reception
28	Lunch Meeting with Director of Graduate Studies (DGS)
29	Medical Leave of Absence Committee
30	Medical Leave Of Absence Meeting Christine Kavanagh & Renee Seitz
31	Meeting of Future of PhD Education Committee
32	Meeting with A Place To Talk (APTT)
33	Meeting with Academic Advising
34	Meeting with Actively Moving Forward (AMF)
35	Meetings with Dr. Alain Joffe
36	Meeting with Alyse Campbell for Sexual Assault Prevention, Education, and Response Coordinator Position
37	Meeting with Brent Mosser regarding ADHD policy changes
38	Meeting with Campus Ministries
39	Meeting with Career Center
40	Meeting with Caroline Laquerre-Brown
41	Meeting with Dean Eggington regarding Medical Leave of Absence for Graduate Students
42	Meeting with Debbie Pine from Hillel
43	Meeting with Ed Skrodzki- Director of Campus Safety and Security
44	Meeting with Engineering Advising

45	Meeting with Interns and Academic Advising
46	Meeting with Interns and Brent Mosser
47	Meeting with Office of International Student and Scholar Services (OISSS)
48	Meeting with Office of Multicultural Affairs (OMA)
49	Meeting with Patricia Palmer; English as a Second Language (ESL) Coordinator at Peabody Conservatory
50	Meeting with President of Graduate Representative Organization (GRO)
51	Meeting with Residence Life
52	Meetings and Planning with Demere Woolway
53	Meetings with Student Health & Wellness Dietitian
54	Meetings with Student Health &Wellness Physician(s)
55	MLK Keynote Speaker
56	Panelist for Transgender Day (DSAGA)
57	Planning collaborations with Joe Colon at Office of Multicultural Affairs (OMA)
58	Politically Incorrect - Office of Multicultural Affairs
59	Promoting Students of Color Support Group - Office of Multicultural Affairs (OMA)
60	Reception for Kevin Shollenberger
61	Red Cross Blood Drive - donate blood, fall and spring
62	Residence Life Director Interviews
63	Review of Safe Zone Training Manual
64	Safe Zone Meeting
65	Safe Zone Trainings and Facilitator training
66	Scott Pierson's Farewell Office of International Student and Scholar Services (OISSS)
67	Staff and Retiree Recognition Dinner
68	Staff Recognition Reception for those serving 15 years
69	Staff Visit to Peabody Conservatory
70	Student Death Committee
71	Tour of Counseling Center with Kevin Shollenberger and Susan Boswell
72	Visit Office of International Students
73	Welcome Breakfast for Kevin Shollenberger
74	Women in Leadership Conference
75	Women's History Month planning committee

SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2013-14

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 20 professional activities** and involvements that contribute to the betterment of the profession such as research, teaching, etc... (See Section B below). Finally, Counseling Center staff have **memberships in 26 professional organizations** (see Section C below).

#	Section A) Professional Development - Conferences, Workshops, Seminars, Courses, Lectures and other educational activities to enhance skills or to train colleagues.
1	A Closer Examination of Mood Disorders in the DSM-5
2	A Closer Look at Stress I
3	A Closer Look at Stress II
4	Advance Your Cultural Competency in the Clinical Setting: DSM 5 Guidelines
5	Advanced Mindfulness Techniques that Change the Brain: Rewire Depression, Anxiety and Toxic Lifestyle Habits
6	Antidepressants, How Far Have We Come? Where Are We Headed?
7	Attended Coordination of Counseling Center Clinical Services (ACCCCS) Annual Conference
8	Attended Association for Counseling Center Training Agencies Annual Conference
9	Baltimore Psychoanalytic Case Conference - Action & Self Control - Balance between Love/Hate
10	Baltimore Psychoanalytic Case Conference - Boundaries/Ethics
11	Baltimore Psychoanalytic Case Conference - Clinical Work with GLBT Patients
12	Baltimore Psychoanalytic Case Conference - Psychoanalysts look at Film: Kpax
13	Baltimore Psychological Association (BPA) - Ethical Considerations in Education Report Writing
14	Baltimore Psychological Association (BPA) - Addictions, The Inside Story
15	Baltimore Psychological Association (BPA) - DBT: Principles and Practice
16	Baltimore Psychological Association (BPA) - DSM 5
17	Baltimore Psychological Association (BPA) - Topics in the OCD Spectrum
18	Beyond Alcohol Violations: Strengthening Campus Systems
19	Bipolar Spectrum: Bringing Evidence into Practice
20	Campus Sexual Assault Training with Carole Goldberg
21	CAMS (Working with Suicidal Clients) Training
22	Clinical Suicidology: An Evidenced-based Approach to Assessment and Intervention
23	Compassion and Wisdom Conference
24	Compulsive Hoarding: Conceptualizing and Treating the Chaos
25	Dialectical Behavior Therapy: Principles and Practice
26	Disarming the Narcissist
27	Dissertation Work
28	DSM-5: Transitioning Expertise in DSM-IV-TR to a New Model of Diagnosis
29	Editorial Board for The Professional Counselor (TPC) - training webinars
30	Evidence-Based Trauma Treatments & Interventions
31	Gottman Method Level 3 Training
32	Heal Your Heart After Grief: Help Your Clients Find Peace After Break-Ups, Divorce, Death, and Other Losses
33	Identifying and Treating Your Patients' Addictions
34	JHUCC Peer Supervision
35	Journal Therapy

36	Life After Loss: Contemporary Grief Counseling & Therapy
37	Maryland Psychological Association/Foundation (MPAF): Multicultural Conference
38	Mid-Atlantic Intern Conference
39	Mentor Assistance Peer Program (MAPP) Training
40	Professional Development Other: Job Search/Applications
41	Risk Assessment and Treating Clients in Crisis
42	Safe Zone Training: Working with LGBTQ Students
43	Strategic Interventions for Working With Grieving Clients
44	The Body Project training
45	The Psychologist's Role in the Treatment of Obesity
46	The Psychology of Muslim Women: Implications for Clinical Practice
47	Thinking about Psychological Assessment: How to Ask the Right Questions
48	Using the DSM 5 for revolutionizing diagnosis and treatment workshop in Towson
49	Webinar: Supporting Trans Gender Students
50	Writing National Career Development Association (NCDA) conference proposal

#	**Section B) Professional Activities**
1	American Psychological Association - Division 39 Presentation
2	Career Development Quarterly (CDQ), Annual Review Project
3	Completed year-long fellowship through the Baltimore-Washington Psychoanalytic Society
4	Doctoral Dissertation research and writing
5	Guest Editing for the Journal of Applied School Psychology
6	Guest lecturer for the Dissertation Writing class - Fall term
7	Job Search and Application Preparation
8	Licensure - MD State Ethics Exam
9	Licensure Preparation - National Exams
10	Post-doctoral job search activity
11	Published article entitled "The Utility of an Efficient Outcomes Assessment System at University Counseling Centers" in the Journal of College Student Psychotherapy, April 17, 2014 edition
12	Publishing a book chapter (computer assisted career assessment)
13	Publishing a paper in The Professional Counselor
14	Publishing a Review on ACT DVD series
15	Publishing in Journal of College Student Retention: Research, Theory, and Practice
16	Represented the International Association of Counseling Services (IACS) at NASPA
17	Submitting a manuscript based on my doctoral dissertation
18	Suicide Tracking System (STS) Dissertation Research
19	The Professional Counselor (TPC), Editorial Staff
20	Volunteered as psychotherapist for JHU Camp Kesem - residential camp for children with a parent with cancer

#	Section C) Professional Memberships
1	Academy for Eating Disorders
2	Advisory Board Member of Counselors Helping Asian Indians, Inc. (CHAI, Inc.,)
3	American Association of Suicidology (AAS)
4	American Counseling Association (ACA)
5	American Psychological Association (APA)
6	American Psychological Association Division 37-Society for Child and Family Practice
7	American Psychological Association Division 39 - Psychoanalysis
8	American Psychological Association Graduate Student Chapter
9	Association for Contextual Behavioral Science
10	Association for Coordination of Counseling Center Clinical Services (ACCCCS)
11	Association for University and College Counseling Center Directors (AUCCCD)
12	Association of Black Psychologists
13	Association of Counseling Center Training Agencies (ACCTA)
14	Baltimore Psychological Association (BPA)
15	Black Graduate and Professional Student Association
16	Eating Disorder Network of Maryland
17	JHU Black Faculty and Staff Association
18	Maryland Psychological Association (MPA)
19	National Career Development Association
20	National Eating Disorders Association
21	National Register for Health Service Providers in Psychology
22	North American Association of Masters in Psychology
23	Society for Psychotherapy Research
24	Society for Vocational Psychology
25	Southern Regional Education Board Doctoral Scholar
26	Washington Metropolitan Area Counseling Center Directors and Administrators (WMACCD)

SECTION IX: Counseling Center Coordinator Reports: 2013-14

A) African American Student Programs 2013-14 Coordinator Report (Dr. Leslie Leathers)

Dr. Leathers worked to foster relationships with students, faculty and staff within the Black community at Johns Hopkins University. To this end, she met with individuals and groups and attended events sponsored by the Office of Multicultural Affairs (OMA), Black Student Union, Office of Institutional Equity, Black Faculty and Staff Association (BFSA), the Black History Month Committee, and the Diversity Leadership Council. Dr. Leathers attempted to increase the visibility of the Counseling Center and make herself known to students of color by working with the pre-doctoral interns to provide programming to OMA's Mentoring Assistance Peer Program on "How to Recognize and Respond to Students in Distress." She also engaged in informal and formal outreach by describing the services of the Counseling Center and dialoguing with students about their experiences and needs as members of this university community. Dr. Leathers recruited members for the Students of Color Support group, however, the group was ultimately unable to run due to a lack of enough interested parties. She also contributed to the training of pre-doctoral interns by providing seminars on Working with Black Students, Multicultural Competence and Feminist Psychotherapy (which she co-led).

B) Eating Disorder (ED) Program 2013-14 Coordinator Report (Dr. Emily Massey)

Client and Treatment Statistics

- 85 Eating Disorder clients were seen by the staff of the Counseling Center.
- 36 Eating Disorder clients were seen by the Eating Disorder (ED) Coordinator for assessment and individual therapy.
- 4 clients participated in an Eating Disorders treatment/support group. 4 clients participated in a psycho-educational/discussion group using feminist readings to improve body image.
- 62 clients were referred to Student Health & Wellness (SH&W) for medical management of their Eating Disorders.
- 6 clients were referred to the Counseling Center by SH&W for their Eating Disorders.

Programming and Community Activity

- The ED Coordinator planned and presented a 3-hour training on Eating Disorders assessment and evidence-based treatment to the pre-doctoral interns.
- The ED Coordinator had consultation meetings with Dr. Jennifer Moran (college coordinator for the Center for Eating Disorders at Sheppard Pratt) and Sharon Baker (Professional Relations Representative for The Renfrew Center of Towson) to discuss best practices for coordination of treatment between all levels-of-care for EDs.
- To enhance ED outreach efforts, the ED Coordinator and pre-doctoral intern Mary-Catherine McClain participated in meet-and-greets with representatives from JHU's Athletics Department and The Center for Health Education and Wellness (CHEW).
- Along with intern Mary-Catherine McClain and Barbara Schubert of CHEW, the ED coordinator attended a training hosted by the Center for Eating Disorders at Sheppard-Pratt to become certified supervisors for "The Body Project". In numerous studies of college students, this program has been shown to significantly reduce young women's thin-ideal internalization, body dissatisfaction, negative mood, unhealthy dieting, and eating disorder symptoms.
- The ED Coordinator collaborated with pre-doctoral interns Mary-Catherine McClain and Rebecca Schwartz, and Barbara Schubert of CHEW to train 8 student peer leaders to run groups for JHU's new "The Body Project" program.
- The ED Coordinator collaborated with dietician Diane Blahut of SH&W as well as Alanna Biblow and Barbara Schubert of CHEW to organize and develop activities for National Eating Disorders Awareness Week. These included:
    - 2 tabling events offering screenings for Eating Disorders to students. Provided information about individual and group treatment for Eating Disorders through JHU's Counseling Center.
    - Facilitating an arts-and-crafts project meant to promote positive feelings toward one's body.
    - Distributing free "KIND" snack bars with positive body image messages.
    - PEEP's posting body image-positive notes on mirrors around campus.
    - "Girls Night In" event hosted by the Interfaith Center.

Return to Table of Contents

- The ED Coordinator began construction of an Eating Disorders Tracking System (similar to the Counseling Center's Suicide Tracking System) that may be used in the next academic year to better coordinate care between all members of an eating-disordered client's treatment team (individual therapist, ED group therapist, ED Coordinator, physician, and dietitian).

C) Group Therapy Coordinator 2013-14 Report (Dr. Jodi Pendroy)

See Section IV of this report.

D) International Students and Students of Asian Origin 2013-14 Coordinator Report (Dr. Garima Lamba)

- Dr. Lamba continued in her eighth year as the coordinator and liaison for international students and the students of Asian origin.
- The Counseling Center served 185 International Students in 2013-14. The Counseling Center also served 239 students of Asian Origin in 2013-14.
- In this role, Dr. Lamba also continued as the coordinator and liaison to the Peabody Conservatory.
- 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.
- In an effort to help international students feel more connected and less isolated, Counseling Center in partnerships with Office of Graduate Affairs and Office of International Students and Scholar Services, offered the following workshops throughout the academic year:
    - Successfully Transitioning to the JHU Culture and Campus Resources.
    - Surviving in Grad School: Managing Stress, Expanding Your Support Group.
    - Enhancing Communication & Networking Skills for Personal, Academic & Professional Success.
    - Finding Work/Life Balance (How to do great work and still have a life!)
    - Reconnecting to Family and Home after Being in the United States.
- 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 Counseling Center staff on a case-by-case basis, the coordinator continued consultative relationships with the staff members at the International Students and Scholar Services, Graduate Affairs Office, and the staff at the Peabody Conservatory of Music.
- In this role, the coordinator was involved in an active search for Assistant Director Position at the Office of International Students and Scholar Services.
- The coordinator continued her involvement with Counselors Helping South Asian Indians, Inc. (C.H.A.I) as an Advisory Board member. C.H.A.I. is a not for profit organization that addresses the mental health needs of the South Asian community in the Baltimore/DC/Virginia area. 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.

E) LGBTQ 2013-14 Coordinator Report (Dr. Rosemary Nicolosi)

All Counseling Center counselors are well trained to provide individual therapy to LGBTQ students. Furthermore, the services provided to LGBTQ students are enhanced by the expertise provided by Dr. Rosemary Nicolosi who specializes in this work. This year, the Counseling Center treated an abundant and diverse group of LGBTQ students, with their abundant and diverse set of challenges. LGBTQ students present with all the issues commonly experienced by Hopkins students, but they also bring with them an expanded set of issues.

Some of the dialogue of LGBTQ students may include: coming out to parents, grandparents, roommates, friends, and employers; negotiating a heterosexist world which may increase their feelings of alienation and isolation; evaluating the implications of transitioning as a transgender student; exploring their sexual and/or gender identity beyond the natural struggles incumbent during the maturation process; and learning how to make friends, whether romantic or not, as a minority student.

During 2013-14, the Counseling Center offered assistance to both LGBTQ students and the University which included:

- All Counseling Center counselors provided individual therapy to many LGBTQ students.

- A successful LGBTQ Support Group was offered over both semesters. The group proved to be a safe, supportive environment for the members to air their concerns and to work together in giving and getting help. The Group will continue to be offered during the next school year.
- Dr. Nicolosi provided outreach to DSAGA, the student LGBTQ student group at Homewood. She attended meetings and helped students understand what services were available at the Counseling Center.
- As a member of the Safe Zone project, Dr. Nicolosi worked with students and the Director of LGBTQ Student Life to complete the Safe Zone training program. It was launched in 2013-14 and now offers formal training to faculty, students, and staff. Its aim is to develop allies who can support and advocate for LGBTQ students on campus. Dr. Nicolosi was instrumental in training the facilitators who provide the training and she herself was a facilitator of many of the sessions.
- All Counseling Center staff members received the three hour, formal Safe Zone training as part of their professional development program.
- Dr. Nicolosi was a speaker at Hopkins' first Lavender Graduation which is a special event held to recognize LGBTQ and Ally students who are about to graduate from the University. It serves to acknowledge their achievements, contributions, and unique experiences at Hopkins.
- Dr. Nicolosi represented the Counseling Center as a panel member during a discussion for students to learn about and discuss the special challenges of the transgender student. The panel was hosted by DSAGA and took place on the Transgender Day of Remembrance.

F) Outreach/Workshop Program 2013-14 Coordinator Report (Dr. Garima Lamba)

See Section VI of this report for more details.

G) Peabody Conservatory of Music 2013-2014 Coordinator Report (Dr. Garima Lamba)

(See separate 2012-13 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. 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. In addition to the consultation and counseling services, the coordinator also provided the following outreach and workshops:

- At the beginning of the academic year, the coordinator provided training and information to 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 also 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.

Since many of the staff at the Counseling Center were hired recently, the coordinator arranged a meet and greet with Dean Kurita's office early Spring semester (February 26th and March 5th). The staff, including our long time staff, spoke later on about how educational that trip had been. It helped us all put our Peabody students' life in context and appreciate, yet again, the amount of stress these students are under on a daily basis. The staff also appreciated the kindness of Dean Kurita's office in hosting our lunch both days (Thank You Dean Kurita!).

H) Peer Counseling- A Place To Talk (APTT) 2013-14 Coordinator Report (Alexa Halaby)

- 2013-2014 was an active, dynamic year for APTT. Over the course of the two semesters, 23 students took part in training; all of them graduated and have become integral, enthusiastic members of the group. There were 67 APTT members at year's end although 20 seniors will graduate in June.
- APTT sponsored or co-sponsored many outreach events for the community including, Depression Awareness Day (with Active Minds), study breaks in the library, with hot chocolate and donuts, during finals, Health Disparities Week, which this year had a mental health focus, SARUs Date night (with SARU), where students

took part in discussions around healthy dating and relationship violence and the Relax Fair, which provided much-needed relief from finals preparation for hundreds of students.

- At the request of the campus organizations, APTT held training sessions in empathetic listening skills for members of Pi Phi, Study Consultants and PILOT.
- APTT also shared curriculum and materials with students groups from other universities such as, the University of Chicago, SAIS and a private university in Brazil.
- In an effort to better understand and meet the needs of the students APTT serves, they updated their website, expanded their hours and accessibility to students, and significantly improved shift reporting, resulting in better data about the kinds of issues presented and the comfort level of APTTer's in coping with those issues.
- Finally, APTT started General Body Meetings and began to develop a formal constitution for the group.
- APTT is a group of incredibly dedicated, energetic students, who this year have taken every opportunity to reach out to their community and provide the kind of empathy and understanding that only peers can do.

I) Counseling Center Advisory Boards (CCAB) 2013-14 Coordinator Reports (Dr. Eric Rose)

This year marked a proliferation of student interest in mental health and well-being on campus. A marker of this was the increased number of student groups who approached the Counseling Center for advising and support (e.g. Hopkins Speaks Up, AMF). Many of the leaders of these student groups were encouraged to join the Counseling Center Advisory Board (CCAB), which was ultimately comprised of twenty undergraduate students, representing leadership from more than five student groups.

This was a year of transition for the CCAB, as its longtime coordinator was on leave. Dr. Rose took on an interim coordinatorship in late October of 2013. Despite a late start in the academic year, the group drafted a "depression awareness letter" that was sent to all students. The board aimed to increase the letter's impact this year by enlisting coaches, advisors, and others to email the letter directly to students so that it would have a larger impact when seen in student inboxes.

As is undoubtedly the case, board members offered valuable insights into the "pulse" of student life on campus. A primary area of concern for the board was the experience of student isolation and loneliness on campus. The board met throughout the spring to brainstorm how the CCAB might make a positive impact on this problem. At the close of the academic year, the board had closed in on an idea for an event, and the hope is that this will be implemented in the fall, 2014 academic semester.

J) Research Program 2013-14 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

K) Substance Abuse 2013-14 Coordinator Report (Dr. Fred Gager)

- A total number of 199 students seen in counseling for substance use issues:
- Thirty one (31) students were referred to the CC by the Dean of Students Office or Residential Life, 5 were referred by Student Health and Wellness, and 7 were referred by the Athletic Department.
- 124 students offered substance abuse as a presenting problem during intake and were self-referred.
- 105 students did not report substance abuse as a presenting problem but it emerged during the therapy.

The Substance Abuse Coordinator engaged in the following activities during the year:

- The pre-doctoral interns were trained in: a) the brief assessment of substance abuse problems, b) brief motivational intervention strategies, and c) the use of norm based personal feedback.
- Five graduate students were recruited for a 10 session Harm Reduction Group.
- Procedures for the scheduling of intakes for mandated students were established through coordination with the Clinical Director and administrative staff. This effort allowed for a greater number of mandated students to be scheduled with the coordinator.

- Consultation was provided to the Deans, Residential Life and the Athletic Department.
- The Counseling Center continued to utilize the e-CHUG online assessment, which is available to any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide norm based personalized written feedback to students.

The coordinator's goals for the substance abuse program for the following year include:

1. Continue to work with administrative staff and the Clinical Director to further improve procedures for scheduling/assigning intakes for mandated substance abuse referrals
2. Train staff to utilize a uniform assessment, intervention and referral procedures with mandated clients. It is the goal of the coordinator that all staff members will be competent in delivering a brief motivational interview with norm based personal feedback from the e Chug. This goal was not met from the previous year and will be a top priority this year.
3. Recruit members for another time limited harm reduction group.
4. Purchase the e Toke for use with students mandated by the Athletic Department. A significant number of Athletic Department referrals involve students with positive tests for marijuana.

L) Training Program 2013-14 Report (Dr. Matt Torres) – See Section V of this report for details.

M) Graduate Student 2013-14 Coordinator Report (Dr. Eric Rose)

As Graduate Student Liaison, Dr. Rose had significant direct contact with graduate students this year, beginning with orientation in the late summer of 2013. Dr. Rose maintained a strong relationship with the Graduate Representative Organization (GRO), and was invited by them to the Dean's Luncheon, where students are given a chance to ask important questions to administrators regarding student life. Dr. Rose also engaged in outreach to particular departments (e.g. the History department) on topics such as stress management.

Throughout the year, Dr. Rose also took a pro-active role in advocating behind-the-scenes for graduate students. In the summer of 2013, he and Dr. Baum advised the Committee for the Future of PhD Education on how the current climate at JHU impacts graduate students. At the Committee's request, Dr. Rose aggregated and analyzed cross-departmental data on graduate student visits to the CC over the past five years. This data was included in the Committee's report to the President and was reportedly influential in the decision to implement an ombuds program for graduate students. Dr. Rose also met with the Directors of Graduate Studies at the University to advise them on the impact of positive and negative advisor relationships on student mental health.

This academic year also marked a period of significant change for graduate life at JHU. Many substantive shifts in administrative positions occurred. Dr. Rose met with each of these new administrators to build a collaborative rapport, better understand their roles, and to educate them on how the Counseling Center (CC) supports students on campus.

N) Referral Coordinator 2013-14 Report (Mary Haile)

This report marks the end of the first complete academic year that the Counseling Center has had a Referral Coordinator (as part of the Case Manager's responsibility). The Counseling Center made 177 referrals to off campus providers. The Referral Coordinator assisted 21 Center clinicians with referrals. This included helping to make off-campus referrals for 166 students. In addition, clinicians from other colleges were assisted with local referrals. The Coordinator also met with 33 therapists/agencies to recruit them to see JHU students, network and learn of their practices/specialties. The Coordinator helped expand referral resources to include specialized areas such as Grief Groups, specialists in Asperger's Syndrome, Pain, Substance Abuse, etc. The referral coordinator also served on University's Student Health Insurance Committee. This allowed the Referral Coordinator to make connections with the University's new student insurance provider (CIGNA), starting in August, 2014. Negotiations with Consolidated Health Plans (CIGNA network) have resulted in the ability to increase 'in network' participation by more local clinicians, especially psychiatrists. When needed, also assisted students taking a Medical Leave of Absence find mental health providers in their local areas. Finally, the Referral Coordinator assisted in training new pre-Doctoral interns in the CC referral process.

Return to Table of Contents