COUNSELING CENTER

2006-2007 ANNUAL REPORT

AND

DATA SUMMARY

JOHNS HOPKINS UNIVERSITY

Prepared by:
Michael Mond, Ph.D., Director
Counseling Center
June 2007

COUNSELING CENTER: ANNUAL REPORT AND DATA SUMMARY 2006-07

★ The CC provided **20,056 hours of service** during the Academic Year (Sept. 2006 -May 2007).

★ **Individual Personal Counseling** was provided to 957 student clients in 6,002 sessions for an average of 6.3 sessions per client. **Group Counseling** was provided to 88 students in 10 groups. Altogether, individual and group psychotherapy activity account for 63% of all Counseling Center service time.

★ **Psychiatric services** were increased significantly this past year. 344 students were evaluated by staff psychiatrists (36% of all clients served) in 1,696 sessions for an average of 3.6 sessions. This is 59% increase from the previous year. 282 different students received psychotropic medication (29% of clients served).

★ The CC also continued to use the **Behavioral Health Monitor (BHM20) to monitor client progress** and therapy outcome. New CC clients demonstrated significant improvement during treatment from intake to the last session (average score increased from 2.72 to 2.97) on a 5 point scale ranging from 0 (worst health) to 4 (best health) with a score of 2.93 or better considered positive mental health for college students. Also, 68% of all clients reported significant improvement, 26% reported no change, and 6% reported some deterioration as measured by the BHM20.

★ The CC continues to engage in **research** to improve monitoring of potentially suicidal clients. This past year the CC participated in research that suggested suicidal states can be distinguished by those reporting "hopelessness" from those reporting "self-hate" at intake. This research suggests "hopeless" clients resolve their suicidality more quickly than those that report "self-hate" suggesting that different treatment approaches for these two groups might be warranted.

★ The CC averaged 175.2 **client sessions** per week (including psychiatrists) in the Fall 2006 semester and 171.3 client sessions per week (including psychiatrists) in the Spring 2007 semester. The CC averaged 11.0 **emergencies** per week in the Fall 2006 semester and 9.4 emergencies per week in the Spring 200.

★ In addition to Individual and Group Services, **CC services** during the Academic Year included Training and Supervision (10.8% of time), Outreach and Workshop activity (2.3%), Consultations (3.7%), Community Activity (2.5%), Professional Development (2.1%), Professional Activity including Research and Teaching (4.1%), and Administrative Activity (10.8%).

★ In **Emergency Interventions**, the Center served 283 clients in daytime emergencies (about 30% of clients served) and 79 clients in after hour emergencies (93 calls). The CC made 5 violence assessments, monitored 47 students in its suicide tracking system, recommended 39 mental health (medical) leaves, and administered 16 readmission evaluations. 56 clients were referred off campus for more extensive treatment. The CC played a significant role in preventing 128 students from dropping out of school last year, while 80 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 27 emergency room visits resulting in 22 hospitalizations.

★ The most common **problems/symptoms** presented by clients during individual therapy include: feelings of being overwhelmed" (34%), "general anxieties and worries" (31%), "time management and motivational issues" (29%), "academic concerns" (29%), "depression" (22%), "generally unhappy and dissatisfied" (21%), "lack of self-confidence or self-esteem" (20%), "lack of motivation, detachment, and hopelessness" (19%), "overly high standards for self" (18%), "sleep problems" (16%) and "loneliness, homesickness" (16%). These problems are not mutually exclusive.

★ The CC provided 43 **Outreach Activities, Workshops, and Consultation programs** last year serving 1,606 students, 170 faculty and staff, and 1,364 "others" for an overall total of 3,140 individuals.

★ **Evaluations** -The CC Intake Service Evaluation Report reveals that on a survey taken after the initial session 60% of clients feel that the personal counseling service is excellent while an additional 36% feel that the service is good.

- ★ The CC continues to provide services to the **Nursing School** and the **Peabody Institute of Music**. Students from both schools report satisfaction with the services offered by the CC (Nursing School evaluations show 73% of clients have an "excellent impression" of the CC and 26% have a "good" impression. For Peabody the percentages are 70% and 30% respectively).

- ★ The CC **Pre-Doctoral Training program** has 4 full time interns. The training program included 47 didactic programs and supervision in both individual and group formats.

- ★ The CC employs **staff coordinators** to develop and improve programming for Asian-American students/International students, Minority students, Outreach/Workshop and Consultative Services, Group Counseling, Professional Development, Substance Abuse Counseling, Peer Counseling, Research, Nursing School, Peabody Institute of Music, Predoctoral Internship Training, and Eating Disorders.

- ★ CC staff are active in **professional development and professional activity.** Clinical staff participated in 39 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 15 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 24 professional organizations.

- ★ The CC continues to foster values of **teamwork** and **collaboration** by participating in over 72 JHU community activities, programs, and committees.

- ★ The CC expanded the work of the **Counseling Center Student Advisory Board** (CCAB). The CCAB played an active role in sending emails to all students Homewood students on "How to Recognize and Respond to Distressed Students." The CCAB also focused this year on implementing the winning proposal in the JHU **"Spirit of Community Project-The Hop Hon Hunt."** This was designed as a scavenger hunt to acquaint incoming freshmen with the rich diversity of the Baltimore neighborhoods. In cooperation with the Office of the Dean of Student Life, the hunt was planned for 120 students, whose task it was to find clues, take pictures, and create a collage of their neighborhood. 7 teams entered the "Spirit of Community" collage contest and the winners were honored at a Spring Fair ceremony, organized by the very enthusiastic members of CCAB.

TABLE OF CONTENTS

SECTION I. Overview of CC Hours by Service Area: Academic Year 2006-07 (August 15, 2006- May 20, 2007)

Function/Activity for 2006-07 Academic Year	Staff Hours AY 2006-2007	% Hrs AY 2006-2007
1. Individual Therapy- Counselors	5,165 (Note: 6,005 for full year)	25.8%
2. Psychiatrists' Visits/Medication Checks	649 (Note: 747 for full year)	3.2%
3. Group Therapy	1368	6.8%
4. Clinical Management (Indiv. & Group) – Counselors	5249	26.2%
5. Clinical Management – Psychiatrists	340	1.7%
6. Training & Supervision Activity	2,157	10.8%
7. Outreach and Workshops Activity	465	2.3%
8. Consultation Activity (incl. after hr oncall)	737	3.7%
9. JHU Community Activity	509	2.5%
10. Professional Development Activity	430	2.1%
11. Professional Activity*	813	4.1%
12. Administrative Activity**	2,174	10.8%
All Services Total	**20,056**	**100%**

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

****Note:** Administration includes staff meetings, public relations, budget activity, data management, coordinating activity with Nursing School and Peabody, coordinator responsibilities of professional staff, coordinating and directing internship program, coordinating and training of Peer Counseling program (APTT), marketing, evaluation, planning, and all personnel activity.

SECTION II: Individual Psychotherapy Services: May 22, 2006 - May 20, 2007

A) Direct Services Caseload Statistics

1. General Numbers	#
No. of Clients seen in Personal Counseling (Full year)	957
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	6,002
No. of Clients seen by Consulting Psychiatrists (Full Year)	344 (36%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1,696
No. of Clients receiving psychotropic medication	282 (29%)
No. of Peabody School Students served	49
No. of Therapy Sessions - Peabody (Not including Consulting Psychiatrists)	267
No. of Peabody Conservatory Students served by Consulting Psychiatrists	21 of 49 (43%)
No. of Peabody Conservatory Students sessions provided by Consulting Psychiatrists	53
No. of Nursing School Student served	115
No. of Therapy Sessions - Nursing (Not including Consulting Psychiatrists)	590
No. of Nursing School Students served by Consulting Psychiatrists	50 of 115 (44%)
No. of Nursing School Students sessions provided by Consulting Psychiatrists	157
No. of Clients seen in emergency crisis during daytime hours	283 (30%)
No. of Emergency clients served after hours by CC staff	79
No. of Emergency phone calls received after hours by CC staff	93
No. of After hour meetings with client on campus by CC staff	3
No. of Clients sent to hospital emergency room after hours	14
No. of Clients admitted to emergency room (hospitalized) after hours	7
No. of Hours spent in after hours emergencies	52 hours 5 min
Avg. Number of minutes spent responding to each after hour emergency (min – max)	40 min (5- 240 min)
No. of Weeks during year that required after hours emergency response	39 of 52 (75%)
No. of Clients sent to emergency room – after hours plus day	27
No. of Clients hospitalized - after hours plus day	22
No. of Clients CC estimated to have helped stay in school	128 (13%)
No. of Clients given CC Mental Health Withdrawal	39 (4%)
No. of Clients given academic assistance (i.e., letter for course withdraw or extens)	80 (5%)
No. of Clients who received Readmission Evaluation	16 (2%)
No. of Clients on Suicide Tracking	47 (5%)
No. of Clients believe prevented from harming self/others	76 (8%)
No. of Clients assessed for ADHD	40 (4%)
No. of Clients treated or assessed for Substance Abuse	98 (10%)
No. of Clients treated or assessed for Eating Disorders	32 (3%)
No. of Clients given Violence Assessment	5 (<1%)
No. of clients who report that “someone in their family owns a gun”	161 (18%)
No. of Clients who received counseling for sexual assault	10 (1%)
No. of Clients successfully terminated	372 (39%)
No. of Clients referred off campus	56 (6%)
2. Intakes during Academic Year (i.e., New & Returning Clients)	
Average # of Intakes /Week (Fall Semester)	25.5
Average # of Intakes /Week (Spring Semester)	14.7
Maximum # of Intakes/Week (Academic Year)	39
3. Clients Seen/Week during Academic Year	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	146.4
Average # of clients seen/Week (Fall - Including Psychiatrists)	175.2
Average # of clients seen/Week (Spring - Not including Psychiatrists)	140.9
Average # of clients seen/Week (Spring- Including Psychiatrists)	171.3
Maximum # of clients seen/Week (Academic Year- Not including Psychiatrists)	187
Maximum # of clients seen/Week (Academic Year- Including Psychiatrists)	226
4. Psychiatrist Clients Seen/Week during Academic Year	
Average # of Psychiatrist clients seen/Week (Fall)	28.8
Average # of Psychiatrist clients seen/Week (Spring)	30.4
Maximum # of Psychiatrist clients seen/Week (Academic Year)	49
5. Emergency Daytime Walk-in Clients Seen/Week during Academic Year	
Average # of daytime emergencies seen/Week (Fall)	11.0
Average # of daytime emergencies seen/Week (Spring)	9.4
Maximum # of daytime emergencies seen/Week (Academic Year)	21
6. Total # of Individual Clients Seen for the Past 7 Academic Years (AY).	

Total # Clients Seen for 2006-07	957
Total # Clients Seen for 2005-06	1,035
Total # Clients Seen for 2004-05	1,083
Total # Clients Seen for 2003-04	916
Total # Clients Seen for 2002-03	886
Total # Clients Seen for 2001-02	802
Total # Clients Seen for 2000-01	726
7. Weekly Case Load Comparisons for the Past 7 Years during AY (not including Psychiatry Sessions)	
Average Sessions/Week for 2006-07	143
Average Sessions/Week for 2005-06	144
Average Sessions/Week for 2004-05	163
Average Sessions/Week for 2003-04	160
Average Sessions/Week for 2002-03	145
Average Sessions/Week for 2001-02	144
Average Sessions/Week for 2000-01	114
8. Daytime Emergency Sessions/wk Comparisons for the Past 7 AY	
Average Sessions for 2006-07	10.1
Average Sessions for 2005-06	9.5
Average Sessions for 2004-05	13.3
Average Sessions for 2003-04	9.8
Average Sessions for 2002-03	7.1
Average Sessions for 2001-02	5.8
Average Sessions for 2000-01	5.4

9. # of Appointments per clients during past year	**Staff Only (n=948)**	**Psychiatrists Only (n=344)**	**Staff plus Psychiatrists (n=957)**
1 appointment	212 (22%)	99 (30%)	191 (20%)
2 appointments	135 (14%)	71 (21%)	116 (12%)
3 appointments	117 (12%)	52 (15%)	108 (11%)
4 appointments	81 (9%)	36 (11%)	81 (9%)
5 appointments	59 (6%)	19 (6%)	59 (6%)
6 appointments	50 (5%)	14 (4%)	58 (6%)
7 appointments	43 (5%)	15 (4%)	41 (4%)
8 appointments	33 (4%)	7 (2%)	33 (3%)
9 appointments	32 (3%)	12 (4%)	30 (3%)
10 appointments	21 (2%)	5 (2%)	26 (3%)
11+ appointments	165 (17%)	14 (4%)	214 (22%)
1-5 appointments	604 (64%)	277 (81%)	555 (58%)
6-10 appointments	179 (19%)	53 (15%)	188 (20%)
11-15 appointments	69 (7%)	11 (3%)	77 (8%)
16- 20 appointments	40 (4%)	3 (>1%)	56 (6%)
21+ appointments	56 (6%)	0 (0%)	81 (9%)

Average # of visits/per client (staff only)	6.3 visits
Average # of visits/per client (psychiatrists)	3.6 visits
Average # of visits/per client (staff + psychiatrists)	7.6 visits

10. Insurance	
No. of clients who reported having University (Chickering) Health Insurance Policy	361 (38%)
No. of grad student clients who reported having University Health Insurance Policy	205 (of 245) (84%)
No. of undergrad student clients who reported having University Health Insur. Policy	131 (of 660) (20%)
No. of International Students who reported having University Health Insurance Policy	67 (of 84) (80%)
No. of Peabody Students who reported having University Health Insurance Policy	11 (of 49) (22%)
No. of Nursing Students who reported having University Health Insurance Policy	74 (of 115) (64%)
No. of clients referred out who reported having University Health Insurance	29 (of 360) (8%)
No. of total sessions clients with University Health Insurance seen before referred out	725 sessions

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=957)

1. Gender	**Number**	**Percentage**
Male	348	36%
Female	609	64%
Total	957	100%
2. School Affiliation* (Some students enrolled in more than 1 program)	**Number**	**Percentage**
	608	64%
Arts and Sciences	180	19%
Engineering	115	12%
Nursing School	49	5%
Peabody Institute	1	< 1%
Institute for Policy Studies	1	< 1%
Advanced Academic Prog.-A&S	3	< 1%
Other / No Response		
3. Age	**Number**	**Percentage**
Age Range	16-58 years	
Mode	20.0 years	
Mean	22.92 years	
Median	21.0 years	
Greater than 25 years of age	215	23%
4. Ethnic Status	**Number**	**Percentage**
African-American	44	5%
Asian	187	20%
Biracial	28	3%
Caucasian	598	63%
Native-American	3	< 1%
Latino/Hispanic	46	5%
Other / No Response	51	5%
5. Marital Status	**Number**	**Percentage**
Single	780	82%
Married/Committed Relationship	139	15%
Separated	4	< 1%
Divorced	9	1%
Other	14	2%
No Response	11	1%
6. Class Year	**Number**	**Percentage**
Freshman	128	13%
Sophomore	156	16%
Junior	194	20%
Senior	182	19%
Graduate Student	249	26%
Post-Baccalaureate Program	18	2%
Post-Doctoral Student/Fellow	1	< 1%
Other / No Response	29	3%
7. Academic Standing	**Number**	**Percentage**
Good Standing	832	87%
Academically dismissed	8	1%
Reinstated	9	1%
On Probation	49	5%
Other / No Response	59	6%
8. Other Items	**Number**	**Percentage**
International Students	84	9%
Transfer Students	37	4%
Physically Challenged Students	11	1%
Students concerned about Attention Deficit Disorder (ADD)	172	18%
9. Academic Major	**Number**	**Percentage**
Undeclared/ Undecided	**51**	**5.3%**
No Response	**66**	**6.9%**
Arts and Science Totals	**544**	**56.8%**

Anthropology	11	1.1%
Behavioral Biology	5	0.5%
Biology	47	4.9%
Biophysics	14	1.5%
Chemistry	21	2.2%
Classics	10	1.0%
Cognitive Science	9	0.9%
Comparative American Cultures	0	0.0%
Earth & Planetary Science	1	0.1%
East Asian Studies	2	0.2%
Economics	23	2.4%
English	16	1.7%
Environmental Earth Sciences	2	0.2%
Film and Media Studies	3	0.3%
French	4	0.4%
German	7	0.7%
History	21	2.2%
History of Art	12	1.3%
History of Science, Medicine, & Technology	6	0.6%
International Studies	31	3.2%
Italian Studies	3	0.3%
Latin American Studies	3	0.3%
Mathematics	12	1.3%
Music	8	0.8%
Near Eastern Studies	5	0.5%
Neuroscience	34	3.6%
Philosophy	10	1.0%
Physics & Astronomy	28	1.4%
Political Science	29	3.0%
Pre-Med Cert (Post-Baccalaureate)	3	0.3%
Psychological and Brain Sciences	33	3.4%
Public Health	43	4.5%
Public Policy	10	1.0%
Romance Languages	9	0.9%
Science, Medicine, & Technology	0	0%
Sociology	11	1.1%
Spanish	4	0.4%
Writing Seminars	37	3.9%
Other Arts & Sciences	9	0.9%
Humanistic Studies	3	0.3%
Natural Sciences	4	0.4%
Social & Behavioral Sciences	0	0%
Area Majors Other	1	0.1%
Engineering Totals	**170**	**17.8%**
Biomedical Engineering	44	4.6%
Chemical Engineering	28	2.9%
Civil Engineering	6	0.6%
Computer Engineering	8	0.8%
Computer Science	19	0.8%
Electrical Engineering	8	0.8%
Engineering Mechanics	4	0.4%
General Engineering	1	0.1%
Geography & Environmental Engineering	14	1.5%
Materials Science & Engineering	12	1.3%
Mathematical Sciences	8	0.8%
Mechanical Engineering	15	1.6%
Other Engineering	3	0.3%

	Number	Percentage
9a. Peabody- Affiliated School Total	**49**	**5.1%**
Performance Certificate	8	0.8%
GPD	1	0.1%
Peabody/Homewood Double Degree Program	0	0.0%
Performance: Bachelors	22	2.3%
Performance: Masters	9	0.9%
DMA	1	0.1%
AD	0	0.0%
Music Education: Bachelors	1	0.1%
Music Education: Masters	1	0.1%
Recording Arts: Bachelors	0	0.0%
Recording Arts: Masters	1	0.1%
Conducting	0	0.0%
Other Peabody	3	0.3%
Not Reporting/Missing	3	0.3%
9b. Nursing - Affiliated School Total	**115**	**12.0%**
Regular Program	49	5.1%
Accelerated Program	37	3.9%
Other Nursing Affiliated School	17	1.8%
Other Nursing Not Reported	12	1.3%

10. Medical		
Previously received counseling elsewhere	367	38%
Currently taking medication	387	40%
Experiencing medical problems	171	18%
Medical problem in family	327	34%
Emotional problem in family	344	36%
Alcoholism/Substance abuse in family	245	26%
Adopted	9	1%

11. Residence	**Number**	**Percentage**
Residence Halls (On-Campus Total)	**354**	**37%**
AMR I	20	2%
AMR II	30	3%
Building A	15	2%
Building B	13	1%
McCoy Hall	63	7%
Wolman Hall	43	5%
Bradford Apartments	20	2%
Homewood Apartments	42	4%
Rogers House	2	< 1%
Peabody Residence Hall	15	2%
Campus Housing Other	91	10%
Off-campus Other	**581**	**61%**
No Response	**22**	**2%**

12. How first heard of Counseling Center	Number	Percentage
Brochure	60	6%
Career Center	15	2%
Faculty	51	5%
Flyer	28	3%
Friend	162	17%
Relative	23	2%
Residence Hall Staff	27	3%
Contact w/ Center Staff	23	2%
Newsletter	8	1%
Saw Location	47	5%
Student Health & Wellness	81	9%
JHU Publication	20	2%
Peabody Publication	9	1%
Word of Mouth	106	11%
Dean of Students	27	3%
Security Office	0	0%
Other	121	13%
No Response	149	16%

13. Referral Source	Number	Percentage
Myself	500	52%
Friend	96	10%
Relative	31	3%
Residential Life Staff	32	5%
Faculty	33	5%
Staff	9	1%
Student Health & Wellness	55	6%
Career Center	2	< 1%
Academic Advising	27	3%
Dean of Students	22	3%
Security Office	3	< 1%
Other	25	3%
No Response	122	13%

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

#	Presenting Complaint	#	%
1	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	322	33.6%
2	Anxiety, fears, worries (Item #18)	300	31.3%
3	Time management, procrastination, getting motivated (Item #3)	279	29.1%
4	Academic concerns; school work and grades (Item #1)	279	29.1%
5	Depression (Item #26)	207	21.7%
6	Generally unhappy and dissatisfied (Item #21)	203	21.2%
7	Self-confidence or self-esteem, feeling inferior (Item #16)	192	20.0%
8	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	177	18.5%
9	Overly high academic standards for self (Item #5)	175	18.3%
10	Loneliness, homesickness (Item # 9)	157	16.4%
11	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	153	15.9%
12	Relationship with romantic partner (Item #12)	133	13.9%
13	Test anxiety (Item #2)	116	12.1%
14	Concern regarding breakup, separation, divorce (Item #13)	112	11.8%
15	Pressures from family for success (Item #7)	110	11.5%
16	Concern over appearances (Item #17)	100	10.5%
17	Conflict/argument with parents or family member (Item #14)	99	10.4%
18	Decision about selecting a major and/or career (Item #8)	95	9.9%
19	Relationship with friends and/or making friends (Item #11)	93	9.7%
20	Physical stress (Item #35)	89	9.3%
21	Concern that thinking is very confused (Item #40)	89	9.3%
22	Stage fright, performance anxiety, speaking anxiety (Item #4)	83	8.7%
23	Pressures from competition with others (Item #6)	82	8.6%
24	Irritable, angry hostile feelings; difficulty expressing anger appropriately (Item #39)	73	7.6%
25	Shy or ill at ease around others (Item #15)	72	7.5%
26	Have been considering dropping out or leaving school (Item #44)	72	7.5%
27	Eating problem (overeating, not eating or excessive dieting) (Item #29)	63	6.6%
28	Problem adjusting to the University (Item #20)	59	6.2%
29	Concerns about health; physical illness (Item #34)	54	5.6%
30	Grief over death or loss (Item #27)	49	5.1%
31	Confusion over personal or religious beliefs and values (Item #22)	41	4.3%
32	Relationship with roommate (Item #10)	40	4.2%
33	Physically or emotionally abused, as a child or adult (Item #33)	35	3.7%
34	Sexual matters (Item #37)	34	3.6%
35	Fear of loss of contact with reality (Item #42)	30	3.1%
36	Violent thoughts, feeling or behaviors (Item #43)	22	2.3%
37	Alcohol/drug problem in family (Item #31)	21	2.1%
38	Concerns related to being a member of a minority (Item #23)	21	2.1%
39	Fear that someone is out to get me (Item #41)	19	1.9%
40	Sexually abused or assaulted, as a child or adult (Item #32)	18	1.9%
41	Alcohol and/or drug problem (Item #30)	18	1.9%
42	Issues related to gay/lesbian identity (Item #24)	15	1.5%
43	Problem Pregnancy (Item #38)	12	1.2%
44	Feel that someone is stalking or harassing me (by phone, letter or email) (Item #45)	5	0.5%

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

	Number	%
Career Issues		
Decision about selecting a major/career (Item #8)	95	9.9%
Academic Issues		
Time management, procrastination, motivation (Item #3)	279	29.1%
Academic concerns; school work/grades (Item #1)	279	29.1%
Overly high standards for self (Item #5)	175	18.3%
Test anxiety (Item #2)	116	12.1%
Pressure from family for success (Item #7)	110	11.5%
Stage fright, performance anxiety, speaking anxiety (Item #4)	83	8.7%
Have been considering dropping out or leaving school (Item #44)	72	7.5%
Pressures from competition with others (Item #6)	82	8.3%
Relationship Issues		
Loneliness, homesickness (Item #9)	157	16.4%
Relationship with romantic partner (Item #12)	133	13.9%
Concern regarding breakup, separation, or divorce (Item #13)	112	11.8%
Conflict/argument with parents or family member (Item #14)	99	10.4%
Shy or ill at ease around others (Item #15)	72	7.5%
Relationship with friends and/or making friends (Item #11)	93	9.7%
Relationship with roommate (Item #10)	40	4.2%
Self-esteem Issues		
Self-confidence/Self-esteem; feeling inferior (Item #16)	192	20.0%
Concern over appearances (Item #17)	100	10.5%
Shy or ill at ease around others (Item #15)	72	7.5%
Anxiety Issues		**U**
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	322	33.6%
Anxieties, fears, worries (Item #18)	300	31.3%
Problem adjusting to the University (Item #20)	59	6.2%
Existential Issues		
Generally unhappy and dissatisfied (Item #21)	203	21.2%
Confusion over personal or religious beliefs and values (Item #22)	41	4.3%
Concerns related to being a member of a minority (Item #23)	21	2.1%
Issue related to gay/lesbian identity (Item #24)	82	8.6%
Depression		
Depression (Item #26)	207	21.7%
General lack of motivation, interest in life; detachment and hopelessness (Item #25)	177	18.5%
Grief over death or loss (Item #27)	49	5.1%
Eating Disorder		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	63	6.6%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	167	17.5%
Substance Abuse		
Alcohol/drug problem in family (Item #31)	21	2.1%
Alcohol and/or drug problem (Item #30)	18	1.9%
Sexual Abuse or Harassment		
Physically or emotionally abused, as a child or adult (Item #33)	35	3.7%
Sexually abused or assaulted, as a child or adult (Item #32)	18	1.9%
Stress and Psychosomatic Symptoms		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	153	15.9%
Physical stress (Item #35)	89	9.3%
Concerns about health; physical illness (Item #34)	54	5.6%
Sexual Dysfunction or Issues		
Sexual matters (Item #37)	34	3.6%
Problem pregnancy (Item #38)	12	1.2%

Unusual Thoughts or Behavior		
Concern that thinking is very confused (Item #40)	89	9.3%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	73	7.6%
Fear of loss of contact with reality (Item #42)	30	3.1%
Violent thoughts, feelings, or behaviors (Item #43)	22	2.3%
Fear that someone is out to get me (Item #41)	19	1.9%

16. Behavioral Health Monitor Item (N=957) at Intake	**# Reporting Extremely or Very Serious Problem (+moderate Problem)**	**%**
1) How distressed have you been?	393	41.1%
2) How satisfied have you been with your life?	293	30.6%
3) How energetic and motivated have you been feeling?	350	36.6%
4) How much have you been distressed by feeling fearful, scared?	142	14.8%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	14	1.5%
6) How much have you been distressed by wanting to harm someone?	12 (35)	1.3% (3.7%)
7) How much have you been distressed by not liking yourself?	198	20.7%
8) How much have you been distressed by difficulty concentrating?	351	36.7%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	38	4.0%
10) How much have you been distressed by thoughts of ending your life?	24 (67)	2.5% (7.0%)
11) How much have you been distressed by feeling sad most of the time?	222	23.2%
12) How much have you been distressed by feeling hopeless about the future?	174	18.2%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	156	16.3%
14) How much have you been distressed by alcohol/drug use interfering with your relationships with family and/or friends?	9	0.9%
15) How much have you been distressed by feeling nervous?	228	23.8%
16) How much have you been distressed by your heart pounding or racing?	109	11.4%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	172	18.0%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	166	17.3%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	137	14.3%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	203	21.2%

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=509) (53% return rate)

1) Race:	
African-American	3.7%
Asian-American	18.6%
Caucasian	64.6%
Latino	4.3%
Other	8.7%
NR	0.2%

2) Class Status:	
Freshman	12.6%
Sophomore	16.4%
Junior	17.6%
Senior	18.4%
Graduate Student	30.2%
Alumni	1.0%
Other/NR	0.4%

3) Residence:	
On-campus	34.0%
Off-campus w family	7.2%
Other off-campus	58.4%
NR	0.4%

4) School Affiliation	
Arts and Sciences - Hmwd	62.5%
Engineering - Hmwd	20.9%
Nursing School	10.8%
Peabody Institute	5.4%
Other/NR	0.4%

5) Gender:	
Male	37.9%
Female	61.9%
NR	0.2%

2) Respondents' Evaluation and Comments:

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

Yes ---------- 95.0% No ---------- 1.2% Unsure---------- 1.9% NR----------1.9%

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

Yes ---------- 98.5% No ---------- 0.4% Unsure---------- 0.4% NR ---------- 0.8%

8) I felt comfortable waiting in the reception area:

Yes ---------- 93.6% No ---------- 1.4% Unsure ---------- 3.9% NR ---------- 1.2%

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

Yes ---------- 97.1% No ---------- 0.2% Unsure ---------- 0.2% NR ---------- 2.5%

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

Yes ---------- 91.7% No ---------- 0.8% Unsure---------- 4.6% NR ---------- 2.9%

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

Yes ---------- 91.1% No ---------- 3.7% Unsure ---------- 2.5% NR ---------- 2.7%

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

Yes, I was satisfied with service	68.9%
Yes, If I can get a convenient appointment	11.4%
Yes, but I'm not sure this is the best place	4.8%
Yes, if	3.5%
No, because problem was solved	2.9%
No, because I don't have a problem	1.0%
No, because I don't like the therapist	1.2%
No, not eligible	0.2%
No, not now	1.7%
No, because	2.5%
No Response (NR)	1.9%

13) Overall Impression of Counseling Center?

Excellent ---------59.6% Good ---------- 36.2% Fair ------ 2.7% Poor -------- 0.2% NR------- 1.4%

14) Comments. There were 85 comments from 85 clients on the Service Evaluation Forms. Seventy-two comments (85 %) were viewed as positive, 7 comments (8%) were assessed as somewhat negative, and 6 comments (7%) were considered neutral.

#	COMMENTS	Pos.	Neu.	Neg.
1.	Thank you	1		
2.	I don't think I'm ready for counseling. I can imagine it will be helpful. This was my very first counseling session so I wasn't sure what to expect. [Therapist 6] was exceptionally nice.	1		
3.	Very helpful environment.	1		
4.	Tired		1	
5.	I had a good time	1		
6.	Not at the moment		1	
7.	Thank you.	1		
8.	[Therapist 62] was fabulous. [Therapist 62] was attentive, open-minded, and a great listener. If I came back, I definitely want to see [Therapist 62].	1		
9.	[Therapist 41] is wonderful! [Therapist 41] made me feel comfortable and helped me vent out my frustrations.	1		
10.	I can be really relieved from my stress by talking with [Therapist 6] and [Therapist 6] really concerned about my problem and tried to find out resolution! Thank you for giving me a smile again ☺	1		
11.	Thank you!	1		
12.	I was initially worried about how this visit would go, and didn't expect much. But I found it very easy to talk to [Therapist 54] and feel confident that I have found the additional support I need.	1		
13.	Really just need medication management so we're looking into referrals.		1	
14.	[Therapist 54] is very amiable and put me at ease. [Therapist 54] helped place issues and ideas into perspective.	1		
15.	I would like a female counselor.		1	
16.	[Therapist 6] is awesome!	1		
17.	Much more enjoyable experience w/ [Therapist 2] than with my previous counselor.	1		
18.	My therapist was great and I look forward to talking to her again.	1		
19.	Yay [Therapist 55] !!)	1		
20.	Question 35 refers to Question 33, not 34 as intended.		1	
21.	Good advice and referrals and good active listening, empathetic.	1		
22.	[Therapist 2] was very helpful – it was nice to have someone to listen to me!	1		
23.	I love [Therapist 45]. ☺	1		
24.	Meeting w/ [Therapist 52] and [Therapist 8] has been extremely helpful for me this year – I am genuinely grateful for their listening and advice. Coming to the counseling center has helped me with my interactions and relationships on an everyday basis.	1		
25.	This was my last visit w/ [Therapist 52] – I am moving. I very much enjoyed working w/ [Therapist 52] – she made me feel very comfortable.	1		
26.	[Therapist 41] makes me feel extremely comfortable and also makes me feel like I'm making progress.	1		
27.	I think it is unfortunate that [Therapist 45] will be leaving. [Therapist 45] has been very helpful to me. Thanks to [Therapist 45].	1		
28.	I have a very good rapport from my counselor and have improved my life since I have been coming here	1		
29.	Thank you so much for everything!	1		
30.	[Therapist 50] has helped me tremendously.	1		
31.	I am very pleased with the Counseling Center. [Therapist 52] has been a god send. [Therapist 52] made me feel safe and I trusted her and did not feel judged or threatened. I am so glad you chose [Therapist 52] as one of your interns. [Therapist 52] will help a lot of people. The receptionist is wonderful.	1		

32.	I think the CC is a wonderful resource – it is incredibly helpful, always. Thank you!	1		
33.	The receptionist(sic) are very friendly. [Therapist 6] makes me feel comfortable because [Therapist 6] seems genuinely concerned about my well being.	1		
34.	I'm glad [Therapist 6] took the extra time to listen and get to know my problem – even though time ran over.	1		
35.	[Therapist 35] is excellent.	1		
36.	Great! First time here, everyone was courteous and attentive. [Therapist 37] – awesome. It was like(sic) talking to my friend. I felt very comfortable. Thanks so much. ☺	1		
37.	I'm so grateful for the services the Counseling Center has opened this year. This has been the most fruitful therapy I've had to date!	1		
38.	Sometimes I feel uncomfortable making references to my racial/ethnic because of the differences although there are general similarities b/c of the minority status. there are stark contrasts in other ways			1
39.	I have been to counseling for the past three months and have experienced so much personal growth. Everyone here is so wonderfully supportive.	1		
40.	It is upsetting how no one knows of the services the center provides	1		
41.	[Therapist 41] was an outstanding therapist. I've worked with numerous therapists in the past and he was head and shoulders above the rest. [Therapist 41]'s style to provide "experiences" was particularly beneficial to me. Further I trusted [Therapist 41] relied on him and felt [Therapist 41] as incredibly compassionate empathetic and firm. [Therapist 41] also has an amazing memory and impressive ability to keep our conversations focused and on track with my original goals and therapeutic needs. BRAVO!	1		
42	Very helpful, friendly staff; -therapist extremely helpful	1		
43.	I am going to try the strategy that were(sic) given to me. I can't make excellent just yet but I thought about it.		1	
44.	[Therapist 50] was thorough in trying to figure out why I was here. He also explained clearly what he thought was the next best step.	1		
45.	It's been difficult scheduling appointments with my therapist – [Therapist 51]'s schedule is very packed.			1
46.	[Therapist 51]'s was a wonderful help to me. [Therapist 51]'s therapeutic communication skills are just unbelievable – I couldn't have had a better experience if I am ever living in the OC/MD area I will look [Therapist 51] up! Thanks so much!	1		
47.	Very professional	1		
48.	[Therapist 2] was awesome!	1		
49.	This has been invaluable to me over the past year. I started the 05-06 year FREAKING OUT, and now things seem to be on their course. I hope I can maintain…	1		
50.	I am completely satisfied with the service in the Center. The certain lack of progress in some issues are a matter of me not keeping my promises to myself. Should the center apply penalties for this!	1		
51.	A lot of focus on history, family, etc. That may not have been as relevant to the issues really on my mind.			1
52.	My experiences at the Counseling Center have been indispensable in helping me manage my problems.	1		
53.	Thank you!	1		
54.	Thank you	1		
55.	I found the problem list form very difficult to complete because short phrases obviously hold both so much and so little meaning. I felt reduced to that paper – to be honest. It made me want to cancel my appointment and leave.			1
56.	Very good.	1		
57.	Thank you. ☺	1		
58.	[Therapist 56] was helpful, but I feel I would be most comfortable with a female therapist.	1		
59.	Wonderful attitude of secretaries and therapist. Timely and thorough.	1		

60.	Overall, a very good first session. [Therapist 57] listened and understood my problem.	1		
61.	It was slightly nerve-wracking, being my first time here and talking to someone I didn't know, but I think it'll turn out well.	1		
62.	I really found my session very helpful.	1		
63.	I think I'll be okay with some time. Thanks for listening.	1		
64.	I had a very positive experience here today. Even during our first meeting, I feel comfortable w/[Therapist 54] and eager to work with [Therapist 54].	1		
65.	I am so glad I came. Thanks so much!!	1		
66.	I was grateful to learn of services available for pre-screens prior to spending hundreds of dollars.	1		
67.	Very comfortable feeling in talking and waiting.	1		
68.	[Therapist 6] was extremely courteous and helpful with my personal situation.	1		
69.	I feel so calm and relaxed at the counseling session with [Therapist 55]. [Therapist 55] is a very smart guy.	1		
70.	I feel a little better today. Thanks, [Therapist 57]	1		
71.	The center staff are all very approachable which I think is its best characteristic.	1		
72.	[Therapist 35] was very easy to talk to and gave great feedback.	1		
73.	[Therapist 54] was really good at giving me things to think about/steps to take, which is really what I need.	1		
74.	[Therapist 6] was extremely understanding and supportive; I feel like [Therapist 6] realized where I was coming from. [Therapist 6] did a wonderful job of talking to me about how I was feeling and [Therapist 6] showed me a relaxation exercise that left me feeling completely relaxed. I also felt very comfortable talking to [Therapist 6].	1		
75.	[Therapist 58] was very kind and understanding.	1		
76.	Perhaps reeavaluate [Therapist 41]'s methods of therapy.			1
77.	Very nice→ [Therapist 54]	1		
78.	I think that the service here is great…nothing like a pair of ears to listen.	1		
79.	[Therapist 54] was very attentive and seemed to understand the problems well. At the end, [Therapist 54] nicely summarized what the things were to think about and try to resolve to talk about at another session.	1		
80.	A week felt like a long time to wait for my first appointment.			1
81.	Everything felt too structured and [Therapist 57] was too formal/stiff. I didn't feel like I could tell [Therapist 57] about personal issues because I felt like I was talking to a programmed machine.			1
82.	Thank you so much for always being there and for your kind kind heart! [Therapist 3]	1		
83.	I feel this will be very beneficial.	1		
84.	[Therapist 54] seems to really care, very understanding, [Therapist 54] makes me feel very comfortable.	1		
85.	Good, straightforward, easy.	1		
	Totals	**72**	**6**	**7**

SECTION III: Research Projects.

A) Suicide Tracking.

In the Fall of 1996 the Counseling Center began a Suicide Tracking System (STS) for students considered to be at risk for suicide. The program was developed, in part, as a research project working with Dr. David Jobes, a suicidologist at Catholic University. It was designed: 1) to assure close monitoring of suicidal clients by Counseling Center staff (Managerial) and 2) to collect data that would allow for an analysis of treatment outcomes for potentially suicidal clients (Research). Since the project began 483 students have been monitored through our suicide tracking system.

1) Managerial Data of Suicide Tracking System.

During the past year 175 clients (18.3%) of 957 clients presenting at the Counseling Center reported some suicidal content at intake. This included 106 females and 69 males. Also, 16 were international students. Of the 175 clients, 67 (7.0% of all student clients) reported moderate, serious, or severe suicidal thoughts (29 males, 38 females, 9 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 46 were enrolled in Arts and Science, 10 were enrolled in Engineering, 5 were enrolled at Peabody and 6 at the Nursing School. Two identified as African- American, 22 as Asian, 6 as Latino, 1 as Native-American, 32 as Caucasian and 1 as biracial. Twelve reported they were freshmen, 13 were sophomores, 13 were juniors, and 10 were seniors. When questioned during the clinical interview follow up, 47 clients (4.9% of all student clients) met the criteria necessary to be placed in Counseling Center's Suicide Tracking System (STS).

These 47 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) score. (The BHM20 scores range from 0 (most dysfunctional) to 4 (healthy) with 2.93 as the cut-off point for healthy college students. The BHM20 score is described in more detail in the following section.) Of these 47 Suicide Tracking System clients 4 are currently in ongoing treatment in the Counseling Center. Of the remaining 43 STS clients 18 were successfully resolved (reported no suicidal feelings, thoughts or behaviors for 3 consecutive sessions -38%), 7 dropped out of therapy (15%), 6 were hospitalized (13%), 6 were referred off campus for treatment (13%), 5 were withdrawn from school (11%), and 2 stopped treatment because the semester came to an end. These clients average 10.3 sessions in the suicide tracking system. The clients who were "successfully resolved" reported an improved BHM20 score during the course of treatment. The first session average BHM20 score was 2.21 and the last session average was 2.74. All clients in the STS showed improvement on average (first session = 2.02, last session 2.57) including the hospitalized group (first session average = 1.66, last session 2.00). Even clients that dropped out of therapy had shown improvement (first session = 1.84, last session 2.64).

2) New Suicide Tracking Research Efforts.

We continue in our collaboration with Dr. David Jobes in collecting and sharing data. Dr. Jobes continues to analyze the data, recommend improvements to our suicide tracking system, provide support with suicide clients, and direct some of the research efforts.

A recent study completed by David Jobes et al last year based on our student clients reports using the BHM20 to assess improvement in suicidality indicated an interesting finding. Evidence was found to indicate that fundamentally different types of suicidal states exist within our client population. Specifically, it was found that our clients that expressed hopelessness at intake appeared to resolve their suicidality more quickly than clients that express self hate at intake. It is felt that hopelessness in college students is a reflection of a short-term situational crisis and can therefore be treated more quickly with realistic problem solving approaches while self hate reflects a long standing chronic condition requiring more intensive and long term intervention.

Jobes writes that "based on data from this study, along with previous research, it would appear that we are increasingly able to prospectively differentiate who might quickly reduce/resolve their suicidal ideation in contrast to those who may have more chronic suicidal states (requiring more and longer treatments to produce reductions in suicidal thinking). Such research underscores the importance of systematically studying—and subsequently replicating—suicide risk assessment research using key assessment variables that may have predictive clinical utility concerning possible treatment process and outcomes that might be expected over the course of standard clinical care. As a practical illustration, a training agency may appropriately assign certain suicidal cases with the promise of rapid resolution to well supervised but less experienced clinicians, whereas cases that may appear to have more potential for chronicity may require the experience of more senior personnel. Whatever the case, this research opens the door to further treatment-oriented studies that might ultimately enable us to prescriptively match certain clinical treatments to certain suicidal states providing more effective care for a range of suicidal patients (refer to Jobes, 1995; 2006)."

B) The Behavioral Health Monitor (BHM20) Research Project.

1) Background.

The Counseling Center sought to measure the effectiveness of individual therapy. A Treatment Outcome Committee determined that the Behavioral Health Monitor (BHM) 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 BHM 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 the 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 – College Version) was used again in 2003-04. All versions of the BHM utilize a Likert Scale ranging from 0 (least healthy) to 4 (most healthy).

Our goals in using the BHMs were to: 1) improve the BHM measure to better capture all areas of functioning in the Counseling Center client population, 2) establish norms for a CC client population at Johns Hopkins University, 3) utilize the BHM to measure treatment outcome, particularly with student clients in the Suicide Tracking System, and 4) evaluate improvement to determine if it conformed with the 3 phases described above. 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) Research Findings.

The research conducted has shown that client BHM20-C scores can be interpreted as follows:

BHM20-C Score	Mental Health Category
0.00 - 2.09	Is symptomatic of serious illness
2.10 - 2.92	Indicates mild illness or adaptive difficulty
2.93 - 3.30	Indicates positive mental health for college students
3.30 - 4.00	Indicates positive mental health for adults

The changes in the mean BHM20 scores for Counseling Center clients during the past 4 years (2002-03, 2003-04, 2004-05, 2005-06, and 2006-07) are summarized in Tables 1 to 5 below.

Tables 1 through 5 below show significant improvement from the intake session to the last session of therapy attended for the past 5 years. 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 is in the "healthy" range. It has been hypothesized that the average BHM score improves only modestly across sessions because the most improved clients leave therapy as their illness abates leaving the less improved clients to continue in therapy. A more in depth analysis of the data is anticipated in separate reports or articles. (Note: The analysis below includes only "new" clients that were seen in Center that year. Clients returning from previous years are excluded from the data analysis as their session numbers are not continued between years.)

Table 1. Average BHM20-C scores and standard deviations for new clients during 2002-03 from intake through session 12 and for the last session.

Session # (2002-03)	Int	Ses 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 (2002-03) (New Clients Only)	**500**	353	260	205	171	145	125	106	95	82	73	61	53	**361**
Mean Score (02-03)	**2.72**	2.80	2.90	2.89	2.89	2.88	2.90	2.93	2.94	2.94	2.99	2.90	2.87	**3.00**
Standard Deviation (02-03)	**.63**	.59	.57	.59	.59	.60	.58	.62	.60	.59	.58	.54	.57	**.57**

Table 2. Average BHM20-C scores and standard deviation for new clients during 2003-04 from intake through session 12 and for the last session.

Session # (2003-04)	Int	Ses 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 (2003-04) (New clients Only)	**545**	386	295	230	195	166	127	102	88	79	67	61	54	**389**
Mean Score (03-04)	**2.63**	2.79	2.78	2.79	2.81	2.82	2.87	2.81	2.83	2.85	2.92	2.92	2.88	**2.96**
Standard Deviation (03-04)	**.69**	.60	.61	.64	.63	.63	.61	.63	.66	.66	.64	.68	.65	**.60**

Table 3. Average BHM20-C scores and standard deviation for new clients during 2004-05 from intake through session 12 and for the last session.

Session # (2004-05)	Int	Ses 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 (2004-05) (New clients Only)	**588**	421	307	236	193	162	131	118	104	89	72	62	51	**578**
Mean Score (04-05)	**2.75**	2.84	2.89	2.91	2.91	2.91	2.87	2.89	2.88	2.96	3.00	3.01	3.00	**3.01**
Standard Deviation (04-05)	**.62**	.58	.58	.63	.61	.59	.62	.62	.61	.58	.60	.60	.56	**.58**

Table 4. Average BHM20-C scores and standard deviation for new clients during 2005-06 from intake through session 12 and for the last session.

Session # (2005-06)	Int	Ses 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 (2005-06) (New clients Only)	**525**	358	283	219	181	153	130	107	91	73	58	46	39	**365**
Mean Score (05-06)	**2.77**	2.81	2.90	2.93	3.00	3.04	3.01	3.02	2.98	2.95	3.00	2.95	2.96	**3.02**
Standard Deviation (05-06)	**.64**	.59	.58	.56	.56	.54	.54	.51	.50	.48	.49	.45	.53	**.57**

Table 5. Average BHM20-C scores and standard deviation for new clients during 2005-06 from intake through session 12 and for the last session.

Session # (2006-07)	Int	Ses 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 (2006-07) (New clients Only)	**530**	398	321	249	201	160	136	110	93	78	70	58	55	**395**
Mean Score (06-07)	**2.72**	2.79	2.86	2.88	2.89	2.83	2.87	2.89	2.88	2.87	2.91	2.83	2.83	**2.97**
Standard Deviation (06-07)	**.57**	.57	.58	.59	.58	.64	.59	.61	.57	.54	.51	.57	.58	**.58**

Table 6 below shows the number of Counseling Center student clients who indicated "positive mental health," "mild illness / adaptive difficulty," or "serious illness" "prior to intake" and at their "last counseling session" during the 2006-07 year. Only clients that had more than one session are included in this analysis. The number of students with "positive mental health" increased from 145 clients (37%) at intake to 235 clients (59%) at termination. The number of students with "serious illness" decreased from 71 clients (18%) at intake, to 249clients (7%) at termination.

Table 6. Number of clients who report Positive Mental Health, Mild Illness, or Serious Illness prior to Intake Session and at Last Therapy Session during the past year (2006-07).

Mental Health Status: 2006-07	Intake No. of Clients 2006-07 (N =395)	Last Session No. of Clients 2006-07 (N =395)
Positive Mental Health (BHM > 2.92)	**145 (37%)**	**235 (59%)**
Mild Illness or Adaptive Difficulties (BHM = 2.10 - 2.92)	**179 (45%)**	**131 (33%)**
Serious Illness (BHM < 2.10)	**71 (18%)**	**29 (7%)**

Table 7 below similarly shows the number of Counseling Center student clients who indicated "positive mental health," "mild illness / adaptive difficulty," or "serious illness" prior to intake and at their "last counseling session" for the past 5 years (2002-03, 2003-04, 2004-05, 2005-06, 2006-07). Again, the number of students with "positive mental health" increases from 34% to 59% of the clients seen while the number of students with "serious illness" decreases from 19% to 7% of the clients seen.

Table 7. Cumulative number of clients who report Positive Mental Health, Mild Illness, or Serious Illness prior to Intake Session and at Last Therapy Session during the past 5 years (2002-07).

Mental Health Status: 2002-2007	Intake No. of Clients 2002-07 (N =1928)	Last Session No. of Clients 2002-07 (N =1928)
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 Illness (BHM < 2.10)	**375 (19%)**	**137 (7%)**

From these 2 tables it is clear that approximately 1/3 of the clients arrive at the Counseling Center for assistance are in basically 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 illness.

Table 8 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 over the past 5 years and for the past year. While table 6 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 (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. Table 8 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 the past 5 years 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.

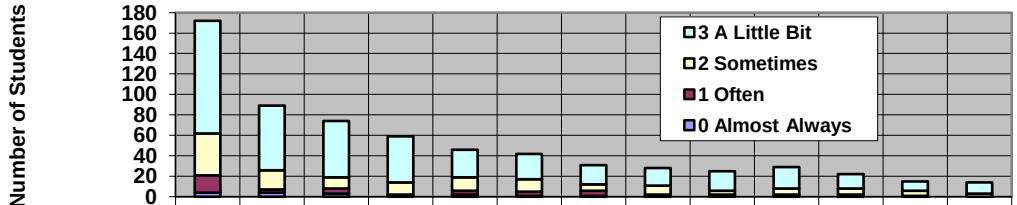
Table 8. Number of clients who reported Positive Mental Health or Mental Health Improvement, No change in Mental Health, and Worse Mental Health at Last Session during 2002 - 2007

Mental Health Change Status During Psychotherapy	Number of Clients 2002-2007 N=1928	Number of Clients 2006-2007 N=395
Improved or Healthy Mental Health Status	**1,279 (66%)**	**267 (68%)**
No Change in Mental Health Status	**544 (28%)**	**105 (26%)**
Worse Mental Health Status	**105 (5%)**	**23 (6%)**

Figures 1- 4 below show the number of clients who reported “thoughts of ending your life,” and “thoughts of wanting to harm someone” from ratings taken prior to intake through session 12 for the past 2 years (2006-07 and 2005-06). In these figures the number of clients who indicated that they endorsed these items “almost always” (score of “0”), “often (score of “1”), ‘sometimes” (score of “2”), and “a little bit” (score of “3”) are shown.

Figures 1 and 2 below shows that the number of people indicating having “suicidal thought” decreases rapidly over the course of psychotherapy.

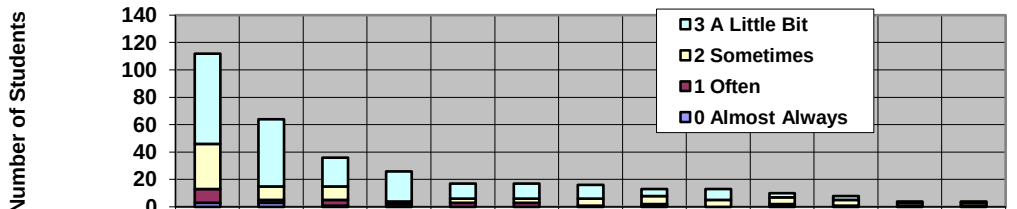
Figure 1. Number of Clients that report "thoughts of ending your life" during 2006-2007 on the BHM 20-C From Pre-intake through Session # 12



	Pre Intake	Ses # 1	Ses # 2	Ses # 3	Ses # 4	Ses # 5	Ses # 6	Ses # 7	Ses # 8	Ses # 9	Ses # 10	Ses # 11	Ses # 12
3 A Little Bit	110	63	55	45	27	25	19	17	19	21	14	9	11
2 Sometimes	41	19	11	12	13	12	6	9	4	6	6	5	3
1 Often	17	3	5	2	4	4	5	1	1	1	2	1	0
0 Almost Always	4	4	3	0	2	1	1	1	1	1	0	0	0

Session Number

Figure 2. Number of Clients that report "thoughts of ending your life" during 2005-2006 on the BHM 20-C From Pre-intake through Session # 12

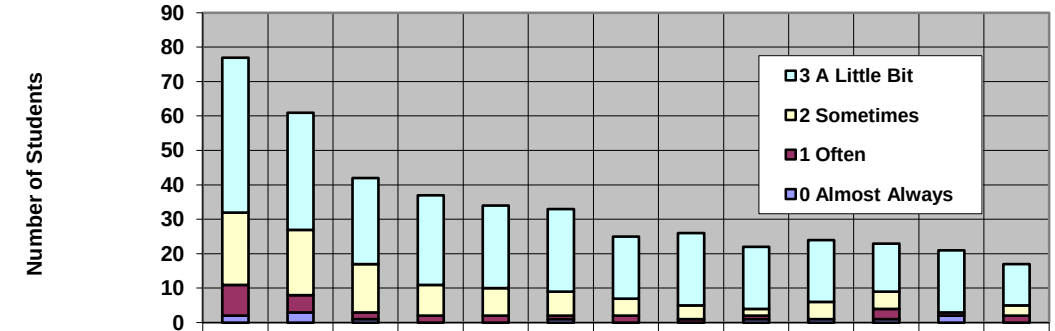


	Pre Intake	Ses # 1	Ses # 2	Ses # 3	Ses # 4	Ses # 5	Ses # 6	Ses # 7	Ses # 8	Ses # 9	Ses # 10	Ses # 11	Ses # 12
3 A Little Bit	66	49	21	22	11	11	10	5	8	3	3	1	1
2 Sometimes	33	10	10	2	3	3	5	6	5	5	4	2	2
1 Often	10	2	4	2	3	3	1	1	0	1	1	0	0
0 Almost Always	3	3	1	0	0	0	0	1	0	1	0	1	1

Session Number

Figures 3 and 4 show a similar pattern of reduction while undergoing psychotherapy for clients indicating "wanting to harm someone."

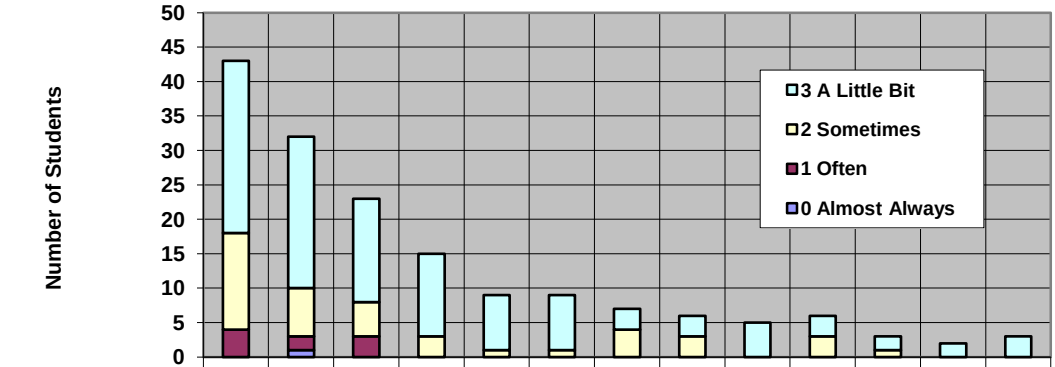
Figure 3. Number of Clients who reported "wanting to harm someone" during 2006-07 from pre-intake through session 12



	Pre Intake	Ses # 1	Ses # 2	Ses # 3	Ses # 4	Ses # 5	Ses # 6	Ses # 7	Ses # 8	Ses # 9	Ses # 10	Ses # 11	Ses # 12
3 A Little Bit	45	34	25	26	24	24	18	21	18	18	14	18	12
2 Sometimes	21	19	14	9	8	7	5	4	2	5	5	0	3
1 Often	9	5	2	2	2	1	2	1	1	0	3	1	2
0 Almost Always	2	3	1	0	0	1	0	0	1	1	1	2	0

Session Number

Figure 4. Number of Clients who reported "wanting to harm someone"during 2005-06 from pre-intake through session 12



	Pre Intake	Ses # 1	Ses # 2	Ses # 3	Ses # 4	Ses # 5	Ses # 6	Ses # 7	Ses # 8	Ses # 9	Ses # 10	Ses # 11	Ses # 12
3 A Little Bit	25	22	15	12	8	8	3	3	5	3	2	2	3
2 Sometimes	14	7	5	3	1	1	4	3	0	3	1	0	0
1 Often	4	2	3	0	0	0	0	0	0	0	0	0	0
0 Almost Always	0	1	0	0	0	0	0	0	0	0	0	0	0

Session Number

The data on the Subscales (Well-Being Scale (WB), Symptom Distress (SD), Life Functioning (LF), Depression (Dep), Anxiety (Anx), Alcohol/Substance Abuse (Alc), Risk of Violence (Vio)) and other BHM20 items are scored and charted in a separate report.

Finally, Table 9 below shows a comparison of intake and final scores for new clients for selected populations. It should be noted that comparisons were made for "New Clients" only (clients returning from the previous year are not included in the analysis below). Improvements were noted for all client categories. Students who presented on emergency, as expected, had a more serious average score at intake.

Table 9. Comparison of Pre-Intake BHM20 scores for New and Returning clients with last session BHM20 scores of clients during 2006-2007. The cut-off score indicating positive mental health for college students is 2.93 and above.

Category	All Clients 2006-07 Pre-intake BHM20 Mean Score:	All Clients 2006-07 Last Session BHM20 Mean Score:	Comment 2006-07
Males	2.78	2.99	
Females	2.76	2.95	
Males + Females	2.77	2.97	
Freshman	2.84	3.01	
Sophomores	2.71	2.89	
Juniors	2.69	2.97	
Seniors	2.79	2.98	
Graduate Students	2.79	2.97	
International Students	2.61	2.92	n=82
Arts & Sciences	2.75	2.96	
Engineering	2.84	3.04	
Nursing	2.78	2.97	
Peabody	2.63	2.81	
African-American	2.64	2.80	
Asian	2.66	2.94	
Latino	2.57	2.77	
Caucasian	2.84	3.02	
Biracial	2.76	2.90	n=28
Native-American	2.14	2.97	n=3
New Intake –Regular	2.76	2.99	
New Intake – Emergency	2.56	2.86	
Returning Intake- Regular	2.87	3.00	
Returning Intake- Emergency	2.25	2.74	
1st Worst Week of Year for Intakes (Week #47)	2.32		Week of April 9, 2007– 17 intakes
2nd Worst Week of Year for Intakes (Week #37)	2.43		Week of January 29, 2007- 23 intakes
3rd Worst Week of Year for Intakes (Week #45)	2.49		Week of March 26, 2007 – 19 intakes
Worst Fall Semester Week for Intakes (Week #25)	2.51		Week of November 6, 2006 – 24 intakes
Staff Member with Worst Intake clients (>25 clients)	2.69		
Staff Member with best Intake clients (>25 clients)	2.87		
Referred by Self	2.73	2.97	
Referred by Friend	2.76	2.90	
Referred by Relative	2.80	2.99	n=30
Referred by Res Life Staff	3.31	3.31	
Referred by Faculty	2.57	2.63	n=33
Referred by Staff	2.81	3.18	n=8
Referred by Student Health	2.80	3.12	n=54
Referred by Career Center	2.40	2.78	n= 2
Referred by Academic Advising	2.79	3.02	n=27
Referred by Dean of Students	2.61	2.67	n=20

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff.

The Counseling Center offers a variety of groups each year. This past year the Counseling Center conducted 10 different groups. A total of 72 individuals were seen in these groups for 174 total sessions.

	Therapy Groups	# of Clients Seen	# of Sessions	Length of each session
1	Dissertation Group	11	43	90 minutes
2	Bereavement Group	6	4	60 minutes
3	Eating Disorders Group I (Fall)	7	10	90 minutes
4	Eating Disorders Group II (Spring)	7	9	90 minutes
5	GLBTA Therapy/Support Group	10	19	90 minutes
6	Graduate Therapy Men's Group	10	21	90 minutes
7	Graduate Women's Therapy Group	10	19	90 minutes
8	Substance Abuse and Recovery Group	11	28	60 minutes
9	Undergraduate Therapy Group I	12	17	90 minutes
10	Undergraduate Therapy Group I1	4	4	60 minutes
	TOTALS	**88**	**174**	

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2006-07.

Dr. Larry David is the Director of the Training program and arranges for individual supervision of the interns by the professional staff. He also 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. The program is accredited by the American Psychological Association. There were four full time interns at the Counseling Center who received training and provided professional services during 2006-07. This was an increase of one additional intern. The funding for one intern is provided by the Nursing School to accommodate an increase in demand for services at that program.

Below is a description of the 2006-2007 training program including: 1) a summary of the interns and supervisors for 2006-07, 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 2006-2007, and 6) a description of the ongoing development and changes to the Pre-Doctoral Psychology Internship Program. Finally the schedule for the training seminars is also shown.

A. Trainees and Supervisors

< Director of Training - Larry David, Ph.D.

< Four Pre-Doctoral Psychology Interns:

Mahlet Endale, M.Ed. (University of Georgia)
Greg Jones, M.S. (Nova Southeastern University)
Tyger Latham, B.A. (George Washington University)
Neha Navsaria, M.A. (Temple University)

< Clinical Supervisors:

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Barbara Baum	Neha – Fall	Mahlet – Spring		
Larry David	Tyger – Spring	Greg – Fall/Spring	Fall	
Doug Fogel	Tyger – Fall Mahlet – Spring	Tyger – Fall		
Garima Lamba		Neha – Fall/Spring	Spring	Tyger – Spring
Vernon Savage	Greg – Spring			
Beth Silver		Greg – Fall Tyger – Spring	Fall/Spring	
Matt Torres	Mahlet – Fall Neha – Spring			
Shelley Von Hagen-Jamar	Greg – Fall	Mahlet – Fall/Spring		Greg – Spring

< Additional Supervision:
Barbara Baum, Ph.D. - Nursing School on-site supervisor, fall semester-
Clare King, LCSW - Intern support group facilitator, fall and spring semesters
Garima Lamba, Psy.D. - Outreach supervision, fall and spring semesters
Vernon Savage, Ph.D. - Outreach supervision, fall and spring semesters

B. The Training Program

< Interns provided **intake and individual counseling services** to Homewood, Peabody, and Nursing students under staff supervision. 2006-2007 interns performed 244 intake evaluations, including 28 emergency intakes, during the fall and spring semesters. During that period they saw 280 clients for 1593 sessions, including 91 emergency sessions.

< All interns co-led at least one **group** for students with a professional staff member. Mahlet Endale co-led the Substance Abuse and Recovery Group in the fall and spring semesters and an undergraduate group in the spring. Greg Jones co-led the GLBTA Therapy/Support Group in the fall and spring and an eating disorders group in the fall. Tyger Latham co-led the Graduate Men's Group in the Fall, and eating disorders group in the spring, and a bereavement group in the spring. Neha Navsaria co-led the Graduate Women's Group in the fall and spring semesters. Interns co-led a total of 98 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 91 emergency sessions. They also were also on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.

< Interns were involved in a variety of Center **outreach activities**, including outreach to incoming students, training of resident assistants, and training MAP workers from the Office of Multicultural Student Affairs; interns participated in University screening programs for depression, eating disorders, and alcohol use. In addition, each intern designed and implemented at least one outreach program during the year. (See Vernon Savage's outreach report for more details.)

< 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** from during the internship year, one hour of **support group**, and additional individual supervision as needed.

Weekly **supervision for group services** was provided weekly by the staff member with whom groups were co-led. (See section on clinical supervisors above.)

< Interns participated in weekly center **staff business meetings** and **case management meetings**. There was some voluntary attendance at staff peer supervision meetings as well.

< **46 training seminars** (see attachments) were offered to interns in the fall and spring semesters and the summer session (for 2005-2006 interns). 36 of the 46 seminars were presented or co-presented by Counseling Center clinical staff or consultants: **Barbara Baum** (2), **Larry David** (7), **Deborah DiLazzero** (1), **Doug Fogel** (7), **Art Hildreth** (1), **Michael Mond** (2), **Vernon Savage** (1), **Matt Torres** (4), and **Shelley Von Hagen-Jamar** (6). 1 seminar was presented by **Mary Haile** and **Brenda Strumke**. 4 training seminars were presented by the 2005-2006 interns (**Dan Dengel, Ebony Dennis, Allison Langlois** and **Kristin Sagun**) during the summer session. 5 seminars were presented by non-center staff: **Dr. Bethany Brand** (Sheppard Pratt Health System); **Dr. David Haltiwanger** (Chase-Brexton Health Services); **Dr. Deborah Haskins** (Loyola College in Maryland); and **Dr. Heather Lyons** (Loyola College in Maryland).

C. Training Program Assessment

< **Mid-term assessments** of intern performance were held in November and May with input from all staff involved in intern training. **Formal written assessments** are made at the end of each supervision term (January and August) by individual and group supervisors. Both mid-term and end-of-term assessments are reviewed with interns.

< The method for providing **feedback to primary supervisors** was continued whereby written feedback for individual supervisors will be given to the Director of Training to be reviewed with primary supervisors at a date following the year in which the feedback is provided.

< **An assessment of the training program** was completed in writing by interns in August 2006 by the 2005-2006 internship class.

D. Contact with Academic Training Programs

< **Contacts were made with the academic programs** with which the 2005-2006 and 2006-2007 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2006-2007 Interns

< **Received 135 completed applications.** This represented an increase from the previous year when 118 applications were received. Consistent with the previous year, there was significant representation of ethnic minorities and those with a minority sexual orientation in the applicant pool, considerable geographic representation, and strong representation from both clinical and counseling psychology academic programs, as well as from both Ph.D. and Psy.D. programs.

< **Interviewed 25 candidates**. 23 of these 25 candidates were interviewed in person and the other two by telephone. 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 25 interviewees 7 were members of ethnic minorities, and three were international students. 11 were from counseling psychology graduate programs. 17 of the interviewees were from outside of the immediate Baltimore-Washington, D.C. area.

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

< **Successfully matched** for all four positions with ranked choices for pre-doctoral psychology interns: **Rachel Harris, M.A.** (Argosy University – Georgia); **Hillary Howarth, B.A.** (The Wright Institute, Berkeley, CA); **Maria Marshall, M.A.** (Fielding Graduate University, Santa Barbara, CA); and **George Nichols, M.A.** (University of Wisconsin). This represents our most geographically diverse class to date, and the first class with no members from the immediate geographical area.

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

< **Continued number of interns at 4.** Stable funding from the School of Nursing contract allowed for a continuation of fourth internship position begun with the 2005-2006 internship year.

< **Continued placement of interns at the School of Nursing.** Two interns spent one day per week at the School of Nursing with Dr. Barbara Baum. One was placed from September, 2006 through January, 2007 and the second from February, 2007 through the end of the internship year.

< **Continued diversity of applicant pool.** The applicants to the internship program continued to be very diverse in terms of minority membership and geographical representation of applicants, and number of applicants from counseling psychology programs. As with last year, this translated into a substantial minority, geographical, and programmatic diversity the interview pool. Although the incoming class is not as diverse as the previous two, it is – as noted above – the most geographically diverse class to date, with no students from the immediate geographical area. Three of the 2007-2008 interns come from academic programs that heretofore have not been represented. It appears that the internship program has attracted a more national level of attention, consistent with the University's status as a "national university."

< **Decrease in the number of interviewed applicants.** In 2005-2006 the decision was made to increase the number of interviewed applicants due to the increase in class size from 3 to 4. Since the program did very well in the MATCH in 2006-2007 (all 4 matches in top 7 out of 26 ranked candidates), it was decided to decrease the number of applicant interviews from the 30 to 25 for the 2007-2008 class. The program performed well in the MATCH again with all matches ranked 11 or higher out of 24 ranked candidates.

< **De-emphasis on career assessment and counseling.** As of the 2005-2006 internship year it became obvious that the First Step career counseling program was no longer viable within the Counseling Center. This was the major vehicle for training interns in career assessment and counseling. Meetings were held with the Career Center to explore options for alternative ways to provide career assessment and counseling experience for interns, but no viable alternative has been developed to date. For this reason, training in career assessment and counseling has been de-emphasized in the internship program until such time that feasible avenues for such training can be provided.

G. Internship Training Seminar Schedule

TRAINING SEMINAR SCHEDULE - SUMMER 2006

June 16	10:30-12:00	Intern Presentation	Allison Langlois
June 23	10:30-12:00	Intern Presentation	Ebony Dennis
June 30	10:30-12:00	Intern Presentation	Kris Sagun
July 7	10:30-12:00	Intern Presentation	Dan Dengel
July 14	10:30-12:00	Self-Injurious Behavior	Dr. DiLazzero
July 21	10:30-12:00	Acceptance and Commitment Therapy I	Dr. Doug Fogel
July 28	10:30-12:00	Acceptance and Commitment Therapy II	Dr. Doug Fogel

TRAINING SEMINAR SCHEDULE – FALL 2006

August 15*	9:00-11:00	Policies and Procedures/Due Process	Dr. Larry David
August 15*	2:00-5:00	Policies and Procedures/Due Process	Dr. Larry David
August 18	10:30-12:00	Goal Setting: Stages of Change Model	Dr. Larry David
August 18*	1:30-3:00	Documentation	Dr. Matt Torres
August 21*	1:00-5:00	Motivational Interviewing	Dr. Larry David
August 22*	2:00-4:00	Titanium Scheduling System	Ms. Haile & Ms. Strumke
August 23*	2:30-4:00	Intake Interviewing	Dr. Barbara Baum
August 24*	9:00-10:30	Scope of Service Issues	Dr. Larry David
August 25	10:30-12:00	Substance Abuse in College Students	Dr. Shelley Von Hagen-Jamar
September 8	10:30-12:00	Myers-Briggs Type Indicator	Dr. Barbara Baum
September 15	10:30-12:00	BHM/Suicide Tracking	Drs. Mond & David
September 22	10:30-12:00	In-Session Crises	Dr. Matt Torres
September 29	10:30-12:00	Maryland Ethics and Law	Dr. Shelley Von Hagen-Jamar
October 6	10:30-12:00	Stabilizing Self-Destructive Patients	Dr. Bethany Brand
October 13	10:30-12:00	Process-Oriented Group Psychotherapy	Dr. Matt Torres
October 20	10:30-12:00	Update on Suicide Tracking Research	Dr. David Jobes
October 27	10:30-12:00	Brief Therapy: Budman & Gurman Model	Dr. Larry David
November 3	10:30-12:00	Termination in Psychotherapy	Dr. Matt Torres
November 10	10:30-12:00	Responding to On-Call Emergencies	Dr. Michael Mond
November 17	10:30-12:00	Job Search Issues I	Dr. Beth Silver
December 1	10:30-12:00	Job Search Issues II	Dr. Larry David
December 8	10:30-12:00	Acceptance and Commitment Therapy I	Dr. Doug Fogel
December 15	10:30-12:00	Acceptance and Commitment Therapy II	Dr. Doug Fogel

TRAINING SEMINAR SCHEDULE – SPRING 2007

January 17*	9:00 -10:30	Pharmacotherapy	Dr. Art Hildreth
January 26*	9:00 -12:00	Diversity I: Working with Gay and Lesbian Clients	Dr. David Haltiwanger
February 2*	9:00 -12:00	Diversity II: Religious Issues in Counseling	Dr. Deborah Haskins
February 9	10:30-12:00	Diversity III: African American Students	Dr. Vernon Savage
February 16	10:30-12:00	Diversity IV: Gender Issues and the Therapeutic Alliance	Dr. Doug Fogel
February 23	10:30-12:00	Diversity V: International Students	Dr. Garima Lamba
March 2	10:30-12:00	Diversity VI: Considering the Clients' and Therapists' Multiple Identities I	Dr. Heather Lyons
March 9	10:30-12:00	Diversity VII: Considering the Clients' and Therapists' Multiple Identities II	Dr. Heather Lyons
March 16	10:30-12:00	Assessment of Eating Disorders	Dr. Beth Silver
March 23	10:30-12:00	Treatment of Anxiety Disorders I	Dr. Doug Fogel
March 30	10:30-12:00	Treatment of Eating Disorders	Dr. Beth Silver
April 6	10:30-12:00	Treatment of Anxiety Disorders II	Dr. Doug Fogel
April 13	10:30-12:00	Dialectical Behavior Therapy I	Dr. Von Hagen-Jamar
April 20	10:30-12:00	Dialectical Behavior Therapy II	Dr. Von Hagen-Jamar
April 27	10:30-12:00	Diversity VIII: Asian-American Students	Dr. Garima Lamba
May 4	10:30-12:00	Assessment of Trauma Disorders	Dr. Shelley Von Hagen-Jamar
May 11	10:30-12:00	Treatment of Trauma Disorders	Dr. Shelley Von Hagen-Jamar

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

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

The Associate Director of the Counseling Center, Dr. Vernon T. Savage, coordinates the Outreach and Consultation program. The workshops are designed to help students succeed in their work and/or to facilitate personal growth while at Johns Hopkins University. Consultation Programs are also offered to faculty and staff to assist them in understanding and dealing with student life problems. The workshop and consultations programs offered this past year are listed below:

#	Name of Outreach Program	Department Served	Date of Program	Type of Client Served		
				# Students Served	# Fac./Staff Served	# Others Served
1	Orientation: CC services	Nursing - Accelerated class	6/1/2006	165	3	0
2	Pre-college Resident Assistant Training	Summer Programs	6/27/2006	24	0	0
3	Peabody Resident Assistant Training	Peabody	8/23/2006	6	0	0
4	Visit with Office of Multicultural Student Affairs	Multicultural Student Affairs	8/24/2006	0	4	0
5	Visit with Director of Diverse Sexuality and Gender Alliance (DSAGA)	DSAGA	8/24/2006	1	0	0
6	Resident Assistance Training	Residential Life	8/29/2006	20	0	0
7	New Nursing Students Orientation	Nursing School (staff & students)	8/31/2006	150	20	0
8	MAP Student Training	Multicultural Student Affairs	8/31/2006	65	1	0
9	Student Advisor Walk Around	Orientation'06	8/31/2006	64	0	0
10	Peabody Student Services Information Fair	Peabody	9/1/2006	200	0	0
11	Parent Orientation	Orientation	9/1/2006	5	0	12
12	International Student Orientation	International Students' Office	9/1/2006	65	0	0
13	Parent Information Table	Student Affairs	9/1/2006	0	0	20
14	Parenting a Freshman	Student Affairs	9/3/2006	0	0	60
15	Parents Panel	Orientation	9/3/2006	0	0	1000
16	Orientation to Counseling Center	DSAGA	9/4/2006	35	0	0
17	Meet Pre-professional Advising staff	Pre-professional Advising	9/5/2006	0	4	0
18	Introduction To Counseling Center for Writing Seminar Program	Writing Seminar	9/5/2006	18	1	0
19	Preventive Education & Empowerment for Peers (PEEPS) Training	Student Health & Wellness	9/6/2006	25	0	0
20	Teaching Assistants Training - "Relating To Your Students"	Graduate Programs	9/6/2006	200	0	0
21	Meet with Nursing Student Groups	Nursing School	9/11/2006	5	0	0
22	Introduction to Counseling Center for Residential Life	Residential life	9/11/2006	0	15	0

23	DSAGA meeting	DSAGA organization	9/11/2006	20	0	0
24	After Hours On-call Training for Security Officers	Security	9/14/2006	0	5	0
25	Eating Disorders presentation to Resident Assistants	Residential life	9/19/2006	40	0	0
26	Sexual Abuse and Assault	Homewood students	9/27/2006	0	0	1
27	Study Abroad Meeting	Advising Office	9/27/2006	28	1	0
28	National Coming Out Day (DSAGA Table)	DSAGA student organization	10/11/2006	10	0	0
29	Parent Reception	Student Life	10/20/2006	0	0	250
30	Peabody Health Fair	Peabody	10/24/2006	150	0	0
31	Mental Preparation for Study Abroad/Peace Corps	Study Abroad Program	10/25/2006	2	0	1
32	Depression Awareness Day	Student Affairs	10/26/2006	40	0	0
33	Counseling Center Services for South Asian Students	South Asian Students Association	11/27/2006	20	0	0
34	Eating Disorder Training for RA's - "Signs and Interventions"	Residential life	1/18/2007	50	0	0
35	Cultural Competency and Health Care	Nursing School (staff & students)	2/7/2007	14	1	0
36	Graduate Representative Organization (GRO) Meeting	GRO	2/19/2007	25	0	0
37	Eating Disorders Presentation to PEEPS	Other	2/20/2007	9	0	0
38	Presentation to Athletic Center Staff	Athletics & Recreation	2/22/2007	0	25	0
39	National Eating Disorders Awareness Week	Student Affairs	3/1/2007	40	0	0
40	Outreach for New Admission	Admissions Office	4/11/2007	0	50	0
41	Admissions Table	Admissions Office	4/17/2007	50	0	20
42	Alcohol Awareness Week	Student Affairs	4/23/2007	60	0	0
43	Graduate Coordinator's Meeting	Graduate Coordinators	5/8/2007	0	40	0
TOTALS				**1,606**	**170**	**1,364**

No. Workshop/Outreach and Community Consultation Programs	**43**
No. of Students served	**1,606**
No. of Faculty and Staff served	**170**
No. of "Other People" served	**1,364**
Total No. of People served	**3,140**

Effectiveness of Outreach Programs. The CC staff conducted forty three (43) programs during the 2006-2007 Academic Year. The program requests came from twenty four (24) different offices or groups. We were able to have nine (9) of the programs evaluated by participants. The evaluations indicated that the programs were very well received. The following are the average responses to the quantitative questions on the Outreach/Workshop Evaluation Form. The data is calculated on a total N of 202 participants.

Not =	1	**1) The concepts, information and resources presented were 4.09 useful.**
Slightly =	2	**2) The presenter's communication style was 4.39 effective.**
Moderately =	3	**3) The workshop/presentation format was 4.17 appropriate.**
Very =	4	**4) Your overall reaction to the program was 4.31 favorable.**
Extremely =	5	

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff.

Counseling Center staff are committed to participating in activities that serve and enrich the Johns Hopkins University community. This includes not only activities at the "departmental level" (Counseling Center) but also at the "Inter-departmental/divisional" level (HSA) and the University wide level as well. Overall, CC staff participated in: a) 16 departmental committees or projects, b) 28 inter-departmental/divisional meetings, committees or activities, and c) 30 University wide committees or activities. Those reported are listed below:

#	1) Departmental Level Community Activity
1	Counseling Center Executive Committee
2	Counseling Center Holiday Party Committee
3	HIPAA Committee
4	Homewood Information Technology Committee (HITS)
5	Welcome Party for New Interns
6	Informed Consent Committee
7	Intern Farewell Luncheon
8	Intern Selection Committee
9	Intern Training Committee
10	Scope of Service Committee (long term/short term)
11	Suicide Tracking and Research Committee
12	Supervisors' Training Subcommittee
13	Titanium Project Committee
14	Work-study Student Training Committee
15	Farewell Lunch for Tom Lynch
16	Farewell lunch for Deb DiLazzero

#	2) Inter Departmental r Divisional (HSA) Level Community Activity
1	Counsel of Homewood Advisors
2	Counseling Center Advisory Board
3	Farewell Party - MC Savage
4	Focus Group with Psychiatry Regarding Depression
5	Focus Group with Students Regarding Avian Pandemic Flu
6	Homewood Risk Assessment Team
7	Homewood Student Affairs Alcohol Task Force
8	Homewood Student Affairs Breakfast
9	Homewood Student Affairs Crisis Management Committee
10	Homewood Student Affairs Pandemic Flu Committee
11	Homewood Student Affairs Pandemic Flu Subcommittee
12	Homewood Student Affairs Directors Retreat
13	Lunch Meeting with Athletic Center Staff
14	Lunch Meeting with Office of Pre Professional Advising- re Medical School Committee

15	Meeting with Academic Advising
16	Meeting with Alain Joffe Regarding Eating Disorder Contract
17	Meeting with Career Center Staff
18	Meeting with Center for Health Education and Wellness
19	Meeting with Freshmen Class Officers
20	Meeting with Interfaith Center Staff
21	Meeting with International Student Services
22	Meeting with Multicultural Student Affairs
23	Meeting with Nursing School Faculty
24	Meeting with Residence Life Staff at AMR
25	Meetings and Lunch with Student Health Center
26	Meetings with South Asian Students President and Group
27	Mid Year Lunch with Homewood Student Affairs
28	Presentation on Relations with Community Around Hopkins

#	**3) University Wide Level Community Activity**
1	Active Minds Program
2	Attended Arts & Science and Engineering Graduation
3	Attended Black & Latino Graduation Reception
4	Attended School of Nursing Graduation
5	Attended School of Nursing State of the School address
6	Attended SON Fundraiser for Community Health
7	Awareness Days - Charles Silverstein, Ph.D. lecture
8	Beauchesne Retirement Party
9	Depression Screening Day
10	Disability Committee
11	Eating Disorder Screening Day
12	FASAP Disaster Planning Committee
13	Founders' Day
14	Gazette Interviews
15	Health Professions Committee Luncheon
16	Insurance Committee
17	JHU Community Meetings with President Brody & Deans
18	Meeting with Fred Hanna of Educational Psychology Department
19	Meetings as Advisor to Black Student Union (BSU)
20	Meetings Regarding Homewood Caucus of BFSA
21	Meetings related to Black Faculty Staff Association (BFSA) Conference
22	Meetings with Deans and Executive Board of Black Student Union
23	Pandemic Flu Education and Training Committee
24	Risk Assessment Team Meetings
25	Spirit of Community Project for JHU Freshmen
26	Substance Abuse Screening Day
27	Town Hall Meeting on Diversity
28	Tribute to Paul White at Medical school
29	United Way Committee
30	Volunteer for Fall Festival '06

SECTION VIII: Summary of Professional Development/ Professional Activity by CC Staff.

Counseling Center staff participate in educational professional development activities including conferences, workshops, seminars and courses to enhance their professional skills. Clinical staff attended or participated in 39 development/educational activities which are listed below. Counseling Center staff also are actively engaged in 15 professional activities and involvements (such as research, teaching) which are also tabulated below. Finally, Counseling Center staff have memberships in 24 professional organizations which are listed below.

#	Professional Development /Education- Conferences, Workshops, Seminars, Courses, Lectures attended and other activities to enhance skills or to train colleagues, including research, and education.
1	ACPA National Conference
2	Affect Centered Therapy with Axis I and Axis II Clients
3	American Association of University Counseling Center Directors Conference
4	Baltimore Psychotherapy Institute Conference
5	Baltimore Washington Area Directors Meetings
6	BFSA Conference
7	Bi-phobia: Phobia of Bisexuals
8	CAMS Approach to Suicidal Clients with Dr. David Jobes
9	Chameleon Syndrome
10	Clinical Supervision for Psychotherapy Practitioners
11	Collaborative Couples Therapy
12	Conference Presentation on Refugee Counseling
13	Creative Responses to Life-Altering Events
14	Cultural Competency in Health Care
15	Dialectical Behavior Therapy
16	Eating Disorder Symposium
17	Emergency Preparedness/Disaster
18	Ethics
19	Gay and Lesbian Issues
20	Gender Issues in the Therapeutic Alliance
21	Impaired Psychologists: Taking Care of the Caretaker
22	Integrating Sex Counseling and Therapy into Couples Therapy
23	Major Depression and Bipolar
24	Mindfulness and Psychotherapy
25	Mood Disorder Symposium
26	Multicultural Convention
27	Multi-perspective Case Formulation
28	Peer Supervision for Counseling Center Staff
29	Positive Ethics and Effective Practice in Challenging Times
30	Present at JLG-RICA - Eating Disorder Presentation
31	Process Oriented Group Psychotherapy
32	Psychopharmacology
33	Psychotherapy Networker Conference
34	Seminar: Understanding Anxiety
35	Spirituality in Counseling
36	Stabilizing Self Destructive Clients
37	Treating the Mentally Ill Substance Abuser
38	Treatment and Diagnosis of Alcohol Abuse and Dependence
39	University of Delaware Intern Conference

	Professional Activities - Professional Activity refers to participation in activities that benefit the profession or the wider community such as research, teaching, professional boards, etc…
1	AUCCCD Lectures on BHM20
2	Behavioral Health Monitor Research and Development
3	Consultation to Baltimore Psychological Association, as Past President
4	Dissertation Research
5	Focus Group Participation with Johns Hopkins Psychiatry
6	IACS Accreditation Reviews
7	Maryland Board of Examiners Training Committee
8	Michigan State University Lecture on BHM20
9	Obtained Psychology Licensure in Maryland
10	Research on Suicide Tracking with Dr. David Jobes
11	State of Campus Violence Hearing at Morgan
12	Submitted Proposal for JHU Diversity Conference
13	Submitted Proposal for Minority Women's Health Conference
14	Teaching - Behavior Modification class; both semesters and summer
15	Teaching - Fall and Spring Semesters - Masters level Internship class in the Department of Counseling and Human Services in the School of Education

	Professional Memberships
1	American College Counseling Association- Commission for Counseling and Psychological Services
2	American College Personnel Association
3	American Counseling Association (ACA)
4	American Psychological Association (APA) (including Divisions 17, 44, 52, and student affiliate)
5	American Psychological Association Division for Psychotherapy
6	Baker- King Foundation Board
7	Baltimore Community Foundation Board
8	Baltimore Psychological Association (BPA)
9	Board of Accreditation Review Committee -International Associations of Counseling Services (IACS)
10	Board of Directors - American Association of Suicidology (AAS)
11	Board of Directors - Behavioral Health Monitor Board Member
12	Columbia Foundation Board
13	Counselors Helping (South) Asians/Indians, Inc.
14	European Branch of the American Counseling Association
15	Maryland Psychological Association (MPA)
16	Member of AAPA Task Force on Social Justice and Advocacy
17	Member of Asian American Psychological Association (AAPA)
18	Member of Society of Clinical Child and Adolescent Psychology
19	Member of the South Asian Psychological Networking Association
20	Mental Health Association Board
21	National Association of Social Workers (NASW)
22	National Register of Health Service Providers in Psychology
23	National Board for Certified Clinical Hypnotherapists
24	Student Advisory Board for the Society of Pediatric Psychology

SECTION IX: Counseling Center Coordinator Reports.

1) African-American Student 2006-07 Coordinator Report (Dr. Vernon Savage)

In the past year Dr. Savage has continued to serve as a faculty/staff advisor to the Johns Hopkins University's Black Student Union (BSU). In this capacity Dr. Savage hosted a retreat at his home for the executive board of the BSU, attended two university wide community meetings that were a direct response to the Sigma Chi Halloween party incident and attended two meetings that involved members of the BSU and the senior Deans of the Homewood campus. Dr Savage continues to be active in the Black Faculty and Staff Association (BFSA) of JHU. He was a member of the BFSA planning group that successfully held a regional conference entitled: Fixing the Academy: Tapping Black Excellence on White Campuses which was held at the JHU Applied Physics Lab in April '07. In May '07 Dr Savage was elected president-elect of the BFSA. This is a three year commitment to the association as president-elect, president and past-president. This commitment will allow him additional opportunities to impact the lives of African-American student.

2) Eating Disorder 2006-07 Coordinator Report (Dr. Beth Silver)

Client and Treatment Statistics

- 68 clients with Eating Disorder Concerns were seen by the Counseling Center Staff
- 23 ED clients were seen by the ED coordinator for assessment or individual therapy.
- 32 clients were referred to SH&W for medical management of their eating disorder.
- 8 clients were referred to the Counseling Center by SH&W.
- 1 client was referred off campus for more intensive treatment. She did not comply with the recommendation and continues to be seen at the Counseling Center.

Programming and Community Activity

- The divisional Eating Disorders Committee comprised of the Counseling Center's ED coordinator, Alain Joffe, M.D., Anne Irwin (Athletics), Brad Mountcastle (Athletic Training), Barbara Gwinn (Health Education), Rebecca McDevitt (Dietician at SH&W), and William James, Associate Director – Bloomberg School of Public Health, Center for Communication Programs met five times throughout the year. The purpose of these meetings was to design a fall 2007 campus wide campaign, aimed at promoting a healthy lifestyle for incoming JHU freshman girls.
- The Eating Disorder coordinator developed a system to track attendance and compliance for eating disorder clients who are receiving services at the Counseling Center and Student Health and Wellness.
- The Eating Disorder coordinator worked with Alain Joffe, M.D., Michael Mond, Ph.D., and Gerard St. Ours, university counsel, to modify the informed consent policy and procedure for eating disorder clients who receive services at the Counseling Center and SH&W.
- The Eating Disorder coordinator developed a cognitive behavioral group intended for clients with bulimia nervosa and binge eating disorder. This group was held during the fall and spring semester.
- The ED coordinator worked with Preventative Education and Empowerment for Peers (PEEPS) and APTT to coordinate an outreach event that was held during National Eating Disorder Awareness week at Levering. The purpose of this event was to promote an awareness of eating disorders in the JHU community, provide basic ED education, and to screen students for possible eating disorder issues.
- The ED coordinator presented information (diagnosis and intervention) with Tyger Latham to the Athletic Department.
- The ED coordinator presented information (diagnosis, etiology, and intervention) to the residential advisors during their annual training meeting.
- The ED coordinator presented information (diagnosis, etiology, and intervention) to the PEEPS to help them prepare for National Eating Disorder Awareness Week.
- The ED coordinator worked with Hillel and a university student to help coordinate an event held at Hillel that provided education regarding eating disorders and dieting.
- The ED coordinator attended a treatment symposium sponsored by Sheppard Pratt's Center for Eating Disorders.
- The ED coordinator planned and implemented a 2 part ED training with the interns.

Future Development

- To continue to work with the divisional Eating Disorder Committee on the development of a campus wide campaign.
- To continue to work with SH&W to coordinate treatment and referral of ED clients within the JHU community.
- To continue to develop and provide ED groups to the JHU community.

3) Group Therapy Coordinator 2006-07 Report (Dr. Matthew Torres)

The Counseling Center **offered 12** different psychotherapy groups this year and successfully **conducted 10** (compared to 7 offered and 6 conducted last year). A total of **88 students participated** in these groups, compared with 54 students the previous year. The following groups were conducted: Bereavement Group, Cognitive-Behavioral Eating Disorders Group, Dissertation Support Group, GLBTA (Gay, Lesbian, Bisexual, Trans-gendered, and Allies) Group, Graduate Men's Therapy Group, Graduate Women's Therapy Group, Substance Abuse Recovery Group, Undergraduate Therapy Group I, and Undergraduate Therapy Group II. The following 2 groups were offered but did not run: International Students Support Group and the Survivors of Sexual Abuse and Assault

4) International /Asian American Students 2006-07 Coordinator Report (Dr. Garima Lamba)

Programming and Community Activity

- The coordinator met with student leaders of several student organizations on campus to assess the mental health needs of international and students of Asian origin on JHU campus.
- Invited to attend the board meetings of Indian Graduate Student Association, Graduate Student Association, and South Asian Student Association of Hopkins.
- The following new initiatives were attempted through the counseling center to reach out to international students and students of Asian origin:
    - *International Student Support Group*: A support group for international students experiencing acculturation/ adjustment difficulties.
    - *International and Students of Asian Origin Welcome Hours*
        - A drop in service for this particular student group every Thursday, starting Spring 2007, from 2 to 4pm.
    - *Chai Chat*
        - A twice a month informal drop-in discussion forum for South Asian students.
    - Launching of *South Asian Connections (SAC)*
        - Vision: An informal forum that offers South Asian students an opportunity to discuss, inform, and raise awareness of issues relevant to South Asians in the U.S.
        - Based on the feedback received from the student organizations on campus, it was decided to recruit undergraduate and graduate student representatives to be the front runners to promote mental health awareness of this student group.
        - Five undergraduate and one graduate student applied for the positions. After a two week long interview process, three undergraduates and one graduate student were hired.
        - 55 South Asian students participated in the first SAC activity and offered suggestions for future programming.
- The coordinator provided seminars to the pre-doctoral interns on how to work with international students and Asian American/ Pacific Islander students.
- In addition to providing on-going consultation for CC staff on a case-by-case basis, continued consultative relationships with the following staff persons:
    - Nicholas Arrindell, Director, International Student and Scholar Services
    - Noppadon Moapichai, Staff, International Student and Scholar Services
    - Rose Varner-Gaskins, Assistant Director, Office of Multicultural Student Affairs

Future Development

- To enhance relationships with other staff on campus, including student groups, to better address needs of international and students of Asian American origin.
- To conduct a focus group or a needs assessment survey of international students in Fall 2007 to assess the specific needs of this student group.
- To expand the SAC to include other Asian student groups to address the needs to Asian student population on a broader level.

5) Nursing School 2006-07 Coordinator Report (Dr. Barbara Baum)

The predominant service provided to the Nursing students was in the form of individual personal counseling. 115 Nursing School students were seen at the Counseling Center last year in individual

therapy for a total of 590 sessions. In addition 50 Nursing School students had 157 sessions with Counseling Center consulting psychiatrists. The Nursing students were seen an average of 5.2 sessions by staff therapists (compared to 5.7 last year) plus an average of 3.1 sessions by staff consulting psychiatrists for a combined average of 8.3 sessions. In non psychiatric sessions, 71% of the Nursing School clients were seen between 1 and 5 sessions, 17% were seen 6-10 sessions, 9% were seen 11- 15 sessions, 1% were seen 16- 20 sessions, and 3% were seen more than 21 sessions. 24 were seen on emergency. Psychiatrists saw Nursing school students for an average of 3.1 sessions. Also, 18 Nursing School clients expressed some suicidal ideation at intake of which 6 were considered serious enough to place in the Counseling Center's Suicide Tracking System.

Individual counseling was provided for nursing students on site at the School of Nursing (SON) one day a week by the Counseling Center coordinator to the SON, Barbara Baum, Ph.D., and by two psychology doctoral interns, Neha Navsaria, M.A. (during the fall term) and Gregory Jones, M.S. (during the spring and summer). Nursing students were seen at the Homewood campus by all Counseling Center therapists throughout the whole year.

Emergency consultation with a Counseling Center psychologist was available for nursing students 24 hours a day, 365 days a year. Consultation was provided throughout the year with faculty and staff who had concerns regarding individual nursing students. Same-day emergency intake appointments for nursing students were provided when requested by SON faculty, staff, or students.

Counseling Center staff attended, participated in, or offered services for a variety of SON programs. Dr. Baum attended the School of Nursing graduation ceremonies on 5/25/06 and 5/16/07, and the SON fundraiser for community health on 6/17/06. Dr. Baum participated in the New Student Orientation Programs on 6/01/06 and 8/31/06, the latter with interns Mahlet Endale, M.Ed., Gregory Jones, M.S., Tyger Latham, B.A., and Neha Navsaria, M.A. Ms. Navsaria and Dr. Baum attended the State of the School address on 9/18/06. Ms. Navsaria worked with Dean Sandra Angell and Ms. Katie Cruit of the Office of Admissions and Student Services, offering possible topics for outreach programs. Ms. Navsaria and Ms. Endale presented a workshop on "Cultural Competency in Health Care" at the SON on 2/7/07 for 14 students. (See separate Nursing School Annual Report for a more detailed report.)

6) Outreach/Workshop Program 2006-07 Report (Dr. Vernon Savage) - See Section VI of this report.

7) Peabody Conservatory of Music 2006-2007 Report (Dr. Doug Fogel)

Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood campus as well as the ½ half day per week on-site services offered. The predominant service provided to the Peabody students was in the form of individual personal counseling. 49 Peabody students were seen at our counseling center last year in individual therapy for a total of 349 sessions. Peabody students were seen an average of 5.4 sessions, not including psychiatric sessions. 74% of the students were seen between 1 and 5 sessions, 14% were seen 6-10 sessions, 4% were seen between 10 and 15 sessions, 0% were seen between 16 and 20 sessions, and 8% were seen more than 21 sessions. 17 students were seen as walk-in emergencies and 1 of these were after hour emergencies. In addition, our Consulting Psychiatrists saw 21 Peabody students for an additional 53 sessions. 14 Peabody student clients expressed some suicidal ideation at intake and 2 were considered serious and were followed in the Counseling Center's Suicide Tracking System.

Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. This consultation included issues regarding conflicts in the residence hall, students who appeared to be having difficulty with either personal or academic issues, leaves of absence, readmissions, and hospitalization. (See separate Peabody Institute Annual Report for more details.)

In addition to consultation and on-site counseling services, the coordinator also provided a number of workshops and outreach programming:

- At the beginning of the academic year, the coordinator and one pre-doctoral psychology intern provided training to Peabody RAs on recognizing and dealing with mental health issues in the residence hall.
- The coordinator participated in the new student orientation. This entailed providing general information on services provided by the CC.
- The coordinator and two pre-doctoral interns participated in the health fair. This entailed providing information on a wide variety of mental health issues.

8) Peer Counseling (APTT) and Counseling Center Student Advisory (CCAB) 2006-07 Reports (Clare King)

A Place to Talk (APTT)

APTT had a year of growth in 2006-2007, with membership at a record high of 52. Early outreach efforts, including Movie night, Activity Fair, and the "O" Show proved successful, and freshmen visits to the room increased even during the first few weeks of school. Leadership of the group was particularly enthusiastic this year, and APTT had a strong showing at the Fall Retreat, held for the first time at Sherwood Gardens. Group dinners and small group activities seemed to enhance cohesiveness throughout the year. Because of an aggressive PR Committee, selections saw a rise in applications, and we had a strong training class both semesters as a result. Outreach efforts included Depression Awareness Programs, Depression Screening and Alcohol Awareness Day. The year ended on a high note, with a very successful Relaxation Fair (300+ students), and a Senior Picnic to send off APTT graduates.

Sexual Assault Response Unit (SARU)

SARU remains a consistent presence at Hopkins. A fall training for new volunteers included 8 new members, who now take turns carrying the beeper. Education and outreach efforts included a self-defense course, "These Hands Don't Hurt" program about relationship violence and the "Take Back the Night" gathering in April for Sexual Assault Awareness Month.

Counseling Center Advisory Board (CCAB)

The CCAB focused this year on implementing the winning proposal in the JHU "Spirit of Community Project-The Hop Hon Hunt." This was designed as a scavenger hunt to acquaint incoming freshmen with the rich diversity of the Baltimore neighborhoods. In cooperation with the Office of the Dean of Student Life, the hunt was planned for 120 students, whose task it was to find clues, take pictures, and create a collage of their neighborhood. In the end, 7 teams entered the "Spirit of Community" collage contest, and the winners were honored at a Spring Fair ceremony, organized by the very enthusiastic members of CCAB. The collages, for now, grace the halls of the Counseling Center.

9) Professional Development 2006-07 Coordinator Report (Dr. Matt Torres). Some highlights are noted below. (See Section VIII for more details on CC professional development activities.)

The Counseling Center offered State Board approved CE credits to professional staff members for preparing and presenting intern training seminars. Programs for which CE credits were provided to staff member presenters included: Acceptance and Commitment Therapy (Dr. Doug Fogel), Treatment of Anxiety Disorders (Dr. Doug Fogel), Substance Abuse and Intervention (Dr. Shelley Von Hagen-Jamar), Documentation (Dr. Matt Torres), Maryland Ethics & Law (Dr. Shelley Von Hagen-Jamar), Process-Oriented Group Psychotherapy (Dr. Matt Torres), Termination (Dr. Matt Torres), Working with Male Clients (Dr. Doug Fogel), Dialectical Behavior Therapy I: Theory and II: Treatment (Dr. Von Hagen-Jamar), and Trauma Disorders I: Assessment and II: Treatment (Dr. Von Hagen-Jamar).

The Counseling Center offered State Board approved CE credits to professional staff members for attending intern seminar presentations by staff members and guest presenters. Programs and presenters for which CE credits were provided to staff attendees included: Integrating Religion and Spirituality in Clinical Practice by Dr. Deborah Haskins, Stabilizing Self-Destructive Patients by Dr. Bethany Brand, Process-Oriented Group Psychotherapy by Dr. Matt Torres, Working with Male Clients by Dr. Doug Fogel, and Working with Gay and Lesbian Clients by Dr. David Haltiwanger.

One 1.5 credit continuing education program was offered to the staff: Suicidal College Students: From Research to Clinical Practice by Dr. David Jobes.

10) Research Program 2006-07 Report (Dr. Michael Mond) - See Section III of this report for details.

11) Substance Abuse 2006-07 Coordinator Report (Dr. Shelley Von Hagen-Jamar)

- There were 98 students seen in counseling for substance abuse issues during the school year 2006-2007. Of the students who addressed substance use in therapy, 27 had reported substance use as a presenting problem, 34 were mandated referrals, and none were referrals from Student Health. For 37 other students, substance abuse emerged as a problem during the course of therapy although it was not the presenting problem.
- The substance abuse services coordinator trained the pre-doctoral interns and interested staff in the brief assessment and motivational enhancement intervention protocol for substance abuse problems.
- The Counseling Center provided the e-CHUG and the e-TOKE online assessments which may be accessed by any student from our website. These instruments were used in counseling sessions to conduct alcohol and marijuana assessments and to provide personalized written feedback to students. We have decided to discontinue the subscription to e-TOKE.
- The coordinator stayed abreast of current research on substance abuse issues and provided information and consultation to the Deans and other staff when requested.
- The coordinator presented a workshop for parents during Freshman Orientation regarding parenting issues, including issues regarding alcohol and drug use.
- Alcohol Awareness Day was presented by the Counseling Center in conjunction with APTT and Education for Student Health and Wellness, reaching approximately 60 students. We conducted alcohol screenings with 27 students and gave motivational feedback to the 14 who scored positive for risk of abuse.
- The Substance Abuse Recovery therapy group met for a total of 30 sessions during the fall and spring semesters. The group served 11 students over this time.
- The coordinator attended Substance Abuse Task Force meetings.
- Objectives for next year include the following:
    1. Continue to develop and train staff and interns in a standard, empirically derived protocol for use with mandated referrals.
    2. Continue to have an ongoing recovery group throughout the year.
    3. Work with Substance Abuse Task Force members to set and implement goals for substance abuse prevention and intervention.

12) Training Program 2006-07 Report (Dr. Larry David) – See Section V of this report for details.