

**COUNSELING CENTER**

**2014-2015 ANNUAL REPORT**

**AND**

**DATA SUMMARY**

**JOHNS HOPKINS UNIVERSITY**

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## COUNSELING CENTER: 2014-15 ANNUAL REPORT AND DATA SUMMARY

- ★ The Counseling Center (CC) provided **19,997 hours of overall service** during the Academic Year (September 2014 - May 2015) and 24,215 hours for the full year. Direct clinical services (individual, group, psychiatric services and case management of direct clinical services) accounted for 67% of all Counseling Center service time.
- ★ **Individual Personal Counseling** was provided to **1,307 students** (in 7,963 sessions) for an average of 6.1 sessions per client. This is an **increase of 63 student clients** from the previous year.
- ★ **Group Counseling** was provided to **115 students** (compared to 94 students the previous year) in **17 groups** (12 groups) totaling **189 sessions** (157 sessions).
- ★ **Psychiatric services** were provided to **433 students** in 1,744 sessions (1022 hours) for an average of 4 sessions. This represents 33% of all clients served in individual therapy.
- ★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (5% of time), **Outreach and Workshops** (1%), **Consultations** (2.4%), **Community Activity and Committees** (2%), **Professional Development** (2.5%), **Administrative Activity** (13%), and **Professional Activity** including Research and Teaching (1.4%).
- ★ The Counseling Center's 24/7 confidential **Sexual Assault Help Line** received a total of 14 sexual assault related calls including 11 after-hours sexual assault-related calls in 2014-15 (this number does not include 3 after-hours and 6 daytime calls that were clinical in nature but not directly related to sexual assault and 15 after-hours and 7 daytime calls that were not clinical in nature). Overall, the Help Line received 45 calls (29 after-hours; 16 daytime calls) which represents a 375% increase over the 12 calls (8 after-hours; 4 daytime) received 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 2.26 to 2.79 on a 5 point scale ranging from 0 (worst health) to 4 (best health) since the inception of the electronic system began. Of the 2,166 distressed clients who had more than one session, (which allows for measurement of behavioral change), 1,444 (67%) showed improvement including 979 (45%) 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 406 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 **242 client sessions/visits per week** (including psychiatrist sessions/visits) in the Fall 2014 semester. This compares to 213 client sessions in the Fall of 2013. In the Spring 2015 semester the CC **averaged 234 client sessions per week** (including psychiatrists). This compares to 271 in the Spring 2014 semester.
- ★ In the Fall 2014 semester the CC responded to an average of **11.3 clinical urgent care/emergencies per week** compared to 8.8 the previous year. In the Spring 2015 semester the CC responded to 9.4 clinical urgent care/emergencies per week compared to 10.1 clinical urgent care/emergencies per week the previous Spring. The maximum number of **clinical urgent care/emergencies seen per week was 18 during 2 separate weeks of the academic year**.

- ★ The Counseling Center served 357 clients presenting in urgent need (about 27% of clients served). This is an increase from the previous year when 305 clients (25%) presented in urgent need. The Counseling Center responded to 192 after hour emergency calls serving 186 individuals. This compares to 107 calls serving 86 individuals the previous year. The CC made **11 violence assessments** (compared to 25 the previous year) and monitored **108 students in its suicide tracking system** (compared to 82 students the previous year), recommended 77 mental health leaves (compared to 52 the previous year), and administered 47 readmission evaluations (compared to 38 the previous year). The Counseling Center made 206 off-campus referrals for more extensive treatment (to a total of 163 clients) compared to 177 the previous year. The CC played a significant role in preventing 194 students from dropping out of school this past year, while 63 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 24 emergency room visits resulting in 20 hospitalizations. This compares to 23 emergency room visits and 11 hospitalizations the previous year.
- ★ The **most common problems/symptoms** presented by clients during individual therapy include: “general anxieties and worries” (38%), “feelings of being overwhelmed” (35%), “time management and motivational issues” (35%), “academic concerns” (29%), “lack of self-confidence or self-esteem” (25%), “overly high standards for self” (23%), “generally unhappy and dissatisfied” (22%), “depression” (19%), “thoughts of ending your life” (18%), “lack of motivation, detachment, and hopelessness” (18%), “loneliness and homesickness” (16%), and “sleep problems” (16%). These problems are not mutually exclusive.
- ★ The CC continued its collaborative efforts with the Student Health and Wellness Center to utilize the Patient Health Questionnaire-9 (**PHQ-9**) as a brief mental health assessment and referral tool. The CC received 47 PHQ-9 referrals (compared with 42 in 2013-14) from SHWC. Thirty (64%) of the referred students were seen at the CC after their referral (27 or 64% in 2013-14).
- ★ The CC provided 45 **Outreach Activities, Workshops, and Consultation programs** last year serving 1,715 students, 24 faculty and staff, and 506 “others” such as parents for an overall total of 2,245 individuals.
- ★ The CC **Intake Service Evaluation Questionnaire**, an anonymous survey taken after the initial clinical session, and completed by 63% of CC clients reveals that **64% of clients feel that the personal counseling intake experience is excellent** while an additional 34% feel that the experience is good.
- ★ The CC also provided services to the **Peabody Conservatory of Music**. Fifty six percent (56%) of Peabody students completed an anonymous survey, after the initial session, on the quality of the services they received. **72% of the Peabody students reported that they had “an excellent experience”** while 25% 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 54 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 24 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 23 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 18 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 Counseling Center Advisory Board continues to be a resource to help develop initiatives to foster a healthier and more caring community. The CCAB worked to create a colorful brochure for students regarding the steps to take when a friend is in distress. In the Spring, the CCAB applied for and won a student-life grant, which it used to partner with CHEW (Center for Health Education and Wellness) to put together an alcohol awareness event on the quad.

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SECTION I. Overview of CC Hours by Service Activity: Academic Year 2014-15 (August 18, 2014- May 17, 2015) and Full Year (May 19, 2014- May 17, 2015)		
Function/Activity for 2014-15 Academic Year (AY)	Staff Hours AY 2014-2015 (Full Year)	% Staff Hours AY 2014-2015
1. Individual Therapy - Counselors (includes after hour on-call hours/HelpLine)	6,840 (7,963 hours for full year)	34.2%
2. Psychiatrists' Visits/Medication Checks	902 (1744 appts/1022 hours for full year)	4.5%
3. Group Therapy	211 (247 hours for full year)	1%
4. Clinical Management (Individuals, Psychiatrists & Groups)	6,462 (7,361 hours for full year)	32.3%
5. Training & Supervision Activity	990 (1,170 hours for full year)	5%
6. Outreach and Workshops Activity	188 (202 hours for full year)	1%
7. Consultation Activity	476 (545 hours for full year)	2.2%
8. JHU Community Activity	410 (511 hours for full year)	2%
9. Professional Development Activity	493 (820 hours for full year)	2.5%
10. Professional Activity*	278 (344 hours for full year)	1.4%
11. Administrative Activity**	2,608 (2734 hours for full year)	11.3%
<b>All Services: Total for Academic Year in hours</b>	<b>19,997 (24,215 hours for full year)</b>	<b>100.0%</b>

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

**\*\*Note:** Administrative Activity includes staff meetings, public relations, budget activity, data management, coordinating activity with 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. (1,408 hours of the 2,608 administrative hours or 54% of all administrative hours were incurred by the CC directors (Drs. Mond and Torres) during the academic year; 1,833 of 2,734 administrative hours for full year or 67% %.)

**SECTION II: Individual Psychotherapy Statistics: May 19, 2014 - May 17, 2015**
**A) Direct Services Caseload Statistics**

<b>1. General Numbers</b>	<b>#</b>
No. of Clients seen in Personal Counseling (Full year)	1,307
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	7,963
No. of Clients seen by Consulting Psychiatrists (Full Year)	433 (33%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1744
No. of Peabody Conservatory Students served	95 (7%)
No. of Peabody Conservatory Students therapy sessions	551
No. of Peabody Conservatory Students served by Consulting Psychiatrists	27 (28%)
No. of Peabody Conservatory Students Consulting Psychiatrist sessions	109
No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year)	332 (25%)
No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester)	181
No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester)	151
No. of Emergency clients served after-hours by CC staff	186
No. of Emergency phone calls received after-hours by CC staff	192
No. of Help Line calls received after hours by CC staff	29
No. of Sexual Assault Help Line calls received Daytime plus After-hours	45
No. of Clients that required counselor to come to campus for face-to-face evaluation	6
No. of Hours spent in after-hours emergencies by CC staff	104 hours 11 min
Avg. Number of minutes spent responding to each after hour emergency call (min – max)	33 min (4- 655 min)
No. of Weeks during year that required after hours emergency response	47 of 52
No. of Students sent to emergency room– after hours plus day	24
No. of Students sent to emergency room– after hours	11
No. of Students sent to emergency room– day	13
No. of Students hospitalized - after hours plus day	20
No. of Students hospitalized - after hours	3
No. of Students hospitalized - day	17
No. of Clients CC estimated to have helped stay in school	194 (15%)
No. of Students given CC Mental Health Withdrawal	77 (6%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	63 (5%)
No. of Students who received Readmission Evaluation	47 (3%)
No. of Clients in CC Suicide Tracking System	108 (8%)
No. of Clients believe prevented from harming self/others	192 (15%)
No. of Clients assessed for ADHD	57 (4%)
No. of Clients treated or assessed for Substance Abuse	200 (15%)
No. of Clients treated or assessed for Eating Disorders	90 (7%)
No. of Clients given Violence Assessment	11 (1%)
No. of clients who report that “someone in their family owns a gun”	194 (15%)
No. of Clients who received counseling who indicated Sexual Assault	27 (2%)
No. of Clients who received counseling who indicated Sexual Assault occurred on campus	9 (<1%)
No. of Clients estimated to have successfully terminated at end of AY	467 (36%)
No. of Clients referred off campus	163 (12%)
No. of Client referrals assisted by Case Manager	179 (14%)
No. of Non-Client referrals assisted by Case Manager (25 of these were non-students)	37

**2. Intakes (New & Returning Clients) Seen per Week during Academic Year**

Average # of Intakes /Week (Fall Semester)	34.4
Average # of Intakes /Week (Spring Semester)	22.8
Average # of Intakes /Week (Academic Year)	29.1
Maximum # of Intakes/Week (Academic Year) – Week of 9/8/14	56



<b>3. Clients Seen per Week during Academic Year (AY)</b>	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	208.0
Average # of clients seen/Week (Fall - Including Psychiatrists)	258.8
Average # of clients seen/Week (Spring - Not including Psychiatrists)	214.6
Average # of clients seen/Week (Spring- Including Psychiatrists)	261.7
Maximum # of clients seen/Week (AY- Not include Psychiatrists) – Week of 11/3/14	243
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 11/3/14	291

<b>4. Psychiatrist Clients Seen per Week during Academic Year</b>	
Average # of Psychiatrist clients seen/Week (Fall Semester)	44.6
Average # of Psychiatrist clients seen/Week (Spring Semester)	47.1
Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 11/17/15	60.0

<b>5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year</b>	
Average # of daytime emergencies seen/Week (Fall Semester)	11.3
Average # of daytime emergencies seen/Week (Spring)	9.4
Maximum # of daytime emergencies seen/Week (AY) – Week 11/3/14	18.0

<b>6. Total # of Individual Clients Seen since 2000</b>	
Total # Clients Seen for 2014-15	1,307
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

<b>7. AY Weekly Case Load Comparisons since 2000 (not including Psychiatry Sessions)</b>	
Average Sessions/Week for 2014-15	211
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

<b>8. AY Daytime Average Emergency Sessions per Week -Comparisons since 2000</b>	
Average Sessions for 2014-15	10.4
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

<b>9. # of Appointments per client during past year</b>	<b>(A) Clinical Staff Only (n=1,234)</b>	<b>(B) Psychiatrists Only (n=409)</b>	<b>(C) All Staff incl Psychiatrists +Triage (n=1,244)</b>
1 appointment	244 (19%)	100 (23%)	225 (18%)
2 appointments	199 (15%)	57 (13%)	188 (15%)
3 appointments	165 (13%)	69 (16%)	144 (11%)
4 appointments	103 (8%)	57 (13%)	95 (7%)
5 appointments	85 (7%)	40 (9%)	57 (4%)
6 appointments	69 (5%)	35 (8%)	70 (5%)
7 appointments	62 (5%)	22 (5%)	70 (5%)
8 appointments	52 (4%)	11 (3%)	40 (3%)
9 appointments	40 (3%)	16 (4%)	39 (3%)
10 appointments	40 (3%)	13 (3%)	41 (3%)
11 appointments	39 (3%)	3 (1%)	41 (3%)
12 appointments	22 (2%)	3 (1%)	28 (2%)
13 appointments	34 (3%)	1 (<1%)	29 (2%)
14 appointments	22 (2%)	4 (1%)	28 (2%)
15 appointments	17 (1%)	1 (<1%)	12 (1%)
16+appointments	104 (8%)	1 (<1%)	177 (14%)

<b>9a. # of Appointments per client during past year</b>	<b>(A) Clinical Staff Only (n=1,307)</b>	<b>(B) Psychiatrists Only (n=433)</b>	<b>(C) All Staff incl Psychiatrists +Triage (n=1,244)</b>
1-5 appointments	796 (61%)	323 (75%)	710 (55%)
6-10 appointments	263 (20%)	97 (22%)	260 (20%)
11-15 appointments	134 (10%)	12 (3%)	138 (11%)
16- 20 appointments	54 (4%)	1 (<1%)	89 (7%)
21+ appointments	50 (4%)	0 (0%)	88 (7%)
Average # of visits/per client (staff only)			6.1 visits
Average # of visits/per client (psychiatrists)			4.0 visits
Average # of visits/per client (triage + staff + psychiatrists)			7.2 visits

<b>10. Health Insurance</b>	
No. of clients who reported having University (Aetna Student Health) Insurance Policy	508 (39.0%)
No. of graduate student clients who reported having University Health Insurance Policy	327 of 385 (84.9%)
No. of undergrad student clients with a University Health Insurance Policy	172 of 894 (19.2%)
No. of international Students who reported having University Health Insurance Policy	181 of 208 (87.0%)
No. of clients referred to off-campus providers	163 of 1,307 (12%)
No. of clients referred to off-campus providers with University Health Insurance	65 of 508 (13%)

**B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,307)**

<b><u>1. Sex at Birth</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Male	529	40.5%
Female	778	59.5%
Intersex	0	0%

<b><u>2. Gender</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Man	522	39.9%
Woman	774	59.2%
Transgender	3	0.2%
Prefer Not to Answer	7	0.5%
Other	1	0.1%

<b><u>3. Sexual Orientation</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Bisexual	65	5.0%
Gay	44	3.4%
Heterosexual	1099	84.1%
Lesbian	16	1.2%
Questioning	22	1.7%
Prefer Not to Answer	46	3.5%
Other	15	1.1%

<b><u>4. School Affiliation</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Arts and Sciences	905	69.2%
Engineering	297	22.7%
Peabody Conservatory of Music	95	7.3%
Post- Baccalaureate Program (Pre-Med)	9	0.7%
Other	1	0.1%

<b><u>5. Age</u></b>		
Age Range	17-49 years	
Mode	19 years	
Mean	22.16 years	
Median	21.0 years	

<b><u>6. Ethnic Status</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
African-American/Black	78	6.0%
American Indian/Alaskan Native	1	0.1%
Asian-American/Asian	288	22.1%
Hispanic/Latino	114	8.7%
Native-Hawaiian/Pacific Islander	1	0.1%
Multi-Racial	61	4.7%
White/Caucasian	698	53.5%
Prefer Not to Answer	36	2.8%
Other / No Response	27	2.1%

<b><u>7. Marital Status</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Single	797	61.5%
Serious Dating / Committed Relationship	421	32.5%
Civil Union / Domestic Partnership	6	0.5%
Married	66	5.1%
Divorced	3	0.2%
Separated	3	0.2%

<b><u>8. Class Year</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
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Freshman	182	13.9%
Sophomore	228	17.4%
Junior	244	18.7%
Senior	242	18.5%
Graduate Student	386	29.5%
Post-Bac Program-Premed	14	1.1%
Other	11	0.8%

<b><u>9. Academic Standing</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Good Standing	1,192	92.5%
Academically dismissed	15	1.2%
Reinstated	10	0.8%
On Probation	72	5.6%

<b><u>10. Other Items</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
International Students	209	16.1%
Transfer Students	24	1.8%
Physically Challenged Students	12	0.9%
Students concerned about Attention Deficit Disorder (ADD)	238	18.4%

<b><u>11. Academic Major</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
<b><u>Undeclared/ Undecided</u></b>	<b>36</b>	<b>2.8%</b>
<b><u>Arts and Science Totals (Some students report more than one major)</u></b>	<b>905</b>	<b>69.2%</b>
Anthropology	17	1.3%
Behavioral Biology	14	1.1%
Biology	88	6.8%
Biophysics	21	1.6%
Chemistry	24	1.8%
Classics	8	0.6%
Cognitive Science	31	2.4%
Earth & Planetary Science	11	0.8%
East Asian Studies	3	0.2%
Economics	55	4.2%
English	29	2.2%
Environmental Earth Sciences	12	0.9%
Film and Media Studies	8	0.6%
French	6	0.5%
German	3	0.2%
History	34	2.6%
History of Art	11	0.8%
History of Science, Medicine, & Technology	8	0.6%
Humanistic Studies	3	0.2%
Natural Sciences	5	0.4%
International Studies	50	3.8%
Italian Studies	5	0.4%
Mathematics	22	1.7%
Music	93	7.2%
Near Eastern Studies	7	0.5%
Neuroscience	78	6.0%
Philosophy	22	1.7%
Physics & Astronomy	34	2.6%
Political Science	42	3.2%
Pre-Med Cert (Post-Baccalaureate)	13	1.0%
Psychological and Brain Sciences	41	3.2%
Public Health	87	6.7%
Romance Languages	1	0.1%
Sociology	8	0.6%
Spanish	10	0.8%

Writing Seminars	61	4.7%
Other Arts & Sciences	10	0.8%
Other Area Majors	2	0.2%
<b><u>Engineering Totals</u></b>	<b>297</b>	<b>22.7%</b>
Biomedical Engineering	56	4.3%
Chemical Engineering	45	3.5%
Civil Engineering	11	0.8%
Computer Engineering	10	0.8%
Computer Science	45	3.5%
Electrical Engineering	18	1.4%
Engineering Mechanics	1	0.1%
General Engineering	3	0.2%
Geography & Environmental Engineering	14	1.1%
Materials Science & Engineering	13	1.0%
Mathematical Sciences	11	0.8%
Mechanical Engineering	43	3.3%
Other Engineering	16	1.2%

<b><u>12. Medical Information/History</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Previously received counseling elsewhere	458	35.1%
Currently taking medication	590	45.5%
Experiencing medical problems	240	18.6%
Medical problem in family	498	38.2%
Emotional problem in family	517	39.7%
Alcoholism / Substance Abuse in family	371	28.5%

<b><u>13. Residence</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
On-Campus Residence Hall / Apt.	455	34.9%
Fraternity / Sorority House	17	1.3%
On / off Campus Co-operative	11	0.8%
Off-campus Apartment / House	779	59.8%
Other Housing	41	3.1%

<b><u>14. How first heard of Counseling Center</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Brochure	95	7.5%
Career Center	13	1.0%
Faculty	65	5.1%
Flyer	23	1.8%
Friend	348	27.4%
Relative	32	2.5%
Residence Hall Staff	67	5.3%
Contact w/ Center Staff	31	2.4%
Newsletter	9	0.7%
Saw Location	5	0.4%
Student Health & Wellness	102	8.0%
JHU Publication	36	2.8%
Peabody Publication	5	0.4%
Word of Mouth	184	14.5%
Dean of Students	27	2.1%
Security Office	2	0.2%
Other	224	17.7%

<b><u>15. Referral Source</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
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Myself	707	54.7%
Friend	224	17.3%
Relative	45	3.5%
Residential Life Staff	40	3.1%
Faculty	43	3.3%
Staff	20	1.5%
Student Health & Wellness	87	6.7%
Career Center	1	0.1%
Academic Advising	30	2.3%
Dean of Students	46	3.6%
Security Office	3	0.2%
Other	46	3.4%

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

#	<u>Presenting Concern</u>	#	%
1	Anxieties, fears, worries (Item #18)	499	38.4%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	460	35.4%
3	Time management, procrastination, motivation (Item #3)	460	35.3%
4	Academic concerns; school work / grades (Item #1)	391	29.2%
5	Self-confidence / Self-esteem; feeling inferior (Item #16)	318	24.5%
6	Overly high standards for self (Item #5)	302	23.2%
7	Generally unhappy and dissatisfied (Item #21)	281	21.7%
8	Depression (Item #26)	243	18.7%
9	Thoughts of ending your life (BHM item #10) (including Sometimes and A Little Bit)	239	18.3%
10	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	229	17.6%
11	Loneliness, homesickness (Item #9)	210	16.2%
12	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	203	15.6%
13	Decision about selecting a major / career (Item #8)	200	15.4%
14	Test anxiety (Item #2)	198	15.2%
15	Pressures from competition with others (Item #6)	167	12.9%
16	Concern over appearances (Item #17)	164	12.6%
17	Pressure from family for success (Item #7)	163	12.6%
18	Concern regarding breakup, separation, or divorce (Item #13)	144	11.1%
19	Relationship with romantic partner (Item #12)	137	10.6%
20	Stage fright, performance anxiety, speaking anxiety (Item #4)	134	10.3%
21	Relationship with friends and/or making friends (Item #11)	125	9.6%
22	Physical stress (Item #35)	121	9.3%
23	Shy or ill at ease around others (Item #15)	109	8.4%
24	Conflict / argument with parents or family member (Item #14)	104	8.0%
25	Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	85	6.6%
26	Eating problem (overeating, not eating or excessive dieting) (Item #29)	83	6.4%
27	Concern that thinking is very confused (Item #40)	82	6.3%
28	Have been considering dropping out or leaving school (Item #44)	78	6.0%
29	Problem adjusting to the University (Item #20)	72	5.6%
30	Grief over death or loss (Item #27)	59	4.5%
31	Concerns about health; physical illness (Item #34)	50	3.9%
32	Physically or emotionally abused, as a child or adult (Item #33)	47	3.6%

33	Distress related to relationship with advisor/mentor(s) (Item #46)	45	3.5%
34	Concerns related to being a member of a minority (Item #23)	43	3.3%
35	Confusion over personal or religious beliefs and values (Item #22)	43	3.3%
36	Sexual matters (Item #37)	41	3.2%
37	Fear of loss of contact with reality (Item #42)	38	2.9%
38	Alcohol / drug problem in family (Item #31)	33	2.5%
39	Relationship with roommate (Item #10)	33	2.5%
40	Alcohol and/or drug problem (Item #30)	28	2.2%
41	Sexually abused or assaulted, as a child or adult (Item #32)	25	1.9%
42	Violent thoughts, feelings, or behaviors (Item #43)	24	1.9%
43	Issue related to gay / lesbian identity (Item #24)	18	1.4%
44	Fear that someone is out to get me (Item #41)	15	1.2%
45	Feel that someone is stalking/harassing me (item #45)	6	0.5%
46	Problem pregnancy (Item #38)	4	0.2%

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

<u>Career Issues</u>	<u>Number</u>	<u>%</u>
Decision about selecting a major / career (Item #8)	200	15.4%
Distress related to relationship with advisor/mentor(s) (Item #46)	45	3.5%
<u>Academic Issues</u>		
Time management, procrastination, motivation (Item #3)	460	35.4%
Academic concerns; school work / grades (Item #1)	391	29.2%
Overly high standards for self (Item #5)	302	25.6%
Test anxiety (Item #2)	198	15.2%
Stage fright, performance anxiety, speaking anxiety (Item #4)	134	10.3%
Pressures from competition with others (Item #6)	167	12.9%
Pressure from family for success (Item #7)	163	12.6%
Have been considering dropping out or leaving school (Item #44)	78	6.0%
<u>Relationship Issues</u>		
Loneliness, homesickness (Item #9)	210	16.2%
Concern regarding breakup, separation, or divorce (Item #13)	144	11.1%
Shy or ill at ease around others (Item #15)	109	8.4%
Relationship with romantic partner (Item #12)	137	10.6%
Relationship with friends and/or making friends (Item #11)	125	9.6%
Conflict / argument with parents or family member (Item #14)	104	8.0%
Relationship with roommate (Item #10)	33	2.5%
<u>Self-esteem Issues</u>		
Self-confidence / Self-esteem; feeling inferior (Item #16)	318	24.5%
Concern over appearances (Item #17)	164	12.6%
Shy or ill at ease around others (Item #15)	109	8.4%
<u>Anxiety Issues</u>		
Anxieties, fears, worries (Item #18)	499	38.4%
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	460	35.4%
Problem adjusting to the University (Item #20)	72	5.6%
<u>Existential Issues</u>		
Generally unhappy and dissatisfied (Item #21)	281	21.7%
Confusion over personal or religious beliefs and values (Item #22)	43	3.3%
Issue related to gay / lesbian identity (Item #24)	18	1.4%
Concerns related to being a member of a minority (Item #23)	43	3.3%
<u>Depression</u>		
Depression (Item #26)	243	18.7%

General lack of motivation, interest in life; detachment and hopelessness #25)	229	17.6%
Grief over death or loss (Item #27)	59	4.5%
<b><u>Eating Disorder</u></b>		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	83	6.4%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	205	15.8%
<b><u>Substance Abuse</u></b>		
Alcohol / drug problem in family (Item #31)	33	2.5%
Alcohol and/or drug problem (Item #30)	28	2.2%
<b><u>Sexual Abuse or Harassment</u></b>		
Physically or emotionally abused, as a child or adult (Item #33)	47	3.6%
Sexually abused or assaulted, as a child or adult (Item #32)	25	1.9%
<b><u>Stress and Psychosomatic Symptoms</u></b>		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	203	15.6%
Physical stress (Item #35)	121	9.3%
Concerns about health; physical illness (Item #34)	50	3.9%
<b><u>Sexual Dysfunction or Issues</u></b>		
Sexual matters (Item #37)	41	3.2%
Problem pregnancy (Item #38)	4	0.2%
<b><u>Unusual Thoughts or Behavior</u></b>		
Concern that thinking is very confused (Item #40)	82	6.3%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	85	6.6%
Fear of loss of contact with reality (Item #42)	38	2.9%
Violent thoughts, feelings, or behaviors (Item #43)	24	1.9%
Fear that someone is out to get me (Item #41)	15	1.2%
Feel that someone is stalking/harassing me (item #45)	6	0.5%

<b>18. Behavioral Health Monitor by Item at Intake (N=1,304)</b>	<b># Reporting Extremely or Very Serious Problem (+moderate Problem)</b>	<b>%</b>
1) How distressed have you been?	503	38.6%
2) How satisfied have you been with your life?	469	36.0%
3) How energetic and motivated have you been feeling?	543	41.7%
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?	34	2.6%
6) How much have you been distressed by wanting to harm someone? (Including 'Sometimes' and 'A Little Bit')	8 (69)	0.6% (5.3%)
7) How much have you been distressed by not liking yourself?	332	25.5%
8) How much have you been distressed by difficulty concentrating?	510	39.1%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	51	3.9%
10) How much have you been distressed by thoughts of ending your life? Almost Always, Often, Sometimes (and 'A Little Bit')	100 (239)	7.7 % (18.3%)
11) How much have you been distressed by feeling sad most of the time?	327	25.1%
12) How much have you been distressed by feeling hopeless about the future?	315	24.2%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	261	20.0%
14) How much have you been distressed by alcohol / drug use interfering	24	1.8%



with your relationships with family and/or friends?		
15) How much have you been distressed by feeling nervous?	398	30.5%
16) How much have you been distressed by your heart pounding or racing?	202	15.5%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	211	16.2%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	358	27.5%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	279	22.1%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	303	24.4%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk)	48 (152)	2.8% (11.7%)

C) Individual Psychotherapy: Intake Service Evaluation Survey.						
1) Respondents' Characteristics: (N=825) (63% return rate)						
<b><u>1) Race:</u></b>			<b><u>2) Class Status:</u></b>		<b><u>3) Residence:</u></b>	
African-American	6.9%		Freshman	13.1%	On-campus	34.9%
Asian-American	19.5%		Sophomore	16.0%	Off-campus w family	5.2%
Caucasian	56.5%		Junior	20.6%	Other off-campus	59.9%
Latino	9.1%		Senior	19.1%		
Other	8.0%		Graduate Student	29.2%		
			Alumnus	0.7%		
			Other	1.2%		
<b><u>4) School Affiliation</u></b>			<b><u>5) Gender:</u></b>		<b><u>6) Status:</u></b>	
Arts and Sciences	69.9%		Male	39.3%	Student	99.4%
Engineering	23.0%		Female	60.7%	Staff Member	0%
Peabody Conservatory	6.5%				Faculty Member	0.1%
Other	0.5%				Other	0.5%

<b>2) Respondents' Evaluation and Comments:</b>			
<b>7) I was able to see a therapist for my first appointment within a reasonable amount of time:</b>			
Yes -----	98.3%	No -----	0.8%
		Unsure-----	0.9%
<b>8) I found the receptionist to be courteous and helpful:</b>			
Yes -----	97.3%	No -----	0.5%
		Unsure-----	2.2%
<b>9) I felt comfortable waiting in the reception area:</b>			
Yes -----	95.0%	No -----	2.7%
		Unsure -----	2.3%
<b>10) Do you feel the therapist was attentive and courteous?</b>			
Yes -----	99.6%	No -----	0.2%
		Unsure -----	0.1%
<b>11) Do you feel the therapist understood your problem(s)?</b>			
Yes -----	95.9%	No -----	0%
		Unsure-----	4.1%
<b>12) Did the therapist give you information about the services of the Counseling Center?</b>			
Yes -----	96.2%	No -----	2.5%
		Unsure -----	1.2%

<b>13) Do you plan to continue with additional services at the Center?</b>		
Yes, I was satisfied with service -----		81.3%
Yes, if I can get a convenient appointment -----		8.8%
Yes, but I'm not sure this is the best place -----		3.1%
Yes, if-----		2.7%
No, because problem was solved-----		1.0%
No, because I don't have a problem-----		0.2%
No, because I don't like the therapist-----		0.0%
No, the hours are not convenient-----		0.0%
No, not eligible-----		0.2%
No, they cannot help me-----		0.1%
No, not now -----		1.2%
No, because -----		1.3%
No Response (NR)-----		0.0%
<b>14) Overall Impression of Counseling Center?</b>		
Excellent -----63.5%    Good ----- 33.8%    Fair ----- 2.7%    Poor ----- 0%		

**15) Comments.** There were 121 comments on the Counseling Center's Service Evaluation Forms. 89 comments (74%) were viewed as positive, 17 comments (14%) were assessed as somewhat negative, and 11 comments (9%) were considered neutral. Most of the negative comments related to the waiting room experience and to the perceived difficulty arranging frequent appointments.

Comment #	Evaluation #	COMMENTS	Pos.	Neu.	Neg.
1	2	Therapist 88 is wonderful!	1		
2	6	Prefer more private waiting time			1
3	13	I have so appreciated everyone I've been in contact with at the Counseling Center. I felt heard, helped, and that you were available whenever I needed to be in contact. Friends with other therapists have also shared similar sentiments. Thank you so much.	1		
4	15	I like the layout/presentation of the counseling center and feel close to my therapist.	1		
5	17	Thanks!	1		
6	21	Great. I always look forward to coming.	1		
7	24	Thanks!	1		
8	29	Good enough.		1	
9	32	My experience at the CC has been extremely positive and helpful in my life. My quality of life has improved by leaps and bounds.	1		
10	33	The rating/sign-in system is poorly worded and confusing.			1
11	47	I am very pleased with all the service provided here, and I am also very thankful. Thank you.	1		
12	50	Everyone has been so helpful. I am very thankful to all, in particular Therapist 88, Therapist 60 and both receptionists.	1		
13	51	This was my saving grace this year! Therapist 112 is the best! And Therapist 93.	1		
14	52	Thank you all so much! It means a lot. Keep up the amazing work!	1		
15	56	The JHU counseling center rocks my socks off.	1		
16	69	Lovely people (except for Therapist 67 he feels like he doesn't care)	1		1
17	75	Truly and essential service for the Hopkins community—an excellent resource which has been	1		

		incredibly helpful for me.			
18	76	Been here for years—great!	1		
19	81	Hope can add some Saturday & Sunday hours since during summer I have to intern and could not make here during weekdays.		1	
20	83	Please turn off the radio in the reception space. Put better lights			1
21	84	I wish I could continue to use the services here once I am employed at school of medicine. It has been a good experience.	1		
22	106	Thanks for your hard work!	1		
23	116	Therapist 70 & Therapist 104 are wonderful	1		
24	121	I've had a really great experience here, helpful, open, easy to talk to therapists and a good general setting	1		
25	124	Fantastic experience in a safe place. Appreciate the inclusion of all LGBTQ issues and concerns students face in America today	1		
26	125	The CC has helped my mental health at Hopkins tremendously and I am grateful for the services they offer.	1		
27	127	I am a continuing patient from the spring and I am very satisfied with this service.	1		
28	129	Therapist 109 is a wonderful therapist; I wish she weren't leaving so soon!	1		
29	133	I really like coming here and talking. My only problem would be how busy the counselors are but of course that is not their fault. Therapist 88 makes room for me and I really appreciate it.	1		1
30	144	After nearly a year of treatment, I've seen real progress in my emotional health. I am grateful to Therapist 88, Therapist 61, and Therapist 108 for all the help they've given me.	1		
31	174	Therapist 88 was the best thing that happened to me in college.	1		
32	178	I appreciated Therapist 104's attention and her willingness to offer advice when I needed it. Her patience with me as I explained what was going on with my life was so helpful. Thank you.	1		
33	186	Therapist 60 and Therapist 62 are both great!	1		
34	192	It helped me made sense of what I was feeling before.	1		
35	215	Very satisfied with Therapist 61 and the counseling center as a whole	1		
36	221	I was very nervous about coming in. I originally had no intention of following up, but I feel very comfortable and would like to continue to come back.	1		
37	222	This has been a great experience so far. Even the waiting area is warm and welcoming—and I like the white noise machine!	1		
38	225	Very friendly, supportive, just the right amount of talking and listening. (Therapist 62)	1		
39	227	I rate the Counseling Center excellent because Therapist 62 has been so helpful in managing my depression—she's very compassionate, which is an approach that has worked really well for me when I've been in crisis.	1		
40	259	Very good first experience; looking forward to coming back	1		

41	262	Comfortable and relaxing environment	1		
42	263	I like the lollipops	1		
43	273	😊	1		
44	276	I wish I had come earlier, talking with the counselor was very helpful	1		
45	277	Great environment; felt really comfortable	1		
46	281	This was a return visit with the same counselor I spoke with last year.		1	
47	287	The counseling center is a great resource at Hopkins. The staff is always attentive and understanding.	1		
48	296	It was nice to talk to someone new who was attentive.	1		
49	297	Therapist 88 is great and extremely understanding. I feel comfortable with her.	1		
50	302	Therapist 105 is amazing –so responsive and so thoughtful! She helped me get through a rough freshman year!	1		
51	303	The counseling center is a great place	1		
52	320	Very gracious and sweet therapist—felt super comfortable	1		
53	331	I am very happy I came in today and was able to speak about my issues.	1		
54	377	Very helpful and reassuring	1		
55	385	The music is really soothing and everyone is really nice.	1		
56	397	Thank you	1		
57	407	It is a little awkward to wait in the lobby, because of the stigma of mental illness; I'm not sure what can be done about it.			1
58	421	It would be helpful if we could fill the forms online from home.		1	
59	429	Was easy to talk about everything. Normally I don't open up.	1		
60	433	Thanks	1		
61	443	This first session changed the way I was thinking about my problem, and I am grateful. I look forward to applying this in future sessions.	1		
62	454	Very professional and helpful	1		
63	461	For me this place is becoming APTT		1	
64	465	Therapist 62 was very friendly and soft spoken so I felt at ease with her and was able to speak candidly.	1		
65	470	It was a really great experience	1		
66	472	Amazing! I really feel much better now	1		
67	473	Wonderful environment. Very easy to set up an appointment and get started.	1		
68	487	He was very nice and approachable. I am very grateful to meet him as a counselor	1		
69	500	Appreciate the help, looking forward to the next appointment	1		
70	513	She was very understanding and helpful. I felt very comfortable talking to her.	1		
71	522	Not a fan of the music in the reception area			1
72	529	Great!	1		
73	538	For me it is hard to know if counseling will actually help me solve my problems/understand my life better – what counseling offers is unclear to me basically		1	
74	543	Not sure where this is going or how it will help in the end, but I'm willing to give it a try.		1	
75	544	Therapist 120 was amazing. I was nervous about	1		

		sharing some unusual personal details, but she listened calmly and offered no judgment. I felt valued & heard			
76	558	Therapist did a great job listening to my problems.	1		
77	562	Good first session, hoping future will be a little more relaxed, easygoing or less serious.	1		1
78	566	I've been here 3 times before, but never jeep my follow-up appointments- this time I definitely will because Therapist 62 is lovely and not judgy like Therapist 88.	1		1
79	569	Thank you!	1		
80	574	Red color of waiting room has aggressive feeling about it			1
81	575	The chair was kind of awkward...I feel like that's not a valid question			1
82	577	Therapist 2 is phenomenal!	1		
83	593	It was a good initial session, but I can't say much from just that experience.		1	
84	600	Thank you.	1		
85	607	Very pleasant reception and service. Thank you.	1		
86	613	Thank you for listening and being so patient! I'm really grateful JHU has these counseling services available to students	1		
87	621	Therapist 93 has already been extremely helpful and uses a method very consistent with my personality.	1		
88	638	I was impressed with my session and therapist specifically. I felt weird in the waiting room because I didn't want anyone to know I was here.	1		1
89	642	Great counselor	1		
90	653	Therapist 105 was fantastic listened very well. I think I have to come to terms with continuing with therapy and I will make-up my mind.	1		
91	663	My therapist really changed my view of counseling in general. I am very grateful to have met her.	1		
92	677	Therapist 119 was very responsive and understanding when I described all of my problems and concerns and I want to thank her for that	1		
93	679	My therapist was friendly and she did a great job making me feel comfortable in a situation I hadn't experienced before.	1		
94	681	I felt that Therapist 101 was interested in helping me come up with a plan to get through some of this stuff.	1		
95	682	It seems like there could be a way of better matching clients to intake therapist based on both schedule and expertise. It seemed to be based only on schedule.			1
96	694	I am interested in the POC group that was mentioned.		1	
97	697	Thanks so much!	1		
98	703	I really like my therapist and am looking forward to continuing to meet with him.	1		
99	704	Did you know, most comments sections are ignored ;)		1	
100	708	I expect her to give me more direct advice rather than leave it to me.			1
101	709	Not actually first visit. I knew about available services as of two weeks ago.		1	
102	716	My therapist seemed pretty understanding and willing to work things out with me. I'm hoping my next visit will be more helpful than my initial intake visit.	1		1
103	722	Wish to have water while waiting			1

104	727	Very interesting experience. I look forward to the benefits and results of my visit	1		
105	732	First impression-wise, I really like Therapist 104.	1		
106	736	Thanks!	1		
107	743	Love Therapist 119! Fabulous and very easy to be comfortable around!	1		
108	747	Very good experience. Will return in 2 weeks (already scheduled it)	1		
109	753	More frequent appointments			1
110	760	Thank you	1		
111	764	I was originally scared at first to come in but in the end, I don't regret it! The staff was friendly and approachable. The therapist was also really great to speak to.	1		
112	766	Therapist was very attentive and patient. She showed concern over what I was feeling and was a good help in pinpointing what I might be feeling and how I can go about fixing that problem.	1		
113	775	Definitely a positive experience, can be very helpful if I let it.	1		
114	783	Scheduling appointments is HARD			1
115	788	She was fantastic—I feel much more relieved.	1		
116	793	Look forward to seeking further counseling for further guidance and information	1		
117	796	Thank you all.	1		
118	800	I was really able to discuss what I was going through with Therapist 101, which was a great relief.	1		
119	820	Very helpful	1		
120	824	Counseling center is a blessing. While scheduling availability of therapist needs to increase in time manner, overall I have been treated well.	1		1
121	830	Time scheduling seems to be flawed & session times could be more liberally allotted for less session overlap.			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:

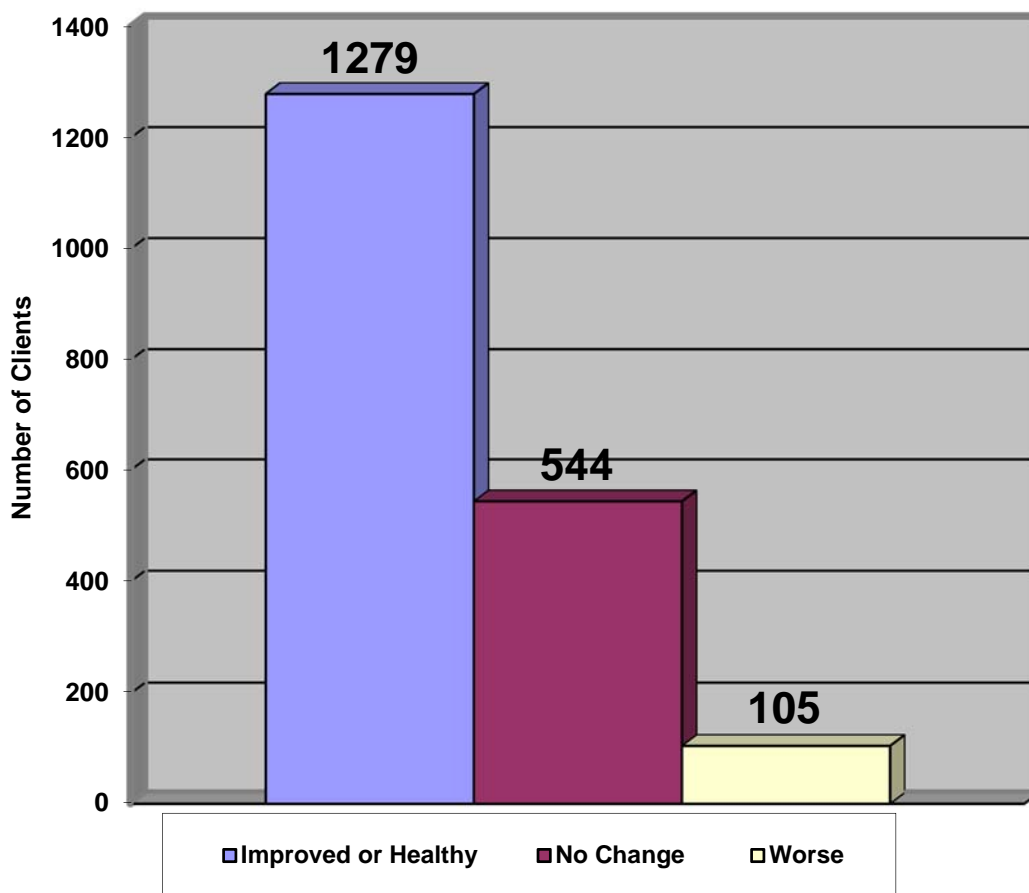
BHM20 Score	Mental Health Category
2.93 – 4.00	Indicates positive mental health for college students
2.10 - 2.92	Indicates mild illness or adaptive difficulty
0.00 - 2.09	Is symptomatic of serious illness

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.

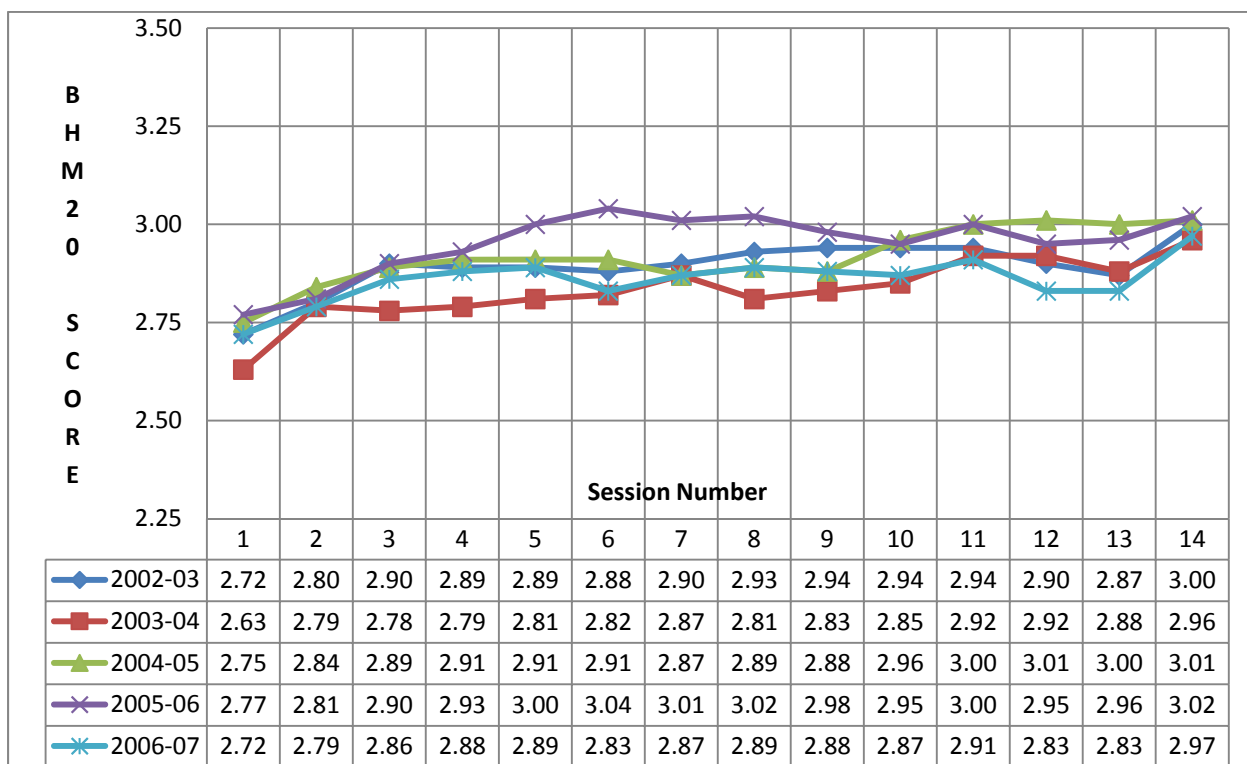
**Figure 1. Mental health change for new clients seen between 2002-2007**



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).**



### 3) BHM20 Research Findings: 2007-08 and 2008-09.

In 2007-08, working with Dr. Kopta, the mental health categories and cutoff scores were reviewed and revised. It was determined that the BHM20 measure would be more helpful to clinicians if the clinical change categories were more sensitive. As a result an additional mental health category was added and the cutoff scores were adjusted slightly. The revised categories are shown below:

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

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

**Table 2: Distribution of Client BHM20 Scores at the Initial Session in 2008-09 by Mental Health Category.**

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

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

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

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

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

Table 4 below shows the mean BHM20 scores across sessions through session 12 and for the last session for “all clients” (new and returning), “new clients” and “returning clients.” The mean BHM20 scores at the initial session for all, new, and returning clients were respectively 2.83, 2.80, and 2.86. The mean BHM20 score at the last session of the year for all clients, new clients, and returning clients were respectively 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.**

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

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

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

	Change in mental health category between Intake Session and Last Session	# New Clients	% New Clients	Healthy (Normal) or Improved Significantly	No Change & in Unhealthy Range	In Unhealthy Range or got Significantly Worse
Improved	1) Severe to Moderate (1 to 2)	9	1.30%	544 78.7%	107 15.5%	40 5.8%
	2) Severe to Mild (1 to 3)	22	3.18%			
	3) Severe to Healthy (1 to 4)	48	6.95%			
	4) Moderate to Mild (2 to 3)	13	1.88%			
	5) Moderate to Healthy (2 to 4)	41	5.93%			
	6) Mild to Healthy (3 to 4)	101	14.62%			
	7) Improved 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%			
	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%			
	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 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%
<b>TOTALS</b>	<b>590</b>	<b>100%</b>	<b>457</b>	<b>100%</b>	

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.**

<b>BHM-20 &amp; BHM 43 CRITERIA FOR CELESTHEALTH SYSTEM</b>	<b>MILD DISTRESS</b>	<b>MODERATE DISTRESS</b>	<b>SEVERE DISTRESS</b>
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%
<b>TOTALS</b>	<b>636</b>	<b>100%</b>	<b>481</b>	<b>100%</b>	

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%
<b>TOTALS</b>	<b>627</b>	<b>100%</b>	<b>499</b>	<b>100%</b>	

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%
<b>TOTALS</b>	<b>3,425</b>	<b>100%</b>	<b>2,843</b>	<b>100%</b>	

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.

## 9) 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%
<b>TOTALS</b>	<b>627</b>	<b>100%</b>	<b>498</b>	<b>100%</b>	

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
<b>Global Mental Health</b>	337	2.28	2.78	229 (68%)	150 (45%)	79 (23%)	50 (8%)
<b>Anxiety</b>	301	1.70	2.36	186 (62%)	128 (43%)	78 (26%)	60 (9%)
<b>Depression</b>	353	1.95	2.60	219 (62%)	133 (38%)	107 (30%)	52 (8%)
<b>Suicidity</b>	99	2.31	3.56	81 (82%)	72 (73%)	13 (13%)	20 (3%)
<b>Alcohol</b>	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).

### 10) BHM20 Data Results: 2014-15

During 2014-15 the Counseling Center served 1,307 clients in individual therapy. Of these, 695 were new clients with an average of 4.9 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 4.9 therapy sessions with an average intake score of 2.24 (in the moderately distressed range) and an average final score as of May 18, 2014 of 2.72 (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 2015 semester to continue their therapy.

Table 20 below shows the mental health category distribution of new clients at the initial intake session and at their last therapy session of the 2014-15 year. The table shows that at intake 36% of the 689 new students were in the healthy/normal range, 28% of the students were mildly distressed, and 36% were in the moderately or severely distressed range. Table 20 also shows that of these students, 539 students completed at least two sessions before the end of the 2014-15 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 16% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

**Table 20: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2014-15 by Mental Health Category.**

BHM20 Health Category	# of Students at Initial Session of 2014-15 Year (n=689)	%	# of Students at Last Session of 2014-15 Year (n=539)	%	% change
Normal range (BHM= 2.94 - 4.00)	245	36%	283	52%	+16%
Mildly distressed range (BHM=2.38 – 2.93)	195	28%	149	28%	0%
Moderately distressed range (BHM= 2.09 - 2.37)	113	16%	53	10%	-6%
Severely distressed range (BHM= <2.09)	136	20%	54	10%	-10%
<b>TOTALS</b>	<b>689</b>	<b>100%</b>	<b>539</b>	<b>100%</b>	

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 2014-15 there were 370 such clients. Table 21 below shows on the BHM20 Global Health Measure that 245 (66%) clients showed improvement including 148 (40%) clients that indicated full recovery. Table 21 also shows (as of May 17, 2015) that 90 (24%) of the distressed clients had not changed significantly as of end of the academic year while 70 clients (10%) showed deterioration.

**Table 21: Client Change in Mental Health Status in New CC Clients Seen More than 1 Session: 2014-15\***

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	370	2.24	2.72	245 (66%)	148 (40%)	90 (24%)	70 (10%)
Anxiety	309	1.61	2.30	188 (61%)	126 (41%)	94 (30%)	75 (11%)
Depression	367	1.85	2.54	230 (63%)	130 (35%)	109 (30%)	63 (9%)
Suicidality	132	2.37	3.55	104 (79%)	89 (67%)	22 (17%)	22 (3%)
Alcohol	95	2.75	3.48	64 (67%)	48 (51%)	23 (24%)	31 (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 21 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 79% for suicidality. It should be noted that total recovery for suicidal clients is 67%.

(Table 11 above provides the actual cutoff scores for each of the subscales).

Since inception (since 5/18/2009) of the electronic Behavioral Health Monitoring (BHM20) CelestHealth system the CC has served 3,910 student clients. Table 22 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 84% for suicidality. Total recovery for suicidal clients is 73%. (See Table 11 above for cutoff scores for each subscale.)

**Table 22: Client Change in Mental Health Status since inception (since 5/18/2009) for New CC Clients Seen More than 1 Session**

BHM Measure	n	Intake Score	Last Score	Improved	Recovered	Unchanged	Deteriorated
<b>Global Mental Health</b>	2,166	2.26	2.79	1,444 (67%)	979 (45%)	516 (24%)	406 (10%)
<b>Anxiety</b>	1,837	1.66	2.42	1,207 (66%)	845 (46%)	446 (24%)	480 (12%)
<b>Depression</b>	2,197	1.90	2.63	1,421 (65%)	891 (41%)	604 (27%)	407 (10%)
<b>Suicidality</b>	666	2.35	3.60	559 (84%)	483 (73%)	80 (12%)	151 (4%)
<b>Alcohol</b>	558	2.87	3.57	407 (73%)	331 (59%)	96 (17%)	220 (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 949 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 23 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 23: Summary of Change in Suicide Tracking Clients for 2010-11.**

Client Outcome at the End of AY2010-11	# of Clients	Mean 1 <sup>st</sup> Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients who Successfully Achieved Resolution of Suicidality	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
<b>All Suicide Tracking Clients</b>	<b>60 (100%)</b>	<b>1.86</b>	<b>2.56</b>	<b>+.75</b>	<b>14.2</b>

Table 24 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 24: Summary of Change for Suicide Tracking Clients by Medication: 2010-11**

	# of Clients	Mean 1 <sup>st</sup> 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 25 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 25: Summary of Change in Resolved Clients Suicide Tracking Clients by Medication: 2010-11.**

	# of Clients	Mean 1 <sup>st</sup> Session BHM20 Score	Mean Last Session BHM20 Score	Mean Change Score	Mean # of Session
Resolved Clients on Medication	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 this 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 26: Summary of Change in Suicide Tracking Clients for 2011-12.**

<b>Client Outcome at the End of AY2011-12</b>	<b># of Clients</b>	<b>Mean 1<sup>st</sup> Session BHM20 Score</b>	<b>Mean AY Last Session BHM20 Score</b>	<b>Mean Change Score</b>	<b>Mean # of Session</b>
<b>Clients who Successfully Achieved Resolution of Suicidality</b>	26 (30%)	2.31	3.08	+1.49	12.0
<b>Clients who dropped out of therapy</b>	7 (8%)	1.73	2.17	+0.44	8.6
<b>Clients referred out</b>	5 (6%)	1.78	1.99	+0.21	6.8
<b>Clients who graduated without resolution of suicidality</b>	7 (8%)	2.60	2.21	-0.39	26.6
<b>Clients continuing in treatment</b>	24 (28%)	1.92	2.41	+0.49	12.5
<b>Clients who withdrew/left School</b>	15 (17%)	1.85	2.00	+0.15	11.5
<b>Clients with Incomplete information</b>	3 (3%)	1.67	2.97	+0.30	7.0
<b>All Suicide Tracking Clients</b>	<b>87 (100%)</b>	<b>2.01</b>	<b>2.58</b>	<b>+0.57</b>	<b>12.6</b>

### **3) Data for Clients Indicating Suicidality: 2012-13.**

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 27 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 27: Summary of Change in Suicide Tracking Clients for 2012-13.**

<b>Client Outcome at the End of AY2012-13</b>	<b># of Clients</b>	<b>Mean 1<sup>st</sup> Session BHM20 Score</b>	<b>Mean AY Last Session BHM20 Score</b>	<b>Mean Change Score</b>	<b>Mean # of Session</b>
<b>Clients who Successfully Achieved Resolution of Suicidality</b>	28 (33%)	2.11	3.10	+0.99	9.3
<b>Clients who dropped out of therapy</b>	7 (8%)	1.91	2.05	+0.14	2.5
<b>Clients referred out</b>	6 (7%)	2.14	2.42	+0.28	10.2
<b>Clients who graduated without resolution of suicidality</b>	6 (7%)	1.63	2.27	+0.64	15.8
<b>Clients continuing in treatment</b>	24 (28%)	1.56	1.94	+0.38	12.7
<b>Clients who withdrew/left School</b>	9 (11%)	1.92	2.24	+0.32	10.7
<b>Clients with Incomplete information</b>	5 (6%)	1.90	3.09	+1.19	12.5
<b>All Suicide Tracking Clients</b>	<b>85 (100%)</b>	<b>1.94</b>	<b>2.60</b>	<b>+0.56</b>	<b>10.8</b>



#### **4) Data for Clients Indicating Suicidality: 2013-14.**

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 28 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 28: Summary of Change in Suicide Tracking Clients for 2013-14.**

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

#### **5) Data for Clients Indicating Suicidality: 2014-15.**

During the past year 239 clients (18.3%) of 1,307 clients presenting at the Counseling Center reported some suicidal content at intake. This included 137 women and 101 males. Also, 40 were international students. Of these 239 clients, 100 (7.7% of all student clients) reported moderate, serious, or severe suicidal thoughts (36 males, 63 females, 17 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 73 were enrolled in Arts and Science, 17 were enrolled in Engineering, and 10 were enrolled at Peabody. Five identified as African- American, 31 as Asian-American/Asian, 8 as Hispanic/Latino, 42 as European American/White/Caucasian, 7 as Multiracial, 2 Other, and 3 Preferred Not to Answer. Sixteen reported they were freshmen, 26 were sophomores, 18 were juniors, 24 were seniors and 15 were graduate students. Eighty-three suicidal clients reported they were heterosexual, 4 reported being gay, 4 reported being bisexual, 2 were “questioning,” 3 responded “other” and 4 preferred not to answer with regard to their sexual orientation.

One-hundred and eight clients who met the criteria for risk for suicidality were placed in the Center’s Suicide Tracking System (STS). 84 were enrolled in Arts & Science, 13 in Engineering, 9 at the Peabody Conservatory (plus one combined Engineering/Peabody student) and 1 post-bac student. This accounted for 8.3% of all student clients seen at the Counseling Center in 2014-15. This compares to 82 clients (6.6%) that were placed in the Suicide Tracking System Clients tracked in 2013-14. These 108 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 29 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 29, 29 of the 108 STS clients (27%) resolved their suicidality in an average of 18.1 sessions. Thirty suicidal clients (28%) continue in treatment as the academic year ended, 4 suicidal clients were referred out, 17 clients withdrew from the University, 13 clients graduated before their suicidality was resolved, and 15 clients dropped out of treatment. Again, as shown in the Table xx 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 29: Summary of Change in Suicide Tracking Clients for 2014-15.**

<b>Client Outcome at the End of AY2014-15</b>	<b># of Clients</b>	<b>Mean 1<sup>st</sup> Session BHM20 Score</b>	<b>Mean AY Last Session BHM20 Score</b>	<b>Mean Change Score</b>	<b>Mean # of Session on STS</b>
<b>Clients who Successfully Achieved Resolution of Suicidality</b>	29 (27%)	1.87	2.86	+0.99	18.1
<b>Clients who dropped out of therapy</b>	15 (14%)	2.05	2.62	+0.57	3.1
<b>Clients referred out</b>	4 (4%)	1.84	2.58	+0.74	5.0
<b>Clients who graduated without resolution of suicidality</b>	13 (12%)	1.86	2.28	+0.42	18.6
<b>Clients continuing in treatment</b>	30 (28%)	1.83	2.42	+0.59	11.6
<b>Clients who withdrew/left School</b>	17 (16%)	1.59	2.19	+0.60	10.5
<b>All Suicide Tracking Clients</b>	<b>108 (100%)</b>	<b>1.78</b>	<b>2.55</b>	<b>+0.77</b>	<b>12.0</b>

#### **6) Continuing Suicide Tracking and Behavioral Health Monitor Research Efforts.**

We continue in our collaboration with Dr. David Jobes and his team in collecting and sharing data. Dr. Jobes et al. continue to analyze the data, recommend improvements to our suicide tracking system, provide clinical support with suicidal clients, and continue to guide our research efforts.

Additionally, the Counseling Center, working closely with the developer of the BHM20, S. Mark Kopta, Ph.D., 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. 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. It is worth noting that 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.

This year, the Counseling Center worked with Dr. Kopta to beta test the MedBHM, a version of the BHM20 for psychiatrists. Two psychiatric fellows working at the Center participated in beta testing, which provided invaluable input toward continued development of the instrument. A beginning version of a training manual for utilizing the MedBHM was also written by the Counseling Center. For the coming year, it is anticipated that input will be provided by Counseling Center consulting psychiatrists; a psychiatric fellow working at the Center will provide additional beta testing; and the MedBHM training manual will be revised. Implementation of the MedBHM for use by all Center consulting psychiatrists and psychiatric fellows is anticipated once the beta testing phase is completed.

#### **C) Patient Health Questionnaire – 9 (PHQ-9).**

Beginning in 2013-14, the Student Health and Wellness Center began requesting that students seeking their services complete a brief mental health screening tool – the Patient Health Questionnaire-9 (PHQ-9). The Counseling Center worked in collaboration with the SHWC to develop policies and procedures for SHWC referrals to the Counseling Center based on a student's PHQ-9 responses.

The Counseling Center also developed policies and procedures for following-up on these referrals. For referred students whose overall PHQ 9 score is 0 to 14, the Counseling Center contacts the student within 1 business day by phone (with resulting voicemail message if necessary and email if there is no voicemail option). For referred students whose overall PHQ 9 score is 15 and above (and students who indicate suicidal ideation regardless of their overall score), the CC's initial response is the same, with an additional follow-up if there is no response by the student within



2 weeks. Additionally, if the referred student is a current client, the CC therapist is notified of the PHQ-9 referral and handles the referral as needed.

In 2014-15 we received 47 PHQ-9 referrals (compared with 42 in 2013-14). Thirty (64%) of the referred students were seen at the Counseling Center after their referral (27 or 64% in 2013-14). Five referred students were current clients of the CC and all were seen for follow-up after the referral (compared with 3 current clients in 2013-14, all of whom were seen for follow-up). Six were former clients, and 5 of those were seen for follow-up after the referral (compared with 6 former clients in 2013-14, 4 of whom were seen for follow-up).

## SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2014-15

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 17 psychotherapy groups for a total of 189 group sessions/243 hours of group therapy. A total of 115 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 Support Group	5	6	60 minutes	5
2	Dialectical Behavior Therapy (DBT) Skills Group	6	6	75 minutes	7.5
3	Dissertation Support Group I	43	11	90 minutes	64.5
4	Dissertation Support Group II	6	8	90 minutes	9
5	Eating Disorders Treatment Group	19	7	75 minutes	23.8
6	Gott Love? I	6	10	60 minutes	6
7	Gott Love? II	4	5	60 minutes	4
8	Graduate Student Process Group	34	7	90 minutes	51
9	Introduction to Mindfulness Meditation Group Fall 2014	6	12	60 minutes	6
10	Introduction to Mindfulness Meditation Group Spring 2015	6	17	60 minutes	6
11	LGBTQ Student Support Group Fall 2014	8	4	90 minutes	12
12	LGBTQ Student Support Group Spring 2015	8	5	90 minutes	12
13	Living with a Mood Disorder	5	6	60 minutes	5
14	Living with Loss Support Group	17	6	60 minutes	17
15	Students of Color Discussion Group	4	5	60 minutes	4
16	Undergraduate Student Therapy Group Fall 2014	5	5	60 minutes	5
17	Undergraduate Student Therapy Group Spring 2015	6	5	60 minutes	6
	<b>Totals</b>	<b>188</b>	<b>125</b>		<b>243.8</b>

## SECTION V: Summary of Sexual Assault Help Line

This year, the Counseling Center changed the name of its 24/7 confidential sexual assault response line from the **Sexual Assault Safe Line** to the **Sexual Assault Help Line**. Additionally, this service, which previously was made available to Homewood and Peabody students only, was (a) more widely advertised via the Counseling Center website, the new JHU Sexual Assault Response and Prevention website and during university orientation activities; and (b) made available to all Johns Hopkins University students.

### Sexual Assault Help Line – Summary of After-Hours and Daytime Calls

	Total # of Calls	Caller had been sexually assaulted	Caller concerned about someone who had been sexually assaulted	Clinical Concern not related to sexual assault	Non-Clinical Call (e.g., wrong number)
<b><u>After-Hours</u></b>					
2014-15:	29	8 (4 confirmed to be from students)	3 (1 confirmed student)	3	15
2013-14:	8	2	1	1	3
<b><u>Daytime</u></b>					
2014-15:	16	1 student	2 students	6	7
2013-14:	4	1	1	0	2

Overall, our number of **after-hours Sexual Assault Help Line** calls increased from 8 in 2013-14 to 29 in 2014-15 (a 363% increase) and **our daytime Sexual Assault Help Line** calls increased from 4 to 16 (a 400% increase). The numbers increased in virtually every category from one year to the next.

Of the 8 calls received from individuals who had been sexually assaulted, we can confirm that 4 calls came from 3 JHU students (meaning one student called on 2 different occasions). Three calls came from a non-affiliate and one from an anonymous caller. Our data does not permit us to identify the JHU school or campus of the callers who were students.

## SECTION VI: Summary of Counseling Center Pre-Doctoral Internship Training Program 2014-15

Dr. Matthew Torres is the Director of the Counseling Center's American Psychological Association accredited Training program. Beginning February 2, 2015 Dr. Torres concurrently filled the roles of Training Director and Interim Director of the Counseling Center. As Training Director, Dr. Torres 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 2014-2015.

Below is a description of the 2014-2015 training program including: (1) a summary of the interns and supervisors for 2014-2015, (2) an overview of the services and activities of the training program, (3) a description of the training assessment process, (4) a statement of contact with interns' academic programs, (5) a summary of the Intern recruitment and selection process for 2015-2016, and (6) a description of the ongoing development and changes to the Pre-Doctoral Psychology Internship Program.

### A. Trainees and Supervisors

- Director of Training – Matthew Torres, Ph.D.
- Four Pre-Doctoral Psychology Interns:
  - **Ekaterina (Kate) Amarando, M.S.** (West Virginia University)
  - **Emily Dreiling, MA, LPC** (University of Northern Colorado)
  - **Reisha Moxley, M.Ed.** (University of Georgia)
  - **Jessica Oddo, M.A., M.S.** (La Salle University)
- Clinical Supervisors:

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

- 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 2014-2015 interns performed 286 intake evaluations, including 19 emergency intakes, during the Fall and Spring semesters. During that period they saw 320 clients for 1588 sessions, including 24 emergency sessions.
- All interns co-led at least one **group** for students with a professional staff member. Kate Amarando co-led an Undergraduate Therapy Group in the Fall and Spring and a Gott Love? relationships group in the Spring; Emily Dreiling co-led a Gott Love? relationships group in the Fall and an Anxiety/Stress Management Group in the Spring; Reisha Moxley co-led a Graduate Student Therapy Group in the Fall and Spring and a Students of Color Support Group in the Spring; and Jessica Oddo co-led a Mindfulness Group in the Fall and a Living with Loss Support Group in the Spring. Interns co-led a total of 82 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 43 emergency sessions (19 emergency intakes and 24 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 Help Line) with senior staff back-up during the Spring semester.
- 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 Assessments**

- **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 2014 by the 2013-2014 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 2013-2014 and 2014-2015 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

#### **E. Recruitment and Selection of 2015-2016 Interns**

- **Received 117 completed applications** (an increase of 2 from the previous year). Consistent with the previous year, there was significant representation of ethnic minorities and those with a minority sexual orientation in the applicant pool, considerable geographic representation, and strong representation from both clinical and counseling psychology academic programs, as well as from both Ph.D. and Psy.D. programs. 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, 15 self-identified as members of an ethnic or sexual minority group, and 2 were international students. Fifteen were from clinical psychology graduate programs, 10 were from counseling psychology programs, and 1 was from a combined Counseling and School Psychology program. 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 2015:
  - **Kourtney Bennett, MEd.** (Fordham University - Lincoln Center)
  - **Yin Lin, M.S., M.A.** (Virginia Commonwealth University)
  - **Stephanie Mocer, M.F.T.** (Adler School of Professional Psychology, Chicago, IL)
  - **Lyubov (Luba) Popivker, M.A., Ed.S.** (Loyola University of Maryland)

## SECTION VII: Summary of Outreach/Workshops and Consultation by CC Staff: 2014-15

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-Baccalaureate Premedical Orientation	Post-Baccalaureate Premedical	5/20/2014	31	0	44
2	New Student and Family Orientation	Student Affairs	8/15/2014	0	0	0
3	Johns Hopkins Underrepresented in Medical Professions (JUMP)-Facilitation of Small Group Discussions	Office of Multicultural Affairs	8/18/2014	10	2	0
4	Resident Advisor Orientation Training	Office of Residential Life	8/19/2014	76	4	0
5	First Year Mentor Training	Freshman Orientation	8/20/2014	60	0	0
6	Resident Advisor Training: Behind Closed Doors Facilitation	Office of Residential Life	8/20/2014	76	4	0
7	Graduate Student Orientation - Presentation and Participation	Graduate Student Services	8/21/2014	500	0	110
8	Parents' Reception I	Parent Orientation	8/22/2014	68	0	70
9	Parents' Reception II	Parent Orientation	8/23/2014	0	0	50
10	International Students Parents' Panel	Parent Orientation	8/23/2014	0	0	0
11	Outreach and Workshop Program - Students	Parent Orientation	8/23/2014	43	0	200
12	Parents' Assembly	Parent Orientation	8/23/2014	0	0	0
13	New International Student Orientation: Cultural Transition - Parts I & II	Office of International Services	8/25/2014	190	0	0
14	Hopkins 101 - LGBTQ Student Life	Hopkins 101	8/26/2014	50	0	0
15	Self-Care Presentation for Preventative Education and Empowerment for Peers (PEEPS) with the Center for Health Education and Wellness (CHEW)	Student Affairs	8/27/2014	10	2	0
16	Peabody Orientation	Peabody	8/29/2014	18	0	0
17	Stress Management	Student Affairs	9/30/2014	6	0	0
18	Mentoring Assistance Peer Program (MAPP) and Student Empowering and Educating for Diversity (SEED) Talk	Office of Multicultural Affairs	10/2/2014	70	4	0
19	Building Healthy Relationships: Dealing with Bad Times	University (in collaboration with CHEW and the Office of LGBTQ services)	10/20/2014	1	0	15

20	Family Weekend	University	10/24/2014	0	0	0
21	Body Project Training with the Center for Health Education and Wellness (CHEW)	Student Affairs	10/24/2014	15	0	1
22	Follow-up Family Weekend	University	10/28/2014	0	0	44
23	Individual Counseling Center Staff Meetings with A Place to Talk (APTT)	A Place to Talk (APTT)	12/3/2014	1	0	0
24	Surviving Graduate School	Bridge Program	12/4/2014	15	0	0
25	Peabody Resident Advisor training	Student Affairs	1/9/2015	7	1	0
26	International Bridge Program Series: Enhancing Communication and Networking Skills for Personal, Academic, and Professional Success	Office of International Services	1/20/2015	70	5	0
27	Resident Advisor Training for Self Injury and Active Listening Skills	Office of Residential Life	1/22/2015	50	0	0
28	Building Healthy Relationships: Dealing with Bad Times	University (in collaboration with CHEW and the Office of LGBTQ services)	2/13/2015	27	1	0
29	The Culture of Hair - presented to students at the Office of Multicultural Affairs	Office of Multicultural Affairs	2/16/2015	14	0	0
30	Peabody Health and Wellness Fair	Peabody	2/25/2015	7	0	0
31	Office of Multicultural Affairs (OMA) - Social Justice	Office of Multicultural Affairs	2/25/2015	2	0	0
32	Bridge Program Series: Work Life Balance	Office of International Services	3/23/2015	42	0	3
33	Imposter Syndrome Discussion and Presentation	Graduate Students	3/26/2015	4	0	0
34	Global Friendship Club: International Students Concerns and Coping	Global Friendship Club: An international students organization at Hopkins	3/27/2015	32	0	0
35	Wellness & Dealing with Students in Distress as Their Tutors	Office of Academic Advising: Services for Peer-Led-Team Learning (PILOT) Tutors, Study Skills Consultants and Learning Den Tutors	4/2/2015	0	0	13
36	Spring Open House and Overnight Program (SOHOP)	Student Affairs	4/9/2015	45	0	0
37	Wellness & Dealing with Students in Distress as their Tutors	Office of Academic Advising: Services for Peer-Led-Team Learning (PILOT) Tutors, Study Skills Consultants and Learning Den Tutors	4/9/2015	11	0	0
38	Accepted Student's Event	Admissions	4/16/2015	3	0	0
39	International Bridge Program Series: Reconnecting to Family and Home After Being in the US	Office of International Services	4/16/2015	10	0	0
40	LGBTQ Speakers Bureau	Homewood Student Affairs (LGBTQ Student Life)	4/22/2015	9	0	0



41	Sexual Assault Resource Unit (SARU)	Student Affairs	4/23/2015	20	0	0
42	Alcohol Awareness Table - CCAP event	Student Affairs	4/27/2015	50	0	0
43	Office of Multicultural Affairs (OMA) Discussion with Students Re: Sociopolitical Events in Baltimore and YikYak forum	Office of Multicultural Affairs	4/28/2015	7	0	0
44	Student Life Discussion with Students Re: Sociopolitical Events in Baltimore	Student Affairs	4/30/2015	50	0	0
45	Lavender Graduation	Homewood Student Affairs (LGBTQ Student Life)	5/9/2015	1	0	0

<b>No. Workshop/Outreach and Community Consultation Programs</b>	<b>45</b>
<b>No. of Students served</b>	<b>1,715</b>
<b>No. of Faculty and Staff served</b>	<b>24</b>
<b>No. of "Other People" served</b>	<b>506</b>
<b>Total No. of People served in Outreach and Community Consultation Programs</b>	<b>2,245</b>

## SECTION VIII: Summary of JHU Community Activity by Counseling Center Staff: 2014-15

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) **18 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	2013-2014 Intern Farewell Luncheon
2	Community Act meeting with Ed Skrodzki (Director of Campus Security)
3	Counseling Center Advisory Board (CCAB)
4	Counseling Center Brochures Development Committee
5	Counseling Center Director, Dr. Michael Mond's Retirement Luncheon
6	Counseling Center Diversity Committee
7	Counseling Center Holiday Party Planning Committee
8	Counseling Center Intern Training Committee
9	Counseling Center Sexual Assault Helpline Project with A.Boyle, D.Sheppard and Others
10	Counseling Center Sexual Assault Specialist Search Committee
11	Counseling Center Staff Luncheon
12	Counseling Center Website Committee
13	Counseling Center Welcome Party Committee
14	Counseling Center participation in the Adopt a Family Project
15	Personal Information Form (PIF) Intake Redesign
16	Supervisor's Training Subcommittee
17	Union Memorial Crisis Intervention Team
18	Work Study Student Training Project

#	2) Interdepartmental/Divisional/University-Wide/External Community Involvement
1	After Hours On-Call Procedures Follow Up Meetings
2	Alcohol Strategy Group
3	Attended JHU Forum on Race in America
4	Attended Sexual Assault Awareness Month Community Resources Panel
5	Bias Incident Response Team (BIRT)
6	Bias Training for Preparation to Serve on a Search Committee
7	Black Faculty and Staff Association (BFSA) Juneteenth
8	Black Faculty and Staff Association (BFSA) Meeting
9	Business Continuity Planning - Tabletop Exercise
10	Business Continuity Planning (BCP) Meetings
11	Consolidated Health Plan (CHP) Implementation Meeting
12	Counseling Center Advisory Board (CCAB) Meetings
13	Creation of Video Introducing CC Staff and Services for the Office of Residential Life
14	Crisis Intervention after Insomnia Cookies Employee Suicide
15	Dean of Student Life Holiday Party
16	Degree Completion Committee
17	Discussion about Intake with LGBTQ Student Life Director
18	Diversity Leadership Council (DLC) Awards Ceremony
19	Diversity Leadership Council (DLC) Retreat
20	Diversity Leadership Council (DLC) Subcommittee Meeting
21	Homewood Crisis Management Exercise
22	Homewood Incident Command (ICS) Emergency Meetings
23	Homewood Student Affairs (HSA) Appreciation Event
24	Homewood Student Affairs (HSA) Breakfast
25	Homewood Student Affairs (HSA) Directors Meetings
26	Imposter Syndrome Consultation Meeting
27	Insurance Committee
28	Interns' Meet & Greet with Campus Security
29	Interns Meeting with Lia Pappas from Student Health and Wellness (SHW)
30	Interns' Visit to the Office of International Students
31	Interview Search for Counseling Center Director
32	Interview Search for Dean Of Student Life Case Manager positions - Spring 2015
33	JHU Diversity Leadership Council - Annual Conference
34	Letter to Faculty and Staff
35	LGBTQ Staff and Faculty Reception
36	Lunch Meeting with the Dean of Student Life
37	MD College Alcohol Survey Results Meeting
38	Medical Leave Of Absence (MLOA) Meetings w Christine Kavanagh and Renee Seitz
39	Medical Leave of Absence Meetings
40	Meet and Greet with Academic Advising
41	Meet and Greet with Career Center
42	Meet and Greet with International Student Office
43	Meet and Greet with Interns at Campus Ministries
44	Meet and Greet with Interns at Career Center

45	Meet and Greet with Peabody
46	Meet and Greet with Pre-Professional Advising
47	Meet and Greet with the Office of Multicultural Affairs (OMA)
48	Meet and Greet with the Office of Residential Life Senior Staff
49	Meet and Greet with the Office of Residential Life Staff
50	Meeting with Dean Matthews to discuss Medical Leave Of Absence (MLOA) for Peabody Students
51	Meeting with Dean of Student Life Re: Insurance Coverage for Medical Leave Of Absence (MLOA) students
52	Meeting with Disability Support Services
53	Meeting with Engineering Academic Advising
54	Meeting with James Brailer, Assistant Provost of International Services
55	Meeting with Janet Weise Re: PT undergrads
56	Meeting with Joe Colon, Office of Multicultural Affairs (OMA)
57	Meeting with Linne Von Berg, Student Health and Wellness Re: ADHD meds
58	Meeting with Shawn Kelley, Student Health and Wellness (SHW) Re: Insurance Committee
59	Meeting with Terry Martinez Re: Sexual Assault Helpline
60	Meeting with Tiffany Townes at Student Health and Wellness (SHW) Re: Lab Slips
61	Meeting with Union Memorial Crisis Intervention Team
62	Meetings with Dean Boswell
63	Meetings with Dean Sheppard
64	Meetings with Ed Scheinerman
65	Meetings with Graduate Student Academic Advising
66	Meetings with Paul Mathews from Peabody
67	On-Call Discussion with Dean of Student Life
68	Peabody Memorial Service for a Student
69	Post Student Death Meeting (In Kevin Shollenberger's Office)
70	Safe Zone Training (Trainer)
71	SafeLine Planning and Implementation Meetings
72	Sexual Assault Response Planning Meeting (with A. Joffe. and S. Boswell)
73	Sexual Assault Safe Line Consultation with Debbie Holbrook (and Susan Boswell)
74	Union Memorial Crisis Intervention Team
75	Meeting with Union Memorial Crisis Intervention Team

## SECTION IX: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2014-15

The Counseling Center offered State Board approved CE credits to professional staff members for preparing and attending Counseling Center sponsored professional development programs. Six programs were offered. This year's professional development programs were as follows:

<u>Program Title</u>	<u>Presenter</u>	<u>Date</u>	<u>CEU's</u>
<i>Acceptance and Commitment Therapy</i>	Doug Fogel, Psy.D.	6/10/2014	5.5
<i>Substance Abuse</i>	Fred Gager, Psy.D.	9/3/2014	1
<i>Mandated Reporting of Child Abuse</i>	Vernice McKee, MSW, LGSW	10/1/2014	1
<i>White Privilege</i>	Mollie Herman, Ph.D.	10/8/2014	1
<i>Basics of Psychopharmacology</i>	Art Hildreth, M.D.	3/11/2015	1
<i>Psychiatric Assessment &amp; Interview</i>	Art Hildreth, M.D.	4/1/2015 & 4/15/2015	2

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 **54 development / educational activities** (see Section A below). Counseling Center staff was also actively engaged in **24 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 has **memberships in 23 professional organizations** (see Section C below).

#	<b>Section A) Professional Development - Conferences, Workshops, Seminars, Courses, Lectures and other educational activities to enhance skills or to train colleagues.</b>
1	2015 Association for Behavioral and Cognitive Therapies (ABCT) Conference
2	2015 International Conference on Eating Disorders (ICED)
3	Alcohol Assessment & Treatment
4	American Group Psychotherapy Association (AGPA) conference
5	American Psychological Association (APA) Convention
6	Association for Behavioral and Cognitive Therapies (ABCT) (Philadelphia), DBT Full Day Training and Poster Presentation
7	Association for University and College Counseling Center Directors (AUCCCCD) Conference
8	Association of Counseling Center Training Agencies - National Conference
9	Being an Effective Dialectical Behavior Therapy (DBT) Therapist; DBT in Private Practice
10	Cape Cod Workshop on Sleep
11	Cognitive Behavioral Therapy-Insomnia
12	Cognitive Processing Therapy (CPT) Training (on-line)
13	Cross Cultural Roundtable at Teacher's College - NYC
14	Dialectical Behavior Therapy Training (DBT)
15	Diversity Collaborative meeting at Towson
16	Dr. Alfried Langle, "A Practical Application of Personal Existential Analysis
17	Enhanced Cognitive Behavioral Therapy (CBT-E)
18	Essentials of Object Relations Family Therapy Parts I & II - John Zinner, MD
19	Ethical Principles in the Practice of Maryland Mental Health Professionals
20	Imposter Syndrome, Perceived Discrimination, and Stereotype Threat: Dr. Kevin Cokley, PhD
21	In-service: Acceptance & Commitment Therapy
22	In-service: Basics of Psychopharmacology

23	In-service Series: Diagnostic and Statistical Manual of Mental Disorders (DSM-V) Updates
24	In-service: Mandated Reporting
25	In-service: Psychiatric Assessment & Interview
26	In-service: Psychopharmacology and substances of abuse
27	In-service: Substance Abuse
28	In-service: White Privilege
29	JHU Counseling Center Senior Staff Peer Supervision
30	In-service: Mandated Reporting - Presented by Vernice McKee, MSW, LGSW
31	Mid-Atlantic Intern Conference, University of Delaware
32	Mid-Atlantic Peer Educator's Conference
33	Mindfulness Based Stress Reduction
34	Multicultural Competencies - Maryland Psychological Association (MPA) Workshop
35	National Career Development Association (NCDA) Conference
36	National Multicultural Conference and Summit
37	Psychotherapy Networker Conference- Symposium
38	Pinnacle Risk Control Workshop - Mental Health (Philadelphia)
39	Practice-Based Intensive DBT Training
40	Safe Zone Training
41	Sex Therapy Training
42	Sexual Assault Training
43	Trauma and Attachment
44	Two Day Trauma Competency Seminar
45	Vicarious Traumatization
46	Webinar: Caring for Transgender Students
47	Webinar: Metaphors in Counseling
48	Webinar: Motivational Interviewing
49	White Privilege Training with Mollie Herman
50	Why Child Abuse Makes People Sick, Division 56
51	Workshop: Alcohol Use Interventions with Student Populations
52	Workshop: Brief Substance Use Interventions
53	Workshop: Motivational interviewing
54	Workshop: Trauma Treatment

#	Section B) Professional Activities
1	Attention Deficit Hyperactivity Disorder (ADHD) Coaching
2	Assisted International Association of Counseling Services (IACS)
3	Association for Behavioral and Cognitive Therapies (ABCT) (Philadelphia) - poster presentation
4	Career Development Quarterly (CDQ) Publication
5	Consultation with University of California regarding Annual Reports
6	Consultations with Association for Coordination of Counseling Center Clinical Services (ACCCCS) Members
7	Consulted on MedScape article -- Romance in Residency: Is Dating Even Possible?
8	Creating National Career Development Association (NCDA) PowerPoint
9	Editor for The Professional Counselor (TPC) (2 journal articles, 1 book chapter)
10	Educational Advisory Board (EAB) Strategic Research Meeting
11	Gallup and Greek Life Research

12	Maryland Psychological Association Graduate Students (MPAGS) Convention Internship Panel
13	Meetings with Mark Kopta Re: Medical Behavioral Health Measurement (Med BHM)
14	Research - Behavioral Health Measurement 20 (BHM20)
15	Research - Medical Behavioral Health Measurement (Med BHM)
16	Research - Patient Health Questionnaire 9 (PHQ9)
17	Research -Suicide Client Research with David Jobes
18	Suicide Tracking System (STS) Research Project with Rene Lento
19	Towson University Honors College Alumni Reception - Honoree
20	Attention Deficit Hyperactivity Disorder (ADHD) Coaching
21	Assisted International Association of Counseling Services (IACS)
22	Association for Behavioral and Cognitive Therapies (ABCT) (Philadelphia) - poster presentation
23	Career Development Quarterly (CDQ) Publication
24	Consultation with University of California regarding Annual Reports

#	Section C) Professional Memberships
1	Academy for Eating Disorders (AED)
2	American Association for Marriage and Family Therapy (AAMFT)
3	American Counseling Association (ACA)
4	American Psychological Association (APA)
5	American Psychological Association Division 39 -Psychoanalysis
6	American Psychological Association Graduate Student Chapter
7	Association for Contextual Behavioral Science (ACBS)
8	Association for Counseling Center Coordinators of Clinical Service
9	Association for University and College Counseling Center Directors (AUCCCCD)
10	Association of Behavioral and Cognitive Therapy (ABCT) Special Interest Group (Obesity and Eating Disorders)
11	Association of Counseling Center Training Agencies
12	Dialectical Behavior Therapy National Certification and Accreditation Association (DBTNCAA)
13	Illinois Psychological Association (IPA)
14	Maryland Psychological Association (MPA)
15	National Alliance on Mental Illness (NAMI)
16	National Career Development Association
17	National Eating Disorder Association (NEDA)
18	National Register of Health Service Providers in Psychology
19	On the Board of CHAI, Inc. (Counselors Helping Asian Internationals)
20	Pennsylvania Behavior Therapy Association (PBTA)
21	Pennsylvania Psychological Association (Student member)
22	Society for Psychotherapy Research
23	Society for Vocational Psychology

## SECTION X: Counseling Center Coordinator Reports: 2014-15

### A) African American Student Programs 2014-15 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), and the Black History Month Committee. She joined the Diversity Leadership Council and serves as the co-chair of the Communications subcommittee. Dr. Leathers worked to increase the visibility of the Counseling Center among students of color. She, along with the predoctoral interns, delivered an outreach program for members of OMA's Mentoring Assistance Peer Program (MAPP) and Students Educating and Empowering for Diversity (SEED). She participated in informal outreach programs by engaging students of color in discussions about their reactions to recent sociopolitical events and their perceptions of the campus climate. Dr. Leathers offered and co-led the Students of Color Support group with predoctoral intern, Reisha Moxley, M.Ed. during the Spring 2015 Semester. She also contributed to the training of doctoral interns by providing seminars on Working with Black Students, Multicultural Competence and Feminist Psychotherapy.

### B) Eating Disorder (ED) Program 2014-15 Coordinator Report (Dr. Emily Massey)

#### Client and Treatment Statistics

- 90 Eating Disorder clients were seen by the staff of the JHU Counseling Center (JHUCC).
- Seeking assessment and individual therapy, 41 Eating Disorder clients were seen by the Eating Disorder (ED) Coordinator, and 17 were seen by Senior Staff Psychologist Justin Massey who also specializes in Eating Disorders. 6 Eating Disorder clients were treated by pre-doctoral intern Jessica Oddo, who also possesses significant experience with and plans to specialize in eating disorders treatment.
- 7 clients participated in JHUCC's "Next Steps" Eating Disorders treatment/support group facilitated by Senior Staff Psychologist Justin Massey.
- 80 clients were referred to the Student Health & Wellness (SHWC) for medical management of their Eating Disorders.
- 76 clients were referred to the SHWC dietitian for nutritional counseling.
- 1 client was referred to JHUCC by SHWC 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.
- To enhance ED outreach efforts, the ED Coordinator and pre-doctoral interns Jessica Oddo and Emily Dreiling participated in meet-and-greets with representatives from The Center for Health Education and Wellness (CHEW).
- The ED Coordinator collaborated with pre-doctoral interns Jessica Oddo and Emily Dreiling, and Barbara Schubert of CHEW, to train 8 new and 8 returning student Peer Leaders to run groups for JHU's "The Body Project" program. 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. Peer Leaders administered this intervention with 10 JHU students during National Eating Disorders Awareness Week.
- The ED Coordinator and pre-doctoral interns Jessica Oddo and Emily Dreiling collaborated with SHWC dietitians Diane Blahut and Caitlin Krekel, as well as Alanna Biblow and Barbara Schubert of CHEW to organize and develop activities for National Eating Disorders Awareness Week. The week's events included:
  - An *Active Minds* panel of JHU students speaking about their personal struggles and work toward recovery with Eating Disorders. Student speakers advocated for early diagnosis and treatment and provided information about JHUCC services for Eating Disorders.
  - "*Eating to Fuel Your Body*" tabling event with information on nutrition and healthy eating from SHWC dietitian Caitlin Krekel. Facilitated by CHEW.

- Therapy Dogs on Campus. Facilitated by *Stress Busters*.
- *The Body Project* peer-led intervention for prevention of negative body image and Eating Disorders. Facilitated by CHEW.
- Body Appreciation Yoga.
- *Operation Beautiful* and painting activity to promote positive body image. Facilitated by CHEW.
- During all events, offered:
  - Informational handouts and screenings for Eating Disorders.
  - Information about individual and group treatment for Eating Disorders at JHUCC, The Center for Eating Disorders at Sheppard-Pratt, and The Renfrew Center of Baltimore.
  - Small prints of photos and quotes promoting positive body image and anti-dieting messages. Students were encouraged to hang these prints in their bathrooms and kitchens (i.e. – on the refrigerator or bathroom mirror).
- The ED Coordinator continued 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 2014-15 Report (Dr. Jodi Pendroy)**

See Section IV of this report.

#### **D) International Students and Students of Asian Origin 2014-15 Coordinator Report (Dr. Garima Lamba)**

- Dr. Lamba continued in her ninth year as the coordinator and liaison for international students and students of Asian origins.
- The counseling center served 209 international students in 2014-15. The Counseling Center also served 288 students of Asian origins in 2014-15.
- In this role, Dr. Lamba also continued as the coordinator and liaison to the Peabody Conservatory.
- Consultation and support was offered through the year for international students and students of Asian origin. A number of individuals also contacted the coordinator via telephone or email.
- In an effort to help international students feel more connected and less isolated, the Counseling Center in partnerships with the Offices of Graduate Affairs, the Career Center, and the Office of International Students, offered the following workshops throughout the academic year:
  - Successfully Transitioning to JHU Culture and Campus Resources
  - Combatting Homesickness: Graduate Students with Dependents at Home
  - Surviving in Graduate School: Managing Stress, Expanding your Support Group
  - Enhancing Communication and Networking Skills for Personal, Academic, and Professional Success
  - Finding Work/Life Balance
  - 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 origins.
- 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 Office of International Students, Graduate Affairs Office, and the staff at the Peabody Conservatory of Music.

#### **E) LGBTQ 2014-15 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 2014-15, 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 Student 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.
- As a member of the Safe Zone project, Dr. Nicolosi served as a facilitator for Safe Zone Trainings.
- Dr. Nicolosi assisted at the Hopkins' 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 worked with the Office of LGBTQ Student Life and helped prepare a brochure about the LGBTQ student climate which is now utilized in the admissions process.
- University exposure to the Counseling Center's services was enhanced by Dr. Nicolosi's participation in the LGBTQ Staff/Faculty Networking group.
- The Counseling Center's intake process was enhanced to accurately and sensitively collect demographic information about student's sexual orientation and gender identity.

#### **F) Outreach/Workshop Program 2014-15 Coordinator Report (Dr. Garima Lamba)**

See Section VI of this report for more details.

#### **G) Peabody Conservatory of Music 2014-2015 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 also sought group therapy. After hours on call services also continued to be utilized for emergency situations on weekends and evenings. A number of therapy, skills development, and support groups were also available for the Peabody students through the Counseling Center.

Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. The Counseling Center provided RA training at the start of the academic year to help residents recognize and deal with students in distress.

After the untimely and unfortunate death of a student in February (2015), the Counseling Center actively responded in the following ways:

- A counselor was available immediately, post student's death, to help the student and staff community at Peabody cope with the loss.
- A couple of counselors were available at the start of the week to help the Resident Advisors not only deal with their own grief reactions but also to help discuss how to help their residents.
- The Coordinator and another counselor responded to the requests to be available in two classrooms to help the demised student's peers process the loss.
- The Counseling Center staff took turns to be available at Peabody Conservatory for a week and a half during that time to help provide mental health support to the community.

#### **H) Peer Counseling- A Place To Talk (APTT) 2014-15 Coordinator Report (Amani Surges Martorella)**

This was an exciting year for APTT. Over the course of two semesters, 21 new students were trained and are now active members of the group, with a total membership at the end of the year of 46 (not including 15 seniors who have graduated). APTT has drafted (not yet adopted) its first constitution, has redefined its Roles and Expectations in relationship to the JHU Counseling Center, and has for the first time, collected extensive data on the use of its

services on campus. The APTT Leadership has also decided to pursue integrating Mental Health First Aid Certification into their already rigorous training program (to begin Fall 2015). On May 27, 2015, APTT was notified by the Dean's office that they will be granted the necessary funds to allow the APTT Advisor to become a MHFA Instructor, thereby allowing each new APTT training class, starting Fall 2015, to become MHFA certified. There is great excitement and enthusiasm within the group in anticipation of this change.

APTT collaborated with a number of other student groups this year. APTT partnered with SARU, Active Minds, Stressbusters, the HOP, DSAGA, CHEW, PEEPS, and the Student Government Association to put on a number of events throughout the year, the largest of these being "Rest Fest" which occurred on the last day of classes of the Spring Semester. APTT also provided a variety of different external trainings to numbers of student groups including SARU, PILOT, Study Consultants, Learning Den, Phi Iota Alpha, and Outdoor Pursuits. The frequency with which APTT has been asked by other student groups for trainings on listening skills and related topics has lead this year's APTT Executive Board to create a new position of External Training Director, effective next year (2015-16) to manage and organize these trainings and campus outreach.

APTT was contacted this year by JHU School of Medicine, University of Pennsylvania, University of South Carolina, and George Mason University who were interested in starting similar peer-listening programs.

Finally, this year's APTT group was extremely honored to be given the 2015 Homewood Award for the student-run organization that has had the most positive impact on campus. This award was presented at the 2015 Leadership Awards Banquet hosted by the Office of Student Life.

#### **Outgoing Leadership (2014-15):**

- Jennifer Huang, Co-Director
- Mackenzie Lane, Co-Director
- Frances Loeb, Training Director

#### **Incoming Leadership (2015-16)**

- Julia Felicione, Co-Director
- Yonis Hassan, Co-Director
- Adithi Rajapolan, Training Director

### **I) Counseling Center Advisory Boards (CCAB) 2014-15 Coordinator Reports (Dr. Eric Rose)**

This year, the Counseling Center maintained our strong ties with those student groups on campus who are interested in promoting mental health and well-being. The Counseling Center worked with "Active Minds" to help provide them with resources that led to numerous activities and outreach events. The Counseling Center Advisory Board (CCAB) was also highly active. In the Fall, the CCAB continued its annual tradition of crafting a letter to students on how to identify a friend in distress. In addition, the CCAB worked to create a colorful brochure for students regarding the steps to take when a friend is in distress. In the Spring, the CCAB applied for and won a student-life grant, which it used to partner with CHEW (Center for Health Education and Wellness) to put together an alcohol awareness event on the quad.

### **J) Research Program 2014-15 Coordinator Report (Dr. Michael Mond and Dr. Matthew Torres)**

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

### **K) Substance Abuse 2014-15 Coordinator Report (Dr. Fred Gager)**

#### **Substance Abuse Services Provided by the JHU Counseling Center in 2014 - 2015**

Total number of students seen in counseling for substance use issues: 200

Number of students mandated by the Dean of Students, Residential Life or the Athletic Department: 18

Total number of students who voluntarily reported substance difficulties:

As a presenting problem: 75 (either self-referred or referred by Student Health)

During the course of treatment: 102

(Note: there are 5 students where we do not have data)

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

- Trained the pre-doctoral interns in a) the brief assessment of substance abuse problems, b) brief motivational intervention strategies and c) the use of norm based personal feedback.
- Provided an in-service substance intervention training to all clinical staff. The purpose of this training was to encourage 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 Checkup to Go (e Chug).
- Participated in the Alcohol Strategy Group. This group was chaired by Dean Martinez with the purpose of creating policy recommendations in order to reduce the harmful use of alcohol by JHU students.
- Established procedures for the scheduling of intakes for mandated students through coordination with administrative staff and referring entities within the University. This effort allowed for a greater number of mandated students to be scheduled with the coordinator.
- Provided consultation to the Deans, Residential Life and the Athletic Department.

The Counseling Center continued to utilize the e-Checkup to Go 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:**

- Continue to work with administrative staff and the Clinical Director to further improve procedures for scheduling/assigning intakes for mandated substance abuse referrals
- Recruit students for a time limited substance use harm reduction group.
- 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. This goal was not met this year and is a top priority.

**L) Training Program 2014-15 Report (Dr. Matt Torres) – See Section V of this report for details.**

**M) Graduate Student 2014-15 Coordinator Report (Dr. Eric Rose)**

The Counseling Center continues to be a supporter of graduate student concerns on campus. As coordinator, Dr. Rose met with the president of the GRO to listen to his perspective on graduate student concerns this year. The Counseling Center also collaborated with the GRO to send its yearly letter to all graduate students, encouraging them to make use of Counseling Center services. Dr. Rose also worked to strengthen the Counseling Center's relationships with the new graduate life coordinators and to increase mutual understanding of one another's roles.

**N) Referral Coordinator 2014-15 Report (Mary Haile)**

This report marks the end of the second complete academic year that the Counseling Center has had a Referral Coordinator (as part of the Case Manager's responsibility). The Counseling Center made 206 referrals to off campus providers (compared to 177 in 2013/14) to a total of 163 students. In addition, the Referral Coordinator provided referrals to 37 non-students, a group that included parents, alumni, and clinicians from other colleges or universities. When needed, the Referral Coordinator also assisted students taking a Medical Leave of Absence find mental health providers in their local areas.

The Coordinator also met with 21 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, Substance Abuse and Autism Spectrum Groups, acute anxiety disorders (Obsessive-Compulsive Disorder, Trichotillomania), and Substance Abuse, etc.

The Coordinator also continued to serve on the University's Student Health Insurance Committee and several sub-committees that were convened to develop policies regarding Consolidated Health Plans (CHP), the new insurance vendor for the 2014-15 academic year. The Coordinator was able to increase 'in network' participation by 15 local clinicians, especially psychiatrists. The Coordinator also developed a pamphlet for clinical providers which clarified their role as a community provider and listed resources for them to use in assisting students. Finally, the Referral Coordinator assisted in training new pre-Doctoral interns in the CC referral process.